

Course of Psychology Part 2:-

- Juvenile delinquency / criminal behaviour.
- Personality disorders.
- Mental for Psychological disorders.

Research Methods

- Neurosis and psychosis.
- Part of developmental psycho

Intelligence

behaviour, REBT, Freud, emotive.

Piaget's theory of cognitive development

Chromosomal abnormalities

Development maturation & Growth

Prenatal development (vir bilal + feldman)

& S. bano.

Clinical diagnosis, aet and clinical judgement

Criminal behaviour

- Crime :- illegal activity
- juvenile delinquency :- youth crime.

Q:- Give a critical appraisal of all factors contributing to mal-adjustment of youth and crime in our society?

Q:- What psycho-sociological factors can be identified as mainly responsible for juvenile delinquency?

Note:- juvenile delinquency is the crime done in adolescence.

Criminal behaviour:-

- Definition
- Factors influencing criminal behaviour.
 - o- General
 - o- Specific
- Approaches in criminal behaviour
- Theories about c.b.
- Policies of controlling c.b.
- Types of crimes.

Note:- crime is seen in both ages adult and adolescence, the criminal behaviour in adolescence age is called juvenile delinquency.

Definition:-

crime is an act defined as:-

"any behaviour that violates an established legal code, these laws are established by governments to protect the citizens."

- Juvenile delinquency:- 18 year or younger crime
- Juvenile:- under developed, immature, young people, psychologically immature, adolescence
- delinquents:- who break any law, made any crime
- criminal act can be considered to be maladaptive behaviour on some level.

Factors:-

General

Any thing and every thing could be possibly be related to crime.

- Domains
- Biological factors.
- Personal will.
- Mental illness
- Person's conditioning
- One's family.
- The economy
- Slick society
- The climate.
- The weather.

Specific:-

Two factors.

- ① Environmental factors
- ② Personality factors.

- Both the factors have macro and micro factors, these are described as follows.

① Environmental factors:

- These factors have to do with past and present surroundings in individuals.

(1A) Macro factors:

- 1) - general factors.
 - 2) - Socio-economic status.
 - 3) - Socio-economic stratum.
 - 4) - People living in transitional areas.
 - 5) - family breakdown.
- ① Socio-economic status:- Frustration.

it includes "family income, father occupation, education and neighbourhood in which the family lives."

- low-status families are more towards crime, poor people are involved in crime.

② Socio-economic stratum:- (social mobility)

The position of the family in the society, direction of social mobility is more closely related to delinquency than social classes.

- Mobility is measured in terms of aspirations. i.e. a low middle class boy, planned to attend college and then enter a profession is moving up ward i.e. upward social mobility and less crime.

- While down ward social mobility leads to more crime i.e. a boy of upper middle class don't go to college and enter a skilled trade is moving down ward so it involve heavy crime.

③ People living in transitional areas:-

Delinquency is highest in areas that are in a process of transition from residence to business and industry. These areas are characterized by physical deterioration and poverty. Transition is a temporary state.

④ Family break down:-

Delinquency is essentially a symptom of family break down.

When the family disintegrates, due to emotional tensions, death or divorce, the child may be deprived of affection, may lead to crime.

- Overprotected partners may have the child with criminal attitude.

- Higher rate of delinquency has been found among boys whose fathers were absent from homes or lost.

- Daughters of the divorced or separated mothers were more frequent as aggressives.

⑤ Frustration:-

goal → stop → frustration
- anxiety provoked situation.
Types:- 3 types.

i) environmental:- flood, property loss, loss of loved ones, reconstruction, home, school, taboos, freedom of expression

ii) Social

- iii) Physical or personal:- you think you are not good.
social approval, weaknesses in personality.
- all these points lead to frustration which in turn causes crime.

iv) Conflict frustration:- when one have choices and you are unable to satisfy.

1) Approach-approach frustration:- when one have two equally attractive options and one has to choose one out of them.

2) Approach-avoidance frustration:- one of the option is unattractive and the sec option is attractive but to achieve the attractive option one has to choose the unattractive option i.e. sick has to take medicine for treatment.

3) Avoidance-avoidance:- Two options, both you don't like, two equally unattractive options but the compulsion is that you have to choose one.

4) Double-approach avoidance conflicts:- again two options but both having positive and negative points, if he choose one for good point the unhealthy points distracts him.

(1.B) Micro factors:- specific factors.

- some special environmental factors.
- child rearing influences (upbringing)
- Parenting styles do matter (as well as bad in psycho 2 types of Parenting)
- social scale, character structure scale, and temperament scale do matter in juvenile delinquency.
- Peer groups, friends do effect.
- Crime partners - more strong bond.
- Peer influence and pressure.
- influence of portrayed violence (any horror scene on the T.V, media, behaviour of the role model do appreciate delinquency.

② Personality Factors:-

- These factors have to do with the individual himself.
- It also have macro and micro factors.

(2.A) Macro factors:-

- Psychopathic personality.
- Neuroses
- Psychoses.

① Psychopathic personality :- antisocial person
- feel hate and jealous
- destructive

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a psychopathic person:-

- violate the home rules.
- aggressive behaviour
- minor stimulus
- dishonest, lie easily.
- absence of guilt.

- they fail to learn from punishment.

- All the psychopathic people are usually intelligent.

- particularly have low level of understanding in job or study.

- Sexually they are unconventional short term and self serving.

- frequently use alcohol, drugs.

② Neuroses :-

mild - mental disorder

③ Psychoses :-

severe - mental disorder.

(2.B) Micro - factors :-

- impulsiveness
- inaccurate evaluations of self and others
- negative self-concept.

nothing suddenly unusual
thinking can be faulty

Environmental factors

Macro-factors	Environmental factors	Personality factors
<ul style="list-style-type: none"> - socio-economic status - transitional areas - family breakdown 	<ul style="list-style-type: none"> - child rearing practices - Peer group influences 	<ul style="list-style-type: none"> - Neuroses - Psychoses - psychopathic personality.
Micro-factors		<ul style="list-style-type: none"> - impulsiveness - inaccurate evaluation of self and others - negative self concept.

Approaches in criminal behaviour:-

- Singular approach:-

- ① They consider that there are only one factor behind any crime.
- ② They discard the other factors.
- ③ The belief in singularity of factors in criminal behaviour.

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② Pluralist approach:-

- The person centred model.
- The situation centred model.
- The inter-actionist model.
- The medical model
 - - Mental Retardation
 - - Organic Brain syndrome
 - Psychoses
 - Neurosis
 - Personality disorders
 - Psycho-physiological disorders
- The social learning model.

Theories about criminal behaviour:- in early ages (c.b.)

- Many Physicians assume that criminal behaviour is performed by persons diagnosed as having personality disorder.
- Personality disorders are based on psychological theories of abnormal behaviour.

→ To punish criminals:-

- One theory about how to control c.b. is to punish criminals, by locking them in the cell for long intervals.

- Drawback:-

- Prisons are simply schools for criminal behaviour.
- To settle this issue, we need to discover the causes of criminal behaviour.

- An imp point here is that these young persons lack behaviour controls, which the rest of the society acquires during the course of socialization (Batch 1975)
- Kohlberg (1964) suggested that there are three basic stages of moral development which these criminal lack, these stages are
 - 1) Preconventional stage
 - 2) conventional stage
 - 3) Post conventional stage

→ Experience of rational rules:-

- child should follow and experience the rational rules and an authority figure who gives explanations of the particular rules.

→ Obey moral rules:-

- child must obey the moral rules and develop a conscience of the crime as an unacceptable manner.

→ Hoffman's analysis:-

- Hoffman analysis that if any of the above mentioned processes are failed i.e the child lack them then criminal behaviour is more prominent. He has three different types of conduct disorder
- 1) socialized non-aggressive
 - 2) under socialized aggressive
 - 3) socialized aggressive

- The child having these disorder steal and if caught they have shame and feeling guilt.

- They failed to develop self-control.
- Majority of these juvenile criminals experience weak ties with family members, unfavourable attitude with parents.
- They generate gang delinquency

∴ Theories of Adult criminal behaviour:-
(write them when the ques is criminal beh but don't write if Juvenile Delin)

1) Earliest theory:-



- it states that, by Cesar Lombroso

"criminal is born with such features as a low forehead, eye brows that grow together over the bridge of nose and ears protrude from the sides of the head."

- These criminal and cruel tendencies cause criminal behaviour.

2) Constitutional theory:- (xYY)

it states that, by Lombroso

"criminals receive an extra chromosome thus becoming 'xYY' are more violent and the additional 'Y' makes them criminal."

- They have greater height, lower intelligence and more aggressive.
- The recent studies suggest that this extra 'Y' has no concern with the criminal behaviour and this point is still controversial.

3) Brain damage theory:-

It states that, "brain damage, lower intelligence, stress and alcohol are all associated with the development of criminality".

- This theory assumes that persons with minor damage to the brain can't cope, feel frustrated and as a result become aggressive.

- Clement (1973) found a much higher incidence of abnormal brain waves among a criminal population.

4) Psychosocial theory:-

It states that, "criminals originate from homes with an atmosphere of disorder and pathology".

- The families of criminals that include marital conflict, parental separation, severe punishment and frequent rejection causes criminal behaviour.

- Suttner and Moan (1973) was against this point of view, he said, that people from such families can be good.

5) Family Disorganization theory:-

It states that, "conditions within modern cities produce crime".

- The slums of large urban areas are associated with family disorganization and unusual socialization processes that results in criminal tendency.

6) Professional Criminal theory:-
it states that,

sub culture in which there is an urban
is encouraged and trained.
This idea

his idea was first proposed by
Sutherland and Cressey (1968)
- Professional criminals are people
with antisocial personality disorder.
(Etiashvili 1969)

7) Organized criminal theory:-
it states that

It states that, "organized criminal activities are believed to be concentrated in gambling, narcotics, hijacking,

The criminals are organized in their boundaries and maintain a disc

Policies of controlling criminal behaviour

- They are :-

- The positive school's Methods -
- Deterrence
- Rehabilitation
- Economic theory -
- Biological Treatment -
- Family studies.

- Family members
- There are two forms of prevention programs:
 - 1. programs focusing on an individual
 - 2. programs focusing on a community

aims 1-
1) programs focusing on an individual
" " environment.

Types of crimes:-

- Homicide, causing the death of another without any legal excuse.
- Rape
- Assault, inflicting injury upon others.
- Burglary :- Illegal entry in a building to commit theft.
- Larceny :- Unlawful attempt to take possession of someone's possession.
- Arson :- crime of setting fire to a property.

Key:- criminal Def :- a beh that vio est leg code
 factor, S enviro → macro - S, F.S.M, T, B, F-4, E, S, P, C - AA
 → micro - par, peer, upbringing, media DAA

Personal → macro - N, P, P, micro → I, N.S.C, I.
 S, P - S models. P.C, S.C, I, M, S.L.

4, P, - Kohlberg 3 - P, C, P, R, A, H, 3. S.N.A
 Adult 7 U.S.A
 S.A

- earliest - ~~orig~~
- constitutional (xyy) ²⁰
- Brain damage
- Psycho social (Home) (Vuker Moen opp)
- Family Disorg
- Prospects cwi -utherland cresssey
 Stajanovich
- organized c.T

∴ Personality disorder :-

- Definition / characteristics.
- Types / Personality disorder clusters
- Etiology (Cause)
- Treatment & Prognosis.

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- Definition :-

Personality disorders are defined as,

"Inappropriate patterns of relating to others that cause social and occupational impairment"

or

it is defined in *DSM-IV as,

inacceptable;

"maladaptive patterns of behaviour"

or

∴, the person with a personality disorder is considered to have developed a maladaptive trait.

or

- Personality disorder result in poor social relationships.

- They have odd behaviour not biological?
- They can't stay on job because of their egocentric behaviour.

"A disorder characterized by a set of inflexible, maladaptive personality traits that keep a person from functioning properly in society."

* DSM - Diagnostic and Statistical manual.

General characteristics:-

- DSM-IV TR, mentioned following characteristics, personality disorder
- Patient with limited insight.
- They do not seek psychological help unless compelled by others.

Diagnosis:-

- The diagnosis of the personality disorder person must be present by early adulthood.
- Personality disorder cannot be diagnosed until the patient is 18 years of age, this is the age onset.

