

# Abnormal Psychology and Therapy



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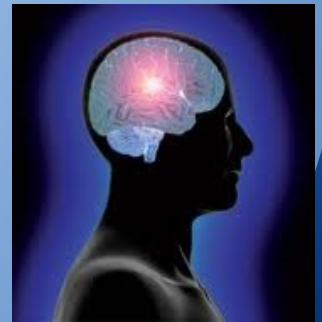
# Abnormal Behavior

1. Abnormal Behavior- Behavior that is deviant, maladaptive, or personally distressful over a relatively long period of time.
  - a. Abnormal behavior involves *personal distress* over a long period of time. The person engaging in the behavior finds it troubling.



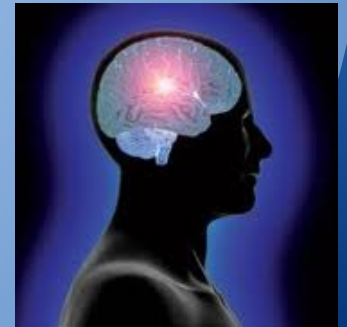
# Abnormal Behavior Cont.

- Abnormal behavior is *deviant*. Abnormal behavior is certainly *atypical* or *statistically unusual*. People such as Alicia Keys, Peyton Manning, and Steven Spielberg are atypical—but we do not categorize them as abnormal. When atypical behavior deviates from what is acceptable in a culture, it often is considered abnormal. A woman who washes her hands three or four times an hour and takes seven showers a day is abnormal because her behavior deviates from what we consider acceptable.



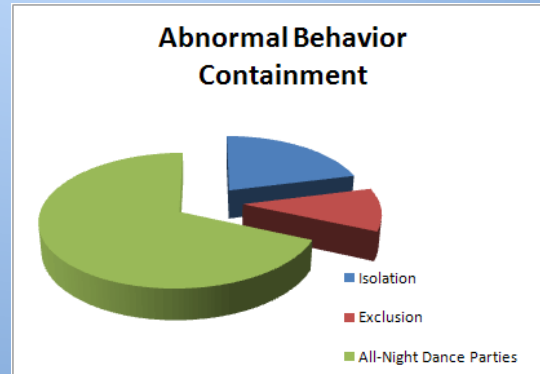
# Abnormal Behavior Cont.

- Maladaptive behavior interferes with a person's ability to function effectively in the world. A man who believes that he can endanger other people through his breathing may go to great lengths to avoid people so that he will not harm anyone. He might isolate himself from others, for what he believes is their own good. His belief separates him from society and prevents his everyday functioning; thus, his behavior is maladaptive.



# Abnormal Behavior Cont.

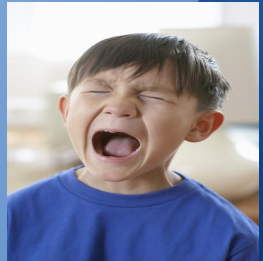
- The biological approach attributes psychological disorders to organic, internal causes. This approach primarily focuses on the brain, genetic factors, and neurotransmitter functioning as the sources of abnormality.
- Abnormal behavior can be influenced by biological factors (such as genes), psychological factors (such as childhood experiences), and sociocultural factors (such as gender).
- The psychological approach emphasizes the contributions of experiences, thoughts, emotions, and personality characteristics in explaining psychological disorders.





# Abnormal Behavior Cont.

- The sociocultural approach emphasizes the social contexts in which a person lives, including the individual's gender, ethnicity, socioeconomic status, family relationships, and culture.
- Abnormal behavior can be influenced by biological factors (such as genes), psychological factors (such as childhood experiences), and sociocultural factors (such as gender). These factors can operate alone, but they often act in combination with one another.
- To understand, prevent, and treat abnormal behavior, psychiatrists and psychologists have devised systems classifying those behaviors into specific psychological disorders.



