## Overview

**Psychological disorder**, a psychological dysfunction within an individual associated with distress or impairment in functioning and a response that is not typical or culturally expected.

**Psychological dysfunction** refers to a breakdown in cognitive, emotional, or behavioral functioning.

Many mental health professionals take a scientific approach to their clinical work and therefore are *scientist-practitioners*

**Three major categories make up the study and discussion of psychological disorders**: *clinical description, causation (etiology), treatment and outcome*

**Etiology**, or the study of origins, has to do with why a disorder begins (what causes it) and includes biological, psychological, and social dimensions.

Some disorders have an **acute onset**, meaning that they begin suddenly; others develop gradually over an extended period, which is sometimes called an **insidious onset**

some disorders, such as schizophrenia, follow a **chronic course**, meaning that they tend to last a long time, sometimes a lifetime. Other disorders, like mood disorders, follow an **episodic course**, in that the individual is likely to recover within a few months only to suffer a recurrence of the disorder at a later time.

DSM CODES OVERVIEW

Perhaps the biggest change that has been seen with the release of DSM-5 is the removal of the multi-axial diagnostic system

**Prognosis** the likely future course of a disorder

The dimensional approach to classification of mental disorders differs from the categorical approach because the dimensional system provides scales that indicate the degree to which patients are experiencing various cognitions, moods, and behaviors.

## History

**Three Dominant Traditions**: *Supernatural, Biological, Psychological*

Deviant behavior as a reflection of the battle between good and evil (late 14th century to the 17th) Treatments included exorcism, beatings, and crude surgeries.

An equally strong opinion, even during this period, reflected the enlightened view that insanity was a natural phenomenon, caused by mental or emotional stress, and that it was curable. Common treatments were rest, sleep, and a healthy and happy environment. Other treatments included baths, ointments, and various potions.

**Hippocrates** (460–377 b.c.) is considered to be the father of modern Western medicine. Suggested that psychological disorders could be treated like any other disease.

**Galen** (a.d. 129–198) adopted the ideas of Hippocrates within the biological tradition that extended well into the 19th century. Assumed that normal brain functioning was related to four bodily fluids or humors: blood, black bile, yellow bile, and phlegm. Improper balance causes the disorders.

**Galenic**-Hippocratic Tradition linked abnormality with brain chemical imbalances, foreshadowed modern views

**General Paresis** (Syphilis) and the Biological Link With Madness- discovers bacterial microorganism as a cause of some symptoms, led to penicillin. bolstered the view that mental illness equals a physical illness

**Grey** (19th century) the conditions in hospitals greatly improved and they became more humane, livable institutions. Treatments psychotropic medications, electric shock, crude surgery, insulin, major/minor tranquilizers

**Kraeplin** Diagnosis and Classification, Increased role of science in psychopathology Increased hospitalization. Mental illness often seen as untreatable condition

**The Rise of Moral Therapy** became popular in first half of 19th Century. The practice of allowing institutionalized patients to be treated as normal as possible and to encourage and reinforce social interaction



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## History (cont)

Pinel and Pussin (patients shouldn't be restrained), Tuke followed their lead in England, Rush led reforms in the United States, Dix (mental hygiene movement)

**Reasons for the Falling Out of Moral Therapy**: the emergence of competing alternative psychological models, difficult to care for the influx of patience

**Freudian Theory** of the structure and function of the mind emerged**Later Developments** Anna Freud (self-psychology), Melanie Klein & Otto Kernberg (object relations theory)

**The Neo-Freudians: Departures From Freudian Thought**: De-emphasized the sexual core of Freud's theory. Jung (collective unconscious), Adler (focused on inferiority), Horney, Fromm, and Erickson

**Humanistic Theory**: Maslow (50s &60s Hierarchy of Needs), Rogers (50s-80s person centered therapy)

**The Behavioral Model**: Classical Conditioning (Pavlov; Watson)

**Early Pioneers of Behavioral Therapy** Wolpe (Systematic desensitization) Operant Conditioning Thorndike (law of effect), Skinner (shaping)

