PSYCH 1000

Final 2013

STUDY GUIDE

This guide contains notes on *"Psychology: Frontiers and Applications"* Fourth Canadian Ed. by Passer, Smith, Atkinson, Mitchell and Muir.

PERSONALITY CHAPTER 14

- Lets us distinguish people from each other
- Behavior that is caused by internal factors, not environmental
- Behaviors that fits together in a meaningful fashion

PSYCHODYNAMIC PERSPECTIVE

- Personality is an energy system
- **Psychic energy** - generated by instinctual drives pressing for release

Id

- Present at birth
- Unconscious
- Functions irrationally
- Basic biological urges: eating, drinking & sex
- Follows **pleasure principle** - maximize pleasure, minimize pain.
  - Seeks immediate gratification, regardless of rational circumstances
- **Primary Process Theory** - if needs can't be met with reality, fantasy will do

Ego

- Second to develop. Id has no contact with reality, so it needs the ego
- **Reality principle** - tests reality to decide when the Id can safely discharge its impulses
- Serves and controls Id
- **"Executive of personality"** - must balance the Superego and the Id

Superego

- Last to develop (4-5yo). In charge of morals.
- Ideals internalized from parents and society
- Decides whether ego has been good or bad
- Controls ego with *pride* and *guilt*

Three sources of anxiety in psychodynamic perspective:

- **Reality anxiety** - fear of real world threats
- **Neurotic anxiety** - fear of id's desires
- **Moral anxiety** - fear of superego's guilt

Defense Mechanisms

Deny or distort reality to deal with anxiety

Repression - pushed to subconscious

Denial

Sublimation - released in socially acceptable/admired behavior

Projection - attributing impulse to other people. *Ex. I hate you because you hate me.*

Regression - mentally returning to an earlier, safer state *(thumb-sucking, bed wetting)*

Intellectualization - situation treated as intellectually interesting event

Reaction formation - exaggerated opposite behavior. Hostility often shows though. *Ex. React to hating your sister by always talking about how much you love her.*

Conversion - conflict converted into physical symptom. *Ex. Develop blindness so that you will not have to see situation*

Displacement - use a secondary goal as an outlet *ex. getting angry at something else.* Displacement is not always negative though.

Rationalization - "hitting my kids is for their own good", or "if I can't get what I want it wasn't good anyways"

Isolation - memories allowed back into consciousness but without motives or emotion

Q. **Jon is mad at his bro, but instead of hitting him, paints a picture of him falling off a building"?**

Sublimation. (←Tilt screen to see answer)

Tapping in the Unconscious

Dreams
- Not constrained by reality (ego) and morality (superego)
- But anxiety can still be aroused in dreams
- Have latent (surface) and manifest (deep) content

Free Association
- Freud opts for this over hypnosis
- Patient is to say anything, no matter how trivial, embarrassing or unrelated
- Analyst looks for associations and resistance

Errors of speech and memory
- Freudian slips
- Absent-mindedness (forgetting to mail letter)
- Freud believes these are motivated

Evaluating Psychoanalytic Theory

- Most propositions have not held up in research
- Difficult to make clear cut behavior predictions
- Unconscious processes have been proven important but are very different from freud's suggestions
- **Limited data:** theory based on select population
- **Bias:** psychoanalyst is hardly an objective observer
- **Conceptual:** terms are vague, are they testable?

Freud Will Still Always Be Important
- Gave us the notion of internal unconscious conflict
- The scope of the theory is huge. It covers biology, art, humor, family. Thought of as a **theory of humanity.**

Evidence for Freud
- **Subconscious processing** - semantic priming effect
- **Repression** - memory lapses during therapy

Evidence Against Freud
- **Dreams** - thirsty subjects awoken during REM do not dream of drinking, so dreams don't necessarily represent desires
- **Anthropological evidence** - the Oedipus complex is not culturally universal

NEOANALYSTS

- Disagreed with certain aspects of Freud's thinking
- Too much focus on infantile sexuality, not enough on cultural and social aspects

Adler

- Humans are motivated by social interest: desire to advance the welfare of others
- Humans strive for superiority, drive to compensate for imagined defects **(coined inferiority complex)**

Jung: Analytic Psychology

- Humans have ***personal*** **and** ***collective*** **unconscious**
- Memories are represented by **archetypes** - inherited tendencies to interpret experiences in certain ways

Object Relations Klien, Kernberg, Haler, Kohl

- Focus on mental representations people form of themselves and others in early life
- Mother as kind or malevolent, father as protective or abusive
- Become models for later relationships
- Early attachment with parents has a big impact on later life
- This theory is used more than classical psychoanalytic theory, as it is easier to define and measure

HUMANISTIC PERSPECTIVE

Carl Rogers' Self Theory

- Behavior is a response to one's immediate conscious experience of oneself and the environment
- Internal forces are not distorted or blocked, they direct us toward self-actualization
- **Self** - organized, consistent set of perceptions and beliefs about oneself
- **Self-consistency** - absence of conflict among self-perceptions
- **Congruence** - consistency between self-perceptions and experience
  - Anxiety comes from experiences that are inconsistent with self-concept
  - Can modify self-concept, or deny the inconsistency
  - It's more difficult for people with negative self-concept to accept success, than unrealistically positive people to accept failure
- **Need for positive regard** - acceptance, sympathy
- **Unconditional positive regard** - to children from parents
  - If you don't get this in childhood, you develop *conditions of worth*
- **Need for positive self regard**
- **Conditions of worth** - dictate when we approve of ourselves, similar to superego
- **Fully functioning persons** - have achieved self-actualization, don't hide behind masks or artificial roles

Self-verification - need to preserve self concept by maintaining self-consistency and congruence

- People are more likely to recall adjectives that are consistent with their self concept
- People with negative images prefer spouses with negative images of them

Self-enhancement - need to regard themselves positively

- Attributing successes to personal factors, failures to environmental factors
- People rate themselves better than average on socially desirable traits

Culture

- Americans more likely to identify themselves with personal attribute *(I am honest)*
- Chinese more likely to identify with social identity *(I am the oldest son, I am a student)*

Self-esteem - how positively or negatively we feel about ourselves

- Only minor differences in adulthood, but in teen years men have more self esteem than women
- People with high self esteem are less susceptible to pressure, achieve higher, have better love lives, and are happier
- People with low self esteem have anxiety, depression, illness, poor social relationships, underachievement
- Unstable/unrealistically high self esteem is even worse
- When your goal is increasing self esteem, failure is even worse

Evaluating Humanistic Perspective

- Humanistic view relies too much on individual reports of experiences
- Impossible to define actualization in terms of behavior without using circular reasoning
- Difficult to define or predict what will be a self-actualizing tendency - no matter what you're doing you're trying to be the best you can be

TRAIT/BIOLOGICAL PERSPECTIVE

Use **factor analysis**, which allows researchers to find out which behaviors are correlated with each other.

