CHAPTER 13

PSYCHOLOGICAL DISORDERS

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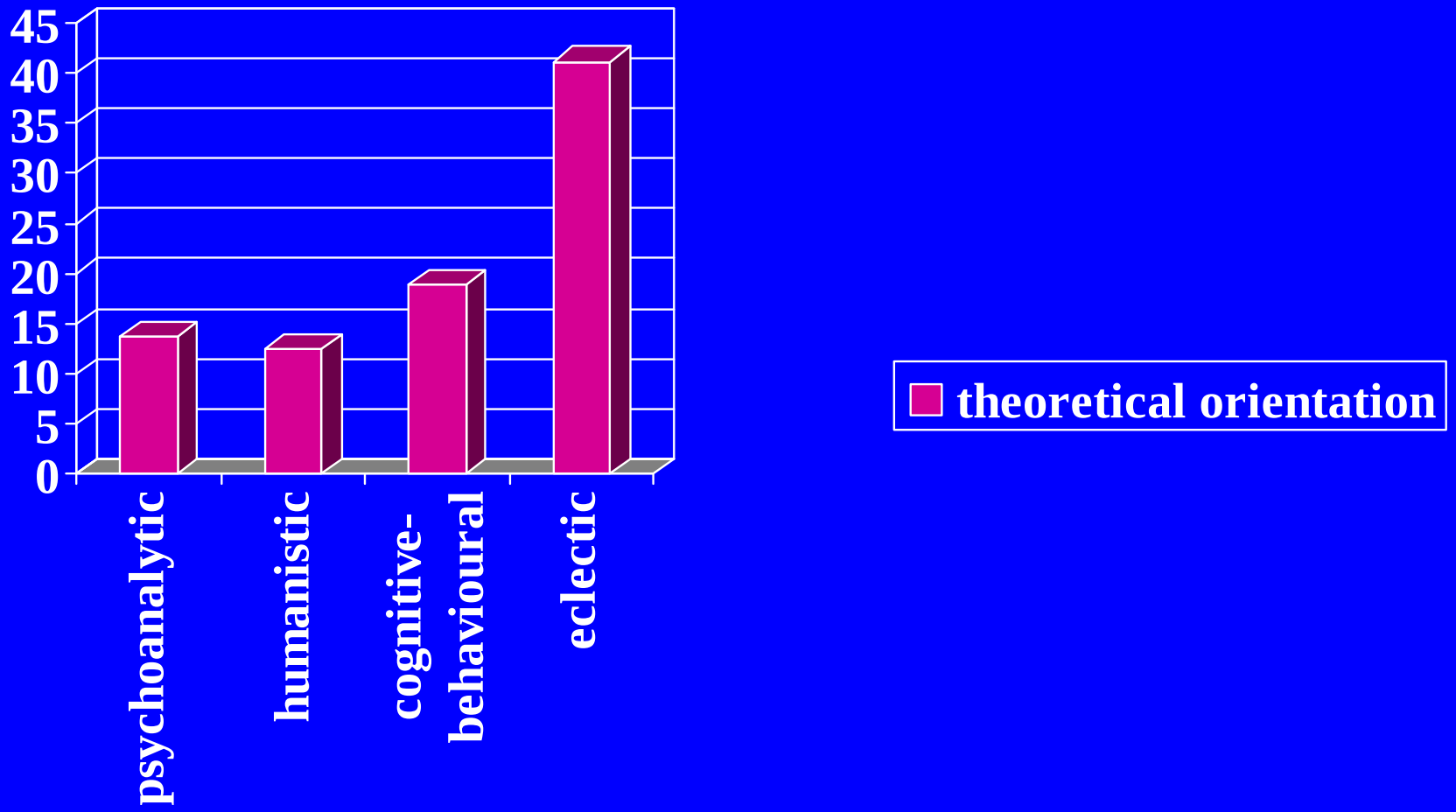
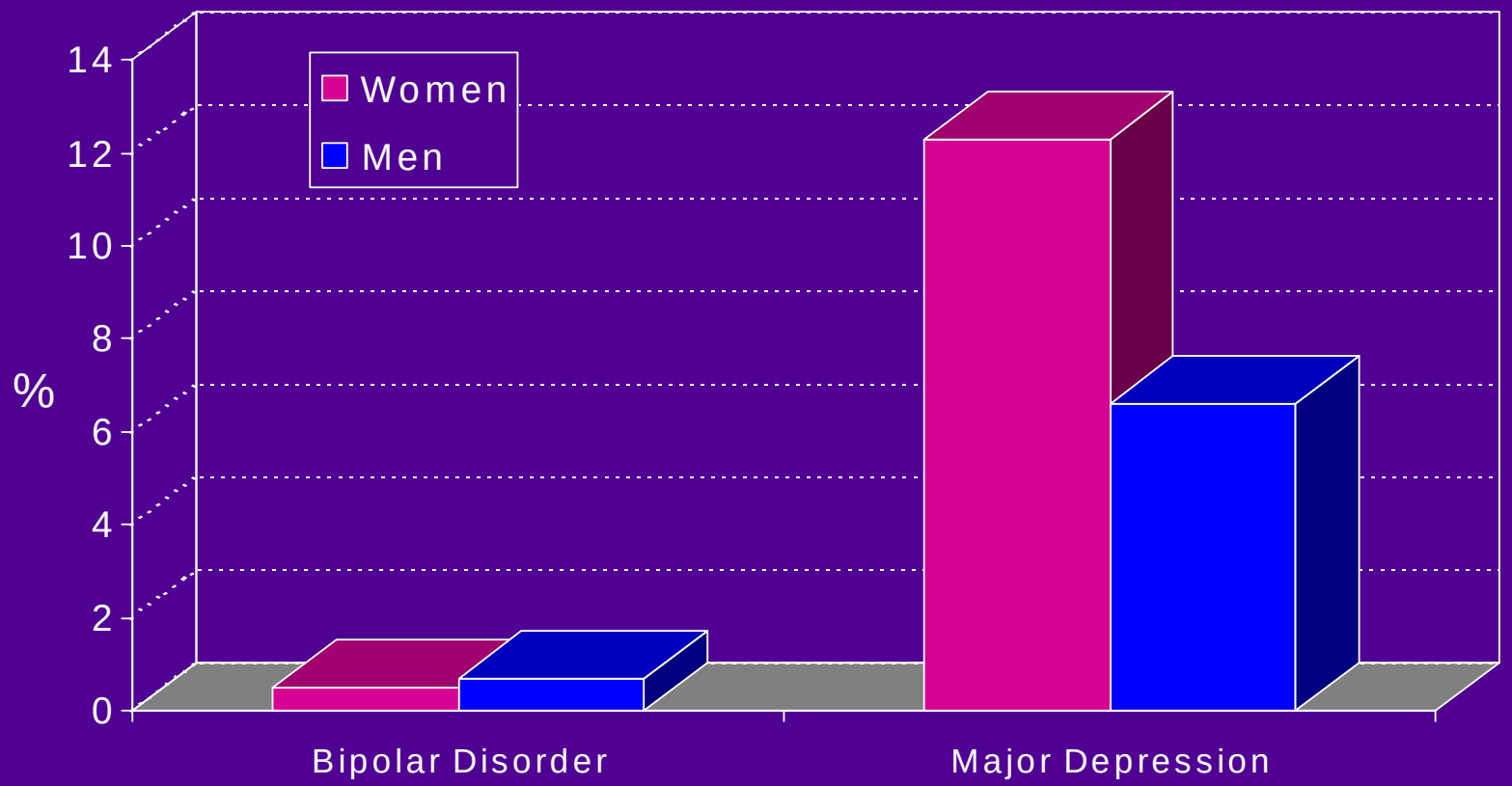
Theoretical orientation of sample of therapists



Surgeon General & DSM-IV

- "A clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom"

PREVALENCE OF MOOD DISORDERS



12 % **6 %**

DSM-IV

Symptoms of a Major Depressive Episode

A. Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms must be either depressed mood or loss of interest or pleasure.

