Chapter 16
Treatment of Psychological Disorders

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  Video Anthology for Introductory Psychology: Therapy – Mentally Ill Chemical Abusers: A Community Problem
  Video Anthology for Introductory Psychology: Therapy – When Treatment Leads to Execution: Mental Health and the Law
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PsychInvestigator: Psychotherapy

Worth Video Series:

Video Anthology for Introductory Psychology: Learning – Overcoming Fear

Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Rage: One Man’s Story and Treatment

Video Anthology for Introductory Psychology: Therapy – City of Gheel: Community Mental Health at Its Best

Video Anthology for Introductory Psychology: Therapy – Treating OCD: Exposure and Response Prevention

Video Anthology for Introductory Psychology: Therapy – Treatment of Drug Addiction

Video Anthology for Introductory Psychology: Therapy – Early Treatment of Mental Disorders

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Multimedia Suggestions

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Worth Video Series:

Video Anthology for Introductory Psychology: Therapy – Early Treatment of Mental Disorders

Video Anthology for Introductory Psychology: Psychological Disorders – Multiple Personality Disorder

Video Anthology for Introductory Psychology: Psychological Disorders – Mood Disorders

Video Anthology for Introductory Psychology: Therapy – Schizophrenia

Video Anthology for Introductory Psychology: Therapy – Treatment of Drug Addiction

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Chapter Objectives

After studying this chapter, students should be able to:

1. Summarize the benefits of receiving treatment for psychological disorders and the reasons why some people cannot or will not seek treatment.

2. Distinguish among four broad types of psychotherapists, and compare the psychological and biological approaches to treatment.

3. Describe the approach of eclectic psychotherapy.

4. Explain the basic principles of psychoanalysis, drawing on its origins in the psychodynamic perspective on personality.

5. Discuss why the development of insight is a central goal of psychoanalysis, and explain how free association, dream analysis, interpretation, and analysis of resistance each contribute to that overall goal. Discuss transference.

6. Describe the central tenets of interpersonal psychotherapy; compare and contrast it with traditional psychoanalysis.

7. Explain how humanistic and existential therapies differ from psychodynamic and behavioral therapies; describe the basic methods of person-centered therapy and Gestalt therapy.

8. Describe how operant conditioning can be employed to eliminate unwanted behavior or promote desired behaviors; describe a token economy.

9. Describe how exposure therapies, such as systematic desensitization, can be used to reduce unwanted emotional responses.
10. Explain the similarities and differences between cognitive therapies and behavior therapies, and describe the techniques of cognitive restructuring and mindfulness meditation.

11. Summarize the basic methods of cognitive behavioral therapy.

12. Discuss some of the recent trends in using computers in conjunction with psychotherapy.

13. Describe the basic features of couples and family therapy, group therapy, and self-help groups.

14. Describe how antipsychotic drugs, antianxiety medications, and antidepressants work at a biological level.

15. Describe the reasons why people use herbal and natural products to treat psychological disorders, and discuss the effectiveness of such treatments.

16. Discuss research evidence on the question of whether medication, psychotherapy, or a combination of the two approaches is most effective in treating psychological disorders.

17. Describe biological treatments that do not involve medication, such as electroconvulsive therapy, transcranial magnetic stimulation, phototherapy, and psychosurgery.

18. Explain why treatment illusions can cloud the ability to determine the effectiveness of treatment for psychological disorders, and identify three such illusions.

19. Describe the methods used in treatment outcome studies to evaluate treatment effectiveness.

20. Name some empirically supported psychological treatments and the disorders to which they apply.

21. Name some of the dangers associated with the treatment of psychological disorders.

I. Treatment: Getting Help to Those Who Need It

(Chapter Objectives 1–2)

Psychological disorders and mental illness are often misunderstood, and because of this often go untreated. These disorders carry enormous social, financial, and personal costs. Some people are unaware of their problems, while others are too embarrassed to seek help. Still others may face family, financial, or cultural obstacles to obtaining treatment. Psychological and biomedical treatments can help ameliorate the costs of psychological disorders and provide a greater quality of life to those who deal with the consequences of these problems. When people do receive therapy, it typically comes in the form of
psychotherapy, or talking therapy, medical and biological therapy, or a combination of therapies.

Lecture Suggestion 16.1

Guest Lecturer: Mental Health Professional

You may have already followed the advice in the previous chapter to invite one or more mental health professionals to your classroom as guest lecturers. If you did, chances are your students got a stimulating presentation on difficulties in diagnosis and definitions of what constitutes abnormality. Now you can invite the experts back again to follow up on their earlier discussion.

A member of your psychology faculty, for example, might also have a small private practice, and certainly there are people at your university’s counseling center who work with mental health issues on a daily basis. Your local Yellow Pages most likely has several listings for psychiatric social workers, counseling psychologists, clinical psychologists, or people who work at drug and alcohol rehabilitation centers. A bit of cold calling on your part can line up an experienced guest speaker, or even a panel of experts.

Ask these people to comment on their training, orientation, daily work, and other elements of their jobs that deal with the treatment of psychological disorders. It’d be wonderful to have a mixed group, such that one person represents a cognitive-behavioral approach, another practices psychoanalysis, one is a psychiatric social worker, another is a counseling psychologist, perhaps another a psychiatrist, and so on. Through their presentation your students should gain a better understanding of the variety of mental health professions available (echoing the material in the Real World feature in the textbook) and the variety of approaches therapists can take to addressing a particular problem.

Lecture Suggestion 16.2

Therapy on the Tube

YouTube has changed the face of the Internet dramatically. Now, at the click of a button, you can see fuzzy kittens doing spastic little dances, or the neighborhood lunkhead trying to jump his bike off the roof and into the swimming pool.

