

Activity Handout 16.2

Which Drug Will Help?

Read the symptom variations below, then identify which of many drugs would work in treating the symptoms.

1. Sarah is constantly anxious and on edge. She worries about her health and the safety of her family.
DRUG:
2. Doug has been on medication for his anxiety for about three weeks and has found that he is extremely drowsy and has a loss of coordination at times.
DRUG HE IS CURRENTLY TAKNG:
3. Jill has been depressed for two months and cannot find the strength to get out of bed in the morning. Her husband finally convinced her to go to a therapist where she was prescribed a drug that did not have a lot of severe side effects.
DRUG:
4. James has been prescribed medication for his depression. He has to be careful though, because the drug has a bad reaction when interacting with cheese or fermented products.
DRUG:
5. Jonathan was prescribed a drug for his depression. The drug works by stabilizing moods and influencing norepinephrine and serotonin.
DRUG:
6. Stephanie has had schizophrenia for two years and has tried many different types of medication. Her new therapist has prescribed her a medication, but the side effects make her arms and legs twitch a lot.
DRUG:
7. David has been on neuroleptics for a couple of months, but the tardive dyskinesia has been so bad that he is embarrassed to go out in public. His therapist is switching him to a different medication that does not have the extreme side effects of the neuroleptics.
DRUG:

Psychotherapies

Type of Therapy	Major Approaches to Therapy
Psychoanalytic Therapy (Sigmund Freud)	Designed to help unearth past conflicts so the patient attains insight as to the real source of the problem <i>Free association</i> —the patient reports all thought, feelings, and mental images as they come to mind <i>Resistance</i> —the patient's conscious attempts to block the revelation of repressed memories and conflicts <i>Dream interpretation</i> —the content of dreams is analyzed for disguised or symbolic wishes, meanings, and motivations <i>Interpretations</i> —the psychoanalyst's explanations of the patient's dreams, free associations, or behaviors <i>Transference</i> —the patient unconsciously responds to the therapist as though the therapist were a significant person in the patient's life
Short-term Dynamic Therapies	Shorter and more directive than traditional psychoanalysis; specific, achievable goals
Client-Centered Therapy (Carl Rogers)	Nondirective humanistic therapy designed to help clients move toward self-actualization; emphasizes the client's subjective perception of himself and his environment <i>Nondirective</i> —the therapist does not make decisions, offer solutions, or pass judgment <i>Genuineness</i> —the therapist openly and honestly shares her thoughts and feelings with the client <i>Unconditional positive regard</i> —the therapist must value, accept, and care for the client, whatever the problems or behaviors <i>Empathic understanding</i> —the therapist <i>actively</i> listens and reflects the content and personal meaning of the client's feelings
Behavior Therapies	Designed to modify specific problem behavior by using basic learning principles and techniques
Classical Conditioning Techniques (Mary Cover Jones)	<i>Counterconditioning</i> —modifying behavior by conditioning a new response that is incompatible with a previously learned response
(Joseph Wolpe)	<i>Systematic desensitization</i> —reducing phobic responses by pairing relaxation with progressively more fear-provoking stimuli <i>Virtual reality therapy</i> —easier and less expensive method of systematic desensitization using a computer-generated, three-dimensional environment <i>Bell and pad treatment</i> —treating nighttime bedwetting by conditioning arousal from sleep in response to bodily signals of a full bladder <i>Aversive conditioning</i> —reducing or eliminating unwanted behaviors by repeatedly pairing an aversive stimulus with the undesirable behavior (relatively ineffective)

Type of Therapy Major Approaches to Therapy

Behavior Therapies (*continued*)

Operant Conditioning Techniques

Shaping—reinforcing successive approximations of a desired behavior

Positive and negative reinforcement—a behavior increases as the result of a desirable consequence

Extinction—a behavior decreases if it no longer leads to a reinforcer

Token economy—the therapeutic environment is structured to reward desired behaviors with tokens or points that may eventually be exchanged for tangible rewards

Contingency management interventions—involves specified behaviors, a target groups of clients, and the use of vouchers or other conditioned reinforcers that can be exchanged for prizes, cash, or other rewards

Cognitive Therapies

Designed to change the faulty thinking patterns associated with problem behaviors and emotions

Rational-Emotive Therapy
(Albert Ellis)

ABC Model—When an Activating event (A) occurs, it is the person's Beliefs (B) about the event that cause the emotional Consequences (C)

The therapist's role is to dispute and challenge the irrational beliefs

Cognitive Therapy
(Aaron T. Beck)

Psychological problems are caused by distorted thinking and unrealistic beliefs, so the therapist encourages the client to monitor automatic thoughts, empirically test their validity, and replace distorted thinking and unrealistic beliefs with healthier thoughts.

Group Therapy

One or more therapists working simultaneously with a small group of clients, using any therapy approach

Advantages: Cost-effective; therapist can observe client interaction; client feels less alone in his or her problem; group members provide advice and model behaviors; opportunity to try out new behaviors in a safe, supportive environment

Family Therapy

Based on the assumption that the family is a system; treats the family as a unit

Major goal—improve ongoing interactions among family members

Couple Therapy

Treats any couple in a committed relationship

Goals—improve communication and problem-solving skills; increase intimacy

Handout 14.2

Psychological Issues and Mental Health Disorders

A 25-year-old man who suffers from acrophobia (fear of heights).

Abnormal grieving. A 45-year-old woman is still grieving deeply more than two years after her husband's death.

A gay male couple at the brink of separation. Both partners are in their 40s and have been living together for the past 15 years.

A 15-year-old girl, formerly an honor student, who has suddenly lost interest in school and is receiving failing grades in three out of five courses.

A college wrestling champion who has developed bulimia in an effort to maintain his weight class.

A 30-year-old man who has obsessive-compulsive disorder.

A 50-year-old woman who has a history of chronic alcohol use and smokes two packs of cigarettes a day.

A 23-year-old nursing student who feels hampered by his own shyness.

A 32-year-old college graduate who has lost 3 jobs in 2 years.

A 39-year-old man who has suffered from schizophrenia since age 15, who has recently entered a community treatment program and moved into a halfway house.

A 38-year-old executive who is experiencing distress while engaged in a discrimination lawsuit against a former employer.

A 9-year-old boy who has been diagnosed with attention deficit hyperactivity disorder.

A 28-year-old woman, a transient, who has lost custody of her two preschool-age children on the basis of allegations of neglect.

A 21-year-old college student who still has no idea what career she would like to pursue.

A 35-year-old recent immigrant and survivor of the wars in the Balkans who is having difficulty adjusting to life in the United States.