Psy 350 – Review Guide 3 – Chapters 8, 10, and 12

Chapter 8 – Mood Disorders

Two main types – Depression and Mania (Bipolar)

Major Depressive Disorder (MDD)

- Symptoms
  - Depressed mood
  - Loss of interest or pleasure (anhedonia)
    - Lasts a minimum of 2 weeks and must not be due to normal grief (loss of a loved one)
  - Must also have 4 of the following
    - Change in sleep pattern
    - Change in appetite/weight
    - Psychomotor problems
    - Fatigue
    - Feel worthlessness, guilt, and blame self
    - Indecisiveness
    - Suicidal ideation
  - When full diagnostic criteria is not met, subclinical depression can be diagnosed
    - Sadness + 3 other symptoms + 10 days
  - Reward system affected in a way which makes depressed people less motivated to pursue rewards
  - Episodic
    - Symptoms tend to dissipate over time
  - Recurrent
    - Once depression occurs, future episodes likely
- Etiology
  - Neurological
    - Low levels of norepinephrine, dopamine, and serotonin
    - New research suggests the problem lies with sensitivity and not with the levels of neurotransmitters
  - Biological
    - Extra amounts of cortisol (stress hormone)
    - MDD more common in women than men
    - Twin studies estimate a heritability percentage of 37%
    - Functional activation studies show more amygdala activity in depressed people
  - Social
    - Lack of social support

        - Stressful event in the last year
        - Self-fulfilling prophecy (i.e. “no one likes me” + people not wanting to be around a depressed person)
    - Cognitive
        - Beck’s Theory
            - Negative triad – negative view of the world, self, and future
            - Negative Schemata (viewing the world negatively) causes cognitive bias – a tendency to process information in negative ways
    - Psychological
        - Freud believed it was caused by oral fixation
        - Anger turned inwards from loved ones rejecting us
        - Anger that is not allowed to be displayed (i.e. grieving time) is turned inward
        - Five Factor Model
            - Openness, conscientiousness, extraversion, agreeableness, neuroticism
            - Neuroticism associated with onset of depression
            - Low extraversion may be part of depression but does not necessarily predict onset
        - Learned Helplessness Theory
            - Created to explain why dogs could not escape from shocks if they had been given inescapable shots previously
                - Was eventually applied to humans and attributions were created
                - Internal (personal) vs. external (environment)
                - Stable (permanent) vs. Unstable (temporary)
                - Global (relevant to many facets of life) vs. Specific (limited to one facet)
- Treatment
    - Electro Convulsive (shock) therapy (ECT)
        - Reserved for severe depression, depression with psychotic features and people who do not respond with treatment
        - Induces brain seizures and momentary unconscious (person goes into a coma)
        - No one know how or why it truly works
        - Can cause memory loss
        - Very effective in those with MDD, especially when psychotic elements are present
    - Interpersonal Therapy
        - Helps deal with interpersonal problems tied to the depression
        - Short term Psychodynamic therapy
        - Focus on current relationships
    - Medication
        - MAO Inhibitors

        - Tricyclic antidepressants
        - Selective Serotonin Reuptake Inhibitors (SSRI)
        - Anticonvulsants (i.e. epileptic medicine)

Dysthymia

- Symptoms
    - Chronic depression
    - Must also have 2 of the following
        - Poor appetite or overeating
        - Too much or too little sleep
        - Psychomotor problems
        - Fatigue
        - Feelings of worthlessness
        - Indecisiveness
        - Suicidal ideation
- Double Depression
    - MDD plus Dysthymia
- Etiology
    - See MDD
- Treatment
    - See MDD

Bipolar Disorder

- Symptoms
    - Usually involves episodes of depression alternating with mania
        - Mania – High elation and excitability
            - Elevated, expansive, or irritable mood
            - Also includes 3 of the following
                - Psychomotor agitation
                - Excessive talking
                - Flight of ideas
                - Reduced need for sleep
                - Inflated self esteem
                - Easily distractible
                - Excessive amount of pleasurable activities followed by negative consequences
        - Mixed Episode – mania and depression in one week
        - Hypomania – Symptoms of mania but less intense
            - Four or more days of elevated mood
            - Doesn't interfere with function
    - Bipolar I

