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PSYC10004 Mind, Brain and Behaviour 2

Clinical Psychology

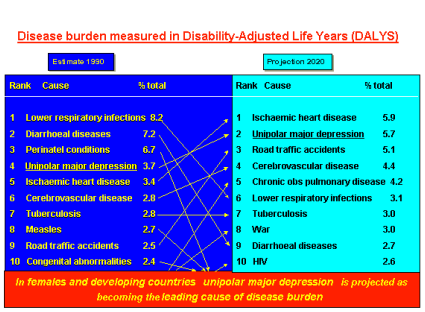
Lecture 1 – **Introduction**

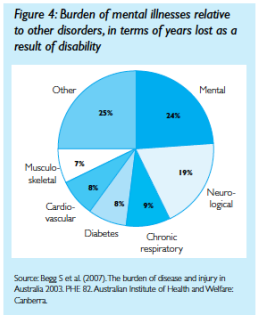
- **Mental health** – a state of well-being in which the individual realises his/her own abilities, can cope with the normal stresses of life, and is able to make a contribution to his/her community (WHO, 2007).
    - Life happens – able to weather those storms – deal with the problems
- *NOT* just the absence of psychological problems

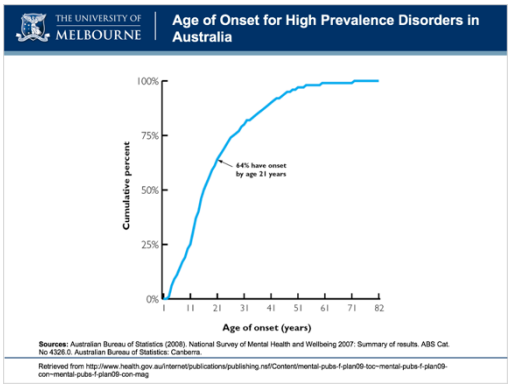
Mental Health Facts

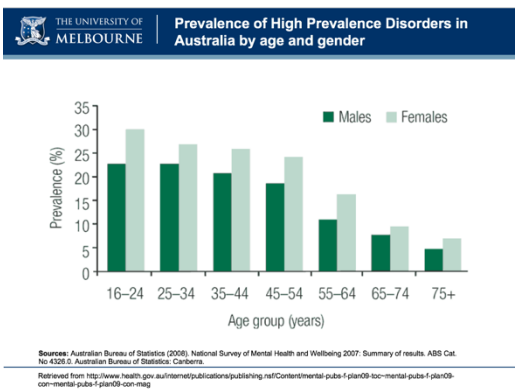
- About half of mental disorders begin before age 14 – very early in life
- Worldwide, 800,000 people complete suicide every year – hard to access data
- Mental disorders increase the risk for physical disorders
- Many health conditions increase the risk for mental disorders
- Stigma prevents many people for seeking mental health care
    - Goal – decrease stigma – increase mental support
- There are great inequities in the availability of mental health professional across the world
    - Cannot navigate your world – lead to anxiety and depression

Burden of Mental Health Problems









Clinical Psychology

- The field of **Clinical Psychology** integrates science, theory, and practice to understand, predict, and alleviate maladjustment, and to support personal development
    - Test theory – perform practice
- Clinical Psychology focuses on the intellectual, emotional, biological, psychological, social, and behavioural aspects of human functioning across the lifespan, in varying cultures, and at economic levels. (Division 12, APA)
    - Offer support on mental health

- **Psychology** *is* about helping people after all

Evidence Based Practice in Clinical Psychology

- Clinical Psychology is an evidence based discipline
    - Interpretations of evidence based practice – valid – before offered to clients

- **Richard McFall**'s *Manifesto for a Science of Clinical Psychology*
    - Scientific clinical psychology is the only legitimate and acceptable form of clinical psychology
        - Whether therapy feels good – if the therapy works
- Psychological services should not be administered until: - criteria have to be met
    - The exact nature of the service is described clearly
    - The claimed benefits are stated explicitly
    - These benefits are validated scientifically
    - Possible negative side effect that might outweigh any benefits must be ruled out empirically
        - Ethical principles
        - Side effects – ruled out/minimised
        - Need to decide what works and for whom – reduce harm