Types / clusters:-

The types of personality disorder is grouped into three clusters as follow

- i) cluster A
- ii) cluster B
- iii) cluster C

Features of clusters:-

i) cluster A:-

- cluster A include following personality disorders

- Paranoid
- Schizoid
- Schizo type

Features:-

- These individuals appear odd and strange in their daily functioning.
- lack of social relationships
- bizarre thoughts

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ii) cluster B:-

cluster B include following personality disorders

- border line
- histrionic
- narcissistic
- antisocial

Features:-

- Perseverant problem with self image mood and social relation behiopl.
- impulsive and unpredictable.
- Antisocial behaviour and antisocial

personality.

- Some individuals with cluster B disorders may become criminals.

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iii) cluster C:-

CADP

cluster C have following personality

disorders.

- a) Avoidant
- b) Obsessive compulsive
- c) Dependent
- d) Passive-aggressive.

Features:-

- Perfectionism and inflexibility in every thing they do.
- Timid and fearful of negative evaluation from others.
- show dependent and submissive behaviour.

- Etiology:-

- genetic factor
- common among relatives
- neurotransmitter system
- antisocial personality.

Treatment and Prognosis:-

- Medication is of limited use in personality disorder: except borderlin personality.
- individual and group psychotherapy may be useful.
- Prognosis (future of disorder i.e. will it improve or not.)
- Personality disorder are 1st & long i.e. they have poor prognosis.

cluster A

① paranoid:-

- no responsibility
- distrust full
- suspicious
- attribute responsibility for his own problem to others

② schizoid:-

- social phobia
- don't like to sit with people.
- happy while alone.

③ schizotypal:-

- ridiculous dressing
- peculiar appearance
- magical thinking
- odd behaviour
- fairy land thoughts

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cluster B

① Histrionic:-

- immaturity
- self centred
- a vague seductiveness
- dramatic thoughts (princess or victim)

② Narcissistic:-

- exaggerated sense of self importance.
- extra need for attention
- Arrogant, anti social,

③ Antisocial:-

- don't learn from experiences
- irresponsible behaviour
- reflect criminal behaviour
- don't show any concern with others

④ Border line:-

- unpredictable behaviour
- can do self harm
- can commit suicide

cluster C

① Avoidant:-

- sensitive to rejection
- social withdrawal
- feelings of inferiority

② Obsessive compulsive:-

- recurrent and persistent thoughts
- disturb social environment
- people avoid them
- stubborn
- quiet

③ Dependent:-

- allow other people to make decisions for them
- lack self confidence
- non-social

④ Passive-aggressive:-

- avoid responsibility
- work slowly on job
- outward compliance
- inward defiance

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Mental disorders:-

or
psychological disorders:-

- categories

A) Neurosis - mild mental disorder

B) Psychosis - severe mental disorder

A) Neurosis → 3 types (N.A.S.D.)

1-1 Phobia

1-2 Panic disorder

1-3 OCD

6- hysterical

1-4 GAD

7-

- Existential

1-5 PTSD

(S.C.H.B.P.)

A-2 Somatoform

-1 Somatization

-2 Conversion disorder

-3 hypochondriasis

-4

By dysmorphic disorder

-5 Pain disorder

A-3 Dissociative disorder

(D.D.M.D.)

-1 Dissociative disorder

-2 " fuge

-3 MID

-4 Depersonalization

Definition :-

Mental disorder is defined as,

"it is an abnormal behaviour" i.e. such a behaviour which prevents you from meeting important goals or developing meaningful relationships.

or
"an underlying disease, the cause of which may or may not be known."

category A:-

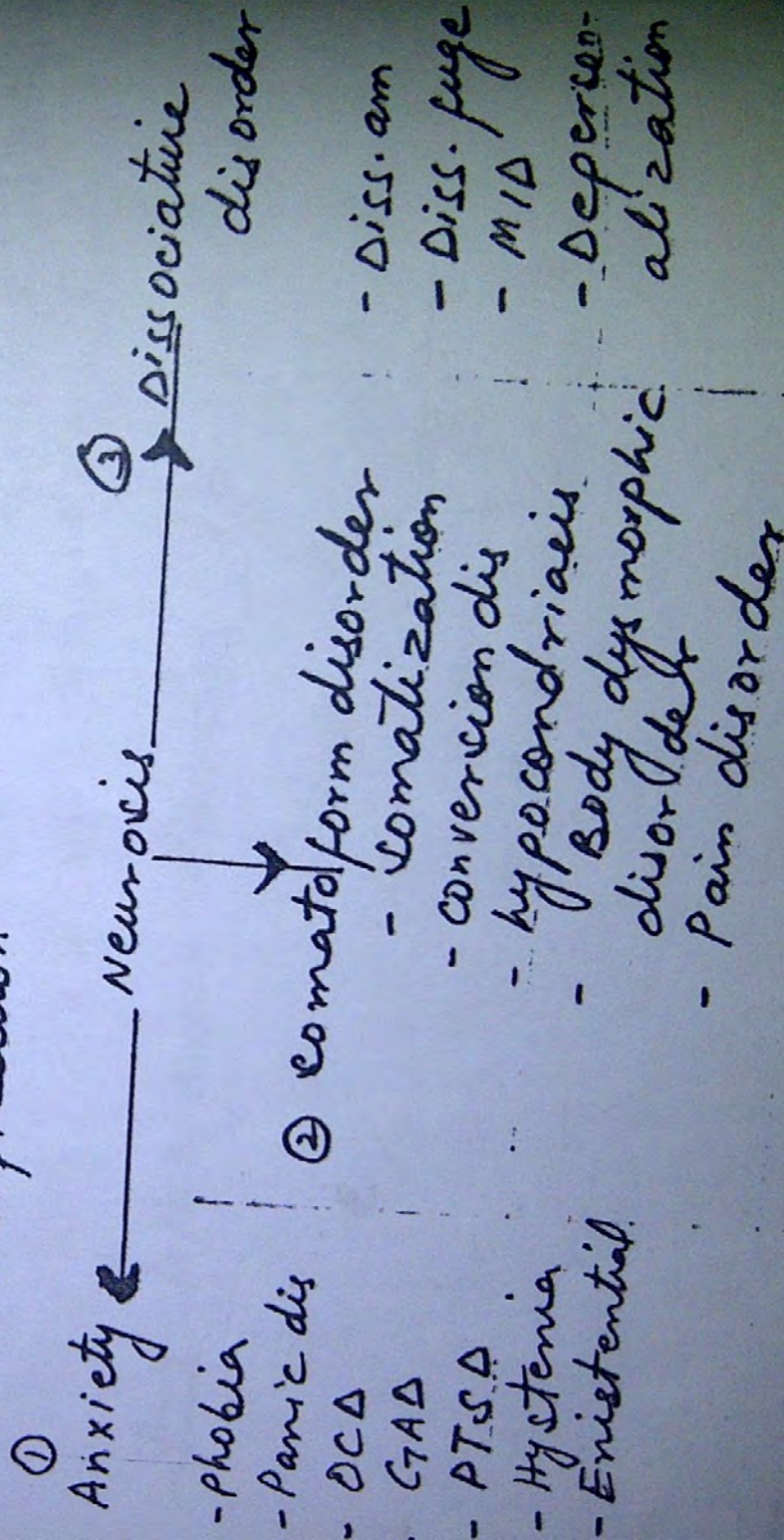
Neurosis:-

"Neurosis is a state of mind which is very hard to distinguish from the normal behaviour"

- Neurosis include mild type of mental disorders

- Their behaviour always searches for relief from anxiety.
- They have absence of joy from their life. They are self defeating
- Neurosis is a loss of self control
- People suffering from neurosis do not require formal hospitalization.

- Classification



Characteristics :-

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- Subjective and physical manifestation of fear (sweating, vocal problem). An anxious person experiences apprehension, i.e. fear but the difference from normal fear is that the source of fear is unknown in anxiety disorder, and not recognized.
- Physiologic manifestation of anxiety include tachikines, palpitation (tachycardia), loss of sensation, sweating, dizziness, mydriasis (pupil dilate), gastro intestinal disturbances and urinary frequency and urgency.

Diagnosis :-

- when anxiety attacks, the symptoms are abnormal and ordinary physician cannot diagnose it.

Etiology :- (cause)

- Biological, psychosocial and genetic factors may be involved.
- The abnormal activity of neurotransmitters i.e.
 - L- amino butyric acid (decreased activity)
 - Serotonin (decreased activity)
 - nor epinephrine (increased activity)

- excessive caffeine intake.
- vit B₁₂ deficiency.
- hyper thyroidism.
- hypoglycemia

- classification :-

① Phobia

"intense, irrational fear of specific objects or situation."

characteristics:-

sweating, Palpitation types.

social:- fear of social stimuli

- or environmental areas. i.e. public places

specific:- fear of certain objects or situation. i.e. water

OCC:-

social 1-3-13.1%

specific:- 7-11.1%

Prognosis:-

Poor effect

life

cure:- Therapy and desensitization

etiology:- Trauma of history, inner conflicts

- more common in females

Types many

Aerophobia:- high place

Monophobia:- fear of being alone

etc.

② Panic disorder

"Anxiety that is revealed in the form of panic attacks that last from a few sec to hours."

- unlike phobia panic is unwanted; don't have identifiable idea that it

compulsion:-

- Anxiety sudden, rise urge to do.

- It is the episodic period strange & of anxiety.

ena:- i.e. dir

↑ increase → decrease and washing

normal again, check

- one attack may cause - equal in

another a second one. Prognosis:-

- When a patient fear cure:-

a sec attack it is called behaviour

anticipated anxiety - Patient use

Symptoms:- fear, rapid breathing, chest

Pain, sweating, faintness and he use

Treatment:-

desensitization and

cognitive therapy.

3) Obsessive

disorder

A disorder

compulsive (OCD)

inactenized or compulsions - A persistent

thought or eps recurring An irresistible

an act again that seems unreasonable

ty hand thought them again & ing locks Boys

man & women - Poor

our therapy ually realize 'oughts on are irrational

nt to eliminate

4) Generalized anxiety disorder (GAD)

The experience of long term, persistent anxiety and worry.

- Such patients feel free-floating anxiety because they can't

identify the cause of anxiety. it may last for

6 months. Patient feel headache, dizziness, heart palpitation

cure - medication, but symptoms -

it may cause addiction Therapies involved are cognitive and

behaviour. 6) Hysterical neurosis

we tend to forget what we don't like i.e unpleasant

or feared situation

5) Post traumatic stress dis (PTSD)

It occurs with the catastrophic event which is life threatening

and it affects the patient or close to him i.e effecties of war,

rape, serious accident i.e when you are unable to recover

Prognosis - 1/2 recover

Psychotherapy

medication, but symptoms - sleeplessness, suicidal thoughts, disturbed

the official as well as personal life.

7) Existential

A disorder when the patient thinks of meaninglessness of existence and a dimless, it may

lead to suicide.

1-B Somatoform disorder:-

- somato cells or somatic cells are all cells of the body except for germ cells.

- Psychological difficulties that take on physical form but for which there is no medical cause.

- This disorder involve physical symptoms or complaints of illness in the absence of true physical illness.

Characteristics:-

- physical symptoms without any cause.
- He truly believes that he has a physical problem.

Etiology:-

- genetic factor
- Though the patient is not consciously aware of it, primary or secondary gain is often a result of the symptom.
- He unconsciously endorses an unacceptable feeling as a physical symptom (primary gain)
- The physical symptom serves a useful purpose such as gaining attention from others (secondary gain)

Occurance:-

- common in women
- 50% of patients with somatoform disorder also have another mental disorder. i.e depression

Diagnosis:-

- unidentified organic disease
- physical illness most likely to be misdiagnosed as somatoform disorder.

Treatment:-

- good physician-patient relationship
- evaluating patient set up in context
- pharmacologic therapies
- psychological therapies
- social support system.

classification:-

- 5 types -

- ① Somatization
- ② conversion disorder
- ③ hypochondriasis
- ④ Body dysmorphic disorder
- ⑤ Pain disorder

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1- ① Somatization

occurrence

- on set 30 years of age

course and prognosis

- long term and lifelong
- pain in different parts

characteristics:-

- somatic pain
- four pain symptoms
 - 1) headache, backache
 - 2) two gastrointestinal symptoms i.e. nausea & vomiting
 - 3) one sexual symptom
 - 4) one pseudoneurological symptom
- no organic cause for these pains.

