Substance Use Disorders

- Psychoactive Drugs
- Alter human functioning - examples
- Tolerance
- Dependency
  - Psychological
    - Need for pleasure and avoid displeasure
  - Physiological
    - Central nervous system adaptation
    - Need for everyday functioning
    - If Physio then Psycho

Alcohol
- Most abused *recreational* drug
- Central Nervous System Depressant
- BAC
- Disorders
  - DT’s (Delirium tremens)
  - Alcoholic Hallucinosis
  - Pathological intoxication
  - Deterioration
  - Korsakoff’s

Physiological dependence
- Standard Drinks
  - 1.0-1.5 oz hard liquor, 12 oz of beer, 3-6 oz of wine.
Barbiturates
- Physiological dependence
- "Downers." 2,000 accidental suicides
- How to get off of them
- Phenobarbital, Seconal
- Can die from withdrawal

Amphetamines
- "Uppers"
- Psychological Dependence
- Benzedrine, Dexedrine, Methedrine, Cocaine

Narcotics
- Analgesics
- Greek word for stupor
- Bind at opiate receptors
- Cocaine and Marijuana often classified as "narcotics" in the Controlled Substances Act (CSA) but neither bind opiate receptors nor produce morphine-like effects
- Pain meds, heroin
- Physiological dependence
Hallucinogens
- LSD, PCP (phencyclidine), mescaline (peyote cactus), psilocybin (certain mushrooms)
- Effects are unpredictable—depends on amount taken, the user’s personality, mood, and expectations, and the surroundings in which the drug is used.
- Usually, the user feels the first effects of the drug 30-90 minutes after taking it.
- Flashbacks
- Psychological Dependency

Marijuana
- Cannabis sativa
- THC (delta-9-tetrahydrocannabinol)
- Most commonly abused illicit drug
- More effects on body than smoking
- 2005—16.5% of 8th graders, 34.1% of 10th graders, and 44.8% of 12th graders reported lifetime use of marijuana—decrease
- Schedule I substance under the Controlled Substances Act (CSA).
  - Schedule I drugs are classified as having a high potential for abuse

Sexual and Gender Identity Disorders

Gender Identity Disorder
- A. Strong persistent cross-gender identification (not merely a desire for any perceived cultural advantages of being the other sex).
- B. Persistent discomfort with his or her sex or sense of inappropriateness in the gender role of that sex.
- C. The disturbance is not concurrent with physical intersex condition.
- D. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Prior to DSM-IV-TR this was transsexualism.
- Male/Female
- Female/Male
- Sex Reassignment Operations
Sexual Dysfunctions

Males
- Male Erectile Disorder or Dysfunction - Persistent or recurrent inability to attain or maintain an adequate erection for penetration (performance anxiety).
- Premature Ejaculation - Persistent and recurrent onset of orgasm and ejaculation with minimal sexual stimulation, occurring before, at, or shortly after penetration.

Females
- Female Orgasmic Disorder - Persistent or recurrent delay in or absence of orgasm following a normal sexual excitement phase.
- Vaginismus - Involuntary spasms of the musculature of the outer third of the vagina that interferes with sexual intercourse.

Altogether 45% of men and 55% of women reported some sexual dysfunction during the past year.

Women
- 33% report lack of sexual interest
- 24% report inability to experience orgasm

Men
- 29% reported climaxing to early
- 17% reported sexual anxiety (performance)
- 16% reported lack of sexual interest

Paraphilias
- Much more common in Males
- Behaviors in which the individual’s sexual interest directed toward:
  - Objects other than humans
  - Intercourse under unusual or bizarre circumstances
  - Sexual acts not usually associated with intercourse
- Fetishism
  - Being aroused by holding, tasting, smelling, viewing
  - Generally masturbate
    - Clothing
    - Parts of body

- Transvestic Fetishism
  - Heterosexual arousal pattern

- Frotteurism
  - Recurrent, intense sexual arousing by touching/rubbing nonconsenting person

- Pedophilia
  - Masturbation or oral/genital contact
  - If child is blood relative incest
  - Married/religious
  - Must be 16 and at least 5 years older than victim
  - Victim usually 13 or younger

- Exhibitionism
  - Flashing
  - Most commonly reported to police
  - Females (about 40%/60% F/M)

- Voyeurism--Scopophilia
  - Looking at unsuspecting person

- Zoophilia--Bestiality
  - Animals
  - Masturbation not enough

- Sexual Masochism
  - Humiliated, beaten, bound, or otherwise made to suffer

- Sexual Sadism
  - Wants to humiliate, beat, bound, or otherwise make suffer
Rape
- 25% of all females report some type of sexual assault
- About 7 rapes prior to getting caught
- About 20 total rapes each
- For every rape that is reported, 4-20 go unreported
- Derogate victim
- Violent impulses/sex not major motive in many rapes
- Should report—why?

Eating Disorders
- Anorexia Nervosa
  - 15% below ideal
  - "Feel Fat"/Preoccupied w/ body size
  - Vomiting, laxatives, diuretics
  - Fix elaborate meals for others
  - Females 95%
  - Mortality 5-18%
    - Suicide, electrolyte imbalance, cardio

- Bulimia Nervosa
  - Binge eating/purging
  - Typically includes sweets/high calorie (cake/ice cream)
  - Compensatory behaviors to prevent weight gain
  - Self-induced vomiting
  - Exercise
  - Feeling of lack of control
  - Over concern with body shape and weight

Hospitalization
- Adolescence--mean age is 17 years old
- Stressful life event like leaving home for college
- 1 in 800 to 1 in 100
- Absences of periods 3 consecutive
- Excessive exercise
  - Restricting Type
  - Binge-eating/purging type—one or both of these
- Minimum average of 2 binges a week for 3 months
- Little chewing, rapid eating
- Vomiting reduces past binge anxiety
- Hide the eating
- Adolescence/early adult
- 1-3% females .04% males
- 90% females
  - Purging type
  - Nonpurging type

Therapy

Is More Therapy Better?
Medical Therapies

Drugs Used in the Treatment of Psychological Disorders

- **Antipsychotics** (e.g., Thorazine)
- **Antidepressants** (e.g., Prozac)
- **Transquilizers** (e.g., Valium)
- **Lithium carbonate**

- Schizophrenia and other psychoses
- Depression, anxiety disorders, and OCD
- Mild anxiety
- Bipolar disorder
**Medical**
- Drugs
  - Phenothiazines
    - Relieve positive but not negative symptoms
  - Lithium
  - Tricyclics
  - Benzodiazepines
- ECT
- Surgery

**Behavioristic (Wolpe)**
- 49% of faculty in accredited clinical psychology programs now align themselves with a cognitive or cognitive-behavioral therapy orientation
- Systematic Desensitization
- Aversion Therapy
- Implosive/Flooding/Exposure
- Token Economies
- Young and Retarded

**Cognitive Behavior Therapy (Ellis)**
- A=Antecedent Condition or Event = Divorce
- B=Beliefs or Behaviors = “I’m a bad person.”
- C=Consequence = Depression

If we get the person to challenge and change the irrational beliefs the consequences have got to change.

**Psychoanalysis (Freud)**
- Free Association
  - Insight into unconscious motives and feelings
- Transference
- Catharsis
Humanism (Rogers, Maslow)
- Client-Centered Therapy/Non-Directive
- Potentials/Self-Actualization
- Conditional/Unconditional Positive Regard
- Conditions of Worth

What form of therapy is the most effective?
- Combination of therapeutic interventions with medications tend to be the best.