

The following instructional plan is part of a GaDOE collection of Unit Frameworks, Performance Tasks, examples of Student Work, and Teacher Commentary for the Psychology Social Studies Course.

Psychology/9 - 12 - Unit Six - Variability of Behavior Among Individuals & Groups	
Elaborated Unit Focus	<p>In this unit students will explore psychological disorders, intelligence, personality, and diagnosis. Using the theme Beliefs and Ideals students will differentiate between general and multiple intelligences. Through Individuals, Groups, and Institutions students will identify and analyze psychological disorders. Within the theme of Technological Innovation students will evaluate and analyze theories and measures of personality, psychological disorders, and intelligence.</p>
Connection to Connecting Theme/Enduing Understandings	<ul style="list-style-type: none"> • Beliefs and Ideals: The student will understand that the beliefs and ideals of a society influence the social, political, and economic decisions of that society. • Individuals, Groups, and Institutions: The student will understand that the actions of individuals, groups and/or institutions affect society through intended and unintended consequences. • Technological Innovation: The student will understand that technological innovations have consequences, both intended and unintended, for a society.
GSE for Social Studies (standards and elements)	<p>SSPVB1 Analyze concepts related to the measurement, and nature of intelligence.</p> <ol style="list-style-type: none"> a. Differentiate between general and multiple intelligences. b. Explain how intelligence may be influenced by heredity and environment. c. Evaluate the reliability, validity, and standardization of historical and contemporary intelligence tests. d. Evaluate the implications of measurement of intelligence on the individual and culture. e. Differentiate the levels of intelligence: include giftedness and intellectual disability. <p>SSPVB2 Evaluate theories of personality and assessment tools.</p> <ol style="list-style-type: none"> a. Evaluate Psychodynamic Theory and its impact on contemporary psychology. b. Evaluate the Humanistic Perspective of personality. c. Analyze the purpose and theories of the Trait Perspective of personality. d. Analyze the Social-Cognitive Perspective of personality. e. Identify various personality assessment tools. <p>SSPVB3 Identify psychological disorders and treatment.</p> <ol style="list-style-type: none"> 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 psychological disorders, include: the current version of the Diagnostic and Statistical Manual, the MMPI, and projective tests. c. Analyze various psychological disorders and identify appropriate treatments, include: anxiety disorders, bipolar and depressive disorders, personality disorders, somatic disorders, and schizophrenia. d. Analyze the challenges associated with labeling psychological disorders and the impact of diagnosis on patients.

	<p>e. Compare the biomedical, psychoanalytical, cognitive, and behavioral and humanistic approaches to the treatment of psychological disorders.</p>
<p>Connection to Literacy Standards for Social Studies (reading and/or writing)</p>	<p>L9-10RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information.</p> <p>L9-10RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text.</p> <p>L9-10RHSS3: Analyze in detail a series of events described in a text; determine whether earlier events caused later ones or simply preceded them.</p> <p>L9-10RHSS4: Determine the meaning of words and phrases as they are used in a text, including vocabulary describing political, social, or economic aspects of history/social science.</p> <p>L9-10RHSS6: Compare the point of view of two or more authors for how they treat the same or similar topics, including which details they include and emphasize in their respective accounts.</p> <p>L9-10RHSS9: Compare and contrast treatments of the same topic in several primary and secondary sources.</p> <p>L9-10RHSS10: By the end of grade 10, read and comprehend history/social studies texts in the grades 9–10 text complexity band independently and proficiently.</p> <p>L9-10WHST2: Write informative/explanatory texts, including the narration of historical events, scientific procedures/experiments, or technical processes.</p> <p>d. Use precise language and domain-specific vocabulary to manage the complexity of the topic and convey a style appropriate to the discipline and context as well as to the expertise of likely readers.</p> <p>L9-10WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L9-10WHST5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience.</p> <p>L9-10WHST8: Gather relevant information from multiple authoritative print and digital sources, using advanced searches effectively; assess the usefulness of each source in answering the research question; integrate information into the text selectively to maintain the flow of ideas, avoiding plagiarism and following a standard format for citation.</p> <p>L9-10WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L9-10WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>L11-12RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.</p> <p>L11-12RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary that makes clear the relationships among the key details and ideas.</p> <p>L11-12RHSS3: Evaluate various explanations for actions or events and determine which explanation best accords with textual evidence, acknowledging where the text leaves matters uncertain.</p>