(1) depressed mood most of the day, nearly every day. **Note:** In children and adolescents, can be irritable mood.
(2) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day
(3) significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day

Note: In children, consider failure to make expected weight gains.

(4) insomnia or hypersomnia nearly every day
(5) psychomotor agitation or retardation nearly every day (observable by others)
(6) fatigue or loss of energy nearly every day
(7) feelings of worthlessness or excessive or inappropriate guilt nearly every day
(8) diminished ability to think or concentrate, or indecisiveness, nearly every day
(9) recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide

Source: American Psychiatric Association; *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

DSM-IV

Criteria for a Manic Episode

A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood, lasting at least 1 week (or any duration if hospitalization is necessary).

B. During the period of mood disturbance, three (or more) of the following symptoms have persisted (four if the mood is only irritable) and have been present to a significant degree:
   (1) inflated self-esteem or grandiosity
   (2) decreased need for sleep (e.g., feels rested after only 3 hours of sleep)
   (3) more talkative than usual or pressure to keep talking
   (4) flight of ideas or subjective experience that thoughts are racing
   (5) distractibility (i.e., attention too easily drawn to unimportant or irrelevant external stimuli)
   (6) increase in goal-directed activity (either socially, at work or school, or sexually) or psychomotor agitation
   (7) excessive involvement in pleasurable activities that have a high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments)

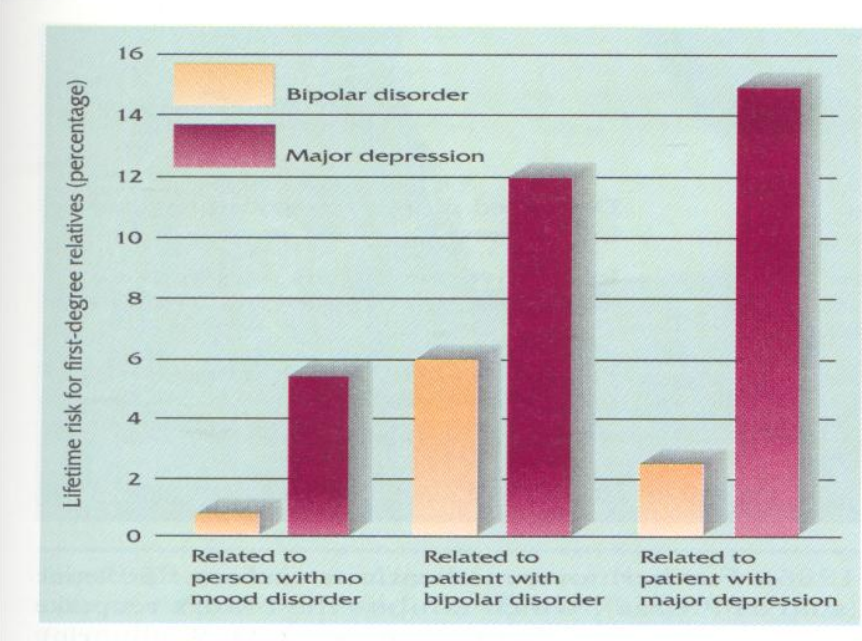
C. The symptoms do not meet the criteria for a mixed episode.

D. The mood disturbance is sufficiently severe to cause marked impairment in occupational functioning or in usual social activities or relationships with others, or to necessitate hospitalization to prevent harm to self or others, or there are psychotic features.

E. The symptoms are not due to the direct physiological effects of a substance or a general medical condition.

Source: American Psychiatric Association; *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC: American Psychiatric Association 1994.

