These are general notes designed to assist students who are regularly attending class and reading assigned material: they are supplemental rather than exhaustive and reflect general concepts.

I. Defining Abnormal Behavior
   A. Statistical Deviation - unusual behavior for the majority of the population
      1) Lump together unique (collecting ceramic alligators), desirable (genius), & destructive.
      2) Suggests that if majority is engaging in the behavior, then it is right or healthy.
   B. Maladaptive & Harmful
      1) does not facilitate growth and well-being
      2) causes harm or misery to others
   C. Personal Discomfort
      1) Guilt, grief, frustration, anger, loneliness, fear.
      2) Feelings beyond "normal limits" of human experience.
   D. Cultural Relativism
      1) Depression and Schizophrenia are only two disorders that are universally recognized.
      2) Culture develops norms about what is acceptable and unacceptable behavior.

II. Causes of Abnormal Behavior
   A. Biological
      1) Chemical imbalance
      2) Heredity
      3) Head Trauma/organic brain damage
   B. Psychological
      1) Poor Coping Skills (lack stress inoculation experiences)
      2) Inappropriate learning
      3) Distorted Thinking (cognitions)
   C. Sociocultural
      1) Poverty/Social class
      2) Abuse
      3) ethnicity, gender, age, education
   D. Diathesis-Stress - Theory (Interaction)
      1) Diathesis - predisposition (biological, psychological, sociocultural)
      2) Stress (divorce, loss of significant other, college) activates the predisposition

III. Diagnosis/DSM IV Classification
   A. **Axis I** - Clinical Disorders (ex: Depression)
   B. **Axis II** - Personality & Developmental Disorders (Borderline Personality Disorder or Autism)
   C. **Axis III** - Medical Conditions
   D. **Axis IV** - Psychosocial Stressors in past year
   E. **Axis V** - Highest Level of Adaptive Functioning in past year
IV. Diagnostic Categories of Mental Disorders

A. Anxiety Disorders (3 main symptoms)
   ** Motor tension (jumpiness, trembling, inability to relax, psychomotor agitation)
   ** Hyperactivity (dizziness, racing heart, perspiration)
   ** Apprehensive expectations and thoughts (impending doom or catastrophe)

   1) Generalized Anxiety Disorder
      * persistent anxiety for at least 1 month (unspecified)
      * chronic worry

   2) Panic Disorder
      * sudden onset of terror/fear response (unspecified)
      * includes severe heart palpitations, shortness of breath, chest pains, trembling, dizziness

   3) Phobic Disorders - intense irrational and persistent fear of a particular object or situation
      * specific/simple (arachnophobia/spiders)
      * agoraphobia - fear of open or public spaces (become home bound)
      * social - fear of embarrassing self in public (speaking, eating, using public bathroom)

B. Somatoform Disorders
   1) Hypochondriasis - preoccupation or pervasive fear of illness and disease
   2) Conversion Disorder - physical symptoms with no organic cause (blind, deaf, paralysis)
   3) Body Dysmorphic Disorder - preoccupation with a part of the body (big nose, hair)
   4) Pain Disorder - chronic pain with no organic cause

C. Dissociative Disorders - involve loss of memory & identity under extreme stress or shock
   1) amnesia
   2) fugue - amnesia, travels away from home and develops a new identity
   3) Dissociative Identity Disorder (Multiple Personality Disorder)

D. Mood Disorders
   1) Major Depression characterized by:
      * psychomotor retardation (slowed movements)
      * loss of pleasure in activities
      * negative cognitions (self, future, world)
      * appetite disturbances
      * sleep disturbances
      * decreased energy
      * poor concentration
      * guilt feelings that prompt feelings of suicide

   2) Bipolar Disorder
      * mood swings
      * depressive symptoms
      * manic symptoms (euphoria, psychomotor agitation, flight of ideas, grandiose thinking)
E. Schizophrenia
** distorted thoughts and preoccupations, odd communication, inappropriate emotion
** abnormal behavior & social withdrawal
1) Paranoid - delusions of reference, grandeur, and persecution
2) Disorganized/Hebephrenic - delusions and hallucinations with little or no meaning, loose associations (world salads), inappropriate affect
3) Catatonic - bizarre motor behavior
   * agitated - violent frenzy
   * stuporous - immobile (waxy flexibility)
4) Undifferentiated - "catch all" characteristics of more than one type
5) Residual - schizophrenia in remission marked primarily by social withdrawal