You can also find a surprising variety of video clips related to psychological treatments of all kinds. There’s archival footage of Sigmund Freud strolling about, Víctor Frankl talking about logotherapy, and early psychosurgical procedures. Listed below are just a few likely candidates that you might want to share with your students. A little ingenuity on your part will no doubt reveal many other appropriate clips to spice up your presentations.
Rational-Emotive Therapy
http://youtube.com/watch?v=A9tj8p5TfgI

Humanistic Therapy
http://youtube.com/watch?v=HarEcd4bt-s
http://youtube.com/watch?v=XlzUbMfvYuI
http://youtube.com/watch?v=Ew8CAr1v48M
http://youtube.com/watch?v=lvN781-RqPk

Cognitive Behavioral Therapy
http://youtube.com/watch?v=GqW8p9WPweQ

Gestalt Therapy
http://youtube.com/watch?v=ZbOAdMdMLdI
http://youtube.com/watch?v=N6K-8Hwh1RU

Existential Therapy
http://youtube.com/watch?v=CTNpx8mFKas
http://youtube.com/watch?v=jSSftFde5vo
http://youtube.com/watch?v=OaQH-xACGK4

Psychoanalysis
http://youtube.com/watch?v=Ss8fYIKlRdo
http://youtube.com/watch?v=_sm5YFnEPBE
http://youtube.com/watch?v=pje-pzGILuc

EMDR
http://youtube.com/watch?v=ur7uvLwNb0U
http://youtube.com/watch?v=GnoqWqijYvQ
http://youtube.com/watch?v=gZ5MLn1Cc94
Psychosurgery

http://youtube.com/watch?v=_0aNILW6ILk

ECT

http://youtube.com/watch?v=eXC6b0xy4ts
http://youtube.com/watch?v=l1qm4CE7MAY
http://youtube.com/watch?v=DOmQ8zIkMj0
http://youtube.com/watch?v=Y5LIVAaYNrQ

Classroom Exercise 16.1

Interviewing Mental Health Professionals

Give your students a first-hand look at mental health professional careers using the following exercise.

- Have your students find and interview a mental health professional.
- Discuss whom they might choose as their interviewee, such as a member of your school’s counseling center, a psychiatric case worker, a clinician, a psychiatrist, a clinical psychologist in private practice, a social worker, a staff member at the local Veteran’s Administration hospital, a director of a halfway house, or a doctor at a state or private hospital.
- Give to your students a contextual format of the interview. The interview should elicit information on:
  - the professional’s education and training
  - years of experience on the job
  - memorable or difficult cases and the solutions used to work with that person
  - day-to-day responsibilities
  - pay range
  - job satisfaction
  - how and why the professional chose this career path
- Then have them prepare a brief report about their interview in the form of a written report or as a presentation for class discussion.
Be sure to devote class time to comparing the responses given by different workers to the same questions. Any in-depth discussion will most likely prove enlightening to many undergraduates who are attracted to psychology because they want to be involved in administering therapy.

Multimedia Suggestions

Feature Film: In Treatment (2008, series, adult themes) Gabriel Byrne stars as therapist Paul Weston in this intriguing series on HBO. Each day of the week Paul meets with his regular clients—Laura, Alex, Sophie, Jake, and Amy—who present their concerns: relationship problems, anger management, and dashed dreams. Each Friday Paul sees his own therapist, largely discussing his work in therapy with his clients. It’s an unusual series with an unusual format, featuring strong actors in realistic therapy situations.

See the Preface for product information on the following items:

Interactive Presentation Slides for Introductory Psychology 16.1 Introduction to Therapy

PsychSim 5 Tutorials

Computer Therapist
Mystery Therapist

Worth Video Series

Video Anthology for Introductory Psychology: Therapy – Outpatient Commitment: Forcing Persons into Mental Health Treatment

Video Anthology for Introductory Psychology: Therapy – Mentally Ill Chemical Abusers: A Community Problem

Video Anthology for Introductory Psychology: Therapy – When Treatment Leads to Execution: Mental Health and the Law

Video Anthology for Introductory Psychology: Therapy – Problems in Living

II. Psychological Treatments: Healing the Mind through Interaction

(Chapter Objectives 3–13)

There are hundreds of different types of psychological therapies available. The most common types of psychological therapies are psychodynamic, behavioral, cognitive, and humanistic/existential. Psychodynamic psychotherapy is based on Freudian psychoanalysis and focuses on helping a client develop insight into his or her psychological problems. Some of the techniques used in psychodynamic psychotherapy
include free association (unrestrained talking), dream analysis, interpretation of a client’s statements and behaviors, and the analysis of resistance during treatment. Behavior therapy helps clients change maladaptive behaviors to more adaptive ones. Some techniques used in behavior therapy include aversion therapy, establishing a token economy, and exposure therapy, which are all based on the principles of learning theory. Cognitive therapy teaches clients to challenge irrational thoughts and beliefs. Some specific examples of techniques used in cognitive therapy are rational-emotive behavior therapy, cognitive restructuring, and mindfulness meditation. Cognitive behavioral therapy (CBT) combines the strategies of both cognitive therapy and behavior therapy. CBT is problem focused, action oriented, structured, transparent, and flexible. Humanistic therapies, like person-centered therapy, and existential therapies, such as gestalt therapy, focus on helping people develop a sense of personal worth and nurture growth. Humanistic therapies, founded by Carl Rogers, emphasize congruence, empathy, and unconditional positive regard in the therapist’s treatment of a client. Gestalt therapy uses methods such as focusing and the empty chair technique. Approaches to therapy can also involve more than one person with a therapist, including couples, family, and group therapy.

Lecture Suggestion 16.3

First-Person Therapy

In 2008, Sage Publications announced the availability of an online resource called Counseling and Psychotherapy Transcripts, Client Narratives, and Reference Works. The archives contain over 2,000 previously unpublished transcripts of therapy sessions, 40,000 pages of first-person accounts written by patients and clients of the mental health system, and 25,000 pages of handbook material and reference works. In short, it’s one-stop shopping for unique material relevant to the treatment of psychological disorders.

You might be interested in accessing this resource (for a fee). Providing students with a transcript of a therapy session or a narrative account of what it feels like to deal with a psychological disorder can be a powerful way to demonstrate the reality of mental illness. The transcripts are searchable, by the way, as are the other materials; you can find exactly those resources that contain key words or concepts you wish to illustrate. With new material being added, it’s worth a visit to see if the database can be used in your classroom presentations.

Source:

http://alexanderstreet.com/products/psyc.htm

Lecture Suggestion 16.4

You Gotta Have HRT

Trichotillomania. The itch-scratch cycle. Tic disorder. These are among the behaviors that have been helped by habit-reversal training (HRT). Now a new entry can be added to the list: Tourette’s syndrome.
HRT was originally developed in the early 1970s, but it has remained somewhat obscure among the pantheon of psychological and behavioral treatments for disorders. The premise is simple: Substitute a competing action for a disabling or socially embarrassing one. Rather than pulling hair, for example, the trichotillo-maniac learns to identify the premonitory urges that precede a tic and to substitute a competing response, such as looking at the floor or staring at a wristwatch. HRT has been shown to have few side effects and can be a lasting treatment for a variety of tic disorders.