Cattell's Sixteen Personality Factors

- Asked thousands of people to rate themselves
- Found 16 basic behavior clusters
- Developed profiles for individuals, and distinct groups (athletes, artists)

Five Factor Model

- Five universal factors
- **Openness, conscientiousness, extraversion, agreeableness** and **neuroticism** (OCEAN)
- The big 5 seldom show correlations to behavior beyond 0.2-0.3, so they added 6 sub-categories under each factor called **facets**
- NEO-PI test measures these

Stability of Personality

- Introversion/extraversion, Optimism/pessimism, emotionality & activity level tend to be stable
- Things like honesty/conscientiousness are different depending on the situation
- **Self-monitoring** - one's tendency to tailor behavior the situation

Eysenck

- Started with just two basic traits: **introversion-extroversion** & **stability-instability** *(he called it instability-neuroticism)*
- These two are uncorrelated
- Later added a third: **psychoticism-self control**
  - Psychoticism is creativity, tendency towards nonconformity, impulsivity, social deviance

Biology

- Eysenck believed extreme introverts were chronically overaroused, and that extreme extroverts were chronically underaroused
- Stability-instability is related to autonomic nervous system
- Novelty-seeking is related to dopamine

Evaluating Trait Approach

- Researchers try to make specific predictions based on one trait
- There is a difference between description of personality (traits) and explanation of why things are that way
- Trait theories focus on describing and predicting (except Eysenck's brain arousal explanation)

SOCIAL COGNITIVE THEORISTS

- Social cognitive theorists focus on both internal and external causes of personality
- **Reciprocal determinism** - person, behavior and environment all influence each other
- These theories have a strong scientific base and explain apparent contradictions of consistency

Rotter

Whether we will do something is determined by:

- **Expectancy** - what we expect the behavior to cause
- **Reinforcement value** - how much we desire/dread this expected outcome

Internal/external locus of control - called a generalized expectancy

- People with an internal locus believe life outcomes are largely under personal control
- People with external locus believe their fate has to do with luck, chance, others
- Internal locus people's behavior is more self determined, they do better in school, are independent but cooperative, resistant to social influence, and healthier

Bandura

- **Human agency** - humans are active agents in their own lives
- We are self-reflective and self-regulatory

Four processes (not traits)

- **Intentionality** - we plan, modify plans, act with intention
- **Forethought** - we anticipate outcomes, set goals, actively choose behaviors
- **Self-reactiveness** - motivating and regulating our own actions
- **Self-reflectiveness** - evaluate our own actions

Key factor is **self-efficacy** - beliefs concerning one's ability to perform what is needed. Four determinants:

- *Previous performance attainments* - in similar situations
- *Observational learning* - if he can do it so can I
- *Verbal persuasion* - inspiration from others
- *Emotional arousal* - our ability to control it

Mischel

- We need to consider individual ways of perceiving and understanding events
- **Consistency paradox** - we expect and perceive high consistency of personality, but in reality it varies greatly with situations
- **Cognitive-affective personality system** - both the person and the situation matter
  - **If-then behavior consistencies** - there is consistency in behavior in similar situations

PERSONALITY ASSESSMENT

Interviews

- Structured interviews - standardized situation
- Must look at more than what they're saying: appearance, speech patterns, posture
- Limitations: interviewer themselves affect result, also depends on how honest the interviewee is

Personality Scales

- Objective: standard set of questions
- Easy to score
- People may lie, but you can test their tendency to lie to protect their image by using validity scales
- **Rational approach** - try to determine what introverts would say about themselves *(I like spending time alone)* (NEO-PI test is this)
- **Empirical approach** - find out what introverts tend to say yes to empirically, whether it makes sense intuitively or not (MMPI test is this)

Projective Tests

- Psychodynamic theorists say we can't use interviews/questions because the things we want to know are unconscious
- Objective measures of personality have better reliability and validity than projective

Rorschach inkblots

- What does this inkblot look like? What feature made you say that?
- Unreliably between examiners
- Scoring system was developed to increase reliability

Thematic Apperception Test

- Less ambiguous than rorschach
- What is going on in this scene? What are the people feeling?
- Useful if scoring is standardized

Remote Behavior Sampling

- Using a pager to randomly ask respondents about their current feelings

- Psychodynamic theorists prefer projective tests
- Humanists prefer self-report
- Social cognitive theorists prefer behavior assessments/sampling
- Trait theorists/behavior geneticists prefer personality scales
- Biological personality researchers use emotional reactivity/brain processes

STRESS CHAPTER 15

Stressors

Microstressors - daily hassles and annoyances
Catastrophic events - natural disasters, war
Major negative events - victim of major crime/ abuse, loss of loved one, academic failure

Life event scales - gauge the severity of a stressor by measuring intensity, duration, predictability, controllability, chronicity

STRESS RESPONSE

1. **Primary appraisal** appraisal of the demand of the situation
2. **Secondary appraisal** appraisal of resources available to cope with it
3. **Judgements** of what the consequences could be
4. **Appraisal of the personal meaning -** what outcome might imply to us

General Adaptation Syndrome (GAS)

Physiological response pattern to strong & prolonged stressors

Alarm Reaction

- Rapid increase in physiological arousal
- "Fight or flight" response
- Adrenal medulla produces epinephrine
- Adrenal cortex produces **cortisol** *(AKA glucocortisoids)*
  - Effects similar to epinephrine
  - Triggers an increase in blood sugars, suppresses immune system, anti-inflammatory
  - Constant secretion of cortisol causes depression/ anxiety disorder

Resistance

Body is resisting the parasympathetic nervous system that is trying to calm it down as it continues to fight the stressor

Exhaustion

After the stressor, there is an increased vulnerability to disease (or even death). This is why you get sick *after* exams.