Biological Factors



GENETIC FACTORS

- Twin studies

Depression

identical - 67%

fraternal - 15%

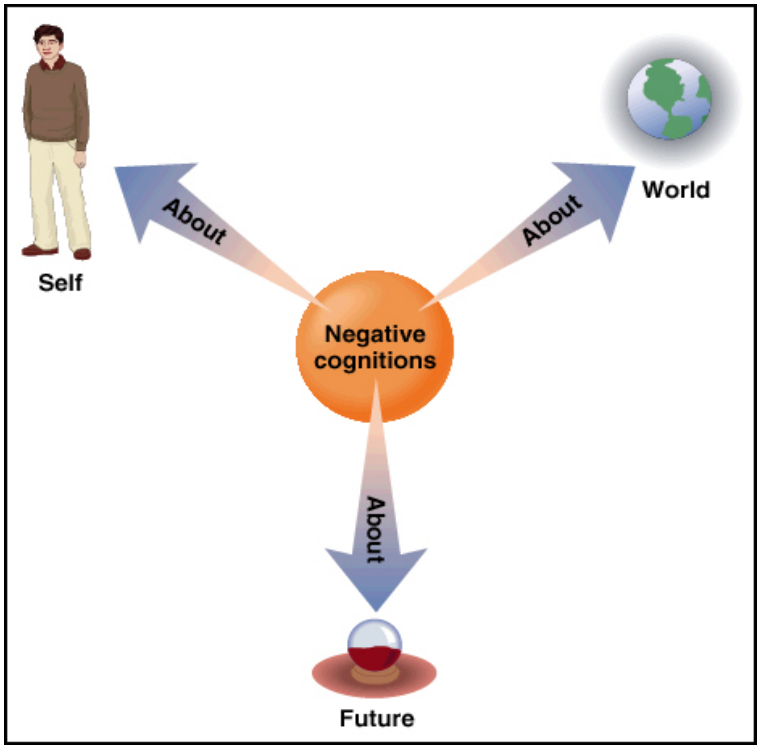
Bipolar

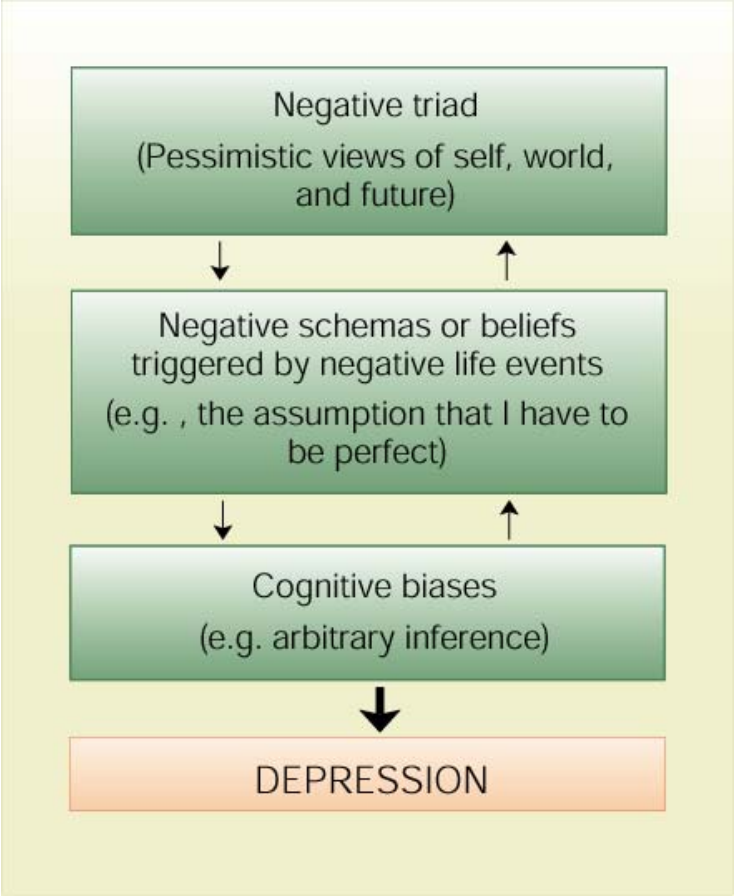
identical - >70%

fraternal - 50%

- **Bipolar - > genetic contribution than depression**

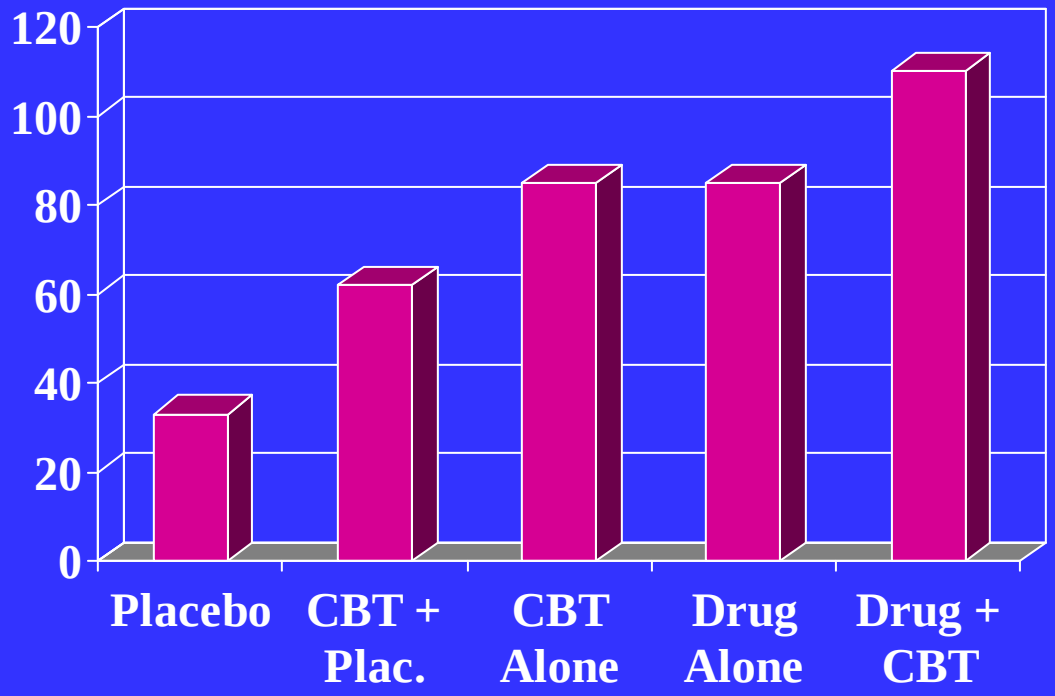
COGNITIVE FACTORS (Aaron Beck)





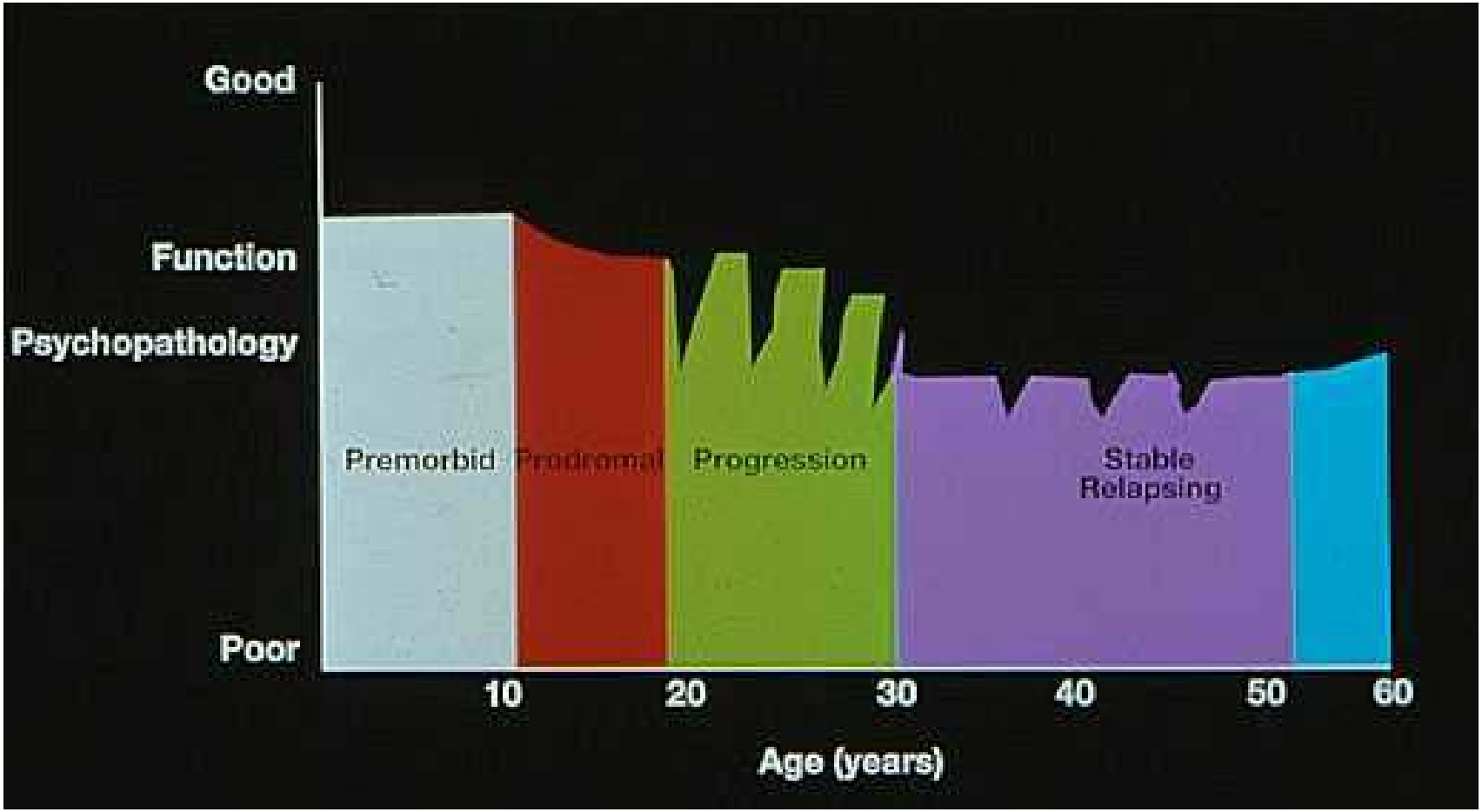
Cognitive Behavioural Therapy

What Works Best?