These are all properties that make HRT a desirable candidate for the treatment of severe Tourette’s. Sufferers of this neurological disorder usually engage in a biological treatment regimen; antidepressants and antipsychotics are typically prescribed. By training Tourette’s patients to recognize the onset of a tic—a head jerk, a verbal outburst, a repetitive motion—a competing response can be substituted, thus reducing the frequency or severity of the tics.

It’s a treatment that works (and it doesn’t carry the side effects of weight gain or lethargy associated with biological remedies), but it’s not without detractors. Many in the Tourette’s community, especially advocacy and support groups, point out that the battle to get Tourette’s recognized as a neurological disorder (rather than simply bizarre behavior of a psychological origin) was hard-fought. Demonstrating that a relatively simple behavioral procedure can “cure” the habits associated with the disorder is a step in the wrong direction, according to this view. Insurance companies are unlikely to foot the bill for biological treatments when less-expensive treatments can be used. This “either-or” approach may miss the point, however. Many disorders benefit from a combination of biological and psychological treatments, and in the present case, being able to quiet the often severe tics of a Tourette’s patient seems like a reasonable idea. However, HRT doesn’t directly address the underlying neurological causes of Tourette’s.

Sources:


**Classroom Exercise 16.2**

Role-Playing Client-Centered Therapy

Try the following role-playing exercise by William Balch to demonstrate techniques of client-centered therapy.
Ask for volunteers to play the roles of Pat, a conflicted young person, and the other characters who provide Pat with specific advice. The roles of the various players are described below.

If you are comfortable with this exercise, you may assume the role of the therapist who remains nondirective and facilitates Pat’s self-discovery.

As an option, you might ask someone from the counseling center to play the role of the therapist.

When finished, have your students and the participants discuss the exercise and their insights into this approach to therapy.

Roles:

Pat: She is enrolled in a difficult pre-medical program, her grades are beginning to drop sharply, and she is not sure she wants to be a doctor. She is considering enrolling in a nearby school of art and design, but the deadline for applications is drawing near. In addition, Pat has also been having problems with her dating partner, Lee. (Note: Pat may be either a woman or a man.)

Lee (Pat’s relationship partner): Lee thinks that Pat has not been invested in their relationship because she has been selfishly preoccupied with her own concerns. Pat knows that unless she starts showing Lee some attention, Lee will break off their relationship. (Note: Lee should remain off-stage, but be sure that everyone knows who Lee is to Pat and how Lee feels about Pat. Lee may be either a woman or a man.)

Pat’s Father: Pat’s father has advised Pat to simply pull herself together and work harder. Pat’s father is a struggling insurance salesman who wishes he had applied himself more in school: He thinks that he could have become a physician. He is opposed to Pat’s idea of going to art school and thinks she can become a fine doctor.

Pat’s Mother: Pat’s mother is sympathetic to Pat’s desire to attend art school, but doesn’t want Pat to make the same mistake she did: entering a long-term romantic relationship at too young an age because she feels pressured. Although Pat’s mother was told by her own English teacher that she had a real talent for writing, she never pursued it and instead was content to remain at home while her husband worked.

Pat’s Best Friend, Rene: Rene’s advice to Pat is to leave medical school, art school, and the whole middle-class values trip behind, get a job, and earn enough to make a living. Rene dropped out of high school and is working in a blue-collar job as a stock clerk.

Pat’s Therapist: The therapist uses client-centered techniques to help Pat determine what her own thoughts and feelings are. The therapist avoids telling Pat what to do, although Pat hopes the therapist has some answers for her.
Classroom Exercise 16.3

Diagnosing the Instructor, Part II

This elaborate exercise is good practice for identifying psychological disorders and also is a good introduction to different therapeutic perspectives. As you may recall from the exercise in the previous chapter, you (or a guest actor) play the role of a client with an undisclosed psychological disorder that students must try to accurately diagnose.

- In role-play, enter a clinician’s office for the first time and have the students (as the therapists) interview you in order to assess your problem.
- Sit quietly and answer student questions until they agree on a diagnosis.
- Unlike the previous version of this exercise, this time groups of students are assigned to role-play psychologists from different theoretical orientations, such as the psychoanalytic, client-centered, cognitive, and biological approaches.
- Have students try to confine their questions to their assigned perspective (e.g., the biologically minded group should not ask about childhood traumas), even though as a group their goal is to accurately diagnose the client.
- In addition, groups should—from within their assigned perspective—offer a plausible explanation for the development of the client’s symptoms and also suggest a plan for treatment.

This assignment is more difficult and involved than the previous one. Therefore, give students time to meet in their groups so they can discuss their theoretical perspective and come up with a cohesive strategy for questions, diagnosis, and a treatment plan.

Source:


Classroom Exercise 16.4

Suggesting Treatments for Psychological Disorders

- Distribute to your students Handout 16.1, which presents several case studies of abnormal behavior.
Have the students work either individually or in small groups to recommend an appropriate therapy for the case in question. While students are working together, they should concentrate on:

- pinpointing the nature of the disturbance.
- finding a likely diagnosis of the disorder (to refresh their memory on material from the textbook).
- coming up with a prognosis for the disturbance if left untreated, which would include the duration and the severity of the problem.
- suggesting one or two therapeutic approaches that would seem to be effective as judged from the evidence.

Instruct your students to be specific. Rather than stating “We’d use a behavioral approach,” instruct them to specify whether they would use exposure therapy, token economy, and so on.

Discussion:

Using this exercise, you can discuss a number of topics. For example, highlight the issue of whether psychotherapy is effective when discussing the duration and outcomes of the disorders. Additionally, since your students will likely recommend different approaches to treating the same problem, you can have them discuss how therapists decide on a course of treatment, how training would affect a counselor’s approach to administering therapy, or how an accurate diagnosis is necessary for recommending a course of treatment. Finally, if students seem to be in agreement about what type of therapy to pursue in a particular case, talk about notions of matching therapies to disorders (e.g., behavioral approaches seem most effective for phobias; biological treatments might be best for affective disorders).