STRESS & HEALTH

- Physiological responses don't work for modern age psychological stresses.
- Does physical stress cause emotional distress?
- Is there a third factor? **Neuroticism**: heightened tendency to experience negative emotions and get into negative situations because of it.
- **Psychosomatic disorders** - physical symptoms caused by psychological factors (hypertension)

Anxiety

- Subjective distress
- Physiological activation
- Avoidance/escape behavior towards the perceived cause
- Interference/restriction in daily routine, occupational or social functioning
- Various **anxiety disorders**
  - Panic attack; Panic disorder
  - Phobic disorders
  - OCD
  - PTSD

PTSD

- Caused by specific event: torture, rape, accident, war
- Onset immediate or months later
- Severe anxiety, physiological arousal and distress
- Painful, uncontrollable reliving of the event in flashbacks, dreams and fantasies
- Emotional numbing and avoidance of stimuli associated with the trauma
- Intense "survivor guilt" in instances where others were killed by the individual survived
- Some show self destructive/impulsive behavior - try to self medicate with drugs
  - People with no PTSD show brain activity in the left hemisphere when thinking of a traumatic event
  - People *with* PTSD show activity in the right hemisphere

Treating PTSD

- Remove from the traumatic situation
- Educate survivors and family
- Medication (Zoloft)
- Exposure therapy is common
- Training in coping

Stress and Illness

- Stress increases risk of heart attack, cancer and death after death of a loved one
- Also arthritis, rheumatism, bronchitis, ulcers, earth disease, asthma, migraines
- Stress reduces fat metabolism, increasing artery blockage
- Reduces immune system
- Makes people more likely to behave unhealthily - diabetics don't take medication, people exercise less, take drugs
- Cortisol destroys the hippocampus - important in memory

STRESS PROTECTIVE FACTORS

Social Support

- Ability to rely on and talk to others
- People without social support are more likely to die earlier
- Talking about a traumatic event in a study makes you less likely to visit the campus hospital later in the year
- Makes immune system stronger
- Feel like you're part of something meaningful
- Increases feeling of control over stressors
- Prevents you from coping badly (drugs)

Physiological toughness

A relationship between two classes of hormones secreted by adrenal glands in response to stress.

- **Catecholamines** - epinephrine and NE (boosts immune system)
- **Corticosteroids** - mainly cortisol (damages it)

People with high physiological toughness respond to stress with **low levels of cortisol** and quick strong **jump in catecholamines**. The levels of both hormones quickly returns to baseline after the stressor is dealt with.

Cognitive Protective Factors

Hardiness. Three parts trait:

1. Commitment to work/family
2. Perception of control over situation *(biggest factor)*
3. Viewing the situation as a challenge

In rats, **perception of control** is the difference between getting ulcers from stress and not.

Coping self-efficacy - the conviction that we can cope successfully

Finding meaning in stressful life events - religion can *increase or decrease* stress

Optimism - optimism makes you healthier, increases immune system

Personality Type

- **Type A** - live under great pressure, demanding of themselves and others
- **Type B** - more relaxed and agreeable, far less time urgency

Type A's have 2x risk of heart disease due to aggressive feelings, less social support due to hostility and an increased likelihood of behind in stressful situations.

Problem-focussed coping - confront & deal directly with demands of stressor

Emotion-focussed coping - manage the emotional response *(much worse than problem-focused)*

BEHAVIOR MODIFICATION

Transtheoretical Model

Pre-contemplation - problem unrecognized
Contemplation - problem recognized
Preparation - Preparing to change behavior
Action - implementing change strategy
Maintenance - behavior change maintained
Termination - permanent change; no maintenance required

People move back and forth between stages. It takes many tries to succeed, 3-5 cycles for smokers.

Yo-yo Dieting

Big up-and-down weight fluctuations
- Increase abdominal fat
- Increases risk of cardiovascular disease

Aerobic Exercise

Exercise that elevates the heart rate and increases the body's need for oxygen. Heart beats slowly and efficiently, oxygen is better used.

Moderate exercise is better than extreme exercise *(3 times a week, 20-60 mins),*

Dropping Out Of Exercise

Attitude towards exercise is not a factor.

- Low self efficacy
- Type A Personality
- Inflated estimate of current fitness
- Inactive leisure-time pursuits
- Lack of social support

AIDS

Women are fasting rising infected group (50%). Gay men are only 5-10%.

Counteracting Cultural Attitudes Against Condoms

There are stigmas against condoms in many African countries.

Bandura's social cognitive theory - people learn from those they admire
- Produce highly engaging "entertainment-education" radio dramas to increase awareness and counteract false beliefs (as was done in Tanzania)
- Positive role models with positive consequences
- Negative role models with negative ones
- Transitional models who start out bad and get better
- Viewers of the show reduced sex parters, used condoms more, showed positive attitudes to family planning and desired smaller families

SUBSTANCE ABUSE TREATMENT/PREVENTION

Cognitive behavioral strategies work best.

Motivational Interviewing

Leads people to their own conclusions by asking questions, revealing their discrepancies between self and ideal-self.

Harm Reduction Approaches

- Designed not to eliminate a behavior, but rather to reduce the harmful effects of a behavior when it occurs
- Safe needle clinics, methadone for heroin addicts
- This approach might be better for student drinking because it hard to get them to stop completely

Multimodal Treatment Approaches

Package of multiple approaches:

- Biological (nicotine patches)
- Aversion therapy (pair the drug with shock/nausea)
- Relaxation and stress mgmt (mindfulness meditation)
- Self monitoring procedures
- Coping and social skills to deal with triggers
- Marital and family counseling to reduce conflict, increase social support
- Positive reinforcement to strengthen change

Relapse Prevention

- Dropout rates are a big problem for substance abuse treatment
- Relapses are caused by **lapses** - one time slips due to a high stress situation
- Not enough self-efficacy to resist temptation
- **Abstinence violation effect** - person becomes upset and self-blaming over failure, reduces self efficacy
- Teach people to treat lapses as learning experiences (progress, not perfection)
- Relapse prevention is an important part of successful treatment programs

PSYCHOLOGICAL DISORDERS CHAPTER 16

WHAT IS ABNORMAL?

Distress - to self or others
Dysfunction - for person or society
Deviance - violate social norms

Abnormal behavior - personally distressing, dysfunctional and/or so culturally deviant so that other people judge it to be inappropriate or maladaptive.