② Conversion disorder

occurrence

- common in young adults, adolescent

course and prognosis

- one month or more
- good prognosis.

characteristics:-

- abrupt dramatic loss of motor or sensory activity or vision
- This disorder involves an actual physical disturbance such as inability to move an arm or leg.
- The cause for this is purely psychological not biological

③ Hypochondriasis

occurrence:-

- middle and old age

course and prognosis

- as long as few years, can be improved
- A disorder in which the patient have exaggerated concern with health and illness
- last at least 6 months

④ Body dysmorphic disorder.

occurrence:-

- in late teens

course and prognosis

- varies over time
- excessive focus on a minor or imagined physical defect, related to face or hand
- present in all the models
- so they need to be perfect

⑤ Pain disorder

occurrence:-

- onset usually in the thirties and forties.
- can be cured but patient become dependent of drugs.

- pain without an organic cause
- intense discomfort not explained.
- This is (NOS) not otherwise specified i.e. it does not fall any category that why placed here along the Tag (NOS)

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1-C :- Dissociative disorder :-

- 1) Psychogenic fugue or dis oriente
- 2) Dissociative fugue or Diss. Fuge.
- 3) Multiple identity amnesia.
- 4) Depersonalization

"Sudden but temporary loss of memory or identity or by feeling of detachment because of emotional factors."

Diagnosis :-

- Substance abuse, head injury
- Post Traumatic stress disorder.

- In dissociative disorder problem occur with identity and memory.

Classification :-
It has four types:-

① Dissociative amnesia

A disorder in which a significant, selective memory loss occur.

- temporary memory loss

Prevalence:- uncommon, effect young adults and women.

Etiology:- due to some trauma

Treatment:- long term psychotherapy

Course and prognosis:-

- minutes or days
- or last for years

- it is characterized by an inability to recall an important data about oneself.

② Dissociative fugue

A form of amnesia in which people take sudden, impulsive trips, sometimes assuming a new identity.

- Rare, associated with a history of excessive alcohol
- due to some trauma.

- long term psychotherapy

- minute or days
- or last for years

- memory loss, new personality, leaving home moving to new place with new identity and subject is not aware of it.

③ Multiple identity disorder.

A disorder in which a significant, selective memory loss occur.

- present in mild form, common in women, rare in severe form.
- trauma, child abuse

- insight oriented therapy, antidepressants, anti-anxiety agents.

- last for long time, depression, anxiety

- two personalities not aware of one another

④ Depersonalization

A disorder in which person is physically present but mentally absent.

- occur after acute stress

- due to severe psychological stress

- anti-anxiety agents and selective serotonin, psychotherapy.

- begin b/w 15-30 years occur episodically and continues for many years.

- patient feel detachment from the self and feel something is wrong with them and a stranger feel

category B:-

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Types:-
-: Psychosis:- or Psychotic disorder.

B-1:- Schizophrenia.
B-2:- Mood disorder.

- The most severe form of psychopathology is psychosis.
- It is marked by loss of contact with the reality and extreme disturbance in perception, affective and cognitive functioning.
- Psychotic means mad, crazy, most feared and unacceptable mental disease.

Etiology:-

Despite years of research by psychologists there is no satisfactory cause of psychosis.

- it can be due to any brain damage
- disease of nervous system, brain tumor.
- Over dose of gas, drugs, alcohol usage
- It may be genetic i.e runs in families
- Environmental factors
- Parental rejection
- Over protection
- lower socio-economic status of the person

B-1 :- Schizophrenia :-

Defined as, "A class of disorders in which severe distortions of reality occur."

- It means "split" mind.

- It is a chronic (long) mental disorder.

Levels :-

- There are three major levels of deficits in schizophrenia.

i) Cognitive :- disorganized thinking

ii) Behavioural :- " attitude

iii) Emotional :- " feeling, no idea when to laugh? when to cry?

Symptoms :-

There are clinical symptoms for schizophrenia.

- There are Positive and negative symptoms.

Positive symptoms :- (1, 6, 11)

These are the symptoms if present in a person he is referred as schizophrenic.

- There are three additional behaviours.

a) Disorganized speech :-

i) derailment, - jumping from one idea to another.

ii) Neologism :- inventing new words, having no meaning.

iii) Word-salad speech :- senseless talk and incoherent speech.

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b) Delusion unshaken beliefs with no basis in reality.
It includes:-

- i) Thought insertion:- some thoughts of outer world.
- ii) Thought broad-casting:- all the media want to project me.
- iii) Thought with drawing:- someone picked up his views.
- iv) Made impulse:- there is an impulse that made me to do so.

c) Hallucinations:- sensory experience in absence of external environmental stimuli.

It includes:-

- i) Audible thoughts:- the subject has a feeling that his thoughts are being heard.
- ii) Thought arguing:- the thoughts of subject are arguing them selves.

Negative symptoms:-

Present in normal person but absent in schizophrenic person.

- a) Avolition:- lack of interest in routine activities, don't care about job or food.

b) Anhedonia:- lack of interest in pleasure and life, lack of social friends and enjoyment

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- c) Flat effect :- lack of emotions, no happy or sad feelings, being indifferent.
- d) Alogia :- Mute personality. poverty of speech
lack of speech sequences - jumping from one idea to another.

Types of Schizophrenia : (SPAC 1983)

(Psychosis Called & R is C. Medically)

- 1) Paranoid schizophrenia
- 2) Hebephrenic schizophrenia (Disorganized)
- 3) Catatonic
- 4) Undifferentiated
- 5) Residual
- 6) Simple schizophrenia.
- 7) Childhood schizophrenia.

بعض الأحيان 30% فقط.

General symptoms :- [FEW, B.I, DDD]

- The symptoms of schizophrenia vary a lot there are observed as:-

- ① Faulty Perceptual processing :- Their perception of the surrounding is wrong and they trouble focus attention.
- ② Disorganized thinking :- trouble thoughts & linkings
- ③ Emotional Disturbances :- emotional problems
- ④ Delusions and hallucinations :- they experience them
- ⑤ Withdrawal from Reality :- live in world of fantasies
- ⑥ Bizarre Behaviour and Disturbed speech
- ⑦ Inadequacies of control :- they feel they are controlled by outside forces.
- ⑧ or no direction
a goal or in job or hobby.

<u>Paranoid</u>	<u>Hebephrenic</u>	<u>Catatonic</u>	<u>Undifferentiated</u>	<u>Residual</u>	<u>Simple</u>	<u>Child hood</u>
<ul style="list-style-type: none"> - This person is being suspicious and his belief that people want to kill him and if you reject his belief, he will be more strengthened. - Delusions and hallucination of perception occur. - Anxious, all over argumentative, violent - He believes people are against him and want to steal his thoughts and ideas. 	<ul style="list-style-type: none"> - Child like behaviour and regards, immature emotional response is not of his own age, speaking in childish tone - <u>onset</u> before 15 years. - inappropriate laughter ☺ and giggling, silliness, infantile behaviours, - lack of control in urination. 	<ul style="list-style-type: none"> - Psychomotor disturbance, - waxy flexibility. - During this type of sch. muscles can be moved in any direction called the state of <u>stupor</u>, sensation of pain is there but he doesn't complain while catatonia - "<u>catatonic immobility</u>" is in the state of one specific position for several hours or months - it is the major disturbance in movement - some patients become aggressive violent & wild. 	<ul style="list-style-type: none"> - variable mixture of symptoms. - This classification is used for patients who cannot be typed into any other category. - Acute and chronic reactions 	<ul style="list-style-type: none"> - person has episodes of sch. - No active symptoms as hallucination or delusions. - social withdrawal - illogical thinking - inappropriate emotions. 	<ul style="list-style-type: none"> - Reduction of interests and attachments - Delusion and hallucinations - Aggressive behaviour 	<ul style="list-style-type: none"> - serious retardation - anxiety - inability to relate with other people and environment - Abnormal perceptual organization

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Etiology :-

- Role of heredity factor, ^{genes} run in families
- Due to genetic - identical twins have more chances to have sch. But how genes contribute to sch. is not known.
- Adoptive studies :- children who have given the atmosphere and environment of patients are more likely to have sch. as compared to others.

Biochemical factors :- due to neurotransmitters i.e the increased amount of dopamine cause sch. This is called dopamine theory.

Brain anatomy :-

Neuroimaging techniques had shown that sch. i.e people have large size ventricles.

Psychosocial factors :-

- it include
 - environment
 - society
 - friends
- Poverty
- early Psychic trauma or psychic rejection
- Neglected or authoritative parenting
- low frustration level
- lack of decision making
- faulty learning - develops faulty copying style

Treatment :-

- Biological
- Electroconvulsive therapy
- Psycho surgery
 - - removal of frontal lobe
 - - " " dopamine
- Drug therapy -
- Family therapy (behavioral therapy)
- Behavioral * therapy
 - - Token economy
 - - Social skills training :- how to walk how to talk

* Token economy is that Dr or psychologist give a token or money to the patient and ask him to maintain him; dress properly, brush properly and in reward he will be given the food of his choice or money etc.

Prognosis:-

- Poor, because impairment is long life

Occurance :-

equal in man & women.

men :- 15-25 years

women :- 25-35 years

% age :-

- 1% in over all population
- 12% in 1st degree relations
- 40% if both parents are schiz.

Q:- Psychotic disorders?

Ans:- schizophrenia and mood disorder.

B-2 Mood disorder :- or Affective disorder.

Definition :-

"A disturbance in emotional feelings strong enough to effect every day living."

- We all experience mood swings sometime happy sometime sad but in some people the moods are so pronounced and lingering that they interfere the ability of normal functioning.
- In extreme case it becomes life threatening or lose touch with reality.

Symptoms :- (F.M.R.C.)

Emotional symptoms :-

- seem to loose their affection with friends.
- feel rejection.
- feel humiliation
- want to live alone.

Motivational symptoms :-

- Paralysis of will :- difficulty in initiating any activity, lack of attention
- Anhedonia :- suicidal thoughts.
- feel gloomy and want to be alone
- deprived of any relationship.

Behavioural symptoms:-

- walk slowly
- speak slowly
- walk with bent shoulders
- sound fatigue
- communication problems.

Cognitive symptoms:-

- faulty thought pattern
- ↓ -vc self control
- inferiority complex
- insecure about social appearance
- " " physical appearance
- feel themselves ugly
- keep themselves responsible for every failure
- No future hope.

Somatic symptoms:- cell of the body

- head ach
- feel dizzy
- fatigue
- coughing
- sleeplessness (insomnia)
- loss of eating
- gastro intestinal problems
- feeling of pain.

Treatment:-

- ECT, electro convulsive therapy i.e. current flow through patient's body
- Anti-depressant drugs
- Anti mania or relaxants
- Cognitive therapy.

Types:-
There are three major types:-

Depressive Affective

- Every one feel happy or sad
- depression is an intense stage
- Major depression, - people feel hopeless, dejected, slow in work
- Family, love, sex all lose their appeal for a depressive one
- Some are passive & lethargic while others are rest less.
- They feel critical to themselves and feel guilt, useless life.
- Pause a lot while speak
- High risk to health as immune functions are effected
- Course long and stay while others fade slowly
- Recovery is easy from a mild one
- some dep. fade with time even without any treatment
- More in women than man
- Occur in episodes
- "I feel like my inside is rotting"
- (a depressive's comment)
- Somatic symptoms are common
- Mean age of onset is 40 years
- 75% people are successfully treated. 15% → commit suicide

Mania affective/unipolar

- An extended state of intense, wild elation
- opposite to depression
- M.a appear cheerful and v. energetic & in motion
- extraordinary self-confidence and optimism
- cannot achieve their goals because they are distracted and their mind flit.
- Maniac episodes are severe and trouble come i.e. irritable, angry, wild.
- Often feel "people want to stop them"
- unrealistic ideas, grand schemes for fame, power and wealth are noticed.
- They believe they can do any thing & will succeed all
- euphoric :- state of extreme happiness.

