

Lingua Inglese e Traduzione

Scienze e tecniche psicologiche (7 CFU)

Unit 2

Clinical and Abnormal Psychology

Clinician: a practitioner of psychology who does clinical work instead of laboratory experiments.

CLINIC: (1) A place where persons come for individual work up, diagnosis, and/or treatment; (2) the organization in itself, including the building and its staff; (3) a short course or demonstration with either educational or quasi-therapeutic aims (Ex., smokers' clinics, speed-reading clinics, tennis clinics)



What is clinical Psychology?



..... psychologists often work in hospitals, private or academic Clinicians are trained in a of techniques and theoretical : some specialize treating certain disorders, including some of the most ones such as and depression, while others work with clients suffering from a wide variety of problems. In addition to working with clients, clinical psychologists have to keep detailed records of client, therapeutic and treatment notes.

1. Assessment
2. Practices
3. Range
4. Clinical
5. Schizophrenia
6. Goals
7. Settings
8. Severe
9. Approaches
10. in

What is clinical Psychology?



Clinical psychologists often work in hospitals, private *practices* or academic *settings*. Clinicians are trained in a *range* of techniques and theoretical *approaches*: some specialize *in* treating certain disorders, including some of the most *severe* ones such as *schizophrenia* and depression, while others work with clients suffering from a wide variety of problems. In addition to working with clients, clinical psychologists have to keep detailed records of client *assessment*, therapeutic *goals* and treatment notes.

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Types of psychotherapy



Psychotherapy is a method of talking with a psychotherapist, psychiatrist, psychologist or professional counselor. Many forms of psychotherapy can help people having difficulty in life, those who wish to make some kind of change in their personal or professional life, or people suffering from depression anxiety or other serious mental problems.

One-to-one sessions/ family-couple sessions/ group sessions

1. What is psychotherapy?

Types of psychotherapy



- + ... includes discussion and problem solving sessions with every member of family*
- + ... is helpful when a family member's physical or mental problem affects family dynamics or the well-being of relationships.*

FAMILY THERAPY

Types of psychotherapy



- Appeals to many patients and doctors*
- Groups may vary in size from 3 to 15 patients*
- Optimal group-size: 8-10 patients.*

Weekly or twice monthly sessions of 1-2 hours seem to be the average

GROUP PSYCHOTHERAPY

Types of psychotherapy



- ✚ May be used with psychotherapy*
- ✚ People with moderate-to-severe depression typically do best with a combination of antidepressant and some form of psychotherapy.*

MEDICATION

Types of psychotherapy



- Focus on behavior itself rather than on the analysis of underlying conflicts*
- Based on the idea that abnormal, maladaptive behaviors are learned*
- What can be learned can be unlearned*
- Therapy should aim at modification of behavior the patient currently manifests*

BEHAVIOR THERAPY

Types of psychotherapy



- + Grew out of the behavioral model considered as inadequate in its focus on external behavior only.*
- + Seeks to identify and correct thinking patterns that can lead to problematic feelings and behaviors.*
- + Beliefs and expectations are explored to identify how they shape a persons experiences.*
- + Restructures thinking if too rigid or problematic.*

COGNITIVE THERAPY

Types of psychotherapy



Two main ideas:

+ Look at the «here and now» of living: studying, observing, analysing what is in this moment lets us fully understand ourselves

+ People caught in a web of relationships with all things, all of which exist in relation to other things.

Treatment focuses on attempts to broaden a person's awareness of self by using past experiences, memories, emotional states, bodily sensations, etc...

GESTALT

Types of psychotherapy



- ✚ Helps people look inside themselves to discover and understand emotional conflicts*
- ✚ Helps the patient «uncover» unconscious motivations and unresolved problems from childhood and become aware of how these motivations influence present actions and feelings.*
- ✚ A lengthy process*

PSYCHOANALYSIS

Possible questions for this reading



- *What are the different types of Psychotherapy?*
- *What kind of patients benefit most from psychotherapy?*
- *What is the most suitable treatment for patients suffering from moderate-to-severe depression?*
- *How does behavior therapy help the patients modify their maladaptive behaviors?*
- *What are the main differences between behavior and cognitive-behavior therapy?*
- *Which kind of therapist would you preferably be in your therapeutic praxis?*
- *Which pathology would you better treat with a therapy?*
- *What are in your opinion the positive and negative aspects of?*



Unit 2

Clinical and Abnormal Psychology

Post-traumatic stress disorder (1) (PTSD)

is a severe **anxiety disorder** that can develop after exposure to any event that results in **psychological trauma**. This event may involve the threat of death to oneself or to someone else, or to one's own or someone else's physical, sexual, or psychological integrity, overwhelming the individual's ability to cope.

Post-traumatic stress disorder (2) *(PTSD)*

As an effect of **psychological trauma**, PTSD is less frequent and more enduring than the more commonly seen post traumatic stress (also known as **acute stress response**). Diagnostic symptoms for PTSD include re-experiencing the original trauma(s) through **flashbacks** or **nightmares**, avoidance of stimuli associated with the trauma, and increased **arousal** —such as difficulty falling or staying asleep, **anger**, and **hypervigilance**.



GIFT FROM WITHIN - PTSD

video <http://www.youtube.com/user/joycegfww>

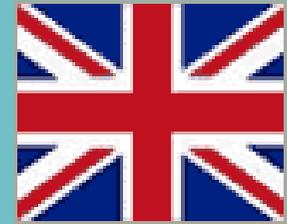
“Gift from within” is a nonprofit organization sharing resources on trauma for survivors, family members, supporters, therapists or clinicians.

In the video two therapists give some advice to people who support anyone suffering under PTSD.

What causes PTSD?

By exposure to events that are outside the realm of normal human experience, things that are terrific, things that are life threatening: being abused as a child, car accidents, natural disasters, such as tornados or earthquakes in which your life was threatened, and you saw horrific things around you (ex. veterans)

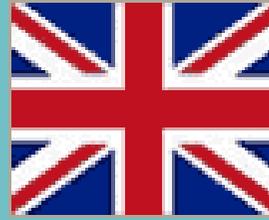
Split personality



- *Split personality, often called **Dissociative identity disorder (DID)**, also known as **multiple personality disorder (MPD)**, is a **mental disorder** characterized by at least two distinct and relatively enduring **identities** or **dissociated personality** states that alternately control a person's behavior, and is accompanied by memory impairment for important information not explained by ordinary forgetfulness. Diagnosis is often difficult as there is considerable **comorbidity with** other mental disorders.*

Video, movie Sybil (1976)

http://www.youtube.com/watch?v=m1_Z6-v4uT0



Obsessive–compulsive disorder (OCD)

is an **anxiety disorder** characterized by **intrusive thoughts** that produce uneasiness, apprehension, fear, or worry, by repetitive behaviors aimed at reducing the associated anxiety, or by a combination of such obsessions and **compulsions**. Symptoms of the disorder include excessive washing or cleaning; repeated checking; extreme **hoarding**; preoccupation with sexual, violent or religious thoughts; **relationship-related obsessions**; aversion to particular numbers; and nervous **rituals**, such as opening and closing a door a certain number of times before entering or leaving a room

video <http://www.youtube.com/watch?v=tPFQMRx2I3Y>

Ritual cleansing: the case of Gale Taylor

Questions:

- *What is the problem of Gale Taylor?*
- *How many times a day does she wash her hands?*
- *When did the problem start?*
- *What did Heather have to do before getting a hug by her mother?*
- *Where does Gale hoard all things she doesn't want to touch because of her contamination fear?*
- *Why doesn't she touch the door knob?*
- *What might be, according to the doctor, the chemical/biological reason for OCD?*
- *How do you treat OCD?*
- *Did the medical and behavioral therapy work with Gale?*

The case of Gale Taylor

➤ What is the problem of Gale Taylor?

Her problem is OCD, specifically contamination anxiety resulting in ritual cleansing: the touch of a door knob, light switch or phone

“It’s as if someone has a gun pointed in here and says: you have to watch because you are contaminated”.

➤ How many times a day does she wash her hands?

From eight to two hundred.

➤ When did the problem start?

Twelve years ago, with the birth of her daughter Heather, Gale became obsessed with the germs that might hurt the baby.

➤ What did Heather have to do before getting a hug by her mother?

She had to be virtually clean, she had to take a shower and not to touch any of her stuff.

The case of Gale Taylor

➤ Where does Gale hoard all things she doesn't want to touch because of her contamination fear?

In a downstairs cellar.

➤ Why doesn't she touch the door knob?

Because in her head its contaminated.

➤ What might be, according to the doctor, the chemical/biological reason for OCD?

A brain chemical called serotonin is out of balance.

➤ How do you treat OCD?

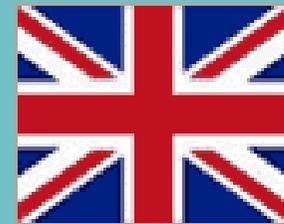
Some patients are treaten with drugs that chemically embalance the serotonin level in their brain; some other patients also improve with a behavioral therapy, a technique in which they are exposed to the things they fear and forbidden to indulge in their compulsions.

➤ Did the medical and behavioral therapy work with Gale?

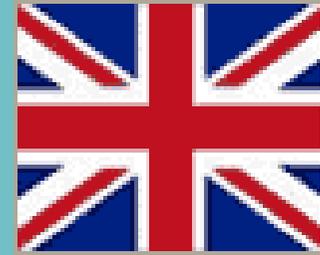
Yes, it helped let her out of her prison of fear and have an almost normal life.

Pharmacotherapy

is the treatment of **disease** through the administration of **drugs**. As such, it is considered part of the larger category of **therapy**.



Case-history

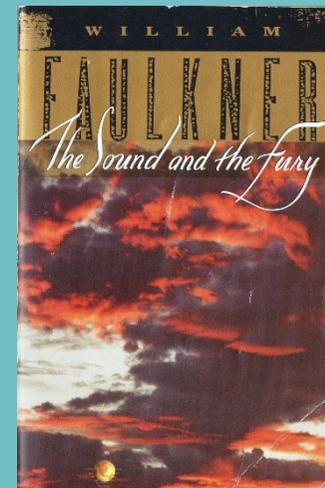


- *Etymology: L, causus + historia*
- *A detailed account of the facts affecting the development or condition of a person or group under treatment or study, especially in medicine, psychiatry, or psychology.*
- *a patient's complete medical record before a current illness or injury. The history includes any infectious diseases experienced by the person; all immunizations, hospitalizations, and therapies; information relating to deaths or illnesses of parents and other close family members; allergies; and congenital or acquired physical defects.*

Mental retardation



- **Mental retardation (MR)** is a generalized disorder appearing before adulthood, characterized by significantly impaired cognitive functioning and deficits in two or more **adaptive behaviors**. It has historically been defined as an **Intelligence Quotient** score under 70. Once focused almost entirely on **cognition**, the definition now includes both a component relating to mental functioning and one relating to individuals' functional skills in their environment.

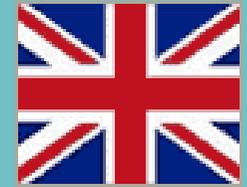


Electroconvulsive therapy

Electroconvulsive therapy (ECT) is a **medical treatment** for severe mental illness *in which a small, carefully controlled amount of electricity is introduced into the brain.* This electrical stimulation, used in conjunction with anesthesia and muscle relaxant medications, produces a mild generalized seizure or convulsion. While used to treat a variety of psychiatric disorders, it is most *effective in the treatment of severe depression*, and provides the most rapid relief currently available for this illness.

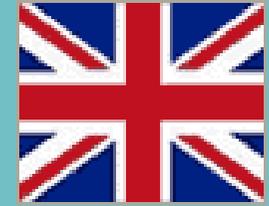


Mood disorder (1)



- Mood disorder is the term designating a group of diagnoses in the *Diagnostic and Statistical Manual of Mental Disorders (DSM IV TR)* classification system where a disturbance in the person's mood is hypothesized to be the main underlying feature. The classification is known as *mood (affective) disorders* in ICD 10.
- English psychiatrist Henry Maudsley proposed an overarching category of *affective disorder*. The term was then replaced by *mood disorder*, as the latter term refers to the underlying or longitudinal emotional state, whereas the former refers to the external expression observed by others.

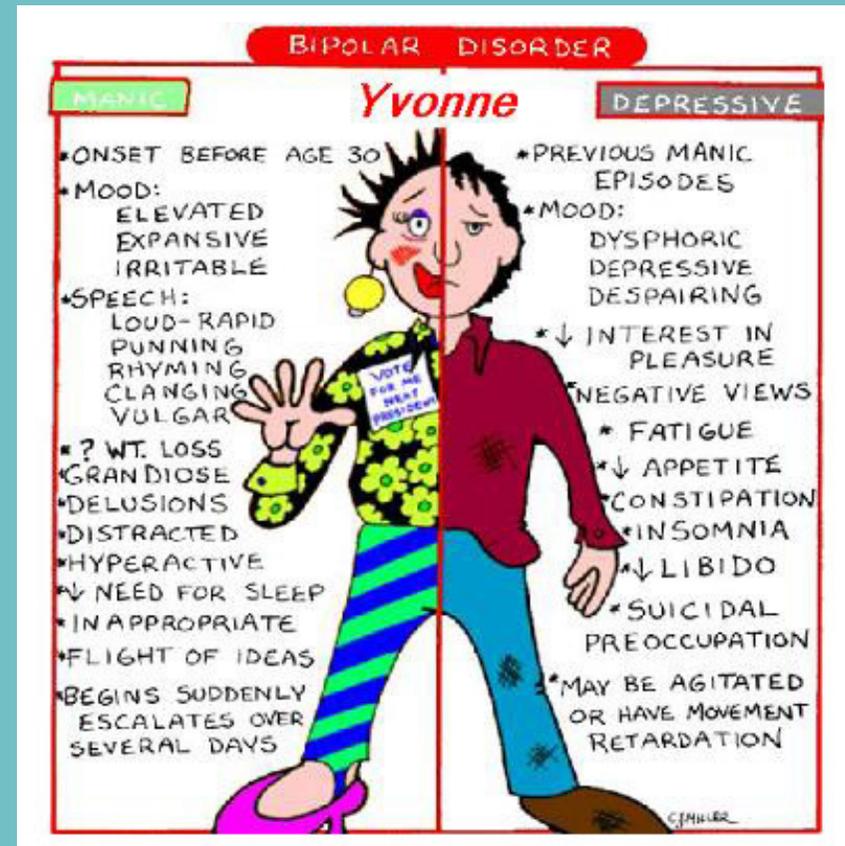
Mood disorder (2)



- *Two groups of mood disorders are broadly recognized; the division is based on whether the person has ever had a **manic** or **hypomanic** episode. Thus, there are depressive disorders, of which the best-known and most researched is **major depressive disorder (MDD)** commonly called clinical depression or major depression, and **bipolar disorder (BD)**, formerly known as manic depression and characterized by intermittent episodes of mania or hypomania, usually interlaced with depressive episodes. However, there are also forms of depression of MDD and BD that are less severe and are known as dysthymic disorder (in relation to MDD) and cyclothymic disorder (in relation to BD)*

Manic depressive psychosis

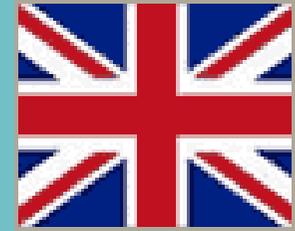
Bipolar disorder, formerly known as *manic depression*, is a mood disorder that causes radical emotional changes and mood swings, from manic, restless highs to depressive, listless lows. Most bipolar individuals experience alternating episodes of mania and depression.



Manic depressive psychosis (2)

Bipolar disorder is characterized by **alternating manic episodes** in which the individual feels abnormally euphoric, optimistic, and energetic and depressive periods in which the individual feels sad, hopeless, guilty, and sometimes suicidal. Manic or depressive periods may last for days, weeks, or months and run the spectrum from mild to severe. These episodes may be separated by periods of emotional stability in which the individual functions normally.

Acting-out

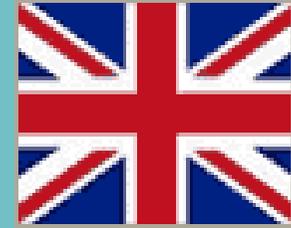


is the **expression of unconscious feelings and fantasies in behavior**; reacting to present situations as if they were the original situation that gave rise to the feelings and fantasies.

the expression of **intrapsychic conflict** or painful emotion through overt behavior that is usually pathologic, defensive, and unconscious and that may be destructive or dangerous. In controlled situations such as psychodrama, Gestalt therapy, or play therapy, such behavior may be therapeutic in that it may serve to reveal to the patient the underlying conflict governing the behavior

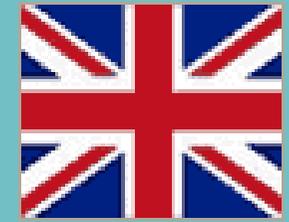
Unit 3

General Psychology

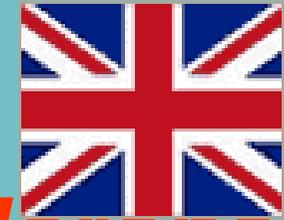


**Where does the term “emotion” derive from?
Which connotations does it carry?**

The term “emotion” derives from the Latin ‘**emovere**’, which translates as *to move, to excite*. The term generally carries a number of connotations: first, emotional states are normally regarded as **acute**. They are accompanied by relatively **short-lived levels of arousal and desire to act**. Second, emotions are viewed as **intensely experienced states**.



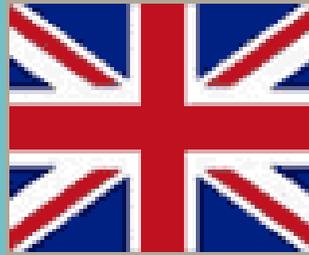
Third, **emotional states are often behaviorally disorganized.** This is particularly the case with extreme states of rage, terror, grief, in which an individual's behavior may be **erratic and chaotic.** Fourth, emotions are to a certain extent **evolutionary determined** and reflect **species-specific survival strategies of remarkable genetic antiquity.**



Reading passage

IQ testing: America, a Nation of Morons

- *What is the passage about?*
- *What did Yerkes' intelligence test consist of?*
- *What does the term "biased" actually mean?*
- *Can you provide examples of biased testing procedures?*
- *Who was most disadvantaged by the biased testing procedures?*
- *What was the main flaw of both the alpha and beta tests?*
- *What were the results of Boring's analysis?*



- *What was the Northern-European supremacy in intelligence attributed to?*
- *What is the meaning of the term “eugenicist”?*
- *How did Yerks’ findings affect the American immigration policy in the 1920s?*
- *What is your personal opinion about the idea of an IQ-test for immigrants?*
- *What do you think about the use of IQ-tests in general? In which context – if any – would you find it useful?*
- *Is there any movie scene, literature passage or work of art in general that you connect to the topic of “immigration/emigration”?*
- *What is your personal opinion about “eugenetics”?*

Definitions

Ex. 3, p. 31

What is a *sensory memory*?

How would you define a *short-term memory*?

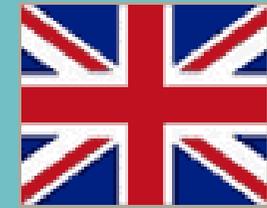
Could you provide a definition for “*memory trace*”?

What does “*long-term memory*” mean?

Describe *procedural memory*.

What do you mean under “*declarative memory*”?

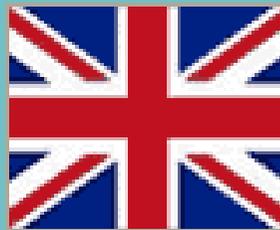




- What's the meaning of the ter "*duration*" in general psychology?
- What is "*capacity*"?
- Provide a definition for *semantic memory*.
- How can an "*episodic memory*" be defined?
- *What is the difference between a short- and a long-term memory.*
- *How many types/kinds/sorts of memories can you have/define/identify/outline in the psychology field?*

Ex. 4, p. 31

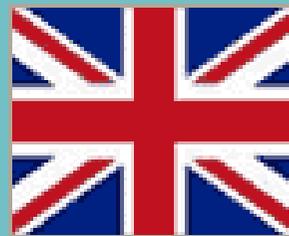
- What are stimuli? What is their role in psychology?
- How many functions can a single stimulus serve?
- Describe: discriminative stimuli; eliciting stimuli; reinforcing stimuli.

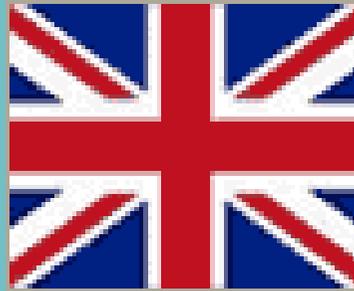


What is cognitive psychology?

Ex. 5. p. 32

Cognitive psychology is a general approach **emphasizing** the internal mental **processes**. The word “cognitive” comes from the Latin word “cognitio” meaning “to **apprehend**, to understand or know”. Cognitive **psychologists** are primarily interested in **thinking** and related mental processes such as memory, **perception**, attention, forgetting, learning and language.





The key **assumptions** of the cognitive approach are the following: firstly, behavior can largely be explained in terms **of** how the mind operates. Secondly, the mind works in a manner which is similar to a computer: **inputting**, storing and **retrieving** data. Finally, cognitive psychologists see psychology as a **pure** science.

Other possible questions

- Where does the term “cognitive” come from?
 - What are cognitive psychologists mainly/primarily interested in?
 - What are the key assumptions of the cognitive approach?
 - What is your personal idea about cognitive psychology?



Unit 4

Developmental Psychology



development → the sequence of changes over the full life span of an organism

Inherited facts **vs** lifetime experience

Interaction of both the above concepts

NATURE vs NURTURE

Nature/Education

Nature/Culture

Nature/Experience

Inborn attitude/ educated skill

Originary status/social conditioning

Unit 4

Developmental Psychology

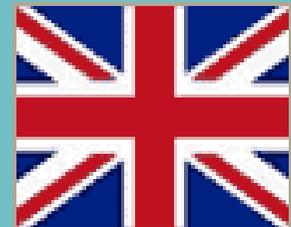
Key words and concepts

- ✘ The strange situation*
- ✘ Stressful situations and emotional reactions*
- ✘ Infant attachment style*
- ✘ Stranger anxiety*
- ✘ Separation anxiety*
- ✘ Separation-reunion pattern*
- ✘ Secure/insecure-avoidant/insecure-resistant attachment.*
- ✘ Healthy/unhealthy socioemotional development*

Other important concepts

- Twins*
- Inborn*
- Motherese*
- Toddler*
- Newborn*
- Attachment*
- Weaning*
- Bubbling*
- Lifespan*
- Backward*

- *Operations*
- *Horizontal décalage*
- *Equilibrium*
- *Assimilation*
- *Accomodation*
- *Caregiver*
- *Vertical décalage*
- *Scaffolding (formatting)*
- *Oblique décalage*
- *Zone of proximal development (ZPD)*
- *Temperamental hypothesis*
- *Social releaser*
- *monotropy*

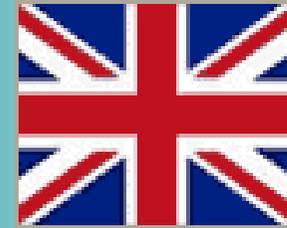


Possible questions for this Unit



- *How can you define developmental psychology?*
- *How do we define DEVELOPMENT in psychology?*
- *How would you explain the bimomial opposition NATURE/NURTURE?*
- *What are its implications in developmental psychology?*
- *What is the strange situation? What does it measure?*
- *Who developed this experimental procedure? In what does it exactly consist?*
- *What are its main steps? Who are the actors involved in the S. S.?*
- *What infant behaviours and emotional reactions are observed by the researcher?*
- *How do insecurely attached children tend to behave when their parent returns at the end of the experiment?*
- *Describe the characteristics of a secure/insecure(...) attachment style.*
- *What are the attachment categories resulting from the experiment?*

Describe



✚ The stages of Erikson's theory of psychosocial development

✚ The Piagetian stages of psychosocial development.