

PSY3032 | Psychological Disorders

Week 1: Introduction to Psychological Disorders

Identify core features of psychological disorders and different theoretical perspectives in understanding how disorders develop

Psychological Disorder Features/Criteria

- Disorders impact the life of an individual through behaviours, thoughts and emotions.
 - Indicators of negative impacts
 - Personal distress and disability or interference with one's well being
 - Social, occupational, academic or personal adjustment
 - Causes them great distress (could be due to symptoms)
 - Not all disorders cause distress
 - Eg. antisocial disorder: they may not feel guilt/remorse
 - Not all distress is caused by a disorder
 - Disability (impairment in some important area of life)
- The threat/danger of specific behaviours bear on the individual or to the community
 - Harmful Dysfunction
 - Value judgement (harmful), Objective component (dysfunction)
 - Value judgement depends on social norms and values
 - Frequency of behaviours
 - Infrequent behaviours may be indicative of abnormality or could be adaptive
 - Frequent behaviours can impact negatively on wellbeing
 - Social norms and expectations
 - Deviance from social norm behaviours can be indicative of disorders but not always
 - Biological differences: abnormal physiological features (brain structures and functions) and genetic abnormalities
 - Abnormalities can manifest in abnormal reactions, behaviour, emotions and cognitions

Kuhn's View: Paradigm

- Set of basic assumptions that defines how to conceptualise and study a subject, how to gather and interpret relevant data and how to think about that subject
- Paradigms specify how the scientist and clinician should operate and go about the investigation

Internationally Common Frameworks

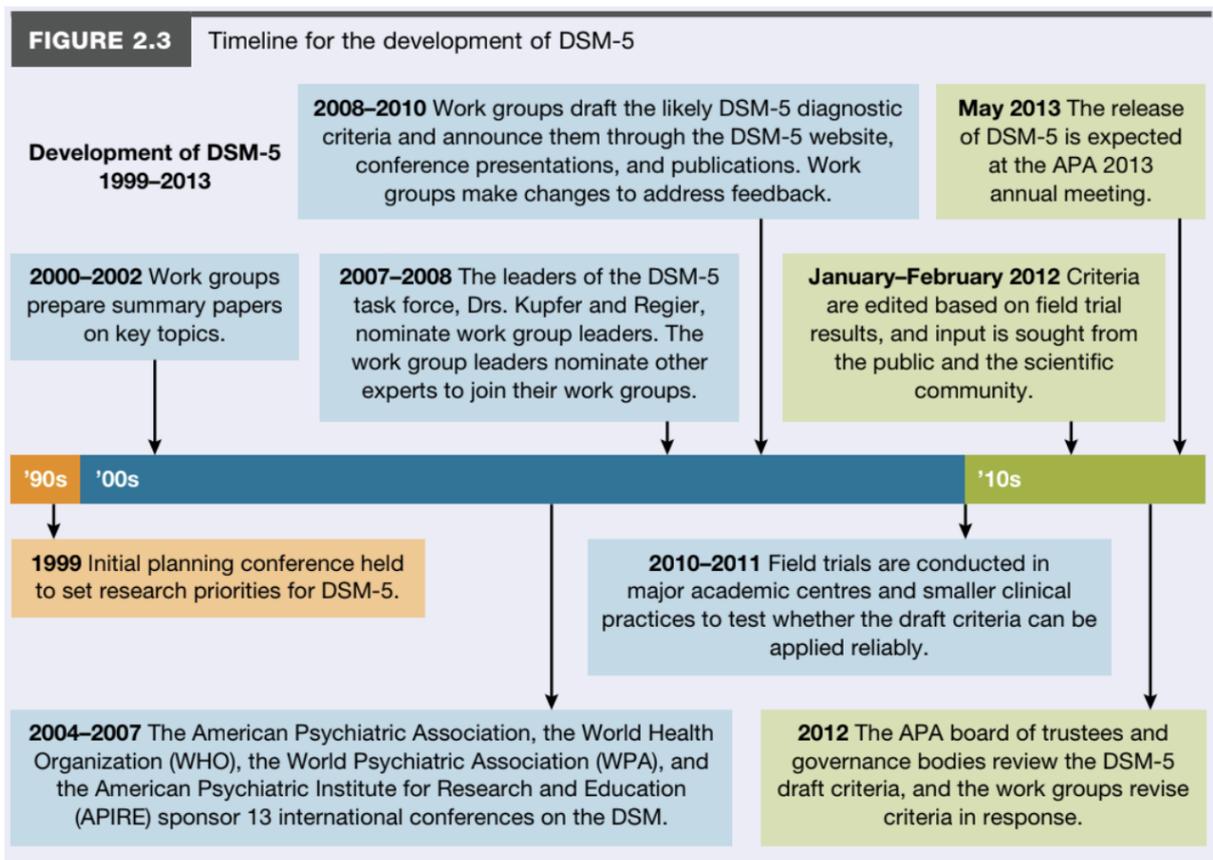
- International Statistical Classification of Diseases and Related Health Problems (ICD)
 - By the World Health Organisation (WHO)
 - 11th revision of ICD
- DSM V
 - By the American Psychiatric Association (APA)
 - Asserts characteristics of psychological disorders including
 - Disorder occurs within the individual
 - Involves clinically significant difficulties in thinking, feeling or behaving