Dysthymic :- chronic depression of milder degree

Bipolar affective

or mania depressive psychosis

- Bipolar affective have both mania and depression
- initial episode of bipolar disorder is often mania, violence, abuse alcohol, crime, or family discord and eventually they become depressive, severe depression that the patient commit suicide
- This alternation of mania and depression is called B.p.d.
- It have two types
- Bipolar I :- both mania + major depression (severe)
- Bipolar II :- both hypomania (less severe mood) and maj. dep.
- The no. of depressive and manic episodes varies a lot.
- mood may change many times a day or at much longer intervals.
- or depression and mania may be intermingled.
- depression last longer than mania
- cyclothymia c's :- disorder b/w hypomania and mild depression
- last for 2 years
- mild and weak type of disorder

Etiology :-

- Heredity

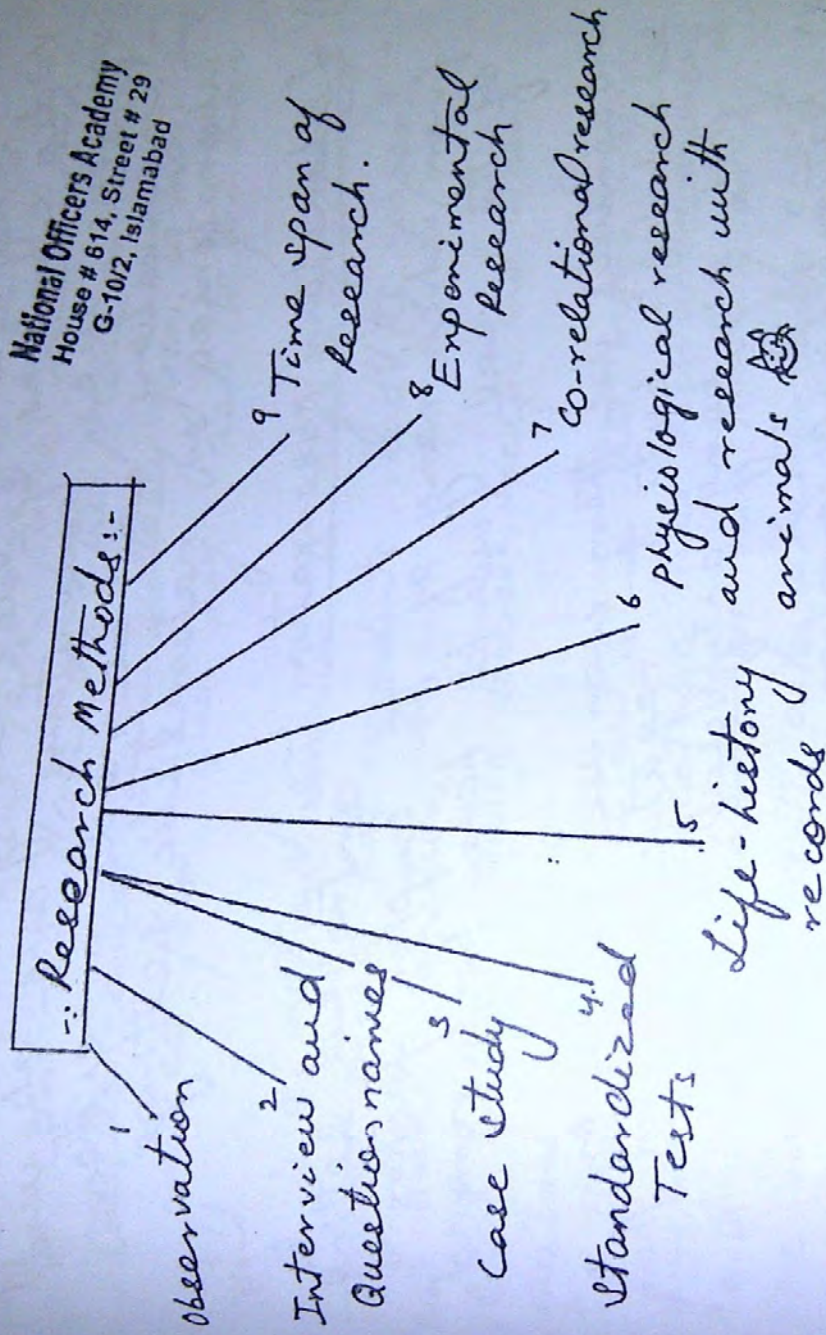
- brain chemistry
- ions imbalance ment i.e. Na^+ & K^+ ions
- decrease in neurotransmitter serotonin.
- loss of loved ones
- mean less life
- loss of self esteem or trauma
- sensual abuse
- major failure of life.
- self-defecting thinking

Prognosis :-

Poor prognosis.

∴ Research Methods :-

In addition to theories the scientific study of development also involves research.



① Observation :-

"You see but you don't observe"
(Sherlock Holmes to his assistant)

"Any form of examination of events, behaviours and phenomena, is called Observation"

- Observational methods are the procedures and techniques that are used in a research program.

- It includes the use of various devices such as audio and video recorders, cameras, stop watches etc.

- scientific observation is highly systematic.
- It is conducted in a unbiased manner and then record and categorize the information.
- It effectively communicates your observation.
- A common way to record observation is to write them down, using short hand symbols along with tape recorders, video cameras, special coding sheets, one-way mirrors and computers (are also used).
- Observations can be made in either laboratories or naturalistic settings.

A) Laboratory observation :- "controlled setting from which many of the complex factors of the real world have been removed."

- Scientists use them even in college or school labs but the negative point in them is that as being artificial.

B) Naturalistic observation :-

"Observations that take place out in the real world instead in a laboratory"

- Researchers conduct N.O in the class rooms, homes, youth centers, museums etc one type of N.O is day book method (diary)

2) Interviews and Questionnaires :-

- Quickest way.
- Researchers use I and Q i.e. surveys to find out about experiences, beliefs, feelings.
- Most interviews take place face to face.
- Questionnaires are usually given to individuals in printed form, and they ask to fill them out.
- Q is a method similar to highly structured interview except that respondents read the paper and mark answers.
- Good interviews involve concrete, specific and clear questions.

- A drawback of I and Q is that many people give socially acceptable and desirable answers and not what their own thinking are.
- i.e. when students ask whether they cheat on tests in school they say they don't because it is socially undesirable to cheat.

3) Case Studies :-

"An indepth ^{or} look at an individual"

- "A deep intensive investigation of an individual or small group of people"
- It is applied when unique aspects of a person's life cannot be duplicated for either practical or ethical reasons.
- A case study provides information about an individual's fears, hopes, fantasies, traumatic experiences, upbringing, family relationships, (Eg.)

health and anything else that helps a psychologist to understand that person's development.
drawbacks:- We became anxious when generalizing from this information.

② The subject of a case study is unique and its experiences can not be shared with anyone else.

③ There is no check or balance in case study.

- Sigmund Freud developed his theories through case studies, also used in Washington DC for crime and violence.

4) Standardized Tests:-

"Commercially prepared tests that assess individual's performance in different domains"

or
"Tests that require people to answer a series of questions" and that have two features.

a) The individual score is totalled to yield a single score, that reflect something about the individual.

b) The individual score is compared to the scores of a large group of people to determine relative.

- The standardized tests are taken to determine intelligence, achievement, personality, career skills and interests.

- These tests can be used to help the psychologist to seek information about patient, educators to make decisions, comparison of individuals, performance across school, states and countries.
- end: TNT, MMPI, CPI and 16PF are standardized

1) Life-history records :-

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- Life-history records are records of information about a lifetime chronology of events and activities. They often involve a combination of data records on education, work, family and residence. These records may be generated by obtaining information from archival material i.e. material from public records or historical documents or interviews with a person with the life calendar.

- The life calendar record the age, activity life-events.

- In compiling life history records researchers use life-history records, variety of written and oral report material. Vital records, observations and public documents. The advantage of multiple-material approach is that information from varied sources can be compared and result in a more accurate life-history record.

2) Physiological Research and Research with animals :-

- These methods are used by psychologists. Research on biological basis of behaviour and technological advances continue to produce remarkable insights about development.

- As physiological research cannot be carried out with humans, psychologists use animals.

- Animal studies permit researchers to

control their subjects genetic back ground, diet, experience during infancy and many other factors.

- Animal researchers can investigate the effects of treatments that would be unethical with humans, i.e. brain implantation and along with it is also possible to track the entire life span of some animals.

1) Co-relational Research:-

In C.R the goal is to describe the strength of the relation between two or more events or characteristics. - It is useful because the more strongly two events are correlated the more effectively we can predict one from the other.

ex: i.e. Smoking \rightarrow lung cancer.
one draw back of C.R is that it does not describe the cause or effect.

2) Experimental Research:-

The E.R involve experiments that permit the determination or reason.

- It is a carefully regulated procedure the behaviours can be studied through experimentation.

- We determine effect and cause of the behaviour through experimentation.

- Experimental research is the only truly reliable method of establishing cause and effect.

- Experimental factors involve:-
- Independent variable:-

The manipulated, influential experimental factor in an experiment.

- Dependent variable:- The factor that is measured as the result of an experiment.
- Experimental group:-

A group whose experiences are manipulated in an experiment.

- Control group:- A comparison group in an experiment

- Random assignment:- the assignment of participants to experimental and control group by chance.

9) Time-span of Research:-

A special concern of developmentalists is the time span of a research investigation.

- we need to study the life span of different individuals and then their comparison.
- we use different approaches in time span of research

cross-sectional approach:- A research strategy in which individuals of different ages are compared at one time.

longitudinal approach:- A research strategy in which the same individuals are studied over a period of time, usually several years or more.

sequential approach:-

A combined cross-sectional longitudinal design.

cohort effects:- Effects that are due to a

Person's time of birth or generation but not to age

Q- What are the different methods of development psychology and how do psychologist apply theory of research to answer ques and hypothesis of research?

ans:- research methods (all)

Q:- Describe the methods used for study in infant behaviour with special reference to physical characteristics?

Ans:- research methods not all, following

Observation, day book method, experimental cross section, longitudinal.

② Note psychoanalysis is behavioural, REBT are sufficient from these notes but psychoanalysis humanistic, group, cognitive from S. band.

∴ Psychotherapies :-

Psychotherapies focus on the psychological causes of abnormal behaviour.

- Therapists today use over 250 different kinds of treatments.
- All therapies have a common goal "the relief of psychological disorder."

∴ Kinds of Psychotherapies :-
There are different kinds of psychotherapies.

Freudian psychotherapy :- (imp 2008 ques) (page 156 S. Band)

- Also called Psychoanalysis or Psychoanalysis
- Based on unreliability of conflicts (unconscious level)
- Over view :- psychoanalysis is based on Freud's idea that behaviour is determined from unconscious mental processes.
- The central strategy of psychoanalysis is to slowly uncover experiences that are repressed in the unconscious.

* - Basic points of Freudian theory - id, ego, super ego, and defense mechanism will be written over here.

Techniques used in Freudian therapy :-

→ ① Free association :- "free speaking to the surface level of the patient about those points who are problem causing"

- things are revealed layer by layer and memory is revealed.

→ ② Interpretation of dreams :-

- "Dreams are royal road toward unconscious"
- They reflect suppressed thoughts.

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→ ③ Analysis of Transference :-

- When a therapist talking to the patient, the patient starts relating the therapist to any person in the past.
- When the patient starts relating to the therapist it is called transference.
 - Transference is the unconscious feeling of the patient of his important person in life with the therapist.
 - A good therapist is one who avoids transference.
 - This transference has to be avoided.

→ ④ Counter transference :-

- This is the opposite of transference.
- In this type the therapist starts relating patient with any past person.
- Unconscious re-experiencing of feeling about important figure in the therapist's life.

- Heading of this therapy in the paper.
- Brief introduction of founder.
- Basic postulates of Freudian theory.
- Theoretical assumptions. I.D., ego, superego, defense mechanisms.
- Then techniques.

Patients on which it can be applied; they should be :-

- .. intelligent.
- .. Patient should be younger than 40 years of age.
- .. Patient should not be psychotic.
- .. can be able to spend considerable time and money on the treatment.

∴ Behavioural Therapy :-

- Behavioural therapy is based on behavioural theory.

- Postulates of behavioural theory will be written over here.

① Behaviour is a learned process.

② Every behaviour that is learned is also unlearned.

③ Learning is done by environment.

- The therapeutic techniques of behavioural therapy are based on

- ① Pavlov classical conditioning
- ② Skinner's instrumental conditioning.

- The techniques used are :-

40 Systematic desensitization :-

- This is used to cure phobia which is the irrational fear of any thing i.e. height, H₂O etc.

