

## Chapter 1: Conceptual, Historical and Research Perspectives

### Key Terms and Definitions

<b>ABAB design</b>	Type of single-subject experiment that alternates between presenting and removing the independent variable manipulation to see its effect on the single participant; also called a reversal design.
<b>Alienists</b>	Early term for psychiatrists, used during the 18th and 19th centuries.
<b>Analogue experiment</b>	An experiment in which the researchers create laboratory scenarios that are similar (analogous) to those they want to study and use them to draw inferences about the situation they are interested in but can't practically study; animal studies are one common form of analogue study.
<b>Animal studies</b>	One of the best-known examples of analogue studies; the animals serve as analogues for human beings; often used to study new drug treatments that can't ethically be tested on humans.
<b>Asylums</b>	Institutional housing for abnormal people that spread throughout Europe during the Renaissance.
<b>Behavior that disturbs others</b>	A criterion for abnormality that identifies as abnormal those whose behavior upsets others; is influenced a great deal by social norms and values.
<b>Bibliotherapy</b>	Therapy in which people learn and change through completing reading assignments.
<b>Biological perspectives</b>	View abnormality as caused by medical illnesses; they see mental illnesses as diseases that afflict people.
<b>Bodily humors</b>	Four biological substances identified by the ancient Greeks and long considered important in understanding abnormal behavior; the four humors were black bile, yellow bile, phlegm, and blood.
<b>Bracketing</b>	Phenomenological research method in which the researcher tries to lay aside (or "bracket") taken-for-granted beliefs about what is being studied.
<b>Case study</b>	Type of qualitative design in which a specific instance of something is examined in depth, often using a theoretical perspective to organize the data and to generalize to other instances; its focus can be on a person, a small group, an organization, a partnership, a community, a relationship, a decision, or a project.
<b>Categorizing</b>	Grounded theory data analysis method in which the researcher examines codes and looks for links among them, eventually sorting them into categories that seem

	to best fit.
<b>Clinical psychologists</b>	Applied psychologists trained in the assessment, diagnosis, and treatment of abnormality; compared to counseling psychologists, they often work with clients experiencing more severe presenting problems.
<b>Coding</b>	Grounded theory data analysis method in which the researcher goes through the data line by line, jotting down relevant phrases and codes; the goal is to distill key ideas.
<b>Community mental health care</b>	provides an integrated array of outpatient services (medication management, therapy, family support, job training, etc.) to mental health service users, often via government-funded programs.
<b>Confounding variable</b>	Any variable in an experiment that interferes with the independent variable manipulation.
<b>Constant comparison</b>	Grounded theory data analysis method that involves comparing instances highlighted in various codes, categories, and memos to assist in the process of developing a grounded theory.
<b>Control group</b>	A group of experimental participants who do not receive the treatment; gives us something to compare the treatment group to.
<b>Convulsion therapy</b>	Early 20th-century treatment for schizophrenia in which epileptic-like convulsions were induced by inducing insulin shock or administering electroconvulsive therapy.
<b>Correlation</b>	When two variables are related; changes in one are systematically associated with changes in the other; correlations can be positive or negative.
<b>Correlation coefficient</b>	A statistically calculated number between $-1.0$ and $+1.0$ ; a positive correlation coefficient is closer to $+1.0$ ; a negative correlation coefficient is closer to $-1.0$ ; no correlation hovers around $0$ .
<b>Correlational research</b>	Looks at the relationship between two variables to see whether changes in one are systematically tied to changes in the other.
<b>Counseling psychologists</b>	Applied psychologists trained to emphasize the emotional strengths and positive aspects of client functioning; compared to clinical psychologists, they often work with clients experiencing less severe presenting problems.
<b>Dancing mania</b>	A form of “mass madness” that sometimes occurred during the Middle Ages in which people felt an unstoppable urge to dance.

<b>Deinstitutionalization</b>	Wide-scale releasing of patients from mental hospitals; widespread in the latter 20th century at mental institutions across North America and Europe.
<b>Demonological perspective</b>	Views abnormal behavior as due to possession by evil spirits; also called the supernatural perspective.
<b>Dependent variable</b>	The variable that depends on the manipulation of the independent variable; the observed result in an experiment.
<b>Description</b>	Phenomenological research method in which the researcher obtains descriptions of what is being studied from participants.
<b>Deviance</b>	Behavior that violates social norms and values. Deviant people behave in socially unacceptable ways, but may or may not be viewed as suffering from mental disorders.
<b>Diagnostic and Statistical Manual of Mental Disorders (DSM)</b>	Diagnostic manual of the American Psychiatric Association.
<b>Double-blind studies</b>	Experiments in which neither the participants nor researchers testing them know which treatment group participants belong to.
<b>Electroconvulsive therapy (ECT)</b>	Treatment in which an electrical current is delivered to the brain to produce a seizure; used mainly for treatment-resistant depression, but sometimes also used for bipolar disorder and psychosis.
<b>Emotional suffering</b>	Defines abnormality in terms of emotional suffering and upset that goes beyond what is typical or reasonable; coming to agreement on what is typical or reasonable can be difficult.
<b>Empirically supported treatments (ESTs)</b>	Treatments that have been found to be effective for specific presenting problems in randomized controlled trials.
<b>Epidemiological research</b>	Form of correlational research used to study the prevalence and incidence of DSM and ICD mental disorders.
<b>Experiments</b>	Research studies in which controlled variables are manipulated in order to identify causal relationships among variables.
<b>External validity</b>	The extent to which experimental results can be generalized to everyday life.
<b>Grounded theory methods</b>	Qualitative methods that attempt to help researchers develop grounded theories—conceptual theoretical models of the topics they study.
<b>Harmful internal dysfunction</b>	Jerome Wakefield's definition of mental disorder that has two components: (a) a mental mechanism that fails to operate according to its naturally designed function (i.e., an internal dysfunction), and (b) behavior that

	society deems harmful which is caused by the internal dysfunction.
<b>Harmfulness to self or others</b>	Criterion that identifies those whose behavior is harmful to self or others as abnormal. Judgments often differ about how much harm is acceptable and what counts as a harmful behavior.
<b>Historical-cultural views</b>	Views that see abnormality as historically situated; what is considered abnormal in one historical period may not be in another.
<b>Hypothesis</b>	A prediction we make about how variables will affect one another.
<b>Hysteria</b>	A malady involving numerous psychological and physical symptoms that the ancient Greeks diagnosed exclusively in women.
<b>Incidence</b>	The number of new cases of a mental disorder that are diagnosed within a specified period.
<b>Independent variable</b>	The variable the researcher controls; its manipulation should cause a result in the dependent variable.
<b>Insulin coma therapy</b>	Historical treatment for schizophrenia in which insulin injections were used to bring patients in and out of comas daily over several weeks.
<b>Intentionality</b>	Phenomenological idea that mental events always refer to or “intend” something in the world.
<b>Internal validity</b>	The degree to which experimental results are caused by the manipulation of the independent variable.
<b>Little Albert</b>	The 18-month-old boy who John Watson classically conditioned to fear white rats and other similar objects.
<b>Lobotomy</b>	Historical treatment for schizophrenia in which the prefrontal cortex was surgically disconnected from the rest of the brain; also called a leucotomy.
<b>Lycanthropy</b>	The belief that one is possessed by or has been transformed into a wolf; widely reported during the Middle Ages, but occasionally still seen today.
<b>Malarial therapy</b>	20th-century treatment in which patients were injected with malaria to induce a high fever, which was thought to relieve symptoms of schizophrenia.
<b>Malleus Maleficarum</b>	A book written by monks Heinrich Kramer and James Sprenger during the Middle Ages that examined witchcraft and demonic possession; reflected the demonological perspective on abnormality.
<b>Matched control groups</b>	A control group whose participants are selected to make sure the control group is comparable to the experimental group participants along various confounding variables (such as age, socioeconomic

	status, ethnicity, etc.); often used in quasi-experiments to compensate for the fact that random assignment isn't possible.
<b>Medical model</b>	Model of abnormality holding that presenting problems are caused by physiological malfunctions; the medical model organizes presenting problems into categories that are thought to reflect underlying biological illnesses.
<b>Medicalization</b>	Inappropriately classifying non-medical problems as medical.
<b>Melancholia</b>	Term traceable to Ancient Greece that described those experiencing seemingly baseless sadness and fear, but sometimes other symptoms such as hallucinations.
<b>Memo writing</b>	Grounded theory method in which the researcher writes down analytical reactions to the data to help shape the emerging understanding of the topic.
<b>Mental disorder</b>	Defined by the American Psychiatric Association as a syndrome characterized by clinically significant disturbance in a person's cognition, emotional regulation, or behavior reflecting a dysfunction in psychological, biological, or developmental processes.
<b>Mental illness</b>	Defined by the American Psychiatric Association as an illness affecting or located in a person's brain that affects how a person thinks, behaves, and interacts with other people.
<b>Misperception of reality</b>	Criterion that defines abnormality in terms of a person's inability to perceive things realistically; questions about whose perceptions best reflect reality pose the biggest challenge for using this criterion.
<b>Mixed methods</b>	Approach to research in which qualitative and quantitative research methods are combined in studying a specific issue.
<b>Moral therapy</b>	An early treatment for abnormality in which the provision of a warm and nurturing environment was used to help people overcome madness (also called moral treatment).
<b>Negative correlation</b>	As one variable increases, the other decreases.
<b>No correlation</b>	There is no relationship between the variables in a correlational study.
<b>Objective/universal/legal views</b>	Views that see certain psychological experiences as abnormal across history, regardless of how they might have been explained at the time; certain states are pathological no matter the historical context.


<b>Onanism</b>	Diagnostic term describing non-procreative sexual activities such as masturbation, which were often associated with psychopathology in the 18th century. Illustrates how social norms and values can change over time when it comes to defining abnormality.
<b>Participants</b>	The people who partake in an experiment; also called subjects.
<b>Phenomenological methods</b>	Qualitative research approaches rooted in the phenomenological research tradition; the idea is to describe the essence of something by setting aside one's biases and preconceptions and studying conscious experience.
<b>Phenomenological reduction</b>	Consists of two parts: (a) bracketing preconceptions, and (b) allowing objects in the world to "present" themselves to us so we can interpretively describe and make sense of them.
<b>Placebo control group</b>	A control group that gets an activity that is comparable to the treatment, but not the treatment.
<b>Placebo effect</b>	Occurs when placebo control group activity induces results like those expected from the treatment group; in drug studies, it is when participants who receive an inert pill (often a sugar pill) show improvement despite not receiving the active ingredient being tested.
<b>Population</b>	All people of a given class; for instance, all people suffering from depression.
<b>Positive correlation</b>	As one variable increases, so does the other.
<b>Presenting problems</b>	The problems for which clients request help when consulting with mental health professionals. Presenting problems may or may not ultimately be the primary focus of treatment.
<b>Prevalence</b>	Percentage of people in the population believed to currently suffer from a specific mental disorder.
<b>Problems in living</b>	Thomas Szasz's term for the problems that people encounter in daily life that are often incorrectly, in his view, identified as mental illnesses.
<b>Psychiatrists</b>	Physicians who have completed specialized training in psychiatry, a medical specialty concerned with mental disorders and their treatment.
<b>Psychological perspectives</b>	Conceptualize abnormality in psychological terms as involving problematic thoughts, feelings, and behaviors; abnormality is attributed to psychological conflicts.
<b>Psychologists</b>	People who have a graduate degree (usually a doctorate) in psychology, a discipline that studies mental processes and behavior; unlike psychiatrists,

	psychologists are not medical doctors.
<b>Psychopathology</b>	Focuses on abnormality as caused by an internal dysfunction or sickness inside the individual.
<b>Psychosurgery</b>	Twentieth-century treatment of severe psychological abnormality in which surgery was used to sever connections between prefrontal lobes and other parts of the brain.
<b>Psychotherapy</b>	Psychological intervention for presenting problems that involves conversation between a professional helper (the therapist) and the person being helped (the client or patient, depending on the preferred term); also called talk therapy.
<b>Purposive sampling</b>	Sampling technique in which participants are recruited to participate in a study because they have characteristics that allow the research question to be examined in depth; used in a variety of research methods, including grounded theory approaches.
<b>Qualitative methods</b>	Research methods in which the researcher gathers data about subjective experiences or sociocultural phenomena, usually with the goal of comprehending the specific worldviews reflected in what is being studied.
<b>Quantitative methods</b>	Research methods in which the researcher uses mathematical statistics to test hypotheses.
<b>Quasi-experiment</b>	Variation on an experiment in which the researchers are unable to randomly assign participants to groups.
<b>Random assignment</b>	The practice of assigning an experiment's participants to different independent variable conditions at random.
<b>Random sample</b>	A sample that is chosen arbitrarily from the population; choosing participants randomly gives us the best chance that the sample will be representative of the larger population.
<b>Randomized controlled trial (RCT)</b>	A kind of experiment designed to compare different therapies' effectiveness in treating specific presenting problems.
<b>Sample</b>	Members of a population chosen to participate in a study.
<b>Scientific method</b>	Systematic collection of data through various means of observation and measurement.
<b>Search for essences</b>	Phenomenological research method in which the researcher breaks participants' descriptions down into meaningful units, looking for commonalities across participants.; the result constitutes the essence of the experience.



<b>Single-subject experiments</b>	Experiments conducted on just one person.
<b>Snowball sampling</b>	Sampling technique in which additional participants are recruited by asking initial participants if they know anyone else with similar experiences; often used in grounded theory research.
<b>Social oppression</b>	Idea that abnormality results from or is exacerbated by unjust social conditions; sees abnormality as a product of oppressive and inequitable social circumstances, rather than as a product of disorder or dysfunction inside the person.
<b>Sociocultural perspectives</b>	Attribute abnormality to social causes; factors such as socioeconomic conditions, cultural influences, and social oppression are the root causes of people's emotional upset.
<b>Socioeconomic status (SES)</b>	A measure of a person's social standing based on income, education, and employment.
<b>Statistical deviation</b>	Defines abnormality as what is statistically atypical. Whether what is atypical is abnormal in the sense of being psychopathological is often debated.
<b>Theoretical coding</b>	Grounded theory data analysis method in which latent links among codes, categories, and memos are sought and an integrated conception of the topic being studied starts to emerge.
<b>Theoretical sampling</b>	Grounded theory technique that entails devising and revising strategies for recruiting participants as the research project goes along; the tactics used may change as the researcher learns more about the topic being studied and figures out what kinds of additional data are needed.
<b>Theoretical sensitivity</b>	Grounded theory technique in which the researcher's knowledge and expertise about a topic informs the research question asked about it.
<b>Trepanation</b>	Prehistoric treatment of abnormal behavior in which holes were drilled in the skull, ostensibly to free evil spirits; also called trephination.
<b>Trustworthiness</b>	Characteristic of good qualitative research; evaluated by looking at the study's social validity, whether it acknowledges its biases, and whether it provides adequate data.
<b>Variables</b>	Aspects of the world that can change; measured in correlational and experimental research studies.
<b>Violation of social norms and values</b>	Defines abnormality in terms of the degree to which someone behaves in ways that others deem troublesome; social norms and values are used to evaluate whether a behavior is normal or not. Because





	social norms change over time and across cultures, the interpretation of this criterion varies widely.
<b>Wandering womb theory</b>	The ancient Greek physician Hippocrates' biological theory that attributed hysteria to a woman's uterus detaching from its natural location and wandering around her body.
<b>York Retreat</b>	A Quaker retreat in York, England where William Tuke's version of moral therapy was offered; emphasized Quaker values in supporting patients as they worked to overcome madness.

## Chapter 2: Theoretical Perspectives

### Key Terms and Definitions

<b>ABCDE model</b>	REBT model of how psychological problems originate and how to fix them; A = activating event; B = beliefs; C = emotional consequences of beliefs; D = disputing beliefs; and E = more effective beliefs that replace those that were disputed.
<b>Action potential</b>	Triggers the sending of an electrical impulse along a neuron's axis; occurs when sufficient neurotransmitters bond with receptors on a neuron's dendrites, causing the electrical charge within the neuron to shift from negative to positive; central process in neural communication.
<b>Actualizing tendency</b>	In humanistic theories, the innate motivation to fulfill one's full potential.
<b>Allele</b>	Name for each of the two different versions of every gene; dominant alleles take priority in influencing how particular characteristics genetically unfold, while recessive alleles only influence development when a person inherits two of them (one from each parent).
<b>Amino acids</b>	Chemical compounds consisting of carbon, hydrogen, nitrogen, and oxygen; GABA and glutamate are amino acid-based neurotransmitters.
<b>Amygdala</b>	Almond-sized area deep in the limbic system area of the brain that has been implicated in regulation of emotions such as fear and anger.
<b>Anal-expulsive</b>	Fixated anal stage personality style characterized by resisting the need for ego regulation; anal-expulsive individuals are messy, reckless, disobedient, and disorganized.
<b>Anal-retentive</b>	Fixated anal stage personality style characterized by strict ego regulation; anal-retentive individuals are rigid, neat, stingy, stubborn, and highly organized.
<b>Anal stage</b>	Second stage of psychosexual development, from ages 1½ to 3, during which toilet training serves as the basis for ego development; fixation here results in becoming anal-retentive or anal-expulsive.
<b>Assimilative integration</b>	Process by which therapists operating from one theoretical perspective, when incorporating a technique from another theoretical perspective, carefully consider how the theory they are using and the theory from which they are co-opting a technique are both changed.

<b>Attachment theory</b>	Emphasizes how early childhood relational attachments affect later psychological functioning.
<b>Authenticity</b>	In existential theory, when one is aware of one's responsibility for creating meaning and living by it.
<b>Automatic thoughts</b>	Spontaneous thoughts that occur to us throughout daily life.
<b>Awfulizing</b>	REBT term for the irrational tendency to interpret things as more awful than they truly are.
<b>Behavior therapy</b>	Applies the principles of classical and operant conditioning, as well as social learning, to alter behavior deemed abnormal.
<b>Behavioral perspectives</b>	Define abnormality in terms of behavior, and see abnormal behavior as caused by environmental conditioning and social learning.
<b>Boundaries</b>	In family therapy, the ability to distinguish between different family members' thoughts and feelings; can be too rigid or too loose.
<b>Brain chemistry perspectives</b>	Biological approaches to abnormality that focus on neurotransmitters (chemicals in the brain) and how they influence cognition, emotion, and behavior.
<b>Brain stem</b>	Connects the brain to the spinal cord; plays a role in many involuntary activities, such as breathing, heart rate, digestion, blood pressure, body temperature, perspiration, and sleeping.
<b>Brain structure and function perspectives</b>	Biological approaches to abnormality emphasizing how the functioning (or malfunctioning) of different areas in the brain influences abnormal behavior.
<b>Catecholamines</b>	A type of monoamine neurotransmitter; dopamine and norepinephrine are catecholamines.
<b>Catharsis</b>	Strong emotional release of pent-up feelings.
<b>Cerebellum</b>	A lower area of the brain behind the brain stem that is implicated in voluntary movement, balance, attention, and language.
<b>Cerebrum</b>	Larger upper area of the brain that consists of two hemispheres which are connected by and communicate via the corpus callosum; consists of four lobes (occipital, frontal, parietal, and temporal lobes) that are important in many psychological functions—including speech, vision, hearing, movement, sensation, and intelligence.
<b>Chromosomes</b>	Each person has 23 sets of them; they are made of DNA; genes are contained at random intervals along them.
<b>Classical conditioning</b>	An unconditioned stimulus is paired with a neutral stimulus, which turns the neutral stimulus into a

	conditioned stimulus that evokes the same response as the unconditioned stimulus, even when the unconditioned stimulus isn't present.
<b>Coalitions</b>	In family therapy, when some family members align with one another against other family members; can lead to dysfunctional interactions.
<b>Cognitive distortions</b>	Errors in thinking that lead to emotional distress.
<b>Cognitive perspectives</b>	Emphasize thoughts and beliefs as the root causes of abnormal behavior.
<b>Cognitive specificity hypothesis</b>	Holds that each disorder has a unique way in which its sufferers cognitively interpret events.
<b>Cognitive therapy</b>	Aaron Beck's therapy approach, which focuses on correcting the client's dysfunctional thoughts.
<b>Cognitive-behavioral therapy (CBT)</b>	Therapy that combines elements of two distinct perspectives that are often blended together: cognitive therapy and behavior therapy.
<b>Common factors</b>	Factors believed to be present in all effective psychotherapies.
<b>Conditional positive regard</b>	In person-centered therapy, when others only accept a person if certain conditions are met; leads to incongruence.
<b>Conditioned response (CR)</b>	A response to a conditioned stimulus (e.g., salivation in response to a bell that has been paired with dog food).
<b>Conditioned stimulus (CS)</b>	A stimulus that has been paired with an unconditioned stimulus so that it now evokes the same response as the unconditioned stimulus (e.g., bell evokes salivation after being paired with dog food).
<b>Congruence</b>	Rogers' term for when a person is self-consistent, behaving in accordance with the actualizing tendency.
<b>Conscious</b>	Psychodynamic term for the rational and adult part of the mind; all that we are currently focused on and aware of is conscious.
<b>Consciousness-raising</b>	Educating clients about racism, sexism, and other economic and social inequalities that they have unwittingly accepted and which lead to emotional distress.
<b>Constructivist perspectives</b>	Emphasize how people create meaningful ways of understanding themselves, their world, and their relationships, which they then use to guide their lives; difficulties occur when people mistake their constructed meanings for reality itself and get locked into meanings that are no longer helpful.

<b>Consumer and service-user perspectives</b>	Focus on the experience and concerns of people receiving psychiatric services.
<b>Consumer movement</b>	Movement of consumers of psychiatric services that accepts psychiatric views of mental disorder and often finds traditional treatments helpful; largely directed toward reducing stigma, reforming policies and practices that interfere with access to services, and generating more mental health treatment choices.
<b>Core beliefs</b>	Basic philosophies or mindsets we hold about ourselves that influence intermediate beliefs and automatic thoughts.
<b>Core conditions for change</b>	Rogers' three necessary and sufficient conditions; in person-centered therapy, these are provided to help clients reconnect with their actualizing tendency; consist of empathy, genuineness, and unconditional positive regard.
<b>Corpus callosum</b>	Bundle of nerves that connects the two hemispheres of the cerebrum.
<b>Corrective emotional experience</b>	A new kind of relationship in which the patient learns to assess others more realistically and no longer rely on projective identification during interpersonal relationships.
<b>Countertransference</b>	In classic psychoanalysis, occurs when therapists generalize (i.e., transfer) their feelings about important people in their lives onto their patients; in object relations and time limited dynamic therapies, also refers to times when therapists feel certain ways because of how their patients interpersonally interact with them.
<b>Culture</b>	The values, beliefs, and practices of any ethnic or cultural group.
<b>Culture-bound syndromes</b>	Diagnoses that reflect the cultural values of a specific historical time and place rather than universally true disorders.
<b>Cyclical maladaptive pattern</b>	The problematic interpersonal pattern produced in relationship after relationship.
<b>Daily Record of Dysfunctional Thoughts (DRDT)</b>	A form used by cognitive therapists to help clients track events, their emotional reactions, their automatic thoughts, their behavioral response, and their errors in logic.
<b>Defense mechanisms</b>	In psychodynamic theories, partly unconscious mental processes used to ward off or reduce anxiety and cope with emotionally upsetting experiences.
<b>Delay of gratification</b>	The ego's ability to postpone expressing id impulses.

<b>Differentiation</b>	In family therapy, when family members come to distinguish their own thoughts and feelings from others in the family so they can resist and eliminate problematic family patterns.
<b>DNA (deoxyribonucleic acid)</b>	Chromosomes are made of this; it consists of four chemical compounds (adenine, cytosine, guanine, and thymine).
<b>Dopamine</b>	An inhibitory neurotransmitter implicated in memory, motivation, and reward/pleasure; too much is associated with psychosis; can also function as a hormone.
<b>Dream analysis</b>	Psychoanalytic technique in which patients report their dreams and the analyst seeks to interpret wish fulfillments.
<b>Ego</b>	Partly conscious/partly unconscious psychoanalytic personality structure that tries to satisfy id impulses while considering superego demands and constraints in the external environment; motivated by the reality principle.
<b>Electra complex</b>	Occurs at phallic stage in girls; the little girl experiences castration anxiety until she realizes she has no penis; then she experiences penis envy; ends when little girl identifies with mom and represses the experience; results in superego, but a weak superego because castration anxiety is never fully resolved.
<b>Emotional cutoff</b>	When family members place emotional or physical distance between one another to avoid dealing with conflicts.
<b>Empathy</b>	Understanding another's point of view; involves actively listening to them and reflecting what is heard; one of Rogers' core conditions for change.
<b>Enmeshed families</b>	Families in which the boundaries between members are loose or blurred, making it difficult for members to distinguish their own beliefs and feelings from other family members' beliefs and feelings; can lead to intense relationships and, in some cases, hostile conflict.
<b>Entorhinal cortex</b>	Limbic system area of brain associated with memory.
<b>Evolutionary perspectives</b>	Use Darwin's evolutionary theory to understand how presenting problems evolved, seeing them as both genetically inherited and often having been adaptive at some point in early human history.
<b>Existential psychotherapies</b>	Therapies that focus on people creating their own meanings to live by and accepting responsibility for these meanings and the choices they make in life.