	<p>L11-12RHSS4: Determine the meaning of words and phrases as they are used in a text, including analyzing how an author uses and refines the meaning of a key term over the course of a text (e.g., how Madison defines faction in Federalist No. 10).</p> <p>L11-12RHSS6: Evaluate authors’ differing points of view on the same historical event or issue by assessing the authors’ claims, reasoning, and evidence.</p> <p>L11-12RHSS10: By the end of grade 12, read and comprehend history/social studies texts in the grades 11–12 text complexity band independently and proficiently.</p> <p>L11-12WHST2: Write informative/explanatory texts, including the narration of historical events, scientific procedures/experiments, or technical processes.</p> <p style="padding-left: 40px;">d. Use precise language, domain-specific vocabulary and techniques such as metaphor, simile, and analogy to manage the complexity of the topic; convey a knowledgeable stance in a style that responds to the discipline and context as well as to the expertise of likely readers.</p> <p>L11-12WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L11-12WHST5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience.</p> <p>L11-12WHST8: Gather relevant information from multiple authoritative print and digital sources, using advanced searches effectively; assess the strengths and limitations of each source in terms of the specific task, purpose, and audience; integrate information into the text selectively to maintain the flow of ideas, avoiding plagiarism and overreliance on any one source and following a standard format for citation.</p> <p>L11-12WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L11-12WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p>
<p>Connection to Social Studies Matrices (information processing and/or map and globe skills)</p>	<p>Information Processing Skills:</p> <ol style="list-style-type: none"> 1. compare similarities and differences 3. identify issues and/or problems and alternative solutions 5. identify main idea, detail, sequence of events, and cause and effect in a social studies context 11. draw conclusions and make generalizations 15. determine adequacy and/or relevancy of information 16. check for consistency of information



Essential Questions and Related Supporting/Guiding Questions

<p>Enduring Understanding 1</p>	<p>Beliefs and Ideals: The student will understand that the beliefs and ideals of a society influence the social, political, and economic decisions of that society.</p> <ul style="list-style-type: none"> • Essential Question: How can psychology helps us to understand how the beliefs and ideals of society the decisions of society? <ul style="list-style-type: none"> ○ How could knowing your strengths (intelligences) influence your decision making? ○ How does societies understanding of intelligence influence decision making? ○ What is the role of personality in decision making?
<p>Enduring Understanding 2</p>	<p>Individuals, Groups, and Institutions: The student will understand that the actions of individuals, groups and/or institutions affect society through intended and unintended consequences.</p> <ul style="list-style-type: none"> • Essential Question: How can psychology helps us to understand how the actions of individuals, groups, and/or institutions affect society? <ul style="list-style-type: none"> • What are the implications of individuals or groups understanding peoples strengths (multiple intelligences)? • How can intelligence be maximized? • How do groups, and/or institutions change the way we view psychological disorders?
<p>Enduring Understanding 3</p>	<p>Technological Innovation: The student will understand that technological innovations have consequences, both intended and unintended, for a society.</p> <ul style="list-style-type: none"> • Essential Question: How can psychology helps us to understand how technological innovations can have consequences for society? <ul style="list-style-type: none"> ○ How has psychological testing changed society? ○ What could be the implications of labeling from psychological assessments? ○ How has technology changed psychological assessments?

Sample Instructional Activities/Assessments

Multiple Intelligences

In this activity the students will analyze the way three authors have addressed multiple intelligences. After reading the three articles students will identify the eight intelligences providing a brief summary of each; a paragraph that discusses the things all three authors agree on; a paragraph that discusses points the authors do not have agreement on; a paragraph that discusses the real-world implications of multiple intelligences for individuals and culture.