- Process involve :- For example for a person who is phobic of height will be taken toward height slowly.

- It is a slow step by step movement

to pull intensity and not letting the patient escape from anxiety provoking stimulus.
Two types.

- a) Flooding:- sudden exposure to anxiety provoking stimulus, (really) (acharak by jagra)
- b) Implosion:- this is imagined state not real but same as flooding

④ Token economy:- for phobia treatment
"Through the process of conditioning desirable condition is reinforced by a reward this is called token economy."

→ Modeling:- based on the technique of role model.
- it has following types of modeling.

- a) Live modeling:- The model is practically before the patient, the patient observes the model and improves the mal adjustment of his behaviour.
i.e. a person lack of speaking good english, will be shown english news.
- b) Participant modeling:- The therapist play role of a model and the patient has to pick the appropriate from the therapist.
- c) Self modeling:- Patient make a video of himself and self judgement rule out the deficiencies.

d) Covert modeling :- This is based on imagination of a perfect behaviour the subject want to be, it is a hidden therapy. Function of modeling :-

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- Kind of teaching, by which behaviour can be approved.
- a motivation is created.
- Negative behaviour is reduced or discouraged.

b) Assertive training :-

- This training is being done to say "No" to the unjustified demands of others.
- Unassertive person :- submissive, confused, unable to decide. ☹️
- Assertive person :- confident, bold, positive attitude
- Anger, madness are not assertive behaviour.

→ Critical evaluation :-

- limited scope
- applicable to few disorder
- Can't be applied on psychotic patients importance :-
- it is impersonal, it has data.
- its techniques are useful and can be used along other techniques.
- This therapy is a hallmark of behaviour, this therapy is the creative application of type of learning principles.

(REBT) Rational emotional behavioural therapy

(RET) Rational emotional therapy ^{or}

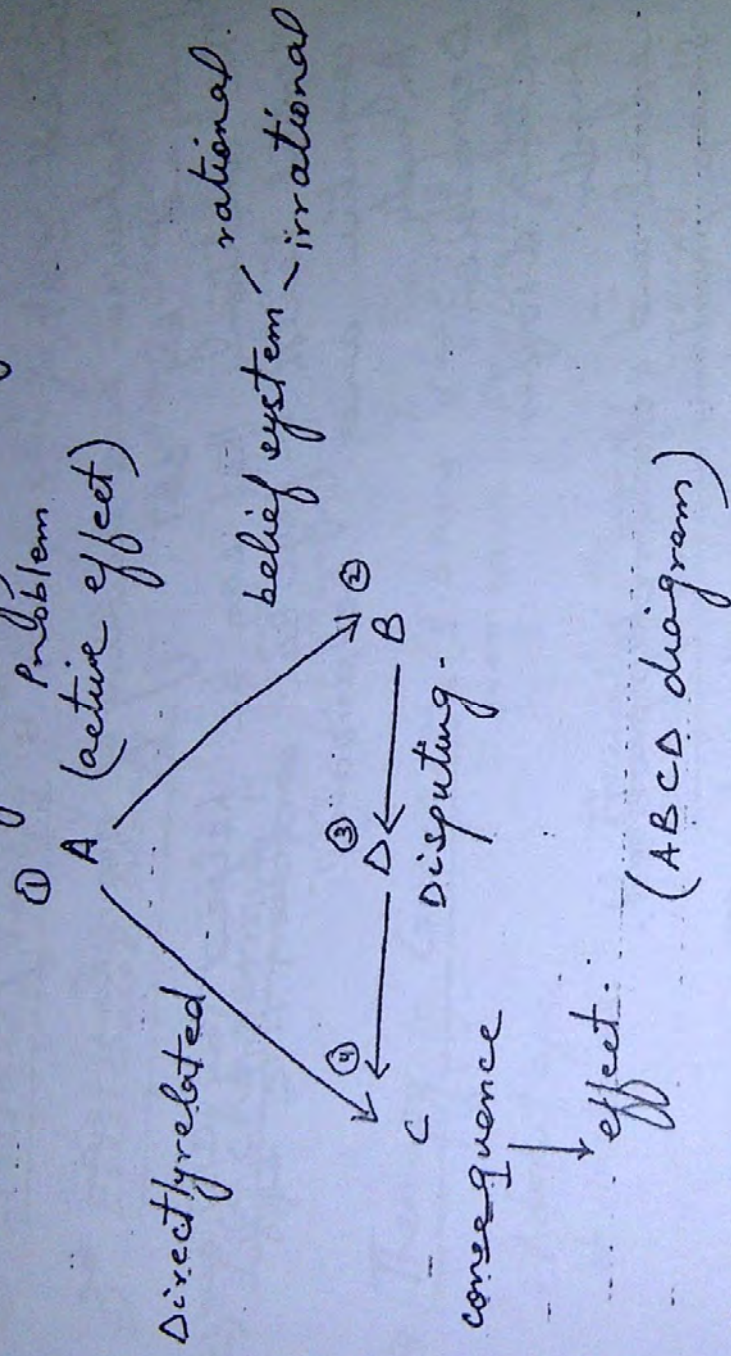
- This therapy is based on debate, discussion
- Given by Albert Ellis for job, publication, imagination
- Basic of this is discussion and it is a modified form of cognitive therapy.
- Albert Ellis developed this theory as a result of dissatisfaction with psycho analysis.

Basic concepts:-

- ① - People are born with a potential to be rational (logical) as well as irrational (illogical) i.e. good or bad.
- ② - People tendency to irrational thinking, self demanding habits and intolerance is frequently increased by culture and family.
- ③ - Human beings perceive, think, be emotional and behave simultaneously.
- ④ - Rational emotional behavioural therapist do not believe in a warm and healthy relationship with the client.
- ⑤ - Counselling is a necessary thing for effective personality change.

- REB therapist used role playing, assertive training, desensitization, operant conditioning (learning) token economy and a whole bag of other tricks.

- REBT hold that most neurotic problem involve unrealistic illogical and self defeating thinking and if the disturbed can be creating ideas. I are vigorously disputed they can be minimized. (by doing)



→ Cognitive behavioural therapy :- (Page 165 S.Bano)

- it means thinking, mental images.
- cognitive behavioural therapy is a mixture of cognitive therapy and behavioural therapy.
- cognitive therapy :- says that certain ways of certain health problems. In cognitive therapy the therapist help the patient to understand current pattern of behaviour and he will do it by identifying only harmful or any false ideas that cause health problems or make it worst. The aim of cognitive therapy is to change the

8/9/20

way of thinking of the patient.

Behavioural therapy:- In behavioural therapy various techniques are used how to control the fear, anxiety of the patient by graded exposure and systematic desensitization.

- Cognitive behavioural therapy:- the mixture of the two therapies is called C.B.T.

- The behaviour and thinking of ourselves can be judged by C.B.T.

- The conditions that can be helped by C.B.T are:-
1) Mental health & physical condition i.e. both cognitive and behavioural

2) Anxiety

3) Depression

4) Eating disorder

5) Anger

6) Sexual and relationship problems.

7) Sleep problems

8) Post Traumatic stress disorder PTSD.

→ Humanistic Therapy:- (from ehebenano Page 166)
- it includes 3 therapies

Client centred Therapy / Rogers Therapy

- based on

i) self-actualization

ii) Basic needs

iii) self concept

iv) Directive

v) Unconditional

vi) conception of Regarded
behaviour of Troubled.

- goals and procedures, it involve three attitudes
 - i) unconditional Positive Regard.
 - ii) Empathy
 - iii) Congruence.

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2) Gestalt therapy :- true feelings & perception.

3) Existential therapy :- their own choice.

→ Psycho drama :- (Page 171) S. Sano
- by J-L Moreno

→ Therapy in Groups :- (S. Sano Page 173)
Over come psychological probs.

- Advantages
- it include
 - i) Family therapy
 - ii) Encounter Groups.

→ Somato therapies / biological / medical appro
(Page 177 S. Sano) aches :-

- to treat brain chemistry
- neurological factors.
- it include

i) Shock therapy

- a) electro-convulsive therapy
- b) insulin therapy.

ii) Psycho surgery

Surgical insult.

iii) Chemotherapy / Drug therapy

it include

- a) anti-anxiety drugs
- b) anti-psychotic drugs
- c) anti-depressant drugs.

∴ Intelligence:-

Definition:-

The capacity to understand the world, think rationally and use resources effectively.

— David Wechsler, 1975

"The ability to adapt to the environment and to learn from experience are essential ingredients of the definition of intelligence."

— Sternberg 1986

Theories:-

There are two types of theories
- organization of mental ability

- Nature of mental processes
- we will study:-

i) Factor Analysis theories

ii) Information processing theories

Factor analysis theories:-

a) Spearman's G-factor Theory 1927

- They said there was a general factor for mental ability called G-factor

- It was G-factor presumably being measured on tests

- He noted that one person performed good at one or two particular areas, so he performed and included a specific factor "f". Since a student had at psychology performs very well at maths.

b) Thurston's Group-factor Theory:-

- Louis L. Thurston, a factor analyst designed a PMAT which had a no. of subtests i.e. primary mental abilities. These tests measured

verbal comprehension

word fluency

number concept

spatial relationships

memory

Perception

reasoning

Different abilities of an individual would explain why he did good at maths and bad at history.

Louis L. Thurston later found that people who did well in one area also did well at others.

c) Cattell's Theory of fluid and crystallized intelligence 1967-1987

Two kind of intelligence (imp. for objective)

i) Fluid intelligence :- ability to deal with new problems and encounter i.e. grouping of letters to some criterion, independent of edu. & socialization, only the potential intelligence

ii) crystallized intelligence:-

sorting information, skills and strategies that one acquires through use of fluid intelligence

This reflects more of one's cultural exposure. formal education, knowledge and skills.

d) Structure of intellect Model:-

3-dimensional theory of J P Guilford provides 120 factors of intelligence.

- 1) 5 Operations :- action of a person
- 2) 6 products :- results of thinking abt info.
- 3) 5 contents :- info. a person (thinking abt).

He proposed that there are 150 separate mental abilities underlying intelligence.

1) Jean Piaget's cognitive theory (1952)

Age range

stages

Major Characteristics

- | | | |
|--------------------|------------------------|--|
| a) Birth - 2 years | - sensorimotor | Dev of object permanence
" Dev motor skills, low capacity for symbolic rep. |
| b) 2-7 Years | - Preoperational | Dev of long and symbolic thinking and egocentric thinking
Dev of conversation, mastery of concept of reversibility. |
| c) 7-12 years | - Concrete operational | Dev of logical and abstract thinking. |
| d) 12-adulthood. | - Formal operational | |

2) The Triarchic Theory of Intelligence:-

Robert Sternberg 1985 suggested three major aspects of intelligence

- Componential
- Experiential
- Contextual

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a) <u>C</u>	b)	E	c)
focus on mental components and analyze information to solve problems		focuses on how a person's previous experiences are related to intelligence and how used to solve problems	deals with success in facing demands of everyday environment

Recent approaches have focused heavily on Sternberg's third aspect.

Types of Intelligence:-

- 1) Musical intelligence:- Skills in tasks involving ^{music}
- 2) Bodily Kinaesthetic intelligence:- Skills in using the whole body or various parts, for the solution of problems or in the construction processes ^{viz} dancers, athletes, actors.
- 3) Logical-mathematical intelligence:- skills in problem solving and scientific thinking.
- 4) Linguistic intelligence:- Skills involved in the production and use of language.

5) Spatial intelligence:- Skills involving spatial configurations, such as those used by artists and architects.

6) Interpersonal intelligence:- Skills in interacting with others such as sensitivity to the mood, temperaments, motivations and intentions of others.

7) Intrapersonal intelligence:- Knowledge of internal aspects of oneself, access to one's feeling.

8) Naturalist intelligence:- ability to identify and classify pattern in nature.

- There are 8 major kinds of intelligences given by Howard Gardner 2000.

Biological basis of intelligence:-

Researchers have identified several areas of the brain that relate to the intelligence. e.g. the lateral prefrontal cortex, this area is above the outer edge of the eyebrows, about where people rest their heads in the palms of their hands if they are thinking hard about a problem. This area of brain is critical to check and solve problems, informations.

- This is given the name of "global workspace" in the brain.

- The functioning of the workspace represents general intelligence and work processing.

