Abnormal Psychology in a Changing World 10th edition Nevid Solutions Manual

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CHAPTER 2

CONTEMPORARY PERSPECTIVES ON ABNORMAL BEHAVIOR AND METHODS OF TREATMENT

Learning Objectives

2.1 **Identify** the major parts of the neuron, the nervous system, and the cerebral cortex, and **describe** their functions**.**
2.2 **Evaluate** biological perspectives on abnormal behavior.
2.3 **Describe** the key features of psychodynamic models of abnormal behavior and **evaluate** their major contributions.
2.4 **Describe** the key features of learning-based models of abnormal behavior and **evaluate** their major contributions.
2.5 **Describe** the key features of humanistic models of abnormal behavior and **evaluate** their major contributions.
2.6 **Describe** the key features of cognitive models of abnormal behavior and **evaluate** their major contributions.
2.7 **Evaluate** ethnic group differences in rates of psychological disorders.
2.8 **Evaluate** the sociocultural perspective in our understanding of abnormal behavior.
2.9 **Describe** the diathesis-stress model of abnormal behavior.
2.10 **Evaluate** the biopsychosocial perspective on abnormal behavior.
2.11 **Identify** three of the major types of helping professionals and **describe** their training backgrounds and professional roles.
2.12 **Describe** the goals and techniques of the following forms of psychotherapy: psychodynamic therapy, behavior therapy, person-centered therapy, cognitive therapy, cognitive-behavioral therapy, eclectic therapy, group therapy, family therapy, and couple therapy.
2.13 **Evaluate** the effectiveness of psychotherapy and the role of nonspecific factors in therapy.
2.14 **Evaluate** the role of multicultural factors in psychotherapy and barriers to use of mental health services by ethnic minorities.
2.15 **Identify** the major categories of psychotropic or psychiatric drugs and examples of drugs in each type, and **evaluate** their strengths and weaknesses**.**
2.16 **Describe** the use of electroconvulsive therapy and psychosurgery and **evaluate** their effectiveness**.**
2.17 **Describe** the use of psychosurgery and **evaluate** its effectiveness**.**
2.18 **Evaluate** biomedical treatment approaches.

Chapter Outline

I. The Biological Perspective
- A. The Nervous System
- B. Evaluating Biological Perspectives on Abnormal Behavior

II. The Psychological Perspective
- A. Psychodynamic Models
- B. Learning-Based Models
- C. Humanistic Models
- D. Cognitive Models

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III. The Sociocultural Perspective
- A. Ethnicity and Mental Health
- B. Evaluating the Sociocultural Perspective

IV. The Biopsychosocial Perspective
- A. The Diathesis-Stress Model
- B. Evaluating the Biopsychosocial Perspective

V. Psychological Methods of Treatment
- A. Types of Helping Professionals
- B. Types of Psychotherapy
- C. Evaluating the Methods of Psychotherapy
- D. Multicultural Issues in Psychotherapy

VI. Biomedical Therapies
- A. Drug Therapy
- B. Electroconvulsive Therapy
- C. Psychosurgery
- D. Evaluation of Biomedical Approaches

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Chapter Overview

The Biological Perspective

The biological perspective focuses on the biological component of abnormal behavior and includes biologically based treatments such as drug therapy. The biological perspective gave rise to the medical model, which conceptualizes abnormal behavior patterns like physical diseases in terms of clusters of symptoms, called syndromes, with distinctive causes that are presumed to be biological in nature. Central to the biological perspective on abnormal behavior is an understanding of the nervous system, which includes the central and peripheral nervous system, and is composed of nerve cells that communicate through chemical messengers called neurotransmitters. Biological structures and processes are involved in many patterns of abnormal behavior.

The Psychological Perspective

Psychodynamic models reflect the views of Freud and his followers, who believed that abnormal behavior stemmed from psychological causes involving underlying psychic forces. Freud developed psychoanalysis as a means of uncovering the unconscious conflicts dating back to childhood that he believed were at the root of mental disorders such as hysteria.

Learning theorists posit that the principles of learning can be used to explain both abnormal and normal behavior. Learning theorists believe that we are shaped by our environment and abnormal behavior is the result of situational influences. Behavior therapy is an outgrowth of the learning model. A contemporary model of learning, social-cognitive theory, suggests that cognitive factors within the person, such as expectancies, are also important to consider in our understanding of abnormal behavior.

Humanists reject the determinism of psychodynamic theory and behaviorism. Humanistic theorists believe that it is important to understand the obstacles that people encounter as they strive toward self-actualization and authenticity.

