



Psychopathology

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FPY 613: Psychopathology

Course Description: This course involves the study of victims and witnesses of crime. An emphasis will be placed on the psychological and emotional detriments associated with being victimized and the classification of the types of victims. Students will learn how to apply criminological theory to address why offenders choose their victims. Additionally, students will examine a victim's reaction to crime.

1. Analyze the most common perspectives of criminal behavior and the methods employed to assess victimization.
2. Describe the biopsychological factors of psychopathy.
3. Identify the various components associated to juvenile psychopathy.
4. Demonstrate research competence of crime and mental disorders.
5. Articulate the sociological elements of crime and assess the theoretical implications associated to human aggression and violence.
6. Compare and contrast the psychological and behavioral

tendencies between the homicidal offender, sexual offender, public order and economic offender, and substance abuse offender.

Chapter 1: History of Psychopathology Disorders and Assessments

Overview

Psychopathology is the study of abnormal mental states, which has provided insight to psychiatric disorders and guided the progress of psychiatry (Schultze-Lutter et al., 2018). This field also deals with treating psychological disorders like mood, anxiety, phobias, and psychotic disorders. APA defines



“Joe Davis @ Vanabbe – Typology of Psychopathology” by Cea. is licensed under CC BY 2.0.

psychological disorders as conditions where individuals experience significant disturbances in their thoughts, feelings, and behaviors; enough to impact their daily functioning. Those that specialize in psychopathology diagnose and treat these individuals; treatment varies from person to person (Saylor Academy).



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version of the text. You can view it online here:

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Definitions

Here are some terms to know as you proceed (APA, 2022).

- **Anxiety disorder**
- **Mood disorder**
- **Personality disorder**
- **Bipolar disorder**
- **Depressive disorder**
- **Diagnosis**
- **Etiology**
- **Mania**
- **Obsessive-compulsive disorder**
- **Post-traumatic stress disorder**
- **Schizophrenia**
- **Psychodynamic therapy**
- **Cognitive-behavioral therapy**
- **Humanistic therapy**
- **Biomedical therapy**

Supernatural Tradition

Historically, the assumption has been made that there are supernatural causes for the development of psychological disorders (Saylor Academy). The prominent theory earlier in human history

was that a demon, evil spirit, or evil god possessed someone, causing these unexplained phenomena (OpenStax); something beyond the realm of science and human understanding was considered to blame.

Biological Tradition



“Brain Anatomy Hoop Art. Hand Embroidered in Pink and Blue.” by Hey Paul Studios is licensed under CC BY 2.0.

The biological tradition suggests that there is a genetic predisposition toward psychological disorders (Saylor Academy). This perspective linked these phenomena with “genetic factors, chemical imbalances, and brain abnormalities” (OpenStax). There is research to suggest a genetic component does exist and current research is thriving

in this area of psychological disorders (OpenStax).

Psychological Tradition

The diathesis-stress model from psychology believes that biology and psychology play a role in the development psychological disorders (Saylor Academy), to the point of predicting the likelihood of a disorder. This model says that the psychological variables are latent and complex statistical methods and instruments would need to be used (Telles-Correia & Sampaio, 2016). Additionally, there are complex psychosocial perspectives at play, like learning stress,

negative self-talk, and environmental factors that play a role in these disorders (OpenStax).

Review these videos below to learn more about the early years of diagnosing these disorders and their classifications now.



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Chapter 2: Assessment and Diagnosis

The Diagnostic Statistical Manual (DSM)

The DSM-V or the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition is the most current taxonomic and diagnostic tool published by the American Psychological Association. With each iteration of this manual, mental disorders are more defined, sometimes shifting categories or even being removed from the DSM as research presents new findings. For example, homosexuality was included in the earlier iterations of the DSM as a disorder, but it is no longer included in the manual. In addition to providing symptoms and describing mental disorders, it also shares information about comorbidities, like how many people diagnosed with OCD also meet the criteria for major depressive disorder (OSC Rice University).

An important note for learning about these disorders: everyone will bear some similarities with these disorders. Many, if not all of users experience sadness, anxiety, depression, and so on. When these disorders begin to disrupt someone's normal functioning, there is a problem. Moreover, remember that individuals with these disorders are more than their respective disorders, so view them compassionately. These individuals deserve compassion, understanding, and dignity, not judgment (OSC Rice University).

Highlights from the DSM-IV-TR to the DSM-V

Overall, there were updates made to many categories within the DSM. Here will just be a brief overview of what changed; if you want to learn more, read this document on the highlights, provided by the American Psychiatric Association. Select the double pointed arrow in the lower right corner to enlarge the slides to full screen.



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Watch this video to learn more about the changes from the DSM-V to the DSM-V, Text Revision.



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Children vs. Adults

There are some disorders that are only seen in children. There are also some disorders that therapists or psychiatrists will not diagnose in children before they are 18 years old, due to the labeling

and stigma associated with them. The DSM-5 is the ultimate tool used to diagnose mental health disorders in children, but it bears repeating that many professionals still exercise caution and choose not to **label** students prior to 18 years of age. There are some dangers with diagnosing children too young with a serious mental illness and those consequences of those decisions cannot be undone.

Review each disorder, flipping the card to see more details by selecting “Turn”. After reviewing a card, select the right pointing arrow to move to the next card. There are eight cards to review (CDC, 2022).



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Chapter 3: Personality Disorders

Overview



"Postmodern Drama Masks" by loresjoberg is licensed under CC BY 2.0.

Estimates suggest that roughly 10-13% of the population has a personality disorder and in the U.S. it is estimated that 9% has at least one personality disorder. They are the most common diagnoses, but are often misunderstood (Recovery Village, 2022). Personality disorders affect the way

someone thinks, responds, relates, or behaves; without proper treatment it can be a long-lasting condition (American Psychiatric Association).

Personality disorders are typically treated using these strategies:

- Psychotherapy (Including: psychoanalytic/psychodynamic, dialectical behavioral, cognitive behavioral, group, or psychoeducation)
- Medications are not clearly defined, but can include antidepressants, anti-anxiety medications, or mood stabilizers.
- A team approach may be necessary for longer-lasting symptoms experienced by individuals.

Mayo Clinic (2022) and APA recommend the following self-care and coping strategies as well:

- Educate yourself.
- Exercise.
- Avoid substances.
- Receive regular check-ups with doctor.
- Join support groups.
- Journaling
- Stress management and relaxation techniques.
- Mitigate feelings of isolation.

Cluster A

Select each of the three hot spots below to learn more about the Cluster A Personality Disorders: Paranoid Personality Disorder, Schizoid Personality Disorder, and Schizotypal Personality Disorder. Select the icon in the upper right corner to enlarge to full screen. There is a video and description for each disorder.



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Cluster B

Select each of the four hot spots below to learn more about the Cluster B Personality Disorders: Antisocial Personality Disorder,

Borderline Personality Disorder, Histrionic Personality Disorder, and Narcissistic Personality Disorder. Select the icon in the upper right corner to enlarge to full screen. There is a video and description for each disorder.



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Cluster C

Select each of the three hot spots below to learn more about the Cluster C Personality Disorders: Avoidant Personality Disorder, Dependent Personality Disorder, and Obsessive-Compulsive Personality Disorder. Select the icon in the upper right corner to enlarge to full screen. There is a video and description for each disorder.



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Other Personality Disorders

In this final selection of hot spots, learn more about other personality disorders like: Personality Change Due to Another Medical Condition, Other Specified Personality Disorder, and Unspecific Personality Disorder. There are not videos associated with these situations, but the diagnostic details are important to know.



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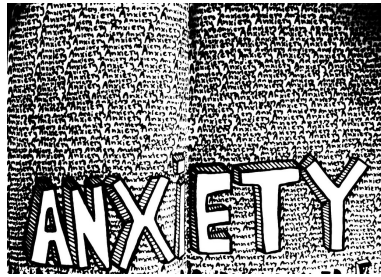
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Chapter 4: Anxiety Disorders

Overview

Anxiety disorders are those that are characterized by fear, worry, or excessive apprehension (APA, 2022). Disorders included in this section are generalized anxiety disorder, phobias, panic disorder, social anxiety disorder, separation anxiety disorder, and obsessive compulsive disorder.



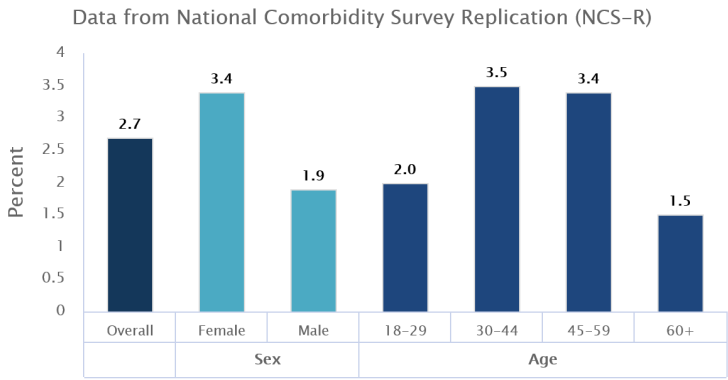
"Anxiety" by Mari Z. is licensed under CC BY-NC-ND 2.0.