Listed below are some probable diagnoses.

1. Madge is definitely actively psychotic, probably schizophrenic. Given Madge’s current living arrangements and lack of friends or relatives to supervise her, antipsychotic medication would be called for as one course of treatment and possibly institutionalization (at least short-term).

2. Bipolar disorder. The use of lithium, or other biological approaches, might be warranted.

3. Phobia. This seems to be a case for systematic desensitization, although the childhood trauma/sadistic brother angle might suggest a psychoanalytic approach.

4. A range of difficulties exist, although probably not alcoholism (Dan) or depression (Lisa). The miscommunication and dysfunctionality present suggest family therapy.
5. Alice seems to have low self-esteem, maybe a little depression, but it’s all more apparent than real. Her unrealistic, overly negative thinking, in light of disconfirming evidence, suggests that some kind of cognitive therapy, such as REBT, is in order.

**Classroom Exercise 16.5**

It’s a Family Affair

Therapy is often thought of as a private activity, with intimate details of one’s life, hopes, and fears shared confidentially with a trusted therapist. But group therapy, self-help meetings, and family therapy, by definition, involve the airing of psychological concerns in a public context.

To illustrate some of the processes of family therapy, Victoria Banyard and Peter Fernald suggest asking volunteers to role-play the members of a family seeking treatment for dysfunctional behaviors. They point out that there are many different types of family therapy and many stages of an initial intake interview. If you’re less familiar with some of these variations, you might want to first consult any of several sources that describe the family therapy process (see the sources below for a start).

- Ask for four volunteers to play members of a family. The volunteers should be informed privately, either through a briefing in the hallway or instructions on a handout, that:
  - They should not talk with each other or plan any responses. When they return to the classroom, they will be interacting with a family therapist (played by you) conducting an initial screening interview.
  - The family includes two parents and two children. The first person to speak upon returning to the classroom can choose whatever family position they’d like (father, oldest daughter, etc.). The next person to speak chooses the next position, and so on.
  - The family should have one or more problems, but these should include a disengaged parent, an overinvolved parent, and a scapegoat child.

The volunteers should try to act as spontaneously as possible; this exercise leans more toward improvisation than rehearsal.

- The remaining students in the class should be instructed to identify whatever features you want to illustrate in the exercise. For example, you may simply want them to take notes on the dynamics as a way of identifying the core problems that brought the family to therapy. If you want to be more in-depth, you might ask your students to discuss the dynamics themselves (e.g., the father has a confrontational style; the younger daughter is withdrawn) and what they might reflect about the underlying psychology of the characters. You can also focus on aspects of the therapeutic process, but bear in mind that your introductory students would do well to simply
understand the psychology involved in a family group and the purposes and processes of family therapy.

Sources:


http://www.familytherapyresources.net/

**Classroom Exercise 16.6**

Hierarchy of Fears

Divide your class into small groups and have them choose a phobia that they wish to treat. This can be a fear that one of them actually suffers from or a fear that is common in the general population. After each group has identified their phobia, ask them to put together a hierarchy of fears that could be used as part of a systematic desensitization process. Groups can then share their hierarchies with the rest of the class.

**MultimediaSuggestions**

*Feature Film: The Sopranos (1999–2007, series, adult themes)* James Gandolfini stars as Tony Soprano, a mob boss who suffers from depression and visits a therapist on a regular basis (played by Lorraine Bracco). She offers advice as she can, but seeks the counsel of her own therapist (played by Peter Bogdanovich) from time to time. Your students may be familiar with this long-running series, so why not show a well-chosen therapy clip to illustrate some of the points you’re raising in class?

*Feature Film: Good Will Hunting (1997, 126 min, rated R)* Matt Damon plays a young janitor who is also a math prodigy. Will Hunting’s struggles with solving obscure problems in mathematics are nothing compared to his struggles with solving the problems of life. Luckily his buddies Minnie Driver, Ben Affleck, and Robin Williams are along to help. This movie has several good scenes related to therapy and disclosure.

See the Preface for product information on the following items:

*Interactive Presentation Slides for Introductory Psychology* 16.2 Psychological Therapies
**PsychInvestigator** Psychotherapy

**Worth Video Series**

- Video Anthology for Introductory Psychology: Learning – Overcoming Fear
- Video Anthology for Introductory Psychology: Emotions, Stress, and Health – Rage: One Man’s Story and Treatment
- Video Anthology for Introductory Psychology: Therapy – City of Gheel: Community Mental Health at Its Best
- Video Anthology for Introductory Psychology: Therapy – Treating OCD: Exposure and Response Prevention
- Video Anthology for Introductory Psychology: Therapy – Treatment of Drug Addiction
- Video Anthology for Introductory Psychology: Therapy – Early Treatment of Mental Disorders

**Scientific American Introductory Psychology Videos**

- Cognitive Therapies
- Psychodynamic and Humanistic Therapies

**III. Medical and Biological Treatments: Healing the Mind by Physically Altering the Brain**

(Chapter Objectives 14–17)

Biomedical treatments have transformed therapy for a wide range of mental illnesses. These treatments include medications, herbal products, and other techniques, such as direct intervention in the brain. Many medications have been developed to specifically treat psychotic symptoms, anxiety disorders, bipolar disorder, and depression. Unfortunately, the side effects of many of these medications are unpleasant and annoying for the patients who take them. Medications are often more useful when combined with psychotherapy. Herbal products may be useful in relieving some psychological symptoms, but little is done to regulate these products. People with depression who don’t respond well to medications often turn to other biomedical treatments, such as **electroconvulsive therapy** and **transcranial magnetic stimulation**. **Psychosurgery** is more focused and better defined than the broad and controversial lobotomies of the past. This type of surgery is reserved for patients who have exhausted other treatment options.
Lecture Suggestion 16.5

A Poignant Reminder of Lives Long Forgotten

The New York Public Library featured an exhibit called *The Lives They Left Behind: Suitcases from a State Hospital Attic*. When the Willard Psychiatric Center in the New York Finger Lakes region closed its doors for good in 1995, workers discovered several hundred suitcases filled with the belongings of former patients. The suitcases were in an abandoned attic and had sat there, undisturbed, for decades. The curators who lovingly and painstakingly went through the contents were able to piece together many stories of the lives of the former residents. The exhibit ran from December 3, 2007, through January 31, 2008.

