UNIT #6: Abnormal Behavior and Treatment

In this unit students will explore and demonstrate their understanding of psychological disorders by evaluating a fictional character from a full length movie. The students will also be exploring the different types of therapy used to treat psychological disorders. Using the theme of Beliefs and Ideals students will define what Abnormal Psychology is. Through Technological Innovations students will explore how the DSM-IV-TR uses modern technology to help diagnose mental illness. Looking through the lens of Individuals, Groups, and Institutions students will discover the different types of disorders along with their treatments. They will also compare Biomedical vs. Cognitive. Vs. Behavioral treatments. By studying the famous Rosenhans Study students will use Beliefs and Ideas to challenge their beliefs on psychological diagnostic labeling.

Standards/Elements

SSPVB3: The student will identify abnormal behavior and treatment.

a. Identify criteria that distinguish normal from disordered behavior; include the criteria of distress, deviance, and dysfunction.

b. Describe methods used to diagnose and assess abnormal behavior; include the current version of the Diagnostic and Statistical Manual, the MMPI, and projective tests.

c. Compare anxiety disorders, mood disorders, personality disorders, and schizophrenia and describe appropriate treatments for these disorders.

d. Analyze the challenges associated with labeling psychological disorders and the impact of diagnosis on patients.

e. Compare the biomedical, psychoanalytical, cognitive, and behavioral approaches to the treatment of psychological disorders.

Enduring Understandings/Essential Questions

The student will understand that the beliefs and ideals of a society influence the social, political, and economic decisions of that society.

- Why do studies like the Rosenhans’ Study show dislike for the use of labels?
- How do the beliefs of a society help to define abnormal behavior?

The student will understand that the actions of individuals, groups, and/or institutions affect society through intended and unintended consequences.

- How does the ability to identify a mental illness assist in the ability to find treatment for that illness?
- How have the different schools of psychology developed into different treatment therapies (biomedical, cognitive, and behavioral)?
- How are groups used to treat mental illness?
Georgia Performance Standards Framework for PSYCHOLOGY

The student will understand that technological innovations have consequences, both intended and unintended, for a society.

- How has the biomedical field changed the way we treat mental illness?
- How has the DSM-IV-TR helped to identify mental illnesses?
- How has the American Psychological Association (APA) used the DSM-IV-TR to attempt to refine the definitions of the different mental illnesses and make them universal?

### Balanced Assessment Plan

<table>
<thead>
<tr>
<th>Description of Assessment</th>
<th>Standard/Element</th>
<th>Type of Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is Abnormal?</td>
<td>VB3a</td>
<td>Dialogue and Discussion</td>
</tr>
<tr>
<td>1. Have the students make a list of behaviors they have seen in the past 24 hours. They should then choose one that they would consider to be Abnormal and describe it in as much detail as they can remember.</td>
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<tr>
<td>I. Read some of students’ examples in class</td>
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<td>III. Discuss why they consider that example to be abnormal.</td>
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<tr>
<td>IV. Defining Psychological Disorders (more speculation examples)</td>
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<tr>
<td>Consider the following scenarios. For each, have students should if the behavior should be considered a psychological disorder.</td>
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<tr>
<td>1. In December of 1999, John was convinced that massive computer malfunctions (caused by Y2K incompatibility) would produce an apocalypse. He stockpiled supplies of canned food, bottled water, gasoline, and propane, and bought a generator. He kept the gasoline and propane in tanks in his basement. While not particularly safe, this was the best place he could find to keep it.</td>
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<tr>
<td>2. Denise ignored the reports to buy bottled water, canned food, plastic sheeting and duct tape after hearing that there was an increased threat of terrorism in the US, despite the fact that she had time and money to purchase these.</td>
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<tr>
<td>3. Nicholas joined the military after high school and was assigned to fight in an overseas war. Last week, his battalion was attacked by guerillas who shot and killed many American soldiers. Nicholas feels that killing is wrong, even in these circumstances, and risked his own life by refusing to fire his weapon. His choice cost some of his peers their lives.</td>
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<td>4. Steve is passionate in his belief that animals should not be used in research. He has devoted his life to the cause. Last week, he bombed the administrative office of a pharmaceutical company that is known to perform animal research. Four people were injured in the explosion and one died.</td>
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<td>5. Alison has smoked since she was 14 years old. She is now 32 and is unable to quit despite having tried several times. Her most recent attempt to quit occurred 8 months ago when she became pregnant with her first child. She only lasted 4 weeks. Now, at 8 months pregnant, she hides her cigarette smoking from her family and friends.</td>
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<td>6. Joanna’s father died suddenly 2 weeks ago. She was numb for about a week, but now she is overwhelmed by sadness. She has not gone back to work yet because she cannot get herself out of bed in the morning. She eats very little and feels scared that she will not be able to cope with future challenges.</td>
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</table>
7. Joachim is afraid of driving or riding in a motor vehicle. When he was 17, his brother was killed in a fatal automobile collision. He had been the driver of the car and had walked away with only a few minor injuries. Now, at age 27, he still refused to get into any motor vehicles. Fortunately, he has always been able to function normally because he lives in New York City and can easily walk to work. His family also lives in the city, in easy walking distance.

8. Joachim (from above) is now 33 and married. His wife is pregnant and insists that Joachim get over his fear of motor vehicles. Joachim has tried to several times to get over his fear, but finds that he is overcome by paralyzing fear as soon as he sets foot into a taxi or subway train.

V. Define Psychological Disorders

- Have students revise their original definitions to meet the new criteria discussed in previous examples
- Compare student definitions with the definition used by the APA:
  - A psychological disorder is a pattern of behavioral or psychological symptoms that causes significant personal distress and impairs the ability to function in one or more important areas of life, or both. (American Psychiatric Association, 1994)

The DSM-IV TR (Class Discussion)

1. What is it?
   - Diagnostic and Statistical Manual of Mental Disorders (DSM)
   - Fourth Edition (IV)
   - Text Revision (TR)
   - Used by psychologists, psychiatrists, and other mental health workers around the world to classify Psychological Disorders
   - The purpose of the DSM-IV TR is to provide conformity and continuity among mental health professionals in the diagnosis of psychological disorders

2. The Five Axes:
   - **Axis I**: Clinical Disorders and Other Conditions That May Be A Focus Of Clinical Attention
   - **Axis II**: Personality Disorders and Mental Retardation
   - **Axis III**: General Medical Conditions
   - **Axis IV**: Psychosocial and Environmental Problems
   - **Axis V**: Global Assessment of Functioning

*At this point it is not important that they have a deep understanding of the DSM IV TR, yet they should understand what it is and why it is used. You will be putting to use later in the unit.