Generalized Anxiety Disorder

Criteria to Diagnose: Generalized anxiety disorder involves excessive worry or apprehension about an array of things; the worry is usually coupled with restlessness, fatigue, lack of concentration, agitation, and sleep issues. Generally, it has to impair regular functioning for at least months or more. Generalized anxiety

disorder affects roughly 2% of the US population (American Psychiatry Association, 2022).

Past Year Prevalence of Generalized Anxiety Disorder Among
U.S Adults
(2001–2003)



This chart shows the prevalence of generalized anxiety disorder among US adults from 2001-2003. Typically it affects women more than men and the age range of 30-44 more than other age brackets. Data regarding ethnicity of these individuals is not provided. (from NIMH)

Treatment, Medications, Therapies: Medications often used for this disorder are antidepressants, Buspirone (anti-anxiety medication), and benzodiazepenes. There are many alternative opportunities to help someone cope with generalized anxiety disorder (Mayo Clinic, 2017).

- Lifestyle and home remedies include: exercise, sleeping well, relaxation techniques, healthy eating, avoid substances, and eliminate stimulants like nicotine and caffeine (Mayo Clinic, 2017).

- Coping with this disorder also means adhering to the prescribed treatment plan, breaking vicious cycles and replacing them with virtuous cycles, and bolster plans with support from friends, family, and other supportive entities (Mayo Clinic, 2017).



“Group Therapy” by Judy Robinson-Cox is licensed under CC BY-ND 2.0.

Case Studies to Review:

- A longitudinal study on generalized anxiety among university students during the first wave of the COVID-19 pandemic in Switzerland (2021)
- Cortical and subcortical brain structure in generalized anxiety disorder: findings from 28 research sites in the ENIGMA-Anxiety working group (2021)
- Generalized anxiety disorder and depressive symptoms among Pakistani population during the second wave of the COVID-19 pandemic: A regression analysis (2021)

Agoraphobia



“Agoraphobia, par Franck Vervial” by Franck Vervial is licensed under CC BY-NC-ND 2.0.

Criteria to Diagnose: Phobias are excessive and persistent fears of an object or situation (OSC Rice University; APA, 2013). Agoraphobia is the extreme fear of being unable to escape a scenario without challenges or embarrassment. Agoraphobia is present for at least six months and impairs

regular functioning. Those with agoraphobia typically avoid public transportation, enclosed spaces, open spaces, standing in lines/crowds, or being outside of their home environment. Left untreated, those with agoraphobia may not ever leave their home (American Psychiatric Association).

Typical Demographics: Specific phobias range between 8-12% of US adults, while Agoraphobia is present in roughly 1-3% of adolescents and adults.

Treatment, Medications, Therapies: Generally anti-depressants and anti-anxiety medications are prescribed to individuals with agoraphobia. There are also alternative medicines like kava that are being studied and have showed significant promise in reducing anxiety. It is important that the individual adheres to their treatment plan, including attempting to experience feared situations. There are calming techniques that can help as well.

In this video below, an agoraphobic person works through their anxiety riding in an elevator. This is a 360 degree video, so you can drag the video to see all the potential perspectives.





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Case Studies:

- A descriptive study of agoraphobic situations and correlates on panic disorder (2021)
- The fear to move in a crowded environment. Poor spatial memory related to agoraphobic disorder (2021)

Panic Disorder

Criteria to Diagnose: Individuals afflicted with a panic disorder experience frequent panic attacks, related to fears of more panic attacks, consequences of attacks, behavior related to attacks, or a combination of all these factors. Sometimes this is comorbid with agoraphobia (APA, 2022).

Typical Demographics: Panic disorder affects 2-3% of the US population.

Treatment, Medications, Therapies: SSRIs, SNRIs, and benzodiazepenes are generally prescribed for this disorder. Other options include psychotherapy and life style changes to promote a less stressful environment and life.



Panic Attack Symptoms

- Sense of impending doom
- Fear of loss of control or death
- Rapid heart rate
- Sweating
- Shaking
- Shortness of breath
- Chills
- Hot Flashes
- Nausea
- Stomach Cramps
- Chest Pain
- Headaches
- Dizziness
- Numbness
- Detachment from reality

Case Studies:

- Videoconferencing psychotherapy for panic disorder and agoraphobia: Outcome and treatment processes from a non-randomized non-inferiority trial (2020)
- A digital therapeutic intervention delivering biofeedback for panic attacks: Feasibility and usability study (2022)

Social Anxiety Disorder

Review all of the following slides and video to learn more about Social Anxiety Disorder. To enlarge to full screen, select the double pointed arrow in the bottom right corner of the slides.



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<https://pressbooks.palni.org/psychopathology/?p=25#h5p-14>

Separation Anxiety Disorder

Select each of the four hot spots below to learn more about this disorder. Select the icon in the upper right corner to enlarge it to full screen.



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Obsessive Compulsive Disorder

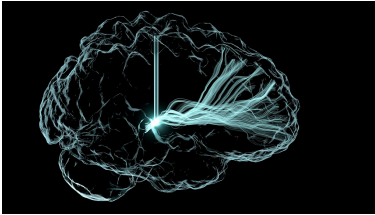
Criteria to Diagnose: This disorder involves two significant components: the obsessions and the compulsions. Obsessions are recurring, intrusive thoughts that the individual cannot ignore. The compulsions are behaviors that aim to neutralize the intrusive thoughts. A



“A little OCD” by justmakeit is licensed under CC BY-NC 2.0.

A common theme is related to cleanliness, contamination, etc. The compulsive behaviors must be excessive, unreasonable, and impair functioning. Diagnosis can occur when the compulsions and/or obsessions are consuming a minimum of an hour per day (American Psychiatric Association, 2022; APA, 2022).

Typical Demographics: This disorder affects roughly 2-3% of adults in the U.S.. Symptoms generally start to show around 19 years old, but can occur at any age. Women are slightly more likely to have this disorder.



*“Deep Brain Stimulation Illustration”
by National Institutes of Health (NIH)
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Treatment, Medications, Therapies: OCD is generally treated with either medication, psychotherapy or a combination of the two. Sometimes there are comorbidities that would need to be treated as well. Medications usually involve SSRIs; though it

does take 8-12 weeks before the patients will experience a noticeable change (NIMH, 2022).

There is an alternative treatment option called Transcranial Magnetic Stimulation. This is FDA approved. For more information on brain stimulation therapies, check out this content from the National Institute of Mental Health.

Case Studies to Review:

- Case report of dual-site neurostimulation and chronic recording of cortico-striatal circuitry in a patient with treatment refractory obsessive-compulsive disorder (2020)
- Cannabis improves obsessive-compulsive disorder – case report and review of the literature (2020)
- Identifying the symptom severity in obsessive-compulsive disorder for classification and prediction: An artificial neural network approach (2020)
- Obsessive-compulsive disorder post-COVID-19: A case presentation (2021)

Below is a 360 video, immersing the viewer into the world of an OCD person. You can move the video in any direction, as you like.





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<https://pressbooks.palni.org/psychopathology/?p=25#h5p-16>

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Chapter 5: Mood Disorders

Overview

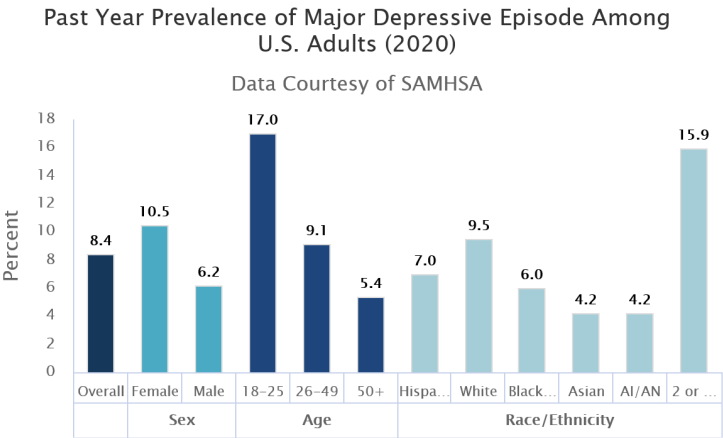


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Mood disorders are defined as severe disturbances in mood and emotions, usually depression, but can include mania. There are two general categories of mood disorders, depressive related disorders and bipolar related disorders. Depressive disorders are generally characterized by sadness and hopelessness to

the point that it significantly impairs the functioning of the individual. Bipolar disorders usually have mania as the key characteristic, which is extreme elation but also agitation. The manic episodes can lead to reckless behavior and attempts at multi-tasking, to the point of impaired functioning within the individual.