# Abnormal Behavior Cont.

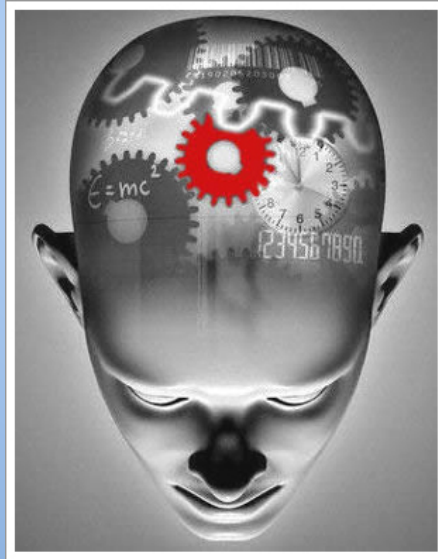
- The *DSM-IV* classifies individuals on the basis of five dimensions, or *axes*, that take into account the individual's history and highest level of functioning in the previous year.
- A number of criticisms of the *DSM-IV* have been made (Hyman, 2010; Katschnig, 2010; Langstrom, 2010; Ronningstam, 2010). The most controversial aspect of the *DSM-IV* is that the manual classifies individuals based on their symptoms, using medical terminology in the psychiatric tradition of thinking about mental disorders in terms of disease



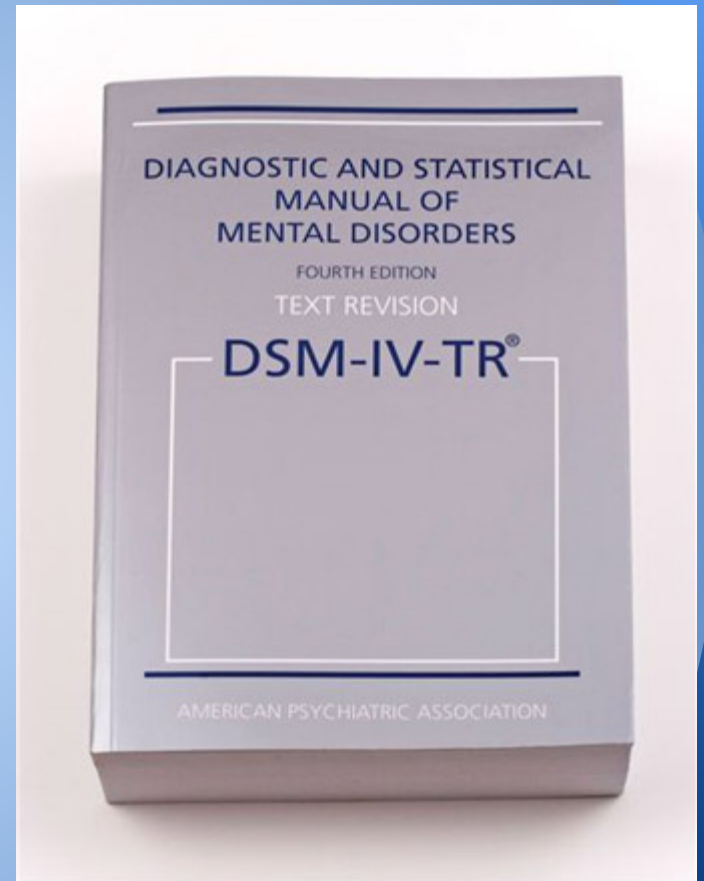


# Abnormal Behavior Cont.

Video: Abnormal Behavior Case Study



Disorder	Culture	Description/Characteristics
<b>Amok</b>	Malaysia, Philippines, Africa	This disorder involves sudden, uncontrolled outbursts of anger in which the person may injure or kill someone. Amok is often found in males who are emotionally withdrawn before the onset of the disorder. After the attack on someone, the individual feels exhausted and depressed and does not remember the rage and attack.
<b>Anorexia Nervosa</b>	Western cultures, especially the United States	This eating disorder involves a relentless pursuit of thinness through starvation and can eventually lead to death.
<b>Windigo</b>	Algonquin Indian hunters	This disorder involves a fear of being bewitched. The hunter becomes anxious and agitated, worrying he will be turned into a cannibal with a craving for human flesh.



# Therapy (Anxiety drugs)

Antianxiety Drugs : Drug that reduces anxiety by making an individual calmer and less excitable.

- Commonly known as a *tranquilizer*
- ***Benzodiazepines*** are anti anxiety drugs that generally offer relief for the anxiety symptoms
- Stressful events, usually caused with physical and mental illness.
- Loss of coordination, fatigue, mental process slows down



# Therapy(Antidepressant drugs)

Antidepressant drugs-Drugs that regulate mood.