Practical intelligence :-

to over-all success in life.

Emotional intelligence :-

underlie the accurate assessment, evaluation, expression and regulation of emotions.

Major Approaches to intelligence :-

Approach

1) IQ Tests :-

2) Fluid intelligence :-

Characteristics

General measure of intelligence.
it relates to reasoning,
memory and information processing
capabilities

3) Crystallized Intelligence :-

it relates to information, skills,
and strategies learned
through experience.

4) Gardner's multiple

intelligence :-

5) Information processing

approaches :-

people store and use
material to solve
intellectual tasks.

6) Practical intelligence :-

intends of nonacademic,
career and personal
success.

7) Emotional intelligence :-

that provide an under-
standing of the feelings
of others.

Intelligence Tests:- or IQ tests

Definition:-

Tests devised to quantify a person's level of intelligence.

- Different IQ or Intelligence tests are given by different people.

- These tests have proved to be of great benefit in identifying students in need of special attention in school.

1st effort:- by English Francis Galton (1822-1911)

- The assumption of this effort was that F.G. hypothesized was

. That head configuration, being genetically determined is related to brain size, and therefore related to intelligence.

- His theories proved wrong as head shape and size are not related to intelligence

- but it was the 1st work done to assess intelligence.

- By Alfred Binet (1857-1911)

- The first intelligence tests were developed by French psychologist A.B.

- His assessment of intelligence was based on Mental age and Intelligence quotient.

Mental age:-

The average age of individuals who achieve a particular level of performance on a test.

e.g. if the average 8-year-old answered, say, 45 items correctly than any one who answered 45 items would be assigned a mental age of 8 years.

so whether the person talking the test was 20 years old or 5 year old they have the same mental age.

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Intelligence Quotient or IQ:-

A score that takes into account an individual's mental and chronological (real physical age) age. - to calculate an IQ score the following formula is used:-

$$IQ \text{ score} = \frac{MA}{CA} \times 100$$

MA = mental age

CA = Chronological age.

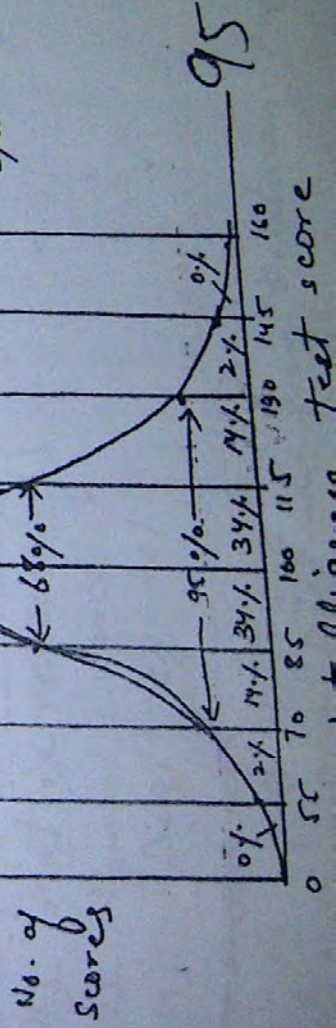
if a 20 year old person perform a mental age of 18 this his IQ will be.

$$= \frac{18}{20} \times 100 = 90$$

- Any one who has a mental age equal to chronological age will have an IQ 100.

$$= \frac{20}{20} \times 100 = 100.$$

- Now a days IQ scores are figured as deviation " IQ scores"
 The average IQ score is 100%
 & 68% people score b/w 85 and 115.



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- * a - verbal reasoning
- b - quantitative reasoning
(2, 4, 6, 8, ...)
- c - Abstract reasoning
(Analysis of shapes)
- d - Short term memory
(Recalling numbers)

- S.B intelligence scale:-

The test of Binet is revised in his 5th edition called the Stanford Binet int. test or S.B I test.

- This consist of series of items that vary in nature according to the age of the person being tested.

- Oral administration The S.B I test are administered orally.

A examiner begins by finding a mental age level at which a person is able to answer all the questions correctly and then moves on to successively more difficult problems. When a mental age level is reached at which no item can be answered the test is over.

- By examining the pattern of correct and incorrect responses the examiner is able to compute an IQ score for the person being tested.

Positive points:-

- it provide separate sub-scores
- provide clues to test-taker
- describes the strengths & weaknesses of the subject.

* S.B. tests are further divided into four categories
- By David Wechsler

- The most frequently used test was devised by psychologist David Wechsler and is known as Wechsler Adult intelligence scale or WAIS test.

- There are two test of WAIS

WAIS — III — more common.

WAIS — IV — for children

- WAIS III is the most authentic and standardized IQ test.
- There are 2 revisions of WAIS Test
- WAIS - I 1955
- WAIS - R 1981

- WAIS test have two major parts
i) 7 verbal test

ii) 7 performance test.

(1-7) (8-14)

- Verbal tests and - Performance tests.
example

- 1) Vocabulary test
- 2) Similarity "
- 3) Arithmetic "

- define a word bicycle
- to differentiate b/w things
- assess math reasoning
- 3 pencils cost 1 Rs, What will be the cost of 25 pencils?

4) Digit span "

The subject is required to repeat digit span forward or backward.

5) Information "

how many days in a week?

6) Comprehension "

assess evaluation of social norms i.e why criminals have locked up?

7) Letter no. sequencing

A L M C

performance test ✓

8) Picture completion

a person pic is present whose foot missing

9) Block design

2 1 4 9 2

10) Picture arrangement in a story.

11) Object assembly

Puzzle arrangements

12) Matrix reasoning

13) Symbol search

14) Digit symbol

coding.

12-34
AS X Z

* Note - Draw Diagrams from Feldman page 303 & 304.
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Achievement and aptitude tests

- Achievement test :- A test designed to determine (ex:- exam papers in schools) a person's level of knowledge in a given subject or area.
- Aptitude test :- A test designed to predict a person's ability in a particular area or line of work.
(e.g. to give an entry test before going in medical field)

The measure of Tests

The tests can be measured in terms of Reliability and validity.

→ Reliability :- The property by which tests measure consistently what they are trying to measure
i.e. each time we take the test the test taker will achieve the same result.

→ Validity :- The property by which tests actually measure what they are supposed to measure.

- One further step necessary to do after an Intelligent test is Norms establishment.

→ Norms :- Standards of test performance that permit the comparison of one person's score on a test with the scores of others who have taken the same test.

Educational

Quotient :- (EQ)

This Quotient is a measure of the effectiveness of an educational system based on factors such as graduation rate, student to teacher ratio.

Emotional Quotient :- (EQ)

It is a measure of the person's emotions, debate based quotient because there is no standard test to measure it.

Q. Define intelligence and mental retardation
Diff. enltraité b/w IQ & EQ?

Q1- What do you understand by intelligence
how can intelligence be assessed?

Q1- Comment on mental retardation and describe
as what best can be done to cope
with it.

Q1- Define intelligence emphasise the role
of I.Q. Testing in identification of
D.M.R. referring to a few tests of
intelligence testing.

Definition According to it is a condition of characteristics of limitations both in intellectual functioning and in adaptive behaviour involving conceptual, social and practical adaptive skills
— American Association on Mental Retardation (AAMR) 2002

• Mental Retardation :- (MR)

— Headings ① Diagnostic features

② Degree of severity of MR

③ Recording procedures

④ Associated features

⑤ Etiology (causes)

⑥ Associated lab findings

⑦ Down syndrome

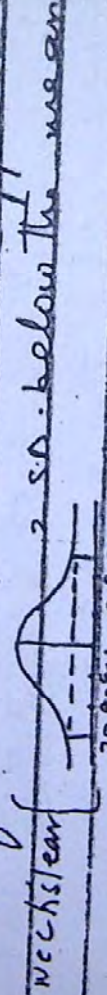
⑧ Prevalence

⑨ Course

① Diagnostic features :-

— The essential feature of MR is significantly general intellectual functioning which is defined as an

IQ of about 70 or below (approx 2 SD below the mean)



— e MR would not be diagnosed in an individual with an

IQ lower than 70 if there are no significant deficits in adaptive functioning. Aff. refers to how effectively

individual cope with common life demands expected from an individual in their particular age group

① Socio-cultural background and community settings

— Several scales have been designed to measure adaptive functioning all behaviours

② Degree of severity of MR :-

five degrees of severity can be specified

a) Mild MR

b) Severe MR

c) Moderate MR

d) Mild MR severity unspecified

- a) Mild M.R (MMR)
- educational category of educable.
 - largest group
 - 85%
 - appear normal till the 6th grade and can't be distinguished.
 - make social contacts in pre-school
 - They are able to lead a normal life but they need assistance and supervision self-support and guidance
 - Individual with MMR can usually live successfully in community
- b) Severe
- educational category of trainable
 - 10%
 - acquire communicational skill during early childhood
 - They can benefit from training but are unlikely to progress
 - May learn to travel independently in known places
 - adolescence may face difficulty in social relations
 - Adult age - unskilled or semi-skilled under supervision in workshops
 - They adapt well to life in community in supervised settings.
- c) Severe MR
- no communication
 - 3-4%
 - childhood: little or no communicative speech.
 - pre-schools - may learn to talk and can be trained
 - families with the alphabets & counting.
 - adult age - can perform tasks but in close supervision
 - Most adapt well to life in community, homes, families but they need specialized care & nursing.
- d) Profound MR
- 1-2%
 - most people of PMR have an identified neurological condition.
 - child - considerable impairment in sensorimotor functions
 - optimal development may occur in highly structured environment
 - some can perform very simple tasks but in closely supervised conditions.
- e) MR. sev. un-sep
- a person is regarded as MR sev. un-sep when is unable to be successful by the standardized intelligence tests
 - this occurs when the person is too impaired and uncooperative to be tested.

coding depends upon level
of severity.

317 mild

318.0 moderate

318.1 severe

318.2 profound

③ Recording Procedures:-

- In recording procedures axis codes are used.
- If M.R is associated with another mental disorder the additional mental disorder is coded on axis I.
- If M.R is associated with a general medical condition (Down syndrome) the med. condition is coded on Axis II.

④ Associated features and disorders:-

- Some individuals with mental retardation are passive, placid and dependent whereas others are aggressive and impulsive.
- Lack of communication skills leads to disruptive and aggressive behaviours.

- The most common associated mental disorders are

Attention - deficit / hyperactivity disorder, Pervasive developmental disorder, dementia and head trauma etc

⑤ Etiology:- Down syndrome, Fetal alcohol syndrome

= in 30% - 40% no clear etiology for M.R can be determined, due to lack of O₂ during child birth,

- The major predisposing factors include:-

is heredity which includes autosomal recessive

meiosis / meiosis, gene abnormalities and (brain infection)

chromosomal aberrations, head injury, meningitis

These include chromosomal changes in

prenatal damage due to toxins (alcohol infections)

iii) Environment all influences in mental disorder

v) Pregnancy and perinatal problems (trauma stress)

vi) General medical conditions acquired in

in infancy or childhood. Infections, trauma, poisoning

⑥ Associated lab findings:-

- There are no lab findings that are uniquely associated with MR. They can be related with the general med. condition.

⑦ Down's Syndrome (major cause of mental retardation). MR is a part of a specific syndrome whose symptoms are like the physical features of Down's syndrome.

- The neuro muscular - visual, auditory, cardiovascular, neurological condition. It became more severe with the increasing severity of MR.

⑧ Prevalence:-

- The prevalence rate of MR is approx 1%.

- The prevalence of MR due to known biological factors is similar among children of upper and low socioeconomic classes except that certain factors as poisoning & pre mature birth ^(treatment) are linked to lower socioeconomic status.

⑨ Course:- Most severe retardation is associated with the change in appearance (phenotype) can be identified earlier (Down's syndrome).

- Few others can be identified later on

- It depends upon environment, general med. conditions, age, cause & severity.

- The individual (MR) needs training,

guidance support.

-: Recording procedure:-

✓ The specific diagnostic code for M.R. is selected based on the level of severity as described by the multiaxial system.

Multiaxial system

Axis 1 :- clinical disorders and other conditions that may be a focus of clinical attention coded, Nervous & psychosis.

Axis 2 :- Personality disorders & Mental retardation Mental disorders are coded on axis 2 in DSM IV TR.

Axis 3 :- General medical conditions, down syndrome

Axis 4 :- Psychosocial & environmental problems.

