1. **Models of abnormality**
   1. **Definitions of abnormality**
      1. Definitions:
         1. deviation from statistical norms
         2. social norms,
         3. ideal mental health,
         4. Failure to function adequately.
      2. Rosenhan & Seligman 1989
      3. Jahoda 1958 (ideal mental health)
      4. Comer 1998
      5. Problems with defining and diagnosing abnormality.
         1. Be able to identify problems with each def

* 1. **models of abnormality**
     1. Medical/biological
     2. Behavioural
     3. psychodynamic
     4. cognitive.
     5. Assumptions and applications of models.
        1. Ability to diagnose and treat
        2. DSM vs ICD
        3. Stein et al found that the DSM was correct in saying that abnormality is hard to define
        4. Reiger et al 2013 – examine reliability of DSM DX
        5. BPS response to the APA (DSM-5) = over medicalization of disorders
  2. **treatments of abnormality**
     1. biological/medical
     2. psychotherapies
        1. Shelder 2010 support psyd
        2. Dodo bird model states that all therapies are essentially the same
        3. Smith, Glass and Miller = support psyd
     3. cognitive-behavioural
        1. Paul & Lentz support token economy
        2. Hoffman et al 2012 meta analysis = CBT effective
  3. **Possible Issues and debates**
     1. Gender bias
     2. Cultural bias
     3. Reliability
     4. Ethics
     5. Freewill vs determinism
     6. Reductionism vs holism
     7. Nature vs Nurture
     8. Research – meta-analysis

1. **Schizophrenia:**
   1. **types, symptoms and characteristics of schizophrenia**
      1. Types (e.g. catatonic, paranoid)
      2. Characteristics/symptoms
         1. Pos/Neg Symptoms
         2. Hallucinations vs Delusions
      3. ; case studies/examples.
         1. A Beautiful Mind (John Nash)
         2. The Genian Quads
   2. **explanations of schizophrenia**
      1. Genetic
         1. (e.g. Gottesman and Shields, 1972) = pedigree study and meta-analysis
         2. Torrey et al = twin study
         3. Yang et al = molecular genetics found the DAO gene
      2. Biochemical
         1. (dopamine hypothesis) Linstroem et al. 1999 PET scans and L-Dopa = schiz patients used L-Dopa faster than controls
         2. Brain structure
      3. Cognitive
         1. (e.g. Frith, 1992). = mentalizing impairment
         2. Johnson et al = cog abilities of schiz patients vs controls…found lower cog abilities across all tests for schiz patients
   3. **treatments for schizophrenia**
      1. Biochemical
         1. (antipsychotics and atypical antipsychotics) Leuct et al 2013 meta-analysis on efficacy of drugs
         2. electro-convulsive therapy
      2. Behavioral Token economy
         1. (Paul and Lentz, 1977)
         2. Criticized by Wakefield in 2008
      3. cognitive-behavioural therapy (Sensky, 2000). Med resistant patients
   4. Possible Issues and debates
      1. Ethics
      2. Freewill vs determinism
      3. Reductionism vs holism
      4. Nature vs Nurture
      5. Research – meta-analysis
2. **Abnormal affect:**
   1. **types, characteristics, examples and sex differences**
      1. Types: depression (unipolar) and
      2. mania (bipolar); causes and treatments for manic depression;
      3. sex differences in depression.
         1. Women 2-3 x likely for Dx of MDE
         2. Nolan and Hoeksema = multiple studies on this issue
   2. **explanations of depression**
      1. Biological:
         1. Genetic Plomin 1997 = pedigree study or McGufin et al = twin study
         2. Neurochemical = Monamine hypothesis –(Serotonin) –
            1. Whybrow – research negates this idea
      2. cognitive: Beck’s cognitive theory – Negative beliefs Negative cognitive triad
      3. learned helplessness/attributional style (Seligman, 1979).
   3. **treatments for depression**
      1. Biological: chemical/drugs
         1. (MAO, SSRIs) = Rucci et al.= reduce suicidal ideation
         2. electro-convulsive therapy
      2. Cognitive restructuring
         1. (Beck, 1979)
         2. rational emotive therapy (Ellis, 1962).
   4. Possible Issues and debates
      1. Gender bias
      2. Reliability
      3. Ethics
      4. Freewill vs determinism
      5. Reductionism vs holism
      6. Nature vs Nurture
      7. Research – meta-analysis
3. **Addiction and impulse control disorders:**
   1. **definitions, types and characteristics of addictions**
      1. Definitions (e.g. Griffiths, 2005) KNOW THIS WELL!!!!
      2. types, e.g. alcoholism; impulse control (e.g. kleptomania, pyromania, compulsive gambling);
      3. physical and psychological dependence.
   2. **causes of addiction and impulse control disorders**
      1. Genetic: alcohol
         1. (e.g. Schuckit, 1985) twin study
         2. Edenberg – genetic study = GABRA2
      2. biochemical: dopamine;
      3. behavioural: positive reinforcement
      4. cognitive/personality.
         1. Gannon = found common personality types for pyromaniacs
         2. Wedekind et al found common personality types among alcoholics
   3. **coping with and reducing addiction and impulse control disorders**
      1. Behavioural
         1. e.g. token economy
         2. aversion therapy (for alcoholism)
      2. Cognitive-behavioural therapy (e.g. Kohn, 2000) for kleptomania.
   4. **Possible Issues and debates**
      1. Gender bias
      2. Reliability
      3. Ethics
      4. Freewill vs determinism
      5. Reductionism vs holism
      6. Nature vs Nurture
      7. Research – meta-analysis
4. **Anxiety disorders (phobias):**
   1. **definitions, types/examples (case studies) of phobias**
      1. 5 SubTypes of simple phobias: animal, natural, blood, situational, other
      2. Agoraphobia
      3. Case studies = Little Hans vs Little Albert
   2. **explanations of phobias**
      1. Behavioural (classical conditioning, e.g. Watson, 1920)
      2. psychoanalytic (Freud, 1909);
      3. biomedical/genetic
         1. (e.g. Ost, 1992) blood phobias and familial pattern
         2. Biederman = temperament of children and development of phobia
         3. Cook and Mineka predisposition to fear certain objects in monkeys
      4. cognitive (e.g. DiNardo et al., 1988) – not a behavioral fear b/c no actual attack occurred therefore more cognitive
   3. **treating phobias**
      1. Systematic desensitisation (Wolpe, 1958) (IMAGINED STIMULI most often)
         1. Actual presentation using techniques above = in vivo
      2. flooding; applied tension (Ost et al., 1989);
      3. cognitive-behavioural therapy (Ost and Westling, 1995).
   4. **Possible Issues and debates**
      1. Ethics
      2. Freewill vs determinism
      3. Reductionism vs holism
      4. Nature vs Nurture
      5. Research – meta-analysis
5. **Anxiety disorders (obsessions and compulsions):**
   1. **definitions, measures and examples of obsessions and compulsions**
      1. Define
         1. obsessions vs compulsions
      2. case studies/examples
         1. (e.g. ‘Charles’ by Rapoport, 1989)
         2. Case of Mary
         3. El Camino man
      3. Measures
         1. Maudsley obsessive-compulsive inventory.
         2. Y-Bocs
         3. OCI
   2. **explanations of obsessive/compulsive disorder**
      1. Biomedical
         1. Twin studies
         2. Pedigree studies
         3. Abnormal metabolic activity in brain
      2. cognitive-behavioural
         1. Mowers two-process avoidance theory
      3. Psychodynamic
         1. Freud.
   3. **treatments for obsessive/compulsive disorder**
      1. Drug therapy = SSRI’s
         1. Selvi et al showed efficacy
      2. cognitive-behavioural therapy
         1. Bolton 2011 showed CBT efficacious
      3. psychoanalytic therapy.
         1. Chlebowski & Gregory = psychotherapy effective