Depressive Disorders



Prevalence of Major Depressive Episodes Among US Adults in 2020 (from NIMH) Notes: Hispanic origin may be of any race; all other groups are of non-Hispanic origin. AI/AN is American Indian or Alaskan Native. The estimate for Native Hawaiian and other Pacific Islander groups is not reported due to lack of precise data.

Depressive disorders involve the person feeling excessively sad, empty, or hopeless most of the day and a loss in interest in activities previously enjoyed. In order to receive this diagnosis, they must experience a minimum of five symptoms for at least two weeks and must impair the individuals' functioning. Furthermore, the individual must not have symptoms caused by substances or another medical condition (OSC Rice University; APA, 2013).

- **Symptoms:** significant weight or appetite changes; significant changes in sleep habits; psychomotor agitation or retardation; fatigue; feelings of worthlessness or guilt; lack of concentration or indecisiveness; suicidal ideation. (OSC Rice University; APA, 2013).



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- **Results:** this is a serious disorder than can drastically effect someone's life, creating a rather miserable existence for them. Many times these individuals have experienced some form of discrimination. Depression can cause health-related medial problems in the future if not treated. (OSC Rice University; APA, 2013).
- **Disorders present in this category:** Disruptive mood dysregulation disorder, major depressive disorder (single episode, recurrent episodes), persistent depressive disorder (dysthymia), prementstrual dysphoric disorder, substance/ medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, unspecified depressive disorder.
- **Typical Medications:** Selective Serotonin Reuptake Inhibitors (SSRIs), Serotonin-norepinephrine Reuptake Inhibitors (SNRIs), Atypical antidepressants, tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), or another potential medication. Learn more from the Mayo Clinic (2022).
- **Case Studies to Review:**
 - Mindfulness-based cognitive therapy in major depressive disorder: A study protocol of a randomized control trial and case-control study with electroencephalogram (2021)
 - Impact of the COVID-19 pandemic on anxiety and depression of young people in the global south: evidence

form a four-country cohort study (2021)



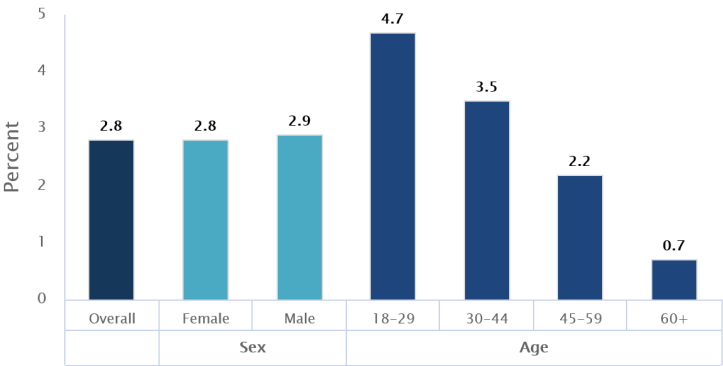
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Bipolar and Related Disorders

Past Year Prevalence of Bipolar Disorder Among U.S Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS–R)



Past year prevalence of bipolar disorder among adults was similar for males (2.9%) and females (2.8%). An estimated 4.4% of U.S. adults experience bipolar disorder at some time in their lives. (From NIH)

Bipolar disorder is typically characterized by extreme mood swings between sadness and happiness (typically called manic or euphoria). There should be at least one manic episode documented, in order

for this to be the diagnosis. APA defines a manic episode as a “period characterized by elevated, expansive, or irritable mood” and often these things include psychomotor agitation, excessive talking, racing thoughts, delusions of grandeur, and more (APA, 2022). Additionally, mood disorders, like bipolar, seems to have a genetic component (Lumen Learning). There are three major types of bipolar disorder: Bipolar I, Bipolar II, and Cyclothymic Disorder.

- **Bipolar I** has a single or recurrent manic episode. Depressive episodes, again, not necessary, but common. (Lumen Learning)
- **Bipolar II** is identified by hypomanic episodes and depressive episodes, instead of more severe manic episodes from Bipolar I (Lumen Learning).
- **Cyclothymic Disorder** has alternating periods of hypomania and depression, but it must last a minimum of two years. It is important to mention that the individual cannot be diagnosed with major depressive disorder and must experience symptoms at least half the time, causing significant distress or impairment.
- **Medications:** Medications may include mood stabilizers, antipsychotics, antidepressants, antidepressant-antipsychotic, and anti-anxiety (Mayo Clinic, 2022).
- **Treatment:** Frequently used treatments include medications, maintenance treatment, day treatment programs, substance abuse treatment programs, and if symptoms are severe enough: hospitalization (Mayo Clinic, 2022). Learn more from the Mayo Clinic.
- **Case Studies to Review:**
 - Am I really bipolar? Personal accounts of the experience of being diagnosed with Bipolar II Disorder (2020)
 - Depression preceding diagnosis of Bipolar Disorder (2020)
 - Existing and emerging pharmacological approaches to the treatment of mania: A critical overview (2022)



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Seasonal Affective Disorder

Criteria to Diagnose:

Seasonal affective disorder is a depressive mood disorder that affects individuals when the seasons change. Generally, these feelings begin in fall or winter and end during spring and summer (called winter-pattern SAD). It can also be experienced in the reverse as



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well, where someone feels down during the spring and summer months and up during the fall and winter months (called summer-pattern SAD). (NIMH). Sometimes this disorder also has a predictable occurrence of manic episodes (APA, 2022).

Major depression includes feeling down most of the day, nearly every day, losing interest in things that once brought joy, feeling sluggish, agitated, hopeless, and having trouble sleeping and concentrating. Sometimes, in severe conditions suicidal thoughts may occur (NIMH)

In winter-pattern SAD, individuals may also experience

oversleeping, overeating and weight gain, as well as social withdrawal. Those experiencing summer-pattern SAD will also experience anxiety and episodes of violent behavior (NIMH)

Typical Demographics: Millions of adults may suffer from this condition and not be aware of it. Women tend to be afflicted more often than men, though there does seem to be a geographical component to it as well. Countries that are located further north are more likely to experience this condition. SAD is more prevalent in those that have other mental disorders.



“DSC_5114 vitamin D softgels – macro”
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Treatment, Medications, Therapies: There are several ways to treat SAD. Psychotherapy is a common solution, but also light therapy, antidepressants, and Vitamin D can combat the symptoms of SAD.

Case Studies to Review:

- The role of diet, eating behavior, and nutrition intervention in seasonal affective disorder: A systematic review (2020)
- EEG-Responses to mood induction interact with seasonality and age (2022).
- Effects of dynamic bedroom lighting on measures of sleep and circadian rest-activity rhythm in inpatients with major depressive disorder (2022)
- Treating winter depressive episodes in bipolar disorder: An open trial of light therapy (2020)



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Chapter 6: Eating Disorders

Overview

Eating disorders are serious and persistent conditions related to eating behaviors that will negatively impact an individual's life. Eating disorders typically focus heavily on body weight, shape, and food which ultimately affect the body's ability to absorb nutrition. These disorders can have a lasting effect on multiple bodily systems like cardiovascular, gastrointestinal, skeletal, and contribute to the other diseases manifestation (Mayo Clinic, 2022). These disorders can be initiated by recurring and distressing thoughts and emotions (American Psychiatric Association, 2022).



"To eat or not to eat?" by daniellehelm is licensed under CC BY 2.0.

Anorexia Nervosa

Criteria to Diagnose: This disorder is characterized by "persistent

refusal of food, excessive fear of weight gain, refusal to maintain minimally normal body weight, disturbed perception of body image, and amenorrhea (absence of at least three menstrual periods)” (American Psychological Association, 2022). Individuals with this disorder often engaging excessive body measuring like weights, measuring, and mirror assessments (Black & Grant, 2014). There are high rates of comorbidity and mortality associated with this disorder.

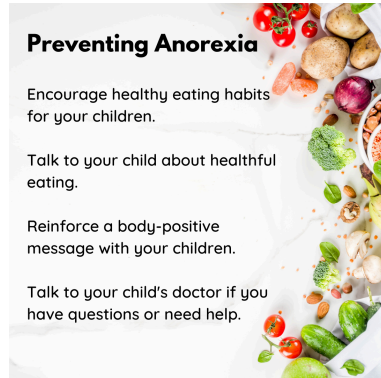
There are two types of anorexia: the restricting type and the binge/purging type. Each are very serious and life threatening conditions, but especial those who engage in purging (American Psychiatric Association, 2022).

Typical Demographics: Individuals that typically experience this disorder are adolescent girls, it can effect any person at any time. Roughly 1% of women are diagnosed with this is .1% of men are diagnosed. This disorder was the first eating disorder identified and seems to be present throughout history (Black and Grant, 2014).

