

Clinical Psychology  
Review Notes

- ◆ Rapport: is established with communication
- ◆ Empathy: you seem overwhelmed today
- ◆ Ask open ended questions, avoid closed ended questions
- ◆ Listening involves hearing: nonverbal and verbal messages
- ◆ To show empathy; make a reflective comment about the pt's feelings
- ◆ Make reflective comments – show emotion in your response
- ◆ When pt's talk, they do so in terms of emotions
- ◆ Diversity includes: race, culture, sex, perspective, talent, age or religion
- ◆ Sigmund Freud is considered the founder of talk therapy or psychotherapy
- ◆ Denial: is a defense mechanism that attempts to refuse reality
- ◆ Freud's view of self: Id, Ego, Superego
- ◆ Jung's view of self: ego, persona, collective unconscious, anima, animus
- ◆ Erik Erikson's 8 stages of Development begins with birth to age 1, Trust vs Mistrust
- ◆ Maslow's hierarchy of Needs
- ◆ Classical Conditioning and Operant Conditioning
- ◆ Humanistic Theory belief: humans are driven to self actualization
- ◆ William Glasser: Reality Therapy
- ◆ Transactional Analysis says self or personality is composed of: Parent , Adult and Child ego states
- ◆ 4 basic styles of communication: passive, aggressive, passive aggressive, assertive
- ◆ Wilhelm Reich was the first to use the term "body language".
- ◆ Biological Model believes: behavior is regulated by the brain and body function
- ◆ Alexander Lowen: Bioenergetic Analysis
- ◆ Fritz Perls: Gestalt Therapy
- ◆ Intergrative Psychology: usually a blend of eastern and western psychology, medicine
- ◆ Avoidance: as a result of conditioning, people often avoid the situations they are afraid of.
- ◆ Avoidance: exposed again = even worse
- ◆ Matching: (7 questions)

BIPOLAR	MAJOR DEPRESSION
Spending	Depression
Delusions of grandeur	Mare health problems
Decreased sleep	Delusions of guilt
Hyperactivity	
Increase genetic transmission	

- ◆ Symptoms of bipolar disorder – Manic phase: excessively good mood – euphoria and distractibility
- ◆ Symptoms of bipolar disorder – Depressed phase: feelings of sadness, emptiness, irritability, hopelessness, worthlessness, inappropriate guilt, difficulty concentrating, thoughts of death or suicide, indecisiveness, hallucinations or delusions
- ◆ Symptoms of Depressed phase – Vegetative signs: loss of interest in or pleasure from activities
- ◆ Drugs that may cause Manic symptoms: methamphetamines, cocaine
- ◆ Health conditions that can cause Manic symptoms: Hyperthyroidism (mania or depression)
- ◆ Treatment of Bipolar Disorder: Mood stabilizers – lithium
- ◆ Efficacy of Treatment: 90% respond to treatment – for life
- ◆ Cyclothymic Disorder is less severe than Bipolar Disorder
- ◆ Dysthymia is less severe than Major Depression
- ◆ Unique symptoms of depression in the Elderly: feelings of uselessness
- ◆ Unique symptoms of depression in Children: change in school performance
- ◆ Unique symptoms of depression in Adolescents: restlessness
- ◆ Physical illnesses that can cause depressive symptoms: hypothyroidism
- ◆ Psychotherapy: cognitive-behavioral
- ◆ Common reversible causes of cognitive decline: hypothermia (60-69°)
- ◆ Symptoms often look like dementia but **are reversible** with treatment

◆ Differentiating depression and dementia

DEPRESSION	DEMENTIA
Sudden onset	Gradual onset
Vegetative signs	No vegetative signs
Pt. complains of cognitive deficits	Pt. conceals cognitive deficits
Pt. will answer “I don’t know”	Pt. give near-miss answers or will answer questions correctly or incorrectly
Recent and remote memory equally poor	Recent memory worse than remote
Sundowning rare	Sundowning common
	Confuses past and present
	Incontinent

- ◆ Common factors in suicide: panic attacks
- ◆ Sad person’s scale to assess lethality: (Male ♂= 68 yo increase ↑ suicide)
  - S – sex (M)
  - A – age (<19, >45)
  - D – depression
  - P – previous attempt
  - E – ethanol abuse
  - R – rational thinking loss