3. DSM-IV Major Classifications: you may want to use Handout #1 so that the students can begin to get a better understanding of how the DSM-IV is organized and all of the different types of psychological disorders there are.
RESOURCES FOR DSM-IV

DSM-IV™ Multiaxial System (Made easy)
http://psyweb.com/Mdisord/DSM_IV/jsp/dsm_iv.jsp

Ways to Diagnose

Here are some options that you may want to try. If you have a computer lab that is the best option. If you only have one, perhaps you can get a projector so the whole class can watch you or a volunteer take one of these tests. You might also want to assign this as an extra credit assignment. *Be sure to look them over before ever presenting them to your class. Only you know how your class, your parents and your district will react to this type of activity!!*

I. *Projective Personality Tests:* a personality test, such as the Rorschach or TAT, that provides ambiguous stimuli designed to trigger projection of one’s inner dynamics (Meyers, 2007)
   - First be sure to discuss that projective personality tests are designed so that you *project* unconscious feelings onto whatever it is you are being asked to do (draw a picture, tell a story, etc.)
   - Below is a link to give you all kinds of examples of a variety of projective personality tests:
     http://serendip.brynmawr.edu/sci_cult/mentalhealth/projective.html#types

II. *Objective Personality Tests:* personality tests that ask direct, unambiguous questions about the individual being assessed (Bernstein, 2000)
   - Make sure to distinguish between objective and subjective tests and why you might want to take the test giver’s opinion/interpretation out of the diagnosis
   - The Minnesota Multiphasic Personality Inventory is one of the most popular objective tests. Below is a link where you can see the first 75 of the 567 true/false questions on this test.
     https://antipolygraph.org/cgi-bin/forums/YaBB.pl?num=1109032158

VB3b Structured Response, Dialogue and Discussion
### Disorders (this will take more then one day)

<table>
<thead>
<tr>
<th>Disorders (this will take more then one day)</th>
<th>Dialogue, Discussion and graded presentation</th>
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<tbody>
<tr>
<td>I. <strong>Anxiety Disorders:</strong></td>
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<tr>
<td>1. Divide your class into eight (8) groups and give them Handout #2: <em>Specific Anxiety Disorders</em></td>
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<td>2. Assign groups 1-4 one of the four major types or anxiety; their job will be to create a skit/role play that depicts their particular anxiety disorder (if you really want to challenge them make it so they cannot speak during their presentation)</td>
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<td>3. Groups 5-8 will also be assigned one of the four major anxiety disorders. Their task will be to brainstorm for a television show or movie that they have seen where one or more of the characters shows symptoms of their assigned disorder. They must also explain why they think this is a good example of their anxiety disorder and how it affects the person in the show/movie.</td>
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</table>

#### Do you have anxiety? Try the quiz below and see how “anxious” you really are:

http://www.uiowa.edu/~c07p075e/ClassActivities.pdf

Or try:  
http://psychcentral.com/quizzes/anxiety.htm

There are many types of anxiety tests on-line. A quick search will find you more then you want. Be careful to talk to your students and warning them that many you find on-line are neither reliable nor valid, but they are a fun way to broach the subject of anxiety.

There is a very good chance the *Taylor Manifest Anxiety Scale* was included with your textbook. It is the “old reliable” scale used by many psychology teachers. It is not available on-line.

*Be sure to discuss what general anxiety disorder is before moving to panic attacks.

#### Do you have panic attacks? Simply explain that generalized anxiety is a long term anxiety and panic attacks are sudden and much shorter in duration. People with panic attacks often end up in hospital emergency rooms complaining of heart attacks.

#### Are you obsessive compulsive?

1. Discuss the difference between and obsession and a compulsion
2. Using the links below, assign your students to research the criteria and symptoms of Obsessive Compulsive Disorder (OCD).
3. Once they have completed #2, watch a movie or TV show about a character that may have OCD (at the time of this writing the TV show *Monk* works extremely well for this activity). In paragraph form have the students explain to you why the person does or does not have OCD using specific examples from the show to prove their position.
The Mayo Clinic:  
http://www.mayoclinic.com/health/obsessive-compulsive-disorder/DS00189

The Obsessive Compulsive Foundation:  
http://www.ocfoundation.org/

The National Association on Mental Illness:  
http://www.nami.org/

Anxiety Disorders Association of America:  
http://www.adaa.org/GettingHelp/AnxietyDisorders/OCD.asp

Anxiety BC:  
http://www.anxietybc.com/resources/ocd.php#top

**Do you have any Phobia’s?**
Using the following list of Phobia’s:  
http://www.phobialist.com/reverse.html#C-
Assign each student a different phobia and see if they can find out what it is before the next class meeting.

**B. Mood Disorders**
After a review of Handout #3 (Mood Disorders and Perspectives on their Cause) assign each of the students one of the four Mood Disorders. The student is to create a fictitious case study of a person who suffers from the assigned Mood Disorder. The case study should include the story of a person, the symptoms that their character suffers from. The case study should also include how a therapist from either the Biological Perspective or the Social Cognitive Perspective would explain the cause of that particular Disorder.

**C. Somatoform, Dissociative & Personality Disorders (see Handout #4)**
After discussion of the three types of disorders students will be asked to create a mnemonics device to assist the rest of the class in remembering what each type of disorder is about. When assigning terms, be sure to include the definition of Somatoform and Dissociative Disorders in addition to the different types of each disorder.

Video Streaming: (if you have the capability to stream online this is an outstanding opportunity for students to view a real person with multiple personalities, 54 of them; they will be able to view the patient switch from one personality to another)

*The Brain: #23 Multiple Personalities*  
http://www.learner.org/resources/series142.html
E. **Schizophrenia:**

**Defined:** Severe psychotic disorder that is characterized by disruptions in thinking, perception and emotion

Discuss Handout #5: Schizophrenia

**Video Streaming:** (if you have the capability to stream online, this is an excellent video clip of a person schizophrenia)

*The Brain: #26 Schizophrenic Symptoms*
http://www.learner.org/resources/series142.html

**Fractured Fairy Tales:** (the following is one way to make the assignment, adjust it so that it fits your need)

**Directions:** Now that you have reviewed handout #5, Schizophrenia let’s put your knowledge to work; but with a twist! Remember those fairytales you loved from your younger days... well, they will never be the same!!! 😊

Your Assignment:
- You can work in groups of two (2) or three (3) to complete this assignment, must be with someone in your class.
- Choose a fairy tale; sign up for your fairy tale; two (2) groups cannot use the same story in the same class... first come – first serve.
- Rewrite the fairy tale giving the main character(s) one (or more) of the psychological disorders that we have discussed in class and/or are in your text. Be sure to include other things we have learned in psychology this year.
- Rewrite the fairy tale as it would be now, using all things psychological AND psychological terminology!
- Typed the finished story/group names of top of page
- We will read in class
- Class discussion following each / be prepared to discuss your character(s) and their disorder/diagnosis

**Fairy Tails:** (or choose one of your own)
- Rapunzel
- Cinderella
- Peter Pan
- Hansel & Gretel
- Beauty & the Beast
- Swan Princess
- Tom Thumb
- Thumbelina
- King Midas
- Rumplestilskin
- Snow White
- Little Mermaid

<table>
<thead>
<tr>
<th>Graded Fairy Tale Stories</th>
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<tbody>
<tr>
<td>Fairy Tails:</td>
<td>(or choose one of your own)</td>
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</tbody>
</table>

Georgia Department of Education  
Kathy Cox, State Superintendent of Schools  
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### Georgia Performance Standards Framework for PSYCHOLOGY

| Aladdin | Ugly Duckling | The Frog Prince | The Boy Who Cried Wolf | Emperor’s New Clothes | Little Drummer Boy | Chicken Little | The 3 Little Pigs | The Ginger Bread Man | Jack and the Beanstalk | The Princess and the Pea | Little Red Riding Hood | Old Mother Hubbard | Goldilocks | Stinky Cheese Man |
|---------|---------------|-----------------|------------------------|----------------------|--------------------|-----------------|------------------|---------------------|------------------------|------------------------|----------------------|----------------|----------------|-----------------

### Review (up to this point) Activity

The following are questions you can assign for you students to write about. You can assign them for homework, give as a quiz or use them as a class discussion.

