Announcements

- The final Aplia gauntlet:
  - Chapter 12 Aplia due next Monday
  - Chapter 13 Aplia due next Wednesday (final day of class)

- Final Exam is May 14, 3:30 pm

- More experiments going up daily!

- Enhanced Grade-query Tool+
  - This tool is the definitive source for your final grade!
  - Now includes Grade Estimator Tool™
Abnormal Psychology
I. Introduction

A. Definition of abnormal behavior

- Close to 50% of population will have a mental disorder
- So what is abnormal?!
- Definition, all necessary. Behavior is:
  - Deviant
  - Distressful
  - Dysfunctional
➢ Deviant
➢ Distressful
➢ Dysfunctional
- Deviant
- Distressful
- Dysfunctional
Disability Adjusted Life Years (DALYs)

Prince et al. (2007). *The Lancet*, 9590, 859-877
US Disability Adjusted Life Years (Millions)

- Ischemic Heart Disease: 3.13
- Cerebrovascular Disease: 1.36
- Motor Vehicle Accidents: 1.37
- Unipolar Major Depression: 1.39
- Lung/trachea/bronchial Cancer: 1.51

Michaud et al, Popl Health Metrics, 2006
I. Introduction

B. Popular misconceptions
   1. Psychopathology is bizarre (NOT!)
      a. Extreme examples are noticeable
      b. Not a dichotomous variable
"Without deviations from the norm, progress is not possible."

~Frank Zappa
I. Introduction

B. Popular misconceptions

1. Psychopathology is bizarre (NOT!)
   a. Extreme examples are noticeable
   b. Not a dichotomous variable

2. Psychopathology is enduring (NOT!)

Thought Experiment
I. Introduction

C. Perspectives on abnormal behavior

Historically -- supernatural possession or influence

“Treatments” included exorcism; being beaten, burned, castrated, mutilated; blood replaced with animal’s blood; trephining; to name but a few

Diathesis Stress perspective is more contemporary

Diathesis = tendency, or risk
Diathesis may be from genetic factors or experience
Stress may be biological or psychology

REMEMBER: Monocausal theories of behavior are WRONG!
Multiple Causation

Predisposing causes

- in place before onset
- make person susceptible
- inherited characteristics
- learned beliefs
- sociocultural beliefs
Multiple Causation

Precipitating causes

- immediate events that bring on the disorder (stress)
- loss (e.g., loved one, job)
- perceived threat
- when predisposition high, precipitating event may be small
I. Introduction

D. Classification of abnormal behavior:
   1. DSM-5: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition
Philosophy of the DSM-5

- DSM is largely atheoretical with respect to etiology
- DSM is descriptive
  - Checklist approach
  - Provides labels for clusters of symptoms
- DSM is designed primarily for clinical use
- DSM is a document by committee
DSM-5 Definition of Mental Disorder:

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.

An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.
<table>
<thead>
<tr>
<th>DSM-IV</th>
<th>DSM-5</th>
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</thead>
<tbody>
<tr>
<td>Disorders Usually First Diagnosed in Infancy, Childhood,</td>
<td>neurodevelopmental disorders</td>
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<tr>
<td>or Adolescence</td>
<td>schizoaffective disorders</td>
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<tr>
<td>delirium, dementia, and amnestic and other cognitive</td>
<td>bipolar and related disorders</td>
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<tr>
<td>disorders</td>
<td>depressive disorders</td>
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<tr>
<td>mental disorders due to a general medical condition</td>
<td>anxiety disorders</td>
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<tr>
<td>substance-related disorders</td>
<td>obsessive-compulsive and related disorders</td>
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<tr>
<td>schizophrenia and other psychotic disorders</td>
<td>dissociative disorders</td>
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<tr>
<td>mood disorders</td>
<td>somatic symptom and related disorders</td>
</tr>
<tr>
<td>anxiety disorders</td>
<td>feeding and eating disorders</td>
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<tr>
<td>somatoform disorders</td>
<td>elimination disorders</td>
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<tr>
<td>factitious disorders</td>
<td>sleep-wake disorders</td>
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<tr>
<td>dissociative disorders</td>
<td>sexual dysfunctions</td>
</tr>
<tr>
<td>sexual and gender identity disorders</td>
<td>gender dysphoria</td>
</tr>
<tr>
<td>eating disorders</td>
<td>disruptive, impulse-control, and conduct disorders</td>
</tr>
<tr>
<td>sleep disorders</td>
<td>substance-related and addictive disorders</td>
</tr>
<tr>
<td>impulse-control disorders not elsewhere classified</td>
<td>neurocognitive disorders</td>
</tr>
<tr>
<td>adjustment disorders</td>
<td>personality disorders</td>
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<tr>
<td>personality disorders</td>
<td>paraphilic disorders</td>
</tr>
<tr>
<td>other conditions that may be a focus of clinical attention</td>
<td>other mental disorders</td>
</tr>
<tr>
<td></td>
<td>medication-induced movement disorders and other adverse</td>
</tr>
<tr>
<td></td>
<td>effects of medication</td>
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<tr>
<td></td>
<td>other conditions that may be a focus of clinical attention</td>
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</tbody>
</table>
II. Schizophrenia

A. Introduction

1. NOT split personality
2. Affects ~ 1% of population
3. Primarily a younger person's disease
4. Gender ratio
5. Succinctly, what is it?
Psychotic Symptoms

B. **Bizarre Delusions**

1. Thought Broadcasting
2. Thought insertion
3. Delusions of being controlled
4. Somatic
5. Religious
6. Grandiose

*Phone Caller Example*
B. Thought Disorder

1. Loosening of associations
   a. Clang associations
   b. Chain associations

2. Neologisms

3. Word salad

4. Poverty of content of speech
Still more Psychotic Symptoms

B. Hallucinations: Typically Auditory

Example:

Part1,

Part2
About 2 years ago and 8 months at Dell Computer Corp. I had allot of issues with management and supervisor staff there. basically to make it short, they couldn't understand how I new so much about what they were trying to do me before, they actually implemented there plans, (exp. trying to get me fired, using other people to set me up, even using private corp. investigators, and more.) Well eventually they contacted an organization, via the Internet to see if I was gifted or something else. These people instead of talking to me as a human being treated me as a science experiment, of course with the help of dell. basically they caused me great pain and anguish that I had to leave dell computer corp. I figured if I leave, they would leave me alone. Instead they followed me where I went, I moved multiple times to different states, even to Alaska. nothing worked they kept on harassing me, the things they did, causing pain to my brain, hearing all there voices in my head, following me were I went and I mean everywhere, to some things I rather not explain. It’s been a living nightmare, making a person a prisoner in his own life.
Their is something seriously wrong with these people. If you could investigate this and make it stop
Schizophrenia: Symptoms

Length: 6:00

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Schizophrenia

Psychotic Symptoms = Two (or more) of the following, for at least 1 month (unless treated)

✓ Delusions.
✓ Hallucinations.
✓ Disorganized speech (e.g., frequent derailment or incoherence).
✓ Grossly disorganized or catatonic behavior.
✓ Negative symptoms (i.e., diminished emotional expression or avolition).

Duration of some signs of the illness 6 months.
Schizophrenia

C. Causes & treatment
   1. Genetic -- YES
Lifetime risk of developing schizophrenia for relatives of a schizophrenic

Schizophrenia risk increases with genetic closeness to relatives with schizophrenia.
Schizophrenia

C. Causes & treatment

1. Genetic -- YES

2. Environmental – not well understood, but Expressed Emotion is important in relapse:
   a) Emotional Over-involvement
      family feels blame, gets overinvolved
   b) Criticalness
      share critical views with the person with Sz
   c) Hostility
      put blame on the person, assumes person has more control than they do
- Patients (97) recent onset Schizophrenia
- % not relapsed after release
- EE was major predictor of relapse
  - Among high EE families cannabis abuse also major predictor

Schizophrenia

C. Causes & treatment

1. Genetic -- YES

2. Environmental – not well understood, but EE

3. Biological explanations
   a) Brain Abnormalities
      1. Atrophy in negative symptom Sz
      2. Frontal Lobe Dysfunction (low activity in many tasks)
   b) Dopamine overactivity
      1. Amphetamine psychosis mimics some positive symptoms
      2. Dopamine antagonists decrease positive symptoms
Discordant MZ Twins

No schizophrenia

Schizophrenia

Discordant MZ Twins
C. Causes & treatment

1. Genetic -- YES
2. Environmental – Expressed Emotion in relapse
3. Biological explanations
   a) Brain Abnormalities
      1. Atrophy in negative symptoms
      2. Frontal Lobe Dysfunction (low activity in many tasks)
   b) Dopamine overactivity
      1. Amphetamine psychosis mimics some positive symptoms
      2. Dopamine antagonists decrease positive symptoms
Which of the following is not a Bizarre Delusion?

A. The belief that aliens inserted thoughts in my head
B. The belief that the CIA is tapping my phone
C. The belief that God has chosen me to be the next Christ
D. The belief that my wisdom teeth were stolen by extra-terrestrials
Schizophrenia: Symptoms

Length: 6:00

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III. Depressive and Bipolar Disorders
### III. Depressive and Bipolar Disorders

#### A. Major Depression Criteria

1. At least 5 of the following during the same 2-week period (Don't memorize!!)

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>Depressed mood</td>
</tr>
<tr>
<td>B.</td>
<td>Diminished interest or pleasure</td>
</tr>
<tr>
<td>C.</td>
<td>Weight/appetite change</td>
</tr>
<tr>
<td>D.</td>
<td>Insomnia or hypersomnia</td>
</tr>
<tr>
<td>E.</td>
<td>Psychomotor Agitation or Retardation</td>
</tr>
<tr>
<td>F.</td>
<td>Fatigue or loss of energy</td>
</tr>
<tr>
<td>G.</td>
<td>Feelings of worthlessness or excessive or inappropriate guilt</td>
</tr>
<tr>
<td>H.</td>
<td>Concentration problems</td>
</tr>
<tr>
<td>I.</td>
<td>Recurrent thoughts of death or recurrent suicidal ideation</td>
</tr>
</tbody>
</table>
Key Factors in Sex Diffs

- Lethality of Method
- Intoxication
- Lack of others in the home

National Suicide Prevention Hotline: 800-273-TALK (8255)
Depressive and Bipolar Disorders

B. Manic episode criteria (Again, do not memorize)

1. Distinct period of abnormally and persistently elevated, expansive, or irritable mood.

2. During this period, at least 3 of the following symptoms (4 if mood is only irritable)
   1. Inflated self-esteem or grandiosity
   2. Decreased need for sleep
   3. More talkative than usual
   4. Flight of ideas / thoughts racing
   5. Distractibility
   6. Increase in goal-directed activity
   7. "Excessive involvement in activities which have a high potential for painful consequences"
Interview...
Interview...
Interview...
C. Unipolar vs Bipolar Depression

1. Unipolar--Major depressive episode only
   - 10% Men
   - 20% Women

2. Bipolar--Manic episode only or both manic and major depressive episodes
   - 1% Men and Women