**The Present: An Integrative Approach**: Must consider reciprocal relations between biological, psychological, social, and experiential factors, CBT (Beck & Ellis)

## Assessing Disorders

**Purpose**, understanding the individual, predicting behavior, treatment planning, evaluating outcomes

**Key Concepts**: reliability (test-retest, inter-rater), validity (concurrent, predictive), standardization

**The Clinical Interview**: Structured, Assesses multiple domains: current and past behavior, attitudes, emotions, detailed history, presenting problem

The Clinical Interview: **Mental Status Exam**: appearance, motor, speech, affect & mood, thought content/process, perception, intellect, insight

**Physical Exam**: Diagnose or rule out physical etiologies, toxicities, medication side effects, allergic reactions, metabolic conditions

**Behavioral Assessment**: Identification and observation of target behaviors. The ABCs (cognitive-behavioral model) Antecedents, Behavior, Consequences. Formal vs. informal, Self-monitoring vs. others observing.

**Psychological Testing**: Cognition, Emotion, Behavior. Neuropsychological testing, Neuroimaging

**Neuropsychological Testing**: Assess: Broad base of skills and abilities, Brain-behavior relations, Assets and deficits

**Neuroimaging**: Pictures of the Brain: CAT/CT x-rays of the brain in slices, MRI high resolution images, PET and SPECT reveals metabolic deficiencies , fMRI studies brain activity, EEG brain waves

**Psychophysiological Assessment**: Studies other biological responses: Electrodermal (Galvanic skin response), Biofeedback. Assessing response to stimuli is useful in disorders strong emotional component.

## Anxiety, Trauma & Stress, OC Disorders

*Fear*: Immediate, present-oriented, Sympathetic nervous system activation

*Anxiety*: Apprehensive, future-oriented, Somatic symptoms equals tension. In Japan, the anxiety syndrome termed taijin kyofusho involves a fear of personally offending others

*Panic attacks*: abrupt experience of intense fear. Expected or Unexpected. Panic attack studies suggest that men consume alcohol to deal with panic attacks.

**An Integrated Model**: Triple vulnerability: Generalized biological vulnerability (Diathesis) Generalized psychological vulnerability (Beliefs/perceptions) Specific psychological vulnerability (Learning/modeling)

**Types of anxiety disorders**: Generalized Anxiety Disorder, Panic Disorder and Agoraphobia, Specific Phobias, Social Anxiety Disorder, Separation Anxiety Disorder, Selective Mutism



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## Anxiety, Trauma & Stress, OC Disorders (cont)

DSM ANXIETY DISORDERS

**Other disorders**: Selective Mutism, PTSD, Reactive Attachment Disorder, Disinhibited Social Engagement Disorder, OCD, Obsessions, Compulsions, Tic Disorder, Body Dysmorphic Disorder, Hoarding Disorder, Trichotillomania (Hair Pulling Disorder), Excoriation (Skin Picking Disorder),

DSM TRAUMA & STRESS DISORDERS

DSM OBSESSIVE-COMPULSIVE DISORDERS

**Treatments of GAD**: *Pharmacological* (Benzodiazepines, Antidepressants), *Psychological* (CBT, acceptance, meditation)

**Treatments of Panic Disorders and Agoraphobia**: *Medications* (SSRIs, serotonergic, noradrenergic, benzodiazepine GABA), *Psychological intervention*: Exposure- based, Reality testing, Relaxation, Breathing, *Panic control treatment (PCT)*, Exposure to interoceptive cues, Cognitive therapy, Relaxation/breathing, *CBT*

**Treatments of Social Phobia**: *Medications* (Beta blockers, SSRI, D-cycloserine),

**Treatment for Trauma and Stressor-Related Disorders**: CBT (Exposure, Imaginal, Graduated or massed), Increase positive coping skills, Increase social support, catharsis, medications (SSRIs), PERMA therapy

**Other**

The setting for posttraumatic stress disorder to occur follows an experience accompanied by a triad of feelings: Horror, Helplessness, Fear

One difference between panic disorders and PTSD is panic disorder but not PTSD has a biological vulnerability

Richard, the patient with OCD described in the textbook, was compelled to take very small steps as he walked and to look back repeatedly. As with other types of checking compulsions, Richard was trying to ward off an imagined disaster.

the prevalence of OCD is very similar across cultures. The most common anxiety disorder of childhood is separation anxiety

The behavioral process in which OCD patients are not permitted to carry out their compulsions while in the presence of the anxiety producing stimulus or situation is called exposure and ritual prevention.

