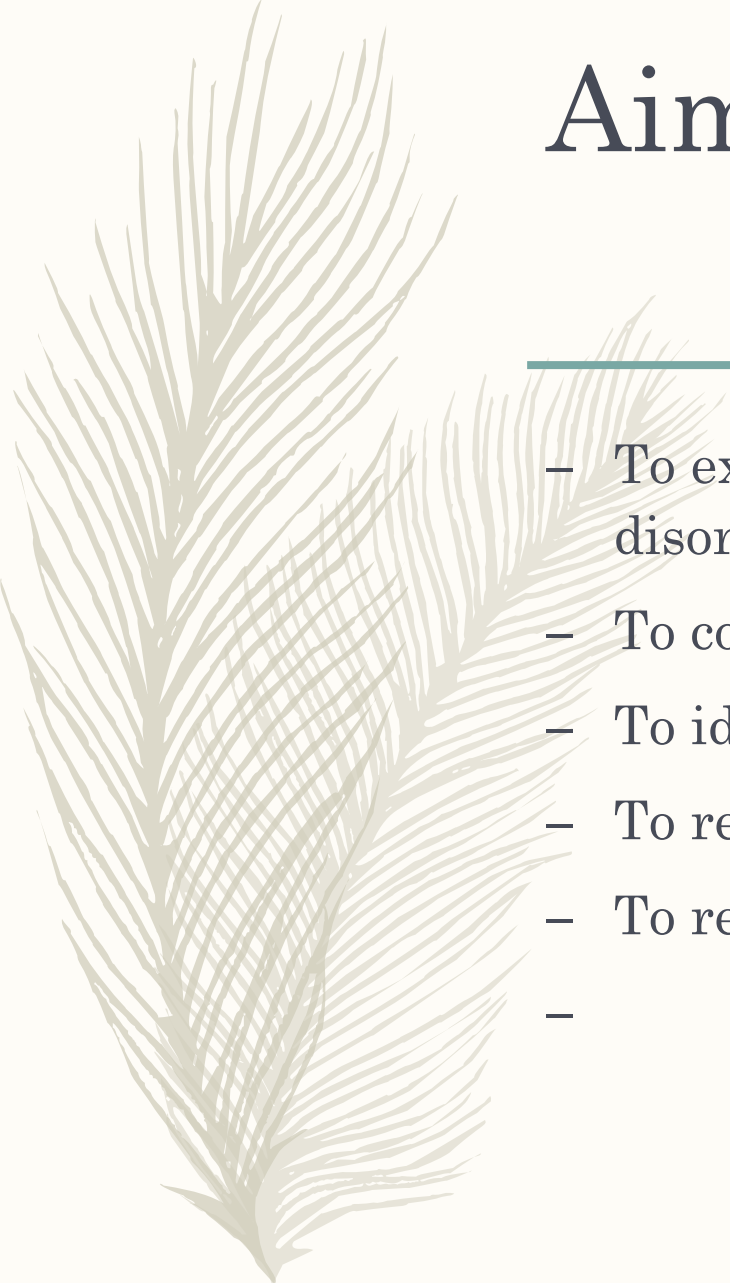




Session 3: Psychological Disorders & Diagnosis

Morning session



Aims of the session

- To explore the clinical characteristics of mood disorders, anxiety disorders and eating disorders.
- To consider appropriate aetiologies for each disorder.
- To identify appropriate treatments for each of the disorders.
- To revisit the biomedical model.
- To revisit the biopsychosocial model.
-



DSM5: Depressive Disorders and Bipolar and Related Disorders

- Disruptive Mood Dysregulation
- Major Depressive Disorder
- Persistent Depressive Disorder
- Premenstrual Dysphoric Disorder
- Substance/medication induced Depressive Disorder
- Other specified Depressive Disorder
- Unspecified Depressive Disorder
- Depressive Disorder due to another medical condition

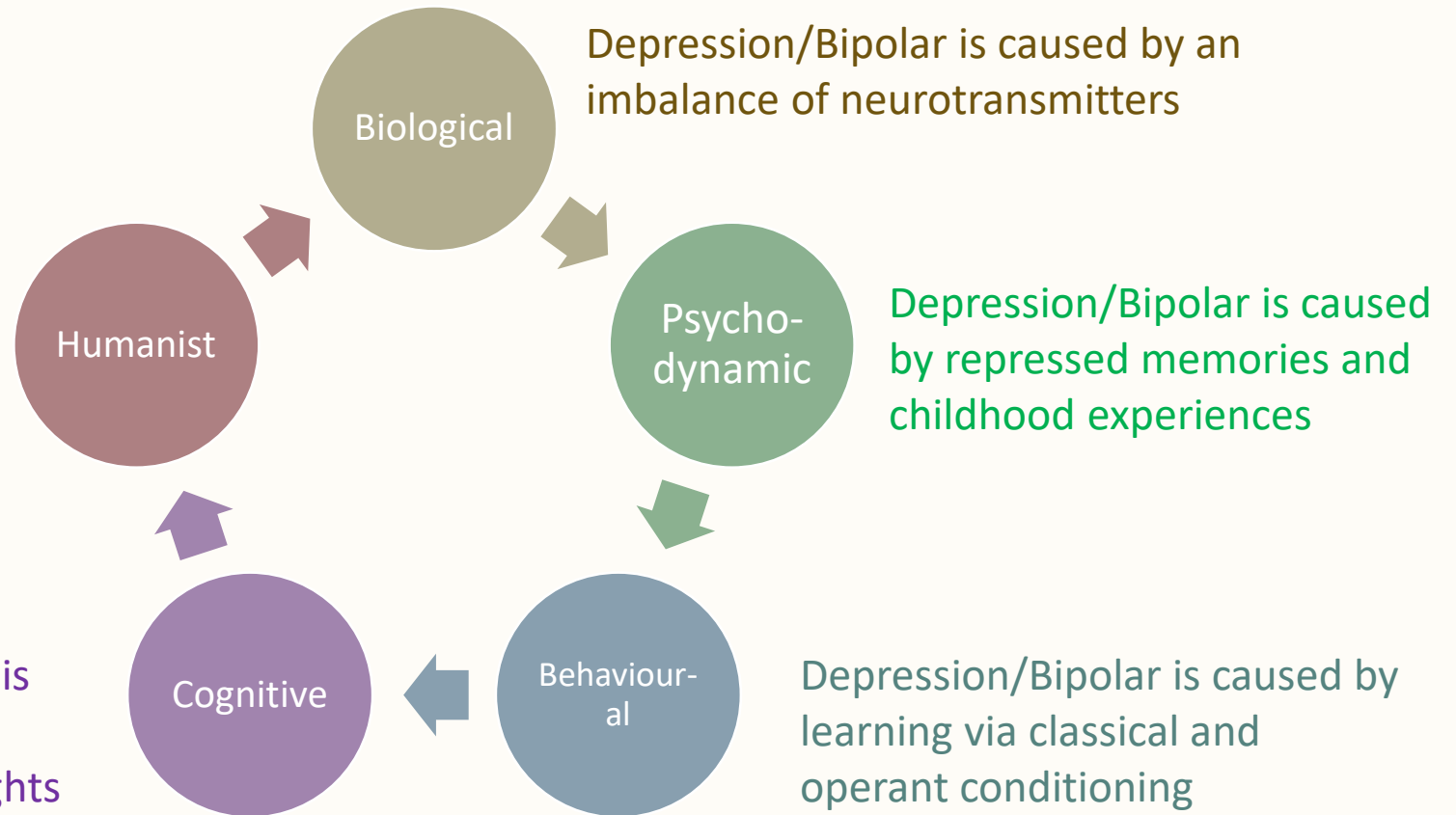
- Bipolar 1 Disorder
- Bipolar 2 Disorder
- Cyclothymic Disorder
- Substance/medication induced Bipolar and Related Disorder
- Other specified Bipolar and Related Disorder
- Unspecified Bipolar and Related Disorder
- Bipolar and Related Disorder due to another medical condition