<b>Exposure plus response prevention</b>	Exposure technique in which client is thrust into contact with the conditioned stimulus and prevented from leaving the situation; client learns that nothing bad happens when in contact with the stimulus; also called flooding and response prevention.
<b>Exposure therapies</b>	Therapy techniques in which the client is placed in the presence of the conditioned stimulus to extinguish the old response and condition a new one.
<b>Externalizing the problem</b>	Narrative therapy technique in which clients are asked to talk about their problems as something separate from them that sometimes gets the best of them (as opposed to disorders they “have”).
<b>Extinction</b>	When a conditioned stimulus is no longer paired with an unconditioned stimulus, the conditioned stimulus stops eliciting a conditioned response.
<b>False consciousness</b>	When oppressed people fail to realize they are oppressed and internalize the values of their oppressors.
<b>Family rules</b>	In Minuchin’s structural family therapy, unspoken rules that influence family members’ behaviors.
<b>Family systems therapy</b>	Looks at couple and family dynamics in trying to understand and remediate psychological issues.
<b>Feminist therapy</b>	Therapy which holds that patriarchy (the structuring of society so that men are in charge) is the root cause of many problems commonly labeled as mental disorders; reconceptualizes therapy as a collaborative relationship between therapist and client, one in which both work for social reform.
<b>Fitness</b>	Evolutionary theory term used to describe organisms that are adapted to their environments; adaptation occurs when organisms are successful in reproducing and passing on their genes.
<b>Fixation</b>	When a child gets stuck at one of psychoanalytic theory’s psychosexual stages of development.
<b>Free association</b>	Psychoanalytic technique in which patient is instructed to say whatever comes to mind.
<b>Gamma-aminobutyric acid (GABA)</b>	The brain’s primary inhibitory neurotransmitter.
<b>General paresis</b>	Psychological syndrome characterized by progressive decline in mental functioning; progressive symptoms include mania, psychosis, delusions, physical deterioration, and death; caused by the syphilis virus.
<b>Genes</b>	Parts of a chromosome’s DNA molecules; contain biological instructions for building a person; humans have roughly 30,000 of them.



<b>Genetic perspectives</b>	Focus on the role of genes in explaining the origins of presenting problems.
<b>Genital stage</b>	Fifth stage of psychosexual development, from adolescence onward; conflicts from fixations at first three stages emerge.
<b>Genome</b>	The complete set of genetic information for each human.
<b>Genotype</b>	A person's entire genetic makeup; includes all alleles, even non-dominant ones that aren't reflected in the person's physical and psychological makeup.
<b>Genuineness</b>	Self-consistency; behaving in a manner that is congruent with one's actualizing tendency; one of Rogers' core conditions.
<b>Glutamate</b>	The brain's main excitatory neurotransmitter.
<b>Heritability</b>	The percentage of phenotypic variation that can be attributed to genes, as opposed to environment.
<b>Heritability estimate</b>	A score from 0.0 to 1.0 that estimates the degree to which a trait is genetic; for instance, a 0.60 heritability score would mean the trait at hand was 60% attributable to genetics and 40% attributable to the environment.
<b>Hippocampus</b>	Limbic system brain structure that plays a role in memory.
<b>Humanistic perspectives</b>	Perspectives that maintain people are proactive meaning-makers who strive to develop their full potential; includes humanistic, existential, and constructivist perspectives.
<b>Id</b>	Unconscious psychoanalytic personality structure consisting of the infant's aggressive, selfish, and sexual desires; motivated by the pleasure principle.
<b>Identified patient</b>	In family therapy, the family member displaying symptoms who bears the burden of "carrying" the family's pathology.
<b>Immune system perspectives</b>	Emphasize the importance of the immune system (the system of cells and biological processes used to fight off pathogens) in understanding psychopathology.
<b>Inauthenticity</b>	In existential theory, when one denies responsibility for one's choices.
<b>Incongruence</b>	Rogers' term for when people behave in self-inconsistent ways to maintain conditional positive regard.
<b>Intermediate beliefs</b>	General rules and beliefs that influence automatic thoughts.


<b>Latency stage</b>	Fourth stage of psychosexual development, from age 6 to pre-adolescence; a period of relative calm and quiet.
<b>Libido</b>	Freudian term for sexual instincts; the drive to seek pleasure and avoid pain.
<b>Limbic system</b>	Area of the brain that developed early in human evolution and which contains several structures associated with the regulation of emotion.
<b>Monoamines</b>	Chemical compounds derived from ammonia; norepinephrine, serotonin, and dopamine are monoamine neurotransmitters.
<b>Multicultural perspectives</b>	Hold that what is considered abnormal often is a function of culture and that clinicians must be aware of how cultural differences impact their work with clients.
<b>Multigenerational family therapy</b>	Bowen's approach to family therapy, which stresses how families pass dysfunctional patterns down across generations.
<b>Multigenerational transmission process</b>	The process by which families pass their dysfunctional patterns down from generation to generation.
<b>Musterbating</b>	REBT term for the irrational belief that certain things must be a certain way or life can't go on.
<b>Narrative therapy</b>	Constructivist therapy in which clients are asked to examine and revise the stories they tell about their lives.
<b>Negative punishment</b>	Something desirable is removed after a behavior, making that behavior less likely in the future.
<b>Negative reinforcement</b>	Something undesirable is removed after a behavior, making that behavior more likely in the future.
<b>Neurons</b>	Brain cells that communicate with one another both electrically and chemically.
<b>Neurosis</b>	In psychoanalytic theory, occurs when the ego is overwhelmed in its efforts to balance id impulses, superego demands, and external reality constraints.
<b>Neurotransmitters</b>	Brain chemicals involved in neural communication.
<b>Norepinephrine</b>	An excitatory neurotransmitter associated with anxiety and depression.
<b>Nucleotides</b>	Chemical compounds (adenine, cytosine, guanine, and thymine) that together constitute DNA.
<b>Nucleus accumbens</b>	Brain area implicated in reward processing and addictive behavior.
<b>Object</b>	In object relations theory, any person or thing for which someone develops an internal mental representation, known as an introjection.

<b>Object relations therapy</b>	Refers to a loose cluster of psychodynamic therapies that emphasize how early attachment relationships with caregivers lead to psychologically internalized expectations, which result in recurring patterns of interacting with others later in life; these patterns are worked through and changed using the patient–therapist relationship.
<b>Oedipus complex</b>	Occurs at phallic stage in boys; the little boy wants mom for himself; castration anxiety occurs when the boy fears father finding out; ends when little boy identifies with dad and represses the experience; results in superego.
<b>Operant conditioning</b>	Behavioral approach focused on how the consequences of behavior (reinforcement of punishment) influence whether it is likely to be repeated in the future.
<b>Oral stage</b>	First stage of psychosexual development, from birth to age 1½, when id impulses are best satisfied through activities involving the mouth; fixation at this stage results in issues with autonomy and dependence.
<b>Orbitofrontal cortex</b>	Brain area that plays a role in decision-making.
<b>Organismic valuing process</b>	Rogers’ term for the innate ability to seek experiences that enhance them and avoid those that don’t.
<b>Pathogens</b>	Foreign bodies that cause disease (e.g., viruses, bacteria, parasites, and cancer cells); pathogens can compromise the immune system.
<b>Person-centered therapy</b>	Rogers’ humanistic and non-directive therapy in which therapists provide core conditions for change (empathy, genuineness, and unconditional positive regard) and in so doing help clients get back on a path toward self-actualization.
<b>Phallic stage</b>	Third stage of psychosexual development, from ages 3 to 5; Oedipus/Electra complex occurs, leading to formation of the superego; fixation at this stage results in narcissistic, proud, competitive, and vain personality traits.
<b>Phenotype</b>	A person’s actual properties and psychological traits; the physical and psychological traits a person has developed because of genetic and environmental influences.
<b>Pleasure principle</b>	Guiding principle that rules the id; consists of the desire to experience pleasure and avoid pain.
<b>Polygenic</b>	When multiple genes are implicated in the expression of a trait; in abnormal psychology, most of the psychological problems discussed are polygenic, meaning there are numerous genes that contribute to

	them.
<b>Positive punishment</b>	Something undesirable is added after a behavior, making that behavior less likely in the future.
<b>Positive reinforcement</b>	Something desirable is added after a behavior, making that behavior more likely in the future.
<b>Power hierarchies</b>	In family therapy, when some coalitions dominate others in detrimental ways.
<b>Preconscious</b>	Unrepressed memories currently out of awareness; can easily be made conscious if focused on.
<b>Projective identification</b>	Object relations theory term referring to the tendency of people to project unwanted and split-off feelings about themselves onto others, including their therapists.
<b>Psychic determinism</b>	The psychoanalytic idea that every mental event is caused.
<b>Psychic energy</b>	In psychoanalytic theory, the hypothesized substance that gets distributed across id, ego, and superego; the way psychic energy is distributed in one's system determines one's personality.
<b>Psychoanalysis</b>	Approach to therapy grounded in Freud's original psychoanalytic theory; patient lies on couch facing away from analyst; uses techniques of free association, dream analysis, and examination of transference.
<b>Psychodynamic perspectives</b>	Include all theories that trace their origins back to Freud's work; early life attachments and unconscious processes emphasized.
<b>Psychotherapy integration</b>	Process by which links among different theories are identified and used together to develop effective therapy interventions.
<b>Punishers</b>	Consequences that decrease the likelihood of the behavior they follow.
<b>Rational emotive behavior therapy (REBT)</b>	Albert Ellis' cognitive therapy, which focuses on disputing clients' irrational beliefs.
<b>Reality principle</b>	Guiding principle of the ego; the need to consider the requirements of the external world in expressing id impulses.
<b>Reductionism</b>	The idea that we can break complex human experience into its components such as thoughts, behaviors, and drives or genes, neurochemicals, or brain parts; rejected by adherents of the humanistic perspective.
<b>Reinforcers</b>	Consequences that increase the likelihood of the behavior they follow.

<b>Repression</b>	Occurs when the conscious mind pushes unacceptable ideas and impulses into the unconscious mind.
<b>Resistance</b>	When patients reject their psychoanalysts' interpretations.
<b>RNA (ribonucleic acid)</b>	Consists of three of the same four nucleotides as DNA (adenine, cytosine, and guanine), along with a fourth nucleotide (uracil); RNA carries out DNA's instructions.
<b>Schemas</b>	Mental structures used to organize information; generalized scripts about how the world works that we use to anticipate what will happen in each situation.
<b>Self-actualization</b>	Process by which people draw on their actualizing tendency and move towards enhancement and personal growth, fulfilling their full potential.
<b>Serotonin</b>	An inhibitory neurotransmitter associated with depression and anxiety.
<b>Service-user/survivor movement</b>	Rejects mainstream psychiatric perspectives, contending that many interventions—especially prescription drugs and involuntary treatments—are often inhumane, abusive, and fail to take into consideration the desires of the people forced to endure them; sometimes also called the psychiatric survivor movement.
<b>Slips of the tongue</b>	In psychoanalytic theory, occur when a person accidentally uses wrong words and in so doing expresses an unconscious conflict.
<b>Social construction</b>	Any socially shared way of defining, talking about, and understanding something that influences how people come to experience it.
<b>Social justice perspectives</b>	Approaches that view abnormality as the product of social inequality; they rely on consciousness raising and social action to help clients overcome oppression and relieve emotional distress.
<b>Social learning theory</b>	Behavioral approach that focuses on how observation and modeling contribute to learning.
<b>Splitting</b>	Object relations term for the mental process of dividing an object into "good" and "bad" parts.
<b>Stigma</b>	Society's negative and often hostile responses to people carrying certain marks or labels; mental disorder diagnoses often carry significant stigma.
<b>Structural family therapy</b>	Minuchin's family therapy, which emphasizes how the structure of a family system—including its rules, boundaries, and power hierarchies—contribute to its dysfunction.
<b>Structural model</b>	Later psychoanalytic model that added the psychic structures of id, ego and superego.

<b>Superego</b>	Partly conscious/partly unconscious psychoanalytic personality structure that houses moral beliefs.
<b>Survival of the fittest</b>	Evolutionary theory concept that says only those organisms well suited to an environment are able to reproduce and keep their species alive.
<b>System</b>	In systems perspectives, an integrated and dynamic whole that consists of individual parts; couples, families, and social groups are examples.
<b>Systematic desensitization</b>	Exposure technique that combines relaxation training and use of a fear hierarchy (ranking potential experiences with the feared object or situation and from least to most scary); the client is gradually exposed to the conditioned stimulus while in a relaxed state, with the goal of conditioning a new response.
<b>Systems perspectives</b>	Look at how individuals are influenced by and function within “systems” of relationships.
<b>Technical eclectic</b>	Combining whatever psychotherapy techniques are shown to work, regardless of the theory from which they originate.
<b>Time-limited dynamic psychotherapy (TLDP)</b>	Short-term psychodynamic therapy that shares object relations therapy’s emphasis on using therapy to identify and revise problematic interpersonal patterns, but does so more quickly by establishing clear therapeutic goals and addressing them in 20–25 sessions.
<b>Topographic model</b>	Early psychoanalytic model that conceived of unconscious and conscious as locations in the mind where memories are stored.
<b>Transference</b>	Occurs when patients generalize (i.e., transfer) their feelings about important people in their lives onto their therapists.
<b>Triangulation</b>	In family therapy, when two family members deal with conflict between them by involving a third family member; often exacerbates family conflict.
<b>Unconditional positive regard</b>	In person-centered therapy, when others unconditionally accept a person; leads to congruence; one of Rogers’ core conditions.
<b>Unconditioned response (UR)</b>	A response to an unconditioned stimulus (e.g., dog salivates in response to dog food).
<b>Unconditioned stimulus (US)</b>	A stimulus that naturally evokes a response without any learning necessary (e.g., dog food elicits salivation).
<b>Unconscious</b>	Psychodynamic term for the childish and immature part of the mind that is out of awareness (i.e., repressed).
<b>Viral explanation of general paresis</b>	Found that general paresis is caused by the syphilis virus.



<b>Viral theories</b>	Hypothesize that psychological disorders can be caused by viral infections.
<b>Wish fulfillment</b>	Psychoanalytic idea that every dream contains a wish, often an unconscious one.
<b>Working through</b>	In psychoanalysis, the period after catharsis during which patients integrate unconscious conflicts that have been discovered into their lives.



## Chapter 3: Diagnosis, Formulation and Assessment

### Key Terms and Definitions

<b>4P model of case formulation</b>	Model of formulation in which clinicians gather information about four areas: (1) preconditions; (2) precipitating factors; (3) perpetuating factors; and (4) protective factors.
<b>ABC recording</b>	Behavioral assessment technique that involves directly observing and recording client behaviors (“B”), while also writing down their antecedents (what comes before them, or “A”) and their consequences (what comes after them, or “C”); the goal is to assess how antecedents and consequences maintain a behavior.
<b>Achievement</b>	Successful performance following learning.
<b>Affect</b>	Clinical term for “emotion.”
<b>Algorithmic model</b>	Diagnostic approach in which clinicians observe countable criteria; used in DSM.
<b>Analogue behavioral observation</b>	Type of behavioral assessment used to arrive at a functional analysis in which a person is naturally observed in an environment established by the clinician/researcher.
<b>Assessment</b>	Gathering information to understand or diagnose a person’s difficulties.
<b>Beck Depression Inventory (BDI)</b>	21-item self-administered inventory for measuring depression.
<b>Behavioral Assessment</b>	Identifies conditions in the environment that sustain undesirable behaviors.
<b>Bender Visual Motor Gestalt Test</b>	Neuropsychological test consisting of nine cards with geometrical designs; test-takers are asked to examine the designs and then draw them from memory; difficulty doing so is often interpreted as an indicator of brain damage.
<b>Big Five</b>	The five traits measured by the Five-Factor Model (FFM) of personality: extraversion, agreeableness, conscientiousness, neuroticism, and openness.
<b>Biomarkers</b>	Biological measures used to make diagnoses; DSM and ICD disorders cannot yet be diagnosed using them, but they are widely sought in psychiatric research.
<b>Brain waves</b>	The electrical activity of neurons firings.

<b>Categorical diagnosis</b>	Approach to diagnosis where similar patterns of symptoms and signs are grouped into categories and distinguished as distinct disorders; disorders are divided into discrete and mutually exclusive categories.
<b>Clinical interview</b>	Assessment procedure in which clinician talks to client to gather information about the presenting problem.
<b>Comorbidity</b>	When multiple disorders co-occur, or are diagnosed at the same time.
<b>Conceptualize</b>	To think about client problems using the terms of a given theory; an important part of formulation.
<b>Cultural formulation interview (CFI)</b>	Structured clinical interview included in the DSM-5 in which clinicians inquire about cultural factors potentially impacting the presenting problem. The CFI assesses four domains: cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors affecting self-coping and past help seeking; and cultural factors affecting current help seeking.
<b>Culture bias</b>	Occurs when diagnostic, formulation, or assessment approaches reflect the cultural assumptions of those devising them.
<b>Descriptive psychopathology</b>	Diagnostic approach that relies on descriptions of how people think, feel, and behave for making diagnoses.
<b>Diagnosis</b>	In medical terms, a procedure for determining the nature and circumstances of a diseased condition; in psychological and social terms, seeking the cause or nature of a problem or situation.
<b>Diagnostic code</b>	An alphanumeric key assigned to disorder categories.
<b>Diagnostic criteria</b>	Lists of symptoms in DSM-5 that are used to make diagnoses; they specify the required number of symptoms and their duration; use an algorithmic model to enhance diagnostic reliability.
<b>Diagnostic guidelines</b>	ICD-10 and ICD-11 descriptors used to gauge whether a patient qualifies for a diagnosis; written broadly using a prototype model to allow for diagnostic flexibility.
<b>Dimensional diagnosis</b>	Approach to diagnosis that charts degrees of severity for different symptoms rather than dividing disorders into discrete categories.
<b>DSM-5 definition of mental disorder</b>	“A syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning.”

<b>Electroencephalogram (EEG)</b>	Device that records the electrical activity of neuronal firing, or brain waves.
<b>Etiology</b>	Medical term for “cause.”
<b>Executive functioning</b>	Cognitive processes involving attention, planning, decision-making, and goal-directed behavior.
<b>Formulation</b>	A hypothesis about a person’s difficulties, which draws from psychological theory.
<b>Functional analysis</b>	Behavioral assessment in which judgments are made about the relationships between environmental conditions and client behavior, along with estimates of how these relationships might be modified.
<b>Functional analysis interview (FAI)</b>	A structured behavioral assessment method in which an interviewer gathers information from the client about the behavior of interest, its antecedents, its consequences, and circumstances and strategies that seem to increase or decrease the behavior.
<b>Halstead-Reitan Neuropsychological Test Battery (HRB)</b>	Neuropsychological battery consisting of eight tests that assess visual, auditory, and tactile functioning; verbal communication; spatial and sequential perception; ability to analyze information; motor ability; and attention, concentration, and memory.
<b>Hierarchical Taxonomy of Psychopathology (HiTOP)</b>	An emerging approach to diagnosis that offers a dimensional (rather than categorical) approach; see also HiTOP spectra.
<b>HiTOP spectra</b>	In the Hierarchical Taxonomy of Psychopathology (HiTOP) system, the six basic dimensions of psychopathology (detachment, antagonistic externalizing, disinhibited externalizing, thought disorder, internalizing, and somatoform).
<b>ICD definition of mental disorder</b>	An underlying dysfunction in psychological, biological, or developmental processes that affects cognition, emotional regulation, and behavior.
<b>Integrative evidence-based case formulation</b>	Four step model of formulation in which the steps are (1) create a problem list; (2) make a diagnosis; (3) develop an explanatory hypothesis; and (4) plan treatment.
<b>Intelligence</b>	Cognitive capacities to acquire knowledge or engage successfully in sensory, perceptual, associative, and relational processes; seen as generally stable over time.
<b>International Classification of Diseases (ICD)</b>	Diagnostic manual of the World Health Organization.
<b>Intelligence quotient (IQ)</b>	Mental age (a score reflecting level of performance on an intelligence test) divided by chronological age (how old one is) multiplied by 100.

<b>Intelligence tests</b>	Assessment measures used to evaluate intelligence.
<b>Interrater reliability</b>	Type of diagnostic reliability in which different raters using the same diagnostic system reach the same diagnosis much of the time.
<b>Lowering of diagnostic thresholds</b>	Changes in DSM diagnostic criteria resulting in more people qualifying for a diagnosis; its benefits and disadvantages are hotly debated.
<b>Luria-Nebraska Neuropsychological Battery (LNNB)</b>	269-item neuropsychological inventory consisting of 11 clinical scales assessing areas such as reading, writing, math, memory, language, and motor function.
<b>M-Axis (Profile of Mental Functioning)</b>	PDM axis used to evaluate and describe nine categories of mental functioning.
<b>Magnetic resonance imaging (MRI)</b>	Neuroimaging technique that creates an x-ray-like picture of the brain using the magnetic activity of hydrogen atoms; one kind, the fMRI (functional MRI), tracks oxygen levels in the brain's hemoglobin, allowing assessment of blood flow in various brain areas while the person is thinking, feeling, or completing a task.
<b>Medical 203</b>	Diagnostic nomenclature developed by the U.S. Army and Surgeon General during World War II; direct predecessor of the DSM.
<b>Mental status exam</b>	Type of structured clinical interview used to assess a person's current mental status; data is gathered about the person's appearance, attitude, and activity; mood and affect; speech and language; thought processes, thought content, and perception; cognition; and insight and judgment.
<b>Minnesota Multiphasic Personality Inventory (MMPI)</b>	567-item objective self-report personality inventory used to assess the total personality; contains ten clinical scales plus validity scales to determine if test-taker is faking good or bad.
<b>Neuroimaging techniques</b>	Neurological measures that photograph brain activity, such as positron-emission topography (PET scan) and magnetic resonance imaging (MRI).
<b>Neurological tests</b>	Physiological tests that measure brain functioning directly.
<b>Minnesota Multiphasic Personality Inventory (MMPI)</b>	567-item objective self-report personality inventory used to assess the total personality; contains ten clinical scales plus validity scales to determine if test-taker is faking good or bad.
<b>Neuroimaging techniques</b>	Neurological measures that photograph brain activity, such as positron-emission topography (PET scan) and magnetic resonance imaging (MRI).
<b>Neurological tests</b>	Physiological tests that measure brain functioning directly.