Although both panic disorder patients and persons with somatic symptom disorder tend to misinterpret bodily sensations, patients with panic disorder tend to fear immediate catastrophe, while those with somatic symptom disorder tend to fear long-term illness.

## Somatic Symptom & Dissociative Disorders

Soma = Body, Preoccupation with health or appearance

**Types of Somatic Disorders**: Somatic symptom disorder, Illness anxiety disorder, Conversion disorder, Factitious disorder

DSM SOMATIC DISORDERS

**Treatment for Somatic Disorders**: Psychodynamic (uncover unconscious conflict), Education & Support, CBT

**Depersonalization-Derealization Disorder Types**: Depersonalization Disorder, Dissociative Amnesia, Dissociative Fugue, Dissociative Trance Disorder, Dissociative Identity Disorder

DSM DEPERSONALIZATION-DEREALIZATION DISORDERS

**Treatment of Depersonalization-Derealization Disorders**: (similar to somatic symptom disorder), Attending to trauma, Remove secondary gain, Reduce supportive consequences, Reward positive health behaviors **Treatment of DID**: (similar to PTSD treatment), Reintegration of identities, Identify and neutralize cues/triggers, Visualization, Coping, Hypnosis

**Other**

Conversion disorder symptoms generally appear shortly after some marked stress

A commonly-seen form of factitious disorder imposed on another is a set of conditions that is an atypical form of child abuse.

During a dissociative fugue state, it is not uncommon for individuals to take on a new identify



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## Somatic Symptom & Dissociative Disorders (cont)

In dissociative amnesia, the individual typically has not memory of selective events or emotional tone attached to them, particularly those involving trauma

One distinction that may help determine those with DID from individuals who are malingering (faking their symptoms) is that malingerers are usually eager to demonstrate their symptoms.

Depersonalization is defined as altered perception including loss of the sense of one's own reality. Derealization is defined as altered perception involving loss of the sense of reality of the external world

One reason that DID can be misdiagnosed as psychosis is that auditory hallucinations are common in both disorders.

## Mood Disorders & Suicide

Mood disorders = gross deviations in mood**Mood Disorder Types**: Major depressive episodes, Manic episodes, Hypomanic episodes

**Types of Mood Episodes**: *Hypomanic episode* (Shorter, less severe version of manic episodes), *Mixed features* (term for a mood episode with some elements reflecting the opposite valence of mood)

**The Structure of Mood Disorders**: *Unipolar mood disorder*: (Only one extreme of mood is experienced), *Bipolar mood disorder*: (Both depressed and elevated moods are experienced)

**(Unipolar) Depressive Disorders**: Major depressive disorder, Persistent depressive disorder, Premenstrual dysphoric disorder, Disruptive mood dysregulation disorder

DSM DEPRESSIVE DISORDERS

**Specifier**: Additional diagnostic label used by clinicians to convey extra information about symptoms.

**Psychotic features specifier**: *Hallucinations*: Sensory experience in the absence of sensory input *Delusions*: Strongly held inaccurate beliefs, **Anxious distress specifier**: depression accompanied by anxiousness, **Mixed features specifier**: depressive symptoms with manic symptoms, **Melancholic features specifier**: depression with additional severe symptoms, **Catatonic features specifier**: muscular symptoms, **Atypical features specifier**: symptoms that are less common, **Peripartum onset specifier**: occurs around the time of birth, **Seasonal pattern specifier**: occurs during certain seasons (usually winter)

**From Grief to Depression**: *Acute grief*: Occurs immediately after loss *Integrated grief*: Eventual coming to terms with meaning of the loss *Complicated grief*: Persistent acute grief and inability to come to terms with loss