1. What are the pros and cons for classifying abnormal behaviors with a system such as the DSM-IV?

2. In what ways does clinical depression differ from the “blues?”

3. People unfamiliar with the study of abnormal behavior sometimes confuse “multiple personality” with schizophrenia. How do you explain the difference?

4. Apply the learning perspective using such concepts as reinforcement, punishment, and so forth, to describe how a sixteen year old girl may have developed a school phobia.

5. “Personality disorders are in the eye of the beholder. Behavior that deviates from the norm is more often explained by socio-economic factors or cultural factors.” What does this statement mean? Give a pro and a con response to this position.

6. Rates of depression in the U.S. for all age groups have increased significantly since World War II, and particularly during recent years. In your opinion, what might account for this?

7. What steps can high school students take to lessen the stigma often associated with psychological disorders? What steps can be taken by various community leaders?

**OR:**

Use Handout #6, *Identify The Psychological Disorder*, to assess the students mastery of the differences between the disorders.

| VB3a | Discussion and/or graded response/homework |
**Labeling and the Rosenhans Study**

http://www.holah.karoo.net/roshenhansstudy.htm

Here you will find an excellent review of the classic Rosenhans study. Once the students have had a chance to read and discuss the article divide the class into three teams.

**Team 1**: Labeling is generally good and needed (all those students who still believe that label has a good purpose should all go to the left side of the room)

**Team 2**: Labeling is bad and should be avoided at all costs (all those students who believe that labeling is bad should go to the left side of the room)

**Team 3**: Undecided (those students who are not sure where they stand on this issue stay in the center of the room.

Teams 1 & 2 will begin discussing/debating the merits of labeling. As the moderator you should prime the discussion/debate to keep it moving. For instance bring up the concept of *self-fulfilling prophecy*. As the debate/discussion moves forward as students in the center of the room hear points that they accept they should move to that side of the room. Students on Team 1 can switch to Team 2 (and vise-versa) if they feel they have changed their opinions. All students have the option to “switch” teams whenever they deem necessary. As the discussion/debate ends see which side of the room has more students, or is it the middle.
### Georgia Performance Standards Framework for PSYCHOLOGY

<table>
<thead>
<tr>
<th>Therapy</th>
<th>VB3c</th>
<th>Dialogue, Discussion and graded homework</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using resources that are available to you (media center, internet, etc) or handout 5A, <em>Therapy</em>, have students read and complete handout 5B, <em>Comparing Psychological Approaches to Therapy.</em></td>
<td><strong>VB3e</strong></td>
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</table>

#### Brochure Assignment

For this assignment you are to make a tri-fold brochure about a mental disorder. (Your name here) must approve the mental disorder. The internet is your source of information. The brochure will have a specific format. With the format you will have six (6) pages of information for the audience. The brochure must contain the following information:

**Front Cover:**
- A picture or graphic that illustrates the disorder
- Name of the Disorder

**Inside:**
- A vignette that illustrates some of the characteristics of the disorder and a reference for the vignette
- List the symptoms of the disorder using a bulleted list

**Background Information: (educational part of the brochure)**
- State some of the accepted explanations for the disorder, such as biological, psychoanalytical, behavioral and cognitive theories, etc.

**Treatments:**
- State some of the accepted therapeutic processes for the disorder. Include therapies from the different perspectives in psychology

**References:**
- You will need to list the web sites you used for your resources

**Bibliography:**

**Websites:**
- Create links to other web-sites that someone interested in your disorder might find useful

**Back Cover:**
This section must include your name; Psychology; name of high school; name of city, state

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Sample Performance Task

DSM-IV At the Movies

Basic Directions: Pick a movie character you’d like to analyze. The character does not have to have an obvious mental disorder. Choose any character that is quirky or eccentric and you can probably make a decent case for a diagnosis. In the past, students have diagnosed Darth Vader, Shrek, and Captain Jack Sparrow. Watch your movie with a friend or parent and then diagnose a character using the criteria from the DSM-IV-TR. Follow the procedure listed below for the proper format. Enjoy yourself and don’t forget the popcorn!

Requirements:
Mechanical guidelines: typed, 12 point font, 1 ½ spaced, sections should be headed
- paper has been proof-read and edited to eliminate typos and grammatical errors
- writing style clearly expresses thoughts and is interesting

1. Citation: Use in-text, APA-style citation and include a bibliography

   You may work with one other person (and one only). One paper per two people will be turned in.
   No cutting and pasting, cheating, plagiarizing, or dishonesty of any sort. Your integrity is on the line here!

2. The Paper:
   a. Title – make it interesting
   b. Case History - Describe the character(s) fully. Include background information (name, age, family information, important events, etc), relevant past events, and explain what led this person to seek help from a therapist. Tell me about the character, not the movie plot. Depending on the character you choose, the plot of the movie may not be relevant. Be thorough in your description so that I get a feel for your character. You should not make up information for this section if it is unknown, but you can use inferences. For example, you may not know the character’s exact age, but you can infer that he is in his 20’s. Also, you may be able to find character information online at sources like www.imdb.com.
   c. Diagnosis: Consult the DSM-IV and give me your diagnosis from the Axis I and/or Axis II categories of the multi-axial scheme (you are allowed to (but not required to) ascribe more than one diagnosis). Not only should you give me the name of the disorder(s) the person has, but outline for me the exact criteria from the DSM-IV that you feel warrants this diagnosis and list scenes from the movie that demonstrate this symptom (quotes are good here). Also, explain any of the criteria that the character does not fit. This is the heart of the paper. Go through each diagnostic criterion and analyze the behavior in light of it. Note: if you diagnose your character with schizophrenia, you must first demonstrate that they have the disease and then name and defend the subtype.
   
   You can find the DSM-IV at your local library, the one in my room or you can consult the diagnostic criteria online at:
   
   d. Cause of the behavior – Speculate as to WHY the person developed this disorder. We’re talking causation here. How did the disorder develop? Nature/Nurture?
   Multi-axial Evaluation Report Form – What other issues are at play here? Complete the Multi-axial Evaluation Report Form (one or two axes may not be relevant to your character and may be blank).