- S – lack social supports
- O – organized plan
- N – no spouse
- S – sickness

TOTAL POINTS	PROPOSED ACTION
0 – 2	Send home w/follow up
3 – 4	Close follow up
5 – 6	Strongly consider hospitalization
7 – 10	Hospitalize or commit

(Last 2, 5-6 and 7-10, treat w/psychotherapy alone, unless hallucinations)

- ◆ Panic Disorder: repeated panic attacks – occur at rest
- ◆ Panic Disorder: physical symptoms – heart palpitations
- ◆ Specific Phobia: avoid, see it again, leads to increase fear
- ◆ Phobias: etiology – 2 factor theory: Classical conditioning (fear paired with neutral stimulus) and Operant conditioning (avoidance of object means one cannot extinguish the fear)
- ◆ Obsessive Compulsive Disorder
  - Obsession: reoccurring, intrusive thought or image that seems senseless or unpleasant (often violent, guilt-provoking, or fear inducing)
  - Compulsion: activity designed to reduce anxiety that the person feels compelled to repeat with no conscious desire to do so.
- ◆ Most common compulsion: cleaning-washing (85% of patients will have at some time during illness) (hand washing)
- ◆ Symptoms of OCD: at least 6 months of – excessive worry and anxiety
- ◆ Post Traumatic Stress Disorder (PTSD): occurs after event in which; actual or threatened injury to self or others; or person felt fear, helplessness, horror
- ◆ PTSD: other common complications – survivor guilt (flood)
- ◆ Factors which increase risk of PTSD: post trauma numbing, drug use post trauma, human made (versus natural) disasters, severity of trauma, few social supports after trauma
- ◆ PTSD Treatments: Individual psychotherapy, Group psychotherapy, Medications (use sparingly)(antidepressant, anti-anxiety, sleep)
- ◆ PTSD Goals of treatment: put traumatic event into perspective
- ◆ Acute Stress Disorder and Adjustment Disorder is less severe than PTSD
- ◆ Depersonalization Disorder: Perception of experience is disturbed; forcing memories of trauma works against patients defense mechanism
- ◆ Dissociative Amnesia: m/c dissociative disorder associated w/indifference
- ◆ Dissociative Amnesia:
  - ◆ (T) Sudden memory loss as a protection
  - ◆ (T) Occurs after trauma
- ◆ Dissociative Amnesia: Features – memories lost are episodic (autobiographical)(forgot details about self)

- ◆ Dissociative Fugue: Physical and mental “flight”; Person may move and take on new identity, forgetting old identity and being unaware they have forgotten anything; Pt. will function normally and report no distress; May last days or months
- ◆ Dissociative Identity Disorder: Coexistence of 2 or more distinct personalities in the same individual
- ◆ Dissociative Identity Disorder: Features (1 personality is uppermost, quick change 1 transition from 1 personality to another)
- ◆ Dissociative Identity Disorder:
  - ◆ (T) Amnesia for other personalities by core personality
  - ◆ (T) Other personalities may have differing levels of awareness
  - ◆ (T) Personalities distinct and often opposites
- ◆ Schizophrenia: is a thought disorder
- ◆ Schizophrenia symptoms can include: impaired reality testing, Delusions, Hallucinations, Disordered Behavior, Thought Disturbance, Disorganized Behavior
- ◆ Schizophrenia Subtypes: Paranoid, Disorganized, Catatonic, Undifferentiated, Residual
- ◆ Diathesis Stress Model: Vulnerability + Stress = Illness
- ◆ Antipsychotic Medications: Does not cure the disorder, function to stabilize
  
- ◆ Somatoform Disorder: Psychological conflicts that take on a physical form
- ◆ Common Conversion Disorder disabilities: Paralysis, Blindness, Mutism, Deafness, Seizures
- ◆ Body Dysmorphic Disorder: Pervasive belief that a body part is misshapen or malformed
- ◆ Treatment for many somatoform disorders include: Consolidation of care under a single supportive doctor
- ◆ Eating Disorder: Anorexia Nervosa, Bulimia, Binge Eating
- ◆ Family Dynamics of Anorexia Nervosa: raised in a overprotective, enmeshed family
- ◆ Personality Disorder: Disorder is in relating to others and the world.
- ◆ 3 clusters of Personality Disorders: Eccentric or Odd, Dramatic or Emotional, Anxious or Fearful
- ◆ Autism: symptoms begin before age 3
- ◆ Asperger’s Syndrome: similar to autism but less severe
- ◆ Mental Retardation: severity determined by IQ test
- ◆ ADHD: Has to have both hyperactivity and impulsivity
- ◆ Substance Addiction and Abuse: not measured by quantity but by inability to perform or function
- ◆ Burnout stages: enthusiasm, stagnation, frustration, apathy
- ◆ Cycle of Violence/Battering: Tension building, Violence or abuse, Apologetic Loving Behavior