**Bipolar Disorders**: *Bipolar I disorder*, Alternations between major depressive episodes and manic episodes, *Bipolar II disorder* Alternations between major depressive episodes and hypomanic episodes, *Cyclothymic disorder* Alternations between less severe depressive and hypomanic periods

DSM BIPOLAR DISORDER

**Causes: An Integrative Theory**: Biological and psychological vulnerabilities interact with stressful life events to cause depression *Biological vulnerability*: e.g., overactive neurobiological response to stress *Psychological vulnerability*: e.g., depressive cognitive style

**Treatment of Mood Disorders**: *Antidepressants* (SSRIs, Tricyclic antidepressants, Monoamine oxidase inhibitors, Mixed reuptake inhibitors), Lithium, ECT, Transcranial Magnetic Stimulation

**Psychosocial Treatments for Depression**: CBT, Interpersonal Psychotherapy, Prevention & Relapse

**Psychosocial Treatments for Bipolar Disorders**: Medication (Lithium is still first line of defense), Psychotherapy helpful in managing problems (interpersonal, occupational), Family therapy

### Other

The rapid-cycling specifier refers to an individual with bipolar disorder who experiences at least 4 manic or depressive episodes in a year.

Bipolar disorders occur equally across the sexes.

All of the following are side effects of lithium therapy: lack of energy, toxicity, lowered thyroid functioning



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## Mood Disorders & Suicide (cont)

One of the problems encountered by psychiatrists who prescribe medication for patients with bipolar disorder is that patients often stop taking the medication in order to bring on a manic state.

## Eating & Sleep-Wake Disorders

**Types of Eating Disorders**: Bulimia nervosa, Anorexia nervosa, Binge-eating disorder

**Bulimia Subtypes**: Purging (most common), Nonpurging **Associated psychological disorders**: Anxiety, Mood disorders, Substance abuse

**Anorexia Nervosa Subtypes**: Restricting, Binge-eating-purging **Associated psychological disorders**: Anxiety, OCD, Mood disorders, Substance abuse, Suicide

DSM EATING DISORDERS

**Treatment of Eating Disorders**: Antidepressants, CBT, Interpersonal psychotherapy **Treatment of Anorexia**: Weight restoration, Target dysfunctional attitudes (Body shape, Control, Thinness = worth), Family involvement

**Sleep–Wake Disorders**: *Dyssomnias* (Quantity, Quality, Sleep onset), *Parasomnias* (Abnormal behavioral, Physiological events) **Dyssomnias**: Insomnia, Hypersomnolence Disorders, Narcolepsy, Breathing-related sleep disorders, Circadian Rhythm Sleep Disorder **Parasomnias**: Nightmares, Sleepwalking (Somnambulism, Sexsomnia), Sleep terrors

DSM SLEEP DISORDERS

**Medical Treatment of Sleep Disorders**: Benzodiazepines, Stimulants, Antidepressants, Ferber Sleep Training **Prevention**: Improving sleep hygiene, Educating parents about child's sleep patterns

**Other**

The best evidence that binge-eating disorder (BED) may not just be a special case of bulimia nervosa is that there is a greater likelihood of remission and a better response to treatment for BED.

African Americans ad less body dissatisfaction, fewer weight concerns, and a more positive body image when compared to Caucasian adolescent girls

Dietary restraint studies suggest that people who are starved may become preoccupied with food and eating.

CBT and IPT had equivalent rates of helping bulimia clients improve. Learning has a role in the maintenance of sleep disorders.

Sleep disorders are appropriately diagnosed based on quality and quantity of sleep as well as daytime sequelae (how the individual feels when awake).

Adolescents tend to shift toward a biologically determined later sleep schedule.

