Concepts of Abnormality
- Deviance: Statistical rarity
- Deviance: Moral violation
- Distress
- Dysfunction
- Danger
  - Lanterman-Petris-Short Act
    - Danger to self
    - Danger to others
    - Grave disability

History of Mental Disorder
- Prehistoric views: Demonology
trephination
exorcism
- Greek & Roman times
  - Hippocrates: 4 humors
- Dark Ages: Demonology returns
- Renaissance: Asylums, Gheel
- 19th Century: Reforms, moral
treatment
- 20th Century: Somatogenic &
  psychogenic theories

Models of Abnormality
- Biological
- Psychodynamic
- Behavioral
- Cognitive
- Humanistic
- Existential
- Sociocultural

Obstacles to clear thinking about mental disorder
- Loose public image
- Euphemism
  - Discuss proposal to rename "at risk" kids
- Dysphemism
- Paleologic
- Desensitization

Mental Health Vocations
- Physician MD Diagnosis, Physical treatments
- Psychiatrist MD+residency Diagnosis, Physical
  and psychological treatments
- Clinical Psychologist Ph.D. or Psy.D. in Clinical Psychology, 3000 hours supervised
- Psychoanalyst MD or Ph.D. Psychological
  treatment
Psychotherapist MD or Ph.D. Psychological treatment
Psychopathologist Ph.D. (a few MDs) Research
Counselor, Therapist, Life Coach No specific credential; Psychological treatment
Marriage & Family Counselor MFT (formerly Marriage & Family Counselor
MFCC) Masters degree
in social or behavioral science, 3000 hours of supervised practice;
Psychological treatment
Self-help Groups Experience Support

Social Worker
Psychiatric MA or MSW
Clinical LCSW, 2 year grad degree, 3200 hours supervised experience
Case Worker Variable
Group Worker Variable
Welfare/Eligibility Variable

Rehabilitation Therapists
Occupational
Recreation
Art
Music
Dance/Movement
Industrial
Physical
Horticultural
Companion Animal
Ecotherapy, etc.

Nursing
Registered Nurse R.N.
Psychiatric Nurse R.N. + Special training
Psychiatric Technician/Aide/Attendant Inservice training
Vocational Nurse LVN

Clinical Assessment
Multi-method procedure
Standardized test, e.g. MMPI
Unstandardized methods, e.g. clinical interview (structured or unstructured)
Meta Analysis
Nomothetic vs. Ideographic Assessment
Clinical tests:
projective; personality
IQ tests
physiological and neurological procedures
Diagnosis, Prognosis
DSM (Diagnostic & Statistical Manual)
QUESTION FOR CLASS DISCUSSION:
Do you think Video Game Addiction should be added to the next DSM?
Labeling, pros and cons

Stress Disorders
Acute Stress Disorders
  Duration of 2-28 days
Post-Traumatic Stress Disorder (PTSD)
  more than 28 days
Examples of acute stress disorders:
  Combat disorders
  Civilian disorders: Pathological responses to catastrophes, malignant illness,
  divorce, crime, plus many other stressors.
Combat disorders
Has been called shell shock, operational fatigue, combat exhaustion,
combat stress, battle fatigue.
Symptoms:
  Re-experiencing the event
  Emotional numbing and avoidance
  Heightened autonomic arousal
    hypervigilance
    sleep disturbance
  anger, a short fuse
Treatment principles: Immediacy; Proximity. Expectancy
Post-Traumatic Growth: Positive Psychology, Comprehensive Soldier Fitness Program.

Stages in the civilian disaster syndrome (Different authors list different numbers of stages).
Key notion is that there are stages.
  Shock
  Suggestibility
  Defense (Denial, Projection)
  Grieving
  Recovery
Kubler-Ross lists stages as Denial, Anger, Bargaining, Depression, Acceptance and there
are many other lists

Anxiety disorders
  Generalized Anxiety Disorder
  Phobia
    Specific phobia
    Agoraphobia
    Social phobia
  Panic Disorder
  Obsessive-Compulsive Disorder
  Hoarding Disorder
Cognitive Behavior Therapy: Exposure and response prevention
Psychodynamic Approaches

Freudian Psychoanalysis
Developmental Stages: oral, anal, phallic, latency, genital
Id, Super Ego, Ego
Case of Little Hans
Psychoanalysis
Transference
Psychiatry today and the reduced use of talk therapy
Role of insurance companies and “third party reimbursement”