Aetiology of Depressive and Bipolar Related Disorders



Depression/Bipolar is caused by low self esteem and self worth

Depression/Bipolar is caused by faulty or dysfunctional thoughts

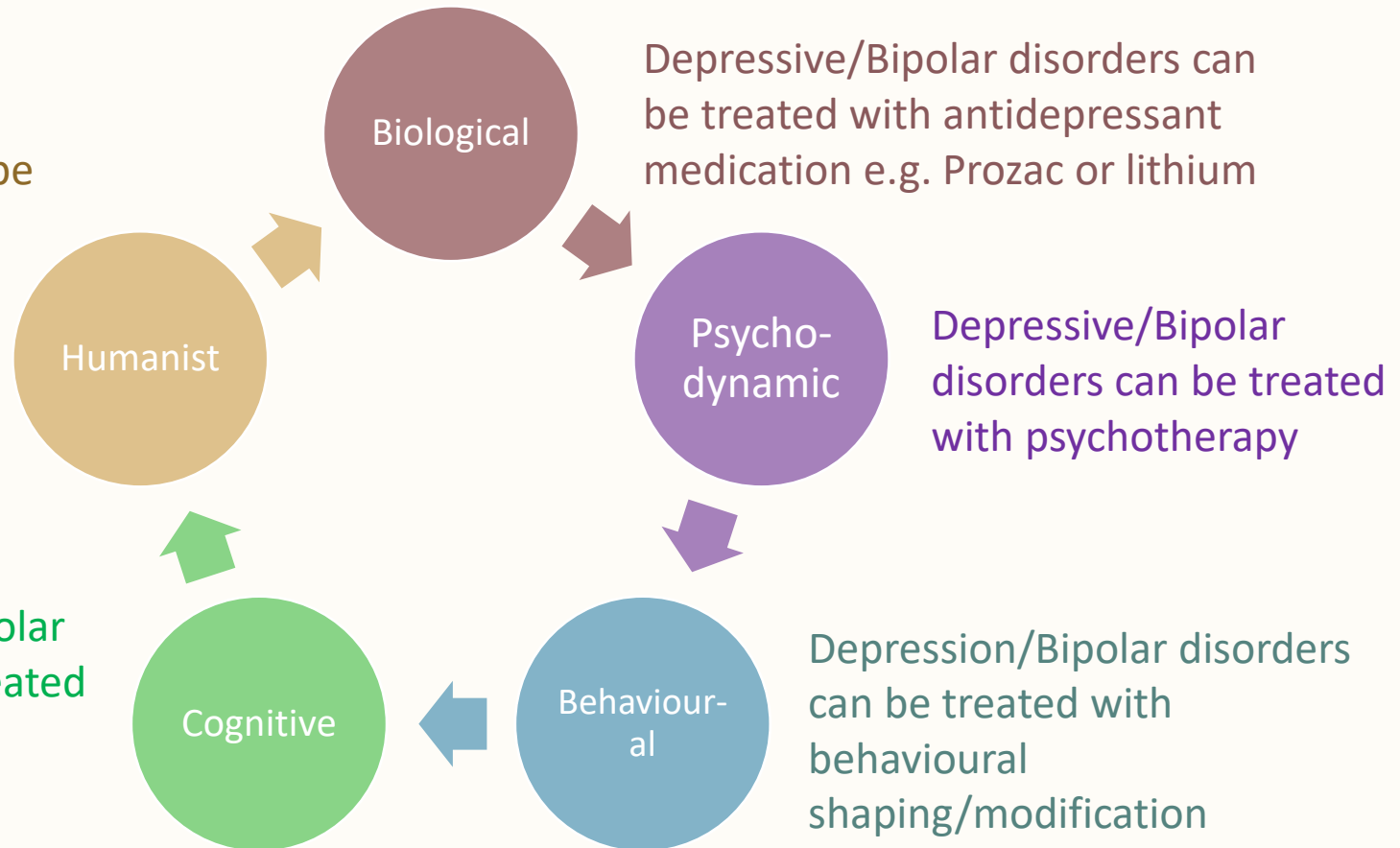


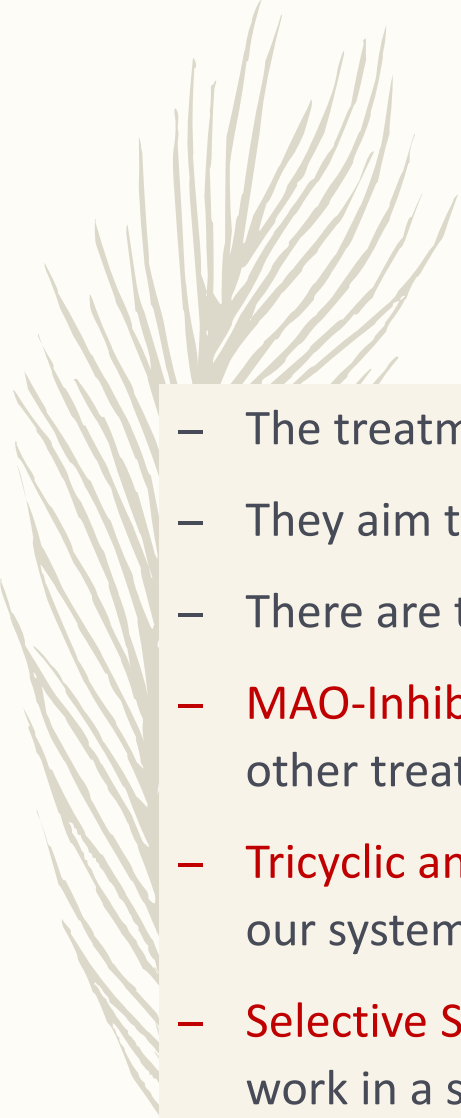
Treatment of Depressive and Bipolar Disorders



Depressive disorders can be improved with the use of Humanistic counselling

Depression and Bipolar disorders can be treated with CBT and ACT





Depression and medical treatments

- The treatments used by the medical model are known as ‘somatic’ treatments, meaning ‘of the body’
- They aim to fix the part of the body which is ‘not working’
- There are three main types of anti-depressant, all of which affect the chemical balance of the brain.
- **MAO-Inhibitors.** Effective in approximately 50% of cases, but with severe side effects. Used only when other treatments have failed.
- **Tricyclic antidepressants.** Prevent the re-absorption of serotonin and adrenaline, increasing the level in our system. However, Sommers-Flanagan et al (1996) found they were no more effective than a placebo.
- **Selective Serotonin Re-uptake Inhibitors (SSRIs).** These include widely-used brands such as Prozac, and work in a similar way to tricyclics.
- However, they only block serotonin reabsorption – not all neurotransmitters. Joffe et al., (1996) found they were more effective than placebos.

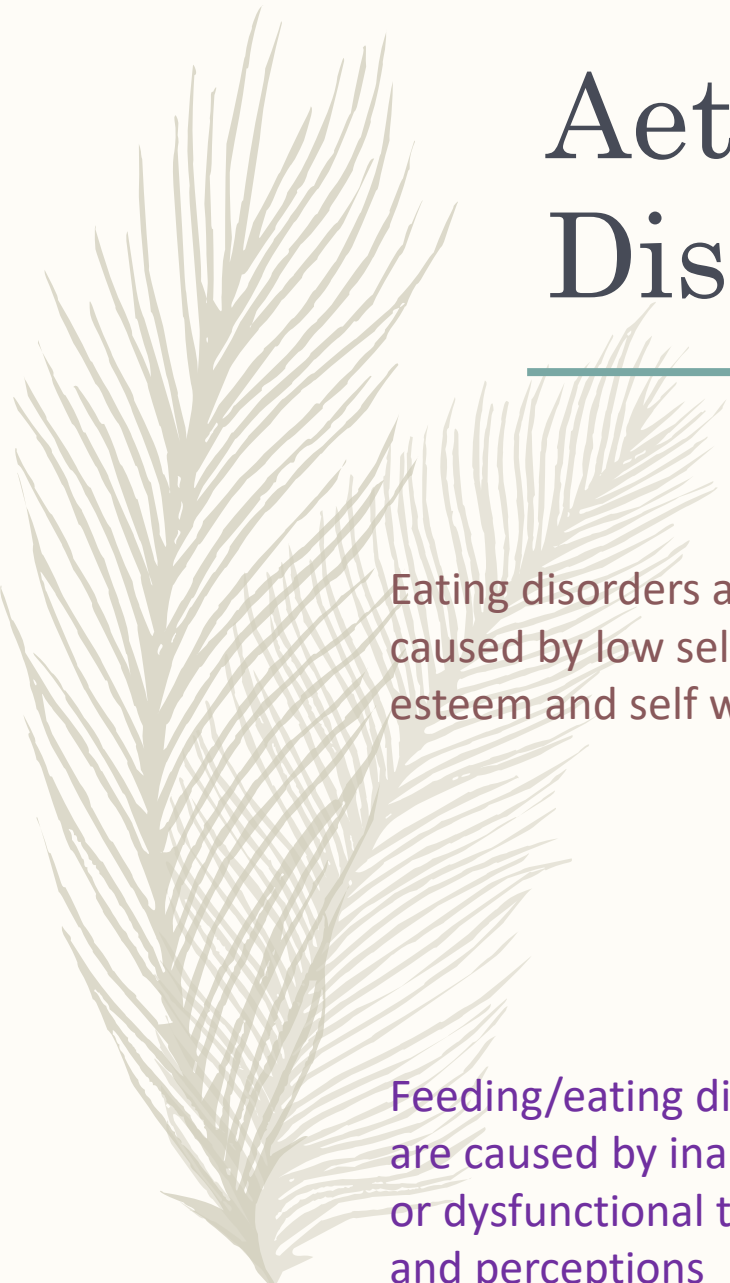


DSM5: Feeding and Eating Disorders

- Pica
- Rumination Disorder
- Avoidant/Restrictive Food Intake Disorder
- Other Specified Feeding or Eating Disorder
- Unspecified Feeding or Eating Disorder