## Personality Disorders

**Personality disorders**: A persistent pattern of emotions, cognitions and behavior that results in enduring emotional distress for the person affected and/or for others and may cause difficulties with work and relationships

DSM PERSONALITY DISORDERS

**Personality Disorder Clusters**: *Cluster A* Odd or eccentric, Paranoid, schizoid, schizotypal *Cluster B* Dramatic, emotional, erratic, Antisocial, borderline, histrionic, narcissistic *Cluster C* Fearful or anxious, Avoidant, dependent, obsessive-compulsive

**Cluster A: Paranoid**: Unlikely too seek help on their own. Focus on developing trust. May use CBT. **Cluster A: Schizoid**: Unlikely to seek help. Focus on relationships and social skills training. **Cluster A: Schizotypal**: Treatment of comorbid depression. Multidimensional approach (Social skill training, Antipsychotic medications, Community treatment)

**Cluster B: Antisocial**: Unlikely to seek help on own, Prevention, Parent training (Rewards for pro-social behaviors, Skills training, Improve social competence) **Cluster B: Borderline**: Highly likely to seek treatment, Antidepressants, DBT **Cluster B: Histrionic**: Treatment focus on interpersonal relationships **Cluster B: Narcissistic**: Treatment focuses on Grandiosity and Lack of empathy



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## Personality Disorders (cont)

**Cluster C: Avoidant**: Treatment is to increase social skills **Cluster C: Dependent**: Gradual increases in Independence, Personal responsibility, Confidence **Cluster C: Obsessive-Compulsive**: Treatment address fears related to the need for orderliness

### Other

One of the most unreliable categories in current classification

men and women with the Type A behavioral pattern were twice as likely to develop coronary heart disease than were non-Type A individuals.

One prevalent outcome for individuals with schizoid personality disorder is homelessness

The disorder that shares many similar symptoms with schizophrenia is schizotypal personality disorder.

Substance abuse is particularly common in people with antisocial personality disorder, occurring in 60% of people with this diagnosis.

Recent research is refining the search for genes that cause antisocial personality disorder.

Recent research on neuropsychological tests indicates that psychopaths score equally as well as non-psychopaths.

Since research suggests that those with psychopathy are generally under aroused, and thus engage in actions to compensate for this lack of stimulus input.

Emotional dysfunction is one of the best predictors of suicide in people with borderline personality disorder

One of the influences associated with the development of borderline personality disorder is history of child abuse or neglect.

Without understanding the thought process motivating the patient's behavior, it would probably be impossible to determine whether a patient had schizoid personality disorder or avoidant personality disorder

hallucinations and delusions are a part of the symptom pattern in: Schizoaffective disorder, Schizophreniform disorder, Brief psychotic disorder

## Physical Disorders and Health Psychology

Psychological, behavioral, and social factors contribute to illness and disease

Two primary paths: Psychological factors influence biological processes, Behavior patterns increase disease risk

**The biology of stress**: SNS activation, Neuromodulators and neuropeptides, HPA axis activation, Limbic system activation, Chronic stress may damage cells in the hippocampus, thus maintaining the HPA loop

Immune response is affected by psychological factors *Psychoneuroimmunology*

**Cancer Distress**: Perceived lack of control, Poor coping responses (e.g., denial), Stressful life events, Life-style risk behaviors

**Cancer**: *Psychosocial treatments improve*: Health habits, Treatment adherence, Endocrine function, Stress response/coping

**Coronary Heart Disease Psychological and behavioral risk factors**: Stress, anxiety, anger, Poor coping skills , Low social support

**Psychological and social factors contributing to distress of Chronic Pain**: Perceived control, Negative emotion, Poor coping skills, Low social support, Compensation, Social reinforcement

**Psychosocial Treatment of Physical Disorders** : Biofeedback (Monitor and control bodily responses, Increase sense of control), Relaxation and meditation, Comprehensive programs (Monitor and identify stressful events, Monitor somatic symptoms, Muscle relaxation, Cognitive therapy, Increase coping strategies)

Females may have an "extra" pain-regulating pathway focused on relieving pain associated with the reproductive system. One implication of this biological gender difference is that males and females may benefit from different kinds of medications and different kinds of pain management.