Cognitive theorists focus on the role of distorted and self-defeating thinking in explaining abnormal behavior. Accordingly, it is our interpretation of events that give rise to abnormal behavior, and not the events themselves. They apply some of the behavioral techniques to cognitive therapies.

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The Sociocultural Perspective

Sociocultural theorists believe that abnormal behavior is rooted in social ills, such as poverty, discrimination, and social stressors, not in the individual. Today, many theorists believe that multiple factors interacting in complex ways are involved in the development of abnormal behavior patterns.

The Biopsychosocial Perspective

The leading interactionist model, the diathesis-stress model, posits that some people have predispositions (diathesis) for particular disorders, but whether these disorders actually develop depends upon the type and severity of the stressors they experience.

Psychological Methods of Treatment

The treatment someone with a psychological disorder receives is likely to vary not only with the type of disorder involved but also with the therapeutic orientation and professional background of the helping professional. A psychiatrist might recommend medication, perhaps in combination with psychotherapy. A cognitively oriented psychologist might suggest a program of cognitive therapy.

Many people are confused about the different types of mental health professionals. The major professional groupings of mental health professionals include psychologists, psychiatrists, social workers, nurses, and counselors.

Psychotherapy involves a systematic interaction between therapists and clients that incorporate psychological principles to help clients overcome abnormal behavior, solve problems in living, or develop as individuals. The various approaches to psychotherapy employ theory-based specific treatment factors and nonspecific factors, such as the quality of the therapeutic relationship and the installation of hope.

Psychodynamic therapies originated with psychoanalysis, the approach to treatment developed by Freud. Psychoanalysts use techniques, such as free association and dream analysis, to help people gain insight into their unconscious conflicts and work through them in the light of their adult personalities. Modern psychoanalytic therapies are generally briefer, less intensive, and focus on the client's present relationships.

Behavior therapy applies principles of learning to help people make adaptive behavioral changes. Behavior therapy techniques include systematic desensitization, gradual exposure, modeling, aversive conditioning, operant conditioning approaches, social skills training, self-control techniques, and relaxation techniques.

Humanistic approaches focus on the client's subjective, conscious experience in the here and now. Rogers's person-centered therapy helps people increase their awareness and acceptance of inner feelings that had met with social condemnation and been disowned. The effective person-centered therapist possesses the qualities of unconditional positive regard, empathic understanding, genuineness, and congruence.

Cognitive therapies focus on modifying the maladaptive cognitions that are believed to underlie emotional problems and self-defeating behavior. Ellis's rational-emotive therapy focuses on disputing the irrational beliefs that cause emotional distress and substituting adaptive behavior for maladaptive behavior. Beck's cognitive therapy focuses on helping clients identify, challenge, and replace distorted

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cognitions, such as tendencies to magnify negative events and minimize personal accomplishments. Cognitive-behavior therapy integrates the behavioral and cognitive approaches.

Eclectic therapists make use of multiple models of psychotherapy. In technical eclecticism, therapists use techniques from different approaches without necessarily adopting the theoretical models on which they were based. In integrative eclecticism, therapists attempt to synthesize and integrate diverse theoretical models.

Group therapy has several advantages over individual treatment, such as reduced costs, opportunities for shared learning experiences and mutual support, and increased utilization of scarce therapist resources. The particular approach to group therapy depends on the orientation of the therapist. Family therapists work with conflicted families to help them resolve their differences. Family therapists focus on clarifying family communications, resolving role conflicts, guarding against scapegoating individual members, and helping members develop greater autonomy. Couple therapy focuses on helping partners improve their communications and resolve their differences.

Psychotherapy researchers have generated encouraging evidence of the effectiveness of psychotherapy. Although there are few well-designed head-to-head comparative treatment studies, the results of meta-analyses of research studies that compare psychotherapy with control groups support the efficacy of various approaches to psychotherapy.

Therapists need to take cultural factors into account in determining the appropriateness of Western forms of psychotherapy for different cultural groups. Some groups, for example, may have different views of the importance of the autonomy of the individual, or may place more value on spiritual than psychotherapeutic interventions.

Biomedical Therapies

Biological approaches include drug therapy, deep brain stimulation, electroconvulsive shock therapy (ECT), and psychosurgery. Minor tranquilizers, such as Valium, may relieve short-term anxiety but do not directly help people solve their problems. Neuroleptics help relieve flagrant psychotic features, but regular use of most antipsychotic drugs has been associated with a risk of disabling side effects. Antidepressants have been known to be effective in treating depressive disorders, and lithium has been effective in treating bipolar disorder. ECT and deep brain stimulation are often associated with dramatic relief from severe depression, but questions remain about side effects. Psychosurgery has all but been eliminated because of adverse consequences.