Due dates:
- ____________ Draft of case history due.
- ____________ Final project due
Sample Case History: (copied from Fauman’s *Study Guide to the DSM-IV*)

Elaine is a 35-year-old widowed school teacher with two teenage children. She was married to a successful lawyer who was part of an established firm. One day, 3 months ago, she arrived home from work and saw her husband’s car in the driveway. She walked into the house from work and called him but there was no answer.

Twenty minutes later when she still had not seen or heard him, she began looking through the house. Elaine eventually found her husband lying on the floor of the bathroom, but not breathing. A small mirror containing white powder and a razor blade lay on the sink. Elaine called the paramedics but they were unable to resuscitate her husband. Subsequently, she learned from one of her husband’s partners that he had been concerned that her husband might be abusing drugs but had no proof. Her husband’s death was ruled a drug overdose by the medical examiner.

Elaine was stunned by the death of her husband. She attended to the funeral arrangements and tried to help her children struggle with their feelings about their father’s death. She had mixed feelings. She was enraged with her husband for using drugs, but felt guilty that she had not recognized her husband’s drug abuse in time to save him. Elaine felt sad and lonely. Her friends and family did not want to talk about her husband’s drug abuse, referring instead to his untimely death and a promising career cut short.

Four weeks after her husband’s death the insurance company informed her that she might not receive any money from his policy because the company considered his death a suicide. Because he had just finished paying off loans from college and law school, the couple had little savings. Gradually, she became more depressed and began to feel that she was worthless and responsible for her husband’s death. Two months after her husband’s death her school principal met with her to discuss her deteriorating work and suggested that she see professional help.

Hints for Diagnosis Section:

List each of the criteria for the disorder separately and address each one. For some, you may indicate that the character does not exhibit that symptom. For others, you may describe a specific scene from the movie or quote from the character (there are websites online where you can find quotes and scripts). The key here is to give SPECIFIC examples. Don’t just say, “The character appears to be anxious throughout the movie.” Rather, give examples of quotes or behaviors. For example, “She has difficulty sleeping, lying awake at night worrying about money and how she would take care of her children, and her friend, Marsha, commented that she looked tired and worn out (‘Have you seen Alice? She looks like something that cat dragged in’). The quality of her work has begun to deteriorate as demonstrated by the loss of her recent client.”

Also, be sure to include ALL of the diagnostic criteria and discuss how you eliminated other disorders that are indicated.
Instructions for Multiaxial Evaluation Form:

**Axes I and II:** This section is where you will place your primary diagnosis. While you may have both an Axis I and Axis II diagnosis, it is not required. You should choose ONE to defend in detail in your diagnosis section.

**Axis III:** This axis is for reporting general medical conditions that are potentially relevant to the understanding or management of the disorder. Examples may include: infections, chronic migraines, heart disease, cancer, diabetes, ulcers, infertility, anemia, vision loss, or drug overdose. Your character may not have any.

**Axis IV:** This axis is for reporting psychosocial or environmental problems that may affect the diagnosis, treatment, or prognosis of mental disorders. Examples include: death of a loved one, divorce, discrimination, illiteracy, threat of job loss, discord with landlord, poverty, inadequate health insurance, incarceration, exposure to war.

**Axis V:** This axis is for reporting the clinician’s judgment of the individual’s overall level of functioning. It is a number selected from the chart below.

### Multiaxial Evaluation Report Form

#### Axis I: Clinical Disorders and Other Conditions That May Be A Focus of Clinical Attention

<table>
<thead>
<tr>
<th>Diagnostic code</th>
<th>DSM-IV-TR name</th>
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#### Axis II: Personality Disorders and Mental Retardation

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<tr>
<th>Diagnostic code</th>
<th>DSM-IV-TR name</th>
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#### Axis III: General Medical Conditions

_________________________

#### Axis IV: Psychosocial and Environmental Problems

- [ ] Problems with primary support group *Specify: ________________________________*
- [ ] Problems related to the social environment. *Specify: ________________________________*
- [ ] Educational problems *Specify: ________________________________*
- [ ] Occupational problems *Specify: ________________________________*
- [ ] Housing problems *Specify: ________________________________*
- [ ] Economic problems *Specify: ________________________________*
- [ ] Problems with access to health care services *Specify: ________________________________*
- [ ] Problems with the legal system/crime. *Specify: ________________________________*
- [ ] Other psychosocial and environmental problems *Specify: ________________________________*

#### Axis V: Global Assessment of Functioning Scale

**Score:** __ __ __
**Axis V**

Global Assessment of Functioning Scale.

Global Assessment of Functioning is for reporting the clinician's judgment of the individual's overall level of functioning and carrying out activities of daily living. This information is useful in planning treatment and measuring its impact, and in predicting outcome.

The Global Assessment of Functioning Scale is a 100-point scale that measures a patient's overall level of psychological, social, and occupational functioning on a hypothetical continuum.

The GAF Report decision tree is designed to guide clinicians through a methodical and comprehensive consideration of all aspects of a patient's symptoms and functioning to determine a patient's GAF rating in less than 3 minutes.

The GAF Report addresses the growing need for accuracy and reliability in determining and reporting on GAF ratings by ensuring all aspects of a patient's functioning are considered. Use the "current" or "past week" rating to indicate current management needs, the "at discharge" rating to document progress and quality of care, and the "highest level in past year" rating as a target for termination of treatment.

The GAF scale is particularly useful for managed care-driven diagnostic evaluations to determine eligibility for treatment and disability benefits and to delineate the level of care required for patients. On completion of the GAF Report questions, a 10-point range is automatically determined. Then, using the sliding rating scale, you can quickly indicate the specific GAF rating within this 10-point range, using clinical judgment and hypothetical comparison with other patients in the range. Explanation screens provide clarification of specific questions throughout the assessment. The report, which summarizes a patient's results, can be produced immediately after an assessment. Global Assessment of Functioning
# Global Assessment of Functioning Scale.

Scale Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness.

Do not include impairment in functioning due to physical or environmental limitations.

You do not need to know the numbers but rather what the GAF measures and is used for Code (Note. Use intermediate codes when appropriate, e.g., 45, 68, 72.)

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>91-100</td>
<td>Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms</td>
</tr>
<tr>
<td>81-90</td>
<td>Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members)</td>
</tr>
<tr>
<td>71-80</td>
<td>If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social occupational, or school functioning (e.g., temporarily falling behind in schoolwork).</td>
</tr>
<tr>
<td>61-70</td>
<td>Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social occupational, or school functioning (e.g., occasional truancy or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.</td>
</tr>
<tr>
<td>51-60</td>
<td>Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).</td>
</tr>
<tr>
<td>41-50</td>
<td>Severe symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational or school functioning (e.g., no friends, unable to keep a job).</td>
</tr>
<tr>
<td>31-40</td>
<td>Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).</td>
</tr>
<tr>
<td>21-30</td>
<td>Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends).</td>
</tr>
<tr>
<td>11-20</td>
<td>Some danger of hurting self or others (e.g., suicidal attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).</td>
</tr>
</tbody>
</table>
| 1-10        | Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.0 Inadequate information.
Georgia Performance Standards Framework for PSYCHOLOGY

Pre-grading Checklist

Please read the requirements for your paper and complete the following rubric based on YOUR paper. Then, attach this to your paper and turn in.