Assessment:

Criteria	1 Below Standard	2 Approaching Standard	3 Meeting standard	4 Exceeding Standard
<i>Student is able to identify and summarize each intelligence.</i>	Student fails to complete work.	Student is able to identify intelligences but summaries lack detail.	Student is able to identify and summarize each intelligence.	In addition to meeting the standard students provide examples to illustrate their summaries.
<i>Student is able to identify points that all three authors agree on.</i>	Student fails to complete work.	Student is able to identify authors' points but lacks detail.	Student is able to identify points that all three authors agree on.	In addition to meeting the standard students provide examples to illustrate the points authors are making.
<i>Student is able to identify points on which the authors do not have agreement.</i>	Student fails to complete work.	Student is able to identify authors' points but lacks detail.	Student is able to identify points on which the authors do not have agreement.	In addition to meeting the standard students provide examples to illustrate the points authors are making.
<i>Student is able to discuss the real-world implications of multiple intelligences for individuals and culture.</i>	Student fails to complete work.	Student is able to discuss some real world implications but discussion lacks detail..	Student is able to discuss the real-world implications of multiple intelligences for individuals and culture.	In addition to meeting the standard students provide examples to illustrate the implications for individuals and culture.

- Strauss, Valerie. "Howard Gardner: 'Multiple Intelligences' Are Not 'learning Styles'." The Washington Post. WP Company, 16 Oct. 2013. Web. 29 May 2018. <https://www.washingtonpost.com/news/answer-sheet/wp/2013/10/16/howard-gardner-multiple-intelligences-are-not-learning-styles/?noredirect=on&utm_term=.ab0557fe14b8>.
- "How Does This Theory Differ from the Traditional Definition of Intelligence?" Concept to Classroom: Tapping Into Multiple Intelligences. WNET Education, n.d. Web. 29 May 2018. <https://www.thirteen.org/edonline/concept2class/mi/index_sub1.html>.
- Smith, Mark K. "Howard Gardner, Multiple Intelligences and Education." Infed.org. N.p., 25 Apr. 2013. Web. 29 May 2018. <http://infed.org/mobi/howard-gardner-multiple-intelligences-and-education/#multiple_intelligences>.

<p>GSE Standards and Elements</p>	<p>SSPVB1 Analyze concepts related to the measurement, and nature of intelligence.</p> <ol style="list-style-type: none"> 1. Differentiate between general and multiple intelligences. d. Evaluate the implications of measurement of intelligence on the individual and culture.
<p>Literacy Standards Social Studies Matrices Enduring Understanding(s)</p>	<p>Literacy Standards:</p> <p>L9-10RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information.</p> <p>L9-10RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text.</p> <p>L9-10RHSS4: Determine the meaning of words and phrases as they are used in a text, including vocabulary describing political, social, or economic aspects of history/social science.</p> <p>L9-10RHSS6: Compare the point of view of two or more authors for how they treat the same or similar topics, including which details they include and emphasize in their respective accounts.</p> <p>L9-10RHSS9: Compare and contrast treatments of the same topic in several primary and secondary sources.</p> <p>L9-10RHSS10: By the end of grade 10, read and comprehend history/social studies texts in the grades 9–10 text complexity band independently and proficiently.</p> <p>L9-10WHST2: Write informative/explanatory texts, including the narration of historical events, scientific procedures/experiments, or technical processes.</p> <ol style="list-style-type: none"> e. Use precise language and domain-specific vocabulary to manage the complexity of the topic and convey a style appropriate to the discipline and context as well as to the expertise of likely readers. <p>L9-10WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L9-10WHST8: Gather relevant information from multiple authoritative print and digital sources, using advanced searches effectively; assess the usefulness of each source in answering the research question; integrate information into the text selectively to maintain the flow of ideas, avoiding plagiarism and following a standard format for citation.</p> <p>L9-10WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L9-10WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>L11-12RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.</p> <p>L11-12RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary that makes clear the relationships among the key details and ideas.</p> <p>L11-12RHSS4: Determine the meaning of words and phrases as they are used in a text, including analyzing how an author uses and refines the meaning of a key term over the course of a text (e.g., how Madison defines faction in Federalist No. 10).</p> <p>L11-12RHSS6: Evaluate authors’ differing points of view on the same historical event or issue by assessing the authors’ claims, reasoning, and evidence.</p> <p>L11-12RHSS10: By the end of grade 12, read and comprehend history/social studies texts in the grades 11–12 text complexity band independently and proficiently.</p> <p>L11-12WHST2: Write informative/explanatory texts, including the narration of historical events, scientific procedures/experiments, or technical processes.</p>

- e. Use precise language, domain-specific vocabulary and techniques such as metaphor, simile, and analogy to manage the complexity of the topic; convey a knowledgeable stance in a style that responds to the discipline and context as well as to the expertise of likely readers.