Four main classes of antidepressant drug

1. Tricyclics
2. Tetracyclics
3. Monoamine oxidase inhibitors
4. Selective serotonin reuptake inhibitors
  - These antidepressants are all thought to help alleviate depressed mood through their effects on neurotransmitters in the brain
  - Antidepressants can cause unpleasant side effects. Symptoms such as nervousness, headache and upset stomach are common initially. For many people, these improve within a few weeks of starting an antidepressant.

Video: [Antidepressant](#)

# Therapy(Antipsychotic Drugs)

Antipsychotic drugs- Powerful drugs that diminish agitated behavior, reduce tension, decrease hallucinations, improve social behavior, and produce better sleep patterns in individuals with a severe psychological disorder, especially schizophrenia.

- Neuroleptics are the most extensively used class of antipsychotic drugs.
- Neuroleptics do not cure schizophrenia, they just treat the symptoms of it.
- A side effect of neuroleptic drugs is *tardive dyskinesia*, a neurological disorder characterized by involuntary random movements of the facial muscles, tongue, and mouth, as well as twitching of the neck, arms, and legs.





# Therapy(Electroconvulsive Therapy)

Electroconvulsive therapy(ECT)- Also called shock therapy, a treatment, commonly used for depression, that sets off a seizure in the brain.

- Treatment involves passing a small electrical current of a second or less through two electrodes placed on the individual's head. The current excites neural tissue, stimulating a seizure that lasts for approximately a minute.
- Today, doctors use ECT primarily to treat severe depression
- ECT is given mainly to individuals who have not responded to drug therapy or psychotherapy.
- Side effects are memory loss and other cognitive impairments

# Increase Suicide Risk in Children

- Do AntiDepressants increase suicide risk in children?
  - Caitlin, who was taking antidepressant drugs for her disorder
  - Her suicide occurred shortly after her treatment started
- Arguments
  - 90% of people who have attempted suicide was because of psychological disorder
  - A case study by FDA : their reports shows that children who were randomly choose to take the antidepressant drug had no suicidal thoughts.

# Therapy(Psychosurgery)

Psychosurgery- A biological therapy, with irreversible effects, that involves removal or destruction of brain tissue to improve the individual's adjustment.

- May be performed for OCD, major depression, or bipolar disorders.
- In the 1930s, Portuguese physician Antonio Egas Moniz developed a surgical procedure to treat psychological disorders. In this operation, an instrument is inserted into the brain and rotated, severing fibers that connect the frontal lobe, which is important in higher thought processes, and the thalamus, which plays a key role in emotion. Moniz theorized that by severing the connections between these structures, the surgeon could alleviate the symptoms of severe mental disorders.
- This procedure was later termed as *prefrontal lobotomies*
- If not done correctly the patient was left in a vegetable-like state.

Psychological Disorder	Drug	Effectiveness	Side Effects
<b>Everyday Anxiety and Anxiety Disorders</b>			
<b>Everyday anxiety</b>	Antianxiety drugs; antidepressant drugs	Substantial improvement short term	Antianxiety drugs: less powerful the longer people take them; may be addictive Antidepressant drugs: see below under depressive disorders
<b>Generalized anxiety disorder</b>	Antianxiety drugs	Not very effective	Less powerful the longer people take them; may be addictive
<b>Panic disorder</b>	Antianxiety drugs	About half show improvement	Less powerful the longer people take them; may be addictive
<b>Agoraphobia</b>	Tricyclic drugs and MAO inhibitors	Majority show improvement	Tricyclics: restlessness, fainting, and trembling MAO inhibitors: toxicity
<b>Specific phobias</b>	Antianxiety drugs	Not very effective	Less powerful the longer people take them; may be addictive

#### Mood Disorders

<b>Depressive disorders</b>	Tricyclic drugs, MAO inhibitors, SSRI drugs, and tetracyclic drugs	Majority show moderate improvement	Tricyclics: cardiac problems, mania, confusion, memory loss, fatigue MAO inhibitors: toxicity SSRI drugs: nausea, nervousness, insomnia, and in a few cases, suicidal thoughts Tetracyclics: drowsiness, increased appetite, weight gain
<b>Bipolar disorder</b>	Lithium	Large majority show substantial improvement	Toxicity

#### Schizophrenic Disorders

<b>Schizophrenia</b>	Neuroleptics; atypical antipsychotic medications	Majority show partial improvement	Neuroleptics: irregular heartbeat, low blood pressure, uncontrolled fidgeting, tardive dyskinesia, and immobility of face Atypical antipsychotic medications: less extensive side effects than with neuroleptics, but can have a toxic effect on white blood cells
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# Psychotherapy

Psychotherapy- a general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health provider.