<table>
<thead>
<tr>
<th>Section</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case history draft</td>
<td>Did you write a draft? Was it proofread by someone?</td>
</tr>
<tr>
<td>Title</td>
<td>Is it interesting, something other then the title to the show?</td>
</tr>
<tr>
<td>Mech. and Comp</td>
<td>Typed; 1 ½ spaced; sections headed; grammar and spelling; clarity/interest.</td>
</tr>
<tr>
<td>Case History</td>
<td>Includes background info; why they came to treatment; relevant past events.</td>
</tr>
<tr>
<td>Diagnosis</td>
<td>All criteria must be listed including those the character does not meet. Each criterion is addressed with specific examples. Note: If other disorders must be eliminated as part of the criteria, please discuss why you eliminated them.</td>
</tr>
<tr>
<td>Cause</td>
<td>Should be plausible but can be purely speculative.</td>
</tr>
<tr>
<td>Multiaxial diagnosis</td>
<td>Worksheet complete; III and IV descriptive (III might be “none”); V - GAF (numerical assessment and reasoning).</td>
</tr>
<tr>
<td>worksheet</td>
<td></td>
</tr>
<tr>
<td>Citation</td>
<td>In-text citations; Bibliography; Proper APA format.</td>
</tr>
</tbody>
</table>
## Content Rubric for Performance Task

<table>
<thead>
<tr>
<th>Scale Criteria</th>
<th>1 (Below Standard)</th>
<th>2 (Needs Improvement)</th>
<th>3 (Meets Standard)</th>
<th>4 (Exceeds Standard)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shows understanding of development and use of case study</strong></td>
<td>History of “client” is full of personal opinions and speculation</td>
<td>Case study includes relevant facts of the “client” but also includes possible causes and/or treatment possibilities</td>
<td>Case study includes only relevant historical facts that led “client” to seek treatment (including 3-5 past life events and those events significance)</td>
<td>In addition to everything in 3 (meets standard): Explains how the past affects the “client” today by including more than 5 past life events and explaining why those events are significant</td>
</tr>
<tr>
<td><strong>Multiaxial Diagnosis Worksheet completed correctly</strong></td>
<td>Axis 1 &amp; 2 left blank OR Axis 5 left blank</td>
<td>Incorrectly identifies Axis 1 or 2 OR Axis 5 left blank</td>
<td>Correctly identifies Axis 1 or 2 and appropriately uses the G.A.F. to fill in Axis 5</td>
<td>In addition to everything in 3 (meets standard): identifies criteria in Axis 3 and/or 4 AND/OR use intermediate numbers on Axis 5</td>
</tr>
<tr>
<td><strong>Uses appropriate DSM-IV-TR requirements to diagnose mental illness</strong></td>
<td>Uses only two or fewer examples to diagnose mental illness</td>
<td>Correctly identifies mental illness supported with 3+ examples</td>
<td>Correctly identifies mental illness supported with 3+ examples</td>
<td>In addition to everything in 3 (meets standard): Explains why it is NOT a similar mental illness (i.e. why is it depression and not bipolar)</td>
</tr>
<tr>
<td><strong>Identifies appropriate cause of mental illness</strong></td>
<td>Incorrectly identifies the cause of the mental illness</td>
<td>Identifying A possible cause but does not list other potential causes of the identified mental illness</td>
<td>Identifies more than one potential cause of the identified mental illness</td>
<td>In addition to everything in 3 (meets standard): Discusses the causes of this mental illness in the context of the nature/nurture debate and draws conclusions regarding origins of this mental illness in patient</td>
</tr>
</tbody>
</table>
Georgia Performance Standards Framework for PSYCHOLOGY

Product Rubric for the Culminating Performance Task

<table>
<thead>
<tr>
<th>Scale Criteria</th>
<th>1 (Below Expectations)</th>
<th>2 (Needs Improvement)</th>
<th>3 (Meets Expectations)</th>
<th>4 (Exceeds Expectations)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incorporates Appropriate APA-style citation along with meeting assigned mechanical requirements</td>
<td>Uses appropriate spacing and font; 6+ grammar and spelling errors; minimum attempt at APA format (done incorrectly)</td>
<td>Appropriate mechanics with 5 or fewer grammar and spelling errors; some correct use of APA style formatting but incomplete</td>
<td>Appropriate mechanics with 5 or fewer grammar and spelling errors; Complete APA format used with only minor technical error</td>
<td>Appropriate mechanics with no grammar or spelling errors; Complete and correct APA format used with no errors</td>
</tr>
<tr>
<td>Appropriate Use of Case History Rough Draft</td>
<td>Created an outline or produced only notes; no visible organization into paragraph form and/or did not have a second person proof read the draft</td>
<td>Rough Draft complete in paragraph form; no peer editing noticeable</td>
<td>Rough Draft complete in paragraph form; peer edited with a different colored pen</td>
<td>In addition to everything in 3 (meets standard): student has re-written the draft and further editing has been done prior to the final copy being created</td>
</tr>
<tr>
<td>Title Creativity</td>
<td>Name of the Person being studied only</td>
<td>Name of the TV Show or Movie being used for the study only</td>
<td>Something that incorporates the person and the mental illness</td>
<td>In addition to everything in 3 (meets standard): some type of twist on the title (ex: an alliteration)</td>
</tr>
</tbody>
</table>
Resources for Unit
The following site will help you, specifically, with the DSM at the Movies Performance Task:

BehaveNet Clinical Capsule (APA Diagnostic Classification: DSM-IV-TR)

Mental Disorders – Information Sheets: PsychNet-UK
http://www.psychnet-uk.com/dsm_iv/dsm_iv_index.htm

PsyWeb.com (DSM-IV Multiaxia System Made Ease)
http://psyweb.com/Mdisord/DSM_IV/jsp/dsm_iv.jsp

DSM-IV-TR: Diagnostic and Statistical Manual of Mental Disorders
http://www.dsmivtr.org/

The following are site that with help you with the entire unit:

Imagining Robert: My Brother, Madness and Survival

Man With Amnesia Reunited with Family, Friends
http://www.msnbc.msn.com/id/15373503/

Artivicial Sanity: A Case Study for a Class in Introductory Psychology

The National Institute of Mental Health

The Indexed Phobia List
http://www.phobialist.com/reverse.html#C-

Frontline: The New Asylums
http://www.pbs.org/wgbh/pages/frontline/shows/asylums/view/

The Lobotomists
http://www.pbs.org/wgbh/amex/lobotomist/index.html

AP Central: Psychology Course Home Page

Discovering Psychology (streaming)

APA National Standards for High School Psychology Curricula (August 2005)
DSM-IV MAJOR CLASSIFICATIONS  
(Handout #1)

1. DISORDERS USUALLY FIRST DIAGNOSED IN INFANCY, CHILDHOOD, OR ADOLESCENCE

- Mental Retardation
- Learning Disorders
- Motor Skills Disorder
- Communication Disorders
- Attention-Deficit and Disruptive Behavior Disorders
- Feeding and Eating Disorders of Infancy or Early Childhood
- Tic Disorders
- Elimination Disorders