<b>Neuropsychological tests</b>	Psychological tests used to evaluate perceptual, cognitive, and motor skills; often used to infer underlying brain dysfunction.
<b>Nomenclature</b>	Any system of names used in a field of study; in abnormal psychology, refers to diagnostic nomenclatures.
<b>Objective test</b>	Test that uses standardized items with limited response choices (e.g., multiple choice, “true/false,” or “yes/no”); self-report personality inventories are objective tests.
<b>P-Axis (Personality Syndromes)</b>	PDM axis used to map healthy and disordered personality functioning; includes four levels of personality organization and 12 personality syndromes.
<b>Personality</b>	Stable and characteristic patterns of thinking, feeling, behaving, and interacting with others.
<b>Personality test</b>	Any test that measures emotions, interpersonal relationship patterns, levels of motivation and interest, and attitudes; includes self-report inventories and projective tests.
<b>Positron-emission topography (PET scan)</b>	Neuroimaging technique in which radioactive isotopes are placed in the bloodstream and gamma rays are used to generate images reflecting changes in cerebral blood flow; allows assessment of which brain areas are active during a given task.
<b>Power Threat Meaning (PTM) Framework</b>	Psychosocial alternative to traditional diagnosis, which attributes distress to economic and social injustice, not individual disorders; maps three elements that contribute to distress: power (what happened to a person; how the person had power used against them), threat (a person’s response to what happened), and meaning (how a person makes sense of what happened).
<b>Problem Behavior Questionnaire (PBQ)</b>	A 15-item behavioral assessment scale that asks questions about the target behavior; people completing it rate the percentage of the time the behavior occurs (never, 10%, 25%, 50%, 75%, 90%, or always).
<b>Projective test</b>	Test in which responses to some form of artistic representation are used to infer aspects of psychological functioning.
<b>Prototype model</b>	Diagnostic approach that provides general guidelines describing a syndrome, which clinicians use impressionistically to make a diagnosis; used in ICD.
<b>Pseudopatient study</b>	Rosenhan’s classic study in which eight people faking auditory hallucinations (pseudopatients) sought admission at 12 hospitals; all were admitted and none were discovered as impostors; controversial to this day, but raises issues about the validity of psychiatric

	diagnosis.
<b>Psychiatric diagnosis</b>	medical model diagnostic approach of psychiatry in which clusters of symptoms and signs grouped into discrete categories.
<b>Psychodynamic Diagnostic Manual (PDM)</b>	Diagnostic manual of the American Psychoanalytic Association.
<b>Q-sort</b>	Person-centered assessment in which 100 cards with descriptors written on them are sorted into piles to describe client personality using everyday language.
<b>Questions About Behavioral Function (QABF)</b>	A 25-item behavioral assessment inventory that assesses the extent to which behaviors are reinforced by providing social attention, escape from undesirable situations, tangible rewards, a way of coping with physical discomfort, or a way to entertain or pacify themselves in nonsocial situations.
<b>RDoC's five domains</b>	Negative valence systems, positive valence systems, cognitive systems, systems for social processes, and regulatory systems.
<b>Reification</b>	Tendency to treat one's invented categories as if they are real.
<b>Reliability</b>	Regarding diagnosis, the degree to which a diagnostic system yields similar results each time it is used.
<b>Research Domain Criteria (RDoC)</b>	U.S. National Institute of Mental Health (NIMH) initiative to devise a diagnostic system that uses biological measures (i.e., biomarkers) to diagnose mental disorders; currently a research initiative rather than a diagnostic system.
<b>Role construct repertory test</b>	Personality test in which a client's personal constructs (bipolar dimensions of meaning created by the client) are elicited and their relationships mapped; allows for an assessment using the client's personal meanings rather than the clinician's diagnostic categories.
<b>Rorschach Inkblot Method (RIM)</b>	Projective assessment technique in which test-taker responds to 10 inkblots; various scoring systems available, but Rorschach Comprehensive System (CS) is currently the most widely used.
<b>S-Axis (Subjective Experience)</b>	PDM axis that describes DSM categories in psychoanalytic experience, with the goal of conveying what it is like to have each disorder.
<b>Scatterplot</b>	Behavioral assessment method in which the client's behavior in a specific environment is continuously observed over time to identify temporal patterns.
<b>Self-efficacy</b>	An estimate of one's ability to do something successfully.

<b>Self-report personality inventory</b>	Objective test using standardized items with limited response choices; easy to administer and score because it has clear answer choices and scoring systems.
<b>Signs</b>	In psychiatric diagnosis, the physical changes that occur as part of a syndrome.
<b>Sixteen Personality Factor (16PF) Questionnaire</b>	185 multiple-choice self-report personality inventory yielding scores on 16 primary personality factors (warmth, reasoning, emotional stability, dominance, liveliness, rule-consciousness, social boldness, sensitivity, vigilance, abstractedness, privateness, apprehension, openness to change, self-reliance, perfectionism, and tension), plus the “Big-Five” global personality traits (extraversion, anxiety, tough-mindedness, independence, and self-control).
<b>Standardization</b>	Establishment of clearly defined rules for administering and interpreting an assessment instrument.
<b>Structured Clinical Interview for DSM Disorders (SCID)</b>	Semi-structured interview for making DSM diagnoses.
<b>Structured interview</b>	Clinical interviewing technique in which clinician employs a clearly defined and predetermined set of questions.
<b>Symptoms</b>	In psychiatric diagnosis, the presenting complaint elements of a syndrome.
<b>Syndrome</b>	In psychiatric diagnosis, a discrete category consisting of symptoms and signs.
<b>Test batteries</b>	Assessments consisting of various tasks intended to assess multiple aspects of an area of psychological functioning.
<b>Thematic Apperception Test (TAT)</b>	Projective assessment technique in which test-taker tells stories about pictures on 20 cards (determined by age and gender); scored for thematic content reflecting personality functioning.
<b>Unstructured interview</b>	Clinical interviewing technique in which clinician asks client open-ended questions.
<b>Validity</b>	The degree to which a diagnostic system or assessment instrument measures what it claims to; types of validity include descriptive validity (does a measure accurately describe what is being observed?), face validity (on the face of it, does a measure seem accurate?), predictive validity (does a measure allow us to predict outcomes?), construct validity (does a measure correlate with other measures that we think are getting at the same thing?), and concurrent validity (are a measure’s results consistent with other measures given concurrently—that is, at the same time?).



## Chapter 4: Psychosis

### Key Terms and Definitions

<b>Aberrant salience hypothesis</b>	Ascribes psychosis to overactivity of the mesolimbic dopamine pathway; this results in excess dopamine, which leads to over-attributing meaning (i.e., salience) to extraneous and irrelevant events.
<b>Abnormal motor behavior</b>	A symptom of psychosis in which the person seems physically agitated/restless or catatonic (unresponsive to surroundings).
<b>Acute and transient psychotic disorder (ATPD)</b>	ICD-10 and ICD-11 equivalent diagnosis to the DSM-5's brief psychotic disorder.
<b>Adoption studies</b>	Look at rates of schizophrenia among siblings adopted early in life and reared in separate environments.
<b>Algoia</b>	Negative symptom of psychosis that involves a reduction in speech; the person doesn't say much.
<b>Amphetamine psychosis</b>	Psychosis induced by taking large doses of amphetamines.
<b>Anhedonia</b>	Negative symptom of psychosis in which the person gets little pleasure from previously enjoyed activities.
<b>Antipsychotics</b>	Drugs used to alleviate psychotic symptoms; they work by affecting neurotransmitters in the brain—typically dopamine; also called neuroleptics and major tranquilizers.
<b>Asociality</b>	Negative symptom of psychosis in which a person lacks interest in social contact.
<b>Assertive community treatment (ACT)</b>	A way to organize services for those diagnosed with schizophrenia and other severe psychological disorders in which team members from a variety of professions work together to coordinate services for outpatients with schizophrenia and other chronic mental disorder diagnoses.
<b>Attenuated psychosis syndrome (APS)</b>	A proposed but unofficial DSM diagnosis for people whose behavior is odd or eccentric and might eventually develop into full-blown psychosis—but doesn't yet technically qualify.
<b>Atypical antipsychotics</b>	Antipsychotic drugs that are often thought to have fewer side effects than first-generation antipsychotics; also called second-generation antipsychotics (see separate entry).
<b>Avolition</b>	Negative symptom of psychosis characterized by decreased motivation.

<b>Behavioral experiments</b>	CBT technique used for psychosis in which patients test the reality of their delusional beliefs.
<b>Behavioral rehearsal</b>	Behavioral technique in which the client role-plays how to act in specific social situations.
<b>Biopsychosocial model</b>	Holds that presenting problems inevitably are an interaction among biological, psychological, and social factors, and that trying to reduce “abnormality” to one of these factors is simplistic and counterproductive.
<b>Bizarre delusions</b>	Delusions that are unrealistic and odd, such as believing that the government is monitoring you via radar implanted in the fillings of your teeth.
<b>Brief psychotic disorder</b>	DSM-5 disorder in which psychotic symptoms only last a short time (one day to one month); also see acute and transient psychotic disorder.
<b>Catatonia</b>	Form of abnormal motor behavior that sometimes occurs in psychosis; characterized by decreased responsiveness to one’s surroundings as evidenced by reduced movement, holding oneself in a rigid posture, or a catatonic stupor (ceasing to respond verbally or physically).
<b>Caudate nucleus</b>	Basal ganglia brain region important in goal-directed activity.
<b>Cliff-edge fitness theory</b>	Proposes that schizophrenia occurs when people’s theory of mind abilities (their ability to sensitively read others) crosses a line from being exceedingly sensitive to over-interpreting others’ behaviors; this subtle shift explains the difference between highly attuned and psychotic.
<b>Cognitive-behavioral therapy for psychosis (CBTp)</b>	Emphasizes how thought processes and behavioral conditioning influence psychotic behavior; uses cognitive and behavioral techniques to challenge the psychotic patient’s abnormal perceptions and behavior.
<b>Community care</b>	Care that integrates people with chronic mental health issues into the social environment, often by housing them in group homes or other shared living situations; emphasizes continuity of care, encouraging independence, and advocacy that insures patients receive necessary services and are treated properly.
<b>Concordance rates</b>	Percentage of time that both twins in a pair are diagnosed with schizophrenia.
<b>Cytokines</b>	Small proteins produced by immune system cells that are helpful in healing, but which cause swelling in large amounts; levels are elevated in people with presenting problems such as depression, suggesting highly active immune systems.

<b>Delusional disorder</b>	DSM-5, ICD-10, and ICD-11 disorder characterized by delusional thinking.
<b>Delusions</b>	False beliefs that a person won't give up, despite overwhelming evidence against them; for specific types of delusions, see bizarre delusions, erotomanic delusions, grandiose delusions, jealous delusions, non-bizarre delusions, persecutory delusions, and somatic delusions.
<b>Dementia praecox</b>	Early term used to describe what is today called schizophrenia; it means "premature dementia."
<b>Diminished emotional expression</b>	Negative symptom of psychosis in which a person's emotional expression seems decreased or flattened.
<b>Disorganized thinking</b>	Thinking pattern in psychosis characterized by disturbances in the form of thought; loose associations (leaping from topic to topic during conversation) and tangential responding (responding to something other than what was asked) are common, as is incoherent or disrupted language use; also called formal thought disorder.
<b>Dizygotic twins</b>	Fraternal twins who come from separate fertilized eggs; they are siblings who share half their genes despite being in utero at the same time.
<b>Dopamine hypothesis of schizophrenia</b>	Most influential brain chemistry theory of schizophrenia, which hypothesizes that schizophrenia results from too much of the brain neurotransmitter dopamine.
<b>Double bind</b>	Occurs when someone is placed in a situation where there are two contradictory demands, neither of which can be satisfied or avoided; Gregory Bateson theorized that children who grow up in families where double binds are the norm are at higher risk for developing schizophrenia.
<b>Echolalia</b>	Psychotic symptom in which the person repeats back what is said word for word.
<b>Equal environments assumption</b>	Assumption made in twin studies that the environments of monozygotic twins and dizygotic twins are identical.
<b>Erotomanic delusions</b>	Delusions in which you falsely believe a person is in love with you.
<b>Evidential analysis</b>	CBT technique for psychosis in which client and therapist list evidence for and against the client's psychotic beliefs.
<b>Expressed emotion</b>	The degree to which family members respond to a patient in a hostile, critical, or emotionally overinvolved way; associated with poorer outcomes for the patient.

<b>Extrapyramidal side effects</b>	Side effects of antipsychotic drugs that include muscle tremors, a shuffling gait, and drooling.
<b>Family studies</b>	Studies looking at how often the relatives of those with schizophrenia are also diagnosed with schizophrenia.
<b>First-generation antipsychotics</b>	Original antipsychotic drugs used to treat schizophrenia and other forms of psychosis; also referred to by the name phenothiazines.
<b>Flattened affect</b>	Negative symptom of psychosis tied to diminished emotional expression; the person speaks in an unemotional voice with few inflections and little expressive body language.
<b>Glutamate hypothesis of schizophrenia</b>	Hypothesizes that lack of the neurotransmitter glutamate is behind many symptoms of schizophrenia.
<b>Grandiose delusions</b>	Delusions in which you view yourself as important or special in some way.
<b>Hallucinations</b>	Sensory experiences in the absence of sensory stimulation; can be auditory (hearing things), visual (seeing things), olfactory (smelling things), gustatory (tasting things), or tactile (feeling things touching you).
<b>Hydrotherapy</b>	Historical treatment for schizophrenia in which the patient was voluntarily or involuntarily wrapped in wet sheets of varied temperatures for several hours at a time.
<b>Inflammatory hypothesis</b>	Postulates that many psychiatric disorders (psychosis, anxiety, mood problems, etc.) may be tied to immune system inflammation.
<b>Integrated sociodevelopmental-cognitive model of schizophrenia</b>	Asserts that schizophrenia emerges from a circular and mutually influencing interaction among biological, cognitive, and sociocultural factors; genetic vulnerability and social disadvantage/adversity lead to dopamine dysregulation, which produces cognitive misattributions of salience, which yields psychosocial stress, which in turn further impacts dopamine transmission, and so on in an ongoing cycle.
<b>Jealous delusions</b>	Delusions in which you are preoccupied with the idea that your partner is cheating on you despite there being no evidence of this.
<b>Loose associations</b>	Form of disorganized psychotic thinking in which a person regularly shifts from topic to topic during everyday conversations; responses to questions are often tangential in that they are unrelated to what was asked.
<b>Major tranquilizers</b>	An alternative name for antipsychotic drugs; this name contrasts with minor tranquilizers, which are used to reduce anxiety.

<b>Mesolimbic dopamine pathway</b>	Part of the brain's reward system that connects the ventral tegmental area (VTA) to the nucleus accumbens; implicated in addiction and psychosis.
<b>Metacognition</b>	The ability to think about one's thinking.
<b>Modeling</b>	Indirect form of exposure in which the therapist models the aversive behavior for the client, demonstrating that the fear is unjustified.
<b>Monozygotic twins</b>	Identical twins that come from a single fertilized egg that split in two; they share the same genes.
<b>Negative symptoms</b>	Things detracted from the personality in psychosis; symptoms such as diminished emotional expression, flattened affect, avolition, algoia, anhedonia, and asociality.
<b>Non-bizarre delusions</b>	Delusions that don't seem outlandish, such as believing others are spying on you.
<b>Normalization</b>	CBT technique used for psychosis in which the therapist explains that what the client is experiencing is more common than the client thinks.
<b>Open Dialogue</b>	A community-care approach rooted in narrative and dialogical theories that aims to create a support network that can intervene and assist the person experiencing psychosis.
<b>Persecutory delusions</b>	Delusions in which you believe you are being unfairly treated or pursued by others; also known as paranoid delusions.
<b>Positive symptoms</b>	Additions to the personality that occur in psychosis; hallucinations and delusions are examples; also called Type I symptoms.
<b>Pre-therapy</b>	Version of client-centered therapy specifically for use with psychotic individuals; goal is to make psychological contact with the psychotic client as a necessary pre-condition for effective therapy.
<b>Prefrontal cortex</b>	Brain area important in decision-making, emotional regulation, goal-oriented behavior, and speech.
<b>Psychoeducation</b>	Technique in which clients are taught about the problem they are diagnosed with to help them better cope with it.
<b>Psychosis</b>	A broad term used to describe people whose thoughts, behaviors, and perceptions are so strange that they appear to have lost contact with reality.
<b>Schizoaffective disorder</b>	DSM-5, ICD-10, and ICD-11 disorder in which the person displays aspects of psychosis and depression.
<b>Schizophrenia</b>	The best known and perhaps most severe psychotic disorder in the DSM-5, ICD-10, and ICD-11;

	characterized by hallucinations, delusions, and disorganized speech.
<b>Schizophreniform disorder</b>	DSM-5 disorder that shows same basic symptoms as schizophrenia, but they don't last as long. Not included in ICD-10 or ICD-11, but included in ICD-10-CM (the U.S. modification of the ICD).
<b>Schizophrenogenic mothers</b>	Cold, demanding, and domineering mothers whose parenting style Fromm-Reichman, in her psychodynamic theory, hypothesized contributed to their children's schizophrenia.
<b>Schizotypal disorder</b>	ICD-10 and ICD-11 diagnosis that is equivalent to the DSM-5 diagnosis of schizotypal personality disorder; the ICD groups this disorder with psychotic disorders, whereas the DSM-5 groups it with personality disorders.
<b>Second-generation antipsychotics</b>	Antipsychotic drugs that are often thought to have fewer side effects than first-generation antipsychotics; also called atypical antipsychotics (see separate entry).
<b>Social drift</b>	Tendency of those diagnosed with severe mental disorders such as schizophrenia to slide (or drift) down the socioeconomic ladder.
<b>Social skills training</b>	CBT technique in which complicated social scenarios—such as making friends, dating, ordering food in a restaurant, or going on a job interview—are broken down into discrete steps and taught to clients.
<b>Socratic questioning</b>	Cognitive-behavioral technique in which the therapist asks questions designed to help therapists and clients better understand the client's experiences.
<b>Somatic delusions</b>	Delusions in which you falsely believe you have a disease.
<b>Soteria model</b>	A community-based approach to schizophrenia that applies humanistic-existential ideas to therapeutic communities for people diagnosed with schizophrenia.
<b>Stress-vulnerability-coping skills model</b>	Model that says a biological vulnerability to psychosis is triggered by environmental stress; the degree to which someone has sufficient cognitive coping skills then influences whether stress triggers the biological vulnerability or, once triggered, allows the resulting psychotic symptoms to be dealt with effectively.
<b>Tardive dyskinesia</b>	Irreversible syndrome from prolonged use of antipsychotics; involves repetitive and involuntary muscle movements; symptoms such as lip smacking, tongue wagging, and repeated eye blinking are common.
<b>Temporal cortex</b>	Brain area that plays a part in language, emotion, and memory.

<b>Test-retest reliability</b>	Degree to which an assessment measure yields similar results each time.
<b>Theory of mind</b>	The evolved human ability to view the world through others' eyes and generate interpretations of why others behave as they do, as well as to infer and comprehend one's own mental states and behavior.
<b>Twin studies</b>	Studies in which identical twins, who are genetically the same, are compared to see if both develop schizophrenia.
<b>Ventricles</b>	Four empty spaces in the brain filled with cerebrospinal fluid; they tend to be larger in people diagnosed with schizophrenia, suggesting decreased brain volume.
<b>Viral theory of schizophrenia</b>	Holds that people whose mothers had a virus while pregnant with them are at higher risk for schizophrenia.
<b>Word salad</b>	Form of psychotic behavior in which a person's speech seems like a jumble of random words; believed to reflect disorganized thinking.



## Chapter 5: Mood Problems

### Key Terms and Definitions

<b>Acedia</b>	Term used during the early Christian era to describe low mood, boredom, and longing; involved despair arising from pressure to avoid temptation; became incorporated into Western conceptions of melancholia.
<b>Adaptationist models</b>	Models of depression that claim depression may serve an adaptive purpose—such as helping people avoid social risks, minimize losses, ruminate about problems they need to address, fight infection and recover from sickness, conserve energy, give in when socially defeated, and solicit resources by encouraging others to help them.
<b>Anaclitic depression</b>	Historically used to describe depression in young children, but now refers to attachment-related depression in adults who are clingy, helpless, dependent, and fear abandonment.
<b>Anticonvulsants</b>	Drugs initially developed to treat seizures, but also used as mood stabilizers to treat bipolar disorder; they enhance GABA activity.
<b>Antidepressants</b>	Drugs used to alleviate depression and many other presenting problems; they work by affecting monoamine neurotransmitters in the brain.
<b>Attachment-based family therapy</b>	Integrates attachment theory into family therapy to help strengthen parent–child attachment relationships in depressed and suicidal adolescents.
<b>Behavioral activation</b>	Behavioral technique in which client schedules activities that bring positive reinforcement; intended to alleviate depression.
<b>Benzodiazepines</b>	Anxiolytic drugs that enhance the functioning of GABA (the brain’s primary inhibitory neurotransmitter) to reduce anxiety; sometimes also used as mood stabilizers.
<b>Bereavement exclusion</b>	DSM-IV criterion for major depressive disorder that discouraged clinicians from diagnosing major depression in people grieving the loss of a loved one; removed from DSM-5.
<b>Bipolar affective disorder</b>	ICD-10 disorder diagnosed in those who experience some combination of manic, hypomanic, and depressive episodes; various subtypes identify the specific combination of episodes present in a patient.
<b>Bipolar I disorder</b>	DSM-5 and ICD-11 disorder diagnosed in those who experience one or more manic episodes.



<b>Bipolar II disorder</b>	DSM-5 and ICD-11 disorder diagnosed in those who have experienced hypomanic and depressive episodes, but have never had a manic episode.
<b>Black box warning</b>	A government warning that informs people that a drug may have hazardous consequences; antidepressants in the U.S. carry one that says they may increase suicidal tendencies in teens; antipsychotics also carry one indicating that they may increase mortality rates among the elderly.
<b>Candidate gene studies</b>	Studies in which allele frequencies on genes of interest are statistically analyzed to see if some allele variations are present more often among case subjects compared to controls.
<b>Circadian rhythms</b>	Mental and behavioral changes in alertness and energy that are tied to levels of light and dark in the environment; circadian rhythm disruptions have been implicated in symptoms associated with bipolar disorder.
<b>Cognitive triad</b>	Negative beliefs about self, experience, and future that cognitive therapists believe result in depression.
<b>Cortisol</b>	The primary stress hormone; high levels are correlated with problems like depression and mania, while low levels may occur in response to posttraumatic stress.
<b>Cyclothymic disorder</b>	Diagnosis reserved for those who have hypomanic and depressive symptoms that don't rise to the level of hypomanic and depressive episodes.
<b>Dark therapy</b>	Treatment sometimes combined with light therapy for those diagnosed with bipolar disorder; patient kept in the dark for several hours to correct circadian rhythm disruptions suspected of causing mania.
<b>Deep brain stimulation (DBS)</b>	Treatment in which electrodes are permanently implanted in the brain and then low levels of electrical current are sent to these electrodes using a transmitter the person wears; used to treat movement disorders such as Parkinson's disease and Tourette's disorder, as well as chronic depression that doesn't respond to antidepressants.
<b>Depression</b>	Feelings of intense and often debilitating sadness and melancholy, along with a generally pessimistic worldview and loss of interest in previously enjoyed activities.
<b>Depressive episode</b>	At least two weeks of intense sadness and depressed mood or loss of interest in daily activities; other symptoms include change in appetite, sleep disturbance, tiredness, indecisiveness, feelings of worthlessness, lethargy or restlessness, and suicidal

	feelings.
<b>Discontinuation syndrome</b>	Syndrome that occurs when people discontinue antidepressants; can include flu-like symptoms, dizziness, insomnia, nausea, diarrhea, irritability, nightmares, and depressive symptoms due to stopping the drug.
<b>Disruptive mood dysregulation disorder (DMDD)</b>	DSM-5 disorder diagnosed in children and adolescents who show depressive symptoms combined with temper outbursts.
<b>Dynamic interpersonal therapy (DIT)</b>	Short-term psychodynamic therapy that emphasizes uncovering and remedying one major unconscious interpersonal pattern that contributes to the client's depression.
<b>Dysregulation models</b>	Hold that the adaptive mechanism behind normal sadness is broken and runs amok in severe and recurrent cases of depression.
<b>Dysthymia</b>	ICD-10 disorder describing ongoing depression that is milder than major depression; closest equivalent is dysthymic disorder in ICD-11 and persistent depressive disorder in the DSM-5.
<b>Emotion-focused therapy (EFT)</b>	Brief humanistic psychotherapy that combines person-centered, Gestalt, and constructivist ideas.
<b>Endocrine system</b>	Collection of glands important in regulating things like sexual functioning, sleep, mood, and metabolism.
<b>Endogenous depression</b>	Depression believed to originate inside the person via faulty physiological processes.
<b>Exogenous depression</b>	Depression seen as originating outside the person—in external circumstances such as poverty, racism, and sexism; or in situational factors such as job or marital dissatisfaction.
<b>Family-focused therapy (FFT)</b>	Family therapy approach emphasizing psychoeducation, improving communication skills, and problem solving.
<b>Frontal lobe</b>	Brain region important in executing behavior; often appears to have decreased volume in many cases of depression and mania.
<b>Glutamate hypothesis of depression</b>	Proposes that depression is associated with high levels of glutamate, the brain's main excitatory neurotransmitter.
<b>Grandiosity</b>	Belief that one is very important.
<b>Hopelessness theory</b>	Predicts that people who make stable, global, and internal attributions will experience depression.