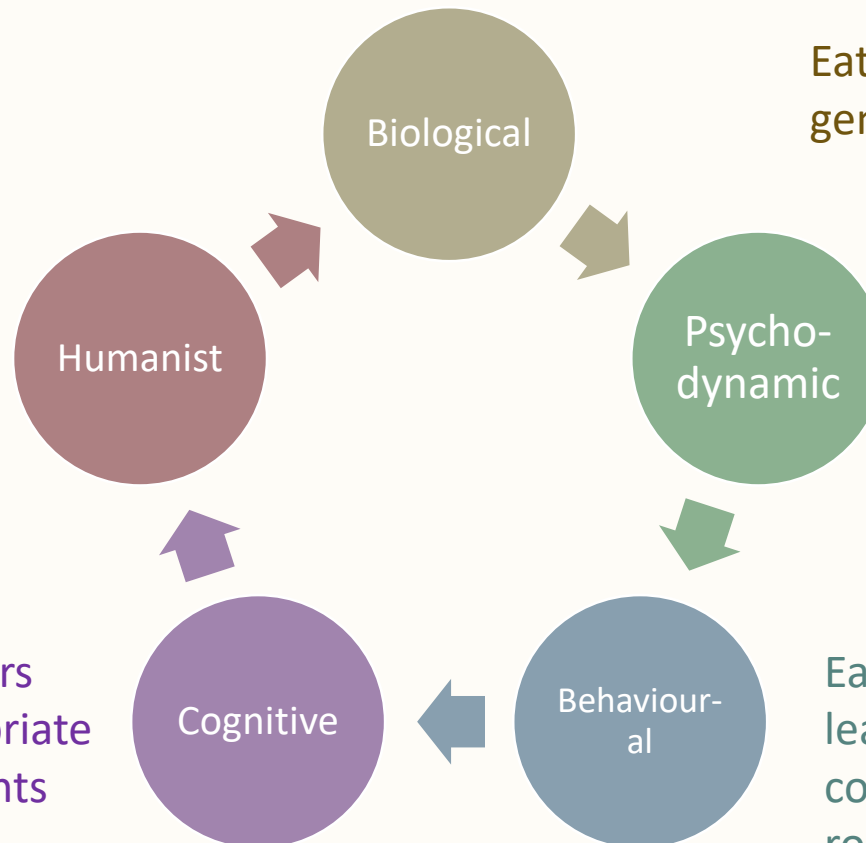
- Anorexia Nervosa
- Bulimia Nervosa
- Binge Eating Disorder

Aetiology of Feeding and Eating Disorders



Eating disorders are caused by low self esteem and self worth

Feeding/eating disorders are caused by inappropriate or dysfunctional thoughts and perceptions

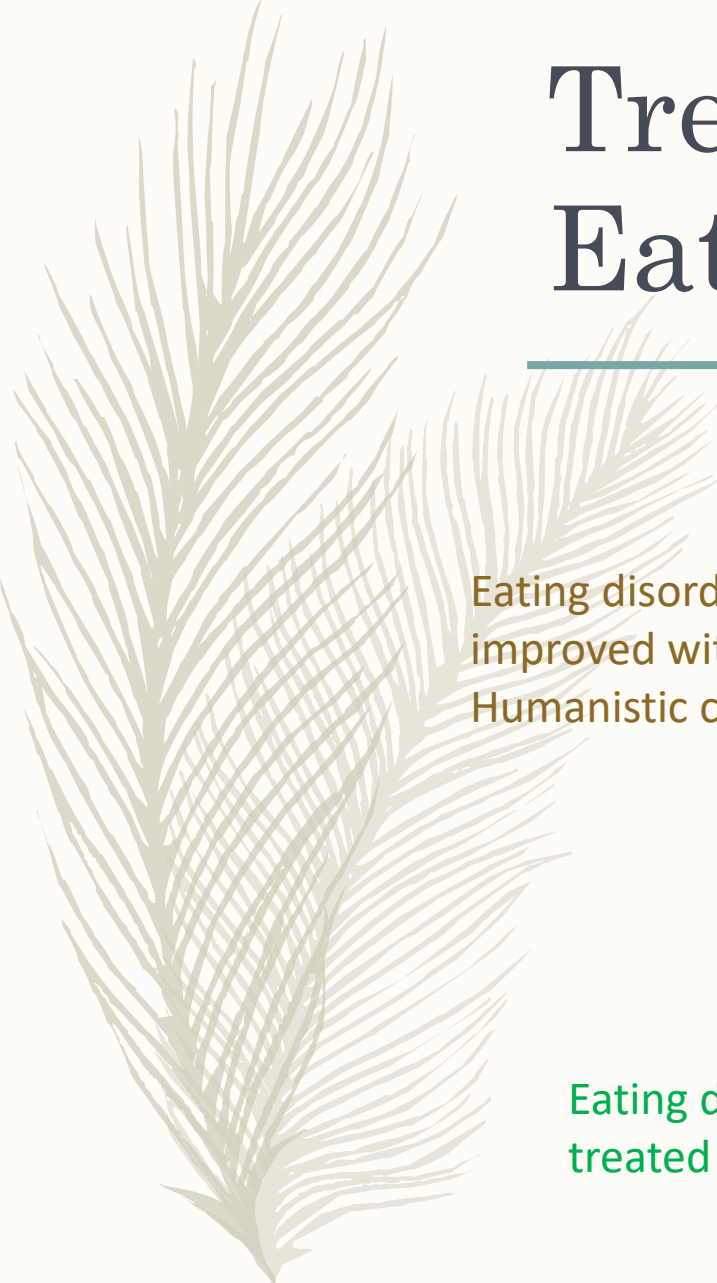


Eating Disorders can be caused by genetics or by an imbalance of NT's

These disorders may be caused by repressed memories and childhood experiences and the reluctance to grow up and face responsibility

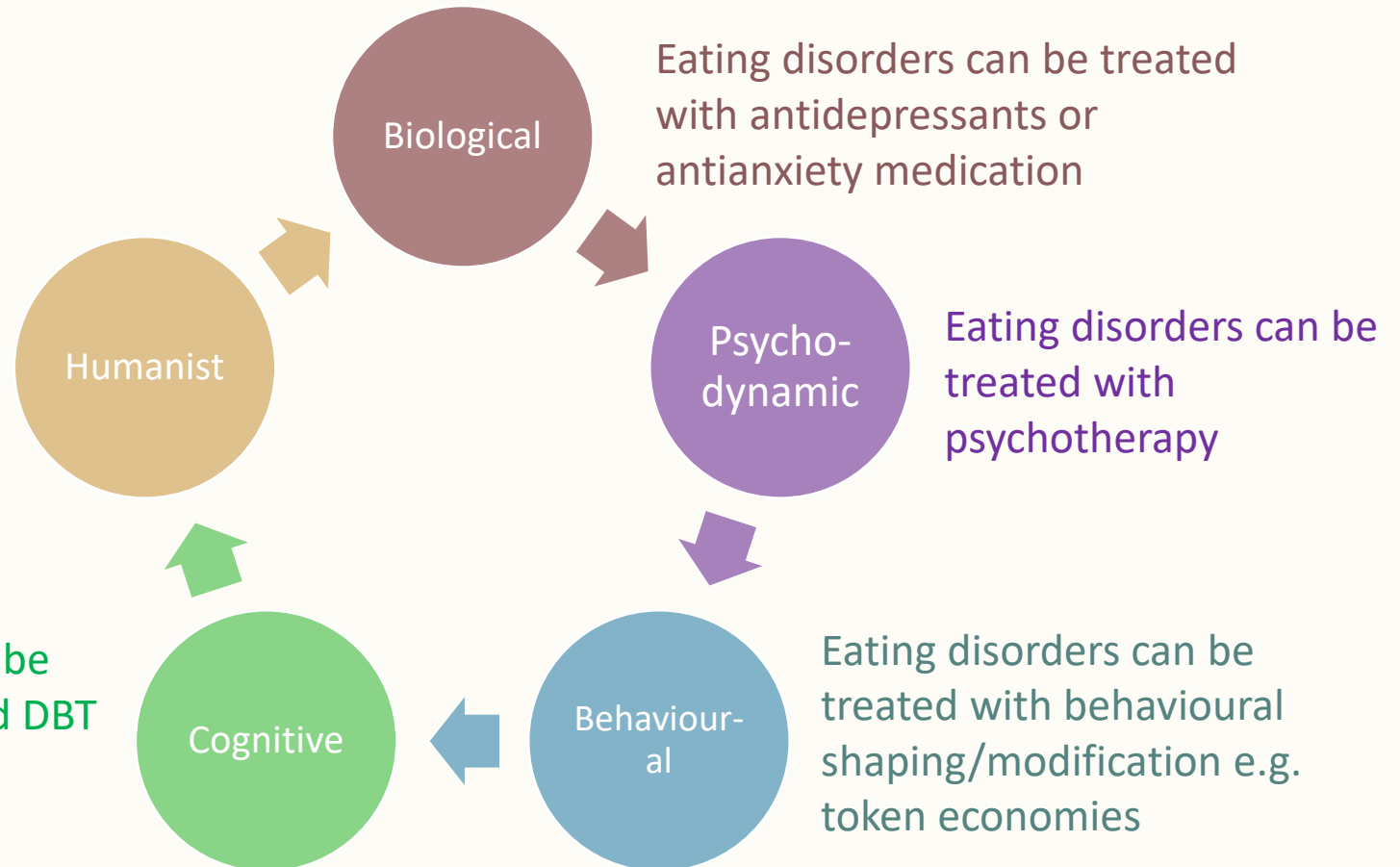
Eating Disorders are caused by learning via classical and operant conditioning through inappropriate role models in the media