L11-12WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.

L11-12WHST8: Gather relevant information from multiple authoritative print and digital sources, using advanced searches effectively; assess the strengths and limitations of each source in terms of the specific task, purpose, and audience; integrate information into the text selectively to maintain the flow of ideas, avoiding plagiarism and overreliance on any one source and following a standard format for citation.

L11-12WHST9: Draw evidence from informational texts to support analysis, reflection, and research.

L11-12WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.

Social Studies Matrices:

Information Processing Skills:

1. compare similarities and differences
3. identify issues and/or problems and alternative solutions
5. identify main idea, detail, sequence of events, and cause and effect in a social studies context
11. draw conclusions and make generalizations
15. determine adequacy and/or relevancy of information
16. check for consistency of information

Enduring Understanding(s):

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

- **Essential Question:** How can psychology helps us to understand how the beliefs and ideals of society the decisions of society?
 - How could knowing your strengths (intelligences) influence your decision making?
 - How does societies understanding of intelligence influence decision making?

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

- **Essential Question:** How can psychology helps us to understand how the actions of individuals, groups, and/or institutions affect society?
 - What are the implications of individuals or groups understanding peoples strengths (multiple intelligences)?
 - How can intelligence be maximized?

The Four “D”s

In this activity students will read four case studies. As they are reading the case studies they will complete a [chart](#) for each case study in which they will identify behaviors that correspond with the four Ds; Deviance, Dysfunction, Distress & Danger. After identifying the specific evidence, for example, patient sucks thumb (patient is 34), the students will provide a preliminary diagnosis. The key for students in this activity is to identify specific behaviors and categorize them as one of the four Ds.

Case Studies (Please note these case studies have a hyperlink to the diagnosis so you might like to copy the text to a document to prevent students from clicking on the hyperlink):

DeepDiveAdmin. "Case Studies." Psyweb.com. N.p., n.d. Web. 29 May 2018.

<<http://www.psyweb.com/Casestudies/CaseStudies.html>>.

[Patient Chart Handout](#)

[Student Information Sheet: Four Ds](#)

NOTE: remind students that although a person maybe exhibiting one or more of the four Ds that does not mean that person necessarily has a psychological disorder. The four Ds must also be considered in the context and situation in which they find themselves. For example Goths who dress all in black and paint their faces white may be considered to have met the D – deviance this does mean they have a psychological problem, or a soldier in combat puts themselves in danger meeting the D – danger, or finally a person who has recently lost a beloved grandfather and feels unhappy meeting the D – distress.

<p>GSE Standards and Elements</p>	<p>SSPVB3 Identify psychological disorders and treatment.</p> <ol style="list-style-type: none"> Identify criteria that distinguish normal from disordered behavior, include: the criteria of distress, deviance, and dysfunction. Describe methods used to diagnose and assess psychological disorders, include: the current version of the Diagnostic and Statistical Manual, the MMPI, and projective tests. Analyze various psychological disorders and identify appropriate treatments, include: anxiety disorders, bipolar and depressive disorders, personality disorders, somatic disorders, and schizophrenia.
<p>Literacy Standards Social Studies Matrices Enduring Understanding(s)</p>	<p>L9-10RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information.</p> <p>L9-10RHSS3: Analyze in detail a series of events described in a text; determine whether earlier events caused later ones or simply preceded them.</p> <p>L9-10RHSS4: Determine the meaning of words and phrases as they are used in a text, including vocabulary describing political, social, or economic aspects of history/social science.</p> <p>L9-10RHSS10: By the end of grade 10, read and comprehend history/social studies texts in the grades 9–10 text complexity band independently and proficiently.</p> <p>L9-10WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L9-10WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L9-10WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>L11-12RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.</p> <p>L11-12RHSS3: Evaluate various explanations for actions or events and determine which explanation best accords with textual evidence, acknowledging where the text leaves matters uncertain.</p>

