Infant attachment styles
(Ainsworth)
- Secure
- Ambivalent (preoccupied)
- Avoidant (includes fearful and dismissive)

Humanistic
- Person-Centered-Theory
  (Rogers)
  Positive regard
  person knows themselves better then therapist
  reflective listening.

- Self-Actualization Theory (Maslow) Hierarchy of Needs
  Self-Actualization, Experience Purpose (know what potential is, know what calling is),
  Esteem Needs (respect for others, recognize self as being unique), Love and Belonging
  Needs, Security needs, Physiological needs.

Socio cultural
Emphasize the ways that individuals are influenced by people, social institutions, and
social forces.

Family Perspective
Proponents of family perspective see abnormality as caused by disturbances in family
interactions and relationships.
4 major approaches
- Intergenerational Approach
- Structural Approach
- Strategic Approach
- Experimental Approach

Behavioral
Classical conditioning (Pavlov)
- Faulty learning
- Stimulus Generalization
- Stimulus Discrimination
- Aversive Conditioning
Operant Conditioning (Skinner)
- Primary reinforcers
- Positive reinforcement vs negative
Social Learning and cognition
Treatment
- Counterconditioning
- Systematic Desensitization

Cognitive based theory

Dysfunctonal attitude - people will probably think less of me if I make a mistake
-Alters - different personalities - some planted by suggestions made in therapy
-Usually fewer than 10 identities -
-Host - planted memories false memories suggestive
-Memory Gaps- could be hours weeks, months.

Theories of DID
Highly Traumatic Childhood Explanation
Sociocognitive Model

Treatment
Goal is to integrate alters
Bring everyone together which caused more alters to come out

Methods
-Hypnotherapy
-Cognitive Behavior Techniques

Dissociative Amnesia
-Inability to remember details and experiences associated with traumatic or stressful event

-Four forms
Localized - can't recall event that started Dissa Amnesia
Selective - recall some but not all
Generalized - can't remember anything from past before or after continuous - failure to recall past events from a particular date to the present

Dissociative fugue
A disorder in which a person, confused about personal identity, suddenly and unexpectedly travels from one place to another place and is unable to recall past history or identity.

Depersonalization disorder
An altered experience of the self, ranging from feeling that one's body is not connected to one's mind to the feeling that one is not real.

CHAPTER 7

Sexual Dysfunction
Phases of human sexual response cycle
Phase One: Desire
-Dysfunction: Hypoactive - and aversion- not wanting to be touched
Phase two: Arousal
-Dysfunction: Erectile dysfunction and arousal disorder
Phase three: Orgasm
-Dysfunction: Premature ejaculation, orgasmic disorders
Pain Disorders:
-Dysfunction: Dyspareunia- affects both men and women and vaginismus - spasming

Only sexual response phase not associated with dysfunction is resolution

-Abnormality in individual sexual responsiveness
-Individually defined
-Usually related to other problems in relationship
-Lifelong or acquired
-Generalized or situational

AHypoactive sexual desire disorder

A sexual dysfunction in which the individual has an abnormally low level of interest in sexual activity

Possible Causes:
-Psychological difficulties
-Poor body image or self esteem
-Interpersonal hostility
-Relationship power struggles

Sexual aversion disorder
A sexual dysfunction characterized by an active dislike and avoidance of genital contact with a sexual partner

4 causes
-Severely negatively parental sex attitude
-History of sexual trauma
-Sexual pressuring by partner
-Gender Identity Confusion

Premature Ejacuation
The man reaches orgasm long before he wishes to, perhaps even prior to penetration
More commonly reported in young men

Sexual Pain Disorder
Dyspareunia - involves recurrent or persisting pain during and after intercourse

Vaginismus
Involves recurrent or persistent involuntary spasms of outer vaginal muscles

Theories
Sexual dysfunctions may arise from physical and or psychological problems

-neurological, cardiovascular disorders
-liver or kidney disease
some point in life.

About 40% will never have a second episode. So 60% will have a second major depressive episode.

Mood:

Sadness: Everyone who is depressed feels an intense feeling of despondence, hopelessness, and gloom about everything.

Loss of pleasure and interest: They feel hopelessly loss of interest in life rather than overwhelming sadness. Nothing seems to matter anymore.

Boredom and anxiety: Having no sense of humor. A sense of apprehension, tension, or feeling of panic.

Thoughts:

Persistent thought of being worthless or of guilt: An obsession with one's faults and failures, including some imaginary ones.

Negative view of the world, self, and life.

Hallucination and delusions: Seeing or hearing things that are not there.

Thoughts of death and suicide: Actively thinking about killing yourself or just wanting to die.

Physical symptoms:

Changing appetite and weight: Either eating a lot or gaining weight or losing weight.

Disturbance of sleep: Difficult falling asleep or staying asleep. Waking up in the middle of the night, something sleeping too much but you still feel tired.

Loss of sexual appetite: Both absence of desire and lack of enjoyment of sex.