Behavior Therapies

Classical conditioning
Pavlov
UCS, UCR, CS, CR
Pavlov’s students
Liddell
Exposure Treatments:
Systematic desensitization (Wolpe); Flooding;
Modeling; Aversive conditioning
Virtual reality techniques
Operant Conditioning
Skinner
Token economy
Behavioral contract
Cognitive Behavioral Therapy
Albert Ellis & Aaron Beck
Irrational cognitive processes, treated by
Challenging faulty assumptions
New effective philosophy
New feelings

Personality Disorders (Pd)

"Odd"
Paranoid Pd
Schizoid Pd
Schizotypal Pd

"Dramatic"
Antisocial Pd
Borderline Pd
Histrionic Pd
Narcissistic Pd

"Anxious"
Avoidant Pd
Dependent Pd
Obsessive-Compulsive Pd

Institutional Symptoms
Loss Of Independence
Disculturation
Damage and Stigma
Estrangement
Isolation
Stimulus Deprivation

Deinstitutionalization
Transinstitutionalization
Dumping

Dissociative Disorders
Dissociative Amnesia
Dissociative Fugue
Depersonalization Disorder
Dissociative Identity Disorder (Formerly Multiple Personality Disorder)
Somatiform Disorders
Pain Disorder
Body Dysmorphic Disorder
Hypochondriasis
Conversion Disorder
Somaticization Disorder

Criminal Insanity
Irresistible impulse test
M'Naghton test
Durham rule
ALI (American Law Institute) test
Guilty but mentally ill verdict
Diminished capacity defense

QUESTION FOR CLASS DISCUSSION:
In high profile cases where a defendant has pleaded NGI (Not Guilty by Reason of Insanity), why is it that the mental health experts hired by the defense and the prosecution typically give opposing diagnoses?

Discussion of 2 cases where I was asked to be an expert witness:
1. Wrongful death lawsuit at San Quentin
2. Crowding lawsuit (Houston City Jail)

Landmark Legal Cases:
Right to treatment (Donaldson)
Conditions of confinement (Wyatt v. Stickney)
Duty to warn (Tarasoff)

Napa State Hospital patient population: 2005, 2011
75% Criminal commitments
   Not guilty by reason of insanity
   Incompetent to stand trial
   Mentally disordered sex offender
25% Civil commitments
   LPS (Lanterman Petris Short)
2011. Close to 90 percent of all 1,200 patients are referred through the criminal courts or state prisons.

Defendant Charged in Court, Issue Raised of Competency to Stand Trial
- Found competent
  - Trial
    - Verdict: guilty
      - prison
    - guilty
      - diminished capacity
        - prison
    - not guilty
      - free
    - not guilty by reason of insanity
      - hearing as to present mental status
        - mental hospital
          - free
        - prison with reduced sentence
          - free

Defendant Charged in Court, Issue Raised as to Competence to Stand Trial
- Found NOT Competent
  - Sent to mental hospital until competent to stand trial
    - When competent to stand trial, same procedures as for any competent defendant (previous slide)

**Sexual disorders**
- Three Sex Researchers & Their Methods
  - Alfred Kinsey: Survey research
  - William Masters & Virginia Johnson: Experiments plus sex therapy
  - Evelyn Hooker: Phenomenological interviews and psychological testing

**Eating disorders**
- Anorexia nervosa
- Bulimia nervosa
  - (Binge-purge syndrome)

**Alcohol Abuse**
- Drinking
- Drunkenness
- Alcoholism (Alcohol Addiction)
Delirium Tremens (DTs)
Korsakoff’s Syndrome
Alcoholics Anonymous (AA), Al Anon, Al Ateen
Antabuse, Naltrexone (approved treatment drugs)
Aversive conditioning
Relapse prevention
Examples of Scandinavia, Russia, Prohibition in US

Substance abuse
This is the vocabulary used in Comer. Previous textbooks used different terminology. I will use Comer’s definitions for the exam.
Substance abuse
Substance dependence(Addiction)
Drug tolerance
Withdrawal

We can't discuss all drugs; here are the ones we'll cover in class:
Depressants: Alcohol, barbiturates
Narcotics: Opium, morphine, codeine, heroin, methadone, OxyContin and abuse of prescription drugs, "Pharm parties"
[Naltrexone- treatment drug]
Stimulants: Caffeine, Amphetamine (+ "Smart Pills" such as Ritalin and Adderall), Cocaine
Hallucinogens: Marijuana, PCP, LSD, "shrooms"
"Designer drugs": Ecstasy, Bath Salts, Spice (synthetic marijuana), etc.