## Test #2 Take-Home

1. A 27 yo, married electrician complains of dizziness, sweating palms, heart palpitations and ringing of the ears of more than 18 months duration. He has also experienced dry mouth and throat, periods of uncontrollable shaking, and a constant “edgy” and watchful feeling that has interfered with his ability to concentrate. These feelings have been present most of the time over the previous 2 years; they have not been limited to discrete periods.

Because of these symptoms the Pt had seen a family practitioner, a neurologist, a chiropractor and an ENT specialist. He had been placed on a hypoglycemic diet. None of the doctors could find an explanation for the symptoms, and the treatments, including the diet, did not have an effect on them.

He also had many worries. He constantly worried about the health of his parents. His father, in fact, had had a MI 2 years previously, but was now feeling well. He also worried about whether he was a “good father”, whether his wife would ever leave him (there was no indication that she was dissatisfied with the marriage), and whether he was liked by his co-workers on the job.

For the past 2 years the patient has had few social contacts because of his nervous symptoms. Although he has sometimes had to leave work when the symptoms became intolerable he continues to work for the same company. He tends to hide his symptoms from his wife and children, to whom he wants to appear perfect.

Best diagnostic fit?

ABE – Generalized Anxiety Disorder

2. Which treatments does the author of your text recommend without reservation for the treatment of the condition the patient in #1 is suffering from? (mark all that apply) (**B, C, D**)
  - a. Benzodiazepines
  - b. Stress management
  - c. Relaxation training
  - d. Cognitive therapy

3. A 28 yo computer programmer, seeks treatment because of fears that prevent him from visiting his terminally ill father in the hospital. He explains that he is afraid of any situation even remotely associated with bodily injury or illness. For example, he cannot bear to have his blood drawn, or to see or even hear about sick people. Because of this, he has avoided consulting a doctor even when he is sick, avoids visiting anyone sick, or even listening to descriptions of medical procedures, physical trauma, or illness. The patient dates the onset of these fears to the age of 9, when his Sunday school teacher gave a detailed account of a leg operation she had undergone. As he listened, he began to feel anxious and dizzy, to sweat profusely, and finally fainted. He experienced near fainting episodes throughout his teen and adult years whenever he witnessed the slightest physical trauma or heard of an injury or illness. He denies any other emotional problems. He enjoys his work, seems to get along well with his wife, and has many friends. Diagnosis?  
AC – Phobia, specific
4. According to your text, what is the incidence rate of the condition in #3? (A)
- 5%
  - 15%
  - 25%
  - 35%
5. What kind of treatment is most effective for the condition in #3? ©
- Benzodiazepines
  - Anti-anxiety medication
  - Exposure therapy
  - Cognitive therapy
  - Psychoanalysis
6. How often do patients with the above disorder present for treatment (according to your text)? (C)
- Usually
  - 50 – 50
  - Rarely

7. John is a 50 yo engineer who has seemed sad since the death of his dog (who was hit by a car 3 weeks ago). Since that time he has felt sad, tired, and has had trouble sleeping and concentrating.

John lives alone, and has for many years had virtually no conversational contacts with other human beings beyond a “hello”. He prefers to be by himself, finds talk a waste of time, and feels awkward when other people try to initiate a relationship. He occasionally spends some time in a bar, but always off by himself. He reads newspapers avidly, and is well informed in many areas, but takes no particular interest in the people around him. His co-workers see him as a “cold fish” or a “loner”. John had floated through life without relationships except for that with his dog, which he dearly loved. The loss of his pets, are the only events in his life that have caused him sadness. He experienced the death of his parents without emotion and feels no regret at being out of contact with his family. He considers himself different from others, and is bewildered by the emotions expressed by others.