There is a Web site and a book devoted to this project (see source below). The Web site is very nicely done and could be incorporated easily into a classroom presentation on (de)institutionalization. If your library owns the book or can borrow it for you, you might find reading some of the material aloud in class as a compelling way to put a human face on the often anonymous group called “the mentally ill.”

Source:

http://suitcaseexhibit.org

Lecture Suggestion 16.6

A Brief History of Convulsive Therapies

Below is an overview of the history of electroconvulsive therapy (ECT). This topic guarantees lively classroom debate, and some background on the development of convulsive techniques should help the discussion.

*Induced Fevers:* Julius Wagner-Jauregg (1857–1940) in 1886 induced fevers in the mentally ill after noticing that improvements in mental illness often followed a severe fever. He used at turns tuberculin, typhus vaccine, and tertian malaria, and in 1917 nine patients with general paresis were treated by injected blood from patients experiencing active malaria. Of those patients, three recovered, three showed temporary relief, and three showed no improvement. In 1927 Wagner-Jauregg won a Nobel Prize based on this type of work.

*Insulin Coma and Subcoma Therapy:* Manfred Sakel (1900–1957) in 1933 used insulin coma and insulin subcoma therapy successfully to treat schizophrenia. Sakel concluded that beneficial effects were produced when hypoglycemia, accompanied by coma and convulsions, was induced repeatedly. With the advent of chlorpromazine in the early 1950s and subsequent clinical comparisons, insulin coma therapy quickly fell from favor.

*Blood Transfusions and Induced Seizures:* Laszlo Meduna (1896–1964) was a Hungarian psychiatrist who is credited as being the founder of modern convulsive therapy. During Meduna’s time, it was believed that schizophrenic processes were helpful in treating
epilepsy, leading some researchers to unsuccessfully try to give epilepsy patients blood transfusions from schizophrenic patients. Because Meduna believed the reverse, that there was a fundamental antagonism between epileptic processes and schizophrenic processes, he tried camphor, pentyleneetetrazol, and carbon dioxide to induce seizures in his patients.

Electroshock: Ugo Cerletti (1877–1963) advocated the use of electroshock. In 1938, after a series of studies using nonhuman animals, Cerletti applied electroshock to a 19-year-old man found wandering the streets of Rome in a psychotic state. The patient received 11 electroshock applications and was reported to be cured after one year and able to return to his former job. Electroshock methods were introduced to the United States in 1939, although the Journal of the American Medical Association published editorials warning of the possibility of electrocution.

Convulsive Therapies: Although interest in convulsive therapies increased after World War II, complications associated with the techniques grew. For example, both pentyleneetetrazol and electrical inductions produced death, panic, fear, fractures, memory loss, postseizure delirium, spontaneous seizures, and cardiovascular disorders. Muscle paralysis and anesthesia were commonly used when inducing seizures by 1950. More recently, researchers have used localizing the placement of electrodes to one side of the head and modifying the amount of electricity or frequency of treatments.

Source:


Lecture Suggestion 16.7

The Easy Road to Alleviating Depression?

Eric Finzi, a dermatologist in Chevy Chase, Maryland, had an idea one day. His practice offers services in a variety of cosmetic procedures: liposuction, microdermabrasion, fat transfer, and so on. What if, he reasoned, people suffering from major clinical depression got an injection of Botox into their corrugator supercilii muscles? Smoothing the brow by paralyzing the muscles ought to contribute to feeling better. Evidence from a growing number of experiments highlights the reciprocal exchange between emotional experience and emotional expression: Posing a happy face can trigger autonomic nervous system activity distinctly associated with the experience of happiness, so robbing the brow of some of its worry ought to contribute to alleviating depression.

Finzi and his colleague, clinical psychologist Erika Wasserman, assessed the levels of depression in 10 women, aged 36 to 63 years. All were diagnosed with clinical depression, and 7 of the 10 had been treated with antidepressants. All the women were reevaluated two months after receiving Botox injections, and in 9 out of 10 cases, the depression had lifted. It didn’t seem to be merely an effect of looking better cosmetically, and therefore feeling better psychologically: Some of the women didn’t even have the
brow furrows that Botox is primarily intended to reduce, making the cosmetic benefit of the procedure rather small.

Finzi has applied for a patent on the process of using Botox as a treatment for depression, and he acknowledges that larger clinical trials need to be conducted. His study is not without its detractors, many of whom have been quite vocal in pointing out methodological shortcomings or theoretical gray areas. Further research may be able to address such concerns.

Sources:


**Lecture Suggestion 16.8**

Addressing Addiction

Donald Elbel hasn’t had a beer in nine years. That’s a good thing because prior to that he was up to 35 cans a day. Elbel, like a lot of people, has a problem with addiction, and tried various forms of therapy, Alcoholics Anonymous and hospital detox among them. It was an experimental procedure that he volunteered for that finally helped him on the path toward recovery.

Elbel took part in clinical trials of topiramate, a well-established seizure medication. Known commercially as Topamax, the drug has been used in the treatment of epilepsy and other seizure disorders. The curious thing, though, is that epilepsy patients reported that being on the drug helped them lose weight and fight food cravings. Topiramate has been in tests for the past decade for treating alcoholism, binge eating, smoking, and even pathological gambling.

Addictions are fueled by the release of glutamate in the brain. In most people, this “follow your desires” neurotransmitter is counteracted by GABA, a kind of “follow your desires in moderation, please” inhibitor. In addicts, the reasoning goes, glutamate overwhelms GABA, enabling the brain to be flooded with dopamine, which serves to reinforce the original desire. Topiramate works both by reducing the release of glutamate and enhancing the action of GABA. In clinical trials, about 35% of Topamax recipients either cut back their heavy alcohol consumption to normal levels or stopped drinking altogether for at least a month. There are side effects but none so debilitating to drive patients from their regimens.

Taking drugs to curb appetitive desires is nothing new. Antabuse, acamprosate, and naltrexone have been on the market for a long time, but they work on a different principle than topiramate. Antabuse, for example, causes a person to vomit when he or she drinks liquor, but it doesn’t do anything to reduce cravings. Acamprosate reduces bingeing, but
is more effective if the person stops drinking before taking it. Naltrexone also reduces binges, but may be most effective for people with a specific genetic vulnerability to addiction.