MAJOR DIAGNOSTIC CATEGORIES

Anxiety disorders - intense, frequent, inappropriate anxiety but no loss of contact with reality (phobias, panic, OCD, PTSD)

Mood (affective) disorders - marked disturbances in mood (depression, mania)

Somatoform disorders - physical symptoms such as blindness, paralysis or pain with no physical basis, also hypochondriasis

Dissociative disorders - problems of consciousness or self-identification (amnesia, multiple personalities

Schizophrenic and other psychotic disorders - disorders of thinking, perception and emotion - loss of contact with reality

Substance abuse disorders - personal and social problems with psychoactive substances

Sexual and gender identity disorders - sexual dysfunctions, deviant sexual behaviors (molestation, fetishes), desire to be opposite sex

Eating disorders - anorexia and bulimia

Personality disorders - rigid, stable and maladaptive personality patterns (antisocial, dependent, paranoid, narcissistic)

HISTORY OF DISORDERS

- Ancient societies though mental illness was caused by demons
- **Trephination** - drill a hole in the skull to release the spirit
- Mental illness was not always considered mental or illness
- Pythagoras suggests mental disorders are a disease of the mind

Rosenhan - "Sane In Insane Places" Study

- Had people get admitted into metal hospital just by walking up and saying "I'm hearing voices"
- Not a single person realized they were pretending
- Normal behavior was taken as a symptom (writing notes)

Until Mid 70's, there was either...

Neurosis - anxiety, such as a phobia (still in touch with reality)

or

Psychosis - thought disturbance, such as schizophrenia (lost touch with reality)

Vulnerability-stress model (AKA diathesis-stress model) - each of us has some degree of vulnerability for developing a psychological disorder, given sufficient stress

Then, psychologists shifted from classifying by "cause" to classifying by "observable behavior" *(DSM manual).*

ANXIETY DISORDERS

- Onset in young adulthood.
- Most prevalent psychological disorder in North American
- More common in females
- High occurrence: affects 25% of people

Characteristics

- Subjective-emotional distress
- Avoidance-escape behavior
- Interference in daily routine and social functioning

Phobia - strong and irrational fears of certain objects or situations

- They realize they are irrational but can't help it
- Most common: Agoraphobia, social phobias (situations where you may be judged/embarrassed), specific phobias (dogs, elevators)
- Animal fear common in women, heights in men

Generalized Anxiety Disorder - chronic "free-floating" anxiety that is not attached to specific situations or objects

- Expect something bad to happen, don't know what
- Sweating, diarrhea also occurs

Panic Disorder - sudden, unpredictable and intense panic attacks

- No identifiable cause
- May develop agoraphobia because they are afraid of panic attacks happening in public
- Panic disorder is diagnosed when the patient has a fear of future attacks

OCD

- **Obsessions** - repetitive and unwelcome thoughts, images, or impulses *(cognitive)*
- **Compulsions** - repetitive behavioral responses, like cleaning rituals *(behavioral)*
- Doing the compulsions prevents great anxiety and panic attacks
- Patients know the compulsions don't make sense, and wish they could stop
- Occurs in 2% of men and women
- Has a genetic link to Tourette's Syndrome
  - People with this genetic trait will either get Tourette's in childhood or OCD later in life
  - May be due to decreased serotonin activity

Causes of Anxiety Disorders

Biological Factors

- 40% concordance rates for identical twin, only 4% for fraternal twins
- Oversensitive autonomic nervous system
- Too much emotional response neurotransmitters
- Not enough GABA (inhibitory neurotransmitters)
- Overactivity in right hemisphere (PTSD)
- Evolutionary preparedness to fear snakes, dogs

Psychodynamic View

Psychodynamic View - unacceptable impulses threaten to overwhelm the ego's defenses

- In phobias, neurotic anxiety is displaced onto object of symbolic significance (like a snake)
- Obsessions are related to an underlying impulse, compulsions are ways of "undoing" these thoughts
- GAD and panic attacks are when defenses aren't strong enough to contain the anxiety

Learned Response (Behavioral View)

- Classical conditioning - *develop phobia after being bitten by snake*
- Observational learning - *develop fear from watching TV*
- Operant conditioning - avoidance (agoraphobia) and compulsions are negatively reinforced

Cognitive View

- Patients expect the worst and feel powerless to cope
- Social phobics believe they are more likely to embarrass themselves than others, and believe that the consequences are worse
- Panic attacks are triggered by exaggerated misinterpretation of normal anxiety symptoms
- Teaching people that its just anxiety, not a heart attack, makes them much better

Sociocultural - some anxiety disorders are culture specific

- **Koro** - Southeast Asian fear that your penis will retract into stomach and kill you
- **Taijin Kyofushu** - Japanese social phobia of smelling bad, blushing, staring, having improper expression
- **Windigo** - Native American fear of monsters who will turn them into homicidal cannibals
- Anorexia is exclusive to developed countries

EATING DISORDERS

Anorexia Nervosa

- Intense fear of being fat
- 90% female
- View themselves as fat despite being tiny
- Bone loss, heart strain, stops menstruation

Bulimia Nervosa

- Vomiting, laxatives to avoid gaining weight
- Consume thousands of calories during binges
- Normal body weight but gastric problems, teeth erosion
- More prevalent than anorexia

Causes of Eating Disorders

Personality

- **Anorexics:** perfectionists, high standards for self and others. Need for control that stems from their upbringing.
- **Bulimics:** depressed and anxious, low impulse control. Binging triggered by stress.

Physiological

- Anorexics leptin levels rebound faster than their weight, so its hard for them to gain weight
- Bulimics lose taste buds which makes vomiting more tolerable

Cultural Factors

- Objectification of women
- Cultural norms for what beauty is

MOOD DISORDERS

- Disturbance in mood *(known as affect)* rather than in thought
- Emotional highs are called “manias”, and lows are called “depression”
- Have high comorbidity with anxiety disorders (50% of depressed people have an anxiety disorder)

Depression

- What we think of as depression is *unipolar depression*
- Frequency, intensity, and duration of depressive symptoms are out of proportion to the person's life situation. Minor setback causes major depression.
- 16% of americans, 10% of canadians are affected
- **Dysthymia** - a version of depression with less dramatic effects on personal and occupational functioning. More chronic depression - lasts years on end with week intervals of normal mood.