- Usually involves personal distress of some sort (social relationships or occupational functioning)
- Involves dysfunction in psychological, developmental and/or neurobiological processes that support mental functioning
- Not a culturally specific reaction to an event
- Not primarily a result of social deviance or conflict with society
- Criticisms
 - “In” and “out” nature of diagnosis
 - Some symptoms overlap and are not specific to specific disorders
 - Classification systems tend to medicalise problems of daily living

Identify the basic features, historical changes, strengths and weaknesses of the DSM. Critically evaluate the DSM-5 and compare categorical and dimensional systems of diagnosis

Diagnostic and Statistical Manual of Mental Disorders

- Timeline
 - 1952: first DSM by APA
- 2013: DSM 5



- General Improvements
 - A specific diagnostic criteria became spelled out precisely and a glossary for clinical symptoms was added
 - DSM5 is more detailed and concrete
 - Characteristics of each diagnosis are described more extensively

- Each disorder has a description of diagnostic features and associated features
 - Includes summary of age of onset, course, prevalence, risk and prognosis factors, cultural and gender factors and differential diagnosis (how to distinguish similar disorders)
 - Removal of multi-axial system
 - Clinicians are to note psychiatric and medical diagnoses
 - Codes for psychosocial and environmental problems were changed to be similar to WHO's international classification of diseases
 - Organising diagnoses by causes
 - DSM-5 defines diagnoses based on symptoms
 - Chapters were reorganised to reflect patterns of comorbidity and shared aetiology
 - Disorders that co-occur and share some risk factors
 - Enhanced sensitivity to the developmental nature of psychopathology
 - Avoids separating childhood diagnoses
 - More detail is provided about the expression of symptoms in younger populations
 - New diagnoses
 - Avoids incorrectly diagnosing people if they do not meet the full criteria for a disorder
 - Combining diagnoses
 - Combined as there was not enough evidence for differential aetiology, course of treatment response
- Chapters

DSM-5 Chapters

Neurodevelopmental disorders
Elimination disorders
Neurocognitive disorders
Substance-related and other addictive disorders
Schizophrenia spectrum and psychotic disorders
Bipolar and related disorders
Depressive disorders
Anxiety disorders
Obsessive-compulsive and related disorders
Trauma- and stressor-related disorders
Somatic symptom and related disorders
Dissociative disorders
Sexual dysfunctions
Gender dysphoria
Paraphilic disorders
Feeding and eating disorders
Sleep-wake disorders
Disruptive, impulse control, and conduct disorders
Personality disorders
Other disorders
Medication-movement disorders and other adverse effects of medication
Other conditions that may be a focus of clinical attention

