

## Concepts of Abnormality

- Deviance: Statistical rarity
- Deviance: Moral violation
- Distress
- Dysfunction
- Danger
  - Lanternman-Petris-Short Act
    - Danger to self
    - Danger to others
    - Grave disability
- 2 PC (Two Physician Certificates)
- Loose Public image
- Antinomy
- Mental health work by students

## History of Mental Disorder

- Prehistoric views: Demonology
  - trepination
  - exorcism
- Greek & Roman times
  - Hippocrates: 4 humors
- Dark Ages: Demonology returns
- Renaissance: Asylums, Geel
- 19<sup>th</sup> Century: Reforms, moral treatment
- 20<sup>th</sup> Century: Somatogenic & psychogenic theories

## Models of Abnormality

- Biological
- Psychodynamic
- Behavioral
- Cognitive
- Humanistic
- Existential
- Sociocultural

## Euphemism

- Euphemism
- Dysphemism
- Paleologic

## Mental Health Vocations

- Physician MD Diagnosis, Physical treatments
- Psychiatrist MD+residency Diagnosis, Physical and psychological treatments
- Clinical Psychologist Ph.D. in Clinical Psychology, 3000 hours supervised practice, state certification

Psychoanalyst MD or Ph.D. Psychological treatment  
Psychotherapist MD or Ph.D. Psychological treatment  
Psychopathologist Ph.D. (a few MDs) Research  
Counselor, Therapist, Life Coach No specific credential; Psychological treatment  
Marriage & Family Counselor MFCC, 3000 hours of supervised practice ; Psychological treatment  
Self-help Groups Experience Support

#### Nursing

Registered Nurse R.N.  
Psychiatric Nurse R.N. + Special training  
Psychiatric Technician/Aide/Attendant Inservice training  
Vocational Nurse LVN

#### Clinical Assessment

Multi-method procedure  
Standardized test, e.g. MMPI  
Unstandardized methods, e.g. clinical interview (structured or unstructured)  
Meta Analysis  
Nomothetic vs. Ideographic Assessment  
Clinical tests:  
    projective; personality  
    IQ tests  
    physiological and neurological procedures  
Diagnosis, Prognosis  
DSM (Diagnostic & Statistical Manual)  
QUESTION FOR CLASS DISCUSSION:  
Do you think Video Game Addiction should be added to DSM 5?  
Labeling, pros and cons

#### Stress Disorders

Stages in the disaster syndrome (Different authors list different numbers of stages)  
Shock  
Suggestibility  
Defense (Denial, Projection)  
Grieving  
Recovery  
Disaster Response Network: 4-Stage Approach  
Post-Traumatic Stress Disorder (PTSD)  
    Examples of stress disorders:  
    Combat disorders  
    Pathological responses to civilian catastrophes, malignant illness, divorce, crime, plus many other stressors.

## Anxiety disorders

- Generalized Anxiety Disorder

- Phobia

  - Specific phobia

  - Agoraphobia

  - Social phobia

- Panic Disorder

- Obsessive-Compulsive Disorder

## Psychoanalytic Approach

- Developmental Stages

  - oral, anal, phallic, latency, genital

  - Id, Super Ego, Ego

- Birth trauma

- Anxiety

- Case of Little Hans

- Psychoanalysis

  - Transference

## Behavior Therapies (Behavior Mod)

- Classical conditioning

  - Pavlov

    - UCS, UCR, CS, CR

  - Yerofeeva

  - Shenger-Krestnovika

  - Petrova

  - Liddell

- Treatments:

  - Systematic desensitization (Wolpe); Flooding;

  - Modeling; Aversive conditioning

  - Virtual reality techniques

- Operant conditioning

  - Skinner

  - Token economy

  - Behavioral contract

## Somatoform disorders

- Conversion disorder

- Somatization disorder

- Pain disorder

- Hypochondriasis

- Body dysmorphic disorder

## Dissociative disorders

- Dissociative amnesia

  - localized, selective, generalized, continuous

- Dissociative fugue

- Dissociative identity disorder (multiple personality)

Personality disorders (pd)

"odd"

Paranoid pd

Schizoid pd

Schizotypal pd

"dramatic"

Antisocial pd

Borderline pd

Histrionic pd

Narcissistic pd

"anxious"

Avoidant pd

Dependent pd

Obsessive-compulsive pd

Institutional symptoms

Loss Of Independence

Disculturation

Damage And Stigma

Estrangement

Isolation

Stimulus Deprivation

Deinstitutionalization

Transinstitutionalization

Dumping

Criminal Insanity

M'Naghton test

Irresistible impulse test

Durham rule

ALI (American Law Institute) test

Guilty but mentally ill verdict

Diminished capacity defense

CASES: Right to treatment (Donaldson)

