

WELCOME TO PSYC 110

brotip#883

taking that extra second to make sure you're texting the right person is stupidly

PSYC 110 (General Psychology)

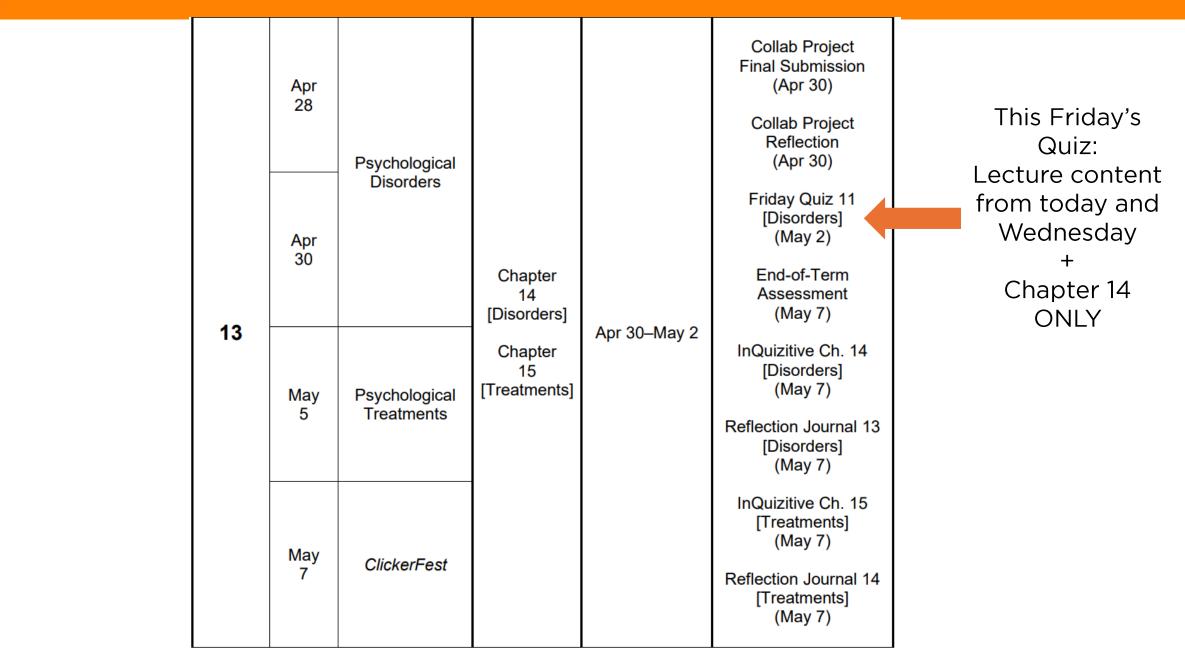
Module 14:

Psychological Disorders

Trenton C. Johanis, Ph.D.



Closing schedule for PSYC 110







Collab project is due Wednesday (April 30)!

Only ONE partner needs to submit the final product

Don't forget to complete the <u>individual</u> reflection assignment due the same day!



End-of-Term Assessment is due May 7!

Go to this link to complete the end of semester survey:

https://tinyurl.com/GenPsycAssessment2

It should take you 20-30 minutes to complete the survey. Be sure to input your correct net ID (there are instructions right in the survey explaining what this is) as well as the correct instructor name. When you have completed it, you should take a screen shot of the completion message and then upload that screenshot here. Alternately, you can upload a copy of the email you will receive after completion (check your Clutter or Spam folder). You will not receive credit immediately in Canvas, as your instructor or GTA must manually verify your completion screenshot / email and post your credit.



How have Lecture Clickers worked this term?

Lecture Clickers (Bonus)



As of today we have completed 59 questions

 Includes solos, collabs, and miscellaneous questions that have come up throughout the term (e.g., selecting your favourite Personality theory)

If you answered correctly on any question, you received one point

Your final score will be a proportion:

Total Points Earned

Total Points Available In the Term

So, if you missed a question or answered incorrectly, it adds to the denominator but not the numerator



How have Lecture Clickers worked this term?

Lecture Clickers (Bonus)

Regular Clickers will continue until Monday May 5th (Psychological Treatments)



Your final score can earn you a grade drop opportunity:

- ≥50%: Drop lowest Participation Grade
- ≥ 60%: Drop lowest Participation AND Quiz grade
- ≥ 70%: Drop lowest Participation AND TWO Quiz grades





Full class of Lecture Clickers spanning content from the entire course

Designed as an opportunity to make up Clicker questions that you missed during the term AND as a review session for the exam ©

Completely optional but highly encouraged

- Correct answers will count toward your Total Points;
 Incorrect and/or missed will not count toward Total Available
- Total Available doesn't change after May 5th, so attending ClickerFest will only benefit you!