Mood symptoms

- Sadness, hopelessness, misery
- Inability to enjoy even biological pleasures like eating and sex
- Core feature of depression

Cognitive symptoms

- Difficulty concentrating, making decisions
- Low self esteem, expect failure
- Blame themselves, pessimism

Motivational symptoms

- Difficulty starting anything, no drive
- Doesn’t want to get out of bed
- In extreme cases: forced out of bed, clothed, movements slow down, talking extremely slow

Somatic symptoms

- *Moderate/severe cases:* Loss of appetite causes weight loss, fatigue/ weakness
- *Mild cases:* may cause weight gain because of compulsive eating

Suicide

- Happens Every 40 seconds
- More common in Europe than N.A.
- In Canada, male suicide rate have increased since the 50s, female rates stayed about the same
- Men are 3x more likely to kill themselves, women are 3x more likely to attempt
  - Males choose more lethal weapons (guns)
  - And are less likely to cry for help
- Women do it about love, men about work
- Depression (bipolar and unipolar) is a strong predictor (15% of sufferers kill themselves)
- Risk for suicide is **low** while the patient is in the worst stage depression due to extreme apathy
- Suicide risk **increases** as patient comes out of depression
- Risk is highest on weekend leaves from hospital & shortly after discharge
- 80% show warning signs (explicit signs, withdrawal from favorite activities, substance abuse)
- Social support can help, its a misconception that talking to them might make them more likely to kill themselves

Bipolar Disorder

- Bipolar disorder is depression with periods of mania
- About 10 episodes of each state during the course of the patient's life
- Some people switch even faster. They are called **rapid cyclers**, but they are rare.
- **Manic state** - euphoric, grandiose plans, no limits to what can be done
  - Can be extremely productive, irritable if goals are frustrated in any ways
  - Speech is rapid and unstoppable
  - No inhibitions
  - Less sleep due to flurry of activity
  - Unable to sit, jumping from unbounded happiness to intense irritation
  - Mild mania is actually okay, but as it gets more intense its very bad

Ex: Robert, a dentist, wakes up and decides he's the best surgeon ever and wants to turn his 2-chair practice in a 20-chair one. He get's frustrated by remodelers "delays" and smashes a wall by himself. When that's not working, he smashes his equipment saying "this just isn't good enough for me anyways".

Prevalence of Mood Disorders

- 1/5 chance of happening in your life
- No age group is exempt - happens to children as much as adults
- Depression is on the rise in young groups
- People born after 1960 are 10x more likely to experience it than their grandparents
- Women are twice as likely to have unipolar depression, and have it earlier than men
- Depression usually dissipates with time - 5-10 months if left untreated
- 40% of depression never recurs
- 50% recurs after a few years
- 10% never recover
- Manic episodes are far rarer but 90% recur

Causes of Mood Disorders

Biological

- Predisposition to develop depressive disorder is inherited, given certain losses and low social support
- Biological relatives are 8x more likely than adoptive relatives to also suffer from depression
- Extraversion is linked to mania
- **Reserpine** (a hypertension drug) induces depression by depleting **monoamines** *(norepinephrine, dopamine, and serotonin)*
- Theory is that depression is caused by underactivity of monoamines, which are important in reward and pleasure
- Bipolar disorder is much more genetically linked (50% have a relative with it)
  - Overproduction of those same neurotransmitters
  - Mania is caused by internal factors
- Due to a gene disorder in amish population, 63% develop bipolar disorder

Learning and Environmental

- Depression results from decreases in positive reinforcement from environment
- Patients stop doing hobbies and socializing
- Generate additional negative events through mood, pessimism, reduced functioning
- Cause people around them to feel anxious, depressed, which reduces social support
- Behavioral theorists say: break the cycle by doing things that make you somewhat happy
- Children of depressed parents experience poor parenting and stressful experiences (explain why it runs in families)

Psychological Factors

Personality-based vulnerability - Freud believed that early loses/rejections create vulnerability for later depression

- Self loathing due to abandonment, or any significant loss
- Brown and Haris found that women who lost their mom before age 11 were 3x more likely to become depressed because of a recent loss than women who didn't

Humanistic (Seligman) - The "me" generation sets themselves up for depression by putting too much emphasis on individual attainment instead of family, religion, and the common good. They react more strongly to their own failures.

Cognitive processes

- **Depressive cognitive triad** - negative beliefs about **the world, oneself, the future**
- Victimize themselves, believe everything that happens to them is bad and that bad things will keep happening
- Remember their failures, not successes
- Depressed people detect pictures of sad faces at lower exposures, and remember them better
- **Depressive attributional pattern** - bad things are personal, good things are situational (opposite of self-severing bias)

Learned helplessness theory - depression happens when people expect bad events and believe that there is nothing they can to prevent them

- Negative attributions are **personal, stable** and **global**: Its my fault, I'll always be this way, I'm a total loser

Cycle of depression: stressful experiences ➡ negative explanatory style ➡ depressed mood ➡ cognitive and behavioral changes ➡ stressful experiences

- Breaking the negative explanatory style breaks the cycle

Mania is associated with autonomy (individualistic achievement, self-sufficiency), high performance standards and tendency towards self-criticism.

Sociocultural

- Much less depression in collectivist cultures, strong connections to family
- In North American, depression = guilt/personal inadequacy
- In Chinese/African/Latin cultures, depression = fatigue, loss of appetite, sleep problems
- Women are no more likely than men to be depressed in developing countries

SOMATOFORM DISORDERS

- Complaints of physical symptoms that are not physiologically possible.
- Differ from **psychophysiological disorders** - psychological factors cause or contribute to a real medical condition (ulcer, asthma, blood pressure)

Conversion disorder - serious neurological symptoms (blindness, paralysis, sensation loss) suddenly occur

- Strange lack of concern about symptoms
- **Glove anesthesia** - losing sensation only below wrist (this is neurologically impossible)
- Happen after war or traumatic event
- Psychodynamic perspective: ego represses conflict by converting anxiety into physical symptom
- More common in cultures that discourage discussion of emotions and stigmatize psychological disorders

Hypochondriasis - being alarmed about any physical symptom, convinced they have serious illness

Pain disorder - experience intense pain for no reason or out of proportion

DISSOCIATIVE DISORDERS

Psychogenic Amnesia
Person responds to a stressful event with extensive but selective memory loss

Psychogenic Fugue - person loses all sense of personal identity, gives up customary life, wanders to a new faraway location, and establishes a new identity

- Typically ends what person suddenly remembers original identity, mystified

Dissociative Identity Disorder (DID)

- Used to be called "multiple personality"
- Two or more separate personalities coexist in the same person
- Host personality and *alters*
  - Differ in memories, behaviors, age, gender
  - Different eye perceptions, menstrual cycle, handedness, allergies, some have epilepsy
  - May be aware of each other (usually not)

92% female.
Normal educational background.
49% married.
Max 60 identities.
Very high co-morbidity