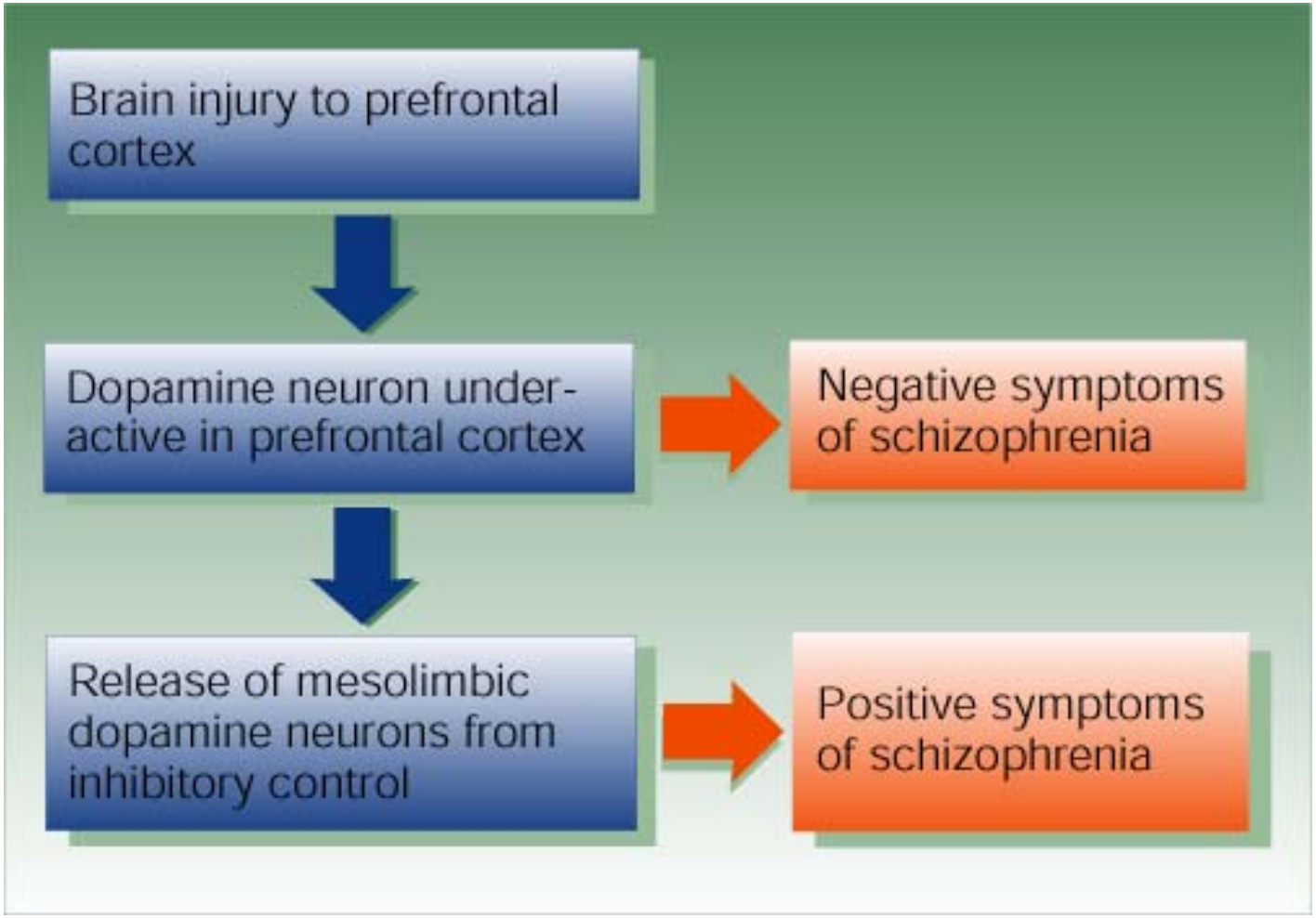


CBT = Cognitive Behavioural Therapy

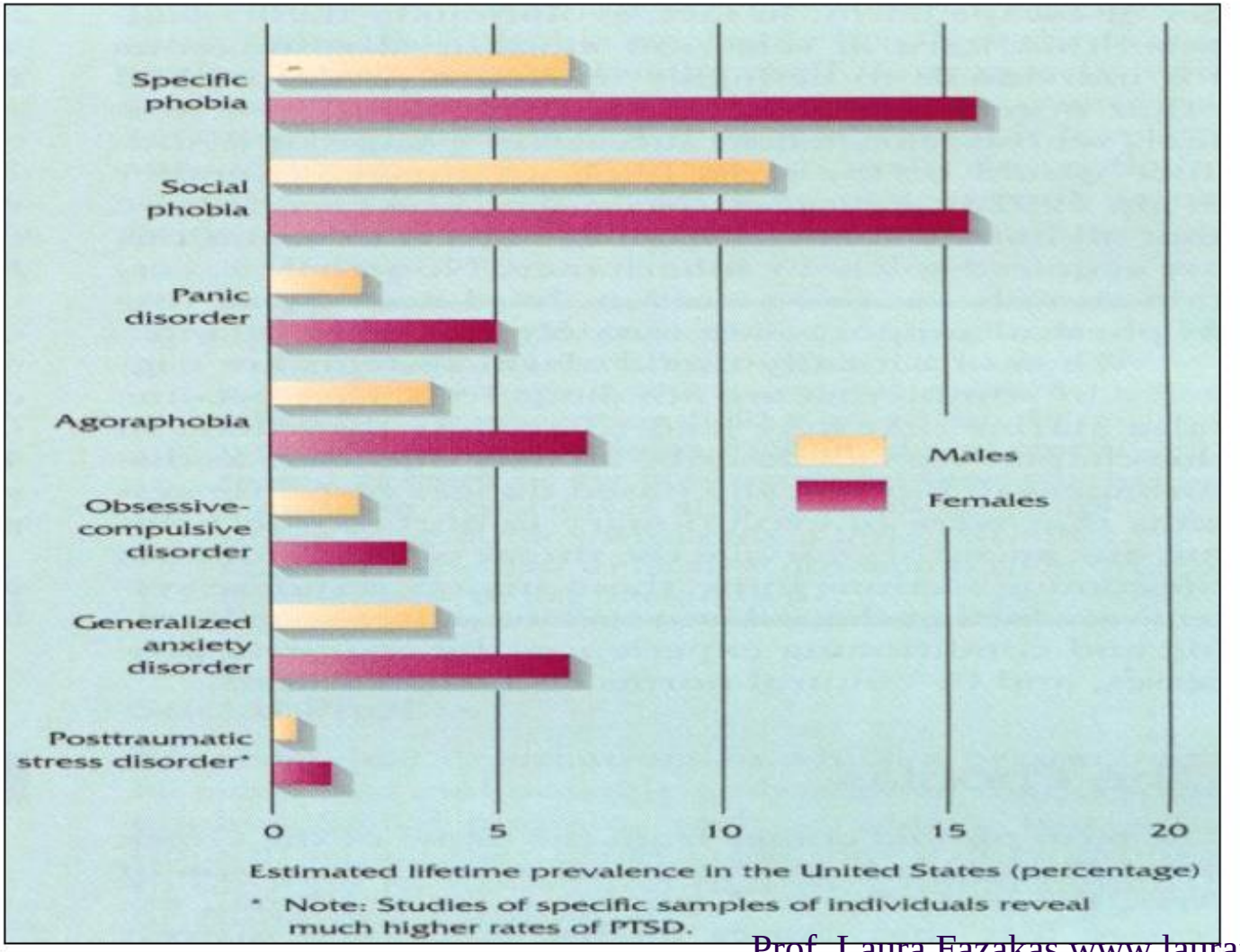
Phases of Schizophrenia



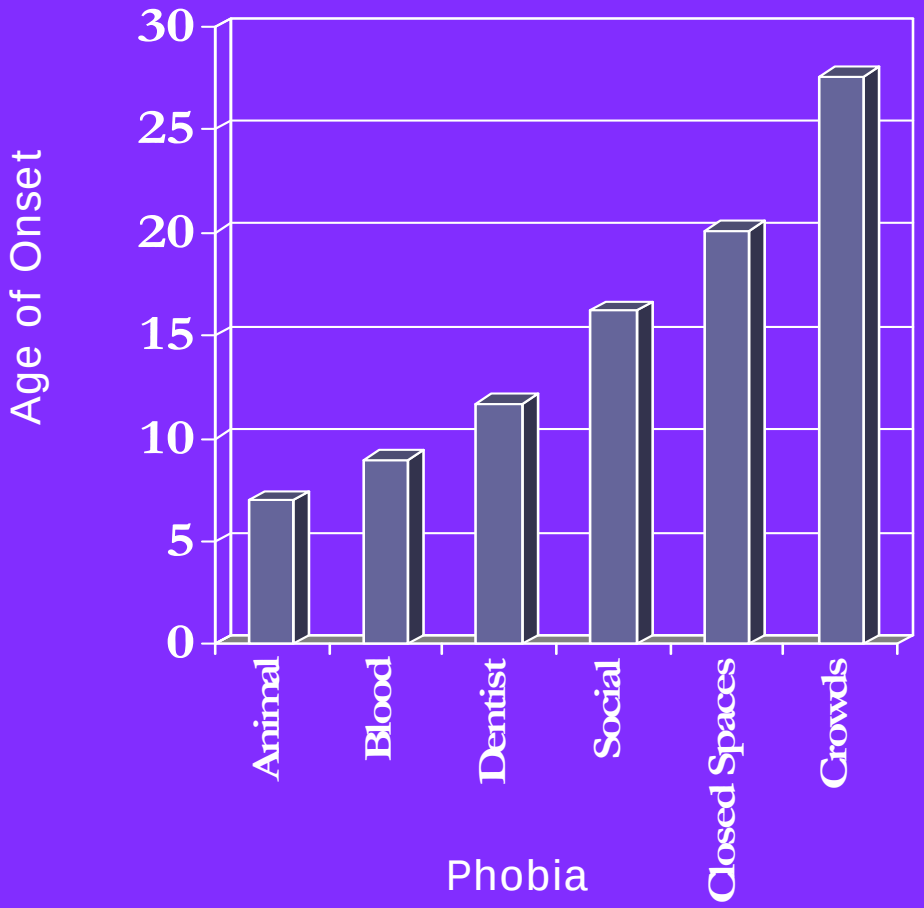
Causes


Brain injury to prefrontal cortex
Dopamine neuron under-active in prefrontal cortex
Negative symptoms of schizophrenia
Release of mesolimbic dopamine neurons from inhibitory control
Positive symptoms of schizophrenia

Frequency of Anxiety Disorders



Phobias



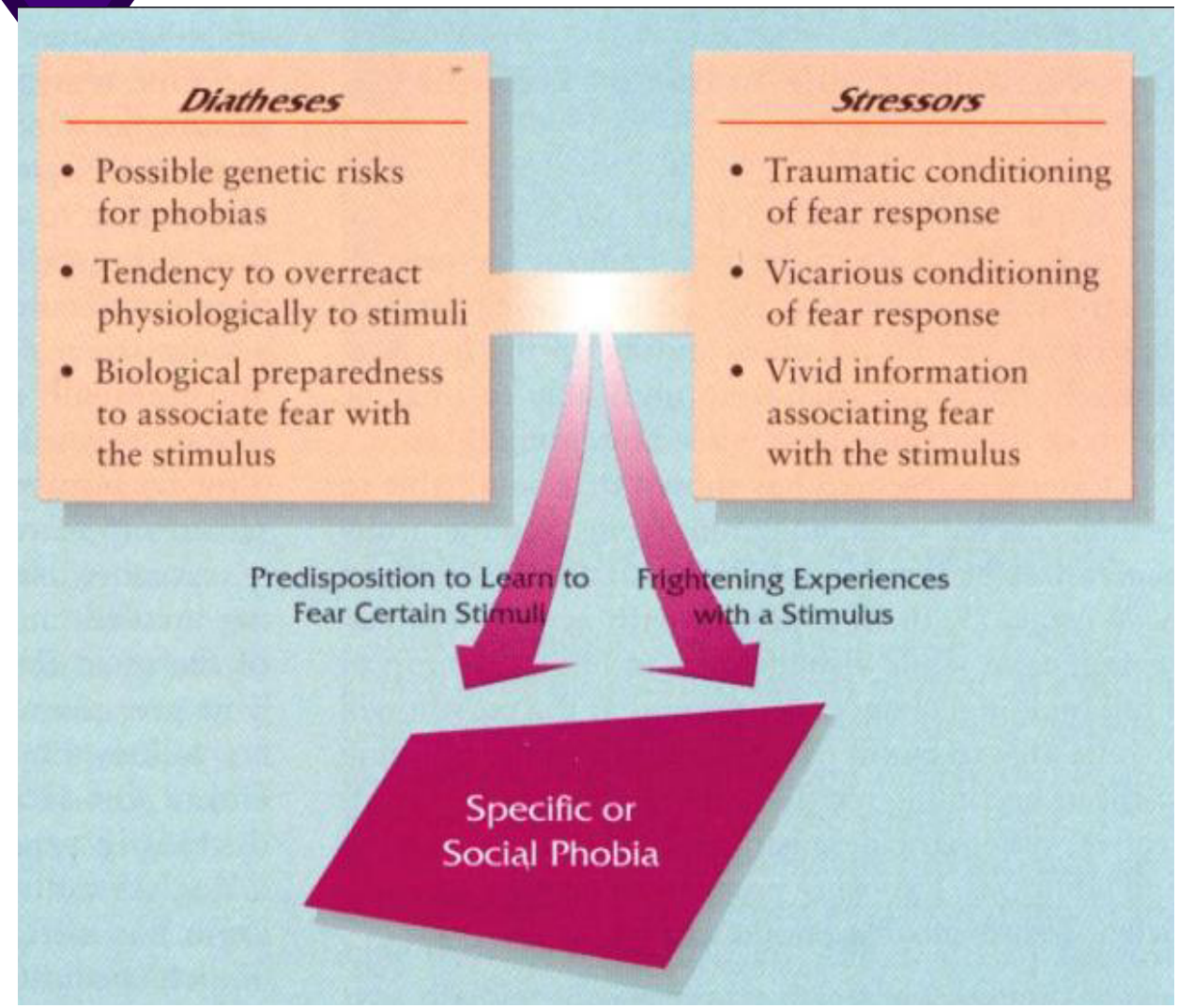
- 3 Main Types
  - Specific Phobias
  - Social Phobias
  - Agoraphobia

Specific Phobias

Type	Phobia
Animals	
Bees	Apiphobia
Spiders	Arachnophobia
Snakes	Ephidiophobia
Mice	Musophobia
Animals	Zoophobia
Natural environment	
Stars	Siderophobia
Wind	Anemophobia
Rain	Ombrophobia
Thunder	Brontophobia
Darkness	Nyctophobia
Blood, illness, and injection	
Blood	Hematophobia
Needles	Belonephobia
Injury	Traumatophobia
Pain	Algophobia
Contamination	Mysophobia
Situations	
Enclosed places	Claustrophobia
Travel	Hodophobia
Bridges	Gephyrophobia
Empty rooms	Kenophobia

- **4 Major Subtypes**
  - **Animal**
  - **Natural Environment**
  - **Blood, Illness, Injections**
  - **Situations**