## Sexual Dysfunctions, Disorders, and Dysphoria

**Overview**: Sexual dysfunctions involve desire, arousal, and/or orgasm, Pain associated with sex can lead to additional dysfunction. Males and females experience parallel versions of most dysfunctions



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## Sexual Dysfunctions, Disorders, and Dysphoria (cont)

**Gender Differences**: *Men*: Show more sexual desire and arousal, Self-concept includes power and independence *Women*: Emphasize context of committed relationship, Sexual beliefs are more easily shaped by cultural, situational, and social factors

**Classification of Sexual Dysfunctions**: Lifelong vs. acquired, Generalized vs. situational, Psychological factors alone, Psychological factors combined with medical condition

**Types of Sexual Disorders**: Male Hypoactive Sexual Desire Disorder, Erectile Disorder, Female Sexual Interest/Arousal Disorder, Female Orgasmic Disorder, Premature ejaculation, Genito-Pelvic Pain/Penetration Disorder

DSM SEXUAL DYSFUNCTION DISORDERS

**Treatment of Sexual Dysfunction**: Education, Masters and Johnson's psychosocial intervention (Education about sexual response, foreplay, etc, Sensate focus and nondemand pleasuring), Additional psychosocial procedures (Squeeze technique–premature ejaculation, Masturbatory training–female orgasm disorder, Use of dilators-vaginismus, Exposure to erotic material–low sexual desire problems)

**Paraphilic Disorders**–misplaced sexual attraction and arousal. **Types**: *Fetishistic disorder* (attraction to nonhuman objects), *Voyeuristic disorder* (observing an unsuspecting individual), *Exhibitionistic disorder* (exposure of genitals to unsuspecting strangers), *Frotteuristic disorder* (rubbing up against unwilling others), *Transvestic disorder* (arousal with cross-dressing), *Sexual sadism disorder* (Inflicting pain or humiliation), *Sexual masochism disorder* (suffering pain or humiliation), *Pedophilic disorder* (attraction to prepubescent children)

**Interventions for Paraphilic Disorders**: *Covert sensitization*: imagining aversive consequences to form negative associations with deviant (e.g., pedophilic) behavior, *Orgasmic reconditioning*: masturbation to appropriate (adult) stimuli, *Family/marital therapy*: address interpersonal problems, *Coping and relapse prevention*: self-control and risk management, Drug Treatments

**Treating Gender Dysphoria**: Sex Reassignment Surgery

**Other**

Side effects of the tricyclic antidepressants include sexual dysfunction

Sexual dysfunctions are equally common in heterosexuals and homosexuals.

questionnaires may be better when assessing sexual behavior because people may provide more sexual information in writing than during an interview.

One of the most important skills that therapists must possess when conducting an interview regarding sexual behavior is demonstrating that they are comfortable talking about sexual issues.

Two very common medical causes of erectile dysfunction are vascular disease and diabetes.

## Substance and Addictive Disorders

**Substance-related disorders**: Use and abuse of psychoactive substances, Significant impairment **Impulse-control disorders**: Inability to resist acting on drives or impulses

**Levels of involvement**: Substance use, Substance intoxication, Substance abuse, Substance dependence

**Main Categories of Substances**: Depressants, Stimulants, Opiates, Hallucinogens, Caffeine, Inhalants, Marijuana, Anabolic steroids, Medications, Gambling

**Alcohol-Related Disorders**: Fetal alcohol syndrome (FAS)

**Jellinek's four stage model**: 1.*prealcoholic stage* (drinking occasionally with few serious consequences), 2. *prodromal stage* (drinking heavily but with few outward signs of a problem), 3. *crucial stage* (loss of control, with occasional binges), 4. *chronic stage* (the primary daily activities involve getting and drinking alcohol)

DSM SUBSTANCE DISORDERS



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## Substance and Addictive Disorders (cont)

**Treatment of Substance-Related Disorders**: Agonist substitution, Antagonistic treatment, Aversive treatment, Medications, Inpatient facilities, Alcoholics anonymous, Controlled use, Component treatment (Individual and group therapy, Aversion therapy, Covert sensitization, Contingency management), Community reinforcement, Relapse prevention

**Impulse-Control Disorders**: Intermittent explosive disorder, Kleptomania, Pyromania

DSM IMPULSE CONTROL DISORDERS

### Other

Blackouts appear to be related to the interaction of alcohol with the glutamate system

The common factor among psychoactive drugs may be their ability to activate the "pleasure pathways" of the brain.

some of the students begin drinking because they think it will have positive effects on their social behavior and cognitive and motor skills, a phenomenon called an expectancy effect

LSD is chemically similar to serotonin. Mescaline is chemically similar to norepinephrine. A number of hallucinogens are chemically similar to acetylcholine.

