CLINICAL PSYCHOLOGY

AP® EXAM WEIGHTING

12–16%

ESSENTIAL QUESTIONS

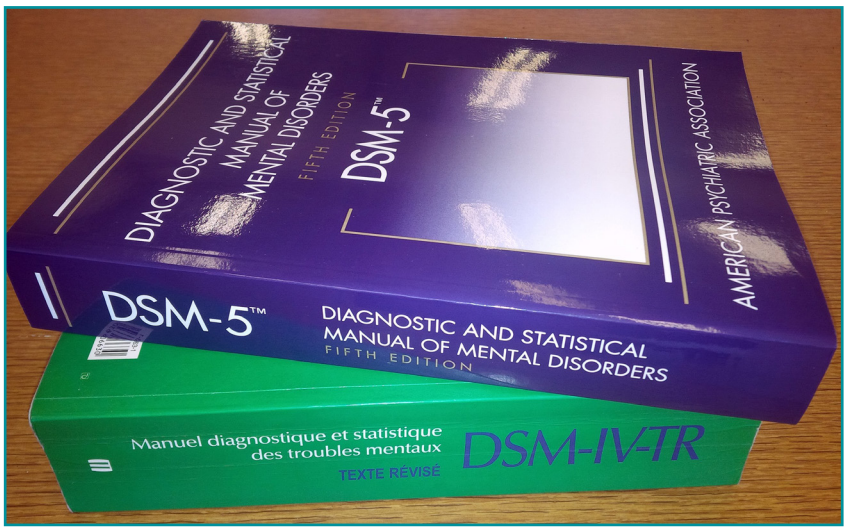
1. Why is psychological perspective necessary in the treatment of disorders?
2. How are psychological disorders treated?

KEY VOCABULARY CONCEPTS

- Neurodevelopmental
- Flat effect
- Psychotherapy
- Psychologist
- Psychoanalysis
- Psychodynamic therapy
- Counterconditioning
- Etiology
- Evidence-based practice
- Manifest content
- Psychotic disorders
- Tardive dyskinesia
- Biomedical therapy
- Psychiatrist
- Transference
- Active listening
- Systematic desensitization
- Meta-analysis
- Psychopharmacology
- Latent content

AS YOU REVIEW THIS UNIT...

Please keep in mind that each section in this unit has an extensive volume of information, thus each is listed categorically. Please take time to review each disorder, key symptoms, and treatments. This unit has more weight on the exam than any of the other eight. Review categories of disorders, disorders included in each, and effective treatment options.



INTRODUCTION TO PSYCHOLOGICAL DISORDERS

Learning Targets

1. Recognize the use of the most recent version of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* published by the APA as the primary reference for making diagnostic judgements.

Review each axis, concentrating on how various diagnoses are determined based upon the varying criteria.

2. Describe contemporary and historical conceptions of what constitutes psychological disorders.

Diagnosis and appropriate treatments have positively impacted effectiveness compared with early treatment options.

Review early procedures and treatments.

3. Discuss the intersection between psychology and the legal system.

Review the importance and legal guidelines regarding confidentiality and the insanity defense.

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PSYCHOLOGICAL PERSPECTIVES & ETIOLOGY OF DISORDERS

Learning Targets

1. Evaluate the strengths and limitations of various approaches to explaining psychological disorders.

The main approaches include **behavioral**, **biological**, **biopsychosocial**, **cognitive**, **evolutionary**, **humanistic**, **psychodynamic** and **sociocultural**. A good review tool is to define each, list the key figures, discuss how each explains the origin of a disorder, and identify the best treatment option.

2. Identify the positive and negative consequences of diagnostic labels.

Review the **Rosenhan study**, an experiment conducted to investigate the validity of psychiatric diagnoses. The research participants faked hallucinations and were admitted to psychiatric facilities, where they then acted normal, yet they were diagnosed with psychological disorders and prescribed psychotropic medication.