F. Personality Disorders
1) Odd or eccentric cluster
   * schizotypal - behavior odd which leads to social isolation
   * schizoid - social isolation by choice (loner)
   * paranoid - suspicious, mistrusting, jealous, and cold
2) Dramatic, emotional or erratic cluster
   * histrionic - dramatic and attention seeking, shallow and superficial in relationships
   * narcissistic - overcompensate for low self esteem by building self up/self-preoccupation
   * borderline - attention seeking, manipulative, mood swings, struggles with identity
   * antisocial - no conscience/remorse, regularly violate the rights of others, superficial
3) Anxious/fearful cluster
   * avoidant - fear rejection therefore socially isolated though desire intimacy
   * obsessive - compulsive - preoccupied with organization and perfection
   * dependent - inability to take responsibility for self, need others to make decisions

V. Therapy
A. Psychodynamic - stress importance of unconscious mind & interpretation by the therapist
1) Psychoanalysis (Freud, Jung, & Adler)
   * free association - say whatever comes to mind with prompts
   * catharsis - release emotional tension associated with traumatic experience
   * dream analysis (manifest content/actual dream & latent content/hidden meaning)
   * transference - relate to therapist in ways that reproduce or relive relationships
   * resistance - analyze unconscious defense mechanisms
2) Contemporary - emphasize development of self in social context
B. Humanistic - self understanding, personal growth, present & fulfillment emphasized
1) Person (client) - Centered Therapy (Carl Rogers)
   * warm, supportive environment
   * client given unconditional positive regard
   * client is encouraged to gain insight about problems
   * therapist reflects genuine and empathetic responses
   * active listening is primary technique
2) Gestalt Therapy (Frederick Perls)
   * question and challenge client to become more aware of feelings and problems
C. Behavior Therapies - use principles of learning to reduce or eliminate maladaptive behavior
1) Classical Conditioning Approaches
   * systematic desensitization - associate relaxation with anxiety-producing situation
   * aversive conditioning - repeated pairing of undesirable stimuli with undesirable behavior
   * thought stopping
   * flooding
2) Operant Conditioning Approaches
   * token economy
   * response prevention

D. Cognitive Therapies
1) Self-Instructional Methods (Donald Miechanbaum)
2) Rational Emotive Therapy (Albert Ellis)
   * change faulty and distorted belief systems
   * change irrational and self-defeating thought processes

E. Family Therapy - address patterns of interactions within the family unit
1) validation - therapist expresses an understanding and acceptance of each family member
2) reframing - take pressure off identified patient and put on family
3) structural change - address family dynamics, coalitions, power imbalances
4) detriangulation

F. Self-Help Groups (A.A.)

G. Personal Growth/Encounter Groups
1) emphasize increased openness/honesty in interpersonal relationships & self-understanding
2) common in college settings and most students feel better about themselves and others
3) small percentage of participant (8%) are dissatisfied with the experience and blame the group leader(s) for intensifying their problems
4) those who are dissatisfied typically have difficulty taking responsibility for their own lives

H. Biomedical Therapy
1) Medication
   * antianxiety (tranquilizers)
   * antidepressants (regulate mood)
     -MAO inhibitors
     -tricyclics
     -SSRI inhibitors
   * antipsychotic (diminish agitated behavior, reduce hallucinations and delusions and improve social behavior)
     * Lithium (used to treat bipolar)
2) Phototherapy (Seasonal Affective Disorder)
3) Electroconvulsive Therapy (severely depressed individuals)
4) Psychosurgery (removal or destruction of parts of the brain to improve behavior)

VI. Effectiveness of Therapy
A. Medication
1) effective in reducing symptoms
2) treatment of choice for most disorders
3) does not address root of problem,
4) often new symptoms develop of root of problem is not properly addressed
5) medication should be used in combination with another form of therapy not in and of itself
B. Psychotherapy

1) Cognitive Behavioral Therapy is as successful and more successful than medication for most disorders including depression, anxiety disorders and schizophrenia.

2) Success usually related to quality of therapy & positive match between therapist & client.