VULNERABILITY - STRESS MODEL



Panic Disorder

DSM-IV

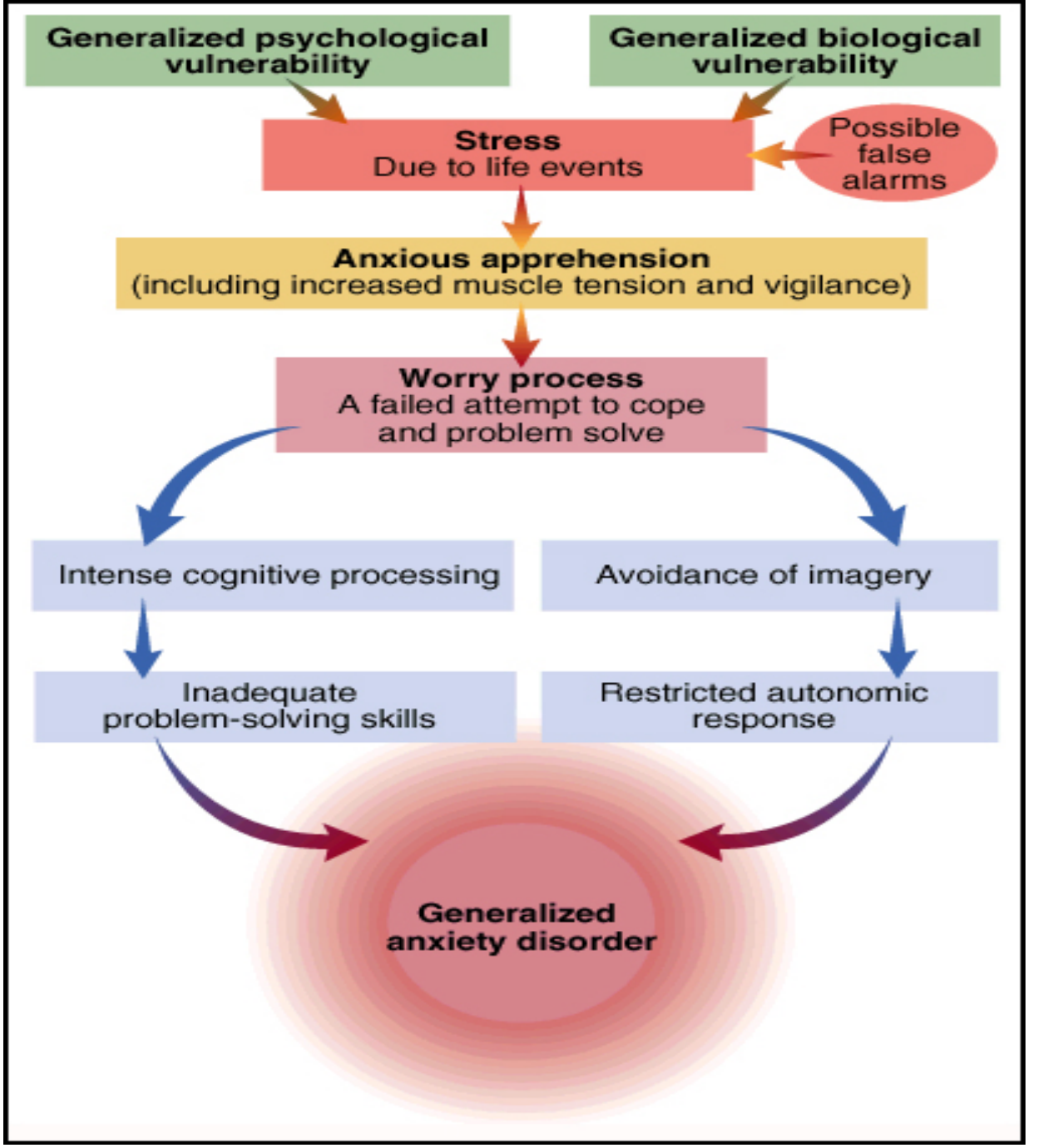
Criteria for Panic Attack

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

1. Palpitations, pounding heart, or accelerated heart rate;
2. Sweating;
3. Trembling or shaking;
4. Sensations of shortness of breath or smothering;
5. Feeling of choking;
6. Chest pain or discomfort;
7. Nausea or abdominal distress;
8. Feeling dizzy, unsteady, lightheaded, or faint;
9. Derealization (feelings of unreality) or depersonalization (being detached from oneself);
10. Fear of losing control or going crazy;
11. Fear of dying;
12. Paresthesias (numbness or tingling sensations); and
13. Chills or hot flashes

Source: American Psychiatric Association; *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

Generalized Anxiety Disorder (GAD)



Somatization Disorder

DSM-IV

Diagnostic Criteria for Somatization Disorder

A. A history of many physical complaints beginning before age 30 years that occur over a period of several years and result in treatment being sought or significant impairment in social, occupational, or other important areas of functioning.

B. Each of the following criteria must have been met, with individual symptoms occurring at any time during the course of the disturbance:
   (1) a history of pain related to a least four different sites or functions
   (2) two gastrointestinal symptoms other than pain
   (3) one sexual or reproductive symptom other than pain
   (4) one symptom or deficit suggesting a neurological condition not limited to pain

C. Either (1) or (2):
   (1) after appropriate investigation, each of the symptoms in Criterion B cannot be fully explained by a known general medical condition or the direct effects of a substance
   (2) when there is a related general medical condition, the physical complaints or resulting social or occupational impairment are in excess of what would be expected from the history, physical examination, or laboratory findings

D. The symptoms are not intentionally produced or feigned

Source: American Psychiatric Association; *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

Hypochondriasis

DSM-IV

Diagnostic Criteria for Hypochondriasis

A. Preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms.

B. The preoccupation persists despite appropriate medical evaluation and reassurance.

C. The belief in Criterion A is not of delusional intensity and is not restricted to circumscribed concern about appearance.

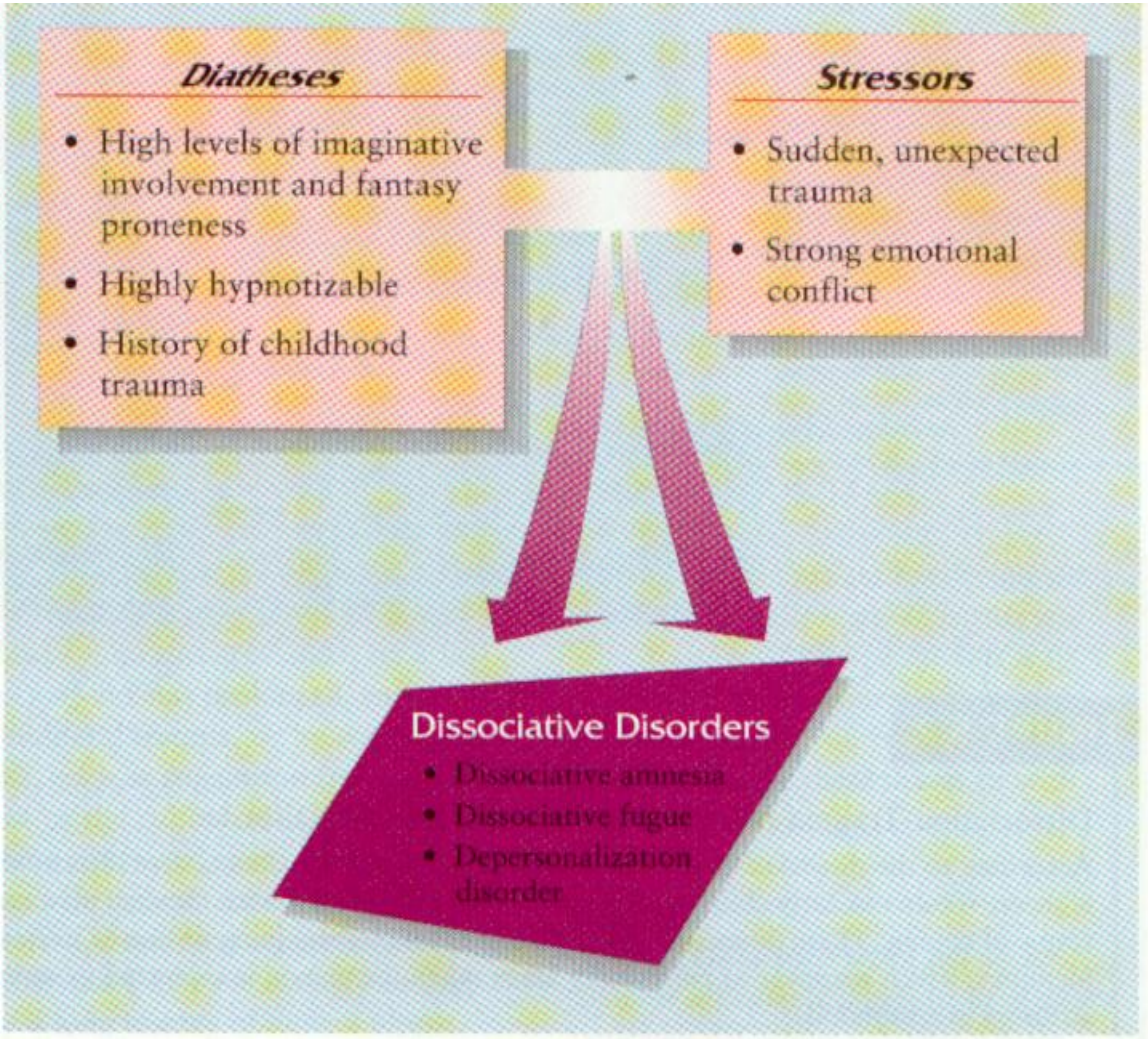
D. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The duration of the disturbance is at least 6 months.