<p>L11-12RHSS4: Determine the meaning of words and phrases as they are used in a text, including analyzing how an author uses and refines the meaning of a key term over the course of a text (e.g., how Madison defines faction in Federalist No. 10).</p> <p>L11-12RHSS10: By the end of grade 12, read and comprehend history/social studies texts in the grades 11–12 text complexity band independently and proficiently.</p> <p>L11-12WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L11-12WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L11-12WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>Social Studies Matrices:</p> <p>Information Processing Skills:</p> <ol style="list-style-type: none">1. compare similarities and differences3. identify issues and/or problems and alternative solutions5. identify main idea, detail, sequence of events, and cause and effect in a social studies context11. draw conclusions and make generalizations <p>Enduring Understanding(s):</p> <p>Individuals, Groups, and Institutions: The student will understand that the actions of individuals, groups and/or institutions affect society through intended and unintended consequences.</p> <ul style="list-style-type: none">• Essential Question: How can psychology help us to understand how the actions of individuals, groups, and/or institutions affect society?<ul style="list-style-type: none">○ How do groups, and/or institutions change the way we view psychological disorders? <p>Technological Innovation: The student will understand that technological innovations have consequences, both intended and unintended, for a society.</p> <ul style="list-style-type: none">• Essential Question: How can psychology help us to understand how technological innovations can have consequences for society?<ul style="list-style-type: none">○ How has psychological testing changed society?○ What could be the implications of labeling from psychological assessments?

Humanistic Perspective

In this task students will read two articles one about Carl Rogers and one about Abraham Maslow. After reading the articles the students will respond to the prompt below.

Prompt:

After reading Carl Rogers and Maslow’s Hierarchy of Needs, write two paragraphs in which you discuss Roger’s and Maslow’s perspectives on personality and evaluate the Humanistic perspective on personality. Support your position with evidence from the text(s).

Articles:

McLeod, Saul. "Carl Rogers." Simply Psychology. Simply Psychology, 01 Jan. 1970. Web. 30 May 2018.
<<https://www.simplypsychology.org/carl-rogers.html>>.

McLeod, Saul. "Maslow's Hierarchy of Needs." Simply Psychology. Simply Psychology, n.d. Web. 30 May 2018.
<<https://www.simplypsychology.org/maslow.html>>.

Assessment: [See rubric](#) (rubric adapted from Literacy Design Collaborative <https://ldc.org>)

GSE Standards and Elements	<p>SSPVB2 Evaluate theories of personality and assessment tools.</p> <p>b. Evaluate the Humanistic Perspective of personality.</p>
<p>Literacy Standards Social Studies Matrices Enduring Understanding(s)</p>	<p>L9-10RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information.</p> <p>L9-10RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text.</p> <p>L9-10RHSS4: Determine the meaning of words and phrases as they are used in a text, including vocabulary describing political, social, or economic aspects of history/social science.</p> <p>L9-10RHSS10: By the end of grade 10, read and comprehend history/social studies texts in the grades 9–10 text complexity band independently and proficiently.</p> <p>L9-10WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience</p> <p>L9-10WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L9-10WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>L11-12RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.</p> <p>L11-12RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary that makes clear the relationships among the key details and ideas.</p> <p>L11-12RHSS4: Determine the meaning of words and phrases as they are used in a text, including analyzing how an author uses and refines the meaning of a key term over the course of a text (e.g., how Madison defines faction in Federalist No. 10).</p> <p>L11-12RHSS10: By the end of grade 12, read and comprehend history/social studies texts in the grades 11–12 text complexity band independently and proficiently.</p> <p>L11-12WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L11-12WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p>

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Social Studies Matrices:

Information Processing Skills:

1. compare similarities and differences
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Enduring Understanding(s):

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

- **Essential Question:** How can psychology help us to understand how the beliefs and ideals of society influence the decisions of society?
 - What is the role of personality in decision making?

Culminating Unit Performance Task

DSM-IV At the Movies

In this task students will be required to analyze a character from a movie. They will complete a case history, diagnosis using the DSM-IV criteria, Axis I, and/or Axis II categories. They will also speculate on the cause of the disorder they diagnose.

Please see performance task documents for details.

