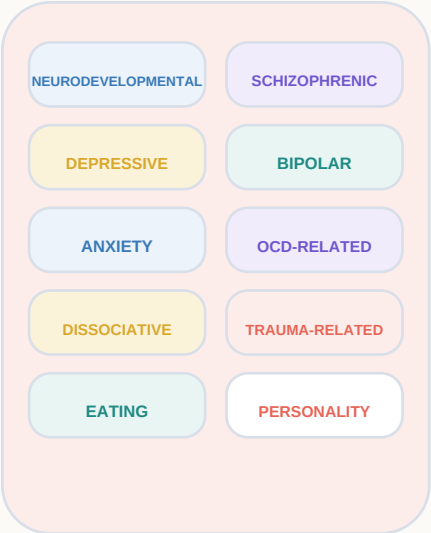
AP PSYCHOLOGY | UNIT 5

TOPIC 5.4

Selection of Categories of Psychological Disorders

This topic compares selected disorder categories, characteristic patterns, and possible causes within AP Psychology scope.



THE ORGANIZING QUESTIONS

PATTERN

Which thoughts, feelings, behaviors, or body changes appear?

COURSE

When did the pattern begin, and is it acute, chronic, or episodic?

IMPACT

Does it cause distress, impairment, or risk in daily life?

BY THE END, YOU SHOULD BE ABLE TO...

1. Recognize the selected categories and their characteristic patterns.
2. Distinguish pairs such as delusion/hallucination and obsession/compulsion.
3. Describe possible causes without diagnosing a real person from limited information.

BOUNDARY

Symptoms can overlap, causes can be multiple, and diagnosis requires professional assessment. A brief description is for concept practice, not diagnosis.

1 Development, psychosis, and mood

These categories differ in onset, symptom pattern, and course; possible causes may be environmental, biological, genetic, social, behavioral, or cognitive.

NEURODEVELOPMENTAL

ADHD

Attention-deficit/hyperactivity disorder; behavior is evaluated against developmental expectations.

ASD

Autism spectrum disorder; onset occurs during the developmental period.

Age and maturity matter. Possible influences may be environmental, physiological, or genetic.

SCHIZOPHRENIC SPECTRUM

DELUSION

false belief

HALLUCINATION

false perception

DISORGANIZED SPEECH

word salad

MOTOR BEHAVIOR

may include catatonia

NEGATIVE SYMPTOM

absence, e.g. flat affect

Positive symptoms add experiences; negative symptoms involve the absence of typical behavior.

MOOD PATTERNS

DEPRESSIVE DISORDERS

Sad, empty, or irritable mood with physical and cognitive changes affecting function. Includes major depressive and persistent depressive disorders.

BIPOLAR DISORDERS

Periods of mania and depression. Bipolar cycling alternates mood states; Bipolar I and Bipolar II are in scope.

Schizophrenia may be acute or chronic; possible influences include genetics, prenatal virus exposure, and dopamine imbalance.

2 Anxiety and related categories

Focus on the defining pattern, not the label alone: fear, intrusive thoughts, dissociation, trauma response, eating behavior, and personality patterns differ.

ANXIETY DISORDERS: WHAT IS FEARED?

SPECIFIC PHOBIA

specific object or situation

AGORAPHOBIA

certain public or outside-home situations

PANIC DISORDER

repeated panic attacks

SOCIAL ANXIETY

judgment or being watched

GAD

prolonged nonspecific anxiety

CULTURAL CONTEXT

ataque de nervios; taijin kyofusho

OCD-RELATED: THOUGHT VS BEHAVIOR

OBSESSION

An intrusive thought.

COMPULSION

An intrusive, often repetitive behavior intended to address an obsession. Hoarding disorder is also in scope.

FOUR MORE GROUPS

DISSOCIATIVE

Separation from memory, identity, or awareness. Includes dissociative amnesia with/without fugue and DID.

TRAUMA-RELATED

PTSD may involve hypervigilance, anxiety, flashbacks, insomnia, detachment, or hostility.

EATING

Altered intake or food-related behavior that impairs health or functioning; anorexia nervosa and bulimia nervosa.

PERSONALITY

Enduring, inflexible patterns: Cluster A = odd/eccentric; Cluster B = dramatic/erratic; Cluster C = anxious/fearful.

Describe patterns and possible causes; do not diagnose yourself or others from a checklist or short scenario.