During psychotherapy, you learn about your condition and your moods, feelings, thoughts and behaviors. Psychotherapy helps you learn how to take control of your life and respond to challenging situations with healthy coping skills. There are many specific types of psychotherapy, each with its own approach. The type of psychotherapy that's right for you depends on your individual situation. Psychotherapy is also known as talk therapy, counseling, psychosocial therapy or, simply, therapy.





# Psychodynamic Therapies

- Treatment that stress the importance of the unconscious mind by therapies
- Helps individuals recognize how they are coping with the problems
- Psychodynamic therapies grew out of Freud's psychoanalytic theory of personality



Professional Type	Degree	Education Beyond Bachelor's Degree	Nature of Training
<b>Clinical psychologist</b>	PhD or PsyD	5–7 years	Requires both clinical and research training. Includes a 1-year internship in a psychiatric hospital or mental health facility. Some universities have developed PsyD programs, which have a stronger clinical than research emphasis. The PsyD training program takes as long as the clinical psychology PhD program and also requires the equivalent of a 1-year internship.
<b>Psychiatrist</b>	MD	7–9 years	Four years of medical school, plus an internship and residency in psychiatry, is required. A psychiatry residency involves supervision in therapies, including psychotherapy and biomedical therapy.
<b>Counseling psychologist</b>	MA, PhD, PsyD, or EdD	3–7 years	Similar to clinical psychologist but with emphasis on counseling and therapy. Some counseling psychologists specialize in vocational counseling. Some counselors complete master's degree training, others PhD or EdD training, in graduate schools of psychology or education.
<b>School psychologist</b>	MA, PhD, PsyD, or EdD	3–7 years	Training in graduate programs of education or psychology. Emphasis on psychological assessment and counseling practices involving students' school-related problems. Training is at the master's or doctoral level.
<b>Social worker</b>	MS W/DSW or PhD	2–5 years	Graduate work in a school of social work that includes specialized clinical training in mental health facilities.
<b>Psychiatric nurse</b>	RN, MA, or PhD	0–5 years	Graduate work in a school of nursing with special emphasis on care of mentally disturbed individuals in hospital settings and mental health facilities.
<b>Occupational therapist</b>	BS, MA, or PhD	0–5 years	Emphasis on occupational training with focus on physically or psychologically handicapped individuals. Stresses getting individuals back into the mainstream of work.
<b>Pastoral counselor</b>	None to PhD or DD (Doctor of Divinity)	0–5 years	Requires ministerial background and training in psychology. An internship in a mental health facility as a chaplain is recommended.
<b>Counselor</b>	MA or MEd	2 years	Graduate work in a department of psychology or department of education with specialized training in counseling techniques.

# Psychoanalysis

Psychoanalysis-Freud's therapeutic technique for analyzing an individual's unconscious thoughts.

- Freud believed that a person's current problems could be traced to childhood experiences.
- The goal is to bring unconscious conflicts into conscious awareness. This will give the client insight into his or her core problems and freeing the individual from unconscious influences.
- Two techniques used are free association, and interpretation.

Free association-Encouraging the client to say aloud whatever comes to mind, no matter how trivial or embarrassing

Interpretation-A search for symbolic, hidden meanings in what the client says and does during therapy

# Dream Analysis

- A psychoanalytic technique for interpreting a person's dream
- This is use to find out about individual's wishes, conflicts and unconscious thoughts.
- Freud believes that every dream has a hidden meaning behind it, even nightmares
- The purpose of the analysis to figure out those secret behind the dreams
- manifest Content : remembered aspect of the dream, from the conscious mind
- Latent Content : The hidden aspect, from the unconscious mind

# Humanistic therapies

- Person's capability, that encourage clients to understand themselves, and to grow personally
- Emphasis on Conscious brain rather than the unconscious brain.
- Client-Centered Therapy : Create warm and supportive atmosphere
  - Helps improve client's self concept
  - Focuses more on self-reflection
  - Help them identify and understand their feelings
- Reflective Speech : mirrors the client's feelings back to the client.  
Ex : A woman complaining about her husband's drinking and driving habits. The therapist recognizes her tone and facial expression and replies with the same tone and expression.