## Schizophrenia & Other Psychotic Disorders

**Positive Symptoms of Schizophrenia**: Active manifestations (Delusions, Hallucinations), Exaggerations or excesses **Negative Symptoms**: Disorganized speech, Inappropriate affect/emotional expression, Unusual movements

**Other Psychotic Disorders**: *Schizophreniform disorder* (Schizophrenic symptoms for only a few months), *Schizoaffective disorder* (Symptoms of schizophrenia plus a mood disorder), *Delusional disorder* (types: Erotomanic, Grandiose, Jealous, Persecutory, Somatic, Folie a deux), *Substance-induced psychotic disorder, Psychotic disorder associated with another medical condition*, *Brief psychotic disorder* (One or more positive symptoms which lasts 1 month or less), *Schizotypal personality disorder* (symptoms are similar to schizophrenia but less severe)

DSM SCHIZOPHRENIA

**Treatment of Schizophrenia**: Antipsychotic medications (neuroleptics), Behavioral Therapy, Community care programs, Social and living skills training, Behavioral family therapy, Vocational rehabilitation, Virtual reality technology, Assertive community treatment

**Autism Spectrum Disorders**: A complex neurodevelopmental disorder characterized by abnormalities in social behavior, language and communication skills, and unusual behaviors and interests **Common Accompanying Disorders**: Intellectual disability, Epilepsy, ADHD, conduct problems, anxieties and fears, and mood problems

DSM AUTISM

**Autism Spectrum Treatments**: There are about 400 different treatments, Goals: Minimize core problems, Maximize independence and quality of life, Help the child and family cope more effectively with the disorder

### Other

Dopamine is most closely linked to positive symptoms of schizophrenia.

Making the diagnosis of schizophrenia is controversial because the symptoms can vary as a function of culture or race.

The neuroleptic drugs introduced in the 1950s affect primarily the positive symptoms of schizophrenia

## Neurocognitive Disorders

**Three classes**: Delirium – temporary confusion and disorientation, mild neurocognitive disorder, major neurocognitive disorder, amnesia

**Subtypes of delirium**: Delirium due to a general medical condition, Substance-induced delirium, Delirium due to multiple etiologies, Delirium not otherwise specified **Treatment**: Treat underlying medical or withdrawal problems, Psychosocial interventions (Education, Reassurance, Coping strategies), Treat acute delirium with medication

**Major neurocognitive disorder** (previously labeled dementia) is a gradual deterioration of brain functioning **Mild neurocognitive disorder** is a new DSM-5 disorder that was created to focus attention on the early stages of cognitive decline



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## Neurocognitive Disorders (cont)

Neurocognitive Disorders Affect: **Sustained attention** The ability to attend to a stimulus or activity over a long period of time **Focused Attention** Refers to our ability to focus attention on a stimulus **Arousal** Refers to our activation level and level of alertness

DSM MAJOR NEUROCOGNITIVE DISORDER

DSM MILD NEUROLOGICAL DISORDER

**Causes**: Dementia of the Alzheimer's type, Vascular injury, Frontotemporal degeneration, Traumatic brain injury, Lewy body disease, Parkinson's disease, HIV infection, Substance use, Huntington's disease, Prion disease, Normal pressure hydrocephalus (excessive water in the cranium resulting from brain shrinkage), Hypothyroidism (an underactive thyroid gland), Brain Tumor, Vitamin B12 deficiency, Head Trauma

**Neurocognitive Disorder Due to Alzheimer's Disease**: Develop gradually and steadily, Confusion, Agitation/combativeness, Depression, Anxious, Sundowner syndrome

