

**Psych020: Chapter 13/14**

**Psychological Assessment and Treatment**

**Tuesday April 1, 2008**

Generalized Anxiety Disorder (GAD)

Prevalence: (M) 4%; (W) 7%

- Excessive worry and anxiety dominates patients life “ free floating anxiety”
- Tense, on edge, irritable, sleep difficulties, exhausted, difficulty concentrating/making decisions

Causes???

Biological

- Genetic vulnerability
- Insufficient GABA or GABA receptors

Cognitive

- Selectively focus on threats
- Overestimate threat

Post-Traumatic Stress Disorder

Prevalence: 1-2%

Following exposure to severe trauma and is characterized by:

- Re-experiencing the event through intrusive thoughts, flashbacks, nightmares and dreams
- Avoidance of stimuli associated with trauma
- Increased physiological arousal

Causes???

Biological factors

- Physiological hyper reactivity

Family Systems

- Family instability (childhood trauma)

### Cognitive Factors

- Shattering assumptions

Other factors:

- Pre-existing distress
- Coping style
- Social support

## **Somatoform Disorders**

Bodily symptoms that suggest a physical defect or dysfunction BUT no physiological basis can be found.

Emotions → Physical symptoms.

Different from:

- Malingering
- Factitious disorder
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Types of Somatoform disorders

- Conversion disorder: motor or sensory symptoms suggesting a neurological impairment when there is none. Conversion refers to unconscious conflicts being converted into physical symptoms. Triggered by a stressful traumatic event. Need to address initial stressful event. Remove reinforcers.
- Pain disorder: predominant complaint is pain and psychological factors have an important role in the onset, severity, exacerbation or maintenances of pain. Acute or Chronic. Psychodynamic and behavioural.
- Hypochondriasis: unduly alarmed by any physical symptom they detect or convinced they have a serious illness despite evidence to the contrary. Runs in families, behaviourally rewarded, underlying conflicts cause anxiety, excessive illness growing up.

Treatment

- Rule out physical causes

Behavioural

- Focus on stress reduction/relaxation

- Reduce help seeking behaviour
- Eliminate reinforcers (gains)

#### Psychodynamic

- Resolve underlying conflict
- Emotional expression

#### Psychological Assessment

An integral component of effective treatment

Tends to be eclectic (many approaches, not pure as presented here)

#### Personality Assessment

##### Types of Assessment

- Self-report measures
  - MMPI (Million Multi-aphasic Personality Inventory)
- Projective Tests (Tap unconscious motives)
  - Based on Freud and Jung's work
  - TAT (Thematic Apperception Test)
  - Rorschach (Inkblots)
- Interviews
  - SCID (Structured Clinical Interview for the DSM-IV)
  - For diagnosing psychological disorders (including personality disorders)

##### MMPI-2

- Self Report Questionnaire
- 567 T/F items
- 10 standard scales and 3 validity scales
  - Standard scales: clusters of symptoms (hypochondriasis, depression, etc.)
  - Validity: consistency tests (e.g., prevent malingering)

#### Projective Tests

##### Thematic Apperception Test (TAT)

- Interpret
- Needs – from within the individual
- Press – environmental influences on behavior.

## Rorschach Ink Blots

Scoring looks at:

- Patterns across cards
  - Location
  - Determinant
  - Form level
  - Popularity of response

## Poor Predictive Validity

- Doesn't predict specific mental disorders well
- Better at predicting suicidal/homicidal thinking

## Interviews

- Unstructured vs. Structured
- SCID (Structured Clinical Interview for the DSM-IV)
  - DSM IV – diagnosis on 5 axes

## Psychological Treatments

### History of the treatment of mental illness

#### Ancient Beliefs

- Demonology
- Exorcism
- Trephining (drilling holes in the skull to release spirits)

#### Naturalistic Explanations

- Hippocrates
- Four humours (bloodletting as treatment for mania, etc.)

### Reforms in the treatment of mental illness

#### Humanism

- People are sick; not possessed
- Need to be treated with dignity

#### Reform Movements

- Moral Treatment (Dorothea Dix, etc.)
- Shift from prison to hospital
- Shift from hospital to community (1970-present)
- Patient rights

#### Biological View

- Organic explanation for abnormal behavior
- Drug revolution (Psychiatry)

#### History of Psychological Treatment

- London asylum for the Insane (1800s)
- Richard Bucke (Superintendent: 1877-1902)
- Moral treatment reforms
- Discontinue use of alcohol in treatments
- Discontinue use of restraints
- Goal to enhance patient's quality of life

#### Advancement of Psychological Theory

- Applied to treatment
- WWII veterans (shellshock – PTSD)
- Development of clinical psychology as a specialized field

#### Psychological Research

- Treatment Outcome (effectiveness)

#### Biological Based Therapies

- Psychiatry – medication and surgical procedures

- Psychosurgeries – surgical procedure to remove or destroy brain tissue in order to alter behavior
- Moniz – Prefrontal Lobotomy
  - Nobel Prize (1946)
  - Performed from 1935-1955
- Minor surgeries still performed (e.g. cingulotomy)
  - Lesion in cingulated gyrus to treat severe OCD

### *Biologically Based Therapies*

#### ECT (Electro-convulsive therapy)

- Electric shocks administered to brain
- Seizure alleviates depression by altering brain chemistry (serotonin, dopamine, norepinephrine) (no specific explanation for results)
- Effective for severe depression.
- Only used when drug therapies ineffective or inappropriate.

#### Long term effects (New 2007 study)

- Some memory loss is permanent
- Loss of intelligence (30 IQ points)

#### Transcranial Magnetic Stimulation (TMS)

##### Procedure

- Hand held wire coil to produce a controlled, rapidly fluctuating magnetic field
- Applied to left prefrontal cortex area

##### Effectiveness

- TMS 55% showed a decrease in depression symptoms
- Similar for ECT, but TMS considered safer (e.g. no memory effects)
- Unsure why it works?
- Theorized that it increases blood flow and chemical activity in the treated area

## *Drug Therapy: The Pharmacological Revolution*

### Antipsychotic Drugs

- Chlorpromazine – effective in treating schizophrenia positive symptoms (e.g. hallucinations)
- Block dopamine
- unpleasant side effects – tardive dyskinesia (involuntary spasms)
  - Clozapine - Also linked to diabetes and immune system dysfunction

### Three Types of Anti-Depressants

1. Tricyclics (Tofranil) – inhibits reuptake of serotonin and norepinephrine
2. MAO Inhibitors (Nardil) – work by disabling enzymes that would normally metabolize and inactivate neurotransmitters at the synapses (SO, > levels of SE, NE and DA)
3. Serotonin Selective Reuptake Inhibitors SSRIs (Prozac) – inhibits reuptake of serotonin. (least serious side effects)

### Mood Stabilizing Drugs

- Lithium evens out mood swings of bipolar patients
  - 60-70% patients respond well
  - Must be carefully monitored (overdose can be lethal)
  - Unsure why this treatment is effective

Haloperidol – also used to treat mania, agitation and hyperactivity (tranq)

### Anti-Anxiety Drugs

- Alcohol
  - Side effects
- Barbiturates
  - Sleep medication
- Benzodiazepines
  - Valium, Ativan, Xanax
  - Enhance GABA activity (inhibitor), calming CNS

## Problems

- Can produce dependency
- Masks symptoms; therefore one may not deal effectively with stressors. (band-aid)