2. DELIRIUM, DEMENTIA, AND AMNESTIC AND OTHER COGNITIVE DISORDERS

3. MENTAL DISORDERS DUE TO A GENERAL MEDICAL CONDITION NOT ELSEWHERE CLASSIFIED

4. SUBSTANCE-RELATED DISORDERS

5. SCHIZOPHRENIA AND OTHER PSYCHOTIC DISORDERS

- Schizophrenia
  - Paranoid Type
  - Disorganized Type
  - Catatonic Type
  - Undifferentiated Type
  - Residual Type
- Schizophreniform Disorder
- Schizoaffective Disorder
- Delusional Disorder
- Shared Psychotic Disorder

6. MOOD DISORDERS

- Depressive Disorders
  - Major Depressive Disorder
  - Dysthymia Disorder
- Bipolar Disorders
  - Bipolar I Disorder
  - Bipolar II Disorder
  - Cyclothymia Disorder
7. ANXIETY DISORDERS
   o Panic Disorder without Agoraphobia
   o Panic Disorder with Agoraphobia
   o Agoraphobia without History of Panic Disorder
   o Specific Phobia
   o Social Phobia
   o Obsessive-Compulsive Disorder
   o Post-traumatic Stress Disorder
   o Acute Stress Disorder
   o Generalized Anxiety Disorder

8. SOMATOFORM DISORDERS
   o Somatization Disorder
   o Undifferentiated Somatoform Disorder
   o Conversion Disorder
   o Pain Disorder
   o Hypochondriasis
   o Body Dysmorphic Disorder

9. FACTITIOUS DISORDERS

10. DISSOCIATIVE DISORDERS
    o Dissociative Amnesia
    o Dissociative Fugue
    o Dissociative Identity Disorder
    o Depersonalization Disorder

11. EATING DISORDERS
    o Anorexia Nervosa
    o Bulimia Nervosa

12. SLEEP DISORDERS
    - Primary Sleep Disorders
      o Dyssomnias
      o Parasomnias

13. IMPULSE-CONTROL DISORDERS NOT ELSEWHERE CLASSIFIED

14. ADJUSTMENT DISORDERS

15. PERSONALITY DISORDERS
Specific anxiety disorders

(Handout #2)

A. Panic disorder

1. Recurrent and unexpected panic attacks are severe and involve feelings of terror and physiological involvement, such as a pounding heart and difficulty breathing.

2. These attacks lead to concern about future attacks or losing control, which may result in the individual being fearful of having a panic attack in public or of leaving home.

B. Generalized anxiety disorder

1. This is characterized by persistent high levels of anxiety and excessive worry with symptoms present for at least six months.

2. The physiological responses are similar to, although not as severe as, those experienced in panic disorder, but they are more persistent.

C. Phobia

1. A persistent, irrational, unrealistic fear of specific objects or situations.

2. Exposure to a feared stimulus produces intense fear or panic. The anxiety dissipates when the phobic situation is not being confronted.

3. Three subcategories include:
   a) Simple phobias, such as fear of closed spaces (claustrophobia) or spiders (arachnophobia).
   b) Agoraphobia, which is the irrational fear of open spaces, leading to a fear of leaving home or other safe havens.
   c) Social phobias involving social situations, such as public speaking.

D. Obsessive-compulsive disorder (OCD)

1. This involves both patterns of obsessions (thoughts, images, or impulses that recur or persist despite a person’s efforts to suppress them) and compulsions (repetitive, purposeful, but undesired acts performed in a ritualized manner in response to an obsession).

2. Persons with the disorder acknowledge the senselessness of their behavior; however, when anxiety rises, the ritualized behavior to relieve the tension cannot be resisted.
Mood Disorders and Perspectives on their Cause
(Handout #3)

Mood Disorders
1. Depression is the number 1 reason people seek mental health services
2. Mild depression (as we all experience occasionally) is adaptive – when times are tough, depression slows us down, avoids attracting predators, forces us to reassess our lives, and evokes support.
3. Depression is considered a mental illness when it ceases to be adaptive -- when the behavior interferes with our survival.

Dysthymic disorder
- a long-term, low-level depression; while not debilitating, it is characterized by low self-esteem and a sense of hopelessness all day almost every day for at least two years. People with Dysthymia may also experience low energy, indecisiveness, insomnia or excessive sleeping, and a change in appetite.

Major Depressive Disorder
- signs of depression (feelings of worthlessness, loss of interest in family, friends, and activities, lethargy, change in eating patterns, thoughts of death, inability to concentrate, sense of hopelessness, dissatisfaction with your life) last 2 weeks or more.
- Usually goes away (even without treatment, although treatment can speed up recovery) in under 6 months

Facts About Depression
- Depression tends to be self-sustaining
- Women are twice as likely to report depression as men.
- Stressful events often precede depression
- Rates of depression have increased with each generation (not just in America)
- Depression strikes at younger age now than in previous generations (not just in America)
- Indication is that increase is real, and not just that people are more likely to report depression than before.
- Young adults (18-24) are at the highest risk for developing depression, particularly those who have been depressed before.
- Ironically, few people commit suicide in the midst of depression because they lack initiative and energy. Suicide risk is highest when people first start to recover
Georgia Performance Standards Framework for PSYCHOLOGY

**Bipolar Disorder**
- person alternates between periods of major depression and mania
- behaviors associated with *manic episode* – excessively talkative, over reactive, elated, irritable, little need for sleep, often say their minds are “racing” and jump around from subject to subject when talking, easily distracted, fewer sexual inhibitions; VERY high self-esteem and optimism leads to poor judgment (spending a lot of money on a shopping spree, taking unnecessary risks)
- occurs in less than 1% of population
- occasionally associated with psychosis (such as hallucinations and delusions); severe forms like these are occasionally misdiagnosed as schizophrenia

**Perspectives**

**Biological Perspective**
- Mood disorders run in families
- Twins studies indicate genetic influence on the disease
- Decreased levels of norepinephrine, serotonin, and dopamine are all associated with depression
- Drugs that alleviate mania reduce norepinephrine levels
- Drugs that alleviate depression increase levels of one or all three
  - “tricyclic” – class of antidepressants that increase levels of all 3
  - “SSRI’s” – (selective serotonin reuptake inhibitors) increase serotonin specifically (Prozac, Zoloft, Paxil)
- Physical exercise (which reduces depression) increases serotonin levels
- Frontal lobe activity is decreased in depressed patients and increased in manic patients

**Social-Cognitive Perspective**
- Depression causes negative thinking AND negative thinking causes depression.
- self-defeating beliefs (we believe were are worthless, we begin to act like we are worthless)
- may arise from learned helplessness
- attributions – Depressed people are more likely to explain bad events in terms that are *stable* (it’s going to last forever*”, *global* (it affects everything), and *internal* (it’s my fault).
- Depression is less common is collectivist cultures – maybe because of social supports or maybe because people are less likely to feel individually responsible for bad events
- Mood-congruent memory (negative mood causes negative thoughts)
  - Interesting experiment – After losing their basketball team lose, fans were more likely (than after a win)to predict not only that the team would fair poorly in future games, but also that they would fair poorly at several tasks (throwing darts, solving puzzles, getting a date)
**Somatoform & Dissociative Disorders**  
(Handout #4)