CLICKERFEST

(In Class, May 7)

If we are one of the top TWO sections in SONA participation by May 5th...



I'll DJ LIVE in class to celebrate the end of the year!



SONA Update: Course Section

	mean credits earned	% of students who have	
section		started	finished
	3.5	87%	35%
	3.4	81%	38%
<u></u> .	3.2	89%	31%
110 (johanis) ALL	3.1	82%	28%
110 (kim)	2.3	75%	19%
110 (boyd)	2.1	72%	14%



SONA Update: Discussion Sections

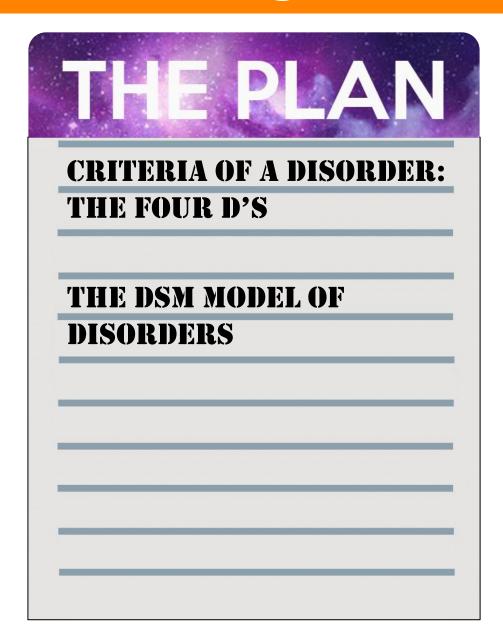
		% of studen	ts who have
section	average credits earned	started	finished
110 (johanis & colon 1545)	4.1	88%	44%
110 (johanis & fleenor 1500)	4.1	89%	42%
110 (johanis & jones 1130)	3.6	93%	48%
110 (johanis & evins 1610)	3.4	89%	36%
110 (johanis & santoni 1330)	3.2	81%	33%
110 (johanis & mattwig 1500)	3.0	71%	29%
110 (johanis & evins 1500)	2.9	89%	15%
110 (johanis & mattwig 1350)	2.9	73%	23%
110 (johanis & colon 1650)	2.8	81%	26%
110 (johanis & jones 1350)	2.5	85%	15%
110 (johanis & fleenor 1610)	2.4	75%	21%
110 (johanis & santoni 1430)	2.3	67%	15%

Current Standings2% Extra Credit2% Extra Credit1% Extra Credit0.5% Extra Credit

Our contests close May 5th, but SONA is open until the 7th



What should we get out of today?





Maladaptive Behavior

Behavior patterns that are detrimental, counterproductive, or otherwise interfere with optimal functioning

Abnormal Psychology

The branch of psychology devoted to the study, assessment, treatment, and prevention of maladaptive behavior



Before we start, let's have a disclaimer

While we learn about Psychological Disorders, be wary of...

"MED STUDENTS' DISEASE" (aka "Second Year Syndrome" or "Intern's Syndrome")

A condition frequently reported in medical students, who perceive themselves to be experiencing the symptoms of a disease that they are studying



You <u>will</u> be tempted to self-diagnose your own behavior.

This should <u>only</u> be done by a professional!