Bodily complaints: This includes back or neck aches, muscle cramps, and headaches.

BEHAVIOR:

Loss of interest in usual roles: Such as your spouse, parent, student, or job.

Escape: meaning withdrawal into solitude. Staying in bed all day or sleeping excessively. Suicidal attempts on one's life such as taking pills.

Restlessness: Constant fidgeting, nail biting, chain smoking, and taking relentless risks.

Clinging and demanding: In a relationship, pleading for special attention. Sometimes takes the form of compulsive sex.
**assertiveness skills**

**Narcissistic**
Personality disorder characterized by an unrealistic, inflated sense of self-importance and lack of sensitivity to other people’s needs:
- egotistical
- arrogant
- exploitative of others
Named for Greek legend of Narcissus.

**NARCISSISTIC SUBTYPES**
Noting the many types of behaviors involved, Millon and colleagues proposed subtypes:
- elitist
- amorous
- unprincipled
- compensatory

Views and treatment
PSYCHODYNAMIC and COGNITIVE-BEHAVIORAL therapies overlap in their goals for the client:
- Reduce grandiose thinking.
- Develop more realistic view of self.
- Develop more realistic view of others.
- Enhance ability to relate to others
- Avoid demands for special attention

**The Eccentric Ones**
- Paranoid Personality
- Schizoid Personality

**Schizotypal Personality**

**Paranoid**
SUSPICIOUSNESS
- GUARDEDNESS
- PROJECTION OF NEGATIVITY AND DAMAGING MOTIVES ONTO OTHERS
- ATTRIBUTION OF THEIR PROBLEMS TO OTHERS
- LOW SELF-EFFICACY

**TREATMENT OF PARANOID PERSONALITY**
COGNITIVE BEHAVIORAL
- COUNTER ERRONEOUS THINKING
- ESTABLISH TRUSTING RELATIONSHIP
- INCREASE FEELINGS OF SELF-EFFICACY
- REDUCE VIGILANT AND DEFENSIVE STANCE
- INSIGHT INTO OTHERS’ PERSPECTIVES
- APPROACH CONFLICT ASSERTIVELY
- IMPROVE INTERPERSONAL SKILLS

**Schizoid**
Impulsivity
• blurt out answers
• inability to wait their turn
• interrupting or intruding on others

ADHD combined type
six or more symptoms of inattention and six or more symptoms of hyperactivity and/or impulsivity

ADHD, predominately inattentive type
-six or more symptoms of inattention but fewer than 6 symptoms of hyper activity

ADHD THEORIES
- Abnormal brain development and cognitive functioning arising from genetic causes, birth complications, acquired brain damage, exposure to toxic substances, infectious diseases.
- Biological abnormalities affect ability to inhibit and control behavior as well as memory, self-directed speech, and regulation of mood.
- Social Influence: Dysfunctional family environment and school failure.

ADHD TREATMENT
- MEDICATION
  § Stimulants (e.g., Ritalin)
  § Antidepressants
- COGNITIVE-BEHAVIORAL THERAPY
  § Teach self-control, self-motivation, and self-monitoring using reinforcement
  § Coordinate efforts with family and teachers
  Behavioral interventions must begin early

Learning motor and communication disorders
reading disorder below expected reading achievement
mathematics below expected mathematics
disorder of written expression: below expected written communication

expressive language disorder: expressive language performance marked by poor verbal skills
mixed receptive-expressive language disorder: difficulties in expressing understanding language

CONDUCT DISORDER
The childhood precursor of antisocial personality disorder in adulthood.

CONDUCT DISORDER
Delinquent behaviors include:
• lying  • stealing  • truancy  • running away from home,  • physical cruelty to people & animals  • setting fires  • using drugs and alcohol

**ODD**
A disruptive behavior disorder characterized by undue hostility, stubbornness, strong temper, belligerence, spitefulness, and self-righteousness.

consistently negativistic, hostile, and defiant behavior for at least 6 months that includes at least four of the following:
losing temper
arguing with adults
defying rules
blaming others for mistakes/misbehaviors
being touchy or reactive
being angry or resentful
being spiteful and vindictive

**Conduct Disorder**

**Delinquent behaviors include:**
• lying  • stealing  • truancy  • running away from home,  • physical cruelty to people & animals  • setting fires  • using drugs and alcohol

constant violation of the rights of others and significant age appropriate norms, including at least three of the following within the past year and one within past 6 months:
aggression towards people and animals
destruction of property
deceitfulness or theft
serious violation of rules

**Explanations:** poverty, dangerous neighborhoods, and problematic parent child relationships
interventions: functional family therapy, parent management training

**Biological components**
Genetic factors
impairment in the brains behavior inhibition system

**Cognitive components**
**Explanations:** Specific cognitive distortions and deficiencies
Interventions: Exercises to promote problem-solving

A combination of approaches appears to be the most useful strategy in working with youths with disruptive behavior disorders:

n Behavioral  n Cognitive  n Social learning