Topamax, in comparison, shows promise in nipping cravings in the bud. This “stop it before it begins” approach may one day prove successful in helping addicts regain a measure of control over their appetites.

Sources:


**Lecture Suggestion 16.9**

**Shocking Therapies**

Biological treatments for psychological disorders have run from lobotomies, leucotomies, and trephanning to modern psychopharmacology. Somewhere along that continuum falls electroconvulsive therapy (ECT). Seen as an experimental technique, a last resort, or a therapy enjoying a promising comeback, ECT has been associated in popular media with shadowy goings-on in the basements of mental institutions.

Yet a number of well-known people have received ECT over the years. **Handout 16.2** reproduces a list of some of these celebrities. For example, musicians such as Lou Reed, Tammy Wynette, Roky Erikson, and Townes Van Zandt all underwent electroconvulsive therapy at one time or another (Reed’s song *Kill Your Sons* is about that experience). The diagnoses that led to their treatments speak to the widespread application of ECT in the United States: Reed had homosexual tendencies, Wynette was diagnosed with depression, Erikson experienced auditory hallucinations (possibly drug-induced), and Van Zandt suffered from bipolar disorder. The list includes authors (Ernest Hemingway, Robert M. Pirsig), actors (Clara Bow, Vivien Leigh), and others who have enjoyed notoriety during
their lifetimes (Kitty Dukakis, Yves Saint-Laurent). Your students might be interested to learn that people they’ve heard of or even admired have received this form of treatment.

Source:
http://www.ect.org/famous-shock-patients/

Multimedia Suggestions

**Feature Film: The Cramps Live at Napa State Mental Hospital (1981, 20 min, not rated)** In 1978, The Cramps—Lux Interior, Brian Gregory, Ivy Rorschach, and Nick Knox—played an unusual gig that produced an unusual film. Napa State Mental Hospital in Northern California was the site of a free concert held for the residents. The footage (filmed by Joe Rees of Target Video) is grainy and fuzzy at times, but viewers can see the total lack of boundaries between the artists and audience. Patients sing along (often into the microphone), dance, and generally enjoy themselves to a psychobilly beat. This is a useful film for dispelling myths that institutionalized patients somehow sit by themselves in a corner all day or stare vacantly out the window. These are real people who are really enjoying themselves.

**Feature Film: One Flew Over the Cuckoo’s Nest (1975, 133 min, rated R)** You can’t beat Jack Nicholson’s Oscar-winning performance as Randall Patrick McMurphy, or the fine characterizations provided by Danny DeVito, Louise Fletcher, Brad Dourif, Christopher Lloyd, and Scatman Crothers. This movie is brimming with scenes depicting life in an institution.

See the Preface for product information on the following items:

**Interactive Presentation Slides for Introductory Psychology** 16.3 Biomedical Therapies

**Worth Video Series**

- Video Anthology for Introductory Psychology: Therapy – Early Treatment of Mental Disorders
- Video Anthology for Introductory Psychology: Psychological Disorders – Multiple Personality Disorder
- Video Anthology for Introductory Psychology: Psychological Disorders – Mood Disorders
- Video Anthology for Introductory Psychology: Therapy – Schizophrenia
- Video Anthology for Introductory Psychology: Therapy – Treatment of Drug Addiction
- Video Anthology for Introductory Psychology: Therapy – Electroconvulsive Therapy
IV. Treatment Effectiveness: For Better or for Worse

(Chapter Objectives 18–21)

Observing improvement during treatment does not necessarily indicate the efficacy of the treatment. Scientific evaluation of treatment is necessary to determine whether or not other factors have contributed to the change in behavior, such as natural improvement, nonspecific treatment effects, the **placebo** effect, and reconstructive memory processes (i.e., the exaggeration of pre-treatment problems). Studies of treatment efficacy focus on both **outcomes** and **processes**. The preferred method for studying treatment outcomes is a **double-blind technique**, in which the client and the experimenter are both unaware of treatment conditions. Certain treatments have been found to be more beneficial for certain disorders than others. Some psychological organizations are developing lists of treatments that are well established or probably efficacious for certain disorders. There are significant dangers of treatment, which include the side effects of drugs and the potential for psychotherapy to create **iatrogenic illnesses** that were not present when therapy began.

Lecture Suggestion 16.10

Better than Nothing?

Over the years, questions have been raised about the effectiveness of pharmacological treatments for various psychological disorders, and with good reason. Physicians have known for quite some time that anti-depressants—for example, Zoloft, Celexa, Wellbutrin, and others—produce different effects for the people who take them. A patient who responds well to Zoloft may get little or no benefit from Celexa, so there’s a fair amount of trial and error that needs to take place to yield an effective treatment regimen.

But the question of effectiveness has recently expanded to a much larger one: Are antidepressants beneficial **at all** in treating depression? Irving Kirsch and his colleagues completed a meta-analysis of all clinical trials for selective serotonin reuptake inhibitors (SSRIs) submitted to the Food and Drug Administration (FDA). A previous meta-analysis had revealed that, in general, the administration of SSRIs improved depression scale scores of patients by an average of 1.8 points over the administration of placebo. This is not an impressive gain, nor in keeping with the minimum 3-point depression scale benefit mandated by the UK National Institute for Health and Clinical Excellence, for example. On this basis, the utility of SSRIs had previously come into question.

In the present meta-analysis the degree of severity of clinical symptoms was factored in. True, the researchers replicated the earlier finding of “not much improvement across the board,” but they also looked at moderate, severe, and “really, really severe” depression groups (based on their scores on a standardized depression screening instrument). (Mild depression is typically treated with psychological rather than pharmacological therapies, leading to the absence of a “not so badly depressed” group in the meta-analysis.) There were no demonstrable effects of the SSRIs over placebo for the moderate depression group, and only a small (but clinically insignificant) gain over
placebo in the severe depression group. In short, SSRIs weren’t much better than nothing at all for people with those conditions. However, in the very severe group, there was a clinically significant gain for SSRIs over placebo. Before you get too excited, though, it should be noted that the researchers found this effect was driven more by the very severe group’s decreased response to placebo, rather than an increased responsiveness to the SSRIs. In other words, the antidepressants didn’t really perform appreciably better for this group; the placebos just weren’t as placating.