BIPOLAR, DEPRESSIVE, ANXIETY, AND OBSESSIVE-COMPULSIVE AND RELATED DISORDERS

Learning Target

- Discuss the major diagnostic categories, including **anxiety disorders** (hypervigilance, restlessness, racing thoughts, fear), **bipolar** and related disorders (mood swings, risk-taking, mania), **depressive disorders** (apathy, hopelessness, sadness), **obsessive-compulsive** and related disorders (agitation, repetitiveness, hypervigilance), and their corresponding symptoms.

The key here, and when discussing any disorder, is to explain behavior in "authentic context." How can you tie this to real life?

NEURODEVELOPMENTAL AND SCHIZOPHRENIC SPECTRUM DISORDERS

Learning Target

- Discuss the major diagnostic categories, including **neurodevelopment disorders** (language/speech difficulties, poor motor skills, behavior and learning delays), **neurocognitive disorders** (lessened mental function due to medical rather than psychiatric issues), **schizophrenia spectrum** (thoughts and experiences beyond reality), and other **psychotic disorders** (delusions, hallucinations, unaware of behavior), and their corresponding symptoms.

It is always a good idea to chart which disorders fall under each of these divisions.

FEEDING AND EATING, SUBSTANCE AND ADDICTIVE, AND PERSONALITY DISORDERS

Learning Target

- Discuss the major diagnostic categories, including feeding and eating disorders, personality disorders, and their corresponding symptoms.

Feeding disorders: Typically involve infants and children. This presents as a refusal to accept or swallow food, tantrums at meal time, choking or gagging when eating.

Eating disorders

Anorexia: Low body weight, yet feels overweight, denies hunger, obsessed with food nutrients, especially calories.

Bulimia: Weight fluctuates, hoarding food, possible purging.

Personality disorders: Can lead to maladaptive thoughts and behavior. Can be related to genetics, brain changes, trauma, culture.

Signs: Unsure of their own identity, struggle forming relationships, often unaware that their traits are beyond the norm.

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EVALUATING STRENGTHS, WEAKNESSES, AND EMPIRICAL SUPPORT FOR TREATMENT OF DISORDERS

Learning Target

- Compare and contrast different treatment methods.

Individual: Clinician assists a single patient.

Group: Clinician assists multiple patients; may also include family therapy.

Rational-emotive method: Identify self-defeating thoughts, and realize the irrationality of those feelings.

Psychoanalytic/psychodynamic: Exploring the client's unconsciousness to reduce distress.

Client-centered: Also known as person-centered or humanistic. Developed by Carl Rogers. The goal is the client reaching self-actualization.

Cognitive method: Emphasizes how the patient thinks. By changing our thoughts, we can change what we do.

Behavioral method: Very broad spectrum of approaches, but this therapy concentrates on what behaviors are occurring and how to change them, with an objectively measurable method.

Sociocultural method: Evaluates your behaviors and symptoms, factoring in your culture and/or religious beliefs.

Biopsychosocial method: The BPS model suggests that significant interaction among the three disciplines affect distress.

Cognitive-behavioral method: Focuses on improving emotions, coping strategies, and equalizing emotions.

TRAUMA- AND STRESSOR-RELATED, DISSOCIATIVE, AND SOMATIC SYMPTOM AND RELATED DISORDERS

Learning Target

- Discuss the major diagnostic categories, including dissociative disorders, somatic symptom and related disorders, and trauma- and stressor-related disorders and their corresponding symptoms.

Dissociative: Can include memory loss of various time periods, people, and information. Self-detachment, inability to deal with stress. Review **dissociative amnesia**, **dissociative identity disorder**, and **depersonalization-derealization disorder**.

Somatic symptoms: Serious focus on pain, weakness, or breathing that causes significant emotional distress and that may lead to seeking repeated medical care. May lose employment and/or relationships due to a central focus on potential health issues.

Trauma/stress-related: Involves emotions and behavioral issues from traumatic and stressful experiences, perhaps even from childhood. Violence, abuse, and neglect can contribute.