- [Student Directions](#)
- [Sample Case History](#)
- [Multiaxial Evaluation Form](#)
- [Axis V: Global Assessment of Functioning Scale description](#)
- [Axis V: Global Assessment of Function Scale](#)
- [Student Checklist](#)
- [Content Rubric](#)
- [Product Rubric](#)
- Additional Resources (Performance Task and whole unit)
 - [DSM-IV MAJOR CLASSIFICATIONS](#)
 - [Specific anxiety disorders](#)
 - [Mood Disorders and Perspectives on their Cause](#)
 - [Somatoform & Dissociative Disorders](#)
 - [Schizophrenia](#)
 - [Therapy](#)

GSE Standards and Elements	<p>SSPVB3 Identify psychological disorders and treatment.</p> <ol style="list-style-type: none"> 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 psychological disorders, include: the current version of the Diagnostic and Statistical Manual, the MMPI, and projective tests. c. Analyze various psychological disorders and identify appropriate treatments, include: anxiety disorders, bipolar and depressive disorders, personality disorders, somatic disorders, and schizophrenia.
Literacy Standards Social Studies Matrices Enduring Understanding(s)	<p>Literacy Standards:</p> <p>L9-10RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, attending to such features as the date and origin of the information.</p> <p>L9-10RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary of how key events or ideas develop over the course of the text.</p> <p>L9-10RHSS3: Analyze in detail a series of events described in a text; determine whether earlier events caused later ones or simply preceded them.</p> <p>L9-10WHST2: Write informative/explanatory texts, including the narration of historical events, scientific procedures/experiments, or technical processes.</p> <p>L9-10WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p>

	<p>L9-10WHST5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience.</p> <p>L9-10WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L9-10WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>L11-12RHSS1: Cite specific textual evidence to support analysis of primary and secondary sources, connecting insights gained from specific details to an understanding of the text as a whole.</p> <p>L11-12RHSS2: Determine the central ideas or information of a primary or secondary source; provide an accurate summary that makes clear the relationships among the key details and ideas.</p> <p>L11-12RHSS3: Evaluate various explanations for actions or events and determine which explanation best accords with textual evidence, acknowledging where the text leaves matters uncertain.</p> <p>L11-12RHSS10: By the end of grade 12, read and comprehend history/social studies texts in the grades 11–12 text complexity band independently and proficiently.</p> <p>L11-12WHST2: Write informative/explanatory texts, including the narration of historical events, scientific procedures/experiments, or technical processes.</p> <p>L11-12WHST4: Produce clear and coherent writing in which the development, organization, and style are appropriate to task, purpose, and audience.</p> <p>L11-12WHST5: Develop and strengthen writing as needed by planning, revising, editing, rewriting, or trying a new approach, focusing on addressing what is most significant for a specific purpose and audience.</p> <p>L11-12WHST9: Draw evidence from informational texts to support analysis, reflection, and research.</p> <p>L11-12WHST10: Write routinely over extended time frames (time for reflection and revision) and shorter time frames (a single sitting or a day or two) for a range of discipline-specific tasks, purposes, and audiences.</p> <p>Social Studies Matrices:</p> <p>Information Processing Skills:</p> <ol style="list-style-type: none"> 1. compare similarities and differences 3. identify issues and/or problems and alternative solutions 5. identify main idea, detail, sequence of events, and cause and effect in a social studies context 11. draw conclusions and make generalizations 15. determine adequacy and/or relevancy of information 16. check for consistency of information <p>Enduring Understanding(s):</p> <p>Individuals, Groups, and Institutions: The student will understand that the actions of individuals, groups and/or institutions affect society through intended and unintended consequences.</p> <ul style="list-style-type: none"> • Essential Question: How can psychology helps us to understand how the actions of individuals, groups, and/or institutions affect society?
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	<ul style="list-style-type: none">○ How do groups, and/or institutions change the way we view psychological disorders? <p>Technological Innovation: The student will understand that technological innovations have consequences, both intended and unintended, for a society.</p> <ul style="list-style-type: none">● Essential Question: How can psychology help us to understand how technological innovations can have consequences for society?<ul style="list-style-type: none">○ How has psychological testing changed society?○ What could be the implications of labeling from psychological assessments?○ How has technology changed psychological assessments?
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Performance Task Documents:

Student Directions

DSM-IV At the Movies

Basic Directions: Pick a movie character you would 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:
http://psyweb.com/Mdisord/DSM_IV/jsp/dsm_iv.jsp
<https://justines2010blog.files.wordpress.com/2011/03/dsm-iv.pdf>
 - d. **Cause of the behavior** – Speculate as to WHY the person developed this disorder. We are talking causation here. How did the disorder develop? Nature/Nurture?
 - e. **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:

Click or tap to enter a date.: **Draft of case history due.**

Click or tap to enter a date.: **Final project due**

Performance Task: Sample Case History

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:

Axis 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 number selected from the chart below.