- 90% depression
- 70% mood swings
- 30% hallucinations
- 60% conversion disorder

Trauma-Dissociation Theory - new personalities occur in response to severe stress, usually in childhood about physical/sexual abuse

- Form of self-hypnosis, dissociate themselves from reality in response to trauma
- DID is not usually discovered until adulthood, because adults assume the personalities are just the kid being a kid
- Patient themselves usually discovers the disorder, curious about memory lapses
- Existence of the disorder is very controversial
  - In the 80's, after it was publicized in books, DID became much more common. Was this due to patient/therapist expectancies?
- It is rare to nonexistent outside North America
- Spanos: "DID is extreme form of roleplaying"
  - But there are distinct brainwave differences between personalities
  - Distinct handedness and visual acuity differences

SCHIZOPHRENIA

- Severe disturbances in thinking, speech, perception, emotion and behavior
- Schizophrenia means split-mind, but it is **not same as DID**.
- The components of the mind (thoughts, speech, perception, emotion) become disconnected. It is a splitting of mental processes.

Schizophrenics make up 1-2% of the population, but most of psychiatric hospital beds.

- Appears earlier in males, affects both men and women.
- 10% permanent, 65% intermittent periods, 20% recover.

Characteristics

- Misinterpret reality: distorted attention, thought or perception
- Withdrawal from social interaction
- Communication is strange and inappropriate
  - Language contains words based on rhymes or other associations, not meaning
- Personal grooming neglected
- Behavior disorganized
- **Delusions** - false beliefs sustained in face of opposing evidence
  - Delusions or ***persecution*** (out to get me) or delusions of ***grandeur*** (extreme importance)
- **Hallucinations** - false perceptions of reality (auditory mostly, also visual or tactile)
- Emotions can be lessened, absent or inappropriate (laughs at sad things, angry at justice)
- Breakdown in logical thinking
  - **Paralogic** - California has water and sand so its the promised land
  - **Overinclusion** - a "fruitful year" means pears and apples

Types of Schizophrenia

Paranoid type - delusions of persecution and grandeur. Suspicion, anxiety, anger and hallucinations may occur.

Disorganized type - confusion and incoherence, severe deterioration of adaptive behavior. Childlike/silly behavior. Unable to function on their own.

- Incoherent speech
- Odd affect (emotions)
- Delusions, hallucinations

Catatonic type - motor disturbances: muscle rigidity or random/repetitive movements.

- Alternate between **stuporous states** - oblivious to reality, can be molded and stay that way for hours
- And **agitated excitement** - can be dangerous to others

Undifferentiated type - some symptoms of the above but not enough of each specific category

Type-I
Positive symptoms: delusions, hallucinations, disordered speech/thoughts.

Type-II
Negative symptoms: lack of emotion, loss of motivation, absence of normal speech.

- Two types have different kinds of brain functions
- Type-II have history of poor functioning and poor outcome of treatment
- Type-I have good history before breakdown, good prognosis after treatment

Causes of Schizophrenia

Biological

- Strong evidence of genetic predisposition
- Schizophrenics have problems with DISC 1, a protein that guides new neural connections
- Brain atrophy in regions for cognitive processes and emotion
  - Abnormalities in the thalamus, which routes sensory input
  - Structural differences are more common in Type-II (which is why they are less likely to recover)
  - Brain structure damage to parietal lobe can be detected before schizophrenia's onset (age 13)
- **Dopamine hypothesis** - positive symptoms are produced by an overactivity of dopamine in motivation, emotion and cognitive function areas
  - Drugs that reduce dopamine are effective
  - Drugs that stimulate dopamine can induce hallucinations and delusions

Psychological

- **Freud:** schizophrenia is extreme regression (going back to more secure stage)
  - No evidence, but the life stress idea is widely accepted
- **Cognitive:** defect in attention mechanism, overwhelmed by internal/external stimuli
  - Stimulus overload produces distractibility, thought disorganization
  - Thalamus or frontal lobe problems may explain this
  - Prefrontal cortex (distinguishes reality from fantasy) doesn't work

Sociocultural

- Highest rates in low socioeconomic populations
- Concentrated in city centers
- **Social causation hypothesis** - higher rates of schizophrenia in poor areas due to the higher stress that low income causes
- **Social drift hypothesis** - schizophrenia causes lower occupational functioning, so schizophrenic people move to low-cost urban housing populations
  - Likely both are a factor
- Schizophrenia occurs equally in all cultures
- Likelihood of recovery is greater in developing countries, maybe due to stronger community orientation and social support

Environmental

- Stressful life events play an important role
- Have much higher emotional reactivity to stressful events
- Schizophrenic adoptive parents no more likely to have schizophrenic kids
- Children as young as 2 show odd movements, emotions. This may cause negative reactions from others, only making the problem worse.
- More likely to relapse if returning to home that is high in **expressed emotion**
  - High levels of criticism (all you do is watch TV) , hostility (we're sick of your craziness), overinvolvement (you're not going out unless I'm with you)
  - This isn't causal: if you start developing symptoms, it makes your parents react negatively

PERSONALITY DISORDERS

Antisocial - irresponsible and antisocial, impulsive needs, lack of empathy, highly manipulative, no conscience

Histrionic - dramatic, attention seeking, promiscuous, highly impressionable, out of touch with negative feelings

Narcissistic - grandiose fantasies, lack of empathy, need for admiration from others, proud self-display

Borderline - severe instability of self- image, relationships, emotions. Extreme love and hate of same person. Manipulative and suicidal.

Avoidant - extreme social discomfort, fear of being negatively evaluated

Dependent - extreme submissive and dependent behavior, fear of separation

Obsessive-compulsive - perfectionism, orderliness, inflexibility

Schizoid - indifferent to social relationships, restricted range of emotions

Schizotypal - odd thoughts, appearance, behavior. Discomfort in social situations.