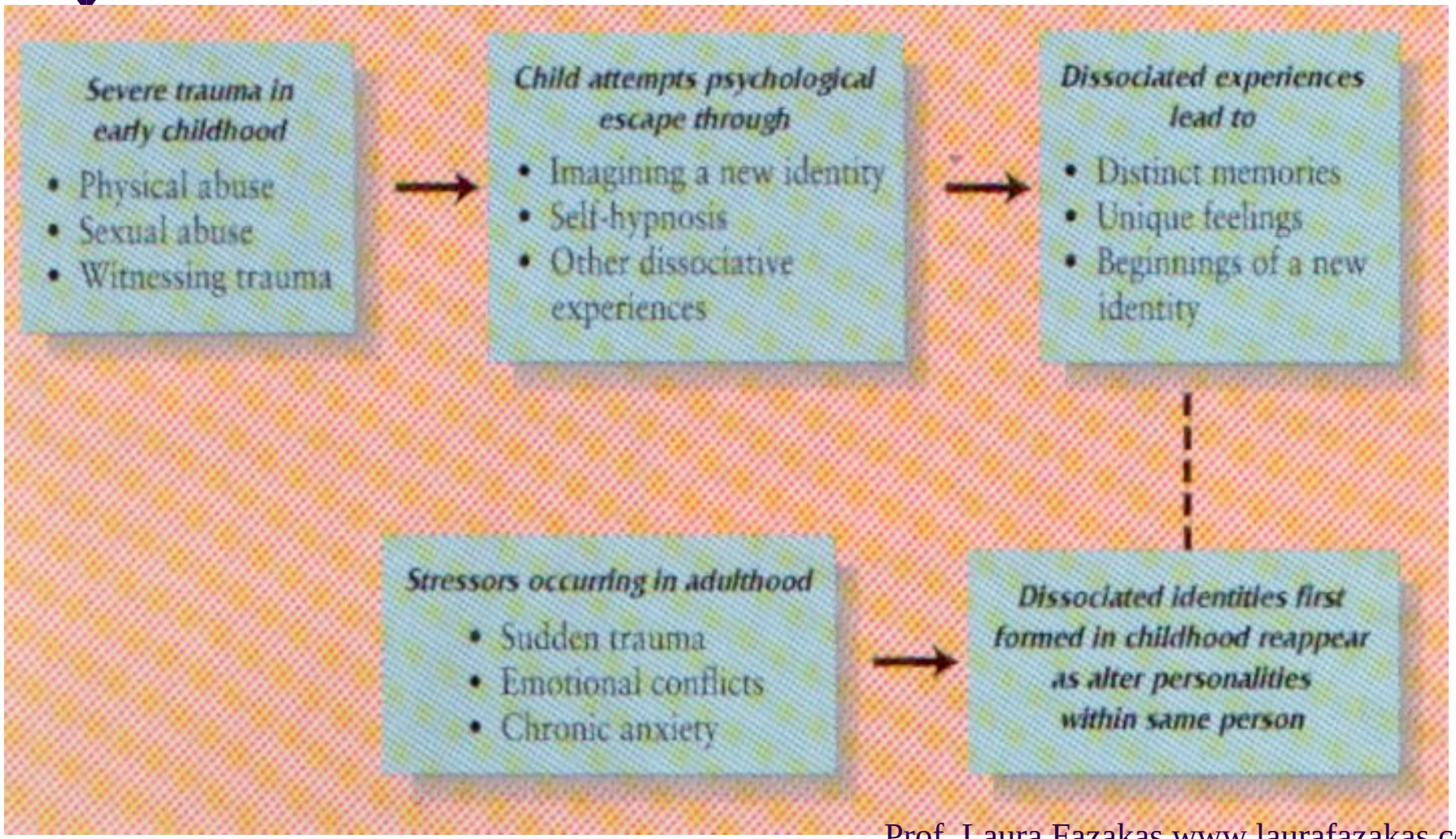
F. The preoccupation is not better accounted for by Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, a Major Depressive Episode, Separation Anxiety, or another Somatoform Disorder.

Source: American Psychiatric Association; *Diagnostic and Statistical Manual of Mental Disorders,* Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