Multiaxial Evaluation Report Form

Client Name:

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

Diagnostic code DSM-IV-TR name

_____. _____
_____. _____
_____. _____

Axis II: Personality Disorders and Mental Retardation

Diagnostic code DSM-IV-TR name

_____. _____
_____. _____

Axis III: General Medical Conditions

Axis IV: Psychosocial and Environmental Problems

Check:

- Problems with primary support group *Specify:* _____
- Problems related to social environment *Specify:* _____
- Educational problems *Specify:* _____
- Occupational problems *Specify:* _____
- Housing problems *Specify:* _____
- Economic problems *Specify:* _____
- Problems with access to healthcare 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.)

91-100	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
81-90	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)
71-80	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).
61-70	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.
51-60	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).
41-50	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).
31-40	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).
21-30	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).
11-20	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).
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.

Pre-Grading Checklist

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

Student Name: _____

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

Performance Task: Content Rubric

Scale Criteria	1 Below Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard
Shows understanding of development and use of case study	History of “client” is full of personal opinions and speculation	Case study includes relevant facts about the “client” but also includes possible causes and/or treatment possibilities	Case study includes only relevant historical facts that led “client” to seek treatment (including 3-5 past life events and those events significance)	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
Multiaxial Diagnosis Worksheet completed correctly	Axis 1 & 2 left blank OR Axis 5 left blank	Incorrectly identifies Axis 1 or 2 OR Axis 5 left blank	Correctly identifies Axis 1 or 2 and appropriately uses the G.A.F. to fill in Axis 5	In addition to everything in 3 (meets standard): identifies criteria in Axis 3 and/or 4 AND/OR use intermediate numbers on Axis 5
Uses appropriate DSM-IV-TR requirements to diagnose mental illness	Uses only two or fewer examples to diagnose mental illness	Correctly identifies mental illness supported with 3+ examples	Correctly identifies mental illness supported with 3+ examples	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)
Identifies appropriate cause of mental illness	Incorrectly identifies the cause of the mental illness	Identifying A possible cause but does not list other potential causes of the identified mental illness	Identifies more than one potential cause of the identified mental illness	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

Performance Task: Product Rubric

Scale Criteria	1 Below Standard	2 Needs Improvement	3 Meets Standard	4 Exceeds Standard
Incorporates Appropriate APA-style citation along with meeting assigned mechanical requirements	Uses appropriate spacing and font; 6+ grammar and spelling errors; minimum attempt at APA format (done incorrectly)	Appropriate mechanics with 5 or fewer grammar and spelling errors; some correct use of APA style formatting but incomplete	Appropriate mechanics with 5 or fewer grammar and spelling errors; Complete APA format used with only minor technical error	Appropriate mechanics with no grammar or spelling errors; Complete and correct APA format used with no errors
Appropriate Use of Case History Rough Draft	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	Rough Draft complete in paragraph form; no peer editing noticeable	Rough Draft complete in paragraph form; peer edited with a different colored pen	In addition to everything in 3 (meets standard): student has rewritten the draft and further editing has been done prior to the final copy being created
Title Creativity	Name of the Person being studied only	Name of the TV Show or Movie being used for the study only	Something that incorporates the person and the mental illness	In addition to everything in 3 (meets standard): some type of twist on the title (ex: an alliteration)

The Four Ds: Patient Chart

Patient Name:	
Deviance Behaviors	
Dysfunction Behaviors	
Distress Behaviors	
Danger Behaviors	

The Four Ds: Student Information Handout

Deviance: Behavior that is a serious deviation from the social norms of that culture.

Example – Locking car and walking away but returning to check all doors are locked (multiple times), dyeing your hair an unusual color, or lying.



Dysfunctional: Behavior that hinders the individual's ability to function effectively in the world.

Example – talking with an imaginary friend, wearing a tin hat so the aliens cannot read your mind, dramatic mood swings, excessive alcohol consumption, starving oneself

Distress: Behavior that demonstrates the individual is extremely upset.

Example: insomnia, anxiety, endless crying, aches and pains.



Danger: Behavior that puts the individual or others in harms way.

Example: attempted suicide, attacking others, erratic driving.

