OVERVIEW

- What are Psychological Disorders?
- Anxiety Disorders, OCD, and PTSD
- Substance Use and Addictive Disorders
- Mood Disorders
- Schizophrenia
- Additional Disorders
**Psychological Disorders**

- **Psychological Disorder** – mental health problem typified by significant disturbance in thoughts, feelings, and/or behaviors which impair normal life functioning

- 450 million people globally and 26% of U.S. adults suffer from diagnosable disorders

- Diagnostic criteria differs by culture and over time

<table>
<thead>
<tr>
<th>TABLE 13.1 Percentage of Americans Reporting Certain Psychological Disorders in the Past Year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Disorder</strong></td>
</tr>
<tr>
<td>Generalized anxiety</td>
</tr>
<tr>
<td>Social anxiety disorder</td>
</tr>
<tr>
<td>Phobia of specific object or situation</td>
</tr>
<tr>
<td>Mood disorder</td>
</tr>
<tr>
<td>Obsessive-compulsive disorder (OCD)</td>
</tr>
<tr>
<td>Schizophrenia</td>
</tr>
<tr>
<td>Posttraumatic stress disorder (PTSD)</td>
</tr>
<tr>
<td>Attention-deficit/hyperactivity disorder (ADHD)</td>
</tr>
</tbody>
</table>

*Source: National Institute of Mental Health, 2008.*
PSYCHOLOGICAL DISORDERS

- Diagnosing Disorders
  - Medical Model – the assumption that physical causes were behind mental disorders
  - Biopsychosocial Model – biology and cultural factors influence mental disorders
- Classifying Disorders – attempts to predict disordered outcomes, suggest treatment and research and enables communication
  - Diagnostic and Statistical Manual of Mental Disorders (DSM-5) – American Psychiatric Association’s guidebook for classifying disorders
  - Critics suggest that the DSM labels almost anything as a disorder and leads to self-fulfilling prophecies
  - Labeling also leads to stigmatization and fear
ANXIETY DISORDERS, OCD, AND PTSD

- **Anxiety Disorders** – group of disorders characterized by persistent anxiety and maladaptive behaviors to reduce anxiety
  - **Generalized Anxiety Disorder** – a continual state of tenseness, fear, and worry with no obvious cause
  - **Panic Disorder** – unpredictable episodes of extreme fear and dread last for a few minutes
  - **Phobias** – persistent, irrational fear and avoidance of a situation or object

![Percentage of people surveyed](chart.png)
ANXIETY DISORDERS, OCD, AND PTSD

- Obsessive-Compulsive Disorder (OCD) – unwanted and repetitive thoughts and/or actions
- Post-Traumatic Stress Disorder (PTSD) – distressing thoughts, memories, dreams, and anxiety following a traumatic event
- Sensitivity in limbic-system processing of emotional stimuli may influence PTSD development
How They Develop

- **Conditioning** – uncontrollable negative events become linked with neutral stimuli, negative reinforcement conditions maladaptive behaviors.
- **Social Learning** – we form fears by observing others.
- **Biology** – some individuals are predisposed to anxiety, OCD, PTSD.
- **Evolutionary** – animals acquire fears of some object more easily than others.
MOOD DISORDERS

- Mood Disorders – psychological disorders related to emotional extremes

- Major Depressive Disorder – persistent negative mood, fatigue, lethargy, loss of interest in pleasurable activities

- Women have higher rates of depression than men worldwide

- Most people recover even without treatment
**TABLE 13.6 Diagnosing Major Depressive Disorder**

The DSM-5 classifies major depressive disorder as the presence of at least five of the following symptoms (including depressed mood or loss of interest/pleasure) over a two-week period of time. The symptoms must cause near-daily distress or impairment and not be attributable to substance use or another medical or mental illness.

- Depressed mood most of the day
- Loss of interest or pleasure in activities most of the day
- Significant weight loss or gain when not dieting, or significant decrease or increase in appetite
- Insomnia or sleeping too much
- Physical agitation or lethargy
- Fatigue or loss of energy
- Feeling worthless or excessive/inappropriate guilt
- Problems in thinking, concentrating, or making decisions
- Recurrent thoughts of death and suicide
Bipolar Disorder – week to week swing from extreme depression to overexcited mania
MOOD DISORDERS

- Suicide is more common in depressed individuals, people feel disconnected and defeated.
- Non-Suicidal Self-Injury (NSSI) – self-harm to distract from negative thoughts, self-punishment, gain help/attention, or fit in.

**Counseling Center**
Wellness Center, Naugle Hall, Ground Floor
Weekdays 8:30am-5:00pm
(Summer Hours: Weekdays 8:30am-4:00pm)
717-477-1481

*The University Counseling Center is fully accredited by the International Association of Counseling Services, Inc.*

**Find Help**

In an Emergency, Contact:
- Suicide Prevention Hotline: 1-800-273-TALK (8255)
- Psychiatric hospital walk-in clinic
- Hospital emergency room
- Urgent care center/clinic
- Call 911
Mood Disorders

- Researchers have found genetic links and brain differences in depressed and manic individuals.

