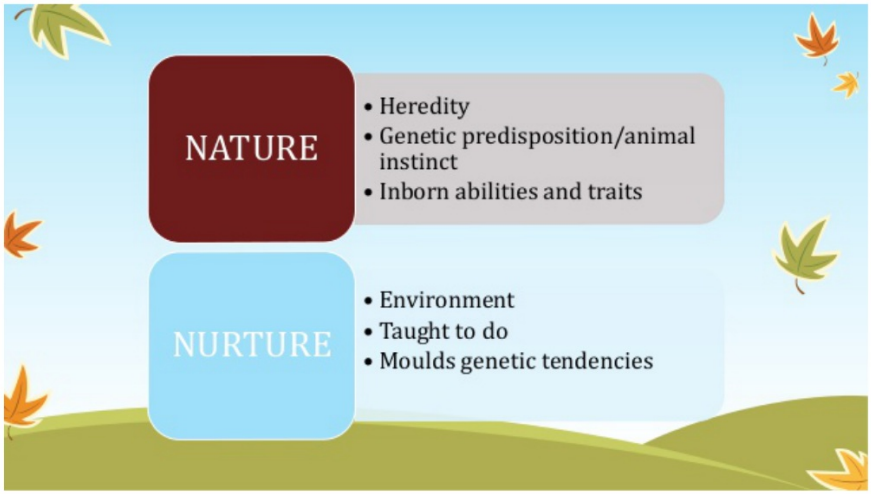


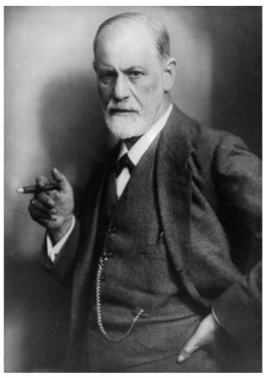
Approaches to Psychology

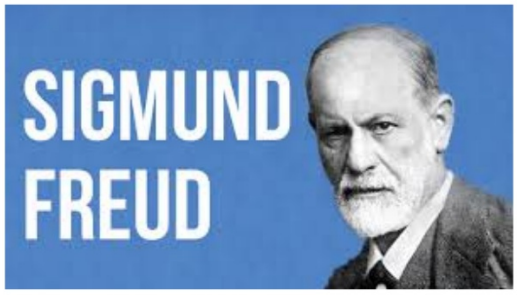
Nature ⟷ Nurture

Biological Approach	Psychoanalysis	Cognitive Psychology	Humanism	Behaviorism
Focus on genetic, hormonal, and neuro-chemical explanations of behavior.	Innate drives of sex and aggression (nature). Social upbringing during childhood (nurture).	Innate mental structures such as schemas, perception and memory and constantly changed by the environment.	Maslow emphasized basic physical needs. Society influences a person's self concept.	All behavior is learned from the environment through conditioning.

Psychoanalysis and Freud

- **Sigmund Freud** (born May 6 1856 – 23 September 1939) was an Austrian neurologist who became known as the founding father of **psychoanalysis.**
- Freud qualified as a doctor of medicine at the University of Vienna in 1881, and then carried out research into cerebral palsy, aphasia and microscopic neuroanatomy at the Vienna General Hospital. He was appointed a university lecturer in neuropathology in 1885 and became a





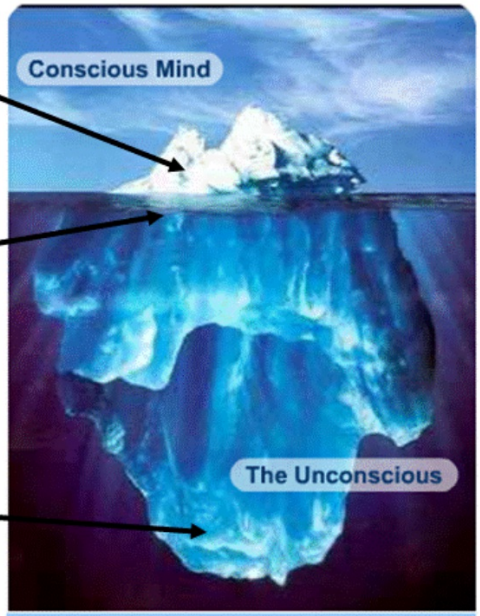
The Unconscious Mind

The conscious. The small amount of mental activity we know about.

The subconscious. Things we could be aware of if we wanted or tried.

The unconscious. Things we are unaware of and can not become aware of.

The **id** is part of the unconscious mind and comprises the two instincts: Eros and Thanatos.



Freud compared the mind to an iceberg.

Thoughts
Perceptions

Memories
Stored knowledge

Instincts – Sexual and Aggressive

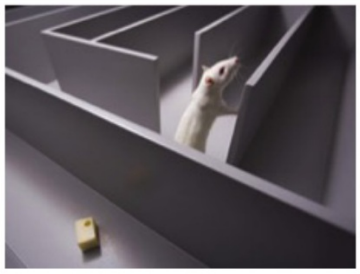
Fears
Unacceptable sexual desires
Violent motives
Irrational wishes
Immoral urges
Selfish needs
Shameful experiences
Traumatic experiences

Psychology (1920s-1960s)

Behaviorism

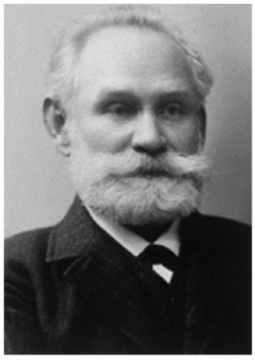
Psychology
Science of *Observable* Behavior

John B. Watson (1878-1958)
Watson believed that a person's behaviour was a product of his/her experiences as opposed to their internal mental state

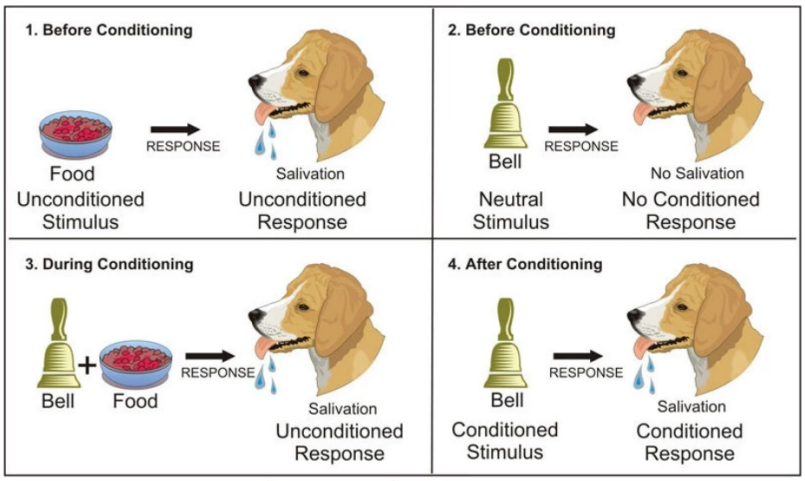


"Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select – doctor, lawyer, artist, merchant-chief and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors."
John B. Watson - 1930

Behaviouristic Psychology



Ivan Pavlov (1849-1936) - was a Russian physiologist who was trying to study the effects of salivation on digestion in dogs. He inadvertently discovered something else – that the dogs would salivate even without food present – just the sight of the experimenter would cause the dog to salivate! Pavlov began to study this phenomenon and called it "classical conditioning".



Classical Conditioning

Albert Bandura

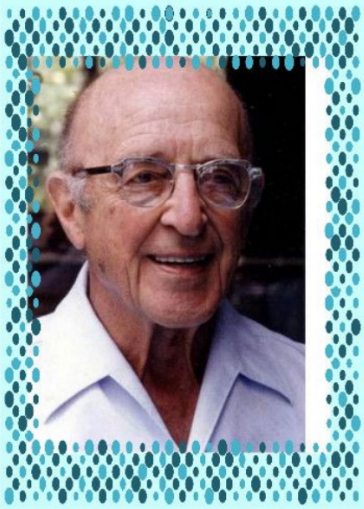
- Born on December 4, 1925 in Alberta, Canada
- He attended the University of British in Columbia, in Vancouver , for his Bachelor Degree in Psychology and his Ph. D. in 1952 from the University of Iowa.
- In 1953, he started teaching at Stanford University. While there, he collaborated with his first graduate student, Richard Walters, resulting in their first book, ***Adolescent Aggression***, in 1959.
- Bandura was president of the APA in 1973, and received the APA's Award for Distinguished Scientific Contributions in 1980. He continues to work at Stanford to this day.

Bobo Doll Experiment and the Modelling of Aggression

Social Learning Theory

- ***Vicarious Learning:*** or observational learning, occurs when a person is motivated to learn by watching someone else work and be rewarded.
  - People are motivated to imitate models who are highly competent, expert and receive attractive reinforcers.
- ***Self- reinforcers:*** desired outcomes a person can give themselves.
  - Person can reward themselves for success.
- ***Self-efficacy:*** refers to a person's belief about their ability to perform a behavior successfully.
  - People will only be motivated if they think they have the ability to accomplish the task.

CARL ROGERS



His theory:
Humanism.

Further explanation:
Rogers disagreed with Watson and believed that individuals behave in whatever way they want. He had the idea that we control our own destinies.

He used "Client-Centred Therapy"- showing people they they have the power & motivation to help themselves

"When I look at the world I'm pessimistic, but when I look at people I am optimistic."
- Carl Rogers.

Person-centred approach

- Fundamentally positive vision of humanity
- Essential concepts for Rogers
  - Authenticity and congruence
  - Empathy
  - Unconditional acceptance of the client
  - Confidence in the client's capacity

Humanistic Personality Theories: Carl Rogers

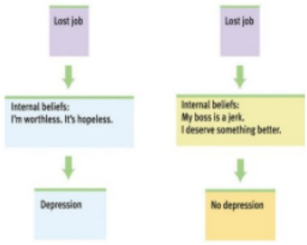
- **Self-concept**: our image or perception of ourselves

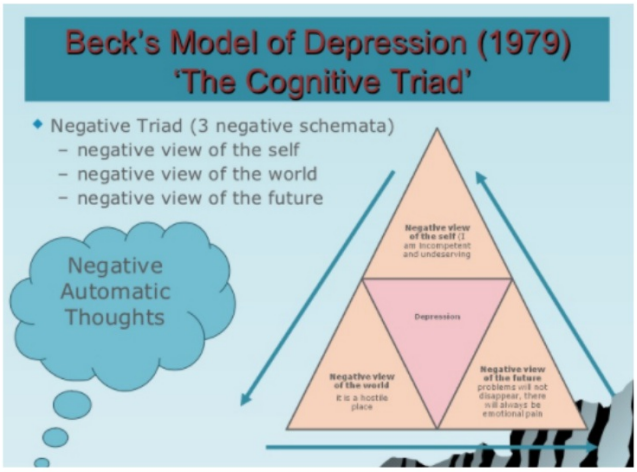
(Real Self versus **Ideal Self)**.

- We have a need for positive regard/approval from others.
  - Conditions of worth or conditional positive regard.
    - The conditions under which other people will approve of us.
    - We change our behavior to obtain approval.
    - What we need is: Unconditional positive regard.

Cognitive (Thinking) Therapy

- Aaron Beck
- Teaches people new methods of thinking & acting. (change our schemas)
- Patient's negative thoughts are responsible for psychological problem
- Albert Ellis & Rational Emotive Therapy- anxiety is causing their beliefs



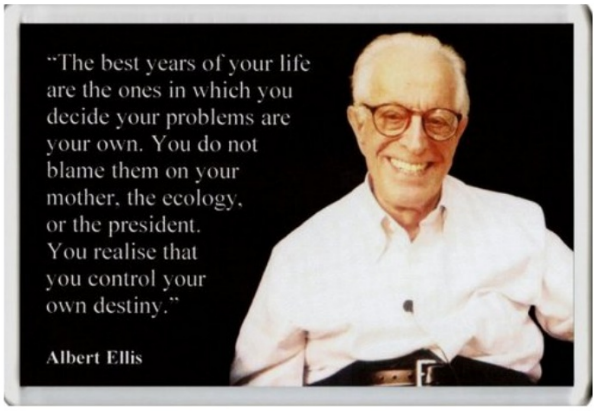


BASIC PRINCIPLE OF COGNITIVE THERAPY

event → thought → emotion → action

People interpret events. These interpretations (thoughts) generate feelings and emotions. Any actions that follows are a consequence of these feelings and emotions.

HTTP://SPIRITIZE.BLOGSPOT.COM

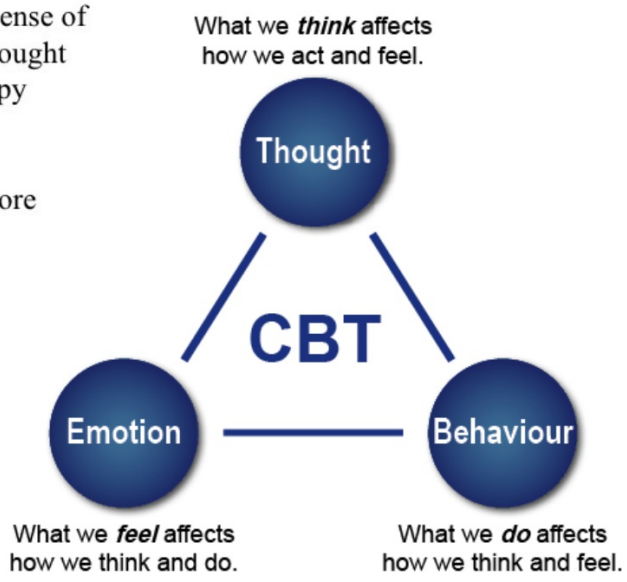


Cognitive-Behavioural Therapy (CBT)

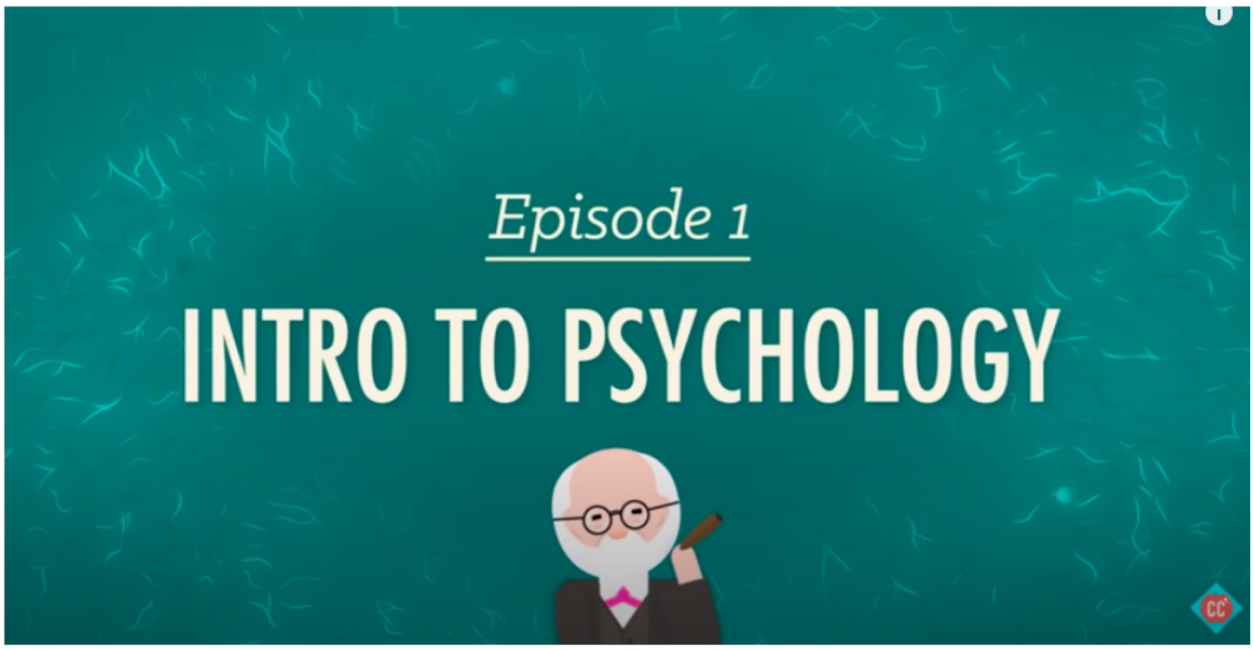
• a method of treatment to help clients change "thought patterns" and behaviours through role-play, desensitization, journaling, talk therapy, etc.

• it involves helping the client understand and make sense of the problem – and eventually teach and change the thought patterns and behaviours often through exposure therapy (guided exposure to the problem or issue)

• often skills are taught to help the client behave in more successful and appropriate ways



Review:
Watch this Crash Course epidode to review the main types of psychology



https://www.youtube.com/watch?v=vo4pMVb0R6M

Mental Wellness for the 21st Century...

Chapter 3: Clinical Assessment, Diagnosis, Research Methods

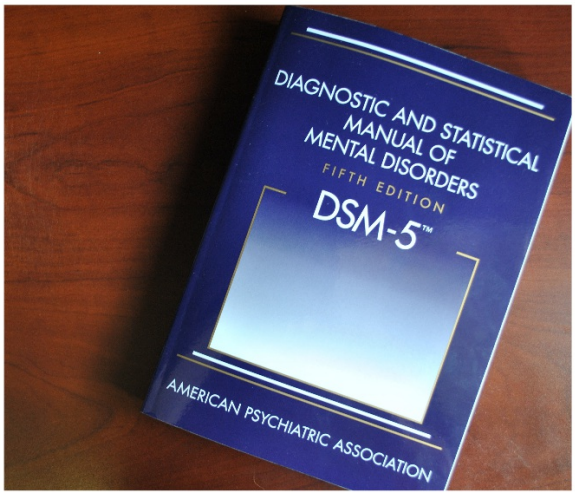
- clinical assessment and diagnosis is done using the DSM-5
- DSM (Diagnostic and Statistical Manual of Mental Disorders)
- read "Frank" and "Brian" – on p76-77 – does each have a mental illness? And if so, what is it and what can be done about it? Check DSM for diagnosis

reliability = repeatability – the test should be able to be repeated by other people, different times, etc.

validity = measuring what it is designed to measure – ie the information taken from the test is specific and appropriate

standardization = establishment of specific norms – used as a measuring "stick"

How is information gathered by the psychologist?



Clinical interview

– the core of most clinical work

- psychologist gathers info on current and past behaviours, attitudes, emotions and details of presenting problem
- psychologist tries to determine cause/time of distress
- a **mental status exam** is used – clinician organizes the information to determine if a mental illness is present – performed quickly and covers the following categories:
  1. Appearance: physical appearance, hygiene, grooming, dress, asymmetrical posture, gait

  2. Behaviour: facial expressions, motor behaviour, tics, twitches, mannerisms, compulsions, etc.

  3. Mood: the predominant feeling state of the individual – are they anxious? Depressed? Elated? Angry? Ambivalent?

  4. Affect: an observed expression of inner feeling. Appropriateness to situation (inappropriate affect – laughing at a funeral); consistency with mood, congruent with thought content (incongruent affect = feeling sad but smiling); fluctuating (labile – emotional highs and lows vs even); intensity (flat (no expression of emotion) -> blunted (a bit of expression) -> normal; quality of affect (sad, happy, angry, distressed, detached, animated, euphoric, hostile, etc)

  5. Thought processes – cognitive functioning based on their conversations, coherent, disorganized speech, content of speech, delusions or hallucinations present, goal-directed, beliefs, presence of irrational thoughts, etc.

  6. Intellectual functioning – make a rough estimate of their IQ – use of vocabulary, understanding of concepts, abstract language or use of metaphors, memory, etc. Ability to understand abstract thought – ie metaphors: For example:
     "People living in glass houses should not throw stones."
     "A bird in the hand is worth two in the bush."

     "Going for the low hanging fruit"
     "The elephant in the room"
     "Actions speak louder than words"
     "A Catch-22"
     "the pot calling the kettle black"

  7. Sensorium – general awareness of surroundings – are they in touch with date, place. time, etc? For eg – a person's sensorium would be "clear" and "oriented times three" – to person, place and time

There is a **hole** in a bucket, and Liza tells Henry to **repair** it.

To **fix the hole** in the bucket, Henry needs **straw**, but the straw is too **long**.

To **cut the straw**, he needs an **axe**, but the axe is too **dull**.

To **sharpen the axe**, he needs **a sharpening stone,** which is too **dry**.

To **wet** the stone, he needs **water**.

But to fetch water, he needs the bucket, which has a hole in it!

Simplest example of a Catch-22 situation!

- the patient is protected by laws of "privileged communication" – meaning that even authorities can't obtain records of conversations without the patient's consent – unless the clinician feels that there may be imminent harm to the patient.

Physical Examination

- needed to rule out physical problems – ie thyroid issues, tumours of the brain – causing certain thoughts, etc., addiction to drugs, alcohol

Behavioural Assessment

- very useful especially for patients who are not old/skilled enough to report problems in a coherent fashion to clinician
- can observe the patient in their natural setting – ie work, school
- set up role play situations – hypothetical situations observed
- behavioural assessment seeks to identify "target behaviours" which are the ones that are bothering the patient
- role play and playroom situations are easier to set up for young children – can see how they would react in a specific situation
- assessment allows for a clearer picture than say, what the parent describes – ie parent of ODD son – saying "he won't listen to me" after throwing a glass across the room

the ABCs of observation:
A – Antecedents – what happened BEFORE the behaviour
B – Behaviour – the immediate behaviour
C – Consequences – what happened immediately AFTER the behaviour

- phenomenon called REACTIVITY – can distort observational data
- the patient knows what you are looking for and changes his/her behaviour

This is Heather. She has been institutionalized due to schizophrenia for most of her life. She suffers from severe cognitive impairment. Watch the next clip of Heather and fill out a Mental Status Exam for her (just based on what you see in the short clip).

https://www.youtube.com/watch?v=kvdw4b7tC-8

Consider the following:

- What is the **etiology** of Heather's disorder?
- What is the **prevalence** of Heather's disorder?
- What is the **incidence** (relative rate) of Heather's disorder?
- What is the **course** of Heather's disorder (if left untreated)?
- What is the **prognosis** of Heather's disorder?
- What was the **onset** of Heather's disorder?
- How does Heather's disorder **present**?

Psychological testing

- specific tests to determine cognitive, emotional, behavioural responses associated with a specific disorder
- tests are **reliable, valid, standardized**

- projective tests – Rorschach ink blot, TAT – client projects their personality and unconscious fears, etc
- based on psychoanalytical theory and are controversial, valid??
- to increase validity and reliability, the Rorschach was improved to standardize how the test was administered and recorded – but still some controversy
- best use might be as ice breakers – ie – get the patient comfortable talking to the professional - rather than assessment tools

- personality inventories – MMPI – Minnesota Multiphasic Personality Inventory – based on empirical approach – collection and evaluation of data.
- individual responses are not examined – rather patterns of responses are compared to content "scales" which indicate mental disorders
(eg) – anxiety, fears, obsessions, depression, health concern, anger, cynicism, antisocial practices

- intelligence testing – IQ tests
- intelligence tests were originally developed only to see who would do well in school – identify "bright" kids from "dull" ones (Alfred Binet)
- test was revised to become the Stanford-Binet IQ test
- IQ = mental age/chronological age X 100
For example: if a child's mental age is 14 but chronological age is 12, then his IQ is 117
- average IQ is 100
-Weschler tests also included verbal and performance scales – gave a broader picture of child's intelligence (WISC) and (WAIS) – less cultural bias because of additional scales

Practice tests: Try one of these tests – these are shorter, more generalized versions of those done in psychologists' offices.

http://www.healthyplace.com/psychological-tests

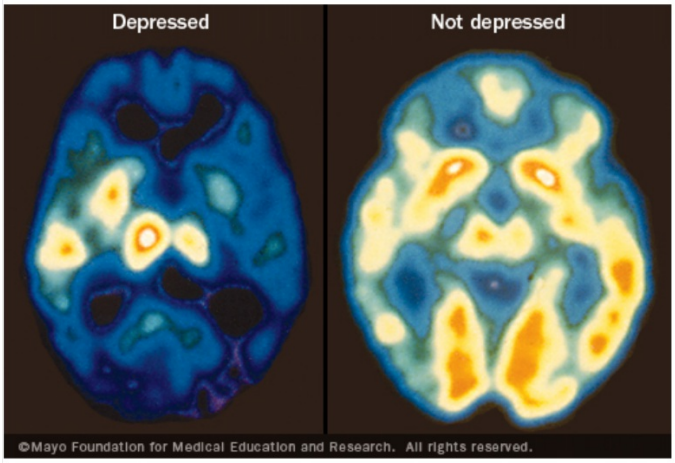
Neuropsychological Testing
- ability to test the brain itself for dysfunctions
- Bender Visual-Motor Gestalt Test – a series of cards with lines and shapes – child is asked to copy what is on the cards – compared to other children of same age – look for similarities, mistakes, etc
- many types of tests to determine presence/absence of certain skills
- can lead to false positives and false negatives

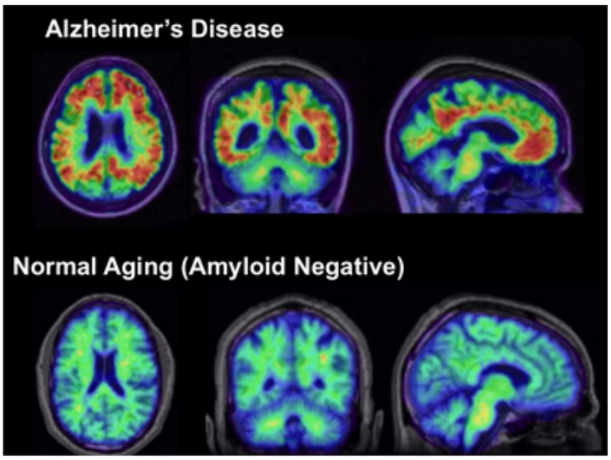
Neuroimaging

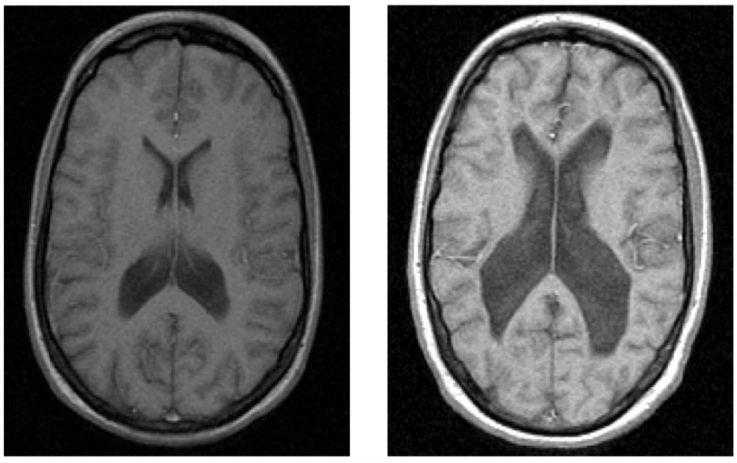
- brain structure
- CAT or CT scan (computerized axial tomography) – takes x-ray pictures of the brain in slices and puts them together in a computer for analysis
- useful in locating brain tumours, injuries and other structural and anatomical abnormalities
- some risk with radiation
- MRI (magnetic resonance imaging) – no radiation, uses a magnet instead
- patient's head is placed in a high-strength magnetic field through which radio frequency signals are transmitted – signals "excite" brain tissue, altering the protons in the H atoms – this alteration is measured, along with the time it takes for the protons to "relax" or return to normal – if there are lesions – the signal will be lighter or darker
- costs are decreasing, time reduced to only 10-15 min

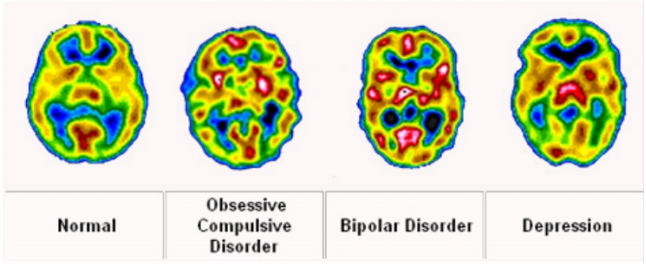
- brain function

- PET (positron emission tomography) – measures actual functioning of the brain
- patient is injected with a tracer substance attached to radioactive isotopes
- the substance interacts with oxygen, or glucose – can determine which parts of the brain and under/over functioning according to glucose uptake
-useful for Alzheimer's detection – parts of the brain that are no longer functioning
- also used for effects of drug therapy – before and after images of drugs – ie dopamine activity in bipolar and schizophrenia patients
- PET scanning $$$ ($500 000/year to run the machine)









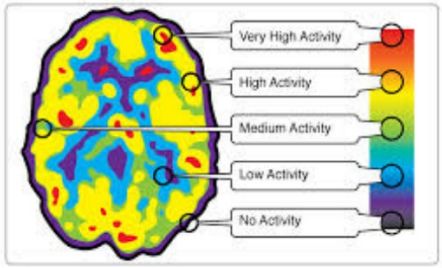


Fig. 1 Ventriculomegaly in discordant monozygotic twins seen on T_2-weighted MRI scans. Healthy twin (left) compared with twin with schizophrenia (right). With permission of Dr M. Picchioni.