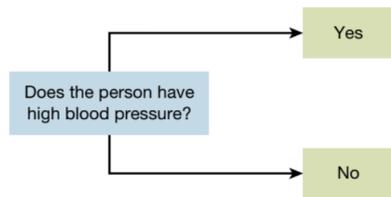
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- Criticisms

- Lacking cultural and ethnic awareness and sensitivity (previous editions)
 - New section created for culture related diagnostic issues
 - An appendix for developing a culturally informed case formulation
 - 16 questions clinicians can use to understand how culture may shape clinical presentation
 - Clinicians cautioned to avoid diagnosing unless the behaviour is problematic/atypical in the person's culture
 - Section on cultural concepts of distress that distinguishes syndromes that appear in particular cultures
 - 9 Cultural Concepts of Distress
 - Dhat syndrome: India
 - Anxiety about semen discharge
 - Shenjing shairuo (neurasthenia): China
 - Fatigue, dizziness, headaches, pain, poor concentration, sleep problems and memory loss
 - Taijin kyofusho: Japan
 - Fear of offending others through inappropriate eye contact, blushing, perceived body deformation or body odour
 - Ataque de nervios: Latinx
 - Intense anxiety and fear of screaming and shouting uncontrollably
 - Amok: Malaysia
 - Dissociative episode; brooding then homicidal/violent outburst
 - Ghost sickness: Native American
 - Preoccupation with death and those who have died
 - Hikikomori (withdrawal): Japan, Taiwan, South Korea
 - Person (commonly adolescent/young man) shuts themselves into a room for over 6 months and does not socialise with anyone
- Too many diagnoses (300+)
 - Too many minute distinctions
 - Common responses to trauma have a diagnosis
 - Side effect: too many comorbidities
 - Many risk factors seem to trigger multiple disorders
 - Creating Research Domain Criteria (RDoC) (solution)
 - Using a new diagnostic system to create less categories based on common causes

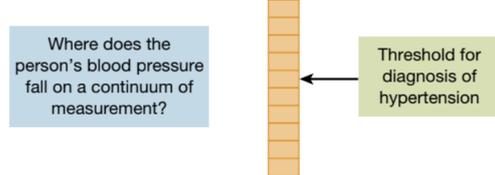
Categorical Classification vs Dimensional Classification

- Categorical classification (DSM-5)
 - Forces clinician to define one threshold as diagnosable, however there is often little research support for the threshold defined
- Dimensional diagnostic system
 - Describes the degree that the disorder is present

Categorical classification



Dimensional classification



Diagnosing vs Case Conceptualisation

- Making sense of a patient's difficulties in the context of a theoretical framework
 - Allows the clinician to combine the experience of a patient with theory and research
- Five P's
 - Presenting Problem
 - Predisposing Factors
 - Possible contributors to the problem
 - Genetic, biological, environmental and/or psychological factors
 - Precipitating Factors
 - Significant events preceding the onset of the disorder
 - Perpetuating Factors
 - Current difficulties that are maintaining the presenting problem
 - Protective Factors
 - Strengths or supports that are maintaining the presenting problem
 - Can be used as positive resources in the therapeutic process

Describe the goals, strengths and weaknesses of psychological and neurobiological approaches to assessment

Neuroscience Approach to Treatment

- Using medication to address the neurological basis of the disorder
- Types
 - Antidepressants
 - Prozac
 - Increase neural transmission in neurons that use serotonin as a neurotransmitter by inhibiting the reuptake of serotonin
 - Benzodiazepines
 - Xanax
 - Reduces tension associated with some anxiety disorders
 - Stimulates GABA neurons to inhibit other neural systems that create the physical symptoms of anxiety
 - Antipsychotics
 - Olanzapine