All of this casts a pall over the new-generation SSRI antidepressants, though it’s not a condemning indictment of the biological approach to treating depression. A more recent review of the treatment literature found that both SSRIs and older tricyclic antidepressants were no more effective than placebo in treating mild to moderate levels of depression (Fournier et al., 2010). This research suggests that as the severity of depression increases, so do the benefits of antidepressant medications, and for patients with very severe levels of depression, medications offer substantial benefits over placebo. These studies serve as humbling reminders of the limits of biological treatments, and remind us that fine-tuning the chemistry of the brain can be a delicate operation.

Sources:


Lecture Suggestion 16.11

“OneTwoThreeFourOneTwoThreeFour!”

Spin Magazine once heralded the Ramones’ debut album as the greatest of all time, a designation that inspired Dee Dee Ramone himself to say, in his magnificent German-Bronx accent, “Well, that’s crazy! Better than The Beatles? Better than The Ronettes? That’s just crazy!” Accolades come and accolades go, and in fact, almost everyone who ever called himself a Ramone is gone, too. But the fact remains that as a band, they pretty much had mental illness and its treatment covered as a musical oeuvre.
You can play some Ramones music in class to illustrate aspects of treatment and psychological disorders in a novel way. It’s a win-win-win situation all around. The following is a list of appropriate Ramones songs to share in class.

<table>
<thead>
<tr>
<th>Album</th>
<th>Release Date</th>
<th>Song Title</th>
<th>Content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ramones</td>
<td>1976</td>
<td>Now I Wanna Sniff Some Glue</td>
<td>substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beat on the Brat</td>
<td>child abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Loudmouth</td>
<td>partner abuse</td>
</tr>
<tr>
<td>Leave Home</td>
<td>1977</td>
<td>Glad to See You Go</td>
<td>psychopath</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gimme Gimme Shock Treatment</td>
<td>ECT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carbona Not Glue</td>
<td>substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pinhead</td>
<td>organic disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You’re Gonna Kill That Girl</td>
<td>psychopathy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You Should Never Have Opened That Door</td>
<td>psychopathy</td>
</tr>
<tr>
<td>Rocket to Russia</td>
<td>1977</td>
<td>Cretin Hop</td>
<td>organic disorders</td>
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<td></td>
<td></td>
<td>Here Today, Gone Tomorrow</td>
<td>suicide</td>
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<tr>
<td></td>
<td></td>
<td>I Don’t Care</td>
<td>antisocial personality disorder</td>
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<td></td>
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<td>We’re a Happy Family</td>
<td>family therapy</td>
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<tr>
<td></td>
<td></td>
<td>Teenage Lobotomy</td>
<td>psychosurgery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I Wanna Be Well</td>
<td>mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Why Is It Always This Way?</td>
<td>suicide</td>
</tr>
<tr>
<td>Road to Ruin</td>
<td>1978</td>
<td>I’m Against It</td>
<td>paranoia</td>
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<td></td>
<td>I Wanna Be Sedated</td>
<td>psychopharmacology</td>
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<td></td>
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<td>Go Mental</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bad Brain</td>
<td>mental illness</td>
</tr>
<tr>
<td>Album</td>
<td>Year</td>
<td>Song</td>
<td>Theme</td>
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<tr>
<td>End of the Century</td>
<td>1980</td>
<td>Chinese Rock</td>
<td>substance abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Rock and Roll High School</td>
<td>juvenile delinquency</td>
</tr>
<tr>
<td>Pleasant Dreams</td>
<td>1981</td>
<td>You Sound Like You’re Sick</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>It’s Not My Place (In the 9 to 5 World)</td>
<td>alienation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sitting in My Room</td>
<td>depression</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This Business Is Killing Me</td>
<td>stress</td>
</tr>
<tr>
<td>Subterranean Jungle</td>
<td>1983</td>
<td>Outsider</td>
<td>alienation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Psycho Therapy</td>
<td>psychotherapy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Time Bomb</td>
<td>psychopathy</td>
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<tr>
<td></td>
<td></td>
<td>Everytime I Eat Vegetables It</td>
<td>institutionalization</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Makes Me Think of You</td>
<td></td>
</tr>
<tr>
<td>Too Tough to Die</td>
<td>1984</td>
<td>Wart Hog</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td>1986</td>
<td>Danger Zone</td>
<td>juvenile delinquency</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Endless Vacation</td>
<td>suicide</td>
</tr>
<tr>
<td>Animal Boy</td>
<td></td>
<td>Mental Hell</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Freak of Nature</td>
<td>organic disorders</td>
</tr>
<tr>
<td>Halfway to Sanity</td>
<td>1987</td>
<td>I Lost My Mind</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>I Wanna Live</td>
<td>suicide</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Worm Man</td>
<td>suicide</td>
</tr>
<tr>
<td>Brain Drain</td>
<td>1989</td>
<td>All Screwed Up</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Merry Christmas (I Don’t Wanna Fight Tonight)</td>
<td>family therapy</td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Film</td>
<td>Year</td>
<td>Condition</td>
<td>Problem</td>
</tr>
<tr>
<td>--------------</td>
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<td>----------------------------------</td>
</tr>
<tr>
<td>Mondo Bizarro</td>
<td>1992</td>
<td>Anxiety</td>
<td>generalized anxiety disorder</td>
</tr>
<tr>
<td>Cabbies on Crack</td>
<td></td>
<td></td>
<td>substance abuse</td>
</tr>
<tr>
<td>Heidi Is a Headcase</td>
<td></td>
<td></td>
<td>mental illness</td>
</tr>
<tr>
<td>Acid Eaters</td>
<td>1993</td>
<td>Journey to the Center of the Mind</td>
<td>substance abuse</td>
</tr>
<tr>
<td>¡Adios Amigos!</td>
<td>1995</td>
<td>Take the Pain Away</td>
<td>mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Cretin Family</td>
<td>organic disorders</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Scattergun</td>
<td>paranoia</td>
</tr>
</tbody>
</table>

**Classroom Exercise 16.7**

Let Your Cursor Do the Walking . . .

Long ago, a popular jingle invited us to “let your fingers do the walking” through the Yellow Pages. The implication was that finding needed services was as near as the big yellow book full of information. The services might be those of a plumber, a dietician, an accountant, or even a therapist. These days, a big yellow book seems like a quaint notion when the Internet is so readily available. The same services are there to be searched.