<b>Hormones</b>	Chemical messengers of the endocrine systems.
<b>Hypomanic episode</b>	Shorter version of a manic episode, lasting just a few days.
<b>Hypothalamic-pituitary-adrenal (HPA) axis</b>	Interconnected brain structures that play a role in managing stress and releasing cortisol (the primary stress hormone); appears to be overactive in many cases of depression and perhaps mania.
<b>Interpersonal and social rhythm therapy (IPSRT)</b>	Short-term therapy for bipolar symptoms that uses interpersonal therapy (IPT) techniques to help clients regulate their sleep habits and overcome suspected circadian rhythm disruptions.
<b>Interpersonal therapy (IPT)</b>	Short-term therapy that focuses on improving relationships to alleviate depression and other presenting problems.
<b>Ketamine</b>	An anesthetic drug that inhibits glutamate and has antidepressant and anti-anxiety effects.
<b>Learned helplessness</b>	Conditioned response in which an organism learns its behavior has no effect on its environment so it stops engaging in that behavior and endures unpleasant situations—even when they can be avoided.
<b>Light therapy</b>	Therapy for those diagnosed with seasonal affective disorder in which patient sits next to a box that projects bright light.
<b>Lithium</b>	Metallic mineral salt used as a mood stabilizer to treat bipolar disorders.
<b>Major depressive disorder (MDD)</b>	DSM-5 disorder diagnosed in those who experience one or more major depressive episodes.
<b>Mania</b>	Characterized by euphoric mood, boundless energy, and a sometimes-distorted sense of one's capabilities.
<b>Manic episode</b>	One week or more of persistently elevated mood accompanied by high energy and intense goal-directed activity; often involves inflated self-esteem, grandiosity, decreased need for sleep, extreme talkativeness, racing thoughts, distractibility, and impulsive/risky behavior.
<b>MAO inhibitors (MAOIs)</b>	Type of antidepressant that works by inhibiting monoamine oxidase (MAO), a brain enzyme that breaks down excess monoamine neurotransmitters; this leaves more monoamine neurotransmitters available.
<b>Mindfulness-based cognitive therapy (MBCT)</b>	Combines mindfulness training (in which client is taught to simply observe and be aware of thoughts) with cognitive therapy in treating depression.
<b>Mindfulness training</b>	Zen Buddhist-influenced technique in which people are taught to simply observe and be aware of their thoughts (as opposed to trying to stop or change them).

<b>Mixed episode</b>	ICD-only mood episode in which manic and depressive symptoms rapidly alternate or co-occur for at least two weeks; replaced with “with mixed features” specifier in DSM-5.
<b>Monoamine hypothesis</b>	Hypothesis that depression is due to a shortage of the monoamine neurotransmitters serotonin, norepinephrine, and dopamine.
<b>Monoamine oxidase (MAO)</b>	Brain enzyme that breaks down excess monoamine neurotransmitters in the synapses between neurons.
<b>Mood stabilizers</b>	Various types of drugs used to treat manic symptoms of bipolar disorder.
<b>Neurasthenia</b>	Diagnosis popular during the late 19th and early 20th centuries that was given to sad and anxious people whose nervous systems were thought to be exhausted.
<b>Nonsteroidal anti-inflammatory drugs (NSAIDs)</b>	Drugs being researched for use in reducing depression based on the inflammatory hypothesis.
<b>Persistent depressive disorder (PDD)</b>	DSM-5 disorder diagnosed in those who experience chronic depression and may or may not also meet criteria for a depressive episode; related to, but different in some respects from, the ICD-10 and ICD-11 diagnoses of dysthymia and dysthymic disorder.
<b>Postpartum depression</b>	Diagnosis describing depression that develops in women who are pregnant or have given birth within the last four weeks.
<b>Premenstrual dysphoric disorder (PMDD)</b>	DSM-5 and ICD-11 disorder diagnosed in women who show depressive symptoms during the week before their menstrual periods.
<b>Problem-solving therapy</b>	Cognitive-behavioral therapy (CBT) approach in which therapist helps client define specific problems and then generate solutions that can be implemented.
<b>Reaching Out About Depression (ROAD)</b>	Community outreach program to assist low-income women experiencing depression; combined a psychoeducational workshop series and an advocacy program in which participants worked one-on-one with law or counseling graduate students who helped them obtain necessary social services.
<b>Recurrent depressive disorder</b>	ICD-10 and ICD-11 disorder for those who experience multiple depressive episodes.
<b>Rhodiola rosea</b>	Herbal remedy for depression and other presenting problems; active ingredients are rosavin, rosin and rosarian.
<b>Seasonal affective disorder (SAD)</b>	Diagnosis describing depression that occurs during the winter months when there are fewer hours of daylight.
<b>Selective serotonin reuptake inhibitors (SSRIs)</b>	Class of antidepressant drugs that work by preventing the reuptake or reabsorption of serotonin by the

	neurons that released it; this leaves more serotonin available.
<b>Serotonin and norepinephrine reuptake inhibitors (SNRIs)</b>	Antidepressants that work by blocking the reuptake of both serotonin and norepinephrine, leaving more of both available.
<b>Short-term psychoanalytic supportive therapy (SPST)</b>	Brief psychodynamic therapy that helps depressed people revise problematic internalized relationship patterns.
<b>Silencing the self (STS) theory</b>	Proposes that depression in women is a product of deeply rooted cultural assumptions that direct women to silence or suppress certain thoughts or feelings to satisfy the demands of a male-centered world.
<b>Single episode depressive disorder</b>	ICD-10 and ICD-11 depressive disorder diagnosis for people who only experience one lifetime depressive episode.
<b>St. John's wort</b>	Herbal remedy for depression and other presenting problems that is derived from a plant found in parts of Europe and Asia; active ingredients are hyperforin and hypericin.
<b>Transcranial magnetic stimulation (TMS)</b>	Treatment for depression and sometimes bipolar symptoms in which magnetic energy is sent through the brain via electromagnetic coils placed on the scalp.
<b>Tricyclics</b>	Antidepressants that mainly affect norepinephrine and serotonin (usually with more impact on norepinephrine); they work by inhibiting reabsorption of these neurotransmitters, leaving more available.

## Chapter 6: Anxiety, Obsessions, and Compulsions

### Key Terms and Definitions

<b>Acceptance and commitment therapy (ACT)</b>	CBT intervention designed to help people stay focused and in touch with the present moment; acceptance of negative emotions encouraged as a method to defuse them.
<b>Accommodation</b>	Process by which patients' relatives or significant others collude with them to help them avoid anxiety-provoking situations or repeatedly reassure them that everything is okay; associated with poorer patient outcomes.
<b>Agoraphobia</b>	DSM-5, ICD-10, and ICD-11 disorder diagnosed in people who fear being in situations where they may have an intense and embarrassing fear reaction (such as a panic attack) and won't be able to escape.
<b>Anterior cingulate cortex</b>	Front area of cingulate cortex that is important in decision-making, anticipating rewards, emotion, and impulse control.
<b>Anxiety</b>	An emotion characterized by feelings of tension, worried thoughts, and physical changes like increased blood pressure; involves cognitive appraisals related to more basic fear responses.
<b>Anxiolytics</b>	Drugs used to relieve anxiety; usually refers to benzodiazepines.
<b>Augmenting agents</b>	Secondary drugs used to improve the impact of primary drugs; for example, benzodiazepines are sometimes used to augment the effect of SSRIs for OCD.
<b>Avoidance model of worry</b>	Cognitive explanation of anxiety that maintains people are often anxious about negative events potentially befalling them in the future; worry about events that haven't happened yet is negatively reinforced because thinking about anxiety-provoking possibilities is less stressful than experiencing more intense physiological symptoms of anxiety.
<b>Barbiturates</b>	Highly addictive sedative-hypnotic drugs such as secobarbital and pentobarbital; previously used as anti-anxiety drugs, but have generally been replaced by benzodiazepines.
<b>Beta blockers</b>	Blood pressure reducing drugs that block norepinephrine receptors; used to relieve anxiety.
<b>Body dysmorphic disorder (BDD)</b>	DSM-5 and ICD-11 disorder in which people display obsessional preoccupation with one or more perceived physical flaws in their appearance; listed as a variant of hypochondriasis in the ICD-10.

<b>Buspirone</b>	An anxiolytic drug that decreases serotonin levels, but not by blocking serotonin reuptake; thus, it is not classified as an SSRI.
<b>Catastrophic misinterpretation model of panic disorder</b>	Holds that people prone to recurrent, unexpected panic attacks catastrophically misinterpret certain bodily sensations; the more they interpret sensations in an anxious way, the stronger the sensations become—eventually resulting in a full-blown panic attack.
<b>Compulsions</b>	Behaviors or mental acts that a person feels driven to perform.
<b>Corticostriatal pathophysiological models</b>	Models that hold that OCD is explicable in terms of the complex circuitry by which various areas of the brain communicate.
<b>Emotional dysregulation model</b>	Cognitive explanation of anxiety that contends anxious people have difficulty regulating their emotions and therefore find strong emotions highly aversive.
<b>Excoriation (skin-picking disorder)</b>	DSM-5 and ICD-11 disorder that involves compulsive picking of the skin; listed as “neurotic excoriation” in the ICD-10.
<b>Existential anxiety</b>	Normal and expected anxiety that motivates people to construct meaningful lives for themselves; emerges from the four basic existential givens.
<b>Existential givens</b>	Death, freedom, isolation, and meaninglessness.
<b>Fear</b>	A basic emotion in response to something specific that is perceived as dangerous with distinct physiological symptoms that are universal, automatic, and brief.
<b>Generalized anxiety disorder (GAD)</b>	DSM-5, ICD-10, and ICD-11 diagnosis characterized by excessive and consistent worry that is global rather than specific.
<b>Genome-wide association (GWA) study</b>	A study that examines all the genes of the genome to identify associations between specific genes and specific traits or disorders; contrasts with candidate gene studies, which look specifically at a smaller number of genes suspected of being involved in a trait or disorder.
<b>Glutamate hypothesis of OCD</b>	Contends that obsessive-compulsive disorder (OCD) may be the result of excess glutamate.
<b>Group selection</b>	Hypothesized process by which different members of a species or social group evolve specialized functions that benefit the larger community.
<b>Group selection theory of OCD</b>	Proposes that OCD behaviors developed via group selection; having some group members partake in time-consuming behaviors such as checking, cleaning, and hoarding benefits the entire group without everyone needing to expend energy on such behaviors.



<b>Gut-brain axis</b>	The system of biochemical connections between the gut (or gastrointestinal tract) and brain; the gut contains bacteria (also known as gut microbiome) and imbalances in these bacteria are suspected of playing roles in anxiety, OCD, depression, autism, psychosis, and perhaps other presenting problems.
<b>Hoarding disorder</b>	DSM-5 and ICD-11 diagnosis given to people who have a hard time giving up possessions, even when they have too many or the possessions are no longer useful or valuable; not included in the ICD-10.
<b>Imaginal exposure</b>	Exposure technique in which client is simply asked to imagine the feared scenario to condition a new, non-anxious response to them.
<b>In vivo exposure</b>	Exposure technique in which client is exposed to the actual anxiety-provoking objects or situations in order to condition a new, non-anxious response to them.
<b>Inhibitory learning</b>	Classical conditioning term for what occurs during extinction, when new conditioning teaches an organism that a previously conditional stimulus (CS) no longer predicts an unconditioned stimulus (US).
<b>Insula</b>	A small area deep within the cerebral cortex that appears to play a role in basic emotions, sense of self, awareness of desires, and awareness of bodily states; excessive insula activity is associated with anxiety.
<b>Intolerance of uncertainty model</b>	Cognitive explanation of anxiety that sees ongoing anxiety as occurring in those who have difficulty with uncertainty; holds that anxious individuals tend to have a negative problem orientation, see challenges as threatening, and believe that worry is necessary to motivate problem-solving.
<b>Little Hans</b>	Freud's famous case study of a 5-year-old boy who developed an intense fear of horses; Freud interpreted Hans' phobia as due to unresolved castration anxiety.
<b>Logotherapy</b>	Existential treatment method developed by Victor Frankl that emphasizes helping clients find meaning in life.
<b>Metacognitive model</b>	Cognitive explanation of anxiety that focuses on how people think about worrying; hypothesizes that people hold both positive and negative beliefs about worry.
<b>Mindfulness training</b>	Zen Buddhist-influenced technique in which people are taught to simply observe and be aware of their thoughts (as opposed to trying to stop or change them).
<b>Minor tranquilizers</b>	An alternative name for benzodiazepines; this name is in contrast to major tranquilizers, another name for antipsychotic drugs.



<b>Mixed anxiety and depressive disorder</b>	Proposed DSM-5 and official ICD-11 diagnosis for people who display symptoms of both depression and anxiety for two weeks or more, but whose symptoms don't qualify them for other mood or anxiety disorders.
<b>Neurotic anxiety</b>	Pathological anxiety that occurs in people who refuse to acknowledge existential givens that demand they invest their lives with meaning.
<b>Observational learning</b>	Process by which people learn behavioral and emotional reactions by watching other people model responses to situations.
<b>Obsessions</b>	Persistent thoughts, images, or urges that are hard to dismiss or stop thinking about.
<b>Obsessive-compulsive disorder (OCD)</b>	DSM-5, ICD-10, and ICD-11 disorder marked by the presence of obsessions and compulsions.
<b>Panic attack</b>	An intense anxiety reaction that comes on abruptly; symptoms include pounding heart, trembling, shortness of breath, chest pain, nausea, dizziness, feeling chilled or hot, tingling sensations, and detachment from self or world.
<b>Panic disorder</b>	DSM-5, ICD-10, and ICD-11 disorder characterized by recurrent and unexpected panic attacks.
<b>Participant modeling</b>	Type of modeling wherein the client is invited to partake in the anxiety-provoking activity with the therapist.
<b>Prepared conditioning</b>	Conditioning that is easier to accomplish because the organism is evolutionarily predisposed to it.
<b>Progressive relaxation</b>	Technique often used in systematic desensitization wherein the client is taught to alternately relax and tense each muscle in the body.
<b>Rat Man</b>	Freud's case study of a man in his late 20s with obsessions about rats boring into his father's and fiancée's anuses; Freud reported curing the Rat Man using psychoanalysis.
<b>Relaxation training</b>	Various techniques in which clients are taught how to calm themselves; examples include progressive relaxation and functional relaxation.
<b>Selective mutism</b>	DSM-5, ICD-10, and ICD-11 disorder diagnosed mainly in children who fail to speak in social situations where doing so is expected; term "elective mutism" also used in ICD-10.
<b>Separation anxiety disorder</b>	DSM-5, ICD-10, and ICD-11 disorder in which one shows excessive anxiety about being separated from significant attachment figures; not specific to children in DSM-5, but specific to children and called "separation anxiety disorder of childhood" in ICD-10.

<b>Social anxiety disorder (social phobia)</b>	DSM-5, ICD-10, and ICD-11 disorder diagnosed in people who become anxious and fear embarrassing or humiliating themselves in social situations where they might be scrutinized.
<b>Specific phobia</b>	DSM-5, ICD-10, and ICD-11 disorder characterized by the fear associated with a given object or situation; the fear is focused, with the phobic individual afraid of something specific.
<b>Striatum</b>	Brain region that is part of the brain's reward system.
<b>Thalamus</b>	Small midbrain region that relays sensory information from parts of the body to other areas of the brain.
<b>Thought stopping</b>	CBT technique in which clients are taught to stop their thoughts, often by saying or thinking "Stop!" whenever an intrusive thought occurs.
<b>Trichotillomania (hair-pulling disorder)</b>	DSM-5, ICD-10, and ICD-11 disorder describing those who compulsively pull out their own hair.
<b>Virtual reality exposure</b>	Exposure technique in which client is exposed to the anxiety-provoking objects or situations using computer-generated virtual reality experiences to condition a new, non-anxious response to them.

## Chapter 7: Trauma, Stress, and Loss

### Key Terms and Definitions

<b>Acute stress disorder (ASD)</b>	DSM-5 disorder in which a person experiences PTSD-like symptoms for between three days and one month after the traumatic event.
<b>Acute stress reaction</b>	ICD-10 disorder in which a person experiences PTSD-like symptoms lasting between a few minutes and three days following a traumatic event; included in ICD-11 but not considered a disorder.
<b>Adjustment disorders</b>	DSM-5, ICD-10, and ICD-11 diagnoses used to identify emotional reactions to ongoing stressors; milder than most other disorders and often used as catch-all categories for people facing continuing life stress who don't qualify for another mental disorder.
<b>Amnesia</b>	Memory gaps; sometimes occur in dissociation.
<b>Autonomic nervous system (ANS)</b>	Responsible for regulating automatic biological functions affected by prolonged stress—such as heart rate, blood pressure, and emotional arousal.
<b>Bereavement</b>	The situation of having recently lost a significant person through death.
<b>Bilateral stimulation</b>	Component of EMDR that involves rhythmically exposing people to alternating stimulation on their left and right sides.
<b>Cognitive processing therapy (CPT)</b>	Specific cognitive therapy for PTSD that combines exposure therapy with a more primary focus on having clients examine and revise their cognitions about the traumatic event.
<b>Cognitive-behavioral conjoint therapy (CBCT)</b>	15-session manualized PTSD treatment for couples and families in which cognitive therapy techniques are used to teach conflict management.
<b>Complex PTSD</b>	ICD-11 diagnosis for PTSD patients who have (a) difficulties managing emotions; (b) negative beliefs about themselves as worthless; and (c) trouble maintaining relationships.
<b>Critical incident stress debriefing (CISD)</b>	An extended single-session post-trauma intervention during which trauma victims are asked to recall the event in vivid detail shortly after it occurs; controversial because some research suggests CISD can be harmful.
<b>Cultural adaptations</b>	Modifying empirically supported treatments to account for cultural differences.
<b>Decathexis</b>	Psychoanalytic term that describing the process by which psychic energy is divested from an object.

<b>Depersonalization</b>	Form of dissociation characterized by disconnecting from one's self and one's emotions; the self seems unreal or changed.
<b>Derealization</b>	Form of dissociation characterized by disconnecting from one's surroundings; the world seems remote, altered, or unreal.
<b>Dissociation</b>	Detaching from experience.
<b>Dual representation theory (DRT)</b>	Holds that people cognitively encode trauma memories in two ways: through verbally accessible memories (VAMs), which can be actively remembered and expressed in words; and situationally accessible memories (SAMs), which aren't consciously available and are only elicited by stimuli that remind the person of the trauma.
<b>Emotion-focused couple therapy (EFCT) for trauma</b>	10–20 session approach that—like other emotion-focused interventions—stresses processing emotions to help the couple identify and eliminate negative relational interaction patterns.
<b>Emotional processing theory</b>	A cognitive theory that attributes posttraumatic stress (as well as other fear and anxiety responses) to dysfunctional fear structures (closely associated thoughts, feelings, beliefs, and behaviors that are simultaneously elicited when faced with a threatening event); contends that for exposure therapy to be most effective, fear structures must be activated during exposure.
<b>Eye movement desensitization and reprocessing (EMDR)</b>	Technique used for a variety of anxiety-related problems in which people imagine anxiety-provoking or traumatic events while engaging in bilateral stimulation.
<b>Family focused grief therapy</b>	10-session therapy that teaches families to communicate and share emotions more effectively to help with the mourning process; differentiates more functional families that are supportive or conflict-resolving from more dysfunctional families that are hostile, sullen, or intermediate.
<b>Family systems therapy for PTSD</b>	Family systems perspective is used to address dysfunctional family patterns that exacerbate the PTSD patient's symptoms.
<b>Fight or flight response</b>	Controlled by the sympathetic nervous system; process by which organism decides whether to flee from danger, engage it, or freeze.
<b>Five-stage theory of grief</b>	Kübler-Ross's theory of grief in which a mourner progresses through discrete stages of denial, anger, bargaining, depression, and acceptance.

<b>Flashbacks</b>	PTSD symptom in which a person feels and acts as if the traumatic event is happening again.
<b>General adaptation syndrome</b>	Hans Selye's theory that defined stress in terms of three stages: alarm, resistance, and exhaustion.
<b>Grief</b>	Primary emotional response to bereavement, consisting of emotional and physical reactions.
<b>Homeostasis</b>	Biological process of maintaining the status quo for things like body temperature, body weight, fluid balances, and heart rate; regulated by the hypothalamus.
<b>Hypothalamus</b>	A limbic system brain region that regulates homeostasis (the process of maintaining the status quo for things like body temperature, body weight, fluid balances, and heart rate).
<b>Imaginal exposure</b>	Exposure technique in which client is simply asked to imagine the feared scenario to condition a new, non-anxious response to them.
<b>Integrative behavioral couples therapy</b>	A behavioral couples therapy approach to PTSD that teaches emotional acceptance while also using exposure techniques to eliminate interpersonal avoidance.
<b>Interpersonal PTSD groups/PTSD process groups</b>	Emphasize helping group members gain awareness of their feelings and patterns of relating to others; the group setting provides an excellent forum for members to give one another interpersonal feedback.
<b>Medial prefrontal cortex</b>	Brain region important in memory and decision-making; may be underresponsive in patients diagnosed with PTSD.
<b>Multifamily group psychoeducation</b>	Various families are brought together in a group format to share stories and provide one another with support.
<b>Negative appraisals theory</b>	Hypothesizes that people develop symptoms of posttraumatic stress when they process past traumatic events in a manner that produces an ongoing sense of threat; they interpret the external world as dangerous and come to see themselves as damaged and no longer able to function effectively.
<b>Negative emotionality (NEM)</b>	The tendency toward negative moods such as anger, anxiety, and depression.
<b>Parasympathetic nervous system (PNS)</b>	Branch of the autonomic nervous system that counters the sympathetic nervous system, slowing down breathing and heart rates, normalizing pupils, reestablishing hunger, and lowering blood pressure.
<b>Parent management training</b>	Teaches PTSD patients and their partners effective parenting techniques.
<b>Persistent complex bereavement disorder</b>	Proposed for people who have a difficult time getting over the loss of a loved one; characterized by intense

	grief for an extended period of time and difficulty moving on with life; also called persistent grief, complicated grief, pathological grief, or (in ICD-11, where it is a recognized disorder) prolonged grief.
<b>Posttraumatic Growth (PTG)</b>	Positive changes following crises, traumas, losses, and other stressful events.
<b>Posttraumatic stress disorder (PTSD)</b>	DSM-5, ICD-10, and ICD-11 disorder diagnosed in people who, following a traumatic event, experience significant psychological difficulty for an extended period.
<b>Prolonged grief disorder</b>	ICD-11 diagnosis for people who have a difficult time getting over the loss of a loved one; characterized by intense grief for an extended period of time and difficulty moving on with life; also called persistent grief, complicated grief, pathological grief, or (in DSM-5) persistent complex bereavement.
<b>Psychodynamic PTSD groups</b>	Aim to make members' traumatic memories conscious so feelings about them can be worked through in the group setting.
<b>Psychological first aid (PFA)</b>	A less invasive intervention than CISD that builds on research showing most people are resilient in the face of trauma; offers help to victims in the aftermath of a traumatic event in a non-intrusive way.
<b>Rape trauma syndrome</b>	A term used to describe the reaction to being sexually assaulted; characterized by symptoms similar to PTSD.
<b>Shell shock</b>	First World War diagnosis used with soldiers who experienced emotional difficulties due to combat; called shell shock because it was thought to originate from repeated exposure to exploding artillery shells.
<b>Short-term dynamic therapy of stress syndromes</b>	Psychodynamic therapy for PTSD and grief that helps patients navigate five proposed phases of dealing with trauma and grief: (a) initial outcry; (b) denial and numbness; (c) intrusive thoughts and feelings; (d) "working through;" and (e) completion.
<b>Strategic approach therapy (SAT)</b>	10-session manualized therapy in which stress inoculation and other coping skills are taught.
<b>Stress</b>	A feeling of being overwhelmed, worried, or run-down.
<b>Stress inoculation training (SIT)</b>	Therapy that combines a variety of CBT techniques (such as education, relaxation training, breathing retraining, role playing, covert modeling, guided self-dialogue, graduated in vivo exposure, and thought stopping) to decrease avoidance and anxiety.
<b>Supportive PTSD groups</b>	Focus on having group members provide each other with emotional support and encouragement; the idea is that by fostering supportive relationships, those coping

	with trauma can assist one another.
<b>Sympathetic nervous system (SNS)</b>	Branch of the autonomic nervous system activated when a person is under stress, causing physiological changes such as increased breathing and heart rates, pupil dilation, inhibition of appetite, and higher blood pressure.
<b>Trauma</b>	Exposure to actual or threatened death, serious injury, or sexual violence.
<b>Trauma-focused cognitive-behavioral groups</b>	More structured group approach that educates members about trauma and uses various exposure and relaxation techniques to address anxiety.
<b>Traumatic context</b>	A set of circumstances in which there is a prolonged and intense exposure to trauma; spending a lot of time in such a context makes developing PTSD more likely.
<b>Traumatic neurosis</b>	Historical diagnosis for emotional difficulties following trauma proposed by Herman Oppenheim in the 1880s; its causes were often originally attributed to organic factors, but in the 1900s Abram Kardiner said psychological factors were also relevant.
<b>Vulnerability paradox</b>	Paradoxical research finding that people from wealthier and more sheltered countries, who tend to believe that the world is safe, show higher prevalence rates of PTSD than people from poorer and more vulnerable countries who don't have similar expectations of safety.
<b>War neurasthenia</b>	A term popular in the late 19th and early 20th centuries to describe the emotional responses of war veterans; their emotional difficulties were attributed to a weak nervous system.