        - At least one episode of mania or mixed episode
    - Bipolar II
        - At least one episode of major depression with at least one episode of hypomania
    - Cyclothymic Disorder
        - Milder, chronic form of bipolar
        - Lasts at least 2 years
        - Numerous periods of hypomania and depression
    - Reward system affected in an opposite way than MDD, bipolar people are overly focused on obtaining positive rewards
- Etiology
    - Highly heritable (93%)
    - Neurological
        - High levels of norepinephrine and dopamine, low serotonin

- Treatment
    - Medication
        - Lithium – Mood stabilizer
            - 80% receive relief from this med
        - Anticonvulsants and Antipsychotics
    - Psychological
        - Psychoeducational – Teach patient about symptoms, course, triggers, and treatments
        - Family focused treatment – Educate family and improve communication and problem solving

<u>Subtypes of Depression and Bipolar Disorder</u>

- Seasonal
    - Episodes happen regularly at a particular time of year
- Rapid cycling
    - At least 4 episodes within past year, can be any combination of depression and/or mania
- Postpartum onset
    - Within 4 weeks of giving birth
- Catatonic features
    - Extreme physical immobility or excessive peculiar physical movement
- Psychotic features

    - Delusions or hallucinations
- Melancholic
    - Inability to experience pleasure (anhedonia)

Suicide

- ½ of Suicide attempts are depressed
- Low levels of Serotonin
- Overactive HPA (hypothalamic, pituitary, adrenal)
- Hopelessness followed by impulsivity
- Types of suicide
    - Egoistic – Committed by people with few ties to family, society, or community
    - Altruistic – Committed because person believes it is the best for society
    - Anomic – Triggered by sudden change in person's relation to society (declared bankruptcy, etc.)
- Myths
    - People who discuss will not commit
    - Committed without warning
    - People using low-lethal means are not serious

Chapter 10 – Substance Related Disorders

Substance Dependence (addiction)

- Job or social problems
- Much time devoted to obtaining substance
- Continued use despite negative consequences
- Involves tolerance and/or withdrawal
    - Tolerance – Larger dose to achieve desired effect
    - Withdrawal – Physiological and psychological problems that occur when person attempts to quit

Substance Abuse

- Maladaptive use of substance
- No physiological dependence

Alcohol (Depressant)

- Abuse
    - Negative social and job effects

    - No tolerance, withdrawal , or compulsive use
- Dependence
    - More severe
    - Withdrawal can possibly result in the following
        - Anxiety
        - Depression
        - Weakness
        - Restlessness
        - Insomnia
        - Muscle Tremors
        - Elevated BP pulse and temperature
        - Can cause death
    - Delirium Tremens (DT) can occur when BAL drop rapidly
        - Can cause tremors, delirium, and hallucinations
- Short term effects
    - Affects parts of the brain associated with decision making and error monitoring
    - Biphasic effect – First stimulates, then depresses
    - Large amounts cause the following
        - Impaired speech and vision
        - Interference in complex thought process
        - Poor coordination
        - Loss of Balance
        - Depression and withdrawal
- Long term effects
    - Malnutrition
    - Deficiency of B Complex vitamins
    - Cirrhosis of the liver
    - Damage to endocrine glands and pancreas
    - Heart Failure
    - ED
    - Hypertension
    - Stroke
    - Hemorrhages
    - Destroys cells of the brain associated with memory

Nicotine (Stimulant)

- Addictive agent found in tobacco
- Stimulated dopamine
- Second hand smoke can cause nonsmokers to suffer lung damage, 40,000 deaths a year are contributed to second hand smoke

Marijuana (Hallucinogen)