Treatment, Medications, and Therapies: Treatment includes developing health behaviors for eating and weight control. If there are co-occurring disorders, those would also be addressed. Sometimes stress and genetics play a role in this disorder, so preventative methods, details below may be relevant to stop the disorder before it starts (Mayo Clinic, 2022).

Case Studies to Review:

- Secret hunger: The case of Anorexia Nervosa (2021)
- The transition from restrictive anorexia nervosa to bingeing and purging: A systematic review and meta-analysis (2022)
- A perspective on chronic and long-lasting anorexia nervosa (2021)



Ways to prevent anorexia can include: Encourage healthy eating habits for your children. Talk to your child about healthful eating. Reinforce a body-positive message with your children. Talk to your child's doctor if you have questions or need help.



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Bulimia Nervosa



“Shellharbour Food Photography: Seafood Platter for One (\$55) from Ocean Beach Hotel, Shellharbour NSW 2528 Australia” by Vanessa Pike-Russell is licensed under CC BY-NC-ND 2.0.

Criteria to Diagnose: Bulimia Nervosa is characterized by consuming large quantities of food (**binging**) and then purging the food via vomiting, laxatives, or excessive exercise (Black & Grant, 2014; APA, 2022). Binging occurs at least weekly following by the “compensatory” behaviors (American Psychiatric Association, 2022). Individuals with this disorder will often

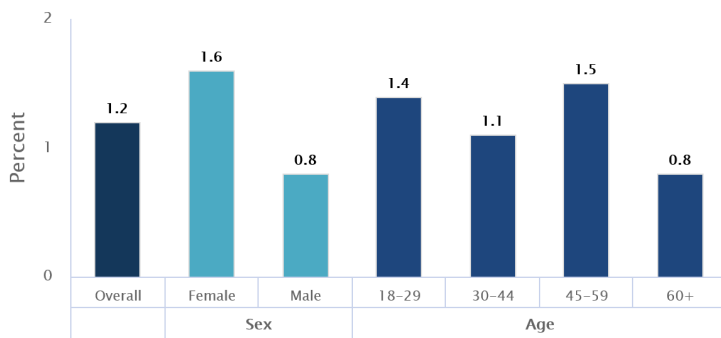
exhibit these behaviors: frequent bathroom trips after meals, sore throat, swelling of face, tooth decay, acid reflux, diarrhea, excessive use of laxatives or water pills, and feeling light-headed (American Psychiatric Association, 2022).

Like anorexia, individuals typically experience body image distortion and extreme concern for fatness and body shape. The preoccupation with their body image leads to a reduction in self-worth (American Psychiatric Association, 2022).

Typical Demographics: The majority of those diagnosed are women, roughly 1% are adolescent women (Black & Grant, 2014); generally these individuals are 18 years of age.

Past Year Prevalence of Binge-Eating Disorder Among U.S. Adults (2001–2003)

Data from National Comorbidity Survey Replication (NCS–R)



Past year prevalence of binge eating disorder among US adults (NIMH).

Treatment, Medications, and Therapies: Recommended treatment plans, that are tailored to individual needs, include psychotherapy (individual, group, and/or family), medical care, nutritional counseling, and medications. Antidepressants, specifically Prozac, is the only SSRI approved to be used for this disorder.

Case Studies to Review:

- Case report: Unexpected remission from extreme and enduring bulimia nervosa with repeated ketamine assisted psychotherapy (2021)
- Stigmatization toward people with anorexia nervosa, bulimia nervosa, and binge-eating disorder: A scoping review (2021)



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Binge Eating



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Criteria to diagnose: Binge-eating disorder is when individuals lose all awareness and control over their eating; often consuming large quantities of food in a two hour span. The difference between this disorder and bulimia nervosa is that the individuals do not complete compensatory behaviors after binging.

Therefore, these individuals are often over-weight or obese. Binge-eating is usually characterized by eating large quantities when not hungry, even when uncomfortable; usually eating alone and feeling guilty about the episodes (NIMH, 2022). The binge-eating occurs at least once a week (Mayo Clinic, 2022).

Typical Demographics: “Approximately two-thirds of individuals with binge-eating disorder have a history of using inappropriate compensatory behaviors, suggesting a past diagnosis of bulimia nervosa” (Black & Grant, 2014).

Treatment, Medications, and Therapies: National Eating Disorders Association (2022) suggests that roughly 4% of women and 2% of men have had this disorder at some point in their life. It is three times more common than anorexia and bulimia.

Case Studies to Review:

- Stressful life events among individuals with a history of eating disorders: A case-control comparison (2021)
- Binge eating disorder (2022)



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Chapter 7: Schizophrenia and Psychotic Disorders

Overview of the Schizophrenia Spectrum

The schizophrenia spectrum was devised because it appears as though there is not one singular disorder, but a syndrome composed of many sub-categories. Therefore, if an individual is on the spectrum, symptoms may be severe and debilitating or they may present as mild (Spectrum Disorder, 2022). A spectrum proficiently unifies these sub-categories, not just for schizophrenia, but other disorders as well. **An important note:** According to the National Institute for Mental Health, the CDC has identified a connection between those with mental disorders, like schizophrenia, are significantly more likely to be severely affected by COVID-19 (2022).

Schizophrenia symptoms vary from one individual to another, but there are three general groups of symptoms: Psychotic, Negative, and Cognitive. Review each type below, flipping the card to see more details by selecting “Turn”. After reviewing a card, select the right pointing arrow to move to the next card. There are three cards to review (NIMH, 2022).



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Schizophrenia

Criteria to Diagnose:

Schizophrenia is a severe psychotic disorder that involves disturbed cognition paired with extreme emotional responses and behaviors (American Psychological Association, 2022). The individual must experience these disturbances for at least six months while



“Schizophrenia” by Joe Skinner
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also at least one month of “active-phase symptoms” like delusions, hallucinations, disorganized speech, catatonic behavior, and “negative” symptoms like lack of emotion (American Psychological Association, 2022). The key symptom in this disorder is disorganized thinking. Disorganized thinking is defined as “disjointed and incoherent thought processes” (OSC Rice University).

Typical Demographics: Typically, individuals are diagnosed between the age of 16 and 30. There is roughly 1% of individuals in the U.S. and worldwide that have been diagnosed. But it is hard to gauge this precisely because the process of diagnosis is complex and there are often comorbidities (NIMH, 2022).

Treatment, Medications, and Therapies: There are many treatment options available for those with schizophrenia (Mayo Clinic, 2022; NIMH, 2022).

- **Assertive Community Treatment:** This is designed just for those with schizophrenia; delivered by a team of experts. [Learn more about it here.](#)
- **Specialty Care:** this is recovery-focused care for those that are in the early stages of their diagnosis. This is a holistic treatment usually including medical care, therapy, medication, education, and familial support.

- **Family Education and Support:** Educating family and friends about schizophrenia will better support the individuals that are diagnosed.
- **Psychosocial Treatments:** These types of applied therapy are often used with antipsychotic medication.
- **Antipsychotic Medication:** There are several generations of medications that could help someone.
- **Electroconvulsive Therapy:** This is a therapy, also considered for those with severe depression, that is used for those that do not respond to medication.



“Pills & Container (Landscape)” by Destinys Agent is licensed under CC BY-NC 2.0.

Case Studies to Review:

- Large-scale, real-world data analysis identified comorbidity patterns in schizophrenia (2022)
- Gender differences in schizophrenia and first-episode psychosis: A comprehensive literature review (2012)
- The association between early-onset schizophrenia with employment, income, education, and cohabitation status: Nationwide study with 35 years of follow-up (2019)
- Functional brain networks in the schizophrenia spectrum and bipolar disorder with psychosis (2020)
- Evolving concepts of the schizophrenia spectrum: A research domain criteria perspective (2021)
- Help-seeking behavior of individuals with schizophrenia in the general population of Hunan, China (2021)

Below is a 360 video. You can drag the video in any direction to better experience the perspective of an individual diagnosed with schizophrenia.



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Schizophreniform Disorder

Criteria to Diagnose: This disorder is the same as schizophrenia with the key exception that the total duration is one to six months (American Psychological Association, 2022). If the episode is not cured within the six-month time frame, the diagnosis would shift to schizophrenia.



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Schizoaffective Disorder



"Diagnosis: Doomed!" by JD Hancock is licensed under CC BY 2.0.

Criteria to Diagnose: This disorder has an array of symptoms, that will differ from one person to another. The key components of this disorder are psychotic symptoms paired with a mood disorder (bipolar or depressive). Individuals will experience a mood episode and at least a two-week period of

psychotic symptoms (Mayo Clinic, 2022). Again, the symptoms are varied by person, but generally they may include: delusions, hallucinations, impaired communication skills, abnormal behaviors, depression (as applicable), manic periods (as applicable), impaired normal functioning, and difficulty maintaining image and hygiene (Mayo Clinic, 2022).

