The Ultimate AP® Psychology Unit 5 Cheat Sheet

5.1 Stress & Health

Health Psych & Stress

Health psychology: how behavior, thoughts & stress affect physical health & wellness (and vice versa).

Stress: process of appraising & responding to **stressors** seen as threatening or challenging (events, demands).

Physical toll: chronic stress → **hypertension**, headaches, **immune suppression** (↑ colds, slower healing) → ↑ risk of disorders & disease (e.g., heart disease).

Types of Stressors

Type	Meaning	Example
Eustress	Motivating	Big game, new job
Distress	Debilitating	Job loss, illness
Traumatic	Severe, sudden	Disaster, assault
Daily hassle	Small, add up	Traffic, chores

ACEs (adverse childhood experiences): abuse, neglect, household dysfunction → stress felt across lifespan; more ACEs ↑ risk of later disease & depression.

Reacting to Stress

GAS stage (Selye)	What happens
1) Alarm reaction	Fight-flight-freeze
2) Resistance	Body confronts stressor
3) Exhaustion	Resources spent

Alarm: sympathetic NS + stress hormones (cortisol, adrenaline) → ↑ HR, BP, glucose. **Exhaustion** = reserves depleted → most vulnerable to illness.

Tend-and-befriend: under stress, care for self/others (tend) & seek social connection (befriend); seen mostly in women.

⚠ Eustress vs. distress depends on appraisal, not the event itself: a promotion can energize or overwhelm.

✓ Scenario Qs: illness after months of strain = exhaustion stage, not alarm. Alarm is the first, short burst of arousal.

5.1–5.2 Coping & Positive Psychology

Coping with Stress

Coping	Goal	Example
Problem-focus.	Fix the stressor	Study plan, tutor
Emotion-focus.	Manage feelings	Breathing, meditate

Problem-focused: treat stress as a problem; work solutions until solved. Best when stressor is controllable.

Emotion-focused: manage emotional reaction (deep breathing, meditation, meds aimed at stress emotions). Best when stressor can't be changed (e.g., grief).

Positive Psychology

Positive psychology: studies what leads to **well-being**, **resilience** (bouncing back), positive emotions & psychological health, not just fixing illness.

Subjective well-being: self-rated happiness & life satisfaction. **Gratitude** (a positive subjective experience) ↑ it.

Signature strengths: using your top character strengths daily → ↑ reported happiness & well-being.

6 Virtues (Character Strengths)

Virtue	Sample strengths
Wisdom	Curiosity, creativity
Courage	Bravery, persistence
Humanity	Kindness, love
Justice	Fairness, teamwork
Temperance	Self-control, humility
Transcendence	Gratitude, hope, humor

Posttraumatic growth: positive change after trauma/stress (deeper ties, new priorities, ↑ strength).

⚠ Posttraumatic growth ≠ resilience: growth = positive change AFTER struggling, not avoiding it.

✓ Gratitude-journal experiment: IV = journaling, DV = well-being; w/o random assignment, no causation.

5.3 Defining & Explaining Disorders

What Counts as a Disorder

3 criteria: **dysfunction** (impairs daily life), **distress** (perceived suffering), **deviance** (breaks social norms).

DSM (American Psychiatric Assn.) & **ICD** (World Health Org.) classify disorders; updated w/ new research (e.g., DSM-5-TR). Needs trained clinicians + evidence-based tools.

Labeling: + access to treatment, understanding; – stigma, bias (racism, sexism, ageism), self-fulfilling prophecy.

Rosenhan: healthy "pseudopatients" admitted & labeled schizophrenic; staff read normal acts as symptoms.

Perspectives on Causes

Perspective	Cause of disorder
Behavioral	Maladaptive learned assoc.
Psychodynamic	Unconscious, childhood
Humanistic	No support, unmet potential
Cognitive	Maladaptive thoughts
Evolutionary	Traits that ↓ survival
Sociocultural	Social/cultural dynamics
Biological	Genes, brain, chemistry

Eclectic approach: most psychologists use more than one perspective to diagnose & treat a client.

Perspective → treatment: each cause implies a fix (cognitive → restructure thoughts; biological → meds).

Interaction Models

Biopsychosocial model: any disorder may mix biological (genes), psychological (thoughts) & sociocultural factors.