Treatments of Feeding and Eating Disorders



Eating disorders can be improved with the use of Humanistic counselling

Eating disorders can be treated with CBT and DBT





DSM5: Anxiety disorders, Obsessive-Compulsive and Related Disorders

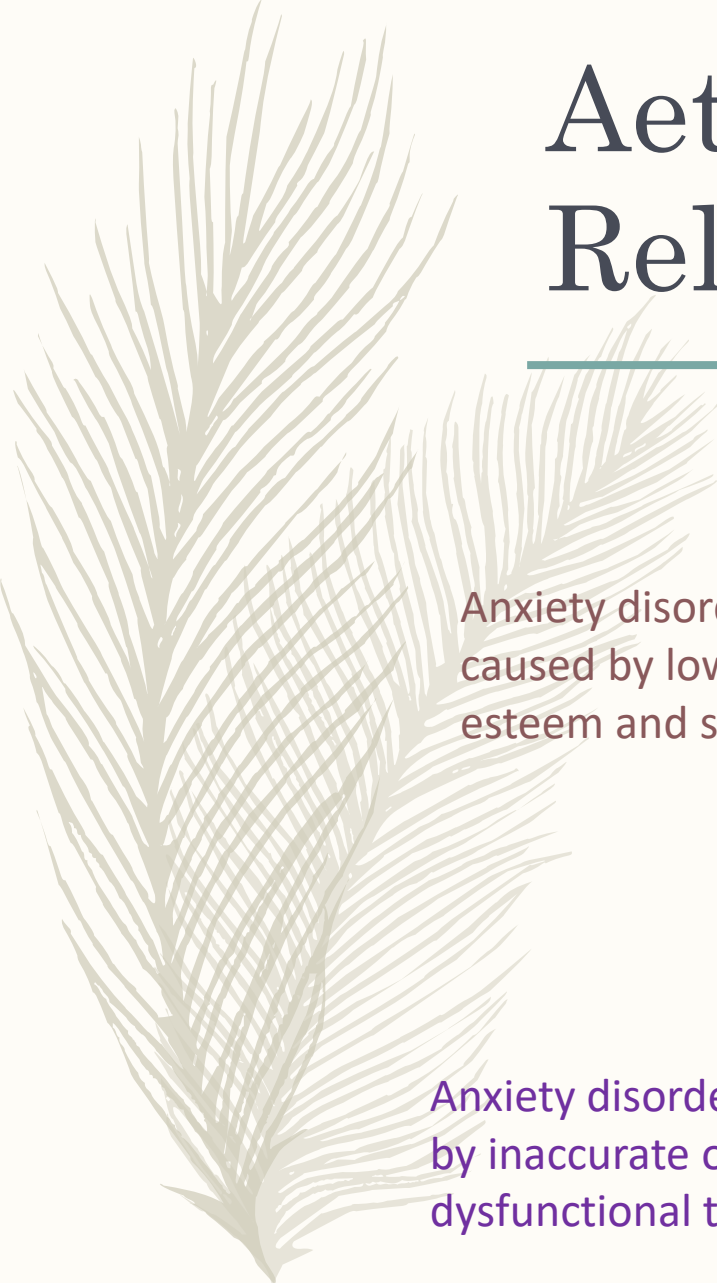
Anxiety Disorders

- Separation Anxiety Disorder
- Selective Mutism
- Specific Phobia
- Social Anxiety Disorder
- Panic disorder
- Agoraphobia
- General Anxiety Disorder
- Substance/Medication Induced Anxiety Disorder

Obsessive Compulsive Disorders

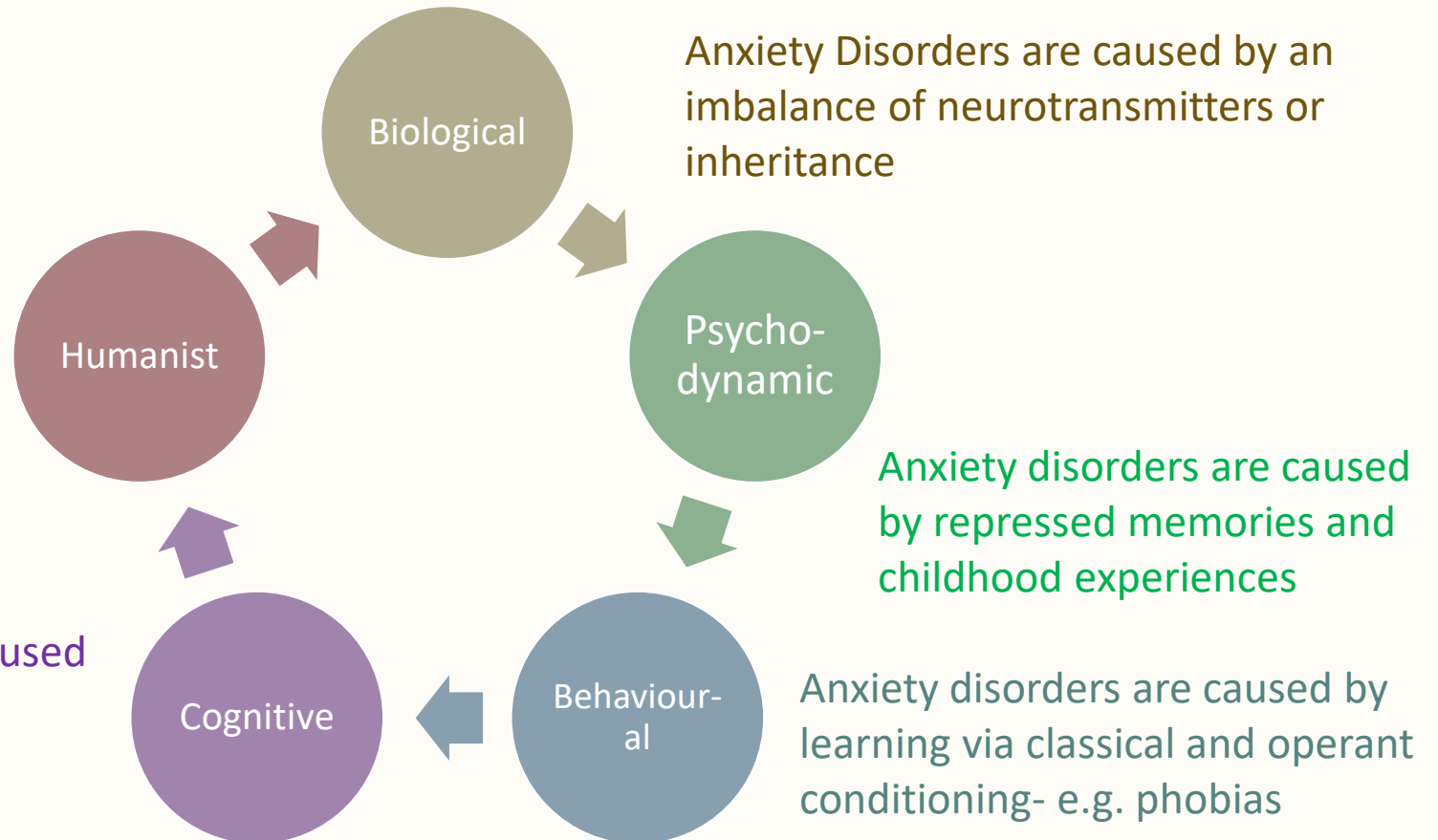
- Obsessive Compulsive Disorder
- Body Dysmorphic Disorder
- Hoarding Disorder
- Trichotillomania
- Excoriation
- Substance/Medication Induced Anxiety Disorder