Typical Demographics: This disorder is rare, with less than a half of a percent of prevalence. Men and women are diagnosed at the same rate, but men may be diagnosed at younger ages than women. This can occur with substance abuse and require multiple treatments (NAMI, 2022). There is research that shows "African Americans and Latinos are more likely to be misdiagnosed" with this disorder. To avoid this, health care providers should understand the patient background and history, thoroughly (NAMI, 2022).

Treatment, Medications, and Therapies: Treatment for this disorder is usually effective with medications (like: antipsychotic, antidepressants, and mood stabilizers), psychotherapy (like CBT), and there are alternative options like ECT.



“People in Front of Macbook Pro – Credit to <http://homedust.com/>” by Homedust is licensed under CC BY 2.0.

Case Studies to Review:

- The clinical course of schizophrenia in women and men – a nation-wide cohort study (2020)



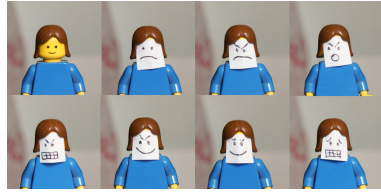
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Brief Psychotic Disorder

Criteria to Diagnose: This disorder requires individuals to experience at least one psychotic symptom, but is frequently experience with emotional turmoil (up to one month). Individuals typically recover completely within the time frame. It is usually following an extremely stressful life event, like the death of a family member (American Psychological Association, 2022).

Typical Demographics: This is a fairly rare disorder that is short-lived. These episodes can occur in other disorders as well, like schizotypal personality disorder. If the disorder last longer than a month, it may qualify for a different diagnosis like schizophreniform disorder (Black & Grant, 2014).



“24/52. Emotion” by danielito311 is licensed under CC BY-NC 2.0.

Treatment, Medications, and Therapies: Treatments for this include a variety of antipsychotic medications and psychotherapy. Read more about treatment options here: Brief Psychotic Disorder (2022).

Case Studies to Review:

- Clinical characterization of brief psychotic disorders triggered by the COVID-19 pandemic: A multicenter observational study (2021).
- Racial and ethnic differences in the prevalence of psychotic symptoms in the general population (2013)



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Delusional Disorder

Criteria to Diagnose: This disorder must include delusions for at least one month but are not caused by schizophrenia, substances,

or another medical condition (American Psychological Association, 2022).

Typical Demographics: This disorder is rare, roughly .02% of the population. This may be because of lack of reporting. Generally, the individuals with this disorder are around 40 years old, but there have been cases between 18 and 90 years old. Delusions that are more violent occur in males and those that are erotic are more common in women (Joseph & Siddiqui, 2022).

Treatment, Medications, and Therapies: Treatment is difficult to describe with low case reports. Psychotherapy and therapeutic rapport can be successful. Antipsychotic medications can be tried after a period of time. It is considered beneficial to blend therapy with medication (Joseph & Siddiqui, 2022).

Case Studies to Review:

- Care for women with delusional disorder: Towards a specialized approach (2021).
- Treatments for primary delusional infestation: Systematic review (2022).
- Delusional disorder in old age: A hypothesis-driven review of recent work focusing on epidemiology, clinical aspects, and outcomes (2022)



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Chapter 8: Paraphilic Disorders

Overview

Paraphilic disorders are a category of disorders that include “unusual or bizarre fantasies” as a requirement for sexual arousal (American Psychological Association, 2022). This group of disorders causes harm or distress to another person. (Mayo Clinic, 2022). Watch the video below to learn more about paraphilic disorders.



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Fetishism

Criteria to Diagnose: Fetishism is when inanimate objects are required for sexual arousal. Typically, the objects are unusual, not vibrators, but items like rubber items, shoes, undergarments and others. Individuals may go so far as to obtain items by stealing or ask partner to wear them during sex (Davey, 2021). The fetish must cause significant distress in the individual in order to be diagnosed (Conger, 2022).

Typical Demographics: This disorder is most common in males

and may interfere with normal sexual experiences with a partner (American Psychological Association, 2022). This often presents in adolescence, brought on by sexual experiences from childhood.

Treatment, Medications, and Therapies: Therapy with a certified therapist who specializes in paraphilias is the best way to treat this disorder. The therapist may use strategies like sex therapy, CBT, and medication (Conger, 2022).

Case Studies to Review:

- Plant fetish: A creative challenge to mental health stigma (2020)
- “Being talked to like I was a sex toy, like being transgender was simply for the enjoyment of someone else”: Fetishization and sexualization of transgender and nonbinary individuals (2021)



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Transvestic Disorder

Review the slides and videos below to learn more about transvestic disorder.



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Exhibitionism

Criteria to Diagnose: This disorder is the behavior of showing a stranger genitals as a means for sexual arousal. There is no further interaction with the stranger (American Psychological Association, 2022). It is required that this causes distress or impaired functioning (Brown, 2021) for at least six months.

Typical Demographics: Up to 4% of men have this disorder; there is a lower prevalence in women. Brown (2021) estimates that 30% of sex offenders are exhibitionists and up to 50% relapse after treatment.

Treatment, Medication, and Therapy: Psychotherapy, support groups, and SSRIs are common treatments for this disorder. Drugs are not effective when this disorder is severe.



"The forced surprise face" by Henry Söderlund is licensed under CC BY 2.0.

Voyeurism

Select each of the four hot spots below to learn more about this disorder.



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Frotteurism



“Tokyo subway at rush hour” by transitpeople is licensed under CC BY 2.0.

Criteria to Diagnose: This disorder is characterized by individuals experiencing arousal by rubbing against other people. It will appear accidental, like in lines or crowded public spaces (American Psychological Association, 2022).

Typical Demographics:

Generally, the individuals are men with any age group. It does seem to occur slightly more often in men who are “shy” or “withdrawn” and either older or within 15-25 years of age. It is estimated that 10-14 percent males have been diagnosed with this disorder (Psychology Today, 2022)

Treatment, Medications, and Therapies: This individuals do not usually receive treatment unless it is court mandated. When it is required, psychotherapy and medication are usually used to better control sexual desires. There is also proven success with behavioral therapy and relaxation training to manage urges (Psychology Today, 2022).

Case Study to Review:

- Frotteuristic disorders (2020)

Pedophilia

Review each type below, flipping the card to see more details by selecting “Turn”. After reviewing a card, select the right pointing arrow to move to the next card. There are three cards to review.



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<https://pressbooks.palni.org/psychopathology/?p=33#h5p-31>

Case Studies to Review:

- Humanizing pedophilia as stigma reduction: A large-scale intervention study (2022)
- Media coverage of pedophilia and its impact on help-seeking persons with pedophilia in Germany – A focus group study (2022)

Sexual Sadism and Sexual Masochism Disorders

Move the middle bar to the right to view and compare these disorders.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=33#h5p-32>

Case Studies to Review:

- Manifestations of sexual sadism in child sexual assault and the associated victim, offender, and offense characteristics: A latent class analysis (2022)
- A fine line between pleasure and pain: Would decriminalising BDSM permit nonconsensual abuse (2021)
- Gender bias in clinicians' pathologization of atypical sexuality: A randomized controlled trial with mental health professionals (2018)
- Masochist or murderer? A discourse analytic study exploring social constructions of sexually violent male perpetrators, female victim-survivors and the rough sex defense on twitter (2022)

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Chapter 9: Neurodevelopmental Disorders

Overview

This chapter is based on the restructuring of the DSM-V. Throughout the iterations of the DSM, some shifts have occurred to bring these disorders together into this culminating category. This is a very broad category with more information provided in the DSM, including disorders not covered here. This chapter focuses on the most common disorders.

Attention-Deficit/Hyperactivity Disorder (ADHD)

Criteria to Diagnose: ADHD is a persistent pattern of behavior that includes a lack of attention potentially paired with energetic impulsivity. These components are severe enough to interfere with normal functioning or the development of an individual. The most common types of symptoms are **inattention**, **hyperactivity**, and **impulsivity** (NIMH, 2022). These symptoms must last for at least six months and must impair normal functioning; symptoms usually appear before an individual turns seven years of age and occur in multiple settings (American Psychological Association, 2022).

Typical Demographics: The American Psychiatric Association (2022) estimates that roughly 8.4% of children and 2.5% of adults have ADHD. This disorder is often identified at an early age and is generally more prevalent in boys than girls.

Treatment, Medications, and Therapies: Medication is a common treatment for those with ADHD, including stimulants and some antidepressants. Psychotherapy and psychosocial interventions are beneficial for individuals and their families in order to manage symptoms and also to improve general functioning (NIMH, 2022). This disorder often displays with other disorders as well like ODD, CD, learning disorders, anxiety, and others (Mayo Clinic, 2022).