Again, remember each of these are *generalized* categories. Review each of the specific disorders for each category.

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INTRODUCTION TO TREATMENT OF PSYCHOLOGICAL DISORDERS

Learning Targets

1. Describe the central characteristics of psychotherapeutic intervention.

Individualized, involves patient goals, life issues. Factors in psychological, social, and biological information to make the best treatment choices.

2. Identify the contributions of major figures in psychological treatment.

Review the contributions of each of the following figures in psychological treatment:

Aaron Beck: Father of cognitive therapy. (Now often listed as cognitive behavioral therapy.) Focuses on reversing maladaptive thought. Created the Beck Depression Inventory.

Albert Ellis: Rational Emotive Behavioral Therapy. Helped patients understand that their thinking leads to their feelings and actions.

Sigmund Freud: Developed psychoanalysis with talk therapy, utilizing transference, free association, and dream interpretation.

Mary Cover Jones: Developed and tested techniques to rid children of phobias.

Often referred to as "the mother of behavior therapy." Concentrated on early behavior patterns in young children.

Carl Rogers: One of the founders of humanistic psychology. Developed person-centered therapy and the concept of unconditional positive regard.

B.F. Skinner: Behaviorist. Free will is false. Believed everything that human beings did was a result of conditioning.

Joseph Wolpe: Developed psychological evaluation: **Subjective Units of Disturbance Scale** (assesses subjective levels of psychological pain), **Subjective Anxiety Scale**, and the **Fear Survey Plan**. Strong proponent of exposure therapy.

TREATMENT OF DISORDERS FROM THE BIOLOGICAL PERSPECTIVE

Learning Target

- Summarize the effectiveness of specific treatments used to address specific problems from a biological perspective.

Review treatments that might alter physiological functioning, including drug therapies, psychosurgery, and electroconvulsive therapy.

Psychosurgery: Removing or destruction of nerve pathways in order to influence behavior.

Electroconvulsive therapy (ECT): A brief electrical stimulation of the brain with the patient under anesthesia.

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PSYCHOLOGICAL PERSPECTIVES AND TREATMENT OF DISORDERS

Learning Targets

1. Describe major treatment orientations used in therapy, and how those orientations influence therapeutic planning.

Review the following treatment orientations: behavioral, cognitive, humanistic, psychodynamic, cognitive-behavioral, sociocultural.

Humanistic: Holistic approach that pursues self-discovery and achieving one's full potential. Also known as client-centered therapy.

(The treatment orientations are addressed on the previous page.)

2. Summarize the effectiveness of specific treatments used to address specific problems.

Review the effectiveness of treatment options such as:

- Psychotherapy (individual and group)
- Various therapeutic approaches
- Psychiatry vs. psychological approaches
- Psychopharmacological choices
- Inpatient vs. outpatient
- Community mental health assistance

Review how each of the above options is most traditionally implemented. For example, inpatient treatment is typically chosen if the patient is viewed as a danger to themselves or others.

3. Discuss how cultural and ethnic context influence choice and success of treatment (e.g., factors that lead to premature termination of treatment).

These factors may include:

- Religious constraints/disapproval.
- Cultural influence/stigma
- Lack of health insurance, or mental health coverage not offered beyond traditional physical health
- Lack of nearby treatment options
- Fearing or distrust of treatment, paranoia
- Substance abuse
- Marital status (divorced are less likely to seek treatment)
- Lack of access to a site with fee reduction (sliding scale)
- Dissatisfied with treatment approach
- Dissatisfied with therapist, personality conflict
- Feel they have recovered
- Therapist turnover

4. Describe prevention strategies that build resilience and promote competence.

Typically teach protection behaviors that promote self-wellness. These may include parenting skills, social skills training, self-regulation, and mentoring programs. Tactics may include discussions, role-plays, and homework. Mostly all are aimed at psycho-educative goals.

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