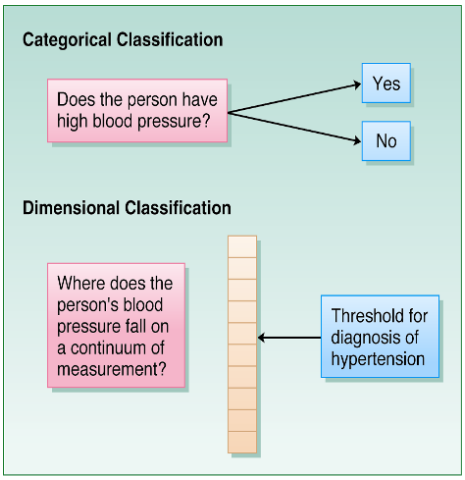
Evidences

- Quantitative studies
    - (not qualitative or theoretical studies)
- Efficacy trials (ideal conditions)
    - Under controlled conditions
    - Randomised control trial – see how the therapy works ideally
- Effectiveness trials (pragmatic/'real world')
    - How the therapy works in real life – real life context
- More recently:
    - Environmental context
    - Practitioner expertise
    - Population characteristics – cultural/demographics
    - Consumer needs and treatment preferences

Evidence: What do we know? – **Beyond Blue**

- There are areas with evidences and areas without evidences
    - Examples – chocolate and chromium have no valid evidences

Categorical vs. Dimensional Systems

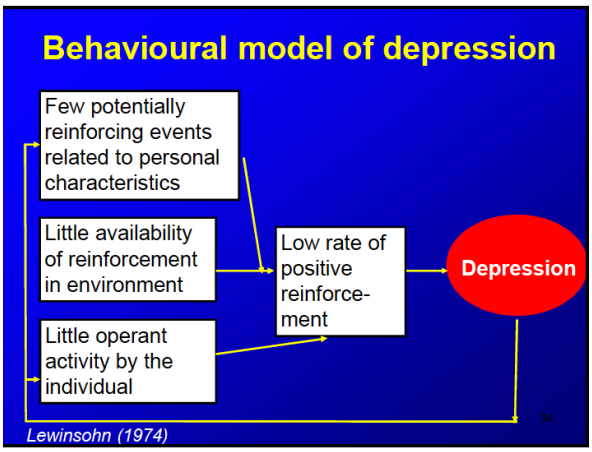


- **Categorical**
  - Presence/absence of a disorder
    - Either you are anxious or you are not anxious
    - Dichotomous approach
    - Useful for decision making
  - DSM is categorical
- **Dimensional**
  - Rank on a continuous quantitative dimension
    - How anxious are you on a scale of 1 to 10?
    - Useful for getting more information
    - Investigate the grey area
      - Get more information than categorical approach
- Dimensional systems may better capture an individual's functioning but the categorical approach has some advantages for research and treatment planning
  - DSM is moving to being dimensional – evolving science has been talking about continuum in mental illness
    - We know that mental disorder is exaggerated/extreme forms of normal experience
    - We are all on a continuum – if too high then it is a problem
  - Still need the categorical aspect to be able to facilitate communication (diagnosis names) and reflect decisions to treat
    - Diagnosis – think there is a significant issue the person could benefit from therapy

A Primarily Categorical System

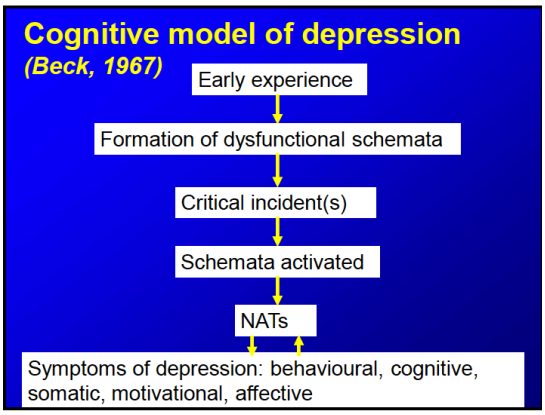
- **Diagnostic and Statistic Manual of Mental Disorders (DSM)**
  - DSM I and II – fluffy and not well put together – theoretical aspect – how mental disorder might have come to be
- Since DSM-III (III to V) – have very strong emphasis on evidence
  - Descriptive
  - Non-etiologic focus
  - Diagnostic criteria
    - Specific – must be met to see if diagnosis of a disorder should be given or not
    - Must meet characteristics of a certain disorder
  - Multiaxial system (up to DSM IV-TR)
    - Pragmatic in terms of assessment and case formulation process
    - People were rated in a range of domains of living functioning – not necessary to be rated – GONE in DSM-V
  - Multiple diagnoses
    - Given more than one diagnosis
    - Many psychological disorders co-occur – comorbid (happen together)
      - Examples