## **Chapter 8: Dissociation and Somatic Complaints**

### **Key Terms and Definitions**

<b>Alexithymia</b>	Difficulty naming, describing, or expressing emotions verbally.
<b>Alter</b>	Any of the personalities present in dissociative identity disorder; each one is referred to as an “alter.”
<b>B cells</b>	Lymphocytes that produce antibodies, which attack invading viruses and bacteria to stop them from entering cells.
<b>Bioenergetics exercises</b>	Breathing and other exercises intended to enhance bodily awareness.
<b>Biofeedback</b>	Technique in which patients are hooked up to a machine that measures one or more biological functions (e.g., heart rate, breathing rate, muscle tension, or temperature); patients are reinforced for desired changes to these biological functions; used to help reinforce patients with psychosomatic illnesses for altering biological functions they typically assume they have little control over.
<b>Bodily Distress Disorder</b>	ICD-11 characterized by physical symptoms that the person finds distressing and pays excessive attention to; even when the symptoms have a physical explanation, worry about them is excessive and the person cannot be reassured, even by doctors; roughly equivalent to the DSM-5’s somatic symptom disorder.
<b>Body-oriented psychotherapies</b>	Incorporate dance, meditation, martial arts, yoga, and awareness through movement techniques into the therapeutic encounter.
<b>Character armor</b>	Reich’s idea that the physical postures people adopt—including how they walk, talk, breathe, and carry themselves—tell us a great deal about their psychological functioning; also called body armor.
<b>Conversion disorder</b>	DSM-5 somatic symptom diagnosis that involves physical loss or alteration for which there is no known neurological or medical explanation; also called functional neurological symptom disorder.
<b>Depersonalization/derealization disorder</b>	DSM-5 and ICD-11 dissociative disorder diagnosed in those who experience depersonalization, derealization, or both; called depersonalization/derealization syndrome in ICD-10.
<b>Diathesis-stress model of psychosomatic illness</b>	Maintains that psychosomatic illness emerges from a combination of diathesis (a predisposing biological vulnerability) and stress.



<b>Dissociative amnesia</b>	DSM-5, ICD-10, and ICD-11 dissociative disorder that involves difficulty recalling important autobiographical information; diagnosed with or without fugue in DSM-5 and ICD-11.
<b>Dissociative disorders of movement and sensation</b>	ICD-10 term for conversion disorder; see also dissociative neurological symptom disorder, its ICD-11 equivalent.
<b>Dissociative fugue</b>	ICD-10 dissociative disorder in which a person experiences dissociative amnesia, leaves home, travels to a new location, and establishes a new identity; considered a subtype of dissociative amnesia in DSM-5 and ICD-11.
<b>Dissociative identity disorder (DID)</b>	DSM-5 and ICD-11 dissociative disorder describing people who have two or more distinct “personalities,” with only one being present at any given time; called multiple personality disorder in ICD-10. (
<b>Dissociative neurological symptom disorder</b>	ICD-11 disorder in which there is lost or altered sensory, motor, or cognitive functioning inconsistent with any known disease or health condition; see also conversion disorder (the DSM-5 equivalent) and dissociative disorders of movement and sensation (the ICD-10 equivalent).
<b>Dorsolateral prefrontal cortex</b>	Brain region important in decision-making, working memory, and planning; has been associated with conversion symptoms.
<b>Factitious disorder</b>	DSM-5, ICD-10, and ICD-11 diagnosis for people who physically tamper with themselves or otherwise exaggerate or simulate symptoms in order to produce signs of illness and convince others they are sick; the goal is to get medical attention.
<b>Functional relaxation</b>	A body-oriented relaxation technique to increase body awareness; used to reduce psychosomatic symptoms associated with asthma, tension headaches, and irritable bowel syndrome.
<b>Highway hypnosis</b>	Form of dissociation in which people drive long distances without paying conscious attention to what they are doing.
<b>Hypnosis</b>	Combines deep relaxation (a trance state) with suggestion (requests that hypnotic subjects can follow if they wish to).
<b>Hypochondriasis</b>	ICD-11 diagnosis describing excessive worry about being physically ill, traditionally with the assumption that there is little or no basis for such concern; called hypochondriacal disorder in the ICD-10.

<b>Iatrogenic condition</b>	A condition or disorder induced when mental health professionals subtly encourage their patients that they have it; sociocognitive theorists claim that dissociative identity disorder is an iatrogenic condition.
<b>Identity alteration</b>	Form of dissociation that sometimes accompanies identity confusion, in which a person establishes a new identity in lieu of the old one.
<b>Identity confusion</b>	Form of dissociation in which a person is confused about and/or has a hard time recalling his or her identity.
<b>Illness anxiety disorder</b>	DSM-5 somatic symptom diagnosis for people who worry about having one or more physical illnesses; differs from the ICD diagnosis of hypochondriasis by not requiring that those diagnosed with it aren't actually sick.
<b>Internal family systems therapy (IFS)</b>	Systemic approach to thinking about the internal psychological functioning of individuals facing various presenting problems; conceptualizes human personality as a series of "parts" that relate to one another.
<b>La belle indifférence</b>	Term used by Charcot to describe the tendency of patients diagnosed with hysteria to be indifferent to their physical symptoms; suggests these symptoms may serve a psychological purpose.
<b>Lymphocytes</b>	White blood cells important in fighting off illness.
<b>Malingering</b>	Term used to describe people who are "just faking" symptoms, typically to gain something, such as disability benefits or being relieved of responsibilities at work.
<b>Mindfulness-based stress reduction (MBSR)</b>	A variation of mindfulness-based cognitive therapy that facilitates awareness of one's thoughts without trying to influence or stop them; used to reduce stress associated with psychosomatic illness.
<b>Multiple personality disorder</b>	ICD-10 name for dissociative identity disorder; this name used to be used by DSM too but was replaced with DID in both DSM-5 and ICD-11.
<b>Munchausen syndrome</b>	Another name for factitious disorder.
<b>Naltrexone</b>	Opioid antagonist that may reduce dissociation.
<b>Natural killer (NK) cells</b>	Lymphocytes important in fighting off viral infections and tumors.
<b>Opioid antagonists</b>	Drugs traditionally used to treat substance addiction; they bond to opioid receptors, preventing other opioid substances (such as heroin) from doing the same.

<b>Parietal cortex</b>	Brain region involved in movement, attention, and spatial processing.
<b>Post-hypnotic suggestion</b>	A suggestion made during hypnosis that is obeyed when no longer hypnotized.
<b>Posttraumatic model</b>	Holds that somatic and dissociative symptoms are usually tied to stressful or traumatizing life events; also called the traumagenic position.
<b>Primary gain</b>	The reason for a symptom; the central (or primary) conflict the symptom is intended to address.
<b>Psychogenic movement disorder</b>	Another term for conversion cases in which there is medically unexplained difficulty moving a limb or body part.
<b>Psychological and behavioral factors associated with disorders or diseases classified elsewhere</b>	ICD-10 and ICD-11 equivalents to the DSM-5 diagnosis of psychological factors affecting other medical conditions.
<b>Psychological factors affecting other medical conditions</b>	DSM-5 somatic symptom diagnosis for people who have a known medical symptom that is brought on or made worse by ongoing psychological stress. Called psychological and behavioral factors associated with disorders or diseases classified elsewhere in ICD-10.
<b>Psychoneuroimmunology (PNI)</b>	Field that studies how psychological stress influences the central nervous system, endocrine system, and immune system.
<b>Psychosomatic</b>	Term for when prolonged psychological stress results in or exacerbates a real medical condition; sometimes also referred to as psychophysiological.
<b>Psychosomatogenic families</b>	Families in which there is a great deal of enmeshment, rigidity, overprotectiveness, and difficulty with conflict resolution; in such families, somatic symptoms are believed to be more likely.
<b>Right anterior prefrontal cortex</b>	Suspected of helping people perform tasks related to one goal while simultaneously keeping information about a different goal in working memory; has been associated with factitious symptoms and malingering.
<b>Secondary gain</b>	Any other advantages a symptom provides beyond the original unconscious conflict that it expresses.
<b>Self-hypnosis</b>	The ability to enter a hypnotic trance on one's own without guidance from others; people with a tendency to dissociate—especially those with dissociative identity disorder—are thought to be good at self-hypnosis.
<b>Sociocognitive model</b>	Model that maintains there is no such thing as dissociative identity disorder; media accounts and therapists who believe in DID iatrogenically induce it; also known as the fantasy model and the iatrogenic position.

<b>Somatic complaint</b>	A presenting problem that involves experiencing or worrying about physical symptoms.
<b>Somatic symptom disorder (SSD)</b>	DSM-5 somatic symptom diagnosis describing people who have one or more somatic symptoms that they think and worry about excessively; replaced the DSM-IV-TR and ICD-10 diagnosis of somatization disorder; roughly equivalent to bodily distress disorder in ICD-11.
<b>Somatization</b>	The process of expressing psychological problems in physical terms.
<b>Somatization disorder</b>	ICD-10 disorder characterized by multiple changing and frequent physical symptoms lacking adequate physical explanation; also called Briquet's syndrome; replaced by bodily distress disorder in ICD-11 and somatic symptom disorder in DSM-5, both of which do away with the requirement that symptoms lack adequate physical explanation.
<b>State-dependent learning</b>	The idea that people's ability to recall something is affected by their psychological or emotional state.
<b>Stress-induced analgesia</b>	Pain suppression that occurs when exposed to frightening or potentially traumatizing situations.
<b>T cells</b>	Lymphocytes that work to kill viruses and bacteria once they have entered cells.
<b>Type A personality</b>	Driven, impatient, and competitive style with which some people aggressively engage the world.
<b>Type B personality</b>	Opposite of Type A personality; easygoing individuals who lack drive, ambition, and urgency.
<b>Type C personality</b>	People who appear easygoing like Type B personalities, but are anxious and insecure.
<b>Type D personality</b>	Characterized by emotional negativity and social inhibition.

## Chapter 9: Feeding and Eating Problems

### Key Terms and Definitions

<b>Adapted to flee famine hypothesis</b>	Evolutionary theory that claims anorexia evolved to assist those facing famine; anorexic symptoms of feeling energetic and restless while remaining in denial about weight loss encourages migration to new locations in search for food.
<b>Amenorrhea</b>	Loss of menstruation in females; often occurs in cases of anorexia as a result of malnutrition.
<b>Anorexia nervosa</b>	DSM-5, ICD-10, and ICD-11 disorder involving seriously low body weight due to restricted food intake.
<b>Anterior insula</b>	Brain region that links a variety of brain areas important in regulating autonomic activities such as hunger; activity in the anterior insular has been correlated with feelings of disgust in anorexics.
<b>Atypical anorexia nervosa</b>	Diagnosed in cases where significant weight loss doesn't occur but the person meets all other criteria for anorexia; diagnosed in DSM-5 using the other specified feeding or eating disorder category.
<b>Atypical bulimia nervosa</b>	Diagnosed in cases when bingeing and compensatory behaviors don't occur often enough for a bulimia nervosa diagnosis (they occur less than once a week and for fewer than 3 months); diagnosed in DSM-5 using the other specified feeding or eating disorder category.
<b>Aversion therapy</b>	Behavior therapy in which undesired behaviors are associated with something unpleasant to decrease these behaviors.
<b>Avoidant/restrictive food intake disorder (ARFID)</b>	DSM-5 and ICD-11 disorder characterized by extremely picky eating and a failure to eat enough to meet basic nutritional needs.
<b>Binge eating</b>	Form of overeating in which a person eats a huge amount of food in a single sitting—much more than most people would eat during a comparable period of time.
<b>Binge-eating disorder (BED)</b>	DSM-5 and ICD-11 disorder characterized by recurrent binge eating.
<b>Body mass index (BMI)</b>	A weight by height index used to measure whether people are underweight, normal, or overweight.
<b>Bulimia nervosa</b>	DSM-5, ICD-10, and ICD-11 disorder characterized by binge-eating followed by compensatory behavior.

<b>Cognitive fusion</b>	Concept from acceptance and commitment therapy (ACT) in which people mistake their private thoughts for absolute truths, fusing with these thoughts in ways that cause emotional pain and interfere with their ability to interpret things in alternative ways.
<b>Compensatory behavior</b>	Behavior a person engages in to counteract having binged; includes purging, fasting, and excessive exercise.
<b>Cultural relativism</b>	Perspective that says abnormality is always relative to social norms.
<b>Cultural universalism</b>	Perspective on abnormality that says mental disorders are universal, cutting across time, culture, and context—even when cultural factors influence how people display symptoms.
<b>Dislocation studies</b>	Studies that look at rates of eating disorders in people who temporarily move from cultures where eating disorders are less common to ones where they are more common.
<b>Eating problems</b>	Characterized by disturbed body image; involve concerns about being overweight or experiencing one's body negatively or in ways that appear distorted.
<b>Enhanced cognitive behavioral therapy (CBT-E)</b>	Form of CBT used with eating disorders that maintains there is a "core psychopathology" associated with all eating disorders—one in which people base their self-worth not on their achievements, but on their ability to control body weight and shape; uses psychoeducation to help people monitor their eating patterns and identify cognitive distortions that maintain these patterns; also called the transdiagnostic model.
<b>Exposure plus response prevention of bingeing</b>	Form of exposure plus response prevention in which patients are exposed to foods they usually binge on but are then prevented from bingeing; goal is to recondition patient behavior by no longer having these foods serve as conditioned stimuli for bingeing.
<b>Exposure plus response prevention of purging</b>	Form of exposure plus response prevention in which patients are prevented from purging after bingeing; goal is to decrease conditioned fear of overeating by showing them nothing terrible happens if they don't purge.
<b>Family-based treatment (FBT)</b>	Manualized therapy for anorexia and bulimia that focuses on weight restoration and/or the establishment of healthy eating while not blaming parents; the family is encouraged to work together to help address the family member's eating disorder; also called the Maudsley approach.



<b>Family meal</b>	Technique originated in structural family therapy—and used also in family-based treatment (FBT)—in which the therapist observes a family meal to directly observe dysfunctional family patterns.
<b>Feeding disorder of infancy and early childhood</b>	ICD-10 disorder that involves fussy or faddish eating or refusal of food; can also involve rumination.
<b>Feeding problems</b>	Characterized by concern over food preferences; involve fussy or faddish eating habits in which certain foods are avoided or refused because of taste, texture, or a basic dislike for them.
<b>Food exposure for anorexia</b>	Behavioral technique in which patients are gradually exposed to food as a way to reduce fear of food and food avoidance.
<b>Geophagia</b>	Form of pica in which a person intentionally eats dirt, soil, or clay.
<b>In vivo food exposure</b>	Behavioral technique in which in vivo exposure is used to change the eating habits of people diagnosed with eating disorders.
<b>Lateral hypothalamus</b>	Part of the hypothalamus responsible for making people feel hungry and maintaining a state of arousal.
<b>Mercyism</b>	Another name for rumination in humans; used in past historic eras.
<b>Mesolimbic pathway</b>	Brain pathway important in responding to rewards.
<b>Muscle dysmorphia</b>	A type of body dysmorphia in which (mostly) males obsessively worry that they aren't muscular enough. (9)
<b>Night eating syndrome</b>	Characterized by waking up during the night and eating excessively; diagnosed in DSM-5 using the other specified feeding or eating disorder category.
<b>Norepinephrine-dopamine reuptake inhibitors (NDRIs)</b>	Drugs that block reuptake of norepinephrine and dopamine, leaving more available; bupropion is an NDRI.
<b>Obesity</b>	According to the World Health Organization, extremely high body mass index (greater than 30).
<b>Objectification</b>	When the female body is looked at and evaluated primarily based on its appearance; key term in objectification theory.
<b>Objectification theory</b>	Theory that holds that media images present women as sexual objects to be judged based on their looks; this leads women to objectify their bodies and makes them more vulnerable to body image and eating issues.

<b>Oral impregnation</b>	Psychodynamic conceptualization of eating disorders in which patients have an unconscious Oedipal wish to become pregnant by oral means.
<b>Orthorexia nervosa</b>	Proposed mental disorder characterized by preoccupation with healthy eating.
<b>Other specified feeding or eating disorder</b>	DSM-5 category for those who don't meet full criteria for any other feeding or eating disorder diagnosis, but who show symptoms warranting a diagnosis.
<b>Overcorrection</b>	Behavioral technique in which an undesired behavior is punished by requiring the person to repeatedly engage in an opposite kind of behavior.
<b>Pica</b>	DSM-5, ICD-10, and ICD-11 disorder involving the eating of nonfood substances.
<b>Psychosomatic families</b>	Name used by early structural and family therapists to describe the dynamics of families with an anorexic child; such families are characterized by enmeshment, overprotectiveness, rigidity, conflict avoidance, and difficulty resolving conflict.
<b>Purging</b>	Removal of food from one's body through self-induced vomiting or misuse of laxatives, diuretics, or other drugs.
<b>Purging disorder</b>	Characterized by recurrent purging; diagnosed in DSM-5 using the other specified feeding or eating disorder category.
<b>Reproductive suppression hypothesis</b>	Evolutionary theory that holds anorexia is a female strategy for maximizing long-term productive success by shutting down reproductive capacity through self-starvation during times when current conditions aren't optimal for having babies.
<b>Rumination disorder</b>	DSM-5 term describing those who regularly re-chew, re-swallow, or spit out food after intentionally regurgitating it; included as a specific form of "feeding disorder of infancy and early childhood" in the ICD-10 and called rumination-regurgitation disorder in ICD-11.
<b>Satiation techniques</b>	Behavioral technique in which patients' regular meals are supplemented with additional food; because rumination often occurs when hungry, it is used to discourage rumination by making the patient less hungry.
<b>Self-objectification</b>	When girls and women internalize media messages that judge them based on their appearance and begin to appraise their own based on these messages.
<b>Sexual competition hypothesis</b>	Evolutionary theory that says eating problems emerge because women must compete with one another to attract men by maintaining a "nubile" hour-glass



	shape; in industrial societies where there is less familial help in securing a mate, even greater emphasis on maintaining a thin shape emerges.
<b>Specialist supportive clinical management (SSCM)</b>	A non-theoretical approach to managing eating disorder symptoms originally devised as a control comparison for research on other therapies but found to be effective in its own right; SSCM helps patients target problematic eating behaviors, establish a proper diet, monitor weight, establish realistic weight goals, and deal with life problems that may be affecting their eating.
<b>Thought parade exercise</b>	Acceptance and commitment therapy (ACT) technique in which clients are asked to calmly imagine a parade in which people carry signs reproducing their negative thoughts; helps clients observe their thoughts in a detached manner, with the idea that calmly accepting these thoughts reduces their influence.
<b>Tryptophan</b>	Amino acid obtained from food that is required to produce the neurotransmitter serotonin.
<b>Ventromedial hypothalamus</b>	Part of the hypothalamus responsible for inducing feelings of satiation.
<b>Weight set point</b>	The weight one's body tries to maintain.
<b>Western ideal of thinness</b>	Beauty ideal advanced in many Western cultures that values thin female bodies with small waists and minimal body fat; some believe that this beauty ideal, when internalized, contributes to eating disorders.

## Chapter 10: Sexual Problems and Gender Issues

### Key Terms and Definitions

<b>Androgen</b>	A type of hormone responsible for the development of male characteristics; testosterone is the most well-known androgen.
<b>Anorgasmia</b>	ICD-11 diagnosis for men and women who experience absent, infrequent, or diminished orgasms; also called orgasmic dysfunction, its name in ICD-10.
<b>Antiandrogens</b>	Drugs that reduce levels of male sex hormones such as testosterone, thereby decreasing sexual interest.
<b>Bisexuals</b>	People who are attracted to both sexes.
<b>Chemical castration</b>	Use of antiandrogens to bring testosterone levels as low as those found in people who have been surgically castrated.
<b>Cisgender</b>	Term for people whose gender identity and birth sex match.
<b>Closeted</b>	Nonheterosexual people who have yet to come out.
<b>Coercive sexual sadism</b>	ICD-11 paraphilic disorder characterized by fantasies, urges and behaviors involving physically or psychologically imposing harm on nonconsenting others.
<b>Coming out</b>	Process by which people come to accept and declare their sexual orientation or gender identity to others.
<b>Compulsive sexual behavior disorder</b>	An ICD-11 impulse control disorder diagnosable in people who seem unable to control their sexual appetites.
<b>Conversion therapy</b>	Therapy to turn homosexuals into heterosexuals; popular in the past, but almost universally rejected today as unethical.
<b>Covert sensitization</b>	Aversion therapy in which an unpleasant image is presented (in vivo or imaginally) while the client focuses on the paraphilic interest; the goal is to associate the paraphilic interest with the unpleasant image in order to lessen the behavior.
<b>Cross-sex hormonal treatment</b>	Prescription of sex hormones (androgens, estrogens, and antiandrogens) to alter people's physical appearance as they transition from one sex to the other; also called hormone therapy.
<b>Delayed ejaculation</b>	DSM-5 diagnosis for men who show a delay in (or inability to) ejaculate despite being stimulated and

	wanting to ejaculate more quickly.
<b>Dyspareunia</b>	ICD-10 diagnosis for women and men who experience pain during intercourse—sometimes with no physical basis and other times with evidence of psychological factors (such as past sexual abuse); also in ICD-11, where it must have physical determinants.
<b>Ego-dystonic homosexuality</b>	DSM-III diagnosis for people who were gay and psychologically upset about it; removed from subsequent editions of DSM and not in ICD-11, but a comparable diagnosis (ego-dystonic sexual orientation) is in ICD-10.
<b>Electrical aversive therapy</b>	Aversive therapy in which an electric shock is administered in order to associate it with an undesired sexual activity.
<b>Erectile disorder</b>	DSM-5 disorder diagnosed in men who repeatedly have trouble obtaining or maintaining erections during sexual activity; called male erectile dysfunction in the ICD-11 and diagnosed as either failure of genital response or impotence of organic origin in the ICD-10.
<b>Estrogen</b>	Primary female sex hormone.
<b>Excessive sexual drive</b>	ICD-10 diagnosis for people who show too much (i.e., excessive) interest in sex.
<b>Exhibitionism/exhibitionistic disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to exposing one's genitals to unsuspecting people.
<b>Experiential sex therapy</b>	Humanistic approach to sex therapy that views sexual problems as having an underlying and personal meaning to those suffering from them; helps clients identify important feelings that can guide them in how they wish to live their lives; the resulting personal growth transforms and improves their lives and this indirectly leads to the resolution of sexual issues.
<b>Failure of genital response</b>	ICD-10 diagnosis for men with erectile dysfunction and women who have difficulty becoming lubricated.
<b>Female orgasmic disorder</b>	DSM-5 diagnosis for women who rarely or never experience orgasms.
<b>Female sexual arousal dysfunction</b>	ICD-11 diagnosis for women who show little or no arousal from sexual activity.
<b>Female sexual interest/arousal disorder</b>	DSM-5 diagnosis for women who show little or no interest in or arousal from sexual activity.
<b>Fetishism/fetishistic disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to nonliving objects or nongenital

	body parts.
<b>Fetishistic transvestism/transvestic disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to cross-dressing.
<b>Flibanserin</b>	Drug that aims to increase female sexual desire by reducing serotonin and increasing norepinephrine; marketed as Addyi.
<b>Frotteurism/frotteuristic disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to touching or rubbing against a nonconsenting person.
<b>Gatekeeping</b>	Approval process conducted by medical and mental health professionals intended to keep people with gender dysphoria who are deemed psychologically unfit from making irreversible gender-altering decisions.
<b>Gay</b>	Term to describe male or female homosexuals.
<b>Gender</b>	Attitudes, feelings, and behaviors a culture associates with a person's biological sex.
<b>Gender conformity</b>	When a person's behavior fits with cultural expectations about gender.
<b>Gender dysphoria</b>	DSM-5 diagnosis for children, adolescents, and adults who display incongruence between their birth sex (natal gender) and experienced/expressed gender; see also gender incongruence (ICD-11), transsexualism (ICD-10), and gender identity disorder of childhood (ICD-10).
<b>Gender expression</b>	How people behave and dress to convey their gender.
<b>Gender identity</b>	One's persistent sense of belonging to the male or female gender category.
<b>Gender identity disorder of childhood</b>	ICD-10 diagnosis for children who display incongruence between birth sex and experienced/expressed gender; see also gender dysphoria (DSM-5), gender incongruence (ICD-11), and transsexualism (ICD-10).
<b>Gender incongruence</b>	ICD-11 diagnosis for children, adolescents, and adults who display incongruence between their birth sex (natal gender) and experienced/expressed gender; see also gender dysphoria (DSM-5), transsexualism (ICD-10), and gender identity disorder of childhood (ICD-10).
<b>Gender nonconformity</b>	When a person's behavior violates cultural expectations about gender.
<b>Genito-pelvic pain/penetration disorder</b>	DSM-5 diagnosis for women only that combines what used to be divided into vaginismus and dyspareunia into a single diagnostic category; characterized by pain

	during penetration and/or intercourse.
<b>Good lives model (GLM)</b>	Humanistic program for sex offenders that emphasizes their basic need for personal growth and fulfillment; helps offenders identify primary goods (intrinsically beneficial goals such as being independent, excelling at work, and fostering intimate relationships) that can guide their rehabilitation.
<b>Habituation</b>	Behavioral term for when responsiveness to a stimulus decreases after repeated exposure to it.
<b>Heterosexism</b>	Hostility and prejudice against homosexuals (and other people with nonconforming sexual identities) that originates in ideologies that deny, denigrate, and stigmatize nonheterosexual behavior, identities, relationships, and communities.
<b>Heterosexuals</b>	People who are attracted to the opposite sex.
<b>Homophobia</b>	Hostility and prejudice against homosexuals; some consider it an outdated term due to its implication that antigay prejudice originates from a dysfunction inside the individual rather than from cultural ideologies and practices.
<b>Homosexuals</b>	People who are attracted to the same sex.
<b>Hormone replacement therapy (HRT)</b>	Therapy in which postmenopausal women are given female sex hormones to replace depleted hormone levels.
<b>Hypersexual disorder</b>	Proposed DSM-5 disorder that is roughly equivalent to ICD-10's excessive sexual drive; akin to "sexual addiction," a term used by the media and public but which is not an official diagnosis in DSM or ICD; proposed criteria define it as a preoccupation with and excessive engagement in sexual activities, often as a coping mechanism.
<b>Hypoactive sexual desire dysfunction</b>	ICD-11 diagnosis for men and women who have absent or reduced sexual thoughts, fantasies, or desires.
<b>Identification with the aggressor</b>	Psychodynamic defense mechanism in which people identify with those who mistreat them and adopt their characteristics.
<b>Internalized homophobia</b>	Hostility of gay men and lesbians toward themselves that they learn from the wider culture.
<b>Intersex</b>	People who have atypical physical features that make classifying them as male or female difficult.