Case Studies to Review:

- ADHD increasing among adults (2019)
- Racial Disparities in ADHD (2020)
- A case study in attention-deficit/hyperactivity disorder: An innovative neurofeedback-based approach (2022)
- Overdiagnosis of attention-deficit/hyperactivity disorder in children and adolescents (2021)



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Autism Spectrum Disorder

Autism Spectrum Disorder (ASD) affects how individuals interact, learn, and behave. It is considered developmental, according to NIMH (2022), because “the symptoms generally appear in the first two years of life”. ASD has been re-evaluated to be a spectrum rather than several different disorders because it appears that particular symptoms are pervasive over time, just varying degrees. ASD has replaced previous disorders like Asperger’s disorder, Rett’s disorder, and others (Black and Grant, 2014).

Criteria to Diagnose: There are two main categories of symptoms: social communication/interaction and restrictive/repetitive behaviors (NIMH, 2022).

- Social communication/interaction symptoms may include but are not limited to: lack of eye contact, infrequent participation in activities, lack of response to name, lack of awareness when talking, features and movements are unrelated to what is being shared, abnormal tone of voice, difficulty adjusting
- Restrictive/repetitive behaviors may include but are not limited to: repeating behaviors (including the unusual ones), intense interest in numbers and facts, must have a consistent routine in order to function, sensitive to sensory changes or experiences.

Typical Demographics:

Prevalence of Autism Spectrum Disorder in 8-year-olds (2018) Data Courtesy of CDC*				
		Prevalence**	Percent**	
Overall		23.0 per 1,000	2.3%	
Sex	Boys	36.5 per 1,000	3.7%	
	Girls	8.8 per 1,000	0.9%	
Race/Ethnicity	White	21.2 per 1,000	2.1%	
	Black	22.3 per 1,000	2.2%	
	Asian/Pacific Islander	22.2 per 1,000	2.2%	
	Hispanic***	22.5 per 1,000	2.3%	

This chart shows data, collected by the CDC, regarding ASD prevalence in children. Select the chart to learn more about the chart on NIMH website.

Treatment, Medications, and Therapies: Medication will be tailored to fit the needs of the individual, depending on the presenting symptoms (NIMH, 2022). There are other interventions that can be implemented in different areas, to build skills like in education, home-life, and behavioral scenarios.

Case Studies to Review:

- Case studies of challenges in emergency care for children with Autism Spectrum Disorder (2021)
- Reflections of COVID-19 pandemic on Autism Spectrum Disorder: A descriptive case study (2021)
- A case study of parent-child interaction therapy for a young child with Autism Spectrum Disorder: Behavioral and developmental considerations (2020)



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Communication Disorders

Communication disorders include situations when individuals have significant impairments in language, speech, and communication (Black and Grant, 2014). Review the slides below to learn more. Select the double pointed arrow to expand to full screen.



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Intellectual Developmental Disorder

This disorder includes mild to significant limitations in functioning and adaptive behaviors (American Psychological Association, 2022). A diagnosis requires testing of intellectual capacity, social skills, and basic life skills (i.e. hygiene). Intelligence is defined as “general mental ability” (Black & Grant, 2014).

Criteria to Diagnose: Deficits in intellectual ability (examples: reasoning, problem-solving, planning, etc.) and deficits in adaptive functioning in practical and social areas. This must be significant enough to impair functioning and the onset must be during a developmental period (Black & Grant, 2014).

Typical Demographics: Roughly 1-2 percent of the population have this disorder; it is more prevalent in boys than girls.

Treatment, Medications, and Therapies: Treatment plans usually hone in on the strengths and needs of the person. Therapies and support groups can help individuals and families with this disorder.

Case Studies to Review:

- Support for people with intellectual and developmental disabilities during the COVID-19 pandemic from their own perspective (2021)
- The devastating impact of COVID-19 on individuals with intellectual disabilities in the United States (2021)

Specific Learning Disorder

Criteria to Diagnose:

Individuals with this disorder demonstrate difficulties learning including reading, reading comprehension, spelling, expression, numbers, and reasoning (Black & Grant, 2014). The symptoms are significantly interfering with the person's academic or work



"Learning is Hanging Out" by cogdogblog is licensed under CC BY 2.0.

performance and may not "manifest" until later in life. These difficulties are not caused by another disorder or condition, but must last at least six months.

Typical Demographics: Estimates show that up to 15% of children have a learning disorder; dyslexia is the most common disorder, equally affecting males and females. These disorders often occur with other disorders like ADHD and anxiety (American Psychiatric Association).

Treatment, Medications, and Therapies: Treatment can include specialized learning opportunities and accommodations, therapy, medication, and alternative medicine. The treatment plan for an individual will evolve over time, just like the individual evolves over time.

Case Studies to Review:

- Living with learning difficulties: Two case studies exploring the relationship between emotion and performance in students with learning difficulties (2020)
- Prevalence of Specific Learning Disorders (SLD) among children in India: A systematic review and meta-analysis (2022)
- Understanding, educating, and supporting children with specific learning disabilities: 50 years of science and practice

(2019)

- School failure in a girl with specific learning difficulties, suffering from childhood depression: Interdisciplinary therapeutic approach (2020)

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Chapter 10: Neurocognitive Disorders

Delirium



"6/365 ~ Delirio, delirium." by Verano y mil tormentas. is licensed under CC BY-ND 2.0.

Criteria to Diagnose:

Delirium is a state where an individual cannot focus, the environment is "misperceived" and thoughts are disorganized (American Psychological Association, 2022). Individuals may experience hallucinations or other changes to their vision, memory impairment, or trouble with language. Delirium starts quickly and varies over time; it can be caused by many

conditions ranging from infections to seizures to substance abuse (Black & Grant, 2014).

Typical Demographics: Delirium is most common among older patients, older than 70 years. Medication side effects account for roughly 39% of cases (Echeverria et al., 2022).

Treatment, Medications, and Therapies: Supportive care is a good way to treat delirium, addressing physical symptoms and any triggers that may exist. Medication may cause the delirium, so ask medical professionals for guidance on medications that help and do not cause these symptoms. In addition, there are some coping strategies that can be completed to manage or treat this condition

like: good sleep habitat, meditation, promote routine and healthful habits (Mayo Clinic, 2022).

Case Studies to Review:

- The one-two punch of delirium and dementia during the COVID-19 pandemic and beyond (2020)
- Delirium during recovery in patients with severe COVID-19: Two case reports (2020)
- Delirium and the risk of developing dementia: A cohort study of 12949 patients. (2022)



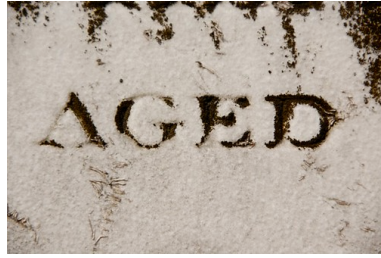
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Major and Mild Neurocognitive Disorders

Criteria to Diagnose: This disorder is acquired when an individual experiences significant cognitive decline. The individual will experience challenges in attention, executive function, learning and memory, language, motor abilities and social cognition (Black & Grant, 2014). The deficits will interfere with independence and normal functioning but are not classified as delirium or another mental disorder.

Typical Demographics: It is estimated that mild disorders are prevalent in 20.3% of the population, similar ratings in between male and female, but significantly higher in advanced age (Luck et al., 2017) Major neurocognitive disorder prevalence is very low until age 85, when it is roughly 30%.



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Treatment, Medications, and Therapies: There is no cure for these disorder. But there are opportunities with medications like antidepressants and antipsychotics, that may minimize the symptoms. Different forms of therapy like cognitive stimulation and deep brain stimulation are alternative options that may also help manage the disorder (Lumen).

Case Studies to Review:

- Current approaches to diagnosing and treating major neurocognitive disorder (2017)
- Dementia and major neurocognitive disorders: Some lessons learned one century after the for Alois Alzheimer’s clinic notes (2021)
- Cannabinoids in the management of behavioral, psychological, and motor symptoms of neurocognitive disorders: A mixed studies systematic review (2022)
- Persistent COVID-19 associated neurocognitive symptoms in non-hospitalized patients (2021)



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Chapter 11: Substance Related Disorders

Overview

Substance related disorders are many, divided into several classes. One common element is that all “drugs taken in excess activate the brain’s reward circuitry” (Black & Grant, 2014). Addiction is a complex situation, changing how the brain functions and the effects of substance abuse will be felt by the individual long after the substance is eliminated from their system (American Psychiatric Association, 2022).