Axis 5 :- Global assessment of functioning i.e. (G.F)

Prognosis:-

not satisfactory

Piaget's Theory of Cognitive Development.

- by Swiss psychologist Jean Piaget. He in 1970 suggested the theory of cognitive development based on conscious.
- He gave cognitive development in the children are stages and involve adjustment and assessment of the children.

Adjustment :- The relationship that any organism establishes with respect to its environment

Assessment :- Development of an idea or evaluation of surrounding processes.

- He suggested that children analyse the world & proceed through a series of four stages in a fixed order.

cognitive development :-

The process by which a child's understanding of the world changes as a function of age and experience.

There are four cognitive stages :-

- 1) sensorimotor
- 2) Pre Operational
- 3) Concrete Operational
- 4) Formal Operational

1) Sensorimotor stage :-

- birth - 2 years

- children base their understanding of world primarily on touching, sucking, chewing, shaking etc.

- In this stage they do assimilation and adjustment. They add the new experiences in the old.

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adjustment:- they adjust new things around them in this stage child is unable to represent the environment by using images, language or other symbols. Then he said that in this stage child lack the concept of object permanence i.e. The awareness that objects and people continue to exist even if they are out of sight.

- He observes following Object groping:- They perform motor activities to see and observe what would happen!

- Concept of self:- he can differentiate b/w himself and the world.

- Concept of causality:- Objects can be moved with hand.

- All these are related to motor and sensory motion i.e. sensorimotor.

ii) intuitive thought substage

2) Pre operational stage:- Symbolic function sub-stage
(2-4) → 2-7 years, two parts, (2-4) and (4-7) years
→ The most imp development during this stage is the use of language.

- Children develop an internal representational system that allow them to describe people, events and feelings.

- They even use systems in play i.e. the kid push a book along the floor like a car and chose with the car like a phone.

- They develop different thoughts i.e.

- Ego centric thoughts:-

A way of thinking in which a child views the world entirely from his own perspective.

The kid think that everyone shares their perspective and knowledge

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for example:- a kid will say no on moving his head and he will feel that the other person is able to understand that the kid said "no".
He also feel the concept animism.

Animism:-

It is the belief that inanimate objects have life like qualities and are capable of action.
for example a kid says: foot path hurt me if he fell on foot path and get injured.
- Surpencil add:- (is my mujay mara hy) sorry lol raba hy

(ii) Intuitive thought substage:-

- It is the sec. sub stage of pre-op. thought.
- In this stage child begin to use reasoning and they want to know about all sorts of question?

- They do:-

i) centration:- The focusing of attention on one characteristics to the conclusion

of all others.

- experiment:- he performed an experiment filled 3 equipment with H_2O



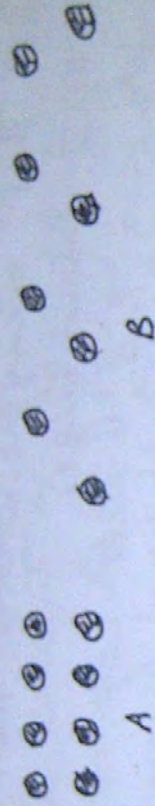
- He asked the kid that which one has more water the kid said "c"

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ii) Conservation :- (absent in kids)
In piaget theory the awareness that altering object appearance does not change its basic properties.

experiment :-



- he just changed the appearance of the balls, they are mobile scattered in B.
- the kid said there are more balls in B.
- This is called number conservation absent in kids of this stage.



- both have same mass but the kid said more mass in A. This is called mass conservation absent in kid.

③ Operational stage :-

it involve following processes :-

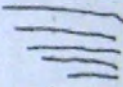
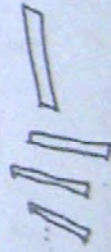
i) seriation :- present in the child.

it is the concrete operation that involve a ordering stimuli along a quantitative dimension i.e length

example :- he used different lengths of the

sticks and arranged them by increasing order, a kid is able

to do it



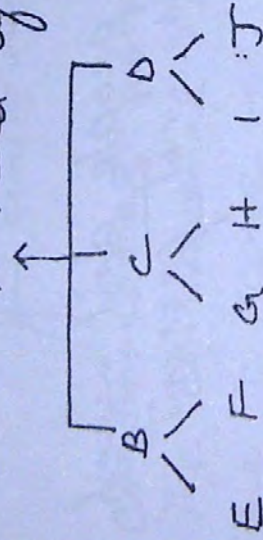
ii) Transitivity :-

- it is a mental concept
- it is the ability to combine logically and the understanding of relationships, who are reason based

exp:- $A > B$ $B > C$ $A > C = ?$

ans = Yes

Kid is able to say Yes -
A head of the family



- if asked for relationship ships the kid is able to tell the right one.

∴ A family tree :-

- Logical reasoning is developed in this stage
- He can use conservation skills.
- " " operation
- Centration is absent in this stage.

- The cognitive developmental stages are 1st, 2nd, 3rd.

Q:- What do you know about the cognitive development of a child in light of Piaget's theory?
ans:- I explain only 2nd and 3rd stage.

- 1st stage is infant stage

4) Formal operational stage :-

- 11-15 years.
- adolescence
- idealistic thinking is developed.
- How the perfect friend be like?
- Abstract thinking is developed
- the thought of invisibility is developed.
- invincibility no one can destroy me or harm me
- Young will start having imaginary audience
- they are preoccupied by their own thoughts. i.e. they are the best, no one can dare to harm them
- Piaget says that many people don't reach this stage, this stage is not present in all.
- What do you understand by the cognitive development in the light of piaget's theory?
- ans :- whole theory.

Criticism :-

- Children are not always consistent in their performance of tasks.
- Cognitive development proceed in a more continuous manner than piaget described.
- He underestimated the age at which infants and children can understand specific concepts and principles.

Q:- What are chromosomal abnormalities? What are the causes and effect on development?

Chromosomal abnormalities :-

Definition of chromosome :-
- hereditary material

- 23 in human (pairs) 46 total

- homologues i.e. in pairs

- 22 → autosomes 1 :- Sex chromosome

- XX = female XY = male

- apart during reproduction

- genes located on them

- chromatids
centromere

pair of chromosomes.

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Chromosomal abnormalities :-

The chromosomal abnormalities are produced when there is some :-

- addition in the no. of chromosomes

- deletion

- change of the chromosomes.

- missing of an arm i.e. missing

1) - Down's syndrome :- (e) (XXY)

- chromosomal disorder

- presence of an extra chromosome on the 21 pair
XXX, also called "Trisomy".

- Discovered by Dr. Langdown

- Cause :- age of mother is above 40 years.

- or the difference in ages of partners.

- facial features are peculiar

- skull is flat behind, eyes slanting and

tongue is protruded out

- The Down syndrome is not sexually transmitted.

- also called as - super female.

2) Klinefelter's syndrome :- (σ^7), (c) (xxy)

- chromosomal disorder
- present only in males.
- an extra x chromosome in the sex chromosome i.e. " xxy " instead of " xy "
- 1 in 800 males.
- they are not mentally retarded but physical features are abnormal, long, thin body.
- treatment :- hormonal therapy.
- Sexually transmitted.

3) Fragile x syndrome :- (c) $\xrightarrow{\text{broken}} x^y$ or $\xrightarrow{\text{broken}} x^x$

- One " x " chromosome break i.e. y or x^x
- It is a genetic disorder that results from an abnormality in the x chromosome, which because of constricted and often break

- More in males as compared to female because they have only one " x ".

- It is a sex linked syndrome

- Its effect in female is affected verbal communication, it is a chromosomal disorder

4) Turner's syndrome :- (c) ($x0$)

- one " x " chromosome is totally absent

- The condition is " $x0$ "

- It is a chromosomal disorder.

- More in females

- Physical features are webbed necks, fat on the neck

- 1 in 3000 females.

- Mental retardation, sexual underdevelopment and infertility is caused.

5) XYY syndrome :- (σ^7) (c) (xYY)

- only in men
- a chromosomal disorder in which "xYY" condition is present
- Primitive thought about 'xYY' is that they have criminal tendency bec they are more muscular but rejected.
- No treatment
- 1 in 1000 births.

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6) Phenylketonuria :- PKU, (c)

- It is a genetic disorder in which the individual cannot metabolize an aromatic amino acid phenylalanine, so it accumulates in the body.
- can be easily detected.
- cause mental retardation.

7) Sickle cell anemia :- (g)

- It is a genetic disorder
- It affects the RBC, their normal shape is disc like but s.c anemic have sickle shaped RBC due to which they die quickly causing anemia.
- Cause an early death of the individual bec there is no oxygen in RBC.

8) Cystic fibrosis :- (g) (mucous)

- It is a genetic disorder
- affects mucous producing parts in body i.e lungs intestine, breathing system and digestive sys.
- cause short life span, 2 in 2000 births.
- treatment :- oxygen therapy and antibiotics.

9) Diabetes :- (g)

- 1 in 2,500 births
- body is unable to produce insulin which causes abnormal metabolism.

10) Haemophilia :- (g)

- blood can't clot, delayed blood clotting which cause internal and external bleeding
- Restricted life style.
- Treatment :- blood transfusion
- more in males.

11) Huntingtons :- (g) (cns)

- cns, central nervous system is damaged producing problems in muscles co-ordination.
- Mental deterioration.
- Occur after the age of 35 years.
- no treatment
- 1 in 20,000 births.

12) Spina bifida :- (g)

- effect the neural tube which cause brain and spine abnormalities
- Present in developing embryos which afterwards grows into the spinal cord.
- 2 in 1000.

13) Tay Sachs :- (g) (fat in n.s.)

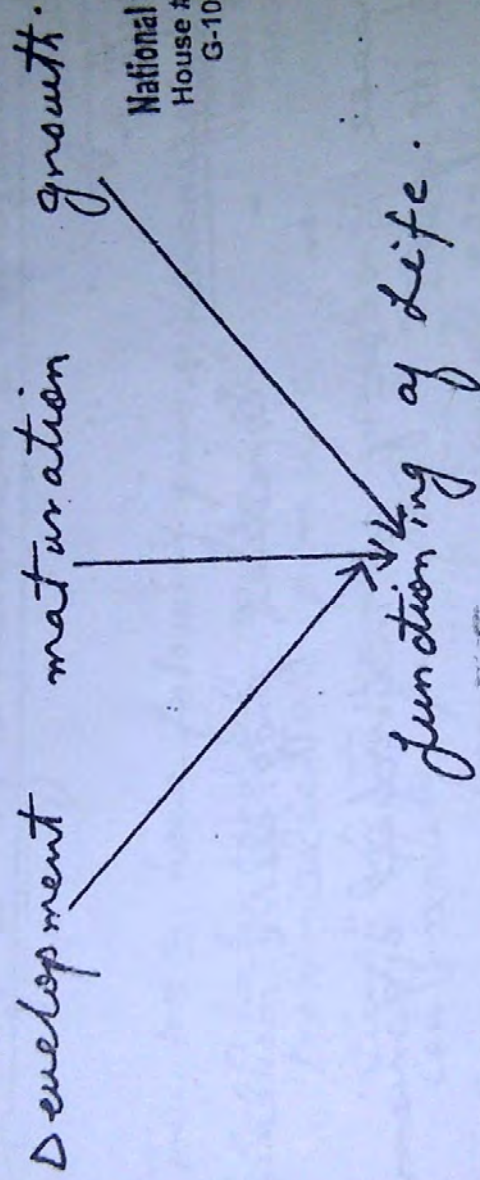
- inherited disease, severe neurological deterioration and accompanying mental and physical retardation
- due to the accumulation of lipids in the nervous system, also called storage disorder.

Development, growth and Maturation:-

Q- Discuss why growth, maturation and development are considered imp. to our understanding of the human development.

Q:- Differentiate b/w G, D & M, describe the influence of nature and nurture on development.

ans, 1st define the three, then principles of DMG and Nature nurture effect as we read in psychos 1.



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Development:-

Def:- "The sequence of changes over the life span of an organism."

or
"A Progressive change leading to higher levels of differentiation and organization of Major types of development are:-"

- i) human development
- ii) social development
- iii) intellectual development
- iv) emotional development

"Describe them briefly from six bi-class notes" and other types also. but briefly.

Maturation :-

"The developmental process leading towards maturity is called maturation"
maturity is a latin word meaning "ripeness"
the state of adulthood or completed growth.