<b>Intracavernous injection therapy</b>	Injecting drugs into the sex organs to increase blood flow; often done with men who have erectile problems and don't respond to drug treatments.
<b>Kegel exercises</b>	Pelvic floor muscle rehabilitation exercise in which women learn to tighten and relax pelvic floor muscles as a way to strengthen them; used to treat sexual pain disorders such as dyspareunia and vaginismus.
<b>Lack or loss of sexual desire</b>	ICD-10 diagnosis for men and women who have little interest in and rarely initiate sex.
<b>Lesbian</b>	Term referring specifically to female homosexuals.
<b>Male hypoactive sexual desire disorder</b>	DSM-5 diagnosis for men who show minimal interest in sex.
<b>Masturbatory satiation</b>	Behavioral technique in which the client is asked to masturbate to paraphilic imagery for a much longer time than is pleasurable as a way to associate the paraphilia with boredom.
<b>Menopause</b>	The time in life when a woman's menstrual cycle ends (usually in her 40s or 50s) and estrogen levels decrease.
<b>Natal gender</b>	One's birth sex.
<b>New View</b>	Feminist and humanistic social justice perspective on female sexual problems that critiques medical model approach and instead divides female sexual problems into four types: (1) sexual problems due to sociocultural, political or economic factors; (2) sexual problems relating to partner and relationship; (3) sexual problems due to psychological factors; and (4) sexual problems due to medical factors.
<b>Noradrenaline</b>	Name of norepinephrine when it is secreted as a hormone in the endocrine system.
<b>Olfactory aversion</b>	Aversion therapy in which an unpleasant odor is self-administered in order to associate it with an undesired sexual activity.
<b>Orgasmic dysfunction</b>	ICD-10 diagnosis for men and women who experience absent, infrequent, or diminished orgasms; called anorgasmia in ICD-11.
<b>Paraphilia</b>	Sexual impulses, fantasies, and behaviors directed toward unusual (and sometimes socially taboo) objects and situations.
<b>Paraphilic coercive disorder</b>	Controversial proposed DSM disorder in which ongoing fantasies of and repeated acts of rape are considered a paraphilia.

<b>Paraphilic disorders</b>	In DSM-5 and ICD-11, term for pathological paraphilias that are considered disordered because they either impair or distress the person engaging in them or they cause (or run the risk of causing) harm.
<b>Pedophilia/pedophilic disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to sexual involvement with preteen children.
<b>Pelvic floor rehabilitation</b>	Behavior-based technique to improve sexual interest in which the patient is assigned physical exercises (such as Kegel exercises) to strengthen weak pelvic floor muscles associated with issues such as dyspareunia and vaginismus.
<b>Perversions</b>	Old-fashioned term for paraphilias preferred by psychodynamic therapist Robert Stoller, who saw them as acts of revenge intended to compensate for profound humiliation during childhood.
<b>Phosphodiesterase type-5 inhibitor</b>	Drug that inhibits the chemical enzyme phosphodiesterase type-5 (PDE5); PDE5 breaks down cyclic guanosine monophosphate (cGMP), which increases blood flow to the sex organs; by reducing PDE5, therefore, blood flow to sex organs is increased.
<b>Premature (early) ejaculation</b>	DSM-5, ICD-10, and ICD-11 diagnosis for men who ejaculate too soon.
<b>Progesterone</b>	Female sex hormone important in menstruation and pregnancy.
<b>Progestin</b>	A synthetic hormone that has effects similar to the female sex hormone progesterone; sometimes prescribed to address low sexual desire in women.
<b>Recidivism rates</b>	How often sex offenders commit additional sex crimes.
<b>Relapse prevention (RP)</b>	CBT technique that focuses on preventing relapse by teaching those in recovery how to handle high-risk situations that tempt them to engage in the problematic activity again; typically used with substance users, people experiencing behavioral addictions, and sexual offenders.
<b>Risk-need-responsivity model (RNR)</b>	CBT-based program for sexual offenders that tailors interventions to each offender by assessing offender risk and need in order to determine responsivity (the appropriate kind and level of intervention needed to prevent repeat offenses).
<b>Sadomasochism/sexual sadism disorder or sexual masochism disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to the physical or emotional suffering of another person (sexual sadism) or being humiliated or made to suffer (masochism).



<b>Sensate focus</b>	Masters and Johnson technique to help those having trouble with arousal and orgasm; clients are instructed to engage in sensual touching with their partners, but without it leading to intercourse; removes pressure to perform and clients often “fail” by becoming aroused.
<b>Sex reassignment surgery</b>	Surgery in which a person’s physical body is altered (often through multiple operations) to match gender identity; also called gender reassignment surgery and gender affirmation surgery).
<b>Sex</b>	One’s biological status as male, female, or intersex.
<b>Sexologist</b>	A scientist who studies human sexual behavior.
<b>Sexual aversion and lack of sexual enjoyment</b>	ICD-10 diagnosis reserved for cases where the idea of sex with a partner is highly unpleasant—yielding fear, anxiety, and avoidance.
<b>Sexual dysfunctions</b>	Defined by DSM-5 as disturbances in a person’s ability to respond sexually or experience sexual pleasure.
<b>Sexual instinct</b>	A reproductive instinct for the propagation of the species; proposed by early doctors as part of the process of medicalizing sexual deviance.
<b>Sexual orientation</b>	The sex of those to whom one is sexually and romantically attracted.
<b>Sexual pain-penetration disorder</b>	ICD-11 diagnosis for people who experience difficulties with vaginal penetration (often due to tightening of pelvic floor muscles); pain during penetration; or fear of painful penetration; similar to the DSM-5’s genito-pelvic pain/penetration disorder, except it excludes dyspareunia.
<b>Sexual response cycle</b>	In Masters and Johnson’s original formulation, involved four phases: excitement/arousal, plateau, orgasm, resolution. Revised by Kaplan to consist of desire, arousal/excitement, orgasm, and resolution phases.
<b>Sildenafil</b>	A phosphodiesterase type-5 inhibitor used to increase blood flow to sex organs; given mainly to men to help provide blood flow to penis necessary for erections; marketed as Viagra.
<b>Spectatoring</b>	The tendency to observe and negatively evaluate one’s sexual performance as if one was a third person watching it.
<b>Squeeze technique</b>	Masters and Johnson’s technique in which the top of the penis is repeatedly squeezed during sexual activity to delay ejaculation; conditions men to not ejaculate so quickly.



<b>Stop-start technique</b>	Alternative to squeeze technique in which men learn to stop intercourse prior to ejaculating and to begin again only after arousal decreases; conditions men to not ejaculate so quickly.
<b>Surgical castration</b>	Removing a man's testicles (orchietomy) or a woman's ovaries (oophorectomy).
<b>Testosterone</b>	Primary male sex hormone.
<b>Transgender-affirmative CBT (TA-CBT)</b>	Form of CBT intended to assist transgender clients as they cope with anxiety and depression caused by transphobia; negative internalized beliefs about being transgender are examined and changed.
<b>Transgender</b>	A term for people whose gender identity, expression, or behavior is different from what is typically associated with their birth sex.
<b>Transphobia</b>	Social prejudice directed at transgender people.
<b>Transsexual</b>	Traditionally, a medical term for people who have undergone medical procedures to reduce the discrepancy between their biological sex and their gender identity; they have transitioned from one sex to the other.
<b>Transsexualism</b>	ICD-10 diagnosis for adults who display incongruence between their birth sex and experienced/expressed gender; see also gender dysphoria (DSM-5), gender incongruence (ICD-11), and gender identity disorder of childhood (ICD-10).
<b>Transvestism</b>	The practice of cross-dressing; when done for the purpose of sexual arousal, it is sometimes considered a paraphilia (see fetishistic transvestism/transvestic disorder).
<b>Transvestite</b>	Term referring to people who engage in cross-dressing (transvestism).
<b>Tumescence</b>	Increased blood flow leading to swelling of sexual organs; men with poor tumescence have difficulty obtaining erections.
<b>Vaginismus</b>	ICD-10 diagnosis for women who experience pain in response to spasms in the muscles around the vagina during intercourse; no longer included as a stand-alone diagnosis in DSM-5 or ICD-11.
<b>Voyeurism/voyeuristic disorder</b>	Paraphilic disorder involving sexual fantasies, urges, or behaviors related to observing an unsuspecting person naked.

## Chapter 11: Substance Use and Addiction

### Key Terms and Definitions

<b>12-step programs</b>	Self-help groups such as Alcoholics Anonymous that see addiction as disease; by following the 12 steps (see Table 11.5), group members recover from their addictions.
<b>Acamprosate</b>	Drug to treat addiction that reduces cravings by targeting glutamate; trade name Campral.
<b>Acetaldehyde</b>	A chemical metabolite left over after the liver breaks down alcohol; when people drink a lot, their bodies can't break down acetaldehyde quickly enough, resulting in hangover symptoms.
<b>Acetylcholine</b>	Neurotransmitter that plays a role in muscle movement, arousal, memory, and learning.
<b>Addiction</b>	A non-diagnostic term that has often referred to being unable to stop using a substance and continuing use despite negative consequences; in recent times, also refers to problematic behaviors such as excessive shopping, internet use, and sexual activity.
<b>Addictive personality</b>	Supposed set of personality traits that predisposes people to addiction—most commonly antisocial traits such as societal rule breaking, impulsivity, aggression, and lack of empathy.
<b>Alcohol</b>	A depressant drug found in many popular beverages (also called ethanol or ethyl alcohol).
<b>Alcohol Use Disorders Identification Test (AUDIT)</b>	A 10-item World Health Organization inventory to assess problem drinking and alcohol dependence; shortened versions such as the 3-item AUDIT-C have also been developed for even quicker assessment.
<b>Alcoholic</b>	Non-diagnostic term for people who have difficulty managing their alcohol use.
<b>Alcoholics Anonymous (AA)</b>	The largest and most well-known 12-step group for recovering alcoholics.
<b>Amphetamines</b>	Laboratory-manufactured stimulants; includes amphetamine (trade name Bensedrine), dextroamphetamine (trade name Dexedrine), and methamphetamine (trade name Methedrine).
<b>Behavioral addictions</b>	Addictions involving behaviors rather than substances; includes activities such as excessive gambling, sex, eating, and shopping.
<b>Binge drinking</b>	Having five or more drinks on one occasion.

<b>Blood alcohol content</b>	Amount of alcohol in the blood stream.
<b>Caffeine</b>	A mild and commonly used stimulant found in many plants, including those used to make coffee, tea, chocolate, and soft drinks; increases alertness and energy while providing a sense of well-being.
<b>Cannabis</b>	Drugs made from the flowers, dried leaves, and extracts or assorted varieties of the hemp plant; cannabis high includes feeling relaxed and content, losing track of time, perceptual distortions, and heightened awareness; marijuana, ganja, bhang, and hashish are types of cannabis.
<b>Cirrhosis</b>	Irreversible scarring of the liver due to chronic excessive alcohol use.
<b>Cocaine</b>	Stimulant made from the leaves of the South American coca plant; one of the most powerful stimulants, producing euphoria, excessive confidence, and tremendously high energy levels.
<b>Codeine</b>	A natural opioid derived from opium that is used mainly as a pain reliever and cough medicine.
<b>Confabulation</b>	Inventing explanations to account for gaps in memory recall; occurs in Korsakoff syndrome patients.
<b>Contingency management (CM)</b>	Operant conditioning behavioral technique in which abstinence and other desired behaviors are positively reinforced to strengthen them.
<b>Controlled drinking</b>	Treatments that help people reduce their drinking to acceptable levels and moderate alcohol's role in their lives, but without demanding abstinence.
<b>Crack</b>	Purer, more powerful crystal form of cocaine; inhaled via a pipe.
<b>Cross-tolerance</b>	When tolerance for one drug transfers to other drugs with similar chemical effects on the brain.
<b>Cytisine</b>	Smoking-cessation drug that blocks nicotine receptors, making cigarettes less enjoyable and decreasing withdrawal symptoms (trade names Tabex and Desmoxan); sold primarily in Eastern Europe.
<b>Delirium tremens (DTs)</b>	Syndrome in extreme cases of alcohol withdrawal in which the person becomes delirious, experiences intense body tremors, and has terrifying hallucinations.
<b>Dependence</b>	ICD-10 and ICD-11 diagnosis in which use of a substance takes on a higher priority than it once had; involves things like feeling compelled to take a substance, difficulty controlling use, tolerance, and

	withdrawal.
<b>Depressants</b>	Drugs that slow the central nervous system (CNS).
<b>Detoxification</b>	The physical process of weaning addicted individuals from the drugs they are addicted to.
<b>Disulfiram</b>	Drug given to alcoholics that makes them sick when they drink by inhibiting an enzyme that prevents the breakdown of acetaldehyde, a metabolite left over when the liver breaks down alcohol.
<b>Dopamine hypothesis of addiction</b>	Theory that all addictive drugs increase dopamine in the brain, even though this is often by different biological mechanisms.
<b>Drug flashbacks</b>	Unexpected re-experiencing of past drug trips.
<b>Drug replacement therapy</b>	Substance dependence treatment that involves either changing the delivery method of a drug or exchanging one drug for a chemically similar one; goal is either to wean people off drugs or sustain them on a similar but less dangerous drug.
<b>Drug-induced synesthesia</b>	A mixing of sensory experiences in which stimulation of one sensory mode spawns perceptual responses from another; often caused by hallucinogens.
<b>Endogenous opioids</b>	Chemicals produced by our bodies that reduce pain and calm us down; also called endorphins.
<b>Fetal alcohol syndrome (FAS)</b>	Characterized by retarded growth, developmental delays, and atypical facial features such as microcephaly (small heads), microphthalmia (small eyes), thin upper lips with no ventromedial indentation in the middle, and flat upper jaw bones; occurs in children of mothers who drank excessively during pregnancy.
<b>Gambling disorder</b>	DSM-5 and ICD-11 behavioral addiction characterized by recurrent problem gambling that leads to impairment and distress; called pathological gambling and considered a habit and impulse disorder in ICD-10.
<b>Gaming disorder</b>	ICD-11 beta-draft disorder for those who compulsively play video games; a similar proposed DSM-5 disorder is called internet gaming disorder.
<b>Hallucinogens</b>	Drugs that induce hallucinations, altered thinking and perceptions, out-of-body experiences, and sometimes paranoia; also known as psychedelics.
<b>Harm reduction</b>	Intervention strategies for reducing individual and societal harm caused by drug and alcohol use; examples include needle exchange programs, adding

	thiamine to beer, and providing late-night public transportation.
<b>Harmful use</b>	ICD-10 and ICD-11 diagnosis that involves ongoing misuse of a substance leading to physical or mental health problems, adverse social consequences, and criticism from others; also called substance abuse.
<b>Heroin</b>	A highly addictive semisynthetic opioid to which dependence develops quickly; heroin tolerance and withdrawal are especially severe.
<b>Illness model of drug addiction</b>	Sees addiction as a disease, not a vice; also called the medical model of drug addiction).
<b>Incentive-sensitization theory</b>	Theory that drugs cause people to seek them out by increasing sensitivity to dopamine (the “wanting” neurotransmitter), which results in people being more alert and on the lookout for drugs.
<b>Indolamine hallucinogens</b>	Drugs that induce hallucinations and heighten emotional sensitivity by activating serotonin receptors in the prefrontal cortex and anterior cingulate cortex; LSD, DMT, and psilocybin are indolamine hallucinogens.
<b>Intoxication</b>	Being under the influence of a substance; DSM-5, ICD-10, and ICD-11 contain distinct intoxication criteria/guidelines for each substance they describe.
<b>Korsakoff syndrome</b>	Syndrome resulting from chronic excessive alcohol use involving serious deterioration in short- and long-term memory, as well as inability to recall new information.
<b>Life-history hypothesis</b>	Evolutionary hypothesis that examines how psychosocial and environmental pressures might have influenced how certain groups of people evolved a vulnerability to addiction.
<b>Methadone maintenance therapy</b>	Drug replacement therapy in which synthetic opioids (usually methadone or buprenorphine) are substituted for heroin in order to maintain heroin addicts on what most people consider a less problematic drug.
<b>Microglia</b>	Support cells in the brain important in immune response; those of alcoholics look noticeably different than those of healthy people, suggesting a genetic vulnerability to substance use problems.
<b>Mismatch hypothesis</b>	Evolutionary hypothesis that drug addiction is an accidental by-product of how our brains evolved; today’s more potent drugs happen to interfere with evolved brain pathways, something our brains haven’t evolved to handle.
<b>Moderation Management (MM)</b>	Controlled drinking self-help group in which members generally don’t identify as alcoholics; drinking is

	viewed as a learned behavior (not a disease) and controlled drinking is deemed an appropriate goal.
<b>Moral model of drug addiction</b>	Sees excessive drug-taking as a vice of the morally weak.
<b>Morphine</b>	A natural opioid derived from opium with more powerful painkilling qualities than opium.
<b>Motivational interviewing (MI)</b>	Humanistic technique rooted in person-centered theory that helps people recognize and do something about pressing problems.
<b>Multidimensional family therapy</b>	Family therapy intervention for adolescents with substance issues; addresses individual, family, and social circumstances that contribute to substance abuse.
<b>Mutualism hypothesis</b>	Evolutionary hypothesis that people evolved a taste for drugs as they used them over many millennia.
<b>N-acetylcysteine</b>	Drug to treat addiction that reduces cravings by targeting glutamate; has fewer side effects than acamprosate, but mixed effectiveness.
<b>Nicotine replacement therapy</b>	Drug replacement therapy used in smoking cessation in which the delivery method is changed in an effort to make weaning off nicotine easier; gum, patches, lozenges, and e-cigarettes are examples of alternative delivery methods.
<b>Nicotine</b>	A stimulant found in tobacco leaves that is most commonly consumed by smoking it in cigarettes or pipes.
<b>OARS</b>	Acronym for the humanistic therapy strategies used in motivational interviewing: use open questions, affirm, reflect, and summarize; these strategies are used to help elicit change talk in clients.
<b>Opioid blockers</b>	Prescription drugs that ward off cravings by inhibiting the body's pleasurable response to addictive substances; commonly used in alcohol dependence and methadone maintenance therapy; Naloxone, naltrexone, and nalmefene are opioid blockers (trade names Narcan, Vivitrol, and Selincro).
<b>Opioids</b>	Natural, synthetic, or semisynthetic drugs that depress the central nervous system and serve as powerful painkillers; highly addictive, they mimic the endogenous opioids created naturally by our bodies (also called opiates and narcotics).
<b>Opium</b>	A natural opioid found in the sap of opium poppy plants.

<b>Oxycodone</b>	A semisynthetic opioid that is less habit-forming than heroin and is typically a controlled rather than illegal substance; used as a pain reliever, it is the main ingredient in drugs marketed under names like Percocet and OxyContin.
<b>Pathological gambling</b>	ICD-10 habit and impulse disorder for those with chronic gambling issues; comparable to gambling disorder in DSM-5 and ICD-11, but—unlike in those manuals—it is not identified as a behavioral addiction in ICD-10.
<b>Phencyclidine</b>	A hallucinogen with hallucinogenic, depressant, and even some stimulant properties; reduces influence of glutamate while enhancing effects of dopamine.
<b>Phenylalkylamine hallucinogens</b>	Produce both hallucinogenic and stimulant effects by affecting norepinephrine, dopamine, and serotonin receptors; mescaline and DOM are phenylalkylamine hallucinogens.
<b>Polydrug use</b>	When drug users take more than one substance.
<b>Prevention and early intervention programs</b>	Programs designed to prevent or intervene in the early stages of substance use.
<b>Reclaiming Futures</b>	Social justice-based early intervention program for juveniles arrested on drug-related charges; provides easy access to treatment, mentorship, and community-based social support to counter social inequality that puts some adolescents at risk.
<b>Remission</b>	no longer displaying signs of difficulty with a substance; people in remission often describe themselves as in recovery.
<b>Reward deficiency syndrome theory (RDS)</b>	Hypothesis that addicted people take drugs to compensate for having too little dopamine.
<b>Sedative-hypnotics</b>	A class of depressants sometimes simply called sedatives; barbiturates and benzodiazepines are types of sedative-hypnotic drugs.
<b>Self-medication hypothesis</b>	Psychodynamic hypothesis that insecurely attached people who have difficulty recognizing and regulating their emotions are most susceptible to drug addiction.
<b>Speedballing</b>	Taking stimulants with opioids to produce a synergistic effect in which the highs of both drugs are experienced but the negative effects are reduced; increases risk of overdose.
<b>Stimulants</b>	Drugs that speed up the central nervous system (CNS).
<b>Substance abuse</b>	Ongoing misuse of a substance; can involve many different kinds of problematic behaviors, including



	failing to meet school, work, and family obligations.
<b>Substance dependence</b>	Misuse of a substance that typically involves tolerance and withdrawal.
<b>Substance use disorder</b>	DSM-5 diagnosis that combines symptoms of abuse and dependence; assessment based on type of drug being used and severity of use.
<b>Synergistic effects</b>	Effect from taking drugs together; some combinations enhance the effects of both drugs, while other combinations cancel out some of the effects of both drugs.
<b>Tetrahydrocannabinol (THC)</b>	Active ingredient in cannabis, responsible for its stimulant, depressant, and psychedelic effects.
<b>Thebaine</b>	An opium alkaloid with more stimulant than depressant effects.
<b>Therapeutic communities</b>	Social support intervention for substance abusers; residential or day treatment programs that provide an array of services; re-socializes participants by helping them develop new life skills.
<b>Thiamine</b>	A chemical compound that helps the brain convert sugar into energy (also known as Vitamin B-1); chronic drinking decreases thiamine levels and can lead to Korsakoff syndrome.
<b>Tolerance</b>	Needing more of a drug to produce the same effects.
<b>Transtheoretical model of change</b>	Model of therapeutic change that identifies five stages clients go through during the change process (precontemplation, contemplation, preparation, action, and maintenance).
<b>Varenicline</b>	Smoking-cessation drug that blocks nicotine receptors, making cigarettes less enjoyable and decreasing withdrawal symptoms (trade name Chantix).
<b>Ventral tegmental area (VTA)</b>	Structure in the midbrain that is important in rewards and motivation.
<b>Withdrawal</b>	The unpleasant psychological and physical symptoms that result when someone stops taking a drug.