Causes & Treatment



Causes & Treatment



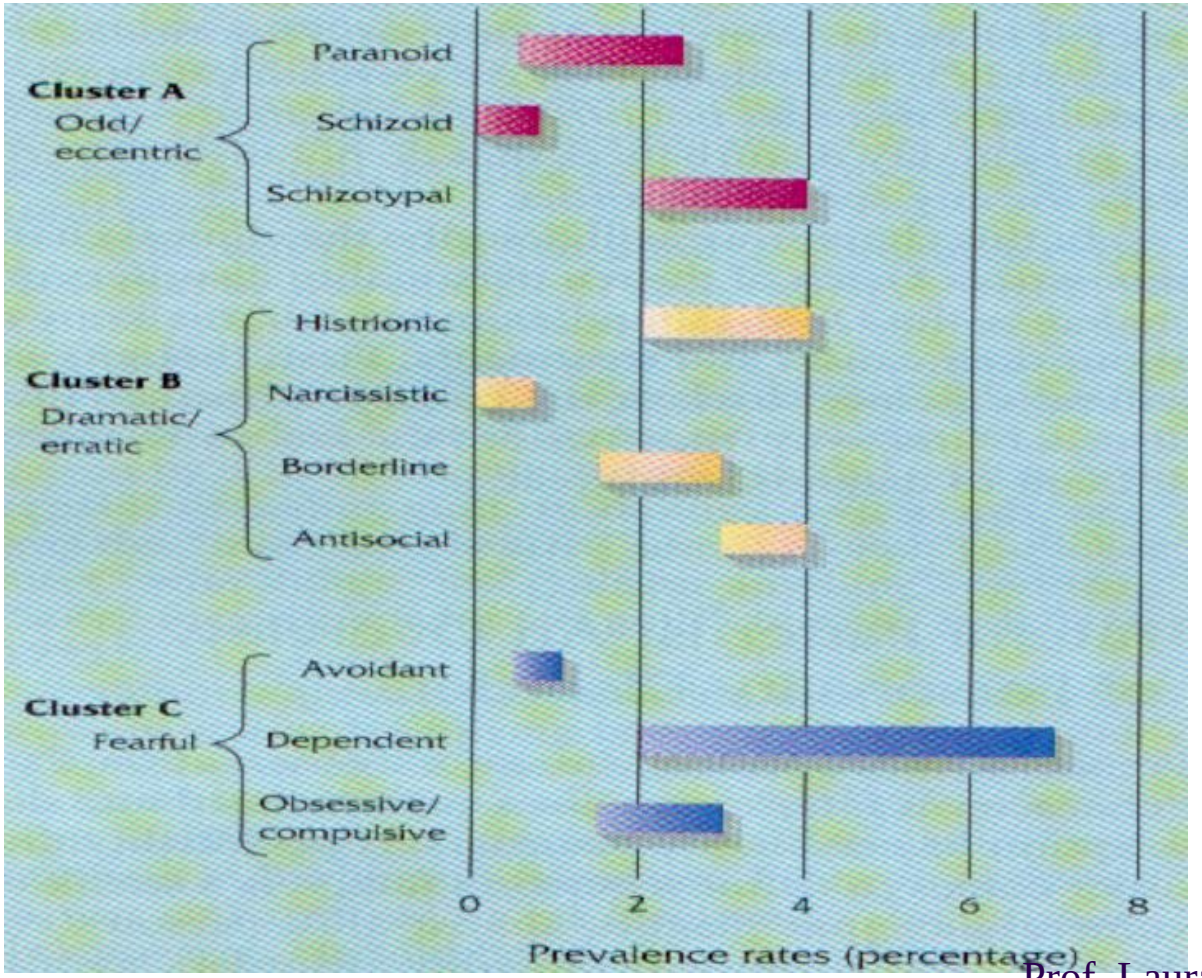
Relation to Big Five

TABLE 12.3 The Dramatic/Emotional/Erratic Cluster of Personality Disorders

DSM-IV category	Primary characteristics	Description based on Big Five model
Histrionic	Shallow; always seeking attention; exaggerated emotions; seductive	High extraversion and high neuroticism
Narcissistic	Inflated self-esteem; low empathy for others; feels entitled to special privileges	Low agreeableness
Borderline	Unstable moods; impulsive behaviors; angry; lack of a coherent sense of self; interpersonal turmoil	High neuroticism, low agreeableness, low conscientiousness
Antisocial	Constantly violating rights of others; callous, manipulative, dishonest; does not feel guilt	Low agreeableness and low conscientiousness

Source: Costa & McCrae (1990); Soldz et al. (1993); Trull (1992); Wiggins & Pincus (1989).

Frequency



Some are more common than others

DISSOCIATIVE DISORDERS

3. DISSOCIATIVE IDENTITY DISORDER

AKA “Multiple Personality Disorder”

MOST profound dissociative disorder.

TRAUMA-DISSOCIATION THEORY

- usually extreme trauma in childhood.
- fragmentation of personal identity & memory.
- alternate personalities.

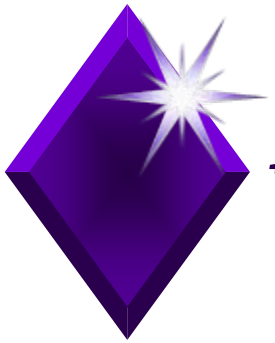
DISSOCIATIVE DISORDERS

3. DISSOCIATIVE IDENTITY DISORDER

* somewhat controversial

Research Findings.

- With different personalities:
  - different traits, mannerisms.
  - different illnesses, allergies,
    Visual acuity, voice patterns.
  - Different hemisphere dominance.
  - Different EEG patterns



Personality Disorders

I. Odd/Eccentric Personality Disorders

A. Paranoid Personality Disorder

- mistrustful and suspicious

B. Schizoid Personality Disorder

- absence of close interpersonal relationships

C. Schizotypal Personality Disorder

- uncomfortable in close relationships
- cognitive and perceptual distortions
- eccentric behavior

Personality Disorders

II. Anxious/Fearful
Personality Disorders

A. Avoidant Personality Disorder
-feel inhibited and socially inadequate

B. Obsessive Compulsive Personality Disorder
-preoccupation with cleanliness & orderliness
* distinct from OC disorder

C. Dependent Personality Disorder
-excessive need to be cared for

Personality Disorders

III. Dramatic/ Emotional/ Erratic Personality Disorders

A. Borderline Personality Disorder

-instability in moods, relationships, & self-image

B. Histrionic Personality Disorder

-excessive need for attention (erratic behavior)

C. Antisocial Personality Disorder

- deceitful, impulsive, aggressive, reckless, failure to conform to social norms, lack of remorse

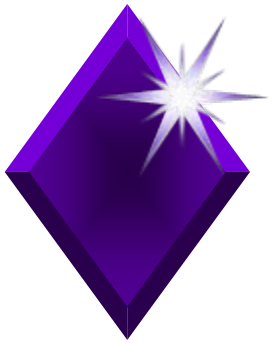
D. Narcissistic Personality Disorder

- grandiosity, arrogant, lacks empathy

CASE STUDY
"Arnold" 44 year old immigrant

- "to Need" = pain, rejection, anger
- "splendid isolation"
- Sexual orientation confusion
- sado-masochistic sexual practices.
- Splitting of thoughts & feelings
- many contradictions

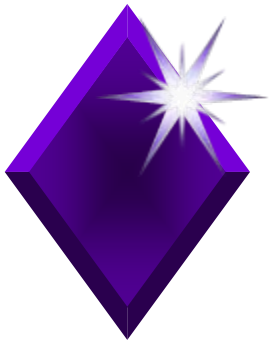
- Long-term Psychodynamic therapy
- After 2 years - working, in relationship,
  no longer alcoholism, or panic attacks.



CASE STUDY

“Mandy” 24 yr old female

- physical & emotional abuse as child
- alcoholism in home
- sexually abused by brother
- cult abuse (aunt)
- adolescence (chronic suicide & hospitalization)
- selective mutism



CASE STUDY

"Mandy"

- depression & anxiety
- instability in self & relationships
- self-injury
- inability to moderate emotions
- chronic suicide attempts
- sexual orientation confusion
- extreme dissociative episodes (3-4 days)
- DID?
- Long-term Psychodynamic therapy
- CBT (self-injury behavior)
- Employed, married, friendships
- not hospitalized for 5 years

ANTISOCIAL PERSONALITY DISORDER

some are also psychopaths

M:F 3:1

- lack conscience, empathy, & remorse
- impulsive, unable to delay gratification
- lack of emotional attachment to others
- often charming, intelligent
- unable to benefit from learning.

- Not diagnosed until 18 years of age.
- BUT, Antisocial behavior necessary in childhood/adolescence for diagnosis**.**

*** Current Canadian investigation (Picton farm)**

ANTISOCIAL PERSONALITY DISORDER?

Jeffrey Dahmer
"Milwakee Monster"

The Crimes: serial rape & murder
pedophilia, necrophilia, cannibalism

The Profile:
lack of conscience or remorse? obsessive
preoccupation with death (since childhood)
sexual fantasies with corpses compulsive
acting out of fantasies
asocial (introverted & lacked social contacts)
kept victims as companions

Atypical characteristics
(for antisocial Personality Disorder)
high anxiety
alcohol abuse
- *Antisocial Personality disorder?*
- *Or Antisocial fetish? OCD?*

TREATING PERSONALITY DISORDERS

PSYCHODYNAMIC THERAPY

- focus on integrating personality (thoughts, feelings, behavior)
- focus on integrating past traumatic experiences
- develop insight into causes of difficulties
- link past experiences to current functioning

COGNITIVE-BEHAVIOR THERAPY

- focus on challenging maladaptive thoughts
- develop more adaptive behaviors

MEDICATION

- manage symptoms of anxiety or depression
- Little “long term” effectiveness unless combined with psychotherapy.