Lecture and Discussion Suggestions

1. Neurotransmitters in abnormal behavior. There is mounting evidence that neurotransmitters play a significant role in various abnormal behaviors; however, the exact causal mechanisms have not been determined. For instance, deficiencies in dopamine are linked to Parkinson's disease, excesses in dopamine reactivity are found in schizophrenia, and antipsychotic drugs are thought to alleviate psychotic symptoms by blocking the action of dopamine. Excesses and deficiencies of norepinephrine (both a neurotransmitter and a hormone) are involved in mood disorders and eating disorders. Also, serotonin may be linked with anxiety, insomnia, and mood disorders.

2. Psychoanalytic theory and sexism. One of the most controversial of Freud's views involves his notions about the phallic stage of development. A particularly controversial topic within this stage is his

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concept of penis envy. Briefly, Freud believes that when a little girl notices how she differs from little boys, she feels cheated. She blames her mother for her lack of a penis, and rejects her mother and tries to displace her in her father's eyes—in effect, to become "daddy's darling." The little girl unconsciously hopes that her father will give her a penis. When he does not, she compensates with the wish for a child. There are a number of important consequences of this process, each with applications for abnormal psychology:

a. Women have weaker superegos than males.
b. Women feel inferior to men and contemptuous of other women.
c. Women become passive, vain, jealous, and masochistic.
d. Women should give up infantile gratification from the clitoris and prepare for adult gratification through intercourse.

This view has been criticized for decades. Some believe it has helped instill a bias toward diagnosing more abnormal disorders among women. Others say the concept has no validity. Still others believe that women are indeed envious—of the power and control males have traditionally enjoyed. This topic is likely to produce a lively debate among students.

Lips, H. M. (1993). ***Sex and Gender: An Introduction***. Mountain View, CA: Mayfield Co.

Travis, C. & Wade, C. ***The Longest War: Sex Differences in Perspective***, 2nd Ed. New York: Harcourt Brace Jovanovich.

3. Consider the implications of the Human Genome Project. The mapping of the human genome was a controversial project involving scientists across the world. Many feared that once the project was complete, the eugenics movement would flourish and society would use prenatal DNA testing to select for and/or manipulate genes to create a society of "perfect" people. Have students discuss these fears and future possibilities resulting from these scientific advances. Should limitations be placed on the use of these technologies? Equally important, given that most conditions are polygenetic (they require the unique combination of many genes rather than a single gene), have students consider the reasonableness of such fears.

4. The family systems perspective. Students may be interested in contrasting the view of abnormal behavior from a family systems perspective with the other perspectives presented in the chapter. Of particular interest is the idea that a person's behavior and emotions need to be examined **within their social context**, rather than as isolated phenomena. Family systems theorists view abnormal (and normal) behavior as an **interaction** between two people, not as a unilateral action by one person. They argue that many behaviors that initially appear to be abnormal turn out to be highly adaptive given the unique and often "abnormal" environment in which the person is operating.

5. Discuss the issue of free will versus determinism as it applies to mental illness and therapeutic treatment approaches. The issue of free will and determinism is an underlying theme in any discussion of mental illness and its treatment, and students often bring strong opinions about this subject into the course. At this point in the course at may be useful to ask the following questions:

1. What are the psychological implications of not believing in free will? Determinism implies a loss of control; belief in free will may be adaptive if it increases our self-efficacy. This issue can be related to the concept of internal vs. external locus of control. Is it healthier to believe in free will or to live as if we have free will, whether or not it exists?
2. Is the scientific study of human behavior compatible with a belief in free will?

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3. Is free will something that can be studied empirically? If so, how?
4. What view of human behavior does our society hold, as evidenced by various religious and legal beliefs?
5. Can a psychopathologist who believes in free will logically support an exception for being not guilty by reason of insanity?

6. Perspectives and abnormality. Students often enjoy and learn from applying the theoretical material in the course to actual cases. Divide the class into six groups, and have each group adopt one of the theoretical perspectives described in this chapter (biological, psychodynamic, behavioral, learning, humanistic, and cognitive). Using a case from the text (e.g., "Jessica's 'Little Secret'"), or one from your own experience, have each group attempt to explain the "client's" behavior from the theoretical perspective they have adopted. After each group has presented its perspective, have group members debate key questions and issues in an attempt to demonstrate the merit of their theoretical perspective. Students should consider concerns with each perspective, such as theories of etiology, treatment implications, ability to test hypotheses suggested by each perspective, and so on. After the debate, challenge students to consider whether there are factors in the case that, if changed, might convince students that a different perspective would be more accurate. For example, would students be more likely to consider a biological perspective if they discover many family members, even those adopted into other families at birth, shared the condition? Similarly, would they consider a diathesis-stress model if the condition only developed after a stressful or traumatic event?