Drug addiction includes, but is not limited to, the following behaviors and symptoms in order to diagnose (Mayo Clinic, 2022):

- Urge to use substance is felt regularly, potentially blocking out other thoughts
- Individual will need more of the substance in order to feel the same way, over time
- Overspending on the drug of choice
- Significantly impairing work or other responsibilities
- Individual may behave outside of their norm, like stealing
- Experiencing withdrawal
- Failing in attempts to abstain
- Physical appearance may decline

Alcohol



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Caffeine

Caffeine is a socially acceptable stimulant that is widely used to increase alertness and performance (Agoston et al., 2022; Munis, et al., 2017). It is a plant-derived, bitter substance that is found in seeds, fruits, nuts, or leaves in plants indigenous to Africa, East Asia, and South America (“Caffeine”, 2022) (APA, 2022). Caffeine acts as a defense mechanism for plants, due to its bitter taste, keeping plant-eaters away and outliving the competition. The best known source of caffeine is coffee, which millions of people consume daily (often many times daily!) (“History”, 2022). It is the most widely consumed (and sanctioned) psychoactive drug in the world because it is legal and unregulated nearly everywhere in the world (Franke et al. (2021). Caffeine has its own slew of positive and negative affects. Review the graphic below to learn more about the pros and cons of consuming caffeine.



Pros of coffee: Increased alertness, Reduced fatigue, More clear thoughts, Reduces cold symptoms, Enhance cognitive performance, Less stigmatized, Elevates mood, & Pain reliever. Cons of Coffee: Dependence, Withdrawal, Tolerance, Self-medication, Impulsivity, Aggression, Diuretic, Dehydrant (AlAteeq, et al, 2021; Cusack, 2020; dePaula and Farah, 2019; Mills, et al., 2017; Rosenkranz, et al., 2019; Temple, et al., 2017)

Criteria to Diagnose: The criteria required to diagnose caffeine use disorder include: high doses of caffeine consumption, five or more behavioral symptoms like restlessness, diuresis, rambling, and heart racing, the symptoms must be severe enough to impact functioning and are not a result of another condition or disorder.

Typical Demographics:
According to research, those diagnosed with this disorder are middle-aged, females, and white. These individuals often had other substances that they used like tobacco, alcohol, or cannabis (Sweeney et al., 2020).



"Caffeine-2378" by Greg_Rodgers is licensed under CC BY 2.0.

Treatment, Medication, and Therapy: Some treatment includes a daily caffeine diary, counseling, education, and a caffeine

reduction plan. There are not many treatments for this disorder, so more research needs to be done in this area (Meredith et al., 2013)

Case Studies to Review:

- Caffeine use disorder: A comprehensive review and research agenda (2013)
- Caffeine intake and its sex specific association with general anxiety: A cross-sectional analysis among general population adults (2022).
- Effect of caffeine consumption on the risk of neurological and psychiatric disorders: Sex differences in humans (2020)

Hallucinogen

Review each of the nine hot spots below to learn more about hallucinogens.



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Treatment, Medication, and Therapy: There is not one prescribed treatment program for this substance abuse, but behavioral treatments can be helpful. More research needs to be done regarding these treatments. Note that not all hallucinogens are considered addictive substances, hence the lack of addiction treatment (NIDA, 2021)

Case Studies to Review:

- Psychedelic experiences during the early COVID-19 pandemic: Findings from an international online survey (2021).

- Associations between classic psychedelics and opioid use disorder in a national-representative US adult adult (2022)
- Novel treatment approaches for substance abuse disorders: Therapeutic use of psychedelics and the role of psychotherapy (2022)

Inhalants



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Inhalants include a wide range of substances and side effects and are inhaled through the nose or mouth. These substances include gasoline, lacquers, spray paints, glues, aerosols, paints, and cleaning fluids. In addition to the high, intoxicating feeling, users may also experience confusion, disorientation, nausea, fatigue, and other negative side effects (Queensland Government, 2018; Verma, 2011). These substances are easy to obtain and conceal, which promotes their use and addiction. This type of substance abuse occurs worldwide, no socioeconomic class or development status left unaffected (Verma, 2011).

Criteria to diagnose: Individuals will experience significant impairment of functioning occurring within 12 months (Black & Grant, 2014).

Typical Demographics: According to the National Survey on Drug Use and Health (SAMHSA, 2021), about 2.4 million people, 12 years and old, report using inhalants. It is the highest among those aged 12-17.

Treatment, Medication, and Therapy: Typical treatment methods

include CBT, interventions, group counseling, engagement programs, and 12-step programs (Cleveland Clinic, 2019).

Opioids

Opiates, are either naturally or synthetically derived from opium (APA, 2022). Opioids are the naturally occurring opiates (like morphine) and synthetic versions (like heroin). Users may experience positive effects, when used clinically as pain relievers, anesthesia, cough suppressants, and antidiarrheal drugs. But, as with all drugs we are discussing, opioids are prone to abuse and dependence in the long-term; symptoms include pain relief, fatigue, euphoria, respiratory depression, and reduced function in the gastrointestinal system (APA, 2022; Bahmutsky, et al., 2020).

Criteria to Diagnose: The symptoms provided at the top of the chapter must occur within a 12-month time period (Black & Grant, 2014).

Typical Demographics: Over two million Americans suffer from opioid use disorder (NIDA, 2016). There is significant data on racial, ethnic, and age groups that use opioids. Review this information from a 2019 report from the CDC to learn more and review all of their data: Racial/ethnic and age group differences in opioid and synthetic opioid-involved overdose deaths among adults aged [older than] 18 years in metropolitan areas (2019)

Treatment, Medication and Therapy: There are effective medications available to treat this disorder. Medications are recommended to be combined with counseling, like CBT (NIDA, 2016).

Case Studies to Review:

- Treatment outcomes in patients with opioid use disorder who were first introduced to opioids by prescription: A systematic review and meta-analysis (2020)

- Case report: Relapsing opioid use disorder in the context of COVID-19 (2020)

Stimulants



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Chapter 12: Suicide: Ideation and Prevention

Overview

Suicide is “the act of killing oneself” (APA, 2022). Suicide has the potential to occur when an individual is depressed, substance use disorder, or another psychological disorder. Suicide can occur without any apparent psychological catalyst (APA, 2022).



Key Statistics on Suicide

Statistics provided by the World Health Organization (2021)

- 700,000 annually die by suicide.
- 4th leading cause of death among 15-19 year olds.
- 77% of global suicides occur in low- and middle- income countries.
- Pesticides, suffocation, and firearms are the most common methods of global suicide.

If you or someone you know is in crisis, please contact



Call or text 988
Chat at 988lifeline.org

*Statistics provided by the World Health Organization (2021)
700,000 annually die by suicide; 4th leading cause of death among 15-19 year olds; 77% of global suicides occur in low- and middle- income countries; Pesticides, hanging, and firearms are the most common methods of global suicide.*

Ideation

Suicidal ideation means that an individual is having thoughts about hurting themselves. Sadly, the statistics show that those thoughts are turned into actions. Below are some slides, provided by the National Institute for Mental Health (2022), which share the demographic data of suicide rates in the United States.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=64#h5p-42>

Prevention

Below are five cards to share some ways to prevent suicide, review each card (CDC, 2022). You can also review extended resources from the CDC on preventing suicide here in English or here in Spanish.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=64#h5p-43>

There are many TED Talk playlists on the prevention of suicide, it may be beneficial to review these at your leisure to better understand the struggles, the stigma, and hear the stories of survivors. Select this link to see the playlists compiled by TED. Meanwhile, here are a few, selected for this chapter:



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=64#h5p-44>

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Chapter 13: Education and Support for Families and Communities

Overview:

In this chapter, seven ways to support families and communities will be covered. These include:

- Prioritize wellness for all.
- Enhance mental health literacy, reducing stigma and barriers.
- Implement evidence-based prevention practices.
- Establish a supportive, interdisciplinary framework.
- Leverage policy and funding.
- Enhance workforce capacity.
- Collect data to promote equity.

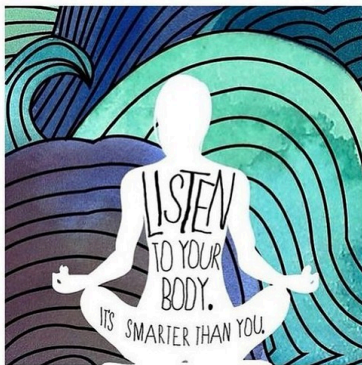


*"One and Other-Mental Health" by
Feggy Art is licensed under CC
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Prioritize wellness for all.

Supporting wellness for all benefits not just students or employees, but educators, employers, and providers as well. Wellness, according to the US Department Education (2021), is a multi-faceted term. It includes, but is not limited to medical, emotional, environmental, occupational, physical, intellectual, social, and economic components. In order for wellness to be a focus for institutions here are some steps to follow:

1. Assess the well-being (consider all of those facets!) for faculty, staff, parents and students.
2. Implement wellness programming tailored to the needs of participants.
3. Collect data and feedback to adjust programming in the future.
4. Promote appropriate connection between all entities to build supportive and informative networks that promote well-being for all.



"The Journey to #Holistic #Wellbeing #Bali #Retreat is a comprehensive #wellness program incorporating deep commitment by experts who are actively involved in each individual's needs <http://balifloatingleaf.com/holistic-wellbeing-bali-retreat/> #Yoga #Medi" by mikaku is licensed under CC BY-NC-ND 2.0.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=66#h5p-45>

Enhance mental health literacy, reducing stigma and barriers.