Diathesis-stress model: genetic vulnerability (**diathesis**) + stressful life events (**stress**) → disorder. Both needed.

⚠ Deviance alone ≠ disorder: rare or odd behavior counts only w/ dysfunction or distress (e.g., genius IQ).

✓ Twin with schizophrenia gene + major life stress → name diathesis-stress, not just biological perspective.

5.4 Neurodevelopmental & Schizophrenia

Neurodevelopmental Disorders

Neurodevelopmental: onset in developmental period; judged by whether behavior fits age/maturity.

ADHD: persistent inattention and/or hyperactivity-impulsivity beyond age norms; impairs school, home, work.

ASD (autism spectrum): deficits in social communication + restricted, repetitive behaviors; severity varies.

ADHD diagnosed more in boys; often persists into adulthood; treated w/ stimulants (↑ dopamine, norepinephrine).

Causes: environmental, physiological or genetic (both highly heritable; vaccines do NOT cause ASD).

Schizophrenia Spectrum Symptoms

Symptom	Type	Example
Delusions	Positive	Persecution, grandeur
Hallucinations	Positive	Hearing voices
Disorg. speech	Positive	Word salad
Catatonic excit.	Positive	Frantic movement
Catatonic stupor	Negative	Frozen, no movement
Flat affect	Negative	No emotional expr.

Positive = added (excess) behavior; **negative** = absence of typical behavior. Not good/bad; – harder to treat.

Delusion = false belief; **hallucination** = false perception (any sense). **Acute** (sudden, reactive) vs. **chronic** (slow, lasting).

Causes

Dopamine hypothesis: excess dopamine activity → positive symptoms (antipsychotics block DA receptors).

Genetic/biological: risk ↑ w/ affected relatives (identical twin ≈ 50%), **prenatal virus exposure**, ↑ ventricles.

⚠ Schizophrenia = break from reality (psychosis), not "split personality"; multiple identities = DID.

✓ Sort symptoms fast: something added (voices, beliefs) = positive; something missing (emotion, speech) = negative.

5.4 Depressive, Bipolar & Anxiety

Depressive Disorders

Depressive: sad, empty or irritable mood + physical & cognitive changes (sleep, appetite, focus) → impairment.

Major depressive disorder: severe episodes (≥ 2 wks).

Persistent depressive disorder: milder but chronic (≥ 2 yrs).

Bipolar Disorders

Bipolar: alternating periods of **mania** (euphoria, little sleep, racing ideas, risk-taking) & depression; cycles vary in length.

Bipolar I: full manic episodes. **Bipolar II**: milder **hypomania** + major depressive episodes (no full mania).

Mood causes: bio (↓ serotonin, genes), social, cultural, behavioral, cognitive (rumination, learned helplessness).

Anxiety Disorders

Disorder	Core fear
Specific phobia	Object/situation (heights)
Agoraphobia	Transit, crowds, lines
Panic disorder	Sudden panic attacks
Social anxiety	Being judged/watched
GAD	Nonspecific, prolonged

Anxiety: excessive fear/anxiety + behavior changes (avoidance). **Acrophobia** = heights; **arachnophobia** = spiders. Avoidance ↓ anxiety → neg. reinforced.

Agoraphobia: fear of open/enclosed spaces, lines, crowds, out alone. Distinct from but may occur w/ social anxiety.

Culture-bound: **ataque de nervios** (panic; Caribbean/Iberian descent); **taijin kyofusho** (Japan; fear body is judged).

Anxiety causes: learned associations, maladaptive thinking/emotional responses, biological/genetic.

⚠ GAD = constant, free-floating worry. Panic disorder = sudden attacks + fear of the next one.

✓ Mania anywhere in the scenario → bipolar, never major depressive disorder (even if depressed now).

5.4 OCD, Trauma, Dissociative, Eating & Personality

OCD & Related

Obsessions = intrusive thoughts; **compulsions** = repetitive acts to ease them (hand-washing, checking).

OCD & **hoarding disorder** (can't discard items, clutter).

Causes: learned assoc., maladaptive thinking, bio/genetic.

Trauma & Dissociative

PTSD: after trauma → hypervigilance, severe anxiety, **flashbacks**, insomnia, emotional detachment, hostility.

Dissociative: split from consciousness, memory, identity, emotion or perception; caused by trauma/stress.