Strategies for dealing with drug abuse:
Note: Education and treatment can be part of all of them
  enforcement - prison
  harm reduction – needle exchange; methadone maintenance; overdose drugs
  decriminalization – possession OK; production or sale illegal
  legalization – government regulation

Schizophrenia
Dementia praecox
Schizophrenia:
  Undifferentiated (Simple) Schizophrenia
  Disorganized (Hebephrenia) Schizophrenia
  Catatonic Schizophrenia
  Paranoid schizophrenia
  Residual Schizophrenia
Hallucinations, Delusions, illusions
Contributions
  Bleuler: Disorder of association, disorder of affect, autism
  Freud: Symbolization
  Jung: Collective unconscious
  Sullivan: Therapist as participant observer
  Arieti: Schizoid, Stormy personality
Antipsychiatrists
- Laing: Blowout houses
- Szasz: Myth of mental illness
Cognitive behavioral therapy

Hypothesized Biochemical & Brain Abnormalities
Early tranquilizing drugs
- Rauwolfia serpentina: Serpasil, Reserpine, Thorazine
Early theories -- LSD-like substance in brain
Current theory: Dopamine hypothesis
- Phenothiazines
- Parkinson’s
Enlarged ventricles (brain cavities)
**Note:** After 50+ years of research, findings are still very tentative.

Genetic aspects
- Risk (Family pedigree) studies
- Twin studies
- Adoption studies

**Mood Disorders**
Mood Disorders = Affective Disorders = Manic-Depressive Disorders
- Bipolar or Unipolar
- Dysthemic Disorder (Mild)
- Major Depressive Disorder (Severe)
  - Reactive or Endogenous depression
- Seasonal Affective Disorder (SAD) Light therapy
- Hypomanic Disorder (mild)
- Acute Mania (Severe)
- Cyclothymic Disorder (Mild mood swings)
- Electroshock Therapy (ECT/EST)
- Tricyclic Antidepressants

Schneidman identifies four types of people who intentionally end their lives:
- Death seekers
- Death initiators
- Death ignorers
- Death darers
Responding to callers to a Suicide Hotline:
- Establish a positive relationship
- Clarify problem
- Assess suicide potential
- Assess & mobilize caller’s resources
- Formulating a plan

Aaron Beck: Role of Negative Thinking in unipolar depression
- Maladaptive attitudes
interpret their experiences, themselves, and their futures in negative ways
automatic thoughts (recurrent unpleasant thoughts)
Beck's cognitive treatment
1. increased activity
2. challenging automatic thoughts
3. identifying negative thinking
4. challenging maladaptive attitudes

Cognitive disorders
Brain injury
Case of Mr. P; use of psychological testing
WAIS (Wechsler Adult Intelligence Scale, 14 subtests)
Bender Gestalt
Goldstein-Scheerer
  Color-Form Test
  Sorting Test
Rorschach Test
Delirium
Dementia:
  Alzheimer’s (formerly Senile Dementia)
  Vascular Dementia
Korsakoff’s syndrome
Huntington’s disease
Parkinson’s disease
Intelligence
  Crystallized
  Fluid
Hold/Don’t Hold Subtests

Developmental Disability/Mental Retardation

<table>
<thead>
<tr>
<th>Severity</th>
<th>IQ range</th>
<th>% of retarded</th>
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</thead>
<tbody>
<tr>
<td>Mild (educable)</td>
<td>50-70</td>
<td>85%</td>
</tr>
<tr>
<td>Moderate (trainable)</td>
<td>35-49</td>
<td>10%</td>
</tr>
<tr>
<td>Severe (dependent retarded)</td>
<td>20-34</td>
<td>4%</td>
</tr>
<tr>
<td>Profound (life support retarded)</td>
<td>&lt; 20</td>
<td>1%</td>
</tr>
</tbody>
</table>

Down’s syndrome
Deinstitutionalization
Mainstreaming
Normalization

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