"wiki ad mental health stigma lets talk" by TraumaAndDissociation is licensed under CC BY-ND 2.0.

Due to the pandemic, the nature and attitudes regarding wellness need addressed, to mitigate stigma, reduce barriers, and improve understanding. The definition of mental health should evolve to reflect the current landscape, after the pandemic. Interventions at a community level can also assist in these endeavors like wellness

campaigns, embedding services within educational institutions, up-to-date websites and social media, and others. These training programs can help people more locally and school-based programs have fewer barriers for those with lower socioeconomic status (US DOE, 2021).

Furthermore leaders, whether educators, community leaders, employers or parents can take these steps to enhance mental health literacy and minimize challenges:

- Leaders demonstrate openness in regard to mental health and its related challenges.
- Leaders develop a supportive process for others to follow in the event of changes in a person (i.e. mood changes).
- Leaders provide assistance in the form of trainings or information in a timely manner.
- Leaders recognize opportunities to bundle similar requests together to support those in need in a cost-effective way.



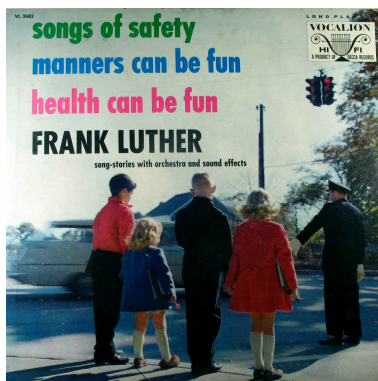
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<https://pressbooks.palni.org/psychopathology/?p=66#h5p-46>

Implement evidence-based prevention practices.

The US Department of Education (2021) recommends a Multi-Tiered Systems of Support, which helps organize all of these processes. For a more detailed description select this link. Essentially, it breaks down into three tiers.

- Tier 1: Primary Intervention
 - Establish clear and safe practices for all. Examples: safe, welcoming environment; promoting connection; establish routine; delivering relevant and diverse instruction as applicable; use of appropriate tools; providing specific and supportive feedback.
- Tier 2: Secondary Intervention
 - This is more targeted support for those that are still experiencing some risky behaviors or challenging situations.



"Safety" by Kevin Dooley is licensed under CC BY 2.0.

- Tier 3: Tertiary Prevention
 - This is for those with chronic and intense needs and where they would be provided with intense, tailored support.
- Crisis Response
 - It is beneficial to have a plan in place, in the event that intervention is required. Identify and intervene early to minimize the use of crisis response plans.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=66#h5p-47>

Establish a supportive, interdisciplinary framework.

All environments should be supportive and welcoming to all, regardless of any individual factors. There is an increasing trend to clearly integrate education and mental health systems, to effectively blend all of the resources, training, and education into a central program (US DOE, 2021). Some steps to take:

- Communicate the priority to educate and support mental health within the organization. Set standards and prioritize time for these events.
- Focus on connection and team-building. If an individual is struggling, they may confide in a positive connection before crisis results. Moreover, close connections may also recognize symptomatic changes.

- Integrate support that will aid in the implementation of these initiatives. New team members may be needed or job descriptions adjusted to encompass this change. But there has to be an advocate in order to see true change.



An interactive H5P element has been excluded from this version of the text. You can view it online here:

<https://pressbooks.palni.org/psychopathology/?p=66#h5p-48>

Leverage policy and funding.

Policy reviews determine if current policies reflect these changes in the system and can eliminate potential barriers for implementation (US DOE, 2021). Potential steps include:

- Expand and/or allocate funding for mental health programs and education.
- Lower the costs of providing mental health care to constituents.
- Share success stories and data with the policymakers
- Implement these policy changes that support inclusion and mental health in all parts of the organization.

Enhance workforce capacity.

In order for this to be a success, all members of the organization need to be training to fully support this mission. One person cannot implement all of the changes alone; it will be a team effort to better

finally, data will hold the organization accountable, which is important in order to be effective.

Case Studies to Review:

- Associations of family functioning and social support with psychopathology in children of mentally ill parents: Multilevel analyses from different rating perspectives (2021)
 - The contributing role of family, school, and peer supportive relationships in protecting the mental well-being of children and adolescents (2022)
 - How can education better support the mental health and well-being of young people? Contributions from developmental psychopathology and educational effectiveness research (2019)
 - Benefits of digital mental health care interventions for correctional workers and other public safety personnel: A narrative review (2022)
 - Mental health and the workplace: Issues for developing countries (2009)
 - Understanding mental health in the workplace (2018)
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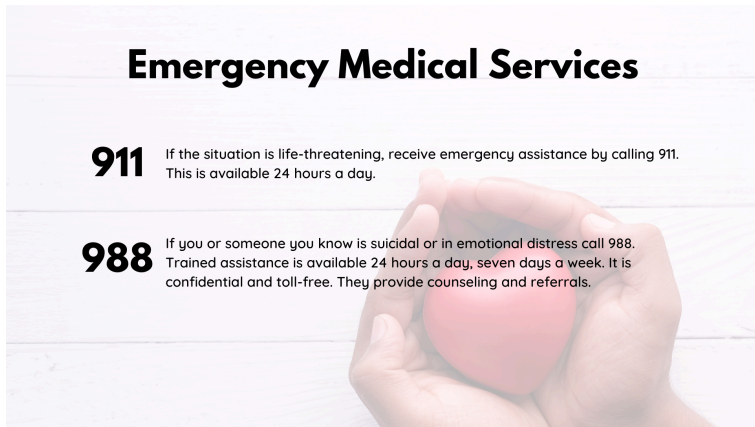
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Chapter 14: Emergency Services and Treatment


Emergency Services


First, it may be beneficial to save the image below for future reference. If you or someone you needs emergency services, use these numbers in the United States.



911 for medical emergencies; 988 for suicide and crisis

If you need help finding treatment the Substance Abuse and Mental Health Services Administration (SAMHSA) offers a behavioral health treatment services locator. The information entered is fully anonymous and secure. Select the picture below to be directed to this service or follow this link.

 U.S. Department of Health & Human Services



[SAMHSA Home](#) | [Newsroom](#) | [Site Map](#) | [Contact Us](#)

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Home

Behavioral Health Treatment Services Locator

Welcome to the Behavioral Health Treatment Services Locator, a confidential and anonymous source of information for persons seeking treatment facilities in the United States or U.S. Territories for substance use/addiction and/or mental health problems.

PLEASE NOTE: Your personal information and the search criteria you enter into the Locator is secure and anonymous. SAMHSA does not collect or maintain any information you provide.

Find treatment facilities confidentially and anonymously.

Get Help

FindTreatment.gov
Millions of Americans have a substance use disorder. Find a treatment facility near you.

988 Suicide & Crisis Lifeline
Call or text 988
Free and confidential support for people in distress, 24/7.

National Helpline
1-800-662-HELP (4357)
Treatment referral and information, 24/7.

Disaster Distress Helpline
1-800-985-5990
Immediate crisis counseling related to disasters, 24/7.

SAMHSA Behavioral Health Treatment Services Locator

Treatment

There are different types of mental health crisis services available: 24-hour crisis lines, walk-in crisis services, and mobile crisis teams. 24-hour services are generally the first point of contact for a person in need of assistance. Walk-in services are urgent care centers that are set up like a hospital emergency room, but are less intensive. They can sometimes act as drop-off centers for law enforcement to decrease arrests. Mobile teams are those that work closely with law enforcement, hotlines, and hospital emergency staff. These teams can identify if someone needs admitted or can connect them with community programs (NAMI, 2022).

There are other opportunities for treatment as well, beyond emergency crisis services. Follow this link to NAMI for full information, a summary is below.

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- Respite Care and Residential Services
 - Family-based crisis home support
 - Crisis respite centers and apartments
 - In-home support
- Crisis Stabilization Units
 - Extended Observation Units (23-hour beds)
 - Hospitalization
 - Partial Hospitalization
 - Day Hospitalization

What to do in a crisis?



One or more interactive elements has been excluded from this version of the text. You can view them online here: <https://pressbooks.palni.org/psychopathology/?p=68#oembed-1>

Evaluate the Situation.

- Do you or someone you love need urgent treatment?
- If there is a plan to kill yourself: call 911 or go to the emergency room **immediately**.
- Unsure? If you answer yes to any of these, then call 911 or go to the emergency room.
 - Urgent thoughts planning it

- Method is determined
- Where, how, or when are determined
- If you are hesitating, ask someone close to you to support you.
 - Call the National Suicide Prevention Hotline: 18.800.273.8255
 - They are available 24/7
- Contact mental health professionals immediately.

Avoiding a Crisis: Download this Guide from NAMI

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Substance Abuse and Mental Health Services Administration

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<https://findtreatment.samhsa.gov/>

This is where you can add appendices or other back matter.