7. Psychodynamic vs. learning approaches. Psychodynamic and learning advocates have long argued about the efficacy of each other's therapeutic techniques. An issue is whether the behavioral "symptom" or the "underlying" cause should be treated. Consider the case of an autistic child with a pattern of repetitious, self-injurious behavior. One could treat the behavioral symptom with operant conditioning techniques, but would that be sufficient to prevent a relapse of the behavior pattern, or some similar one, in the future? Or could it result in the substitution of a new, even more injurious behavior pattern for the original behavior that was eliminated? If there is an underlying cause and it is left untreated, might not a problem recur? If an underlying cause is identified and treated, how would this be done?

8. Length of treatment and client improvement. Much of the current research in this area is focused on specific, measurable factors that make therapy effective, using meta-analysis. Meta-analysis is a statistical technique that provides a more robust and comprehensive understanding of a phenomenon by averaging the results of a large number of studies. In one study, Kenneth Howard and his colleagues ("The Dose-Effect Relationship in Psychotherapy," ***American Psychologist***, 1986, ***41***, 159–164) reviewed 15 studies with 2,431 clients and found a positive relationship between the length of treatment and client improvement. About one-third of the clients improved within the first three sessions, regardless of the eventual length of the treatment, and half improved by eight sessions. About three-fourths of the clients had improved by twenty-six sessions. However, the rate of improvement varied among the different types of clients. Depressed clients usually improved the most after the first few sessions. But clients with anxiety disorders generally took a somewhat higher number of sessions before improving, and the more severely disturbed psychotic clients required the highest number of sessions of all. Although such findings do not prove that time-limited therapy is as effective as time-unlimited therapy, twenty-six sessions could be used as a point in the treatment process at which cases that have not shown any measurable improvement would be subjected to a clinical review.

9. When to terminate therapy. Clients and therapists sometimes find it difficult to determine when a client should terminate therapy. One reason is the gap between subjective (client) ratings and objective (therapist) ratings of improvement. One study by Kenneth Howard and his colleagues (***American Psychologist***, 1986, ***41***, 159–164) examined this phenomenon and found significant differences between

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the two. More specifically, clients begin to feel better long before their therapists see behavioral signs of improvement. Usually, it isn't until after about six months of therapy that clients' and therapists' ratings begin to merge. Even then, in making the decision to terminate therapy, Lester Luborsky (***Archives of General Psychiatry***, 1985, ***42***, 602–611) suggests using two criteria. First, does the client feel that the problems that brought him or her to therapy are under control? Second, does the client believe that the gains achieved in therapy can be maintained without the therapist? Generally, it is suggested that the client and therapist review the progress made in therapy in light of the client's original goals, with the client eventually having more say in whether these goals have been met. In addition, using psychological assessment tools to systematically assess the frequency and severity of symptoms at regular intervals throughout the course of therapy may also improve client-therapist congruence.

10. The therapeutic relationship. Ask students how a therapeutic relationship differs from a friendship. What are the advantages of getting help from a therapist rather than a friend? Such advantages include expert opinion, confidentiality, objectivity, and separation from one's social relationships.

11. Drug treatment. Discuss the pros and cons of drug treatment (psychopharmacology) and the types of clients and problems where drugs may be a cost-efficient approach. Research indicates that even chronic conditions requiring life-long drug treatment are more effective when used in conjunction with psychotherapy. Discuss why this is the case (e.g., in many instances clients also need to develop better coping strategies for dealing with chronic mental illness and future problems the condition may create). It may also be useful to challenge resistance to drug treatment for psychological illness by comparing standards of care for other biologically based chronic illnesses such as diabetes. As evidence grows indicating that many psychological disorders are also based in biological systems, resistance to psychopharmacology may dissipate.

12. Ethics. Not all those offering psychotherapy services are ethical. Students can be reminded of some of the ethics of psychologists who offer their services to the public. For example, therapists should not practice outside their expertise. Psychologists do not treat those close to them, such as friends, relatives, or employees. They do not treat patients of another professional unless a clear referral has been made. They avoid dual relationships (e.g., therapist and business consultant or friend) with clients. Ethical practices include safeguarding confidential records. Psychologists discuss your records with others only with your consent, except in certain unusual circumstances. Psychologists are responsible for the work performed by their assistants.