- Drug that comes from cannabis sativa (female hemp plant)
- Hashish
    - Stronger than marijuana
    - Produced from drying resin from the tops of plants
- Effects (Caused by THC)
    - Psychological
        - Relaxation, sociability
        - Rapid changes in emotion
        - Poor attention, memory, and thinking
            - May possibly cause IQ to drop over time
        - Heavy doses can cause hallucination and panic
    - Physiological
        - Bloodshot + itchy eyes
        - Dry mouth
        - The munchies
        - Reduced pressure in the eye (medical use)
        - Increased BP
        - Abnormal heart rate
    - Biological
        - Associated with impaired short term memory and decreased blood flow to parts of the brain that deal with emotion
    - Social
        - Stepping stone theory
            - States that most people, who use "hard" drugs such as cocaine, started out using "soft" drugs, such as marijuana.
    - Therapeutic Effects
        - Reduces nausea and loss of appetite from chemotherapy
        - Relieves discomfort caused by AIDS
        - Analgesic effect, THC block pain coming to the brain
- Legal
    - Controversy over whether medical benefits outweigh problems
    - Controversy over addiction potential
    - Illegal for any use by federal law
    - Some state laws allow medicinal use, dispensaries can still be fined and raided by federal agents (i.e. DEA)

Opiates (Depressant)

- Include:
    - Opium

    - Morphine
    - Heroin
    - Codeine
    - Seconal and Valium (synthetic)
    - Hydrocodone is used to manufacture Valium, Sydone, and Lortlab (legal opiates)
    - Oxycodone yields OxyContin, Percodan, and Tylox (legal opiates)
- Used for relieving pain and inducing sleep
- Effects
    - Psychological and Physical
        - Euphoria, drowsiness, reverie, lack of coordination
        - Loss of inhibition, increase in confidence
        - Coming off the drug is sever
    - Heroin and OxyContin
        - Intense feelings of warmth and ecstasy
    - Neurological
        - Stimulates endorphins
    - Tolerance develops over use and withdrawal symptoms include:
        - Muscle soreness and twitching
        - Cramps
        - Chills/Sweating
        - Increase in heart rate and BP
        - Insomnia
        - Nausea
            - Withdrawal can last 72 hours
    - Follow up study of 500 heroin addicts
        - 28% dead by age 40
            - Half by suicide, homicide, or accident
            - One third by overdose
    - Social
        - Many user resort to crime to obtain the drugs
            - Theft, prostitution, dealing
        - Exposure to infected needles used to shoot up leaves users at risk for diseases such as HIV

Barbiturates and Benzodiazepines (Sedatives/Depressants)

- Effects
    - Muscle relaxation
    - Reduces anxiety
    - Mild euphoria
    - Stimulated GABA system
    - Heavy doses can cause:

        - Slurred speech
        - Unsteady gait
        - Impaired judgment and concentration
        - Irritability and combativeness
        - Constriction of diaphragm muscles to the point of suffocation
    - Can cause tolerance and the withdrawal effects of:
        - Delirium
        - Convulsions

Amphetamines (Stimulants)

- Effects
    - Increase alertness and motor skills
    - Reduce fatigue
    - Neurological
        - Triggers release and blocks reuptake of norepinephrine and dopamine
    - High levels of energy + sleeplessness
    - Reduces appetite
    - Raises heart rate
    - Constricts blood vessels
    - Tolerance can occur in as little as six days of use

Methamphetamines (Stimulants)

- Derived from amphetamines
- Taken orally, through snorting, or through injection
- Chronic use causes brain damage

Cocaine (Stimulant)

- Obtained from coca leaves
- Effects
    - Pain reduction
    - Euphoria
    - Heightened sexual desire
    - Increased self-confidence
    - Neurological
        - Blocks reuptake of dopamine
    - Overdoses can cause:
        - Chills
        - Nausea
        - Insomnia
        - Paranoia