Clinicians use the "four D's" to broadly define abnormality

Deviance

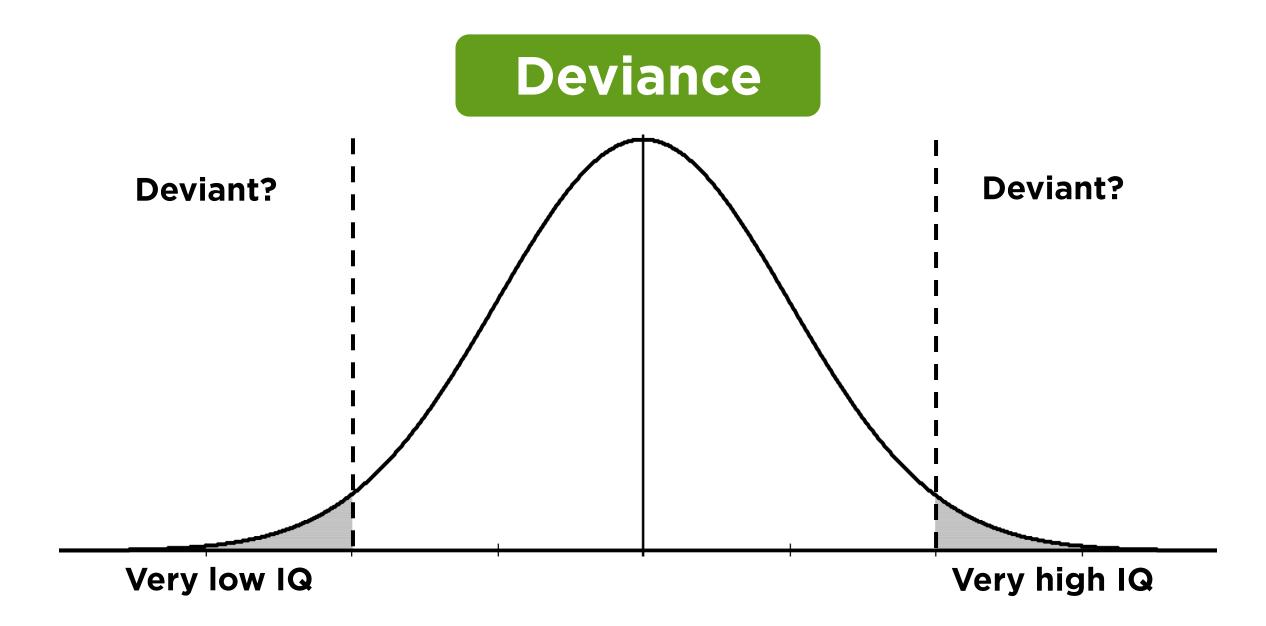
Danger

Dysfunction

Distress



Deviance refers to atypical thoughts and behaviors





Deviance refers to atypical thoughts and behaviors

Deviance

People with psychological disorders deviate in some way from the typical behavior of others

BUT

"Typical" behavior can vary according to many factors (e.g., age, culture, socioeconomic status)



Distress refers to negative feelings related to thoughts and behavior

Distress



Psychological disorders often cause strong feelings of distress

BUT

This is not always the case, for example in Antisocial Personality Disorder (you'll see later)



Dysfunction refers to interference with everyday life

Dysfunction

Psychological disorders often cause dysfunction in completing everyday tasks

BUT

This dysfunction may also be voluntary (e.g., a hunger strike)





Danger



Psychological disorders often cause a person to place themselves or others in danger

BUT

This danger may also be voluntary (e.g., extreme sports)



Clinicians use the "four D's" to broadly define abnormality

Deviance

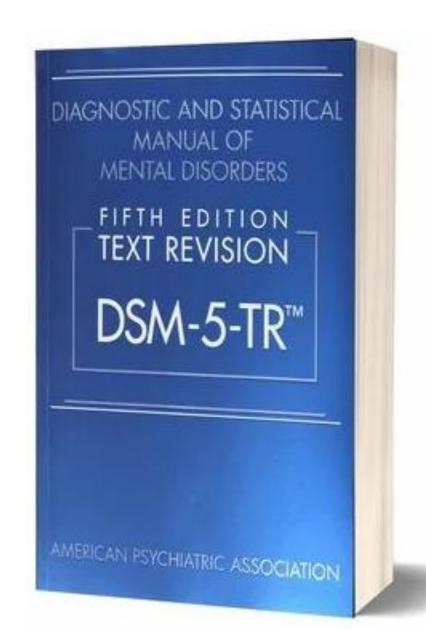
Danger

Dysfunction

Distress



The DSM is a standard diagnostic tool



Two main functions:

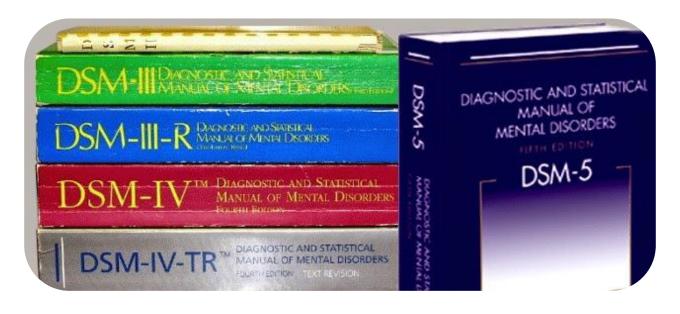
- 1) Standard criteria to diagnose disorders
- 2) Common language to be shared between clinicians



The DSM has undergone several revisions

The first edition of the DSM was published in 1952

Since then, some disorders or criteria have been removed...



..and some have been added or re-classified

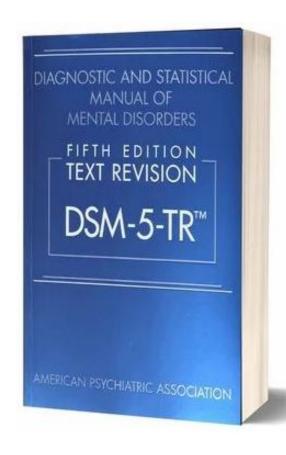
Wait, don't we already know about one that was removed?