13. Nonspecific factors. Scott Lilienfield presents an interesting comparison between those who say psychotherapy works and those who are not yet so sure. In the process he reviews a classic work by Jerome Frank, where Frank argues that at least four nonspecific factors are responsible for almost any improvement that is seen. Discuss Frank's assertions, which are generally supported by some of the outcome literature:

a. The therapist is the expert. Any of us might become more hopeful in the hands of this expert.
b. Psychotherapy takes place in settings associated with helping. Typical trappings include degrees and licenses on the wall, receptionists to usher clients in, and so on.
c. Most therapies proceed from a coherent theory or rationale. When explained to the patient, it also provides clear hope that his/her problem can be understood.
d. Therapy has techniques—rituals, according to Frank. Whether it is free association, exposure therapy, or relaxation, these create the impression that something is happening. Just exactly what is happening can be a bit mysterious to the client, which actually heightens the effect. Therapists are not unlike faith healers, according to Frank.

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14. Psychotherapy: Alternative views. It can be provocative to discuss some of the writers who have taken shots at psychotherapy. You might ask students to find and report on some of these. Here are two that are interesting. Psychoanalyst James Hillman argues that therapy causes people to look inward, thus ignoring worsening social and political conditions around them. Growth, a popular theme in many schools of therapy, is a fantasy that ignores the fact that the personality is relatively immune to change.

R. D. Rosen popularized the term "psychobabble" to denote the vague language, catchy terms, and cute phrases that are sometimes found in therapy jargon. Psychobabble implies, says Rosen that we can reach well-being immediately, just by asserting that we are no longer "uptight" or "hung up."

Hillman, J. & Ventura, M. (1992). ***We've Had a Hundred Years of Psychotherapy—and the World's Getting Worse***. San Francisco: Harper Collins.

Rosen, R. D. (1977) ***Psychobabble***. New York: Avon Books.

15. Is aversive therapy ethical? In aversion therapy, a noxious stimulus is applied when unwanted behavior occurs. For example, an alcoholic might receive an electric shock when he picks up a drink, or a person with a sexual fetish for boots, likewise, receives an electric shock while viewing or handling boots. Such aversive methods have been used with these disorders, as well as with people with mental retardation. Aversive methods have included electric shock, nausea-inducing drugs, and squirts in the mouth with lemon juice.

Discuss with the class the ethics of inflicting pain and discomfort as a treatment method. Is this ethical to use on a child with mental retardation, who is banging his or her head against the wall and in danger of hurting himself/herself? What about for a person with alcoholism, who has done so much damage to himself/herself that further drinking will likely kill him/her? How about with an exhibitionist, who keeps getting arrested and has failed to respond to other therapy?

A particularly difficult question involves using such aversive procedures on people who are too young or otherwise unable to give their informed consent to the procedure. If it is unethical to inflict pain via shock or drugs, is it likewise unethical for a therapist to rouse painful memories that a client in more traditional therapy might have?

It is important to point out to the class that aversive procedures are seldom used alone, and they are seldom the first choice by therapists. Such procedures are regulated, especially when they involve those unable to consent.

Think About It

Do you believe that abnormal behavior is more a function of nature (biology) or nurture (environment)? Explain. This is a personal opinion question. Students should be able to give specifics about the nature/nurture controversy.

Encourage them to (1) maintain a skeptical attitude, (2) consider the definitions of the terms, (3) weigh the assumptions or promises on which arguments are based, (4) bear in mind that correlation is not causation, (5) consider the kinds of evidence on which conclusions are based, (6) do not oversimplify, (7) do not overgeneralize.

Can you think of examples of behaviors in others (or yourself) in which defense mechanisms may

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have played a role? A classic example of defense mechanisms is the use of denial. What student has not used a bit of denial in their school careers when it comes to a bad grade? Denial would be the minimizing, "forgetting" or ignoring of a poor test grade. That denial may turn into rationalization. Say a student failed his or her psychology exam. He or she may rationalize by saying, "Well, I had no time to study; I was out partying last night." Or, "It's my instructor's fault; she never lectures on the book."

Underlying the psychodynamic approach is the belief that we are not usually aware of the deeper motives and impulses that drive our behavior. Do you agree? Why or why not? This is a personal opinion question. Students should be aware of the role the unconscious plays in behavior.

Are your dreams meaningful? Do you believe your dreams represent the road to unconscious, as suggested by Freud? Why or why not? This is a personal opinion question. Ask students to think about a recent dream and describe the manifest content (the material on the dream the dreamer experiences and reports) and the latent content (the unconscious material in the dream, represented symbolically), and to provide an interpretation, according to the psychoanalytical perspective.