**Vascular Neurocognitive Disorder**: Progressive brain disorder, Blockage or damage to blood vessels, Onset is often sudden (Stroke)

**Frontotemporal Neurocognitive Disorder**: Damage the frontal or temporal regions of the brain, Two types: Declines in appropriate behavior, Declines language

**Traumatic Brain Injury**: Neurocognitive disorder due to traumatic brain injury - includes symptoms that persist for at least a week following the trauma, including executive dysfunction

**Pick's disease**: Rare neurological condition. Cortical impairment pattern, Early onset=40s or 50s

**Lewy body**: Lewy bodies are microscopic deposits of a protein that damage brain cells over time

**Parkinson's Disease**: Degenerative brain disorder, Dopamine pathway damage, Motor problems

**Huntington's disease**: Genetic autosomal dominant disorder, Early onset=40s or 50s

**Prion Disease**: Always fatal, Linked to mad cow disease, *Type of Prion Disease: Creutzfeldt-Jakob Disease*

**Treatment**: Early intervention is critical, Three areas of focus (Prevent certain conditions, Delaying onset, Cope with the advancing deterioration), Multidimensional treatment, Focus on slowing the progression, Medications, Psychosocial treatments

**Other**

Language functions are housed primarily in the Left temporal lobe

## Legal and Ethical Issues

**Civil commitment laws** detail when a person can be legally declared to have a mental illness and be placed in a hospital for treatment **General criteria**: Mentally ill & needs treatment, Dangerous to self or others, Gravely disabled (Inability to care for self)

*Governmental authority* (Police Power: Health, Welfare, Safety of society) (Parens patriae: State acts a surrogate parent) *Supreme Court* Restrictions on involuntary commitment (Insufficient grounds: Non-dangerous person, Need for treatment alone, Gravely disabled)

**Initial stages**: Person fails to seek help, Others feel that help is needed, Petition is made to a judge, Individual must be notified **Subsequent stages**: Involves normal legal proceedings, Judge makes determination, Assisted outpatient treatment (AOT)

*Consequences of Supreme Court rulings* Criminalization of the mentally ill, Deinstitutionalization and homelessness, Transinstitutionalization

**Criminal commitment** *Nature*: Accused of committing a crime, Detainment in mental health facility for evaluation, Fitness to stand trial (Findings: Guilty, Not guilty by reason of insanity)



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## Legal and Ethical Issues (cont)

**Insanity Defense**: *M'Naughten rule* Don't know what they're doing, Don't know it is wrong *Durham rule* Includes mental disease or defect *American Law Institute Standard* Knowledge of right vs. wrong, Self-control, Diminished capacity (Mens rea, actus rea)

**Competence to Stand Trial**: Requirements: Understand legal charges, Ability to assist in defense, Essential for legal processes, Burden of proof = defense

**Mental Health Professionals as Expert Witness** Specialized knowledge and expertise, Competency determinations, Assess risk - dangerousness, Reliable DSM diagnoses, Advise the court (Psychological assessment, Diagnosis), Assess malingering

**The right to treatment** Must treat if involuntarily committed, Reduce symptoms, Provide humane

**The Rights Research Participants**: Right to be Informed About the Research, Right to Privacy, Right to be Treated with Respect and Dignity, Right to be Protected from Physical and Mental Harm, Right to Chose or Refuse to Participate in Research, Right to Anonymity in Report of Study Findings, Right to Safeguarding of Records

**Clinical Practice Guidelines**: Agency for Healthcare Research and Quality, The Patient Protection and Affordable Care Act, APA practice guidelines

## Other

Current research into neurotransmitter systems has produced the "permissive" hypothesis, which states that when serotonin levels are low, other neurotransmitter systems become dysregulated and contribute to mood irregularities.

patients' noncompliance with medication may be due to: negative patient-doctor relationship, cost of medication, negative side effects

An intellectual disability has three parts, significant subaverage intellectual functioning, concurrent deficits or impairment in adaptive functioning and onset before age 18

Mental illness as used in the legal system is unique to each state (.i.e., civil commitment criteria)



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