So what about finding a therapist based on an Internet search? As you can see from the list of Web sites provided, there’s no lack of portals that will lead you to lists of therapists; one, in fact, is even sponsored by the American Psychological Association.

- Ask your students to visit some of the sites listed.
- Have them search for some therapists and share their impressions, either in a classroom discussion or in a brief paper.
- What do they think about the merits of finding a name online as a first point of contact?
- Is it any different from finding the name of a plumber, dietician, or accountant? There are arguments to be made that it’s not—it’s just a starting point, after all—and arguments to be made that it is. Fixing one’s pipes is not the same as fixing one’s mind; it feels as if there should be a qualitative difference between trusting the Internet to find someone to unclog the toilet or balance your books versus someone to tell your deepest troubles to (or, for that matter, to help you regulate what you eat).
- Advise your students to distinguish between online mental health providers versus using online sources to find mental health providers. We’re really focused on the
second category: Does it seem like a reasonable procedure to use the Internet, with all its promise and problems, to track down a therapist?

The first category is also worth exploring, and you should include it in the assignment if you see fit. There are plenty of resources that charge a fee to address psychological issues online, usually by way of instant messaging, e-mail, or other forms of electronically mediated discussion. This seems a category apart, as the therapist is never seen or communicated in a face-to-face setting. Do your students find any merit in describing their problems into an e-mail message, then getting psychological advice from an unknown stranger?

Links to Locating a Therapist:

http://locator.apa.org/

http://www.1-800-therapist.com/

http://www.find-a-psychologist.com/

http://www.find-a-therapist.com/

http://www.findcounseling.com/

http://www.networktherapy.com/directory/find_therapist.asp

http://www.therapistlocator.net/

Links to Online Therapy:

http://serenityonlinetherapy.com/

http://www.headworks.com/

http://www.liveperson.com/experts

http://www.liveadvice.com/

http://www.mytherapynet.com/

http://www.sunrisecounselling.com/

http://www.thecounselors.com/

Multimedia Suggestions

See the Preface for product information on the following items:

Worth Video Series Video Anthology for Introductory Psychology: Therapy – Dealing with Panic
Other Film Sources

*Antidepressants and Mood Stabilizers* (2001, 24 min, IM). Depression and its causes are the focus of this video. Neurotransmitters and chemicals that affect them receive special attention.

*Antipsychotic Agents* (2005, 23 min, IM). Medical professionals and patients discuss the medications used to treat psychotic disturbances. Course of treatment, side effects, and benefits are examined.

*APA Psychotherapy Series* (1995, 12 parts, APA). This series of training tapes is designed for therapists, although segments of individual tapes might be useful in a classroom context to illustrate typical therapy sessions.

*Asylum: A History of the Mental Institution in America* (1989, 57 min, IM). This video traces the controversial history of the asylum in the United States, focusing on St. Elizabeths Hospital in Washington, DC, founded in 1855.

*Asylum: Hospitals for the Criminally Insane* (1993, 30 min, IM). Patients at a facility for the criminally insane talk about their lives, their crimes, and the treatment they are receiving. The complex questions of crime and competence are addressed.

*Basic Interviewing Skills for Psychologists* (1991, 51 min, IM). This video reviews what to do and more important what *not* to do when interviewing clients.

*Behavior Modification* (45 min, IM). Provides an overview of behavior modification techniques and discusses how they are used to break habits, overcome anxiety, and teach social skills.

*Bellevue: Inside Out* (2001, 77 min, FHS). Bellevue Hospital’s psychiatric emergency center treats 7,000 patients a year. This program shows a typical day at the center, with a look at the doctors, patients, nurses, criminally insane, treatment groups, and others going about their business.

*Cognitive-Behavior Therapy with Dr. Donald Meichenbaum* (2000, 111 min, IM). Meichenbaum conducts an actual therapy session with a client in this video. He also discusses the general principles of the therapeutic approach he helped found.

*Committed in Error: The Mental-Health System Gone Mad* (52 min, FHS). Sixty-six years is a long time to be incarcerated in a mental-health institution, especially if there’s nothing wrong with you. Find out the details of this real-life case in this video.

*Comparing Therapies using a Simulated Client* (2000, 60 min, IM).

*Cultural Diversity in Mental Health Counseling* (1999, 35 min, IM). Being sensitive to cultural similarities and differences is always a good idea. This video gives pointers on cultural diversity in a mental health setting.
Dealing with Addictions (1994, 55 min, IM). Albert Ellis helps a client overcome addictions to food, alcohol, and other substances.

Demonstration of Brief Rational-Emotive Therapy: Albert Ellis (1996, 60 min, IM). The founder of rational-emotive behavior therapy works with several clients in this video.

Depression: Back from the Bottom (17 min, FHS). This video summarizes the symptoms and various treatments for depression. The discussion of ECT distinguishes between its old and new forms and how ECT may affect brain biochemistry.

Drugs Used to Treat Mental Illnesses (2000, 60 min, IM). A variety of drug therapies for chronic and acute mental illnesses are examined.

Ethics for the Mental Health Professional (1997, 160 min, IM). Share segments of this video with your students to get them acquainted with the ethical practice of therapy.

Freud’s Interpretation of Dreams (1997, 23 min, IM). Freud called dreams the “royal road to unconsciousness.” You can travel that road with this series of vignettes and dream-sequence reenactments that illustrate principles of psychoanalysis.


Medicine at the Crossroads: Disordered States (1993, 60 min, PBS). This video examines the history of psychiatric medicine and explores the relationship of treatment to one’s cultural and social context.

Shock Therapy: The Last Resort (2001, 49 min, FHS). Some have described ECT as an “electric lobotomy.” Others have heralded it as a miracle cure for intractable circumstances. Take a look at shock therapy—the last resort.

Therapies (2001, 30 min, IM). As the title suggests, this video provides a broad overview of the treatment options available for psychological disorders.

Token Economy: Behaviorism Applied (23 min, IM). B. F. Skinner explains the basics of positive reinforcement and punishment and discusses applications using a token economy.

Troubled Minds: The Lithium Revolution (2004, 52 min, IM). This award-winning video traces the lithium revolution from its discovery to its current uses.


Due to loss of formatting, Handouts are only available in PDF format.