Aetiology of Anxiety and OCD Related Disorders

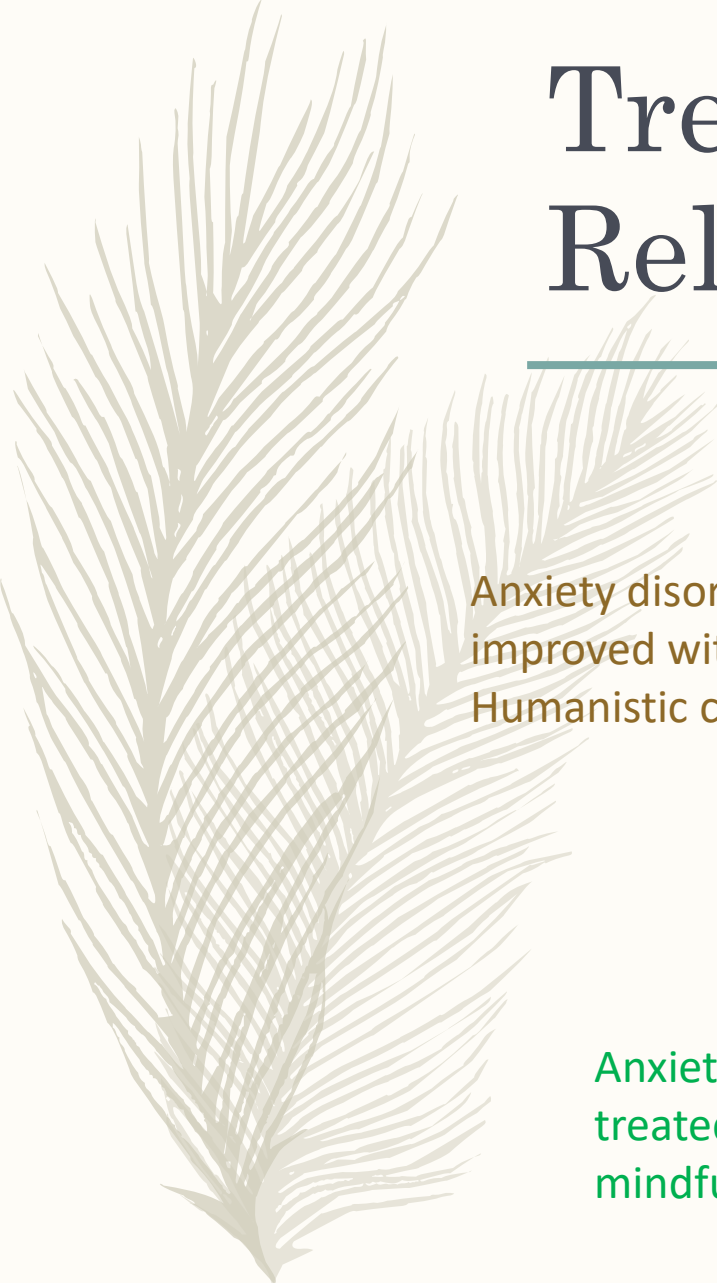


Anxiety disorders are caused by low self esteem and self worth

Anxiety disorders are caused by inaccurate or dysfunctional thoughts

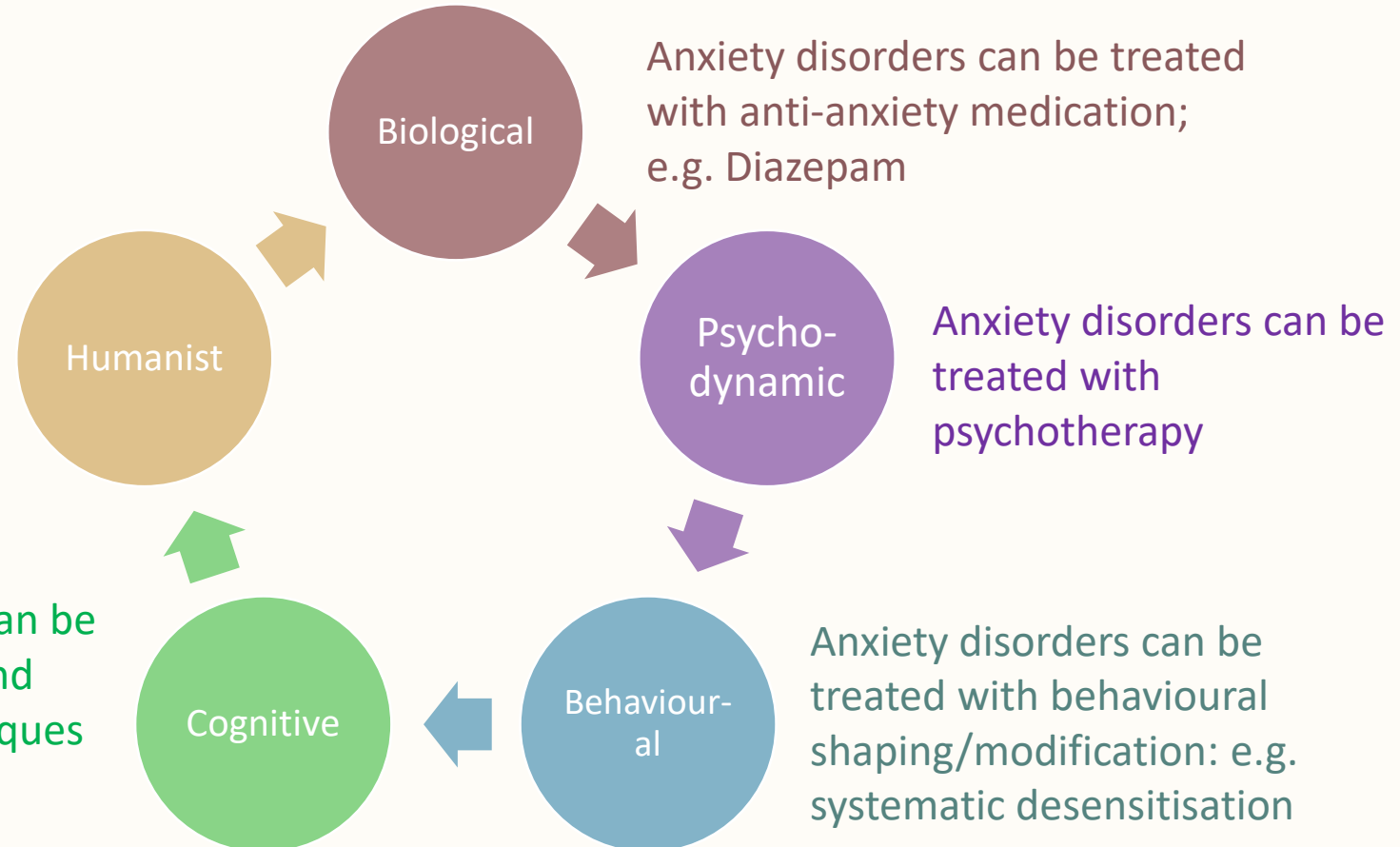


Treatment of Anxiety & OCD Related Disorders



Anxiety disorders can be improved with the use of Humanistic counselling

Anxiety disorders can be treated with CBT and mindfulness techniques



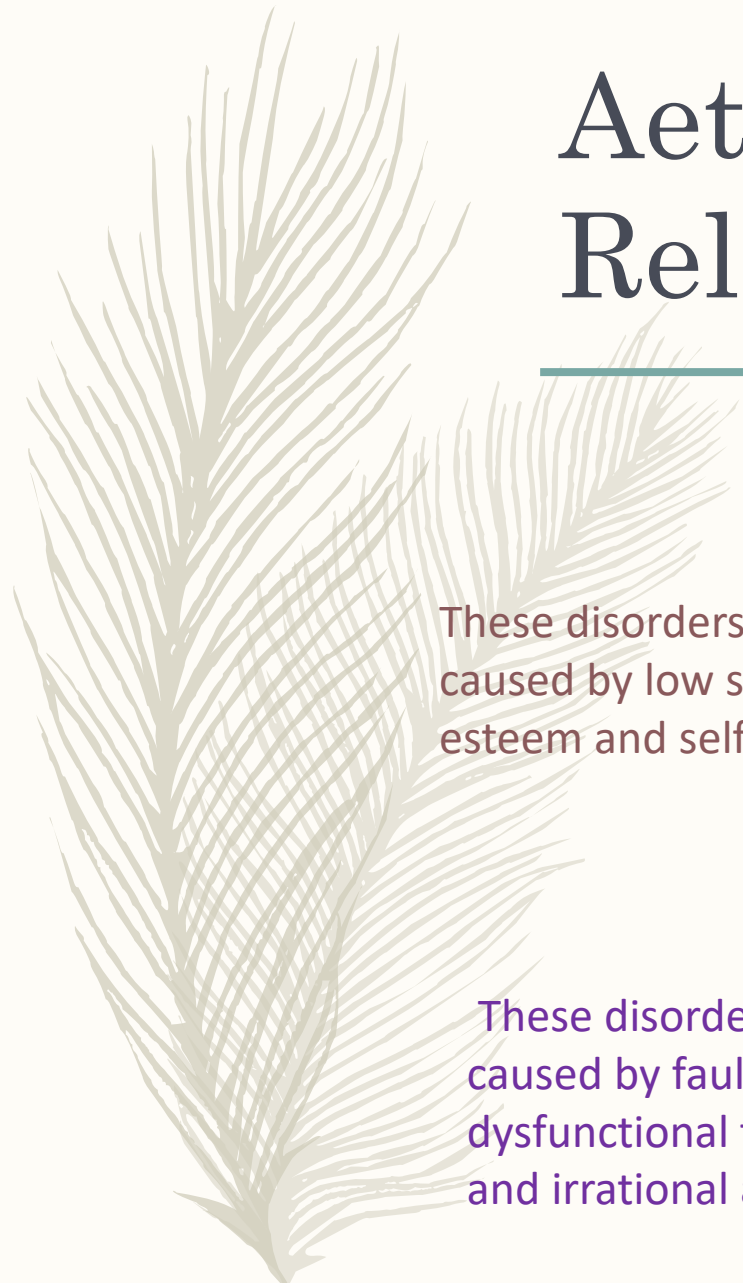


DSM5: Trauma & Stressor Related Disorders