How might a complex belief, such as belief in free will or majority rule, be shaped by the environment? Behaviorists Watson and Skinner believed that the environment shapes even complex beliefs. As a researcher in classical conditioning, Watson was interested in the induction of fears and phobias through classical conditioning. He is credited with saying: "Give me a dozen healthy infants, well-formed, and my own specified world to bring them up in and I'll guarantee to take any one at random and train him to become any type of specialist I might select—doctor, lawyer, artist, merchant-chief and, yes, even beggar-man and thief, regardless of his talents, penchants, tendencies, abilities, vocations, and race of his ancestors. I am going beyond my facts and I admit it, but so have the advocates of the contrary and they have been doing it for many thousands of years." [Behaviorism (1930), p. 82] The idea was that free will could be induced through associations, classically. Skinner discarded beliefs of personal freedom and choice, and saw complex ideas such as these as solely the result of operant conditioning. He believed the role of reinforcement was all-important in establishing human behavior.

How has your present behavior been influenced by your learning history? What learning principles (classical conditioning, operant conditioning, and observational learning) can you use to account for your behavior, both normal and abnormal? This is a personal experience question. Students need to be very familiar with the differences among classical conditioning, operant conditioning, and observational learning.

Whom would you consider to be a self-actualizer? Why or why not? This is a personal opinion question. Students should know the principle of self-actualization.

Can you think of examples from your personal life in which your thinking style reflected one or more of the cognitive distortions identified by Beck—selective abstraction, overgeneralization, magnification, or absolutist thinking? What effects did these thought patterns have on your moods? On your level of motivation? Do you think you can change how you think about your experiences? Why or why not? This is a personal experience question. Students should know Beck's cognitive-behavioral principles and apply them to their life.

How can researchers distinguish the effects of socioeconomic status from that of ethnicity? Researchers recognize that income or socioeconomic status needs to be considered when comparing rates of a given diagnosis across ethnic groups. They must be cautious and think critically when interpreting ethnic group differences in rates of diagnosis. The differences might reflect other issues in socioeconomic level, living conditions, and cultural backgrounds. When findings are controlled for socioeconomic levels,

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supposed differences often disappear. For example, higher rates of mental illness found in African American populations disappear when compared by socioeconomic status.

Do you believe the root causes of abnormal behavior lie in the environment? In the person? In a combination of the two? Why? This is a personal opinion question. Students should be familiar with the sociocultural and learning perspectives in explaining abnormal behavior.

Why is it necessary to understand and consider multiple perspectives in explaining abnormal behavior? There are several models for understanding and explaining abnormal behavior. The fact that there are different ways of looking at the same phenomenon doesn't mean that one model must be right and the others wrong. Many theorists today propose an interactional approach to the explanation of complex behavior. The biopsychosocial perspective considers how biological, psychological, and social factors are linked in the development of abnormal behavior patterns. Behavior is indeed complex. Perhaps no singular model can best explain it.

What are the major types of mental health professionals? How do they differ in their training and the types of roles they perform? The major mental health professions include psychologists, psychiatrists, social workers, nurses, and counselors. Psychologists are trained in graduate schools of psychology and typically earn an academic doctoral degree. Their expertise is in research, teaching, assessment, and clinical practice. Psychiatrists are trained in medical schools as physicians, and then specialize in psychiatry. They can prescribe medication and typically hold a biological view of mental illness. Social workers usually obtain a master's degree in social work. They specialize in sociocultural aspects of mental illness including group and family interventions. Nurses are trained medically, and then specialize in psychiatric nursing. They are typically found in hospitals and clinics. The background and training of counselors vary in different states. A counselor usually has an advanced degree in some discipline but may not. Some states license counselors, requiring substantial credentials.

What type of therapy would you prefer if you were seeking treatment for a psychological disorder? Why? This is a personal opinion question. Students should be familiar with the wide variety of therapies and theoretical perspectives.

Encourage them to (1) maintain a skeptical attitude, (2) consider the definitions of the terms, (3) weigh the assumptions or promises on which arguments are based, (4) bear in mind that correlation is not causation, (5) consider the kinds of evidence on which conclusions are based, (6) do not oversimplify, (7) do not overgeneralize.

Is psychotherapy effective? What evidence exists to support the efficacy of psychotherapy? The effectiveness of psychotherapy receives strong support from research literature. Meta-analysis is a statistical technique that compares a large number of studies. A well-known 1977 study using meta-analysis found positive outcomes in the effectiveness of psychotherapy. (Clients in therapy were better off than 75 percent of those untreated.) Since then, we have more studies supporting the effectiveness of psychotherapy. Positive outcome is now so well established that the American Psychological Association has composed a list of empirically supported treatments.