A Behavioural Model of Depression



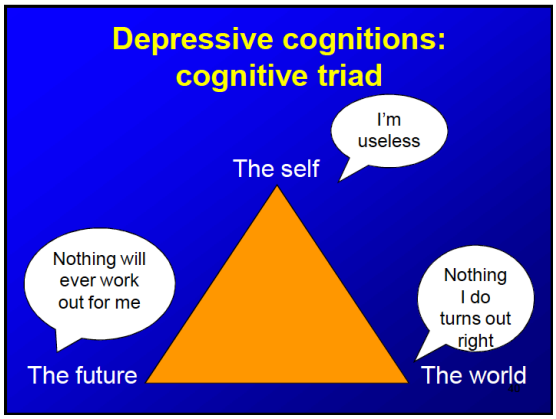
- Behaviour is maintained by reinforcement in the environment
- Depression – low rate of motivation
- According to the model:
  - ↓ Low motivation – perform behaviour that would be reinforcing (reinforced from people around you)
  - Depressed people are unlikely to do that…
    - Not reinforced
    - ↓ rate of behaviour decrease even further – become cyclic
    - less chance of reinforcement

Beck's Cognitive Model of Depression



- Early in life people develop **Schema** (beliefs, assumptions) –
  the way of understanding the world
  - Based on early experience
- Example:
  - As a child – developed a maladaptive schema:
    - Must excel academically to be worthwhile
      - Easy to accidentally create
      - Parents celebrate – influence the way the child thinks about the world
- **Negative events** establish negative/dysfunctional schemata
- Critical incidents trigger negative schemata – governs information processing
  - Later on in life – encounter a critical event – activates the schema
    - Does not fit/incongruent with the view of the world – triggers ↓
- Activation of schema leads to **negative automatic thoughts (NATs)**
  - Spontaneous – lead towards depression

Cognitive Triad



- The Self X The Future X The World –
  - All have characteristics pattern for depressed people
  - Tend to be biased towards depressive interpretation
    - Always going to feel that way – useless

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Lecture 4 – **Schizophrenia Spectrum and Other Psychotic Disorders**

<u>The Case of Louis Wain</u>

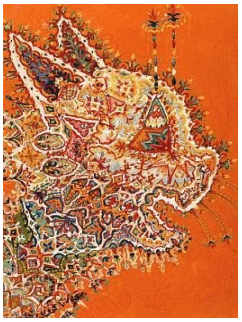
- A visual artist – drawing/painting cats in anthropomorphic situations
  - Anthropomorphic – portraying human characteristics – human-like things
- His art – tells about his experience of the world
- His art style changes as he develops schizophrenia

- Louis' art before schizophrenia

Standard-looking art

Cats are in human-like situations already…
…Signifies that something is already going on – setting scenes for disorders

- Louis' art as schizophrenia develops



The way he represents his impression of the cats is changing
…portrayal of distinct characteristics – how he interacts with his visual world and his art

…tells us that he is beginning to experience the world visually and cognitively in terms of his relationship to his art in a very different way

- Louis' experience of *reality* was becoming very different to that which is generally agreed upon
  - Meaning of psychosis –
    - Poor reality contact
    - Different experience of reality in terms of perception, thoughts, emotions and behaviour different to what is generally agreed upon

<u>A Beautiful Mind</u>

- A film depicting the life of a man with schizophrenia (true story)
  - Engagement with treatment
    - Period of wellness – when medication is affective
      - Hallucination is gone
    - Unwell – hallucination can be very abusive

CBT for Depression

- Thorough assessment (includes symptom set, severity and suicidality).
- **Phases of Therapy**:
  - **First phase** (behavioural phase): Treatment often includes a concentration on psychoeducation and non-cognitive (**behaviour)** techniques
    - Relatively straightforward/structured and easier to achieve successes (people who are depressed experience difficulty initiating change)
  - **Second phase**: Treatment focuses on cognitive techniques and problem-solving – working with maladaptive thoughts
  - **Third phase**: Generalization (therapy can be generalised to other domains of life) and Relapse Prevention (make sure they are not relapsing – come for help if they do)