- Reactive Attachment Disorder
- Disinhibited Social Engagement Disorder
- Post Traumatic Stress Disorder
- Acute Stress Disorder
- Adjustment Disorder

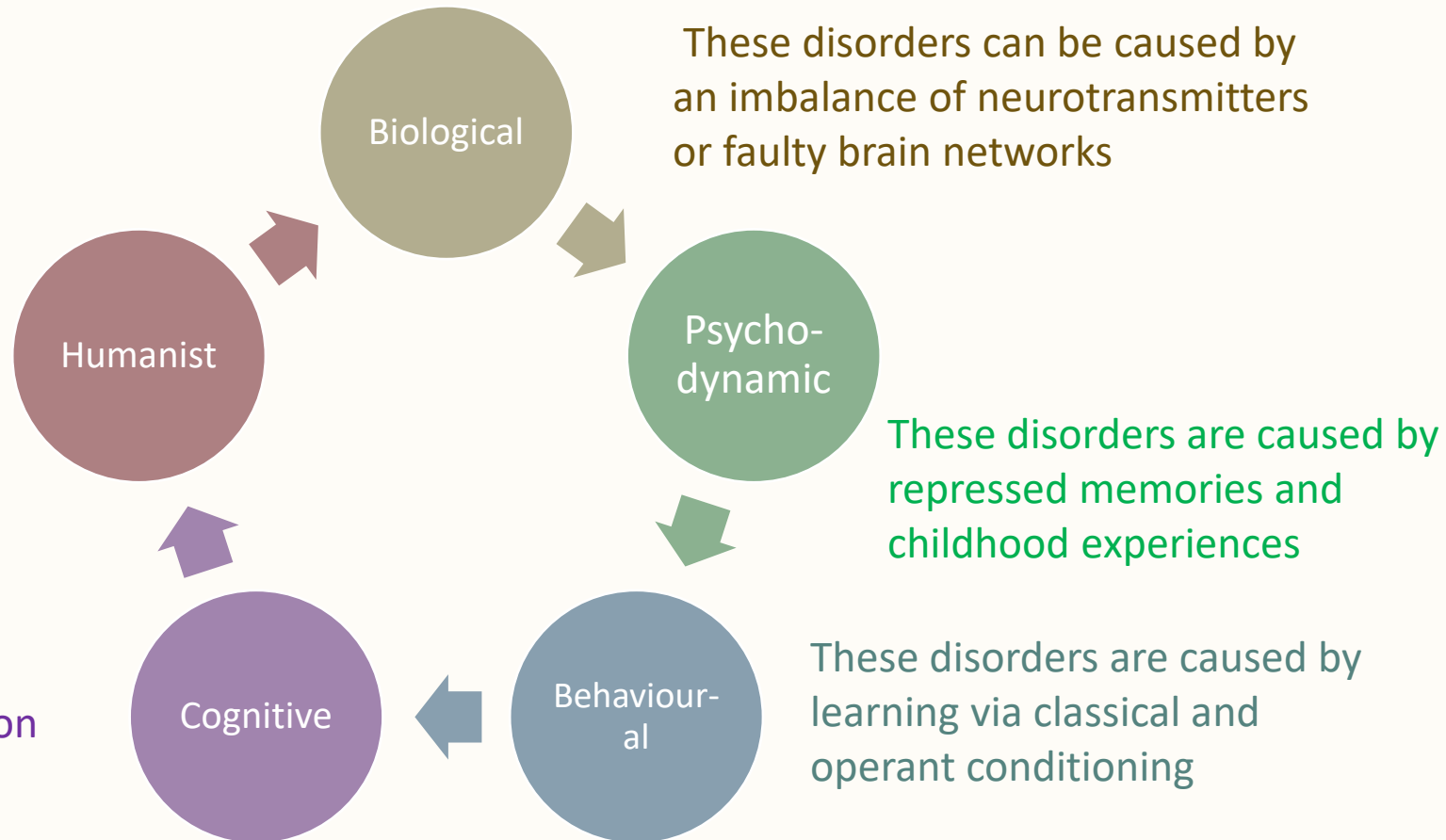
- Dissociated Identity Disorder
- Depersonalisation Disorder
- Derealisation Disorder
- Dissociative Amnesia

Aetiology of Trauma & Stressor Related Disorder

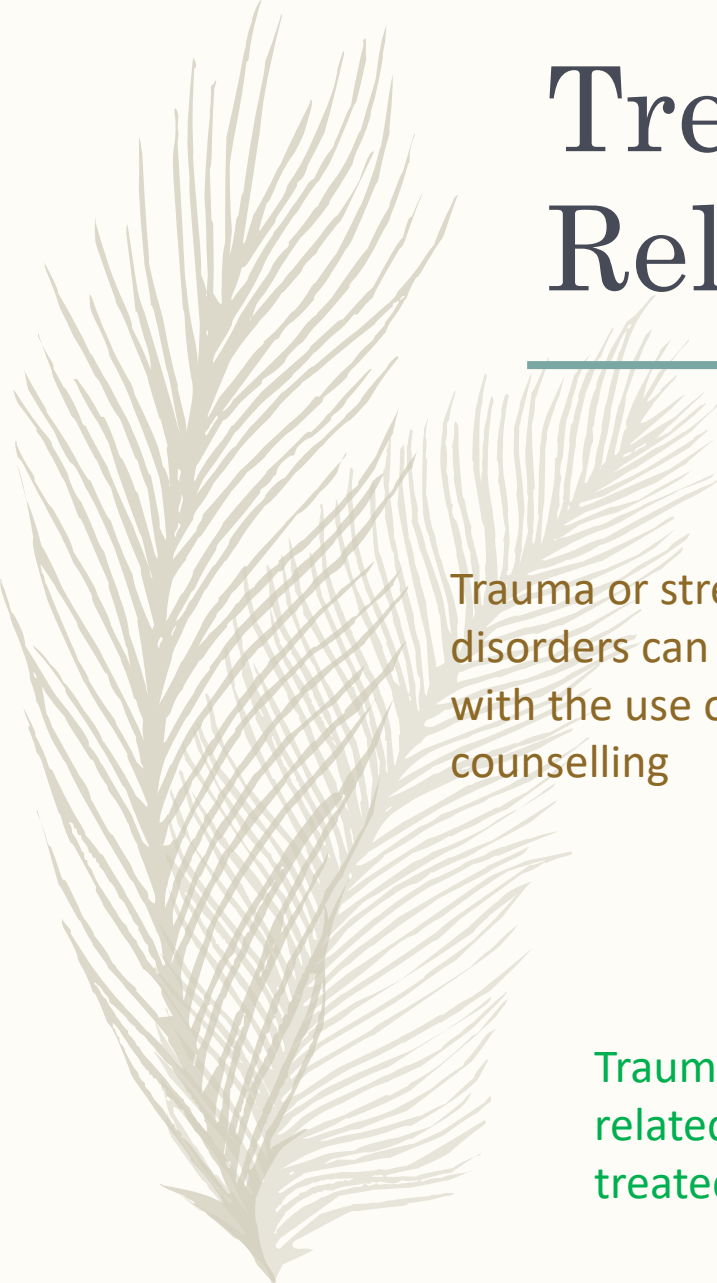


These disorders are is caused by low self esteem and self worth

These disorders are caused by faulty or dysfunctional thoughts and irrational anticipation