# Classical and operant conditioning therapies

- ★ Classical conditioning is used in treating phobias and the idea behind operant conditioning as a therapy approach is that just as a maladaptive behavior patterns are learned, the can be learned.

## Classical

- Therapists use Systematic desensitization, a method of behavior therapy that treats anxiety by teaching the client to associate deep relaxation with increasingly intense anxiety-producing situations.

## Operant

Therapy involves conducting a careful analysis of the person's environment to determine which factors need modification. Especially important is changing the consequences of the person's behavior to ensure that healthy, adaptive replacement behaviors are followed by positive reinforcement.

# Behavior Therapies

- ❖ Behavior therapies-Treatments, based on the behavioral and social cognitive theories of learning, that use principles of learning to reduce or eliminate maladaptive behavior.
- ❖ Assumes that overt symptoms are the central problem and that even if clients discover why they are depressed, that does not mean the depression will cease.
- ❖ The focus is to eliminate the problematic symptoms or behaviors rather than helping them understand why they are depressed.

# Cognitive therapies

Cognitive therapies- Treatments that point to cognitions(thoughts) as the main source of psychological problems and that attempt to change the individuals feelings and behaviors by changing cognitions

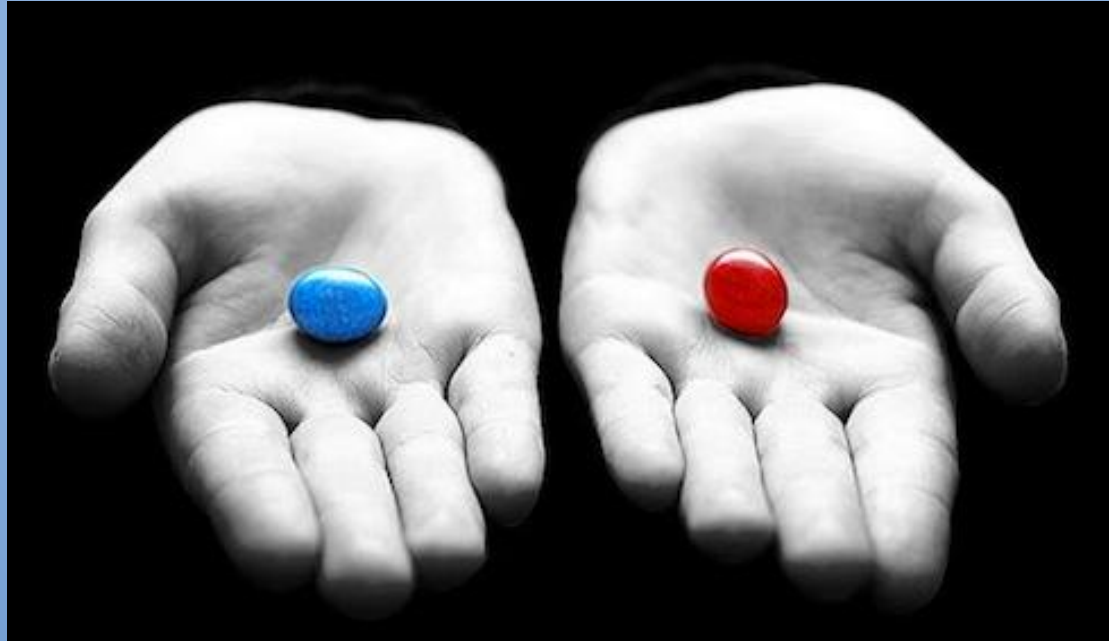
- Differ from psychoanalytic therapies by focusing on overt symptoms rather than on deep-seated unconscious thoughts.
- Compared to humanistic therapies, cognitive therapies provide a more structured framework and more analysis.
- The basic assumption in cognitive therapies is human beings have control over their feelings, and how individuals feel about something depends on how they think about it.