## Chapter 12: Personality Issues

### Key Terms and Definitions

<b>Anankastic personality disorder</b>	ICD-10 equivalent of DSM-5's obsessive-compulsive personality disorder; "anankastic" derives from the Greek word anankastikos, which means "compulsion."
<b>Antisocial personality disorder (APD)</b>	DSM-5 diagnosis describing people who consistently violate the rights of others; in addition to being deceitful, disregarding social norms, and often breaking the law, people with APD are reckless, irresponsible, and (in some cases) violent as they manipulate and exploit others.
<b>Anxious (avoidant) personality disorder</b>	ICD-10 equivalent of DSM-5's avoidant personality disorder.
<b>Avoidant personality disorder</b>	DSM-5 diagnosis for those who actively avoid social interactions because they are excessively worried about being criticized or rejected; these individuals want guaranteed acceptance from others.
<b>Borderline families</b>	Families characterized by interpersonal chaos in which family members don't know how to nurture or support one another; three kinds of borderline families: enmeshed or overinvolved, alienated or rejecting, and idealizing or denying.
<b>Borderline personality disorder (BPD)</b>	DSM-5 diagnosis describing people who show instability in their relationships, sense of self, and emotions; BPD clients have a difficult time regulating their own emotions and their feelings about self and others often shift rapidly.
<b>Character</b>	Unique patterns of adaptive behavior that are relatively constant and enduring; sometimes used as a synonym for personality, but also defined independently of it.
<b>Cluster A</b>	Odd or eccentric personality disorders (paranoid, schizoid, and schizotypal).
<b>Cluster B</b>	Dramatic, emotional, or erratic personality disorders (antisocial, borderline, histrionic, and narcissistic).
<b>Cluster C</b>	Anxious or fearful personality disorders (avoidant, dependent, and obsessive-compulsive).
<b>Dependent personality disorder</b>	DSM-5 and ICD-10 disorder describing those who desperately want to be cared for; lacking confidence in their own abilities, they regularly seek advice and reassurance from those around them.

<b>Dialectical behavior therapy (DBT)</b>	CBT-influenced approach developed for borderline personality disorder that combines CBT skill-training with an emphasis on dialectics.
<b>Dialectics</b>	The rational process of reconciling opposites; important in dialectical behavior therapy for borderline personality disorder, in which patients often struggle to integrate conflicting thoughts and feelings.
<b>Difficult process</b>	Humanistic term that reframes psychological abnormality in a non-pathologizing and anti-diagnostic way; psychological problems are not attributed to mental disorder, but to a failure to receive the necessary and sufficient core conditions for self-actualization due to problems in early attachment relationships.
<b>Dissocial personality disorder</b>	ICD-10 equivalent of antisocial personality disorder.
<b>DSM-5 alternative model for personality disorders</b>	Currently unofficial alternative to the DSM-5 categorical model of personality disorders that combines dimensional and categorical assessment in diagnosing personality disorders; also known as the hybrid model or hybrid trait model.
<b>Dysfunctional schema modes</b>	Schema therapy term for cognitive, emotional, and behavioral states that people enter when their early maladaptive schemas (EMSs) are activated).
<b>Early maladaptive schemas (EMSs)</b>	Schema therapy concept for dysfunctional schemas developed in early childhood due to abuse or neglect.
<b>Emotionally unstable personality disorder</b>	ICD-10 diagnosis characterized by acting impulsively and emotional unpredictability; divided into two types: borderline type (characterized by emotional instability) and impulsive type (characterized by acting out, often in threatening or violent ways, without considering the consequences).
<b>Entitlement</b>	The unreasonable expectation that one deserves special attention or treatment.
<b>Factor analysis</b>	A statistical procedure that involves identifying patterns in how people respond to different items on one or more psychological inventories; items on which responses correlate with one another are grouped together as measuring the same thing (i.e., a common factor).
<b>Five-factor model (FFM)</b>	A model that proposes that every human being's personality can be mapped along five trait dimensions: extraversion, agreeableness, conscientiousness, neuroticism, and openness.

<b>Fragile process</b>	In humanistic theory, a type of difficult process characteristic of those usually diagnosed as “narcissistic” or “borderline.”
<b>Frequency-dependent selection hypothesis</b>	Hypothesis that psychopathy is an evolutionarily adaptive strategy so long as its frequency in the population is low.
<b>Healthy and functional schema modes</b>	In schema therapy, adaptive states of thinking, feeling, and behaving; the two healthy modes are the healthy adult mode (productive thoughts and feelings lead you to feel skilled and capable) and healthy child mode (you feel playful and can engage others in enjoyable activities).
<b>Histrionic personality disorder</b>	DSM-5 and ICD-10 diagnosis for those who are excessively dramatic and emotional; these individuals crave being the center of attention and strike others as shallow and overly theatrical, shifting from one exaggerated emotional display to another.
<b>ICD-11 model of personality disorders</b>	Model of personality disorders in which there is one diagnostic category (personality disorder) that is identified as mild, moderate, or severe depending on how someone scores along five personality trait domains (negative affect, detachment, dissocial features, disinhibition, and anankastic features).
<b>Level of Personality Functioning Scale (LPFS)</b>	A 5-point scale used in the DSM-5 alternative model for personality disorders; it assesses self-functioning and identity functioning using a scale of “0” (no impairment) to “4” (extreme impairment) that assesses personality.
<b>Levels of personality organization</b>	Component of the S-Axis in PMD-2 diagnosis; patients are rated on a 10-point scale assessing their level of personality functioning, with “10” being most healthy and “1” being least healthy: healthy level (9–10), neurotic level (6–8), borderline level (3–5), and psychotic level (1–2). .
<b>Mania without delusion</b>	Phillipe Pinel’s term for patients who showed no overt symptoms of madness (they weren’t hallucinatory, delusional, or incoherent), but who were prone to emotional outbursts such as fits of temper or impulsive violence; manie sans délire in the original French.
<b>Mild personality disorder</b>	Diagnosis in the ICD-11’s dimensional model of personality disorders; for those who show notable problems in interpersonal relationships, but social and occupational functioning involve minimal harm to self and others.

<b>Moderate personality disorder</b>	Diagnosis in the ICD-11's dimensional model of personality disorders; for those whose social and occupational functioning are somewhat compromised with past and future harm to self and others expected, but not severely damaging.
<b>Moral insanity</b>	James Cowles Prichard's 18th-century precursor to DSM-5's antisocial personality disorder, characterized by impulsive, violent, and depraved behavior, but without more florid symptoms of madness.
<b>Narcissistic personality disorder (NPD)</b>	DSM-5 diagnosis for people who exhibit grandiosity in that they think of themselves as extremely important; characterized by an inflated sense of self and a desperate need for admiration.
<b>Obsessive trait complex hypothesis</b>	Holds that obsessive-compulsive personality disorder traits are innate and that these traits (e.g., anxiety, compulsive conscientiousness, miserliness, and an ever-present sense of urgency) are what allowed early humans who migrated to colder and more inhospitable climates to survive.
<b>Obsessive-compulsive personality disorder (OCPD)</b>	DSM-5 diagnosis for people disproportionately focused on orderliness, rules, and control; these people are excessively perfectionistic and rigid, to the point that it interferes with their functioning.
<b>Paranoid personality disorder</b>	DSM-5 and ICD-10 diagnosis for people who tend to be unjustifiably superstitious of others; they have difficulty trusting others and worry that others are trying to exploit, harm, or deceive them.
<b>Parasuicidal behavior</b>	Self-harm inflicted less because one wants to die and more to manipulate others, communicate distress, or regulate emotions.
<b>Personality disorder</b>	When one's constellation of personality traits, or character, consistently leads to interpersonal conflict and difficulty in daily functioning.
<b>Personality disorder-trait specified</b>	Proposed diagnosis in the DSM-5 alternative model for personality disorders; used for people who don't meet the trait-based criteria for any of the other six personality disorder categories in the alternative model system.
<b>Personality Inventory for the DSM-5 (PID-5)</b>	A self-report inventory used to assess pathological trait domains in the DSM-5 alternative model for personality disorders; 220-item, 100-item, and 25-item versions currently available.
<b>Polypharmacy</b>	The practice of prescribing multiple drugs at the same time.
<b>Primary psychopathy</b>	Psychopathy attributed entirely to biology.

<b>Psychopathic personalities</b>	Emil Kraepelin's psychiatric term for people with one of four pathological personality types: born criminals, the weak-willed, pathological liars/swindlers, and the paranoid; Kurt Schneider later identified ten types of psychopathic personalities, which influenced the categories found in the DSM.
<b>Psychopathy</b>	Attributed to mainly biological origins; characterized by emotional/interpersonal symptoms (being glib and superficial, egocentric and grandiose, lacking remorse or guilt, lacking empathy, being deceitful and manipulative, and displaying shallow emotions) and social deviance (impulsivity, poor control over behavior, a need for excitement, irresponsibility, behavior problems early in life, and antisocial behavior in adulthood).
<b>Relational-cultural theory</b>	Holds that many approaches to personality psychology err by improperly attributing psychological distress to internal psychopathology rather than to societal influences such as chronic social disconnection.
<b>Schema therapy</b>	Maintains that people diagnosed with personality disorders develop extremely rigid and deeply rooted schemas early in life due to abuse and neglect; encourages clients to become aware of how situations trigger dysfunctional schemas so they can develop more healthy and functional alternative responses.
<b>Schizoid personality disorder</b>	DSM-5 and ICD-10 diagnosis characterized by utter disinterest in relationships and people; these people have no desire to engage with others, preferring to be alone.
<b>Schizotypal personality disorder (STPD)</b>	DSM-5 diagnosis for people with eccentric thoughts, perceptions, and behaviors accompanied by difficulty forming close relationships; people with this diagnosis strike others as strange; see also schizotypal disorder.
<b>Secondary psychopathy</b>	Psychopathy seen as resulting when a biologically innate predisposition is brought out by environmental factors.
<b>Self-stigmatization</b>	The process of internalizing negative attitudes about oneself espoused by others.
<b>Severe personality disorder</b>	Diagnosis in the ICD-11's dimensional model of personality disorders; for those who show extreme impairment in interpersonal relationships and whose social and occupational functioning are profoundly disrupted and serious harm to self and others is anticipated.
<b>Sociopathy</b>	Distinguished from psychopathy in that it is mainly attributed to social causes, not biology.

<b>Successful psychopaths</b>	Psychopaths who effectively navigate the world and avoid punishment.
<b>Temperament</b>	The automatic ways of responding to emotional stimuli that produce consistent habits and moods.
<b>Trait factors</b>	Traits that are distinct from one another; trait factors are often derived from the statistical procedure of factor analysis.
<b>Trait theories</b>	Perspectives emphasizing the importance of traits in personality; often view traits as originating in biology.
<b>Traits</b>	Distinguishing qualities people “have,” such as a tendency toward happiness, anxiousness, or aggression.
<b>Unsuccessful psychopaths</b>	Psychopaths who are criminals and likely to be incarcerated.

## Chapter 13: Developmental Issues Involving Disruptive Behavior and Attachment

### Key Terms and Definitions

<b>Applied behavior analysis (ABA)</b>	Uses behavioral principles to understand how, on a case-by-case basis, environmental stimuli condition behavior; the resulting knowledge is used to change the environment and therefore condition alternative behaviors.
<b>Asperger's Disorder</b>	DSM-IV and ICD-10 diagnosis that was removed from DSM-5 and ICD-11; like autism, characterized by impairments in social skills, communication skills, and restricted interests that develop in early childhood, but milder and without significant deficits in language acquisition or cognitive functioning (called Asperger's disorder in DSM-IV, but Asperger's syndrome in ICD-10).
<b>Attention-deficit/hyperactivity disorder (ADHD)</b>	DSM-5 and ICD-11 disorder involving difficulty sustaining attention, being revved-up and full of excessive energy, and impulsive behavior.
<b>Atypical autism</b>	ICD-10 diagnosis involving abnormalities in three domains: social interaction, communication, and restricted/repetitive behavior; differs from childhood autism in terms of age of onset and not necessarily showing abnormality in all three domains.
<b>Autism</b>	A general term for people who—to greater or lesser degrees—struggle with social interactions, have difficulties with verbal and nonverbal communication, and engage in repetitive and ritualistic behaviors.
<b>Autism spectrum disorder (ASD)</b>	DSM-5 diagnosis that combines the DSM-IV's autistic and Asperger's disorder categories; characterized by deficits in communication, social interaction, and comprehending relationships that develop in early childhood.



<b>Autistic disorder</b>	DSM-IV diagnosis that was removed from the DSM-5; characterized by impairments in social skills, communication, and comprehending relationships that develop in early childhood.
<b>Autistic process</b>	Term used by those who see autism as a way of processing and responding to the world, but not a disorder.
<b>Autoimmune disease hypothesis</b>	Proposes that there is a connection between a family history of autoimmune disease and autism.
<b>Catecholamine hypothesis of ADHD</b>	Slightly broader than the dopamine hypothesis of ADHD, it holds that ADHD is caused by deficits in both dopamine and norepinephrine.
<b>Child-centered play therapy</b>	Child therapy approach that believes that person-centered therapy's core conditions for change (genuineness, empathy, and unconditional positive regard) are necessary and sufficient to address developmental issues; also called person-centered play therapy.
<b>Childhood autism</b>	ICD-10 diagnosis roughly comparable to the DSM-IV's autistic disorder; involves abnormalities in social interaction, communication, and restricted/repetitive behavior that must be present by age 3.
<b>Conduct disorder (CD)</b>	DSM-5, ICD-10, and ICD-11 diagnosis made in children and adolescents who engage in serious violations of other people's rights, such as physical aggression, destroying property, lying, stealing, and engaging in serious rule violations; called conduct-dissocial disorder in ICD-11.
<b>Courtesy stigma</b>	Stigma simply by being associated with a family member with a developmental issue or other stigmatized problem; also called associative stigma.
<b>Developmental language disorder with impairment of mainly pragmatic language</b>	ICD-11 disorder that is similar to the DSM-5's social (pragmatic) communication disorder (SPCD); involves development of communication difficulties



	early in life.
<b>Deviance</b>	Behavior that violates social norms and values. Deviant people behave in socially unacceptable ways, but may or may not be viewed as suffering from mental disorders.
<b>Discrete trial training (DTT)</b>	Applied behavior analysis (ABA) technique for working with developmental issues; teaches concrete skills in a step-by-step manner using reinforcement and other behavioral techniques.
<b>Disturbance of activity and attention</b>	One of two ICD-10 diagnoses that roughly correspond to ADHD in DSM-5 and ICD-11; diagnosed when there are attention and hyperactivity-impulsivity symptoms, but no conduct problems.
<b>Dopamine hypothesis of ADHD</b>	Hypothesis that ADHD is caused by deficits in the transmission of dopamine.
<b>Dorsal anterior midcingulate cortex</b>	Brain region that plays a role in motivational aspects of attention, cognitive processing, and response inhibition.
<b>Early and intensive behavioral intervention (EIBI)</b>	Version of discrete trial training (DTT) used with patients under age 5.
<b>Environmental toxin hypotheses</b>	Posit that developmental difficulties in children are associated with exposure to pollution and other environmental toxins.
<b>Excessive sugar-intake hypothesis</b>	Holds that ADHD symptoms are caused or made worse by too much intake of refined sugars.
<b>Externalizing behaviors</b>	Behaviors that involve taking internal thoughts and feelings and directing them externally at the environment by acting out; characterized by poor impulse-control, rule-breaking, and physical or verbal aggression.
<b>Extreme male brain (EMB) theory</b>	Evolutionary theory of autism that posits that people with autism are better at systematizing (a trait more evolved in males) than empathizing (a trait more

	evolved in females); potentially explains why autism occurs more in males than females.
<b>False negatives</b>	Cases that incorrectly don't get diagnosed with a disorder even though they should.
<b>False positives</b>	Cases that incorrectly get diagnosed with a disorder even though they shouldn't.
<b>Feingold diet</b>	Eliminates food additives from the diets of ADHD-diagnosed children.
<b>Fighter theory</b>	Evolutionary theory of ADHD that holds that hyperactivity and impulsivity evolved to help early Homo sapiens in their battles with Neanderthals.
<b>Food additives hypothesis</b>	Holds that additives in food (such as synthetic food coloring) lead to ADHD.
<b>Gluten/casein-free diet hypothesis</b>	Maintains that a diet low in gluten (proteins in wheat) and casein (a protein in milk) can reduce symptoms of autism.
<b>Hunter-farmer theory</b>	Hypothesizes that ADHD traits evolved because they were adaptive for hunters and farmers, who needed to be vigilant (to protect crops) and able to quickly shift gears (to chase prey).
<b>Hyperkinetic conduct disorder</b>	One of two ICD-10 diagnoses that roughly correspond to DSM-5's ADHD; diagnosed when attention and hyperactivity-impulsivity symptoms are compounded by conduct problems.
<b>Intermittent explosive disorder</b>	DSM-5, ICD-10, and ICD-11 diagnosis characterized by recurrent aggressive outbursts that are verbal, physical, or both.
<b>Internalizing behaviors</b>	Behaviors that do not involve acting out against the environment; social withdrawal, loneliness, depression, anxiety, and difficulty concentrating are examples.
<b>Kleptomania</b>	DSM-5, ICD-10, and ICD-11 impulse control disorder that involves impulsive stealing that provides a thrill and isn't done for personal gain; called pathological

	stealing in ICD-10.
<b>Low-fitness extreme theory</b>	Evolutionary theory of autism that proposes that the ability to “charm” reflects high levels of fitness and that children innately able to charm their parents are more likely to receive attention and care; children with autism are on the low end of the charm trait.
<b>Methylphenidate</b>	Stimulant drug prescribed for attention-deficit/hyperactivity disorder; marketed as Ritalin.
<b>Mindblindness</b>	Baron-Cohen’s idea that people with autism don’t have the evolved capacity for theory of mind (the ability to view the world through others’ eyes in order to attribute thoughts and feelings to them).
<b>Multisystemic therapy (MST)</b>	Systems treatment for externalizing behavior problems that sees disruptive behaviors as collectively determined by the multiple social systems in which children and adolescents function (home, school, peer groups, and neighborhoods).
<b>Neighborhood-based projects</b>	Projects undertaken by mental health professionals that involve working with local politicians, community and business-leaders, the police, and community members to collaboratively identify and address neighborhood issues that contribute to disruptive behavior problems in clients.
<b>Neurodiversity</b>	Emphasizes that those carrying diagnoses like autism and ADHD are neurologically different, not disordered.
<b>Neurotypicals</b>	People without autism or other neurodevelopmental diagnoses.
<b>Oppositional defiant disorder (ODD)</b>	DSM-5, ICD-10, and ICD-11 diagnosis given to children who are angry, argumentative, defiant, and vindictive.
<b>Oxytocin</b>	An amino acid produced by the hypothalamus that functions as both a neurotransmitter and a

	hormone; plays a role in sex and reproduction (by stimulating labor and breastfeeding) and is also linked to social behavior.
<b>Pervasive developmental disorders</b>	DSM-IV and ICD-10 term for disorders that develop early in life and that are characterized by impaired social skills, communication problems, and repetitive/ritualized behavior; autism and its variations were considered pervasive developmental disorders.
<b>Pervasive developmental disorder-NOS (PDD-NOS)</b>	DSM-IV diagnosis for patients with autism-like symptoms who didn't fit neatly into the autism or Asperger's disorder categories.
<b>Picture Exchange Communication System (PECS)</b>	Applied behavior analysis (ABA) technique for children with communication difficulties in which the children learn to communicate using picture cards.
<b>Polyunsaturated fatty acids (PUFA) hypothesis</b>	Proposes that ADHD is caused or exacerbated by polyunsaturated fat deficiencies.
<b>Problem-solving skills training</b>	Type of behavioral skills training that teaches planning, organization, and management skills.
<b>Pyromania</b>	DSM-5, ICD-10, and ICD-11 impulse control disorder that involves purposeful fire-setting that provides a thrill and isn't done for personal gain; called pathological fire-setting in ICD-10.
<b>Reactive attachment disorder</b>	DSM-5, ICD-10, and ICD-11 diagnosis given to children who have experienced severe environmental neglect and don't develop the ability to form attachments; they are withdrawn and inhibited around caregivers; called reactive attachment disorder of childhood in the ICD-10.
<b>Refrigerator mother theory of autism</b>	Theory that attributed autism to cold and aloof parenting.
<b>Response readiness theory</b>	Evolutionary theory of ADHD that proposes that short attention spans and hyperactivity-impulsivity were necessary in ancestral environments where

	threats to safety were extreme and food was scarce.
<b>Ritalin</b>	Name under which the stimulant methylphenidate is marketed as a treatment for attention-deficit/hyperactivity disorder.
<b>Social (pragmatic) communication disorder (SPCD)</b>	DSM-5 disorder given to individuals who, early in life, develop difficulties communicating with others; unlike those diagnosed with autism spectrum disorder, SPCD patients don't display restricted/repetitive behavior; see also developmental language disorder with impairment of mainly pragmatic language.
<b>Suppressed GABA inhibition hypothesis</b>	Holds that GABA activity is reduced in those with autism, perhaps due to a breakdown in the brain's GABA transmission pathway.
<b>Viral theory of autism</b>	Holds that children with autism are more likely to have had mothers who had a viral or bacterial infection during pregnancy, especially (and maybe only in) cases involving hospitalization.
<b>Wader theory</b>	Evolutionary theory of ADHD that says that over time, humans evolved to have less body hair and this made clinging to mothers for protection less adaptive; however, children able to get their mothers' attention through hyperactive behaviors were more likely to be breastfed.
<b>Weak central coherence theory</b>	Holds that people with autism prefer focusing on parts, not wholes; thus, they cognitively emphasize details over the more global picture.

## Chapter 14: Other Presenting Problems

### Key Terms and Definitions

<b>Accupuncture</b>	An ancient Chinese technique in which designated points on the body are stimulated by needles; in modern acupuncture, lasers are often used instead.
<b>Alzheimer's disease</b>	Form of dementia characterized by senile plaques and neurofibrillary tangles in the brain; early-onset familial Alzheimer's occurs before age 65 and is thought to run in families, while late-onset sporadic Alzheimer's occurs after age 65 and is thought to be influenced by a combination of genetic and environmental factors.
<b>Amyloid hypothesis</b>	Holds that senile plaques are critical to Alzheimer's disease.
<b>Antihistamines</b>	Drugs that inhibit histamine; used to relieve allergies, as well as insomnia.
<b>Basal ganglia</b>	Area at the base of the forebrain important in numerous functions, including voluntary motor movement.
<b>Breathing-related sleep disorders</b>	Sleep disorders that involve sleep apnea (temporary cessation of breathing during sleep) or hypoventilation (slowed respiration during sleep related to carbon dioxide levels).
<b>Cataplexy</b>	A sudden but temporary loss of muscle tone; often occurs in narcolepsy.
<b>Central sleep apnea</b>	Sleep-related disorder in which there is temporary cessation of breathing five or more times per hour during sleep.
<b>Childhood-onset fluency disorder (stuttering)</b>	DSM-5 diagnosis characterized by repeating sounds or prolonging consonants or vowels; called both stuttering and stammering in the ICD-10 and called developmental speech fluency disorder in the ICD-11.