**Somatoform Disorder:** Physical symptoms for which there are no physical causes

*Types of Somatoform Disorders*

1. **Somatization Disorder:** Numerous medical complaints for which there is no physical evidence
2. **Conversion Disorder:** A person displays obvious disturbance in sensory or motor functioning that suggests a physical disorder; though no physical basis for the problem
3. **Pain Disorder:** The preoccupation with severe pain that causes significant distress or impairment of normal functioning
4. **Hypochondriasis:** A preoccupation with the fear of having a serious or deadly disease
5. **Body Dysmorphic Disorder:** A preoccupation with an imaginary defect in the physical appearance of a physically healthy person

**Dissociative Disorders:** (lecture notes) involve disturbances in an individual's memory, consciousness, or personality identity

*Types of Dissociative Disorders*

1. **Dissociative Amnesia:** Individuals lose their sense of identity
2. **Dissociative Fugue:** Individuals who have lost their memory, relocate to a new geographical area, and start a new life as someone else
3. **Dissociative Identity Disorder:** A rare disorder in which several personalities are present in the same individual (multiple personality)
4. **Depersonalization Disorder:** Individual escapes from their own personality by believing that he/she doesn't exist or that their environment is not real

**Personality Disorder:** Are problems in the basic personality structure

**Antisocial Disorder:** The individual engages in antisocial behavior, experiences no guilt or anxiety about their actions; sometimes called sociopaths or psychopaths
Schizophrenia
(Handout #5)

Symptoms of Schizophrenia

1. **Delusions**: The holding of obviously false beliefs; for example someone is trying to kill you
   - Grandeur
   - Persecution

2. **Hallucination**: A sensory impression reported when no external stimulus exists to justify the report

3. **Disorganized Speech**: Problems with the form of their thoughts and words
   A. **Loose Association**: vague or unconnected words and/or phrases (word salad)

4. **Disorganized or Catatonic Behavior**:
   A. **Disorganized**: movement with no apparent reason or purpose
   B. **Catatonic**: maintaining a rigid posture

Abnormal Emotional Responses of Schizophrenic People

1. **Affective Flattening**: do not exhibit any emotion
2. **Alogia**: show a reduction in speech
3. **Avolition**: lack motivation to follow through on an activity

Types of Schizophrenia

1. **Paranoid Schizophrenia**: the individual often has delusions of grandeur and persecution, thinking that someone is out to "get" them
2. **Disorganized Schizophrenia**: characterized by severe personality disintegration; the individual often displays bizarre behavior
3. **Catatonic Schizophrenia**: characterized by periods of complete immobility and the apparent absence of will to move or speak
4. **Undifferentiated Schizophrenia**: does not fit into any particular category, or fits into more than one category
5. **Residual Schizophrenia**: the individual currently does not have symptoms but has had them in the past

Causes of Schizophrenia

- Biological (nature)
- Environmental (nurture)
I. The Basics
A. Psychiatrists are medical doctors who specialize in treatment of mental disorders and can prescribe medications
B. Psychologists who do psychotherapy usually have a doctoral degree in clinical or counseling psychology, but currently cannot prescribe drugs.

II. Insight Therapies
A. Psychodynamic/Psychoanalysis - an intensive and prolonged exploration of a person's unconscious mind. (Freud)
   - Free Association technique in which the patient says everything that comes to mind
   - Resistance unconsciously avoiding certain painful areas of their life
   - Dream Analysis technique in which the patient's dreams are analyzed and reviewed to discover true meaning
   - Transference when a patient projects their feelings onto the therapist
B. Humanistic (Phenomenological) Psychotherapy
   1. Client-Centered or Person-Centered (Carl Rogers)
      - Unconditional Positive Regard the therapist must show that they genuinely care about and accept the client as a person and trusts the client's ability to change
      - Empathy the therapist must appreciate how the world looks from the client's point of view
      - Congruence the way the therapist feels is consistent with the way they act toward the client
   2. Gestalt Therapy (Frederick s. Perls) - designed to help people become more aware of themselves in the here and now and to take responsibility for their own actions.

III. Behavior Therapies problems are learned patterns of thinking and behaving that can be changed without looking for the meanings behind them.
A. Techniques for Modifying Behavior
   - Systematic Desensitization the individual overcomes anxiety by learning to relax in the presence of stimuli that had once made them unbearably nervous
   - Modeling learning by imitation in a therapeutic situation (assertiveness training)
   - Positive Reinforcement presenting a subject something pleasant to increase the probability that the preceding behavior will be repeated (token economy)
   - Extinction the elimination of behavior by, in classical conditioning - the withholding of the Unconditioned Stimulus; and in operant conditioning - the withholding of the reinforcement
   - Aversive Conditioning unwanted responses are paired with unpleasant consequences
   - Punishment any event that decreases the likelihood that the behavior preceding it will be repeated
B. Cognitive-Behavior Therapy - a form of behavior therapy that identifies self-defeating attitudes and thoughts in a subject, and then helps the subject to replace these with positive, supportive thoughts
   - Rational-Emotive Therapy and Cognitive Restructuring a person is taught to identify irrational, self-defeating beliefs and then to overcome them.
   - Beck's Cognitive Therapy the individual's negative, self-defeating thoughts are restructured in a positive way
IV. **Group Therapy**

1. *Group Therapy treatment* of several patients at the same time

2. *Family Therapy* treats the social interactions of the family unit

3. *Couples Therapy* focuses on improving communication between partners

V. **Social-Cognitive Therapies** problems are learned patterns of thinking and behaving that can be changed without looking for the meanings behind them.

A. **Techniques for Modifying Behavior**

- *Systematic Desensitization* the individual overcomes anxiety by learning to relax in the presence of stimuli that had once made them unbearably nervous

- *Modeling* learning by imitation in a therapeutic situation (assertiveness training)

- *Positive Reinforcement* presenting a subject something pleasant to increase the probability that the preceding behavior will be repeated (token economy)

- *Extinction* the elimination of behavior by, in classical conditioning - the withholding of the Unconditioned Stimulus; and in operant conditioning - the withholding of the reinforcement

- *Aversive Conditioning* unwanted responses are paired with unpleasant consequences

- *Punishment* any event that decreases the likelihood that the behavior preceding it will be repeated

B. **Cognitive-Behavior Therapy** - a form of behavior therapy that identifies self-defeating attitudes and thoughts in a subject, and then helps the subject to replace these with positive, supportive thoughts

- *Rational-Emotive Therapy and Cognitive Restructuring* a person is taught to identify irrational, self-defeating beliefs and then to overcome them.