What cultural issues do therapists need to consider when working with members of diverse cultural and racial groups? It is essential that culture, race, and ethnicity be taken into account when working with a diverse group**.** Therapists need to be sensitive to cultural differences and how they may affect the therapeutic process. They also need to avoid ethnic stereotyping and to demonstrate sensitivity to the values, languages, and cultural beliefs of members of racial or ethnic groups that are different than their own. Therapists need to know the cultural history and context of the groups they are working with. For

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example, therapists should not confuse the suspiciousness of an African-American client with paranoia given the cultural context of minimal self-disclosure. Differences in values need to be appreciated.

What problems do you see in taking pills to cope with anxiety or depression that may stem from academic or social difficulties? This is a personal opinion question. Students need to know the variety of drug classifications used in the treatment of anxiety and depression.

Activities/Demonstrations

1. Discuss some of the implications of holistic medicine for mental health. The emphasis on positive physical health rather than sickness has led to greater concern for prevention, nutrition, fitness, and stress management. But to what extent has the emphasis on positive health affected our attitudes and practices in the area of mental health?

2. Discuss the multiple social, cultural, and biological factors that contribute to ethnic differences in the rates of mental illness. The book describes several differences among ethnic groups in rates of general and specific forms of mental illness, abnormal behavior, and health. For example, adolescent and young adult Native American males have the highest suicide rates in the nation; Asian Americans in the U.S. have the lowest rates of psychological disorders, while rates among Native Hawaiians are significantly higher. However, rates of mental illness are no higher for African Americans than they are for Caucasians when socioeconomic status is taken into account. What are some of the factors that account for these differences? Encourage students to consider factors such as cultural norms concerning the expression of physical versus psychological symptoms, economic stress, acculturative stress, voluntary versus involuntary immigration, and the influence of racism and discrimination on mental health.

3. Irrational beliefs and problem behaviors. Select one or more items from Ellis's list of irrational beliefs; such as "To be a good person I must be perfect in everything I do," or "Once something has negatively affected me it will always affect me," or "To be a good person everyone in my life should like me." Then, illustrate how this belief affects our behavior. For example, you might take "Life must go the way you want it to go." How would this belief affect your reaction to a situation in which things do not turn out the way you expect, as so often happens? Now, convert the same statement to a rational one, such as "When things don't turn out the way I want, it's not the end of the world—I have other options." Discuss the difference this might make in your behavior.

4. Biological or environmental causes of abnormality. Have students draw a Likert-type scale with "all biology" on one end of the scale and "all environment" on the other end of the scale. Then ask them to place the various theories or relevant theorists discussed in Chapter 2 on the appropriate point on the scale. While some theorists like Freud or Skinner and biological perspectives should be relatively easy to place, others will be more difficult and should lead to some discussion of the differences in how the theories approach this dimension of personality. You might then ask students to discuss how theories that are highly biological in their perspective would necessarily differ in their conceptualization of abnormality, and in the development of treatment, from those theories that are highly environmental in their orientation.

5. Which psychological perspective? Students can often solidify their understanding of the different perspectives when they compare and contrast them for a single example. Choose an event to which students can relate. Examples might include an honors student cheating on a test s/he was too tired to study for or an Olympic athlete taking performance-enhancing drugs despite the possibility that s/he will

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be subjected to random testing. Discuss the motivations of those involved. Why did they do it? Why would they risk getting caught? Apply each of the psychological perspectives to the events and describe how each perspective (biological, psychodynamic, behavioral, learning, humanistic, and cognitive) would explain the event.

6. Reflective listening. Instruct students to pair up in dyads. One person is to select a concern or problem he or she feels comfortable sharing. Then, the person is to share this problem with his or her partner for about five minutes or so. The partner is to listen empathetically; giving only nonjudgmental feedback, without adding to or analyzing what is being expressed. Then, have the partners switch roles. After the dyads have completed their role-playing, ask the participants how it feels to be listened to. How does active or reflective listening differ from everyday conversation? It has been said that social conversation is often a competitive exercise in which the first person to draw a breath is declared the listener; however, this "listener" is often a reluctant, frustrated listener, who doesn't listen at all, but merely awaits his or her turn to speak.