- Cognition – explanatory style can influence the impact and cycle of negative moods (learned helplessness).
SCHIZOPHRENIA

- Schizophrenia – disorder characterized by delusions, hallucinations, disordered thinking/speech, and disinhibited emotional expressions
- Negative Symptoms – flat affect, mute, rigid body
- Positive Symptoms – hallucination, delusions, emotional outburst
- 1/100 people will develop symptoms that can occur slowly or rapidly
SCHIZOPHRENIA

- Causal Factors
  - **Biological** – excess dopamine receptors, increases amygdala activity, low frontal lobe activity and rapid loss of brain tissue
  - Biological parents and identical twin will increase risk
  - **Environmental** – prenatal viral infections like the flu increase risk

![Schizophrenia and No Schizophrenia](image)

Schizophrenia risk for twins of those diagnosed with schizophrenia

![Graph showing schizophrenia risk](image)

- Japan (1996)
- Denmark (1996)
- Finland (1998)
- Germany (1998)
EATING DISORDERS

- **Anorexia Nervosa** – continuous attempts to lose weight despite being underweight
- **Bulimia Nervosa** – habitual binge eating followed by purging or fasting
- **Binge-eating Disorder** – substantial binge eating followed by negative emotions

**Causal Factors?**

- Heredity and cultures that increase exposure to unrealistic body images can influence susceptibility
DISSOCIATIVE DISORDERS

- **Dissociative Identity Disorder** – a rare type of dissociate disorder where one exhibits multiple personalities

- Critics suggest therapeutic techniques can trigger role-playing in suggestible or fantasy-prone people
**PERSONALITY DISORDERS**

- **Personality Disorders** – inflexible lasting pattern of negative behaviors that interferes with social functioning

- **Antisocial Personality Disorder** – lack of conscience for actions, impulsive behaviors, low levels of *arousal*

- **Biological Factors** – less arousal for stressful situations and less frontal lobe activity and tissue

![Graph showing adrenaline excretion](image)
SUBSTANCE USE AND ADDICTIVE DISORDERS

- **Substance Use Disorder** – extending craving and use of psychoactive drugs leading to significant life disruption and risks
- **Addiction** – persistent thoughts and craving for drugs or certain behaviors
- **Tolerance** – larger amount of the drug are needed for desired effects
- **Withdrawal** – psychological and physical discomfort following the absence of an addictive drug/behavior
SUBSTANCE USE AND ADDICTIVE DISORDERS

- **Biological factors** – individuals may be predisposed to develop substance abuse addictions
- **Social-Cultural Factors** – lack of meaningfulness, abuse, depression, and stress predict substance addiction
  - Peer and environmental modeling of substance use predict abuse
Impaired Control
1. Uses more substance, or for longer, than intended
2. Tries unsuccessfully to regulate substance use
3. Spends much time gaining, using, or recovering from substance use
4. Craves the substance

Social Impairment
5. Use disrupts obligations at work, school, or home
6. Continues use despite social problems
7. Causes reduced social, recreational, and work activities

Risky Use
8. Continues use despite hazards
9. Continues use despite worsening physical or psychological problems

Drug Action
10. Experiences tolerance (needing more substance for the desired effect)
11. Experiences withdrawal when attempting to end use
Depressants – psychoactive drugs that depress neural activity and slow body and motor functions

- Barbiturates – depressants used to induce sleep and reduce anxiety
- Opiates – depressants used for pain relief
PSYCHOACTIVE DRUGS - DEPRESSANTS

- **Alcohol** — slows the sympathetic nervous system, disrupts memory and disinhibits behavior
- Expectations influence the effects of psychoactive drugs
- **Alcohol Use Disorder** — prolonged excessive use lead to brain shrinkage

### TABLE 13.3 Warning Signs of Alcohol Use Disorder

- Drinking binges
- Craving alcohol
- Use results in unfulfilled work, school, or home tasks
- Continued use when risky
- Failing to honor a resolve to drink less
- Avoiding family or friends when drinking
PSYCHOACTIVE DRUGS - STIMULANTS

- **Stimulants** – increase neural activity, heart rate, breathing, and blood glucose
  - **Cocaine** – stimulant that produces short-term euphoria and energy followed by a agitated depressed state
  - **Methamphetamine** – highly addictive stimulant that boosts mood and energy for around 8 hours followed by extreme irritability, insomnia, disorientation and sometimes violence
  - **Ecstasy (MDMA)** – synthetic stimulant and hallucinogen leading to elevated mood and dehydration
PSYCHOACTIVE DRUGS - STIMULANTS

- **Nicotine** – highly addictive stimulant in *cigarettes*

**TABLE 13.4** The Odds of Getting Hooked After Trying Various Drugs

<table>
<thead>
<tr>
<th>Drug</th>
<th>Odds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana</td>
<td>9%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>15</td>
</tr>
<tr>
<td>Cocaine</td>
<td>17</td>
</tr>
<tr>
<td>Heroin</td>
<td>23</td>
</tr>
<tr>
<td>Tobacco</td>
<td>32</td>
</tr>
</tbody>
</table>

*Source: National Academy of Science, Institute of Medicine (Brody, 2003).*
Hallucinogens – psychoactive drugs that alter perceptions and produce false sensory images

- Lysergic Acid Diethylamide (LSD/Acid) – strong hallucinogen leading to the experience of geometric patterns, meaningful images, and dreamlike body separation

- Hallucinations are similar for LSD, oxygen deprivation, sensory deprivation, seizures and near-death experiences
Marijuana – THC produces relaxation, euphoria, pain relief, memory/motor impairment, and mild hallucinations

Effects vary depending on situation