PSY 327 – Abnormal Psychology
Module 6 Outline

I. Clinical Features of Personality Disorders
   A. To be diagnosed with a personality disorder, a person’s enduring pattern of behavior must be pervasive, inflexible, stable, and of long duration. The pattern of behavior must lead to clinically significant distress or impairment in functioning and must be manifested in at least two areas.
   B. Little evidence on prevalence; estimate that about 13% of the population will meet the criteria for a personality disorder at some times in their lives.

II. Difficulties Doing Research on Personality Disorders
   A. Difficulties in Diagnosing Personality Disorders
   B. Difficulties in Studying the Causes of Personality Disorders

III. Cluster A Personality Disorders
   A. Paranoid Personality Disorder
   B. Schizoid Personality Disorder
   C. Schizotypal Personality Disorder

IV. Cluster B Personality Disorders
   A. Histrionic Personality Disorder
   B. Narcissistic Personality Disorder
   C. Antisocial Personality Disorder (ASPD)
   D. Borderline Personality Disorder

V. Cluster C Personality Disorders
   A. Avoidant Personality Disorder
   B. Dependent Personality Disorder
   C. Obsessive-Compulsive Personality Disorder
   D. Provisional Categories of Personality Disorder in DSM-5-TR
   E. General Sociocultural Causal Factors for Personality Disorders

VI. Treatments and Outcomes
   A. In general, personality disorders are difficult to treat
   B. Adapting Therapeutic Techniques to Specific Personality Disorders
   C. Treating Borderline Personality Disorder
   D. Treating Other Personality Disorders

VII. Antisocial Personality Disorder and Psychopathy
   A. Psychopathy and ASPD
   B. The Clinical Picture in Psychopathy and Antisocial Personality Disorder
   C. Causal Factors in Psychopathy and Antisocial Personality
   D. A Developmental Perspective on Psychopathy and Antisocial Personality
   E. Treatments and Outcomes in Psychopathic and Antisocial Personality

VIII. Brain Impairment in Adults
   A. Diagnostic Issues
   B. Clinical Signs of Brain Damage
   C. Diffuse versus Focal
   D. The Neuropsychology/Psychopathology Interaction

IX. Delirium
A. Clinical Presentation
B. Treatment and Outcome

X. Dementia
A. Dementia
B. Parkinson’s Disease
C. Huntington’s Disease
D. Alzheimer’s Disease (AD)
E. Dementia from HIV-1 Infection
F. Vascular Dementia (multi-infarct dementia)

XI. Amnestic Disorder
A. Central feature is strikingly disturbed memory or amnesia
B. Overall cognitive functioning may remain relatively intact
C. Root cause brain damage typically from chronic alcohol use with its associated deficiency in vitamin B1
D. Other causes include: head trauma, stroke, surgery in the temporal lobe, hypoxia, brain infections
E. Depending on cause, may abate wholly or partially

XII. Disorders Involving Head Injury
A. Traumatic Brain Injury

XIII. Maladaptive Behavior in Different Life Periods
A. Varying Clinical Pictures
B. Special Psychological Vulnerabilities of Younger Children
C. The Classification of Childhood and Adolescent Disorders

XIV. Common Disorders of Childhood
A. Attention-Deficit/Hyperactivity Disorder
B. Oppositional Defiant Disorder and Conduct Disorder

XV. Anxiety and Depression in Children and Adolescents
A. Anxiety Disorders of Childhood and Adolescence
B. Childhood Depression and Bipolar Disorder

XVI. Symptom Disorders: Enuresis, Encopresis, Sleepwalking, and Tics
A. Enuresis
B. Encopresis
C. Sleepwalking
D. Tics

XVII. Pervasive Developmental Disorders
A. Pervasive Developmental Disorders
B. Autism Spectrum disorders

XVIII. Learning Disabilities and Developmental Disabilities
A. Learning Disabilities
B. Causal Factors in Learning Disorders
C. Treatments and outcomes
D. Developmental Disabilities
E. Causal Factors in Developmental Disabilities
F. Organic Retardation Syndromes
G. Treatment, Outcomes, and Prevention

XIX. Planning Better Programs to Help Children and Adolescents
   A. Special Factors Associated with Treatment for Children and Adolescents
   B. Child Advocacy Programs