Cognitive Therapy Technique	Description	Example
<b>Challenge idiosyncratic meanings</b>	Explore personal meaning attached to the client's words and ask the client to consider alternatives.	When a client says he will be "devastated" by his spouse leaving, ask just how he would be devastated and ways he could avoid being devastated.
<b>Question the evidence</b>	Systematically examine the evidence for the client's beliefs or assertions.	When a client says she can't live without her spouse, explore how she lived without the spouse before she was married.
<b>Reattribution</b>	Help the client distribute responsibility for events appropriately.	When a client says that his son's failure in school must be his fault, explore other possibilities, such as the quality of the school.
<b>Examine options and alternatives</b>	Help the client generate alternative actions to maladaptive ones.	If a client considers leaving school, explore whether tutoring or going part-time to school are good alternatives.
<b>Decatastrophize</b>	Help the client evaluate whether he is overestimating the nature of a situation.	If a client states that failure in a course means he or she must give up the dream of medical school, question whether this is a necessary conclusion.
<b>Fantasize consequences</b>	Explore fantasies of a feared situation: if unrealistic, the client may recognize this; if realistic, work on effective coping strategies.	Help a client who fantasizes "falling apart" when asking the boss for a raise to role-play the situation and develop effective skills for making the request.
<b>Examine advantages and disadvantages</b>	Examine advantages and disadvantages of an issue, to instill a broader perspective.	If a client says he "was just born depressed and will always be that way," explore the advantages and disadvantages of holding that perspective versus other perspectives.
<b>Turn adversity to advantage</b>	Explore ways that difficult situations can be transformed to opportunities.	If a client has just been laid off, explore whether this is an opportunity for her to return to school.
<b>Guided association</b>	Help the client see connections between different thoughts or ideas.	Draw the connections between a client's anger at his wife for going on a business trip and his fear of being alone.
<b>Scaling</b>	Ask the client to rate her emotions or thoughts on scales to help gain perspective.	If a client says she was overwhelmed by an emotion, ask her to rate it on a scale from 0 (not at all present) to 100 (I fell down in a faint).
<b>Thought stopping</b>	Provide the client with ways of stopping a cascade of negative thoughts.	Teach an anxious client to picture a stop sign or hear a bell when anxious thoughts begin to snowball.
<b>Distraction</b>	Help the client find benign or positive distractions to take attention away from negative thoughts or emotions temporarily.	Have a client count to 200 by 13s when he feels himself becoming anxious.
<b>Labeling of distortions</b>	Provide labels for specific types of distorted thinking to help the client gain more distance and perspective.	Have a client keep a record of the number of times a day she engages in all-or-nothing thinking—seeing things as all bad or all good.



# Psychotherapy

Video: Sheldon's lecture on Psychotherapy





# Schizophrenia

- Schizophrenia - a mental disorder that makes it hard to: Tell the difference between what is real and not real; Think clearly; Have normal emotional responses; Act normally in social situations.
- Experts think schizophrenia is caused by our genes and our environment.
- Schizophrenia is associated with changes in the structure and functioning of a number of key brain systems, including prefrontal and medial temporal lobe regions involved in working memory and declarative memory, respectively.
- Schizophrenia can't be cured but it can be treated with drugs and therapy and prevented.

## Positive Symptoms

“Positive” refers to overt symptoms that should not be present. These include:

- Hallucinations
- Delusions
- Disorganized thoughts

## Negative Symptoms

“Negative” does not refer to a person’s attitude, but instead to a lack of characteristics that should be present. These include:

- Reduced speech, even when encouraged to interact (alogia)
- Lack of emotional and facial expression (affective flattening)
- Diminished ability to begin and sustain activities (avolition)
- Decreased ability to find pleasure in everyday (anhedonia)
- Social withdrawal (asociality)

## Cognitive Deficits

Difficulties with following aspects of cognition can make it hard to live a normal life or earn a living:

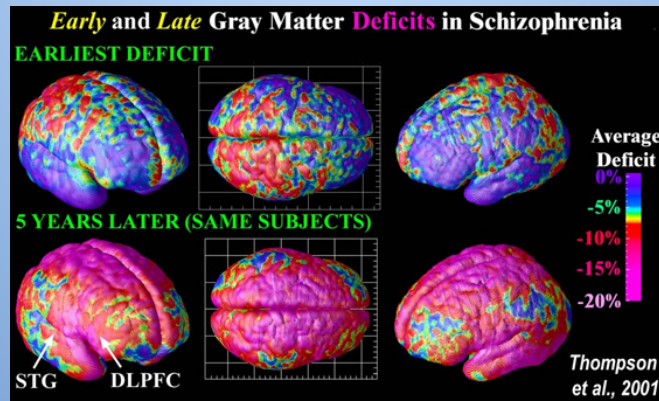
- Memory
- Attention
- Planning
- Decision Making

# Biological Factors and heredity

- Schizophrenia is a cause of predisposition of one's genes along with environmental factors.
- The biological factors only play a role in the vulnerability of developing schizophrenia and are not determinant.
- Another recent study done in Finland indicated that adopted children that had a high genetic/biological risk of schizophrenia (their mother had schizophrenia) - had an 86% lower rate of developing schizophrenia when brought up in a healthy family vs. a dysfunctional family. In the healthy family only 6% of the children developed schizophrenia, whereas approximately 37% of the children of dysfunctional families developed schizophrenia.