7. Considering the role of culture in therapy and mental health. There are dozens of ways in which the manifestation of mental illness and the therapeutic process are influenced by culture and ethnicity. Students should be able to conceptualize many different ways in which this occurs. A small number of ways in which culture and ethnicity influence these factors include how symptoms of distress manifest (e.g., physical symptoms versus psychological), who can be a "helping professional" (e.g., folk-healer or community elder versus psychologist), treatment approaches that are most helpful (community or church-based intervention versus one-on-one talk therapy), cross-cultural "tracking errors" between the therapist and client, social norms regarding acceptable behaviors with authority figures (e.g., if it is permissible for a client to make eye contact with a professional), and ways in which clients will accept influence from a therapist (e.g., confrontation, advice-giving, or communicating through themes within stories).

8. Design an outcome study. Break the class into groups and give them the task of designing a research study to evaluate a psychotherapy technique. They are to consider therapist and technique variables, control groups, measures of outcome, and follow-ups. Have groups report their designs, and use this to discuss some of the complexities of research the text authors describe.

9. Self-help resources. Not everyone goes to a therapist for help. Millions of Americans turn to self-help sections in their libraries and bookstores. Have students collect examples of various self-help manuals, guides, and books. Ask them to critically evaluate these with regard to evidence presented for their effectiveness.

10. Which treatment? Write several short case studies and present them to the class. Then ask students to select from the various perspectives which treatment they would try first. You may want to make this a group activity—break the students into groups of four to six and assign each group a case for class presentation.

11. Phobia treatment plan. Ask the class if anyone has a phobia. Most likely one or two students will report a relatively common phobia for something like spiders, rodents, heights, or public speaking. Break the students into groups and ask each group to come up with a behavior therapy method to combat the phobia, such as systematic desensitization and gradual exposure. Ask each group to share their method and discuss the pros and cons of each.

12. Role playing group therapy. Depending on the size of the class, break the students into groups that would resemble the size of a group therapy (5 to 10 people per group, one therapist). Select a topic for each group, such as anger management, shyness, difficulty trusting, impulse control, or grief. Ask one

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group participant to take on the role of the therapist, and every other group participant to play the role of an individual struggling with the issue. Ask the students to fully engage in the role, taking on a new name and personal story. Start the group therapy with each participant telling his/her story, guided by the therapist. Ask them to relate openly and honestly in their role. Encourage communication among the group members. After the session, ask the students to evaluate the group therapy. Did it go as they imagined it would? Were there any surprises? If they were truly struggling with the issue, do they think that group therapy would be beneficial? Why or why not?

13. Can you develop an APP for that? Challenge the students to develop the idea for a mental health APP to help people with a specific disorder such as obsessive-compulsive disorder. What education/information would be provided? What types of questions would be included? What features that would be offered? How would coping tools be communicated? What ethical challenges would the developer need to overcome? What marketing strategies would be used to sell the APP? Students can develop the idea for the APP and then share it with the class. The final evaluation can be a show of hands of how many students would buy the APP.

Media Resources

Video –**Contemporary Perspectives on Abnormal Behavior and Methods of Treatment (1:40)**
This brief video describes historical and current perspectives on abnormal behavior and current approaches and treatments.
Video available on MyPsychLab.com
https://mediaplayer.pearsoncmg.com/assets/mypsychlab-nevid10e-Perspectives_on_Abnormal_Behavior

Video – **How the Brain Works, Part 1 (5:04)**
Viewers learn about the different parts of neurons, how they communicate with each other, and how they function in the brain.
Video available on MyPsychLab.com
https://mediaplayer.pearsoncmg.com/assets/mypsychlab-videoseries-How_the_Brain_Works_P1_edit

Video – **How the Brain Works, Part 2 (6:11)**
This video describes the central and peripheral nervous system, the major structures of the brain, and major neurotransmitters and how they work in the brain,
Video available on MyPsychLab.com
https://mediaplayer.pearsoncmg.com/assets/mypsychlab-videoseries-How_the_Brain_Works_P2_edit

Video – C**lassical Conditioning: An Involuntary Response (6:11)**
Viewers learn about the basics associated with classical conditioning including a description of UCS, UCR, CS, and CR. The video also describes the application of classical conditioning to real-life settings and how the concepts can be used in the treatment of phobias.
Video available on MyPsychLab.com
https://mediaplayer.pearsoncmg.com/assets/mypsychlab-videoseries-
Classical_Conditioning_An_Involuntary_Response_edit

Video – **Operant Conditioning: Learning from Consequences (6:54)**
This video describes operant conditioning. Viewers learn about reinforcement (positive and negative) and punishment (positive and negative) and how the concepts can be applied to everyday challenges. Reinforcement schedules are also described.
Video available on MyPsychLab.com
https://mediaplayer.pearsoncmg.com/assets/mypsychlab-videoseries-
Operant_Conditioning_Learning_from_Consequences_edit

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