Stimulus Control

- **Common Initial Technique: Stimulus Control**
  - So many problematic behaviours are maintained/caused by stimuli in our environment – set a scene for problematic events to occur
- **Covert** and **overt** behaviours often occur in the presence of specific triggers, meaning that the behaviours are under "stimulus control."
  - Example: Beck video – client and lonely Saturdays
    - Do not be home alone on Saturday if that is the time your feeling get particularly bad
    - Modifying stimuli in the environment – alter the way you behave
    - Increase positive behaviour – decrease negative behaviour
- ABC assessment will often identify triggers, however, if a behaviour is resistant to change – look further for additional triggers, and problem-solve removal of those triggers if possible.
- Utilize stimulus control for therapy purposes by developing new stimuli to trigger more adaptive behaviour (examples: signs, symbols, notebooks.)

Core Behavioural Technique: *Activity Scheduling*

- **Goals**:
  - To increase behaviour
  - To create and identify positive reinforcement
- **Rationale**
  - The therapist provide a rationale to the client about the "depression cycle."
- **Self-Monitoring**
  - The client records actual behaviour for several days, including ***pleasure* and *mastery* ratings** (rate their activities in 2 dimensions)
    - Pleasurable things and things that give sense of accomplishment – reinforcing
  - **Patterns**? Is everything ***really*** always bad?
    - Accomplished something – the whole day will be rated higher after
- **Activity Scheduling**
  - Planning one's day in advance – implement things that are going to work
  - After showing competence at activity scheduling, develop a to-do list of practical tasks.

Practical 2 – **Cognitive Behavioural Therapy**

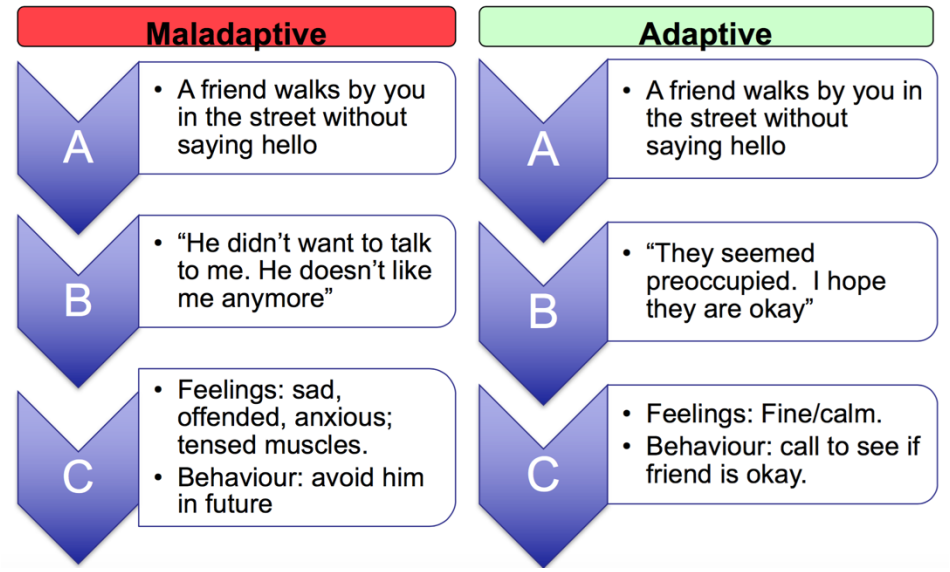
Cognitive Behaviour Therapy

- Operates on the premise that maladaptive patterns of thinking influence the way we feel (emotionally and physically) and behave
- The general aim – to alter maladaptive thinking in order to alleviate unpleasant feelings and change maladaptive behavior
    - Prevent them from happening again
    - Addressing the way cognition is related to it

The ABC Cognitive Model of Emotion and Behaviour

- **A = Activating Event**
    - What was happening when negative feelings where experienced
- **B = Belief**
    - Beliefs or thoughts about the Activating Event
- **C = Consequence**
    - Feelings (emotions and physiological experience of emotion)
    - Behaviour performed

Model Example



Supporting mental health

- Tap into our protective factors – what we enjoy or gain a sense of accomplishment from, what reduces our stress, our support networks (friends, family, colleagues etc.)
- Get some additional support – can come in many forms
    - **Face-to-Face Support**
        - GP – 'mental health care plan' to see a psychologist for counselling
        - UoM Psychology Clinic
        - UoM Counselling Service Workshop Program