

Quarter 4 Schedule & Review Sessions

AP Psychology- 4th Quarter

Th, 4/1 **Chap14 Test- Psychological Disorders (80pts)**

Th/F 4/15-16 **Chap15 Test- Therapy (80pts)**

Week of 4/19 Prepare Group Review presentations

Week of 4/26 Group presentations

Th/F 5/20-21 20 Things to know before you get married (20pts) *typed*

Th/F 5/27-28 Final Exam- last day for seniors

REVIEW DATES After school from 2:15 to 3:00 room C121

M/T 4/5 & 4/6 Famous People in Psychology – good overview of the year

T/W 4/12 & 4/13 50 Practice MC questions- review missed concepts

T/W 4/19 & 4/20 50 More MC questions- from College Board

T/W 4/26 & 4/27 Essay Questions- in groups & look at prior year essays

M 5/10 1st Part of “Cram Session” in class.

2nd Part for Periods 1, 2, 4 on Tuesday before the AP exam.

2:30 - 3:30 Part 2 for anyone that will miss it on Tuesday

3:30 – 4:30 Part 2 of cram session

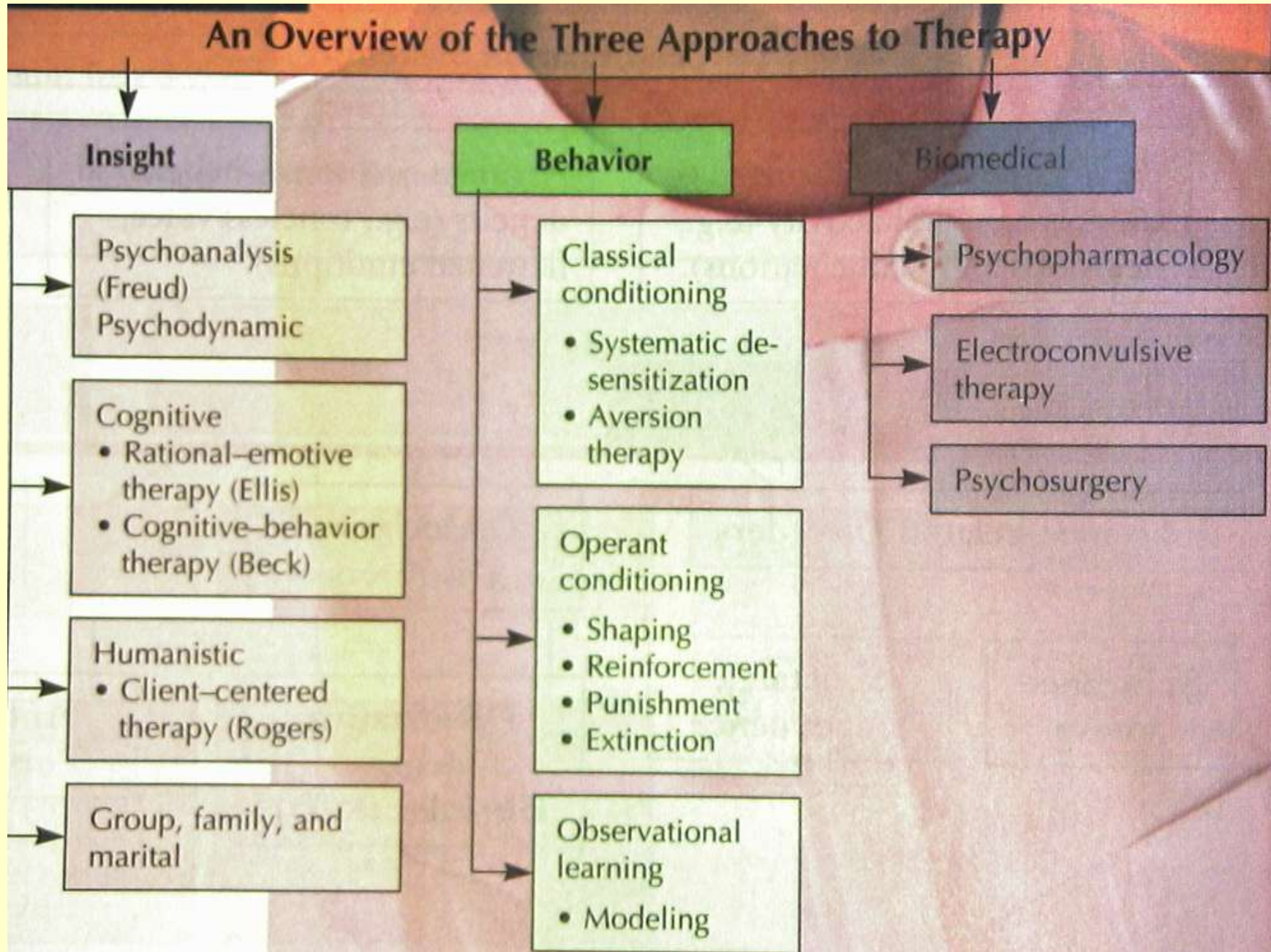
5:30 – 7:45 Parts 1 & 2 for students with a Monday AP test

T5/11 AP TEST- About 160 of you will go to the church

W5/12 Guest Speaker: FIDM- Psychology of color and dress

(*looking for more guest speakers if you know any...)

Chapter 15: Therapy



History of the Treatment of Mental Illness

W 16th and 17th Centuries

- Many of the mentally ill were