Suitable conditions (Wyatt v. Stickney)

Duty to warn (Tarasoff)

Napa State Hospital patient population: 2005

75% Criminal commitments

Not guilty by reason of insanity

Incompetent to stand trial

Mentally disordered sex offender

25% Civil commitments

LPS (Lanterman Petris Short)

Sexual disorders

Four Sex Researchers & Their Methods

Alfred Kinsey: Survey research

William Masters & Virginia Johnson: Experiments plus sex therapy

Evelyn Hooker: Phenomenological approach  
Laud Humphries: Observational research

### Eating disorders

Anorexia nervosa  
Bulimia nervosa  
(Binge-purge syndrome)

### Alcohol Abuse

Drinking  
Drunkenness  
Alcoholism (Alcohol Addiction)  
Delirium Tremens (DTs)  
Korsakoff's Syndrome  
Alcoholics Anonymous (AA), Al Anon, Al Ateen  
Antabuse, Naltrexone  
Aversive conditioning  
Relapse prevention  
Examples of Scandinavia, Russia, Prohibition in US

### Substance abuse

*Vocabulary used in Comer. Previous textbooks used different terminology. I will use Comer's definitions for the exam.*

Substance dependence (Addiction)  
Tolerance  
Withdrawal

*We can't discuss all drugs; here are the one's we'll cover in class:*

Depressants: Alcohol, barbiturates  
Stimulants: Caffeine, Amphetamine (+ "Smart Pills" such as Adderall), Cocaine  
Narcotics: Opium, morphine, codeine, heroin, methadone, OxyContin and abuse of prescription drugs, "Pharm parties"  
[Naltrexone- treatment drug]  
Hallucinogens: Marijuana, PCP, DXM, LSD, "shrooms"  
"Designer drugs": Ecstasy

Strategies for dealing with drug abuse:

*Note: Education and treatment can be part of all of them*

Enforcement - prison  
Harm reduction – needle exchange; methadone maintenance; overdose drugs  
Decriminalization – possession OK; production or sale illegal  
Legalization – government regulation

### Schizophrenia

Dementia praecox  
Schizophrenia:  
Undifferentiated (Simple) Schizophrenia  
Disorganized (Hebephrenia) Schizophrenia  
Catatonic Schizophrenia  
Paranoid schizophrenia

Residual Schizophrenia  
Hallucinations, Delusions, illusions  
Bleuler  
Freud  
Jung  
Sullivan  
Arieti: Schizoid, Stormy personality  
Antipsychiatrists  
Laing  
Szasz  
Hypothesized Biochemical & Brain Abnormalities  
Early tranquilizing drugs  
Rauwolfia serpentina: Serpasil, Reserpine, Thorazine)  
Early theories-- LSD-like substance in brain  
Current theory: Dopamine hypothesis  
Phenothiazines  
Parkinson's  
Enlarged ventricles (brain cavities)  
Note: After 50+ years of research, findings are still  
very tentative.

#### Genetic aspects

Risk (Family pedigree) studies  
Twin studies  
Adoption studies

#### Mood Disorders

Mood Disorders = Affective Disorders =  
Manic-Depressive Disorders  
Bipolar or Unipolar  
Dysthymic Disorder (Mild)  
Major Depressive Disorder (Severe)  
Reactive or Endogenous depression  
Seasonal Affective Disorder (SAD) Light therapy  
Hypomanic Disorder (mild)  
Acute Mania (Severe)  
Cyclothymic Disorder (Mild mood swings)  
Electroconvulsive Therapy (ECT or EST)  
Tricyclic Antidepressants  
Schneidman identifies four types of people who intentionally  
end their lives:  
Death seekers  
Death initiators  
Death ignorers  
Death darers  
Responding to callers to a Suicide Hotline:  
Establish a positive relationship  
Clarify problem

Assess suicide potential  
 Assess & mobilize caller's resources  
 Formulating a plan

Cognitive disorders

Brain injury

Case of Mr. P; use of psychological testing

WAIS (Wechsler Adult Intelligence Scale, 14 subtests)

Bender Gestalt

Goldstein-Scheerer

Color-Form Test

Sorting Test

Rorschach Test

Delirium

Dementia:

Alzheimer's (formerly Senile Dementia)

Vascular Dementia

Intelligence

Crystallized

Fluid

Hold/ Don't Hold Subtests

Mental Retardation (Developmental Disability)

<u>Severity</u>	<u>IQ range</u>	<u>% of retarded</u>
Mild (educable)	50-70	85%
Moderate (trainable)	35-49	10%
Severe (dependent retarded)	20-34	4%
Profound (life support retarded)	< 20	1%