AJC1. Tinfoil Hat. Digital image. Flickr. Yahoo!, 22 Nov. 2013. Web. 29 May 2018.
<<https://www.flickr.com/photos/ajc1/10994593713/in/photostream/>>.

Crying Face - chris 論 [GFDL (<http://www.gnu.org/copyleft/fdl.html>) or CC-BY-SA-3.0 (<http://creativecommons.org/licenses/by-sa/3.0/>)], from Wikimedia Commons

Rubric Humanistic Perspective on Personality

Scoring Elements	Emerging		Approaches Expectations		Meets Expectations		Advanced
	1	1.5	2	2.5	3	3.5	4
Controlling Idea	Makes a general claim with an unclear focus.		Establishes a clear claim that addresses the prompt , with an uneven focus .		Establishes and maintains a clear, specific, and credible claim that addresses all aspects of the prompt.		Establishes and maintains a precise, substantive claim that addresses all aspects of the prompt. Acknowledges limitations and/or the complexity of the issue or topic .
Selection & Citation of Evidence	Includes minimal details from sources. Sources are used without citation.		Includes details, examples, and/or quotations from sources that are relevant to the claim . Inconsistently cites sources.		Includes details, examples, and/or quotations from sources that support the claim and supporting ideas . Consistently cites sources with minor formatting errors .		Includes well-chosen details, examples, and/or quotations from sources that fully support the claim and supporting ideas. Consistently cites sources using appropriate format .
Development / Explanation of Sources	Explanation of ideas and source material is irrelevant, incomplete, or inaccurate.		Explains ideas and source material to support the argument , with some incomplete reasoning or explanations .		Accurately explains ideas and source material and how they support the argument.		Thoroughly and accurately explains ideas and source material, using logical reasoning to support and develop the argument.
Conventions	Major errors in standard English conventions interfere with the clarity of the writing. Language or tone is inappropriate.		Errors in standard English conventions sometimes interfere with the clarity of the writing. Uses language and tone that are sometimes inappropriate for the audience and purpose.		Consistently applies standard English conventions; minor errors , while noticeable, do not interfere with the clarity of the writing. Uses language and tone appropriate to the audience and purpose .		Consistently applies standard English conventions, with few errors . Demonstrates varied syntax and precise word choice . Consistently uses language and tone appropriate to the audience and purpose.
Disciplinary Content Understanding	Includes disciplinary content in explanations, but understanding of content is weak; content is irrelevant, inappropriate, or inaccurate.		Briefly notes disciplinary content relevant to the prompt; shows basic or uneven understanding of content with minor errors in explanation.		Accurately presents disciplinary content relevant to the prompt with sufficient explanations that demonstrate understanding.		Integrates relevant and accurate disciplinary content with thorough explanations that demonstrate in-depth understanding.

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

- Panic Disorder without Agoraphobia
- Panic Disorder with Agoraphobia
- Agoraphobia without History of Panic Disorder
- Specific Phobia
- Social Phobia
- Obsessive-Compulsive Disorder
- Post-traumatic Stress Disorder
- Acute Stress Disorder
- Generalized Anxiety Disorder

8. SOMATOFORM DISORDERS

- Somatization Disorder
- Undifferentiated Somatoform Disorder
- Conversion Disorder
- Pain Disorder
- Hypochondriasis
- Body Dysmorphic Disorder

9. FACTITIOUS DISORDERS

10. DISSOCIATIVE DISORDERS

- Dissociative Amnesia
- Dissociative Fugue
- Dissociative Identity Disorder
- Depersonalization Disorder

11. EATING DISORDERS

- Anorexia Nervosa
- Bulimia Nervosa

12. SLEEP DISORDERS

- Primary Sleep Disorders
 - Dyssomnias
 - Parasomnias

13. IMPULSE-CONTROL DISORDERS NOT ELSEWHERE CLASSIFIED

14. ADJUSTMENT DISORDERS

15. PERSONALITY DISORDERS

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

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

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 we 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 in 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 fare poorly in future games, but also that they would fare poorly at several tasks (throwing darts, solving puzzles, getting a date)

Psychology Frameworks for the Georgia Standards of Excellence in Social Studies
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:** 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) involves 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

Symptoms of Schizophrenia

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

Therapy

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
- A. 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

- *Group Therapy treatment* of several patients at the same time
- *Family Therapy* treats the social interactions of the family unit
- *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.

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