# Structural abnormalities in Schizophrenia

- Recent meta-analysis of structural MRI studies has confirmed the presence of global structural changes, namely cerebral volume reduction and ventricular enlargement as well as regional volume abnormalities, particularly in bilateral medial temporal lobe structures.
- There have also been many studies showing the significant loss in gray matter in the brain.



# Psychological and Sociocultural Factors

- The early social environment has been demonstrated to induce synaptic changes that may be indicative of, and perhaps the cause of, alterations in behavioral and cognitive functioning.
- Many times people predisposed to schizophrenia have made things or people up in order to satisfy the question “who is to blame” for unblamable situations.
- Any psychological trauma can easily offset the activation of schizophrenia and even little factors such as stress.



# Case Study: Schizophrenia

Video: [Case Study: Schizophrenia](#)

- This video shows many examples of what a schizophrenia experiences.
  1. The belief in oneself to be someone or their sickness something they are not
  2. Seeing things
  3. Hearing things
  4. Psychotic drugs
  5. Violent behaviour

# Sociocultural Approach & Issues in Treatment

- The sociocultural approach known as **group therapy** brings together individuals who share a psychological disorder in sessions that are typically led by a mental health professional.
- **Family therapy** is group therapy among family members. **Couples therapy** is group therapy with married or unmarried couples whose major problem lies within their relationship.
- Self-help support groups are voluntary organizations of individuals who get together on a regular basis to discuss topics of common interest.



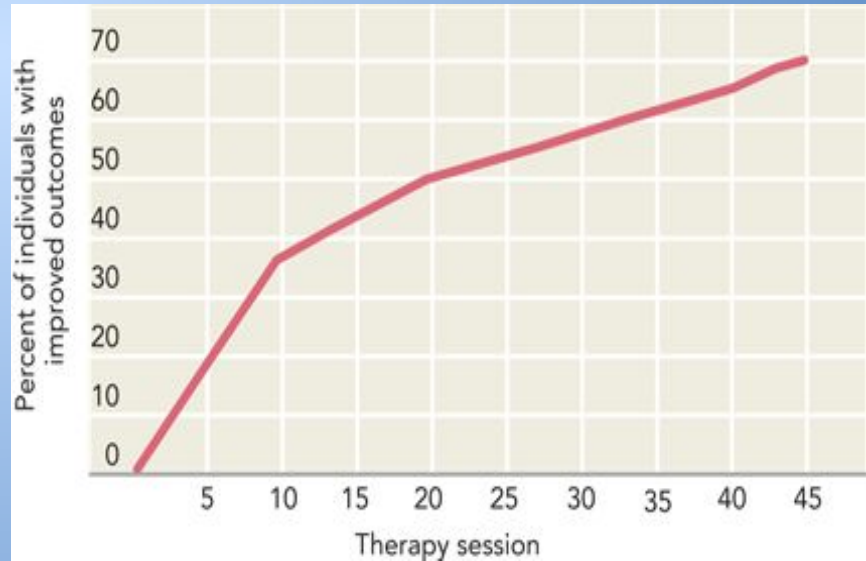
# Sociocultural Approach & Issues in Treatment

- Many ethnic minority individuals prefer discussing problems with parents, friends, and relatives rather than mental health professionals .
- One byproduct of changing gender roles for women and men is reevaluation of the goal of psychotherapy.
- The **therapeutic alliance** is the relationship between the therapist and client. This alliance is an important element of successful psychotherapy.



# Sociocultural Approach & Issues in Treatment

- Meta-analytic studies of therapeutic outcomes have shown that one major factor in predicting effectiveness is the client. Indeed, the quality of the client's participation is the most important determinant of whether therapy is successful.



# Well-being therapy (WBT)

- Directive therapy that encourages clients to be positive.
- The client need to keep track of their happiness levels and moments of well being.
- Learn to notice every little moment of happiness and celebrate life's good moments.
- Also could help recover from a mental disorder





# References

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