Paranoid - unwarranted tendency to interpret behavior as threatening

Antisocial Personality Disorder

- Selfishness, callousness and interpersonal manipulation
- Impulsivity, instability and social deviance
- Very charismatic and manipulative
- Do not respond to punishment

Causes

- ***Biological*** - amygdala or prefrontal cortex dysfunction causes lower heart rates under stress
- ***Psychological/environmental*** - lack of conscience (no superego)
  - Don't think about long term consequences, low impulse control
  - Exposure to aggressive parents, deviant peers
  - Respond less to fear conditioning (due to amygdala)

Borderline Personality Disorder

- Instability of behavior, emotion, identity and relationships
- Emotional dysregulation
- Chronic extreme anger, loneliness, emptiness
- Self-destructive/impulsive behavior - running away, promiscuity, binge eating, drug abuse, self mutilation
- Very hard to treat because of anger, dependency and attempts to control therapists with suicide threats
- Very likely to commit suicide

Causes

- Chaotic personal histories: sexual/physical abuse, parenting problems
- Their behavior causes more rejection from others, which makes things worse
- **Splitting** - failure to integrate positive and negative aspects of another person's behavior into a coherent whole (results in chaotic shifts from hatred to intense love)
- **Biological**: problem with neurotransmitter system that regulates emotion
- More common in societies that are unstable and rapidly changing

CHILDHOOD DISORDERS

ADHD

- 7-10% of children, most common childhood disorder
- More likely in boys
- Boys act aggressive, girls act inattentive
- May be over-diagnosed
- Patients do not necessarily grow out of it
- Likely biological

Autistic Disorder

- Extreme unresponsiveness to others
- Poor communication
- Repetitive and rigid behavior patterns

TREATMENT CHAPTER 17

PSYCHOTHERAPY

- 200 different forms
- Therapy through psychological techniques, not drugs
- Most therapists are **eclectic therapists** - use all different kinds of therapies
- "Psychologist" is a protected term. To call yourself one you must be licensed. Usually have PhD or Masters.
- Therapist, counselor, psychotherapist and hypnotist are **not** protected terms, so anyone can call themselves these.

PSYCHODYNAMIC THERAPY

Psychoanalysis

- Goal: achieve **insight**: conscious awareness of underlying problems
- **Free association** - sit behind client and tell them to say anything
- **Dream interpretation** - the "royal road to unconscious"
- **Resistance** - defensive mechanism against therapy, sign of a sensitive topic
  - Patient becomes angry, avoids topic, misses appointments
  - Analyzed to promote insight and prevent therapy dropping
- **Transference** - client responds irrationally to the analyst as if they were an important figure from client's past
  - Can be positive (love, dependency) or negative (hate, anger)
  - Very important part of therapy
- **Interpretation** - provide client with insight into their behavior
  - Interpretations should be near the surface of awareness
  - Deep interpretations are bad, cannot be informative
  - Client must eventually arrive at the insight themselves
- Psychoanalysis works better for anxiety than schizophrenia
- Better for younger people than older

Brief Psychodynamic Therapy

- Classic psychoanalysis therapy takes years, but studies show most improvements happen within 10 sessions. So a briefer version was developed.
- Clients face the therapist directly, meet less often
- Focus on life problems rather than rebuilding personality
- **Inter-personal therapy**
  - 15-20 sessions max
  - Focus on marital conflict, loss, or social skills - find solutions to these problems
  - Effective therapy for depression

HUMANISTIC THERAPY

- Focus on future and present, rather than past
- We need to find out what is preventing you from realizing full potential

Client-Centered Therapy (AKA Person-Centered) - *Carl Rogers*

- Relationship develops between client and therapist to foster self-exploration
- A Rogerian refers to the person as client, not patient
- Therapist attributes:
  - **Unconditional positive regard** - trust, acceptance, non-judgement
  - **Empathy** - willing to view the world through their eyes, "reflecting" (repeating) what they say
  - **Genuineness** - therapist expresses honest feelings, positive or negative
- Job is not to interpret your life, it is to let you talk
- Pioneered filming of sessions

Gestalt Therapy - *Perls*

- Patient is ignoring the background - important feelings, wishes thoughts that are blocked
- Bring them into awareness, get in touch with inner self
- Often done in groups
- Much more confrontational than client-centered therapy
- Often involves role playing
  - **Empty-chair technique** - imagine mom sitting in chair and talk to her (playing both roles)
- Perls was much less scientific than Rogers, didn't test his therapy
  - Others tested empty-chair technique and its quite successful

COGNITIVE THERAPY

- Concerned with present rather than past
- Very directive, tell you exactly what is wrong and what to do about it

Ellis' Rational-Emotive Therapy

- People make unrealistic demands on themselves
- Ellis disputes that events cause emotions
  - Ex. You feel bad because you got rejected. The real reason you feel bad is that you believe everyone must love you to be worth something.
  - Must replace this irrational belief with a rational one *(would have been nice to date her but I don't need to turn it into a catastrophe*).
- Fear is the result of you thinking illogical thoughts to yourself
- Therapy seeks to identify your irrational thought patterns, and help you change the underlying belief system
- Assigns homework a lot

ABCD Model

- **A**ctivating event
- **B**elief system
- **C**onsequences of that appraisal
- **D**isputing the erroneous belief system

Beck's Cognitive Therapy
- Treated depressed patients very effectively (97% improvements, 75% non-recurrence)
- Helps them realize that their thoughts, not their situation makes them depressed

Meichenbaum's Self-Instructional Training - treats stress and coping

BEHAVIOR THERAPY

Classical Conditioning Treatments

Exposure - assumes phobias are learned
- **Flooding** (actual exposure) or **implosion therapy** (imagined exposure) to disassociate the CS with the UCS
- Very effective for PTSD and phobias like agoraphobia

Aversion Therapy - pair an unwanted behavior (drinking, pedophilia) with a bad USC (nausea, shock)
- Often fails to generalize to the real word
- Works best when paired with other treatments

Systematic desensitization - use counterconditioning to make the patient associate the CS with relaxation instead of fear
- Use a stimulus hierarchy starting at low anxiety scenes and moving up to higher ones
- Can also be real life scenes (**in vivo desensitization**)
- Both methods are highly effective
- Systematic desensitization causes less anxiety for the patient but works slower than exposure

Operant Conditioning Treatments *(Behavior Modification)*

- Use positive/negative reinforcement or punishment
- Works well for schizophrenics, disturbed children, mental retardation

Positive Reinforcement
- Long term hospitalization results in loss of social, personal-care and job skills amongst hospitalized schizophrenics
- Use a **token economy** to reinforce these

Punishment
- Not the preferred method, only used if there are no alternatives and if the behavior is bad enough to justify it
- Used for self destructive behaviors of autistic children
- Always requires consent of client or guardian

Modeling and Social Skills Training

- Using modeling to teach social skills and resisting peer pressure
- Increases self efficacy (if she can do it, so can I)

THIRD WAVE COGNITIVE THERAPIES

Mindfulness Based Treatments

- Mindfulness is mental state of awareness, focus, openness and acceptive of experience
- Learn a meditation technique to focus on your sensations, thoughts and feelings and overcome them without struggle
- Used for stress, depression, drug relapse prevention