<b>Cholinergic hypothesis of Alzheimer's</b>	Maintains that because acetylcholine is important in memory, making more of it available reduces memory problems and can stave off the progression of Alzheimer's dementia.
<b>Circadian rhythm sleep-wake disorders</b>	Sleep-related difficulties due to disruptions in one's circadian rhythm (patterns of alertness and energy tied to levels of light and dark in the environment).
<b>Cognitive enhancement therapies</b>	Assume that the progression of Alzheimer's and other forms of dementia can be slowed by boosting patients' cognitive engagement with their surroundings.
<b>Cognitive reserve hypothesis</b>	Hypothesis that education and intelligence provide a buffer against Alzheimer's and other forms of dementia.
<b>Cognitive-behavioral therapy for insomnia (CBT-I)</b>	Uses CBT to reduce insomnia; techniques include stimulus control therapy, sleep restriction, sleep hygiene education, cognitive therapy, and relaxation training.
<b>Constructivist therapy for stuttering</b>	Focuses not simply on correcting speech, but also on having clients incorporate being fluent into their core constructions of self.
<b>Coprolalia</b>	Speech problem involving involuntary cursing.
<b>Day care programs</b>	Outpatient programs for people with dementia and other cognitive difficulties; patients attend these programs during the day and then go home at night.
<b>Delirium</b>	ICD-10 and ICD-11 diagnosis describing a cognitive disturbance that fluctuates in severity and involves diminished attention to and awareness of one's surroundings; there must be a biological reason for the delirium, such as a medical condition, drug intoxication, or drug withdrawal—and, depending on the reason, it lifts all together or comes and goes.
<b>Dementia</b>	ICD-10 and ICD-11 disorder diagnosed when there is a permanent and usually progressive cognitive

	decline in functioning because of a specific brain disease or injury.
<b>Desmopressin</b>	Synthetic form of the hormone vasopressin prescribed to decrease urine production to reduce or eliminate nighttime bedwetting.
<b>Developmental coordination disorder</b>	DSM-5 disorder diagnosed in children who show motor coordination skills well below what is expected given their age; called developmental motor coordination disorder in ICD-11.
<b>Developmental language disorder with impairment of mainly expressive language</b>	ICD-11 disorder for those with a limited ability to use expressive language; somewhat similar to ICD-10 diagnosis, expressive language disorder.
<b>Developmental language disorder with impairment of receptive and expressive language</b>	ICD-11 disorder for those with a limited ability to understand language, as well as difficulty producing spoken or sign language; somewhat similar to ICD-10 diagnosis, receptive language disorder.
<b>Dopamine hypothesis of stuttering</b>	Proposes that stuttering is related to excessive dopamine transmission in the basal ganglia.
<b>Dopamine hypothesis of Tourette's disorder</b>	Holds that too much dopamine activity in the basal ganglia plays a role in Tourette's disorder.
<b>Down syndrome</b>	Caused by having an extra copy of the chromosome trisomy 21; physical signs include stocky body, short stature, flat faces and noses, small heads, small ears, small mouths, and poor muscle tone; also associated with intellectual disabilities.
<b>Dry-bed training</b>	Behavior therapy intervention for enuresis that involves having parents wake up children during the night, praise them when they don't wet the bed, and punish them when they do (often by making them wash their bedding); opposed by many due to its punitive nature.
<b>Dyscalculia</b>	Learning disorder that involves impairment with mathematics; difficulty processing and calculating numbers.



<b>Dyslexia</b>	Learning disorder that involves difficulty decoding information when reading; characterized by trouble recognizing, deciphering, or spelling words.
<b>Encopresis</b>	DSM-5, ICD-10, and ICD-11 diagnosis given to children who repeatedly have bowel movements in inappropriate places, such as in their pants or on the floor.
<b>Enuresis</b>	DSM-5, ICD-10, and ICD-11 diagnosis given to children who wet their beds or clothes; also known as bedwetting.
<b>Enuresis alarm</b>	Battery-operated alarm used in behavior therapy for enuresis; it is attached to the child's underwear or to a pad placed on the bed and it goes off when urine is detected, waking up the child; also called the bell and pad method.
<b>Eugenics movement</b>	20th-century movement that believed intelligence and other traits were primarily inherited and felt humanity could be improved by encouraging breeding between those with "desirable" traits while preventing it among those with "undesirable" traits; in numerous countries, led to forced sterilization of those deemed "mentally defective."
<b>Expressive language disorder</b>	ICD-10 disorder that involves limited ability to use expressive language; children with this diagnosis have very limited vocabularies for their age; somewhat similar to ICD-11 diagnosis, developmental language disorder with impairment of mainly expressive language.
<b>Fragile X syndrome</b>	Mutation on the X chromosome that leads to the development during adolescence of thin faces, long ears, large heads, prominent foreheads, flat feet, and extremely flexible joints; more common in boys than girls and associated with intellectual disabilities.
<b>Group homes</b>	Typically house a small number of adult residents with special needs, providing them with medical

	care and live-in aides who assist them in their daily routines.
<b>Habit reversal training (HRT)</b>	Behavior therapy technique used to treat tic disorders; patients taught to recognize sensory experiences that indicate the onset of a tic and then engage in a behavioral response (breathing or movement) that is incompatible with the tic.
<b>Histamine</b>	A wake-promoting neurotransmitter; in the immune system, helps remove allergens from the body.
<b>Hyperarousal theory of insomnia</b>	Combines biological and cognitive-behavioral theories in proposing that some people are genetically predisposed to experience arousal and that such people become classically conditioned to associate hyperarousal state with sleep-related stimuli, making it difficult for them to fall or stay sleep.
<b>Hypersomnia</b>	Sleep problem in which one feels perpetually tired and sometimes even falls asleep despite getting sufficient sleep; called hypersomnolence disorder in the DSM-5, idiopathic hypersomnolence disorder in the ICD-11, and nonorganic hypersomnia in the ICD-10.
<b>Insomnia</b>	Sleep problem involving difficulty falling or staying asleep; called insomnia disorder in the DSM-5, chronic insomnia in the ICD-11, and nonorganic insomnia in the ICD-10.
<b>Intellectual disability</b>	DSM-5 and ICD-11 diagnosis made in those who show deficits in intellectual and adaptive functioning that emerge early in development; also called intellectual developmental disorder by the DSM-5 and ICD-11, but in the ICD-10 goes by the now out-of-fashion name mental retardation.
<b>Intelligence</b>	Cognitive capacities to acquire knowledge or engage successfully in sensory, perceptual, associative, and relational processes; seen as generally stable over

	time.
<b>IQ-achievement discrepancy model</b>	Model that uses discrepancies between IQ scores and achievement scores to diagnose learning disabilities.
<b>Language disorder</b>	DSM-5 diagnosis made in children who have trouble acquiring and using language.
<b>Lidcombe Program</b>	Behavioral program for stuttering that uses contingency management, in which fluency is praised or acknowledged and stuttering acknowledged or corrected; used with children whose stuttering begins before age 5 and involves training their parents to implement contingency management techniques at home.
<b>Long-term care</b>	Ongoing care in a hospital, nursing home, or assisted-living facility.
<b>Major neurocognitive disorder</b>	DSM-5 term for cases of severe cognitive decline; this term and minor neurocognitive disorder are now used by the DSM-5 instead of dementia.
<b>Mental retardation</b>	ICD-10 term for intellectual disability; this term is now out-of-fashion in most settings, but because the ICD-10 was published more than two decades ago, it still includes this term.
<b>Minor neurocognitive disorder</b>	DSM-5 term for cases of mild cognitive decline; this term and major neurocognitive disorder are now used by the DSM-5 instead of dementia.
<b>Modafinil</b>	A non-stimulant wake-promoting drug used to reduce sleepiness.
<b>Music education</b>	Treatment for dyslexia that tries to reduce reading problems by improving musical skills; based on the idea that phonological awareness is correlated with musical abilities.
<b>Narcolepsy</b>	Sleep problem characterized by periods of unexpected and uncontrollable sleepiness, often resulting in abrupt lapses into sleep; often

	accompanied by cataplexy.
<b>Neurofibrillary tangles</b>	Twisting of tau protein fibers that help neurons keep their shape and allow them to transmit nutrients; these tangles are common in patients with Alzheimer's disease.
<b>Nightmare disorder</b>	A DSM-5 and ICD-11 parasomnia diagnosed in those who regularly have vivid and upsetting dreams in which their safety, security, or survival is at risk; called nightmares in the ICD-10.
<b>Non-benzodiazepine sleep aids</b>	Drugs that enhance GABA activity and promote sleep; sometimes referred to as the Z drugs, they include drugs marketed under names like Ambien and Sonata.
<b>Non-rapid eye movement (NREM) sleep</b>	Sleep in which there is little or no eye movement and dreaming is extremely rare.
<b>Non-rapid eye movement (NREM) sleep arousal disorder</b>	A DSM-5 parasomnia in which sleep is disrupted by sleepwalking or sleep terrors.
<b>Orexin</b>	A neurotransmitter that plays a role in regulating wakefulness and appetite.
<b>Orexin-receptor antagonists</b>	Drugs that block the activity of the wake-promoting neurotransmitter orexin, thereby promoting sleep; suvorexant was the first orexin-receptor antagonist approved for use in the United States.
<b>Palilialia</b>	Speech problem involving repeating other's words.
<b>PANDAS hypothesis</b>	Holds that tics develop in genetically susceptible individuals who contract strep throat or other viruses; full name of this hypothesis is the Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcal Infection hypothesis.
<b>Parasomnias</b>	Sleep disturbances involving undesired events or experiences during sleep; parasomnias include sleepwalking, sleep terrors, nightmares, or acting out dreams.

<b>Persistent (chronic) motor or vocal tic disorder</b>	DSM disorder in which a person displays either motor or vocal tics—but not both—for over a year; ICD-10 and ICD-11 contain equivalent diagnoses.
<b>Phenylketonuria (PKU)</b>	Rare inherited disease in which babies are born deficient in the liver enzyme, phenylalanine hydroxylase, resulting in the inability to break down phenylalanine and phenylpyruvic acid; this leads to brain damage and intellectual impairment.
<b>Primary enuresis</b>	Enuresis in which the child has never attained bladder control.
<b>Primary insomnia</b>	Prior to DSM-5, a diagnosis given when insomnia occurred in the absence of another medical or psychiatric disorder.
<b>Provisional tic disorder</b>	DSM-5 diagnosis in which a person displays motor and/or verbal tics, but for less than one year; called transient tic disorder in the ICD-10 and divided into transient phonic tic disorder and transient motor tic disorder in ICD-11.
<b>Rapid eye movement (REM) sleep</b>	Sleep characterized by rapid eye movement, muscle paralysis, and dreaming.
<b>Rapid eye movement (REM) sleep behavior disorder</b>	A DSM-5 parasomnia characterized by acting out the dreams one experiences during REM sleep.
<b>Receptive language disorder</b>	ICD-10 diagnosis in which a child's ability to understand language is below developmental level; somewhat similar to the ICD-10 diagnosis, developmental language disorder with impairment of receptive and expressive language.
<b>Response-to-intervention model (RTI)</b>	Model for assessing learning disorders that uses a preventative approach; using three tiers, RTI identifies children who don't meet grade-level standards and then provides services tailored to their needs; if responsive, the children are reintegrated into the normal classroom, but if not, they are assigned to a special education classroom.

<b>Restless legs syndrome</b>	Sleep-related disorder diagnosed in people who have an irresistible desire to move their legs, which gets worse when resting or trying to sleep.
<b>Secondary enuresis</b>	Enuresis in which the child starts bedwetting after having previously attained bladder control.
<b>Secondary insomnia</b>	Prior to DSM-5, a diagnosis given when insomnia was diagnosed alongside another medical or psychiatric condition.
<b>Senile plaques</b>	Sticky buildup of beta-amyloid protein in the areas surrounding neurons that is implicated in Alzheimer's disease; also called amyloid plaques.
<b>Sleep cycle</b>	Cycle a person typically goes through five times during a normal night's sleep, consisting of four distinct stages; the first three are non-rapid eye movement (NREM) sleep and the fourth is rapid eye movement (REM) sleep.
<b>Sleep hygiene education</b>	CBT-I treatment for insomnia in which client is taught habits conducive to getting a good night's sleep, including importance of regular exercise; avoiding caffeine, alcohol, and nicotine; having a snack before bed; and keeping the bedroom dark, noise-free, and comfortable.
<b>Sleep restriction therapy</b>	CBT-I treatment for insomnia in which the total amount of time allowed in bed is restricted so that it eventually matches the amount of time needed for sleep; idea is to train the person to remain in bed only so long as is needed to sleep.
<b>Sleep terrors</b>	Episodes of intense terror that jerk a person abruptly from deep sleep, often with a panicked scream and a scramble to escape the room; also called night terrors.
<b>Sleepwalking</b>	Getting out of bed and walking around while still asleep; the sleepwalker has a blank expression, is unresponsive to others, and is difficult to awaken; also called somnambulism.

<b>Sodium oxybate</b>	A central nervous system depressant prescribed to reduce cataplexy by improving nighttime sleep; also known as gamma-hydroxybutrate (GHB).
<b>Specific learning disorder</b>	DSM-5 diagnosis given when a child exhibits learning difficulties in school, showing trouble with things like reading, writing, spelling and math; academic performance is lower than expected for the child's age, but isn't caused by an intellectual disability; commonly referred to more informally using the term learning disorder.
<b>Specific speech articulation disorder</b>	ICD-10 diagnosis in which a child's speech development is below expected level.
<b>Speech-sound disorder</b>	DSM-5 diagnosis in which a person can generate speech, but the speech is extremely hard to understand due to difficulty making speech sounds.
<b>Stereotypic movement disorder</b>	DSM-5 and ICD-11 disorder involving repetitive and purposeless movements that begin early in development and which the child seems driven to perform; examples of such movements include waving one's hands, rocking back and forth, banging one's head, and biting or hitting oneself.
<b>Stimulus control therapy</b>	CBT-I treatment for insomnia that tries to recondition clients to associate bed and bedroom with sleeping; clients only go to bed when tired, get out of bed when they can't sleep, and only use the bedroom for sleeping.
<b>Tic disorders</b>	Movement disorders characterized by abrupt and repetitive motor or vocal movements (i.e., tics).
<b>Tics</b>	Abrupt and repetitive motor or vocal movements; four types: simple motor tics (simple repetitive movements like eye-blinking, shoulder shrugging, and head jerking), complex motor tics (more coordinated and purposeful movements, such as hopping, skipping, tapping, stepping in certain patterns, and touching specific objects), simple vocal tics (brief utterances or sounds, such as repetitive



	throat clearing, coughing, sniffing, grunting, gurgling, and spitting), and complex vocal tics (repeating words, sounds, and phrases; includes palilalia, echolalia, and copralalia).
<b>Tourette's disorder</b>	DSM-5, ICD-10, and ICD-11 disorder that involves motor and vocal tics that have persisted for over a year; also called Tourette's syndrome.
<b>Vasopressin</b>	Hormone that reduces urine production.



## Chapter 15: Suicide, Ethics, and Law

### Key Terms and Definitions

<b>Access to care</b>	Extent to which people can obtain medical, psychological, and social services and are helped by doing so.
<b>Altruistic suicide</b>	According to Durkheim, occurs when people experience high social integration; they are so well integrated into society that they willingly sacrifice themselves for the greater good.
<b>Anomic suicide</b>	According to Durkheim, occurs when people experience low social regulation; suicide results because society doesn't provide dependable social structures for its members, leading to people feeling isolated and let down.
<b>Civil commitment</b>	When people deemed dangerous to self or others or in serious need of treatment are treated against their will, either in hospital or outpatient settings; also known as involuntary commitment; or, in the U.K., sectioning or detaining.
<b>Cognitive-behavioral therapy for suicide prevention (CBT-SP)</b>	Uses several structured strategies to prevent further suicide attempts, including chain analysis (identifying activating events that push one toward suicide), safety plan development (concrete coping strategies to prevent further suicide attempts, and skill building (teaching problem-solving strategies to better handle life's challenges).
<b>Commitment to treatment statement (CTS)</b>	Suicide prevention technique in which suicidal clients commit to (a) life and the therapy process, (b) being honest about their suicidal thoughts and actions, and (c) seeking emergency services should they experience a crisis between sessions; an alternative to no-suicide contracts.
<b>Competence</b>	Ethical standard that clinicians only conduct therapies, assessments, and research when they are properly

	trained and competent to do so.
<b>Competency to stand trial</b>	Legal standard used in the U.S. that says those charged with a crime must be able to (a) comprehend the proceedings, (b) participate in his or her own defense, and (c) consult with legal counsel.
<b>Confidentiality</b>	The ethical requirement that practicing clinicians not disclose what clients tell them unless their clients give them permission to do so.
<b>Conflicts of interest</b>	Situations in which a clinician or researcher has a professional, legal, financial, or other interest that might impair his or her objectivity, competence, or effectiveness or that could lead to exploitation or harm.
<b>Criminal commitment</b>	Placing people in mental hospitals because of crimes they committed.
<b>Death capitulators</b>	According to Shneidman, people who give in to death; their anxiety and depression lead them to psychologically capitulate, making subintentional death more likely.
<b>Death chancers</b>	According to Shneidman, people who take unnecessary risks just to see what will happen; can lead to subintentional death.
<b>Death darers</b>	According to Shneidman, suicide attempters who are unsure about wanting to die, leading them to take risks that could result in death—such as playing Russian Roulette or purposely overdosing on drugs but then calling for help.
<b>Death experimenters</b>	According to Shneidman, people who don't actively try to end their lives, but instead experiment with living in a continuously altered and foggy state; can lead to subintentional death.
<b>Death hasteners</b>	According to Shneidman, people who engage in unhealthy lifestyles that hasten their own subintentional deaths.

<b>Death ignorers</b>	According to Shneidman, suicide attempters who view death as a beginning, rather than an ending; they think their deaths mark the start of something new and may see death as an escape to a better and more peaceful place, or as temporary or reversible.
<b>Death initiators</b>	According to Shneidman, suicide attempters who want to die because they believe that the process of dying is already underway; many, but not all of them, suffer from terminal illnesses.
<b>Death instinct</b>	Unconscious instinct proposed by Freud that drives people to behave in self-destructive ways, including self-harm and suicide; also called Thanatos.
<b>Death seekers</b>	According to Shneidman, suicide attempters who attempt suicide because they actively seek their own deaths; they want to die, although this desire tends to wax and wane.
<b>Declaration of Helsinki</b>	A set of ethical principles designed to govern medical research, but which are more broadly applied to any research involving human subjects; revised in 2013.
<b>Diathesis-stress model of suicide</b>	Holds that people try to kill themselves when a preexisting vulnerability (diathesis) is exacerbated by environmental stress.
<b>Durham test</b>	Legal test of insanity that says defendants can be acquitted when their illegal behavior was caused by a mental disorder; also called the Durham rule.
<b>Duty to protect</b>	Legal duty that applies anytime a therapist suspects a client is dangerous and could do harm to others, even when no direct threats are made. Under such circumstances, steps to protect the public must be taken—such as contacting the police or having someone civilly committed.
<b>Duty to warn</b>	Legal duty that requires therapists to break confidentiality and inform people of threats made against them by clients.

<b>E-mental health</b>	Mental health services provided at a distance via telecommunication and information technologies.
<b>Eclecticism</b>	An approach to practice in which clinicians draw from multiple theories depending on what is useful in the moment.
<b>Egoistic suicide</b>	According to Durkheim, occurs when people experience low social integration; because they feel like they don't belong, they become alienated, unhappy, and are more likely to kill themselves.
<b>Extended commitment</b>	Civily committing people for longer periods; usually requires a formal legal proceeding to convince a court that hospitalization is the least restrictive treatment available; dangerousness, grave disability, and need for treatment are the criteria used to make extended commitment decisions.
<b>Fatalistic suicide</b>	According to Durkheim, occurs when people experience high social regulation; rules, expectations, and social demands are so great that death feels like the only way out.
<b>Fitness to plead</b>	Legal standard used in England and Wales that says those charged with a crime must be able to (a) enter a plea, (b) understand the court proceedings, (c) instruct their lawyers, (d) contest a juror, and (e) comprehend the evidence offered; versions of this rule are also used in Canada, Australia, New Zealand, and Scotland.
<b>Guilty but mentally ill (GBMI)</b>	Legal plea used as an alternative to the insanity defense in some U.S. states; designed to hold people responsible for their crimes and reduce insanity pleas; if convicted under GBMI, the offender is supposed to receive treatment concurrent with a prison sentence.
<b>Informed consent</b>	The process of providing prospective research participants with sufficient information about a study, including why it is being conducted and the risks and benefits of participating.

<b>Insanity</b>	Legal term for a mental illness that is so severe that it prevents someone from distinguishing fantasy from reality, conducting daily affairs due to psychosis, or exerting control over behavior.
<b>Insanity defense</b>	A legal plea that challenges criminal responsibility by arguing that a defendant isn't responsible for a crime if suffering from a mental disorder when the crime was committed.
<b>Insanity Defense Reform Act (IDRA)</b>	U.S. law that implemented strict federal standards in insanity defense cases, limiting it to cases where the mental defect or disorder was "severe."
<b>Involuntary outpatient commitment (IOC)</b>	When a person is legally mandated to receive treatment in a community, rather than hospital, setting; also called outpatient civil commitment, compulsory community treatment, assisted outpatient treatment, or community treatment orders.
<b>Irresistible impulse test</b>	Legal test of insanity that says defendants can be acquitted when their crimes are attributable to impulses that they couldn't resist.
<b>Life instinct</b>	Unconscious instinct proposed by Freud that drives people to survive and seek pleasure; also called Eros.
<b>M'Naghten test</b>	Legal test of insanity that says defendants can be acquitted if, at the time their crimes, they were suffering from a disease of the mind that prevented them from understanding the nature of their acts or that these acts were wrong.
<b>Method restriction</b>	Suicide prevention strategy in which access to common ways that people kill themselves is limited or made more difficult.
<b>Model penal code test</b>	Legal test of insanity that combines aspects of the M'Naghten and irresistible impulse tests; says defendants can be acquitted if, at the time of their crimes, they had a mental disorder that prevented them from either (a) having substantial capacity to appreciate the wrongfulness of their actions, or (b)

	controlling their behavior; also called the American Law Institute test or ALI test.
<b>No-suicide contracts</b>	Suicide prevention technique in which suicidal clients are asked to explicitly state that they will not hurt themselves for an agreed-upon amount of time, ranging from a few hours or days or until the next therapy or crisis-intervention session.
<b>Nonsuicidal self-injury disorder (NSSI)</b>	Proposed DSM-5 disorder that involves deliberately injuring oneself, but without suicidal intent; in ICD-11, it is coded not as a disorder, but as a mental or behavioral symptom or sign and called non-suicidal self-injury.
<b>Not criminally responsible on account of mental disorder (NCRMD)</b>	Legal verdict in Canada that replaces not guilty by reason of insanity (NGBRI); says offenders can be held not criminally responsible when they are unable to either (a) appreciate the nature or quality of the act, or (b) know it was wrong.
<b>Not guilty by reason of insanity (NGBRI)</b>	Legal plea used in insanity defense cases.
<b>Nuremburg Code</b>	A set of 10 research principles intended to protect the rights of research participants; informed consent is the first principle.
<b>Parens patriae</b>	Legal concept that says the state can restrict the freedom of children and people deemed mentally incompetent; it is Latin for “state as parent.”
<b>Police power</b>	The state’s legal authority to confine people who pose a danger to society.
<b>Privilege</b>	Legal rule that holds certain relationships are protected, meaning that those in them are exempt from being legally compelled to share what was confided in the context of that relationship.
<b>Psychache</b>	Schneidman’s term for the intense psychological hurt, pain, and anguish that is often behind suicide.
<b>Public education programs</b>	Programs that try to prevent suicides by providing psychoeducational information about it, often via mass

	media campaigns.
<b>Right to refuse treatment</b>	Legal right to decline treatment unless judged incompetent to make such a decision.
<b>Right to treatment</b>	Legal right of individuals to receive appropriate treatment while involuntarily committed.
<b>Subintentional death</b>	A death caused by an unconscious wish to die that leads to reckless or negligent actions, rather than overt suicide attempts; also called indirect suicide.
<b>Suicidal behavior disorder</b>	Proposed DSM-5 disorder that, if eventually approved, would be diagnosed in anyone who has attempted suicide in the last two years; in ICD-11, it is coded not as a disorder, but as a mental or behavioral symptom or sign and called suicide attempt.
<b>Suicidal ideation</b>	Technical term for suicidal thoughts and feelings.
<b>Suicide</b>	Intentionally ending one's own life.
<b>Suicide prevention counseling</b>	Form of crisis counseling in which a professional or trained volunteer talks with the suicidal person to prevent a suicide.
<b>Telepsychiatry</b>	Uses real-time videoconferencing to provide services such as medication management and short-term psychotherapy; when done by psychologists, called telepsychology.
<b>Temporary commitment</b>	In most jurisdictions, when family members, the police, or medical/mental health professionals initiate short-term psychiatric hospitalizations of those they believe pose a danger to self or others; also called emergency commitment.
<b>"Thank you" theory of involuntary commitment</b>	Holds that people who threaten or attempt suicide will thank us later if we have them hospitalized and that their future appreciativeness is the best legal justification for committing them.
<b>Werther effect</b>	The tendency for suicide rates to go up following a



	highly publicized suicide.
<b>Wild beast test</b>	Precursor to the insanity defense developed in 1265 in the U.K.; it compared defendants who did not understand their crimes to wild beasts.