        - Hallucinations
        - Heart Attack
        - Death
- Not all cocaine users gain tolerant, some become more sensitive
    - Increased sensitivity = increased risk of overdose
- Variation: Crack
    - Rock crystal that is heated, melted and smoked
        - Cheaper than cocaine

Hallucinogens

- General effects
    - Colorful visual hallucinations
    - Synesthesia
        - Overflow from one sense to another (i.e. seeing sounds as colors a la Heroes)
    - Alterations in time perception
    - Lability of mood
    - Anxiety and Paranoia
- LSD (d-lysergic acid diethylamide)
    - Users can have "flashback." These are visual recurrences from when they were on the drug that happen when they are no longer on the drug.
        - No one is sure why these occur
- Psilocybin
    - Magic Mushrooms
- Mescaline
    - Active ingredient in Peyote

Ecstasy (Stimulant with hallucinogenic properties)

- Effects
    - Feelings of intimacy and elevated mood
    - Chemically it is similar to mescaline and amphetamines
    - Acts on serotonin

PCP (Hallucinogen – Can also act as a stimulant or depressant depending on use)

- Animal tranquilizer
- Causes extreme paranoia and violence

Etiology of Substance abuse disorders

- Developmental
    - Positive attitude – experimentation – regular use – heavy use – dependence or abuse
- Genetic

    - Relatives of abuse/dependent people have higher than expected rate of abuse/dependence
    - More hereditary evidence found in men than in women
    - Inherited high tolerance could be diathesis
- Neurobiological
    - Almost all drugs stimulate dopamine system in brain
    - Substance dependent people may have deficiency of dopamine
- Psychological
    - Mood alteration – tension reduction when immediate distraction is present (drinking with friends) vs. tension elevation when distractions are not present (crying into your beer)
    - Expectancy
        - People who expect alcohol to relieve stress are more likely to drink
- Psychopathology and Personality
    - Negative emotions
    - Desire for increased arousal and positive affect
    - Constraint
    - Study
        - Kindergarten children rated higher in anxiety and novelty seeking found more likely to get drunk, smoke, and use drugs during adolescence.
- Sociocultural
    - Alcohol most abused drug in world
    - Men consume more than women
    - Usage higher where availability is higher
    - Predictors
        - Parental use
        - Psychiatric, legal, or marital problems linked to drug use in family
        - Lack of emotional support from parents
        - Lack of parental monitoring
    - Social Network
        - Peers who drink influence drinking (social influence) but individuals also choose friends who hold similar drinking patterns to their own (social selection)
            - Evidence supports both theories

<u>Treatment</u>

Alcohol

- Hospital treatment
    - Detox – Withdrawal from substance under medical supervision
- Alcoholics anonymous
    - Self-help group for problem drinkers

    - Regular meetings
    - Complete abstinence
    - Recent studies show AA is not more effective than other forms of treatment
- Therapy
    - Couples and Family
        - Emphasize support from drinker's partner
        - Also helps reduce couples overall stress level
    - Cognitive – Behavioral
        - Contingency Management Therapy – Patient w/ family reinforce behaviors incompatible with drinking (avoid places serving alcohol)
        - Teach drinker skills such as how to refuse a drink that is offered
    - Controlled drinking
        - Believe that drinking can still be done in moderation
        - Guided by self-change
- Medication
    - Antabuse
        - Patient becomes sick if drinks while on the drug

Nicotine

- Peer behavior can change (friends stop smoke = you are more likely to stop smoking)
- Rapid smoking treatment
    - Rapid puffing, focused smoking, smoke holding
- Scheduled Smoking
    - Reduce nicotine intake gradually over a few weeks
- Physicians advice
    - Most smokers stop smoking by 65
- Nicotine replacement (patches, Nicorette, etc.)