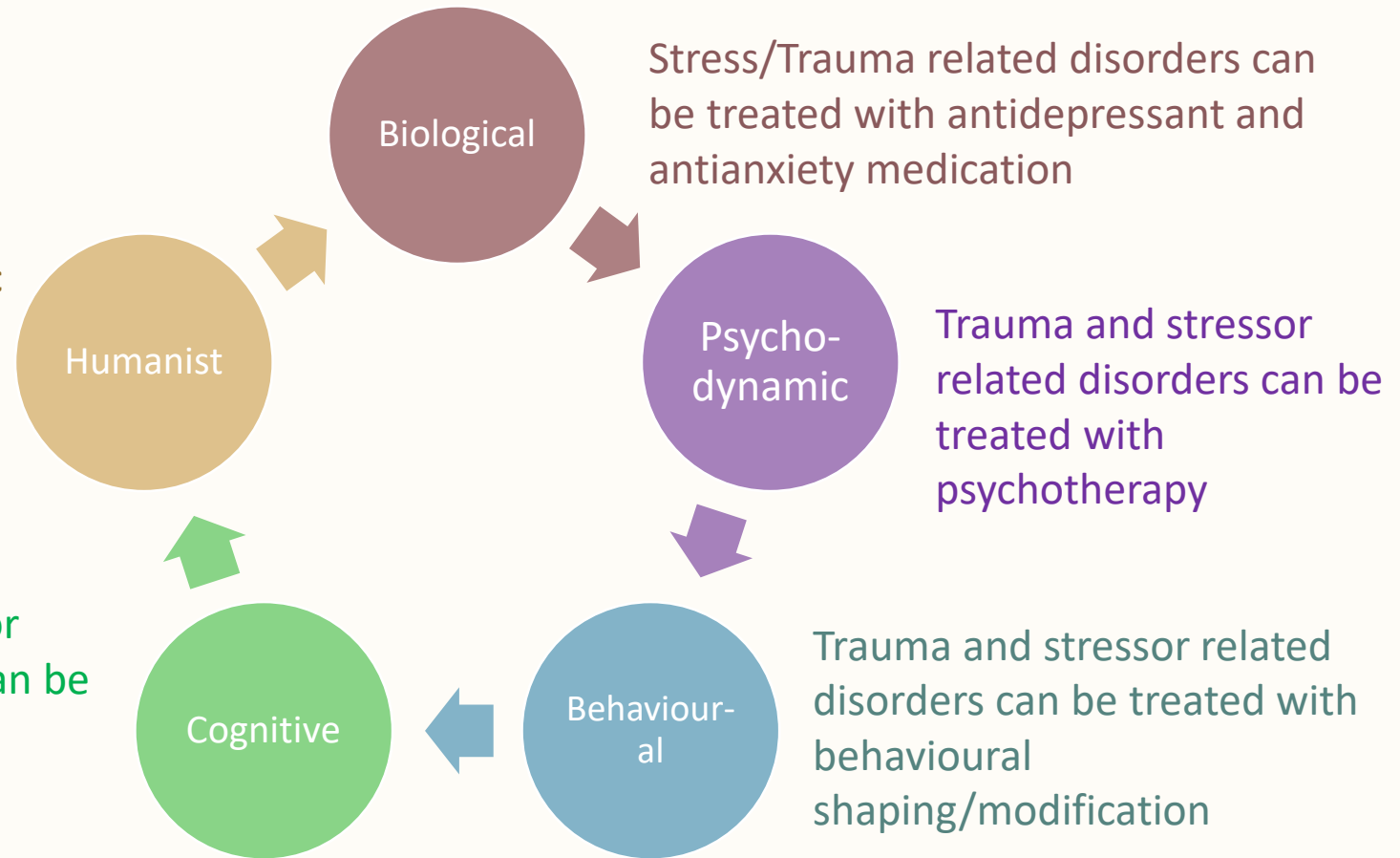


Treatment of Trauma & Stressor Related Disorders



Trauma or stressor related disorders can be improved with the use of Humanistic counselling

Trauma and stressor related disorders can be treated with CBT





The Biomedical Model

- Health is the absence of illness and disease.
- The medical model seeks to identify specific illnesses and to treat them as illnesses, e.g. hospitalisation, medication and/or surgical intervention.
- The medical model argues that the same definition applies to physical and mental health problems: health is the absence of illness or disease.
- This approach defines mental illnesses using strict criteria laid down in the DSM-5.
- Individuals must match the criteria in order to be diagnosed with an ‘illness’
- How helpful is this model?

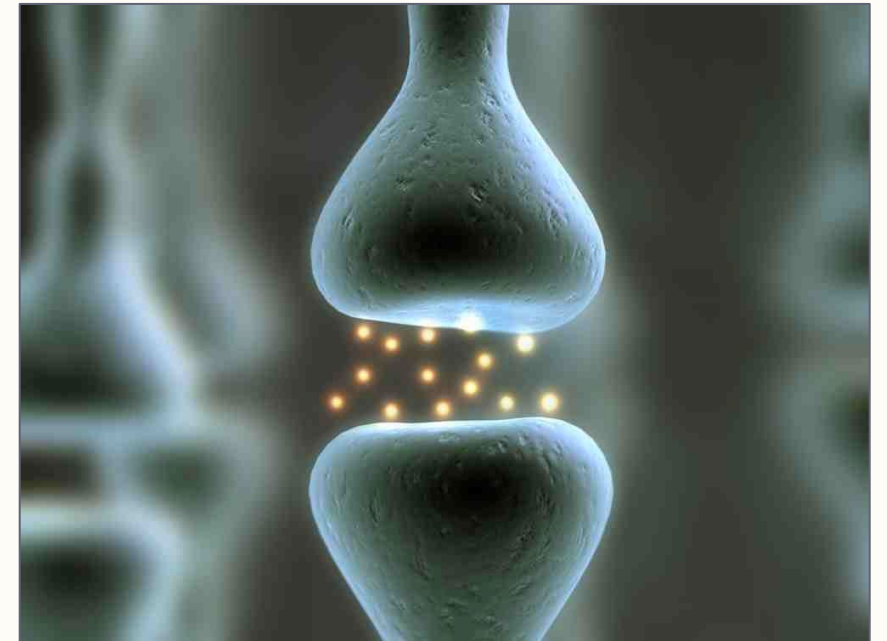
Medical Model and Biology



- According to the medical model, **psychological** problems must have a **physiological (biological)** root.
- Depression, for example, may be caused by a chemical imbalance in the brain

Depression and the brain

- Watch the short animation
- [Synaptic transmission](#)
- [Your amazing brain](#)





Medical explanations for eating disorders

- Could there be physiological explanations for eating disorders?
- **Neuropeptides** (a brain chemical) control our appetite. When someone ‘binges’ on food, they are unable to respond appropriately.
- As a result, the brain is unable to send the message that the stomach is ‘full’.
- **Serotonin** can also influence appetite as well as mood, and is linked to tryptophan – a substance released when we eat carbohydrates.