- *Beck's Cognitive Therapy* the individual's negative, self-defeating thoughts are restructured in a positive way

VI. **Group Therapy**

1. *Group Therapy treatment* of several patients at the same time

2. *Family Therapy* treats the social interactions of the family unit

3. *Couples Therapy* focuses on improving communication between partners
Comparing Psychological Approaches to Therapy
(Handout 5B)

Ellen looked awful. She said she had spent three relatively sleepless nights and had eaten little, and it showed. She couldn’t sleep because she felt tormented by feelings of shame, guilt, and loss. She thought that it had nothing to do with her family. She had been “happily married” for nine years. The family members were all healthy. The family was financially stable and seemed to have a strong network of support in the community. Nothing was really wrong with them. Oh, sure, the kids and her husband weren’t home much. He worked overtime very often. The kids were always running to soccer or other commitments. But that was the way it was supposed to be. Ellen thought her “blues” had more to do with her brother. She hadn’t been able to escape strong feelings of self-recrimination since her brother died. They had had a serious fight the night before his car accident, and she had never had a chance to apologize. The last few months had been a nightmare because of the impact her unrelenting sadness was having on Ellen and her family.

The purpose of this exercise is to experiment with matching a client with an appropriate therapy. You will do this by considering the characteristics Ellen is bringing into her first clinical session and by determining the advantages and disadvantages that each of seven schools of therapy might offer her. After considering the seven schools of therapy, select the one that might be most helpful for the symptoms Ellen is presenting. Explain your reasons for selecting the particular school of therapy.

**Psychoanalysis**

What would you expect the therapist to focus on or to do? _________________________
_____________________________________________________________________
_____________________________________________________________________

What would be the advantages of using this approach? _________________________
_____________________________________________________________________
_____________________________________________________________________

What would be the disadvantages of using this approach? _________________________
_____________________________________________________________________
_____________________________________________________________________

**Person-Centered Therapy**

What would you expect the therapist to focus on or to do? _________________________
_____________________________________________________________________
_____________________________________________________________________

What would be the advantages of using this approach? _________________________
_____________________________________________________________________
_____________________________________________________________________

What would be the disadvantages of using this approach? _________________________
_____________________________________________________________________
_____________________________________________________________________
Aversive Conditioning

What would you expect the therapist to focus on or to do? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the advantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the disadvantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

Cognitive Behavior Therapy

What would you expect the therapist to focus on or to do? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the advantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the disadvantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

Drug Therapy

What would you expect the therapist to focus on or to do? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the advantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the disadvantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

Electroconvulsive Therapy

What would you expect the therapist to focus on or to do? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the advantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________

What would be the disadvantages of using this approach? ______________________
__________________________________________________________________________
__________________________________________________________________________
Identify the psychological disorder
(Handout #6)

1. After weeks of feeling dejected, despondent, and dissatisfied with his life, Fred has suddenly become euphoric and energetic. He talks constantly about his far-fetched plans for making huge amounts of money.

2. Alanna worries about everything and can never relax. She is very jumpy, has trouble sleeping at night, and has a poor appetite. For the last few months, her anxiety has become so extreme that she is unable to concentrate at work and is in danger of losing her job.

3. Amy was admitted to the hospital after she appeared in an emergency room complaining that she was going to kill herself. She stated that her husband was killed in front of her 3 months ago during a holdup. Since then, Amy claims that she experiences flashbacks and is unable to sleep or concentrate. Unable to get Amy to discuss the details of her husband’s death, the social worker spoke to her sister. Amy’s sister informed the social worker that Amy had never been married, nor had she ever witnessed a murder. When confronted with this information, Amy became angry and left the hospital.

4. Bianca, a nineteen-year-old college student, has missed almost all her classes during the last month. She sleeps fourteen hours a day, has withdrawn from friends and family, feels worthless, and cries for no apparent reason.

5. Carl cannot bear to be in small enclosed places, such as elevators, and goes to great lengths to avoid them. Recently he turned down a high paying job with an air conditioning repair company because it involves working in crawl spaces.

6. Cary believes that others are talking about her and actively plotting against her. She hears voices that tell her to carry a bow in her purse to protect herself.

7. Ever since going through a very painful divorce, Kayla has experienced a number of terrifying “spells” that seem to come out of nowhere. Her heart suddenly starts to pound, she begins to sweat and tremble, and she has trouble breathing.

8. For as long as she can remember, Mary has felt negative about life. Although good things occasionally happen in Mary’s life, they have little impact on her gloomy mood. Mary functions adequately, but she has few friends because she is so pessimistic.
9. Nancy speaks slowly and monotonously and has reduced emotional responsiveness and few expressive gestures. Her speech is limited to brief empty comments.

10. Harry disinfects his shoes, clothing, floor, and doorknobs with bleach several times a day. Nevertheless, he is tormented by worries that his apartment may be contaminated by germs from the outside. He doesn’t allow anyone to come into his apartment for fear they will contaminate his furniture and belongings.

11. Tyler said to his psychiatrist, “Today is infinity’s horseman,” and acted surprised that his therapist did not understand him completely. When a friend told him that he was sad because of a death in the family, Tyler responded by laughing hysterically.

12. Jay, a high school physics teacher in NYC, disappeared three days after his wife unexpectedly left him for another man. Six months later, he was discovered tending bar in Miami Beach. Calling himself Martin, he claimed to have no recollection of his past life and insisted that he had never been married.

13. Marian and her brother were recently involved in an automobile accident. Marian was not seriously injured, but her brother was killed. Marian is unable to recall any details from the time of the accident until four days later.

14. Norma has frequent memory gaps and cannot account for her whereabouts during certain periods of time. After she expressed suicidal thoughts, her husband brought her to a community mental center. While being interviewed by a clinical psychologist, she began speaking in a childlike voice. She claimed that her name was Donna and that she was only six years old. Moments later, she seemed to revert to her adult voice and had no recollection of speaking in a childlike voice or claiming that her name was Donna.

15. Sadie was brought into the hospital emergency room by her family who reported that she experienced a sudden onset of blindness. The family explained that Sadie had just discovered that her husband had been having an affair. She was arguing with her husband when she suddenly announced that she couldn’t see.

16. Since moving to Fairbanks, Alaska, five years ago, Joan has experienced episodes of depression during the fall and winter months.
17. Thuan, a Vietnamese refugee, cannot stop thinking about the horrors he experienced while fleeing his country by boat. He sleeps poorly and is often awakened by terrifying nightmares.

18. Walt has been chronically worried about his health for years. During his last doctor’s appointment, his blood pressure was slightly elevated, and the doctor suggested that he make an appointment to check it again in a month, but that he did not need medication. Despite the reassurance, Walt became convinced that he had hypertension and began to complain of vague chest pain.
Answers for Handout #6:
1. bipolar
2. generalized anxiety disorder
3. factitious disorder
4. major depressive disorder
5. claustrophobia
6. paranoid schizophrenia
7. panic disorder
8. dysthymic disorder
9. catatonic schizophrenia
10. OCD
11. disorganized schizophrenia
12. dissociative fugue
13. dissociative amnesia
14. dissociative identity disorder
15. conversion disorder
16. seasonal affective disorder
17. PSTD
18. hypochondriasis