Illegal Drugs

- Detox essential
- Psychological
    - CBT effective for cocaine use
    - Operant conditioning
        -
        - Tokens received for abstaining
        - Motivational Interviewing or Enhancement Therapy
            - CBT plus Rogerian therapy
        - Self-help residential homes
- Drug replacement treatments
    - Methadone given to heroin addicts to wean them off
        - More effective when combine with therapy

Prevention

- Often aimed at youth
- Involve things such as education about various drugs as well as how to resist peer pressure
- Has been effective in preventing the onset of drug use

Chapter 12 – Personality Disorders

- Longstanding, pervasive, inflexible patterns of behavior and inner experience
- Patterns must be present in at least 2 areas from the following
    - Cognition
    - Emotions
    - Relationships
    - Impulse Control
- Coded on Axis II of DSM IV – Often comorbid with Axis I diagnosis

NOTE: Look to your green handout to get the larger listing of behaviors for each personality disorder. Some behaviors, but not all, are included from the sheet below.

Cluster A – Odd/Eccentric

- Includes Paranoid, Schizoid, and Schizotypal
    - Paranoid Personality Disorder
        - Believes the world is out to get them
        - All insults must be punished
        - Avoid intimacy. To be close to someone is to be weak
        - Suspicious but **NO** full blown delusions (i.e. the CIA is trying to kill me)
    - Schizoid Personality Disorder
        - Lone wolf – Their Own Best Friend. Intimacy is not important
        - Other people are not important or of interest
        - Displays of emotions are both embarrassing and unnecessary
        - May experience anhedonia (receives no pleasure from activities thought to be enjoyable)
    - Schizotypal Personality Disorder
        - Eccentric
            - Wears strange clothes, talks to self, etc.
        - Possess “magical” thinking
            - Very superstitious

        - Similar to an older diagnosis called “Simple Schizophrenia”

Cluster B – Dramatic/Erratic

- Includes Antisocial, Borderline, Histrionic, and Narcissistic
    - Antisocial Personality Disorder
        - Disregard for others since age 15
            - Aggressive, impulsive, liar, law breaker, lacks remorse, etc.
            - Called conduct disorder before age 15
        - Look out for self only
        - Little emotion
        - Belief that they are smarter than all others
        - Their own pleasure at any cost
        - Master liars
        - Do not learn from their mistakes due to having little anxiety
        - Large percentage of the prison population is made up of people with this disorder
        - Study on the amygdala found healthy people had increased amygdala activity when shown neutral pictures that had previously been paired with shock whereas ASD patients showed no change in the amygdala
        - Psychopathy
            - Came before DSM IV ASD
            - Diagnosis focused more on internal events rather than external events (feelings vs. law breaking)
            - No positive or negative emotions
            - More people in prison diagnosed with ASD, this could be due to the specific criteria someone must meet to qualify for psychopathy
            - More men than women
    - Borderline Personality Disorder
        - Identity crisis
        - Afraid of abandonment
        - Great internal pain
        - Belief that feelings should not/cannot be regulated
        - Loves you more than life itself one minute, hates you more than anything the next
        - Impulsive
        - Anger control problems
        - Suicidal gestures
            - Self-mutilation and suicide rates are high
        - More women than men
    - Histrionic Personality Disorder

        - Formerly known as Hysterical personality
        - Appearances are important
        - Desire to be noticed
        - Desires to be beautiful and desired by others
        - Belief that they must obtain all of their wants
        - Seductive
        - Craves attention
        - Emotionally shallow but performs deep displays of emotion
        - More women than men
    - Narcissistic Personality Disorder
        - Must achieve pleasure and status
        - Lacks empathy
        - Desires admiration of others
        - Belief that they are more special than others
        - Envious of others who possess things they do not
        - Very sensitive to criticism
        - Self-centered
        - More men than women

Cluster C – Anxious/Fearful

- Includes Avoidant, Dependent, and Obsessive Compulsive
    - Avoidant Personality Disorder
        - Must be liked by everyone – must never look foolish
        - Sees all criticism as terrible
        - Would rather be isolated than risk being hurt
        - Is dependent on others to care for them
    - Dependent Personality Disorder
        - Believes others must support them in order to function
        - Low self-regard, believes self to always be wrong
        - Fears loneliness
        - Fears offending others as they may grow angry or abandon them
        - Jumps from relationship to relationship
    - Obsessive Compulsive Personality Disorder
        - Follows strict rules
        - Belief that emotions must always be controlled
        - Believes people are defined by how well the accomplish tasks
        - Focused on detail
        - Perfectionist