Dissociative amnesia: can't recall personal info (**w/ fugue** = wanders/travels, new identity). **DID**: 2+ distinct identities.

Feeding & Eating

Anorexia nervosa: restricts eating → very low weight, fear of gaining. **Bulimia nervosa**: binge → purge (vomit, laxatives), often normal weight (harder to spot, dental damage).

Eating disorder causes: genetic, cultural thin ideal, perfectionism, family; far more common in females.

Personality Disorders

Personality disorders: enduring, rigid, pervasive patterns deviant from one's culture; begin in teens/early adulthood; stable over time; cause distress or impairment.

Cluster	Theme	Includes
A	Odd, eccentric	Paranoid, schizoid, schizotypal
B	Dramatic, erratic	Antisocial, histrionic, narcissistic, borderline
C	Anxious, fearful	Avoidant, dependent, OCPD

⚠ OCD = unwanted obsessions + compulsions; OCPD (Cluster C) = rigid perfectionism the person sees as fine.

✓ Lifelong pattern in many settings → personality disorder; sudden change after an event → trauma/mood.

5.5 Treatment Trends, Ethics & Biomedical

Research & Trends

Meta-analysis (stats combining many studies): psychotherapies are generally effective.

Evidence-based interventions guide plans. Success needs **therapeutic alliance** (trusting bond) + **cultural humility**.

Deinstitutionalization: late 20th c., psychotropic meds → mass release from hospitals/asylums; care now decentralized (community clinics), often meds + therapy.

APA ethics: **nonmaleficence** (do no harm), **fidelity** (trust, keep promises), **integrity** (honesty), **respect** for rights & dignity (confidentiality, informed consent).

Combined treatment: meds + therapy often beats either alone (e.g., depression); therapy ↓ relapse after meds stop.

Psychoactive Medications

Drug class	Treats	NT action
Antidepressant	Depression, anx.	↑ Serotonin (SSRI)
Antianxiety	Anxiety, panic	↑ GABA effect
Lithium	Bipolar	Stabilizes mood
Antipsychotic	Schizophrenia	Block dopamine

Tardive dyskinesia: involuntary facial/limb movements; side effect of long-term antipsychotics (dopamine regulation).

Surgical & Invasive

ECT (electroconvulsive): brief brain seizure under anesthesia; for severe, treatment-resistant depression.

TMS (transcranial magnetic stimulation): magnetic pulses to cortex; noninvasive, used for depression.

Psychosurgery: removes/lesions brain tissue. **Lobotomy**: popular mid-20th c., rarely if ever done today.

Hypnosis: effective for pain & anxiety; NOT for recovering accurate memories or age regression.

⚠ Hypnosis can create false memories; never cite it as a way to recover repressed events or regress in age.

5.5 Psychological Therapies

Insight Therapies

Psychodynamic: **free association** & **dream interpretation** to uncover the unconscious (Freud); goal = insight.

Person-centered (humanistic, Rogers): **active listening** & **unconditional positive regard**; client leads.

Cognitive & Behavioral

Cognitive therapy (Beck): **cognitive restructuring** of maladaptive thoughts; targets the **cognitive triad**: negative views of self, world, future → depression.

Fear hierarchy: ranked list from least to most feared; client stays relaxed at each step before moving up.

Applied behavior analysis (ABA): conditioning principles to treat disorders & developmental disabilities.

ABA technique	How it works
Exposure therapy	Face feared stimulus
Systematic desens.	Relax + fear hierarchy
Aversion therapy	Pair habit w/ unpleasant
Token economy	Tokens for target acts
Biofeedback	Monitor & control body

Token economy ex.: ward patients earn tokens for making beds → trade for privileges (operant conditioning).

Biofeedback: signals from sympathetic/parasympathetic NS → learn to ↓ arousal tied to anxiety/depression.

CBT: cog. + behav. tools. **DBT**: CBT + mindfulness, emotion reg. **REBT** (Ellis): dispute irrational beliefs.

Group vs. Individual

Group therapy: 1 therapist, many clients → cheaper, social support, "not alone," practice skills; less attention & privacy.

⚠ Systematic desensitization pairs relaxation w/ a gradual fear hierarchy; flooding = full exposure at once.

✓ Match therapy to perspective: thoughts → cognitive; learning → behavioral; unconscious → psychodynamic; growth → humanistic; brain → biomedical.