DOINT Solutions



The DSM relies heavily on a categorical classification model



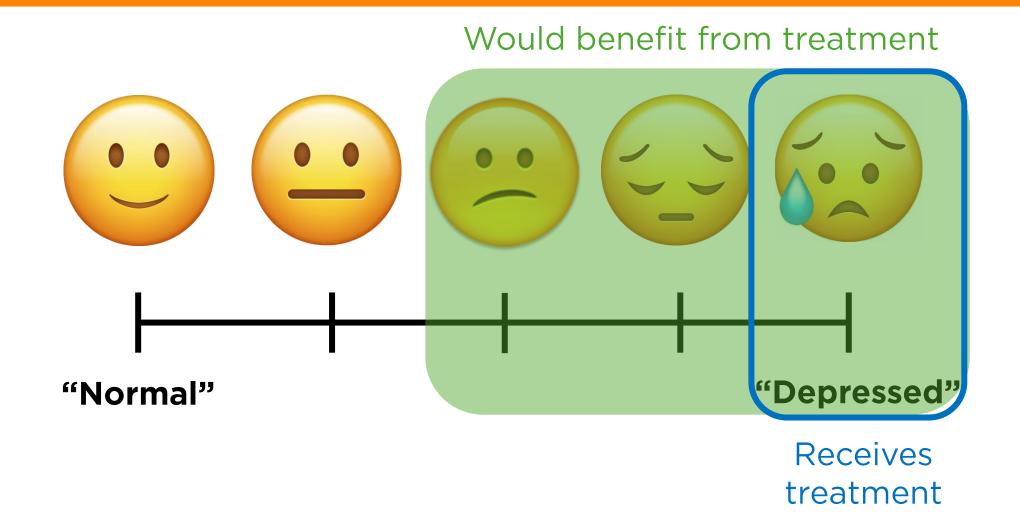
The individual meets the criteria for [DISORDER] if they meet [NUMBER] of these criteria:

- 1) ...
- 2) ...
- 3) ...
- 4) ...
- 5) ...
- 6) ...
- 7) ...
- 8) ...
- 9) ...
- 10) ...





The DSM relies heavily on a categorical classification model



A categorical classification model <u>may</u> prevent suffering people from receiving treatment



The DSM-5 has a high rate of comorbidity among many of its diagnoses

Comorbidity: Shared symptoms between illnesses

The Common Cold	Early HIV Infection
Sore Throat	Sore Throat
Runny Nose	
Fatigue	Fatigue
Swollen Lymph Nodes	Swollen Lymph Nodes



The DSM-5 has a high rate of comorbidity among many of its diagnoses

Comorbidity: Shared symptoms between illnesses

Persistent Depression Disorder	Generalized Anxiety Disorder	
Restlessness	Restlessness	
Fatigue	Fatigue	
Difficulty Concentrating	Difficulty Concentrating	
Sleep disturbances	Sleep disturbances	

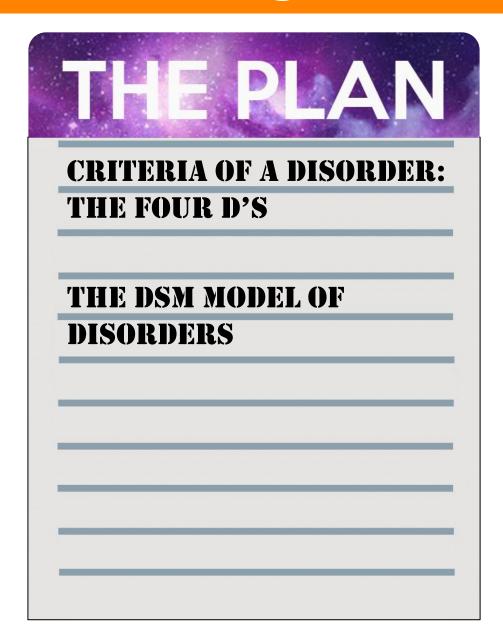
Due to high comorbidity, the categorical classification model also risks misdiagnoses

Alright dude, we get it; there are a lot of things wrong with the DSM. Why do we even use it?

Because it's the best we've got!



What should we get out of today?





How did we do?

66

There is hope, even when your brain tells you there isn't.

JOHN GREEN

For y'all:

Collab Project due April 30

Friday Quiz 11 [Psychological Disorders ONLY] is May 2

Two InQuizitives [Disorders + Treatments] due May 7

Two Reflection Journals [Disorders + Treatments] due May 7

No Friday Quiz for Treatments

Final Exam is May 14