- It is the judgements that how successfully a person correspond to socially and culturally accepted norms.

- It involve.

- i) - Sexual maturity.
- ii) - emotional maturity
- iii) - intellectual maturity.

Growth :-

Definition :-

- "Gradual progressive increase"
or

- "increase in size of an individual organism and its parts"

or

- "increase in effectiveness or competence of a function e.g growth of cognitive capacity"

"Differentiation of parts"

or

"increase in magnitude and performance"

- Growth is accompanied by the growth hormones i.e pituitary hormone

- growth occurs according to the growth principle which is defined as, "emotional and intellectual growth will take place normally in all persons when they are free from social pressure".

— Carl Rogers (humanistic theory)
- These three are vining for the functioning of life.

Principles of development, maturation and growth :-

- The DMG have following principles.

- 1) cephalo cordal principle
- 2) Proximodistal principle
- 3) Simplicity to wards complexity.
- 4) Continuity principle
- 5) From general towards specific
- 6) Rate of DMG.

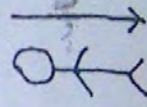
① cephalo cordal principle :-

- cephalic :- head
- This principle states that,

"DMG begin at the head and extends towards the tail".

- from upward to downward.

- Brain → upper limb → lower limb → walk.



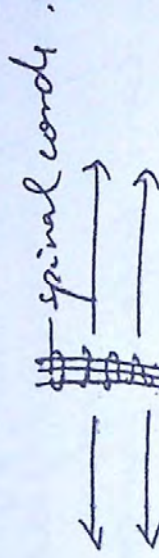
② Prone to distal development :-

this principle states that,

"DCGM proceed from the center of the body towards the extremities i.e outwards".

center → outside.

spinal cord (center).



- spinal cord develop before the outer parts of the body.

③ Simplicity towards complexity :-

from simple to complex.

e.g a kid define an apple = red (on color base) but his way will be complex and different with age and time.

④ Continuous process :-

- DGM is an uninterrupted process

- like a chain

- without breaks. in little steps, improved.

⑤ General to specific :-

it include motor movement i.e walking, driving and fine motor movement is painting, surgery in which all parts of body + intelligence are involved.

⑥ Rates :-

- different rates.

- they depends upon, schooling, social contacts and grooming.

* elaborate and stretch these principles for DGM

1) Clinical Diagnosis and assessment :-

Definition :-

It is a procedure in which clinician evaluates a person in terms of the psychological, physical and social factors that have most influence on the individual's functioning.

Sources of Clinical diagnosis and assessment

These are

- 1) Interview
- 2) Examination of mental state
- 3) Behavioural assessment
- 4) Personality assessment
- 5) Intelligence assessment
- 6) Neuro psychological assessment.

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① Interview :-

- interviewing is the central one in clinical assessment, medicine, clinical psychology and psychiatry.
- It depends upon how well doctors and patients communicate with each other.
- Interview assesses attitudes and emotions.
- initial interviews :-

- These are the means of asking questions about

on factual information, historical event.

• happenings

• activities.

- On these bases the clinical psychologist is able to get following information about the client/patient.

1- history of presenting problems

2- Nature of the problem

3- Time of onset

4- Development of problem or symptoms

5- Linking factors

6- Key event since onset

7- What help has been given and offered

8- what help patient thinks is good for him

liking of patient.

Characteristics:-

= characteristics of an interview.

• interview should be goal oriented.

① physical setting, comfortable.

② Sound proof room.

③ Privacy and protection

④ Writing of notes in code words

⑤ Rapport (comfortable atm)

⑥ Respect, integrity, acceptance

⑦ Communication beginning by general questions.

⑧ Language use effects

⑨ impact of interviewer

⑩ interviewer must know purpose of interview.

Types of interviews:-

• case history :-

It involves personal, social history and to put patient in the background of content in which to study time. The range of information collected from case history is v. broad.

- There are three points that should be kept in mind while taking the case history of the patient, these are:

- 1) establishment of a friendly, interested and understanding relationship with the patient.
- 2) Try to avoid remarks and suggestions.
- 3) Properly listen the answer of patient.

- Interview itself serve as a main tool of information as

A good question is a half knowledge

— (Hazrat ALI) RA

- interview serve as a standard situation to assess patient's emotions.
- comments which make the patient realise that he is being understood will increase his confidence.
- Patient listening is particularly important.
- He should not be forced to answer such questions which he feel embarrassing.

case history involve

1- Family history: father, mother, siblings

2- Personal history: early development

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- childhood
- schooling
- occupation
- service or war experience
- Menstrual history
- Sexual practice
- Marital history
- children

3- Medical history

4- Previous mental health

5- Personality before illness it include

- social relations
- spare time interests.

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- Mood
- Other characteristics
- Moral and religious attitudes
- Fantasy life
- Reaction pattern to stress
- Habits (Tobacco, alcohol, drugs)

6) History of the patient illness.

- from earliest time at which a change was noticed until admission to the hospital.

- - Intake :- to determine why the patient has come, to tell him the positivity of hospital, fee of the hospital.
- - Mental status examination :-
to detect cognitive, emotional, behavioural defects of the
- - Crisis :- meeting problems, dealing with uncontrollable situations.
- - Diagnosis :-
standard set of questions asked in specific sequence.

2) Examination of the Mental State :-

It includes :-

1- General appearance and behaviour

- dress
- hair
- self care
- Does patient look ill.
- relaxed
- slow
- hesitant

2- Talk

- slow
- fast
- loose
- sudden silence
- changes of topics
- using strange words, rhymes.

3- Sample of Talk

- a sample of talk should be recorded to illustrate any abnormalities

4- Mood

- appearance
- motility
- behaviour
- his answer to questions about his mood

imp factor

5- Thought content :-

- pre-occupied.
- anxious
- suicidal thought
- wishes
- fears.

6- Delusion and Misinterpretation :-

- his doubtful ideas
- attitude of people with him.
- laugh him
- want to kill him
- advise him.

- 7- Hallucination and other disorders of perception
- auditory or visual
 - when occur at night, during sleep, or when alone.

8- Compulsive phenomena :-

- Obsessional thoughts
- impulses
- Does he repeat actions
 - as washing hands.

9- Orientation :-

any thing unusual in the time he was born, the time, day, date?

10- Memory :-

- give the evidence of memory of the patient

11- Attention and concentration :-

to which extent the thought is disorganized.

12- General information :-

- Name of President of Pakistan
- " " Provinces
- " " Six large cities

13- Intelligence :-

- assess it from his history & knowledge.

14- Insight and judgement :-

- what is the patient's attitude towards the present state?
- Does he feel himself ill or mental?

Formulation :- (Summary)

After taking the case history and the ena. of mental state make a summary of the whole case. This is formulations.

3) Behavioural assessment :-

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- Behavioural assessment will seek to identify the relationship between client interpersonal and the physical environment.
- Human functioning is the product of environment and his behaviour. e.g. situation and the person.
- Different people behave in different ways.
- Behavioural assessment focuses on the identification of the client's specific behaviours that may require change. It is called situation specific approach.
- Behavioural assessment is made on the basis of following major methods:-

1) Naturalistic observation:-

It is the observation of the client in his natural settings, these obs are recorded on coding system which already have the strategy for defining each behaviour and frequency of these behavioural categories.

2) Self-monitoring:-

It is the observation of own actions and interactions.
- it is more immediate and focused.

3) Self-report by client:-

- it is a report made by the client after monitoring him. by recording the data and making it a useful information for assessment.

4) Analogue Observation :-

- It is an substitute for real situation e.g. game monopoly is an analogue of the world of finance. Like wise psychologists have created a variety of analogues that serve as substitutes for real situation.
- It is conducted by Paper and pencil test, audio or video test, enactment test and role play tests.

5) Observation and rating by significant others :-

- In this process. Peers, parents, teachers and ward staff make the observation and then give the report of the behaviour of the client.

4) Personality assessment :-

- It provide information on patient's strengths and weaknesses.
- how they deal with situations.

A) Objective personality assessment :-

- it include structured tests, these are :-

- MMPI , Minnesota Multiphasic Personality inventory
- MCMI Million clinical Multi axial inventory
- EPQ Eysenck personality questionnaires
- EPI " " inventory

- Type A Type B Behaviour
- 16 Personality Factor Questionnaire (16PF)
- Edward Personal preference schedule (EPPS)
- California personality inventory (CPI)
- Beck depression inventory (BDI)
- State trait anxiety inventory (STAI)
- The Objective Analytic Battery (OAB)
- The Motivation analysis test (MAT) and others.

B) Projective personality Assessment :-

- it is the use of unstructured tests.
- They are :
 - Rorschach ink blot test
 - Thematic Apperception test
 - Word association test
 - Sentence completion test
 - The house tree person test
 - Draw a person, The Blocky Pictures & others.

5) Intelligence assessment :-

- Define and describe from the topic "Intelligence"
- Write Intelligence test from that topic i.e (WAIS and SB)

6) Neuropsychological assessment :-

- N.P. ass uses experimental and clinical psychology methods to analyze the cognitive and behavioural disturbances resulted from injury disease or abnormal development.
- They are used both in clinical evaluation and research.
- These tests give unbiased estimate of Patients' behaviours.
- These tests are used now a days for neurological and psychiatric probs.
- The usefulness of these tests depends upon the psychologist knowledge.
- These tests include :-

- 1- intelligence test (WAIS-R-WICS-III)
- 2- Reasoning, concept formation and problem solving (Wisconsin card sorting test, Shipley Abstraction test)
- 3- Memory tests (Wechsler Memory scale)
- 4- Perceptual and perceptuomotor tests (Benton visual retention test)
- 5- Behavioural visual motor Gestalt test
- 6- Language function tests (BOAE)
- 7- Attention and concentration tests (Petersen Trail marking test)
- 8- Compensatory Testing (Luria-Nebraska test)

Clinical judgement

Definition

- It is one of the means of putting together assessment data or arriving at a particular conclusion is called clinical judgement.
- clinical judgement starts when clinical assessment leaves off.
- The basic element of C.J is Interpretation.

Interpretation

it involve 4 things a v. complex process.

- 1 Stimuli (a test score)
- 2 Clinician response (is patient psychotic?)
- 3 characteristics and orientation of Clinician
- 4 Situational variables.

Theoretical frame work :-

- Psychodynamic
- Behavioural
- Cognitive

samples, signs and correlates

responses

- samples of observations, test, responses
- signs of underlying state i.e. anxiety
- correlates of other things.

Levels of interpretation :-

Level 1 :- used with large populations for screening, little ^{*} inference.

Level 2 :- it involve two kinds of inferences.

- descriptive generalization
- hypothetical constructs.

Level 3 :- At this level the attempt is to achieve a concept of "broad understanding of the individual in situation".

Theory and interpretation :-

- Behavioural
- Psychometric approach.
- Psychodynamic approach.

Quantitative vs / subjective approach :-

- Quantitative is statistical approach.
- Subjective is clinical approach.

Goldberg study

- 13 - PhD level staff members and trainees diagnosed 800 patients based on MMPI scores.

* a clinical judgement based on evidence.
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Biases in clinical judgement :-

- C.T suffer biases due to patient characteristics.
e.g. in the presence of same symptoms a higher % of women are given the diagⁿosis of depression than men.

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- Grab done study on racial bias, social bias and gender bias

- He noticed that women are more dysfunctional

- Blacks are more schizophrenic having mood disorder than whites.
- Even when presenting same symptoms men diagnosed more aut social and women histrionic.

- Middle class more likely to be referred for therapy than the lower.

- Black patients being more prescribed anti-psychotic medications.

Recommendations :-

aware of biases.

"low diagnostic criteria

e. Statistical predictions.

Clinical approach is applicable?

other adequate tests are

- When unusual events are predicted
- When no statistical regulations have been developed.

When statistical approach is applicable?

- When the outcome is specific and objective.
- For large heterogeneous samples.

Improving Judgement and Interpretation

- by processing the information and do not over simplify it.
- The reading-in-Syndrome: - avoid injecting meanings into less meaningful remarks and actions.
- following the predictions.
- Use structured interviews, rating scales, Obj: personality tests and behavioural ass. methods.
- The effect of predictions may alter the behaviour of patients.
- By making logical predictions.
- The influence of stereotyped beliefs.