Acceptance and Commitment Therapy

- **Acceptance**: teach people to just notice and accept their thoughts and feelings, even if they are bad
- **Commitment**: examine one's life and set goals for what is important, committing to achieve them

Dialectical Behavior Therapy

- Used to treat **Borderline Personality Disorder**
- Package of cognitive, behavioral, psychodynamic and humanist therapies
- Goal is to be able to calmly recognize situations, thoughts and their impacts rather than being overwhelmed by them
- Very effective in controlling self destructive behavior

CULTURAL AND GENDER ISSUES

- Psychotherapy used much less often by minorities, and they drop out of treatment more
  - Cultural norm against asking other cultures for help
  - Language barrier
  - Less access due to unemployment
  - Therapists have little familiarity with other cultures

Solutions to Cultural Barriers

- Establishing mental health agencies in minority population areas helps
- Need therapists with **cultural competence**
  - Understand patient better
  - Don't stereotype them
  - Use culture specific aspects for therapy
- Doesn't matter if therapist is same culture as patient, matters if therapist has been given ethnic training

Why do women have more mental health problems?

- Poverty
- Lack of opportunity due to sexism
- Multiple roles (mother, worker, spouse)
- Violence and abuse
- Women do not necessarily need to be treated by women. The therapist just needs to have sensitivity to gender issues.

EVALUATING PSYCHOTHERAPY

- Psychoanalysts believe recovery would not happen without therapy
- Eysenck theorized that spontaneous remission was as high as success rates of psychodynamic therapy
  - If true, this would be a big deal. It means psychotherapy is totally useless.
  - He was being pessimistic and was later disproved by Smith and Glass who showed that 70% of therapy groups had better outcome than control group

Dodo bird verdict - all therapies appear to be equally effective

Factors That Influence Outcome

Techniques

- Timing of interpretations
- Specific techniques used
- **Dose-response effect** - relationship between amount of treatment and outcome

Quality of Relationship

- Empathy
- Genuineness
- Experience

Client Variables

- Openness to therapy
- **Self-relatedness** - ability to understand self
- **Nature of problem** - does it fit the therapy

Common Factors of All Types of Therapy

- Faith in therapist
- Alternative way of looking at their problem
- Insight into self
- Protective setting, supportive relationship
- Opportunity to practice new behaviors
- Increased optimism and self-efficacy
- Emotional defusing - reduce fear
- Interpersonal learning - play it out with therapist

BIOLOGICAL/SOMATIC TREATMENT

Drug Therapies

Anti-Anxiety Drugs - reduce anxiety without disturbing alertness

- Tranquilizers, Xanax, Valium
- Prone to dependency
- Symptoms return after drugs stop being taken
- BuSpar is slow acting, causes less fatigue, and is less prone to abuse. It works by enhancing GABA.
- Should not used chronically and should include other therapy.

Anti-Mania Drugs

- **Lithium** Carbonate
- For bipolar disorder: eliminate manic phase and depression does not return
- Correct dosage is critical
- Seems effective but some patients report that they miss the initial "high" of mania. Some stop taking it so they can get it back.
- Need talking therapy too for complete effectiveness.

Antidepressant Drugs

- Relapse is more likely for drugs alone than drugs with therapy

Tricyclics

- Prevent reuptake of norepinephrine and serotonin
- **Clomipramine** - a tricyclic used for OCD, depression

Monoamine Oxidase (MAO) Inhibiters

- More severe side effects than tricyclics
- Need daily use, special diet, 4 weeks for effectiveness

Selective serotonin reuptake inhibitors (SSRIs)

- Milder side effects, more effective that other options
- Seen as a wonder-drug

Antipsychotic Drugs

- Called "major tranquilizers"
- Work by decreasing dopamine
- Reduce positive symptoms of schizophrenia, not negative ones
- Quick relapse if patient stops taking them
- Main one is Thorazine, doesn't work for everyone
- Risk of causing **tardive dyskinesia**
  - Uncontrollable movements of face and tongue
  - Limbs may flail
  - Irreversible, may be even worse than the initial problem
  - 20% of Thorazine users develop it
- **Clozaril** is an alternative that doesn't cause duskiness and reduces both positive and negative symptoms
  - Causes fatal blood disease in 1-2% of people

Electroconvulsive Therapy (ECT)

- Someone noticed that schizophrenia and epilepsy never happen together. Came up with the crazy idea of inducing seizures to treat schizophrenia.
- Less than 1 second electrical current is applied to the head
- Wild firing of neurons results in seizure and convulsions
  - Tranquilizers are given to the patient to eliminate convulsions
- Current only given to right hemisphere to cause less damage to verbal memory

Turns out its **not useful for anxiety disorders, or schizophrenia**

- **Does work for depression**, especially if there is a risk of suicide
- Safety concerns - can cause brain damage, relapse very likely
- Approved by the APA for use in cases of major depression that doesn't respond to drugs
- 2.5% of depression patients receive this treatment
- May somehow increase monoamines, but scientists aren't sure exactly why it works

Psychosurgery

- Remove brain tissue to change disordered behavior, in absence of obvious organic damage
- Used to be done very often, but stopped due to safety concerns and increased availability of drugs

Cingulotomy - still done today, surgeon cuts a bundle near the corpus callosum *(cingulum bundle)*

- Treats depression and OCD (used as a last resort)
- Can cause seizures, but few side effects usually
- Irreversible

DISORDERS AND SOCIETY

- First there was a push to put everyone in asylums
- Then there was a **deinstitutionalization** movement to transfer focus of treatment from mental institutions to the community as a whole
- Goal was to cause less disruption to the lives of the patients
- But if community is unprepared, **revolving door phenomenon** occurs, resulting in repeated hospitalizations and homelessness for mental health patients
- Prevention programs are difficult to justify because it's hard to tell when they are working. May takes years for them to work.

Situation focussed prevention - reduce environmental causes of disorders and enhance the factors that prevent them

- Reduce unemployment, discrimination, poverty
- Increase education, family functioning, sense of connection to community

Competency focussed prevention - increase personal resources and coping skills

- Increase stress resistance, social and vocational competencies, self esteem
- *Ex.* US Army Battlemind program prevents PTSD, sleep probs, depression

YOU MADE IT!

HOW WAS IT? GREAT? GREATEST?
TALK TO US AT HELLO@WUCKEXAMS.COM