Diagnosis of PD

- Problems

    - Lack of test-retest reliability
    - Gender bias
    - High rates of comorbidity
- Some researchers recommend shifting to a dimensional approach, due to the fact that the personality traits used for classification form a continuum
- Dimensional Approach – Five Factor Model
    - OCEAN – Five dimensions of personality
        - Openness, Conscientiousness, Extraversion, Agreeableness, Neuroticism
    - Each PD can be explained using sets of these traits. Research has shown this method to be fairly consistent
    - However, some say this approach would over simplify things

Etiology

- Cluster A – Odd/eccentric
    - Highly heritable
        - Linked to schizophrenia – Relatives of a schizophrenic more likely to be schizotypal Personality Disorder
    - Individual with schizotypal also have many biological similarities to schizophrenics
        - Cognitive deficits
        - Enlarged ventricles
        - Less gray matter
- Cluster B – Dramatic/Erratic
    - Borderline Personality Disorder
        - Onset during adolescence/early adulthood
        - Highly heritable
        - Decreased functioning of serotonin system
        - Frontal lobe dysfunction
        - Amygdala more active
        - Social Factors
            - Parental divorce or separation
            - Abuse during childhood
            - Object Relations Theory
                - Disturbed object relations – possibly due to inconsistent parenting (i.e. “you are the worst child!” and 15 minutes later “You are the best child!”)
                    - This causes “splitting” which means the child learns to see people as either “good” or “bad”
        - Linehan’s Stress-Diathesis Theory
            - Biological diathesis for lack of emotion control + the family discounts a child’s emotions and expressions = BPD
    - Histrionic Personality Disorder

        - Possibly caused by seductive parent (i.e. father and daughter, mother and son)
        - Possibly caused by conflicting attitudes about sex (brought up to believe sex was wrong but still incredibly drawn to it)
    - Narcissism Personality Disorder
        - Kohut's Self Psychology Model
            - Individual is trying to mask low self esteem
            - Parents valued child's narcissistic behavior as it increased their own self-esteem
        - Social-Cognitive Model
            - Low self esteem
            - Must prove worth by winning
            - Relationships used only to boost self esteem
    - Antisocial Personality Disorder
        - Genetic
            - Heritable, may be as high as 96%
        - Social
            - Uncaring parents, negativity growing up
            - Poverty
- Cluster C – Anxious/Fearful
    - Little research
    - Avoidant Personality Disorder
        - Overly protective parents
    - Obsessive Compulsive Personality Disorder
        - Fixation at anal stage
            - Pooping was all they could control, so the child would retain the poop (anal –retentive)
    - Dependent Personality Disorder
        - Early childhood disrupted by an event such as death, neglect, overprotectiveness, etc.

Treatment

- Most do not seek treatment for PD, they come due to Axis I problem
- Medication
    - Antianxiety and Antidepressants for Avoidant Personality Disorder
    - Antipsychotic for Schizotypal Personality Disorder
- Therapy
    - Psychodynamic – Seek awareness of problem in early childhood
    - Cognitive-Behavioral – Break disorder down into smaller, discrete problems
        - I.e. focus on the difficulty of receiving criticism that an Avoidant patient has and teach them the skills to deal with this.
- Borderline

    - Very, very difficult to treat
    - Patient attempts to manipulate therapist
    - Dialectical Behavioral Therapy
        - Focus on acceptance and empathy plus utilizes CBT, emotion regulation, and social skills
    - Antidepressants and Antipsychotics are sometimes used
- Psychopathy
    - Intense Psychotherapy is required, even with this, it is unclear if they actually get better or are simply lying there way out oftherapy.