Choose one diagnosis from the list above.

(ACD) – Adjustment Disorder

8. In addition, John’s behavior warrants a diagnosis of a personality disorder. Choose one below. (C)
- a. Narcissistic PD
  - b. Paranoid PD
  - c. Schizoid PD
  - d. Schizotypal PD
  - e. Antisocial PD
9. According to your text, what is the lifetime incidence rate for the diagnosis you made in #7? (D)
- a. 10%
  - b. 35%
  - c. 55%
  - d. 100%
10. For the diagnosis in #7, what is the best treatment referral? (C)
- a. None
  - b. Medication

- c. Brief supportive psychotherapy
- d. ECT

11. What is the prognosis for John's second diagnosis (#8)? (A)
- a. Poor – patients are rarely able to change their personality structure
  - b. Medium – patients are often able to change based on motivation level
  - c. Good – personality is more malleable than assumed
12. Based on research presented in the text, John is may have relatives suffering from which disorder on the list (at the beginning of the exam)? CD – Schizophrenia
13. Greg a 43 yo patient, has lost 58 pounds in the last 5 months, dropping from 250 to 192 pounds on a 6'1" frame. He is still terrified of getting fat. He began to diet 5 months earlier when his wife told him he was a "fat slob" and implied that she might be considering a divorce. This terrified him and he started on a strict dietary regimen: an omelet and bran for breakfast, coffee for lunch, and salad and shrimp or chicken for dinner. His original goal was to lose about 50 pounds. When dieting did not result in sufficiently rapid loss of weight, he started sticking his finger down his throat to induce vomiting after meals.
- He is now "obsessed" with food. Before he goes to a restaurant, he worries about what he will order. He has done a study of what he eats in terms of what is easiest to purge. He cannot bear feeling full after eating and worries that his stomach is "fat". Three or four times a week he is unable to resist the impulse to binge. At those times he may gobble down 3 hamburgers, 2 orders of french fries, a pint of ice cream and 2 packages of cookies. He always induces vomiting after a binge. Choose from the following diagnosis: (C)
- a. Anorexia Nervosa: binge-eating/purging type
  - b. Anorexia Nervosa: restricting type
  - c. Bulimia Nervosa
  - d. Binge-Eating Disorder
14. What type of practitioner may be the first to notice the patient's (#13) eating problem? (C)
- a. Primary care practitioner
  - b. Psychologist
  - c. Dentist
  - d. Massage therapist
15. A 20 yo college junior complains that he is having difficulty studying because, over the last 6 months, he has become increasingly preoccupied with thoughts that he cannot dispel. He spends hours each night "rehashing" the day's events, especially interactions with friends and teachers, endlessly making "right" in his mind any and all regrets. He likens the process to playing a videotape of each event over and over again in his mind, asking himself if he behaved properly and telling himself that he had done his best. He would do this while sitting at his

desk, supposedly studying; and it was not unusual for him to look up at the clock and see that 2 – 3 hours has elapsed. His grades are declining. The patient admits, when questioned, that he has a 2 – hour grooming ritual when getting ready to go out with friends. Here again, shaving, showering, combing his hair demands “perfection”. He also seems dominated by certain “superstitions” including avoiding certain buildings on campus, always sitting in the third seat in the fifth row and lining his books and pencils up in a certain way before studying. Diagnosis please: AE – Obsessive Compulsive Disorder

16. According to your text, patients from a culture different from the doctor, who suffer from anxiety disorders are often misdiagnosed as: **(C)**
- Depressed
  - Malingering
  - Psychotic
  - Xenophobic
17. Winnie the Pooh’s friend Eeyore seems to suffer from which condition on the list? D – Dysthymia
18. According to your class notebook, once you have decided to refer a patient for mental health care, it is best to obtain as much information from the patient as possible so that you can forward the information to the other doctor. **(B)**
- True
  - False
19. If the patient who you are referring for mental health care tells you that he/she would rather talk to you about his/her problems, it is best to tell the patient that you are not qualified to do this (according to the notebook) **(B)**
- True
  - False
20. WOF may be able to give you a list of low cost psychotherapy centers in your area? (mark all that apply)(hint – look in your notebook)**(A, B, C, D)**
- Crisis hot line
  - United Way
  - Mental Health Association
  - “Helpful numbers” in the phone book