**ASSESSING PSYCHOLOGICAL DISORDERS**

**Clinical Interview:** (unstructured/semistructured)
- Appearance/behavior
- Thought processes (make sense, delusional (per, gran), hallucinations)
- Mood (general emotional state), affect (emotional reaction appropriate or not)
- Intellectual functioning (est of IQ)
- Sensorium (oriented to time, place, person)

**Mental Status--**
- Appearance/behavior
- Thought processes (make sense, delusional (per, gran), hallucinations)
- Mood (general emotional state), affect (emotional reaction appropriate or not)
- Intellectual functioning (est of IQ)
- Sensorium (oriented to time, place, person)

**Physical Examination:**
To rule out physical causes (thyroid problems, brain tumors, drug use or withdrawal, etc.) especially if haven't had one in past year

**Behavioral Assessment:**
- Observational (form or inf) or through rating scales
- Helpful for children or others who are not able to communicate their problems well verbally.
- Helps give an accurate picture of what the **target behavior** is and what the environmental contributions might be. A-B-C sequence.
- **Self-monitoring;** structured **(beh. rating scale)**
- (brief psychiatric rating scale) **Reactivity** (affect of observation)

**Psychological Testing:**
- Testing for emotional, behavioral or cognitive responses assoc w/disorders. Must be reliable and valid.
- **Projective testing--**to assess unconscious thoughts/feelings. TAT, Rorschach. (low rel./validity)
- **Personality inventories--**MMPI (page 78) very valid, very reliable (if int. according to standards)
- 550 t/f, 10 scales, most widely researched, empirical method (not theory-based)
- **Intelligence testing--**Binet, sep. slow learners/those who did well in school. MA/CA x 100 now dev.

**Neuropsychological Testing:**
- Tests that can determine if there are areas of the brain that are not functioning properly, by giving tasks that draw on different locations. To detect organic damage.
- attention, expressive/receptive language, motor skills, preceptual abilities, learning, abstraction

**Neuroimaging:**
- **Structure--**CAT scan (computerized axial tomography--series of x-rays), MRI (magnetic resonance imaging)
- **Function--**PET scan (positron emission tomography--tracer substance that allows detection of blood, oxygen, or glucose concentration)
- SPECT (single photon emission computed tomography--less exp) fMRI (taking miliseconds)

**Psychophysiological Assessment:**
- EEG (electroencephalogram) to measure electrical activity of the neurons (brain waves) regular pattern of waves called alpha waves associated with a relaxes waking state.
- Electrodermal responding (galvanic skin response) -- skin conduction (relates to sweat gland activity) somatic illnesses, biofeedback, etc.
### DIAGNOSING PSYCHOLOGICAL DISORDERS

**Taxonomy** -- system of classification for scientific purposes

**Nosology** -- taxonomy applied to clinical areas (medical, psychological)

**Nomenclature** -- the actual labels used

**DSM-IV:**

(Diagnostic and Statistical Manual, 4th revision)

Prototypical approach -- must meet certain criteria to match a certain diagnosis.

Multiaxial: Axis I = Clinical Syndrome, Axis II = Developmental Disorders and Personality Disorders, Axis III = Physical Disorders/Conditions, Axis IV = psychological/environmental probs that might have an impact (death of loved one, job stress, etc.), Axis V = highest level of functioning now/past year.

### CONDUCTING RESEARCH IN PSYCHOPATHOLOGY

**Basic Concepts:**

Hypothesis -- statement that can be tested

Dependent variable -- some aspect of the situation being measured, see if influenced by indep. variable

Independent variable -- aspect being manipulated, thought to influence dependent variable

Internal validity -- study's ability to determine a causal relationship b/t iv/dv.

External validity -- extent to which study can be generalized to total population

Replication -- doing it over, to make sure not a fluke, not a flawed study, not falsified

**Correlation:**

Are two variables related to each other? Correlation coefficient (+ or -, -1.00 to +1.00)

Does not prove causality.

**Formal Experiments:**

- manipulating variables
- control groups/placebo groups
- double-blind control
- comparative treatment research

**Single-Case Experimental Design:** (differs from case study in that attempts are made at validity)

- Repeated Measurements -- level, variability, trend, before and after treatment
- Withdrawal Designs -- baseline, treatment, return to baseline (problems)
- Multiple Baselines -- (across settings, across behaviors)
### Genetics and Research Across Time and Cultures

<table>
<thead>
<tr>
<th><strong>Studying Genetics:</strong></th>
<th>(genotypes-unique genetic makeup, phenotypes-obs. char. or behaviors)</th>
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<tbody>
<tr>
<td>Family studies--proband (index case) is person singled out w/traits, check other relatives, env?</td>
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<td>Adoption studies--</td>
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<td>Twin studies--monozygotic twins have same genetics, dizygotic 50% (all first degree relatives), combining twin/adoption study methods helps rule out environment.</td>
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<td>Genetic linkage (known markers, close on chromosome), Association studies (groups w/ and w/o)</td>
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<th><strong>Studying Behavior Over Time:</strong></th>
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<td>To see how a disorder progresses over time, to see what factors effect the development</td>
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<td>Prevention research--studying risk factors, prevention treatments,</td>
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<td>Cross-sectional design--groups who are different ages at the same time (cohort effect--confounding due to different experiences of age groups)</td>
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<td><strong>Sequential design--cross-section, then longitudinal</strong></td>
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<tr>
<td>Longitudinal--follow one group across time, difficult/time-consuming, cross-generational effect</td>
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<th><strong>Studying Behavior Across Cultures:</strong></th>
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<td>Culture is seen as the independent variable. Difficulties include genetic issues and different ways of describing symptoms. Treatment outcomes are hard to compare, too, because of confounding cultural factors, different models of therapy.</td>
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