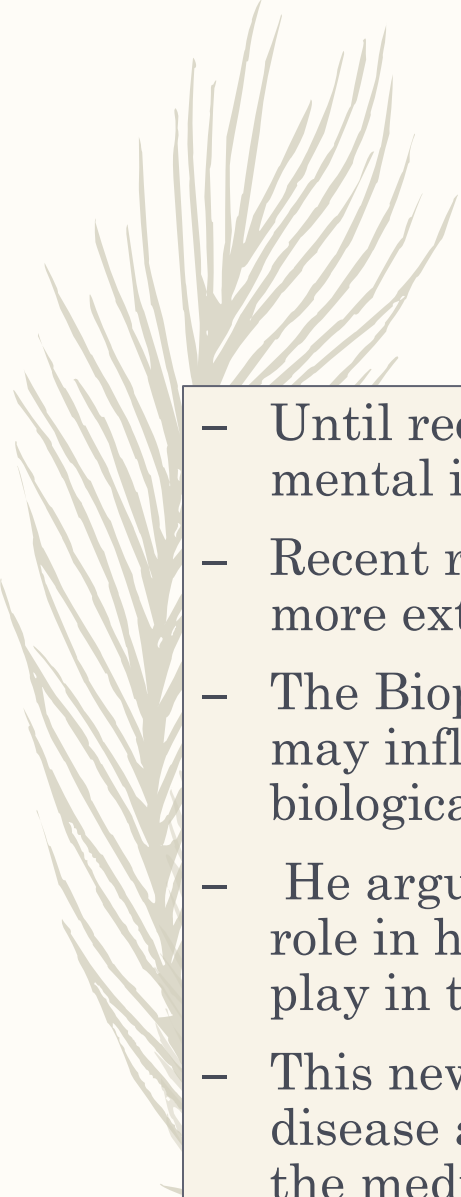
Strengths of the medical model

- Provides a clear, measurable set of criteria for diagnosis
- Practical, cost-efficient treatments which work in the majority of cases (e.g. SSRIs for depression)
- Can be the only option in severe cases or emergencies
- Many patients do not want an ‘insight’ into their problem – they simply want to feel better



Weaknesses of the medical model

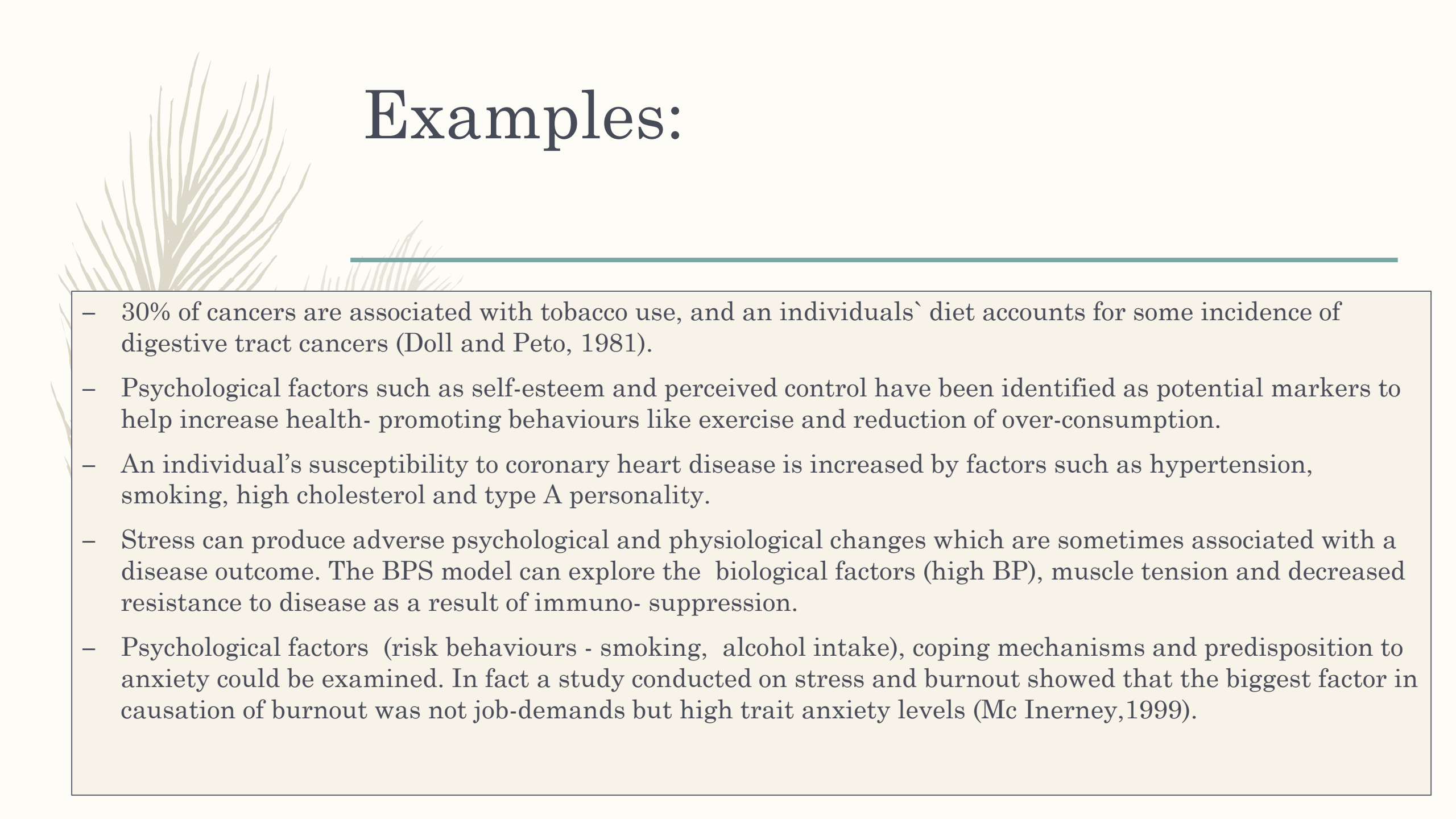
- Can be seen as too ‘rigid’, with a fixed idea of health/illness
- Gender, ethnic and cultural biases in diagnosis of illnesses, and problems with the DSM system of diagnosis
- May not take into account social and/or cultural factors contributing to mental ill health e.g. poverty, abusive relationships
- Does not tackle the ‘root’ of the problem – it only treats the symptoms



The Biopsychosocial Model

- Until recently, the medical or biomedical model was the dominant approach to treating mental illness.
- Recent research in psychology has challenged this approach and sought to develop a new more extensive model of health that can be applied in clinical practice.
- The Biopsychosocial Model (Engel, 1977) implies that behaviours, thoughts and feelings may influence a physical state. He disputed the long-held assumption that only the biological factors of health and disease are worthy of study and practice.
- He argued that psychological and social factors influence biological functioning and play a role in health and illness also. This is a more realistic model in light of the role lifestyles play in the new millennium.
- This new theoretical model therefore has been developed in an attempt to improve on the disease approach and narrow view with respect to health and illness previously held by the medical model so that psychological and social factors of the individual can also be considered.

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- The Biopsychosocial Model is a very important step in medical care as it broadens the scope with which health and illness can be examined in clinical practice. Considering this model leads to the patient being interviewed as a person with an individual lifestyle and not simply as a patient with a disease which has deviated them from normal functioning.
 - One of the primary criticisms of new theoretical models is that they may lack scientifically based evidence. This is not a worthy criticism of the Biopsychosocial Model because there has been substantial research into how this model can interface with modern health problems and exert a considerable improvement.



Examples:

- 30% of cancers are associated with tobacco use, and an individual's diet accounts for some incidence of digestive tract cancers (Doll and Peto, 1981).
- Psychological factors such as self-esteem and perceived control have been identified as potential markers to help increase health-promoting behaviours like exercise and reduction of over-consumption.
- An individual's susceptibility to coronary heart disease is increased by factors such as hypertension, smoking, high cholesterol and type A personality.
- Stress can produce adverse psychological and physiological changes which are sometimes associated with a disease outcome. The BPS model can explore the biological factors (high BP), muscle tension and decreased resistance to disease as a result of immunosuppression.
- Psychological factors (risk behaviours - smoking, alcohol intake), coping mechanisms and predisposition to anxiety could be examined. In fact a study conducted on stress and burnout showed that the biggest factor in causation of burnout was not job-demands but high trait anxiety levels (Mc Inerney, 1999).

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- However, it is difficult for individuals to give up risky behaviours and adopt healthy lifestyles. It is therefore necessary to alter the cognitions that patients have, which play a role in determining their behaviour.
 - Cognitive-behavioural therapy, has been successful in dealing with illnesses that would previously been viewed as requiring medical intervention e.g. cardiovascular disease.
 - Social factors like loneliness, lack of participation in social activities like exercising, the effects of unemployment and the effects of working in an environment where long and unsociable working hours are the norm are examples of where interventions may be implemented.



- At an individual level, families can exert positive or negative influences on the health status and psychosocial adjustment of patients. Family support can reduce the stressful impact of illness, assist in the development of coping mechanisms by the patient and encourage compliance with medical regimens (Flor& Turk,1985).
- The model inherently places much emphasis on the individuals control over their body and health which may be difficult and confusing for the chronically ill or those who battle in vain with weight, smoking or drinking habits.
- However this is where the doctor uses his or her expertise and experience in knowing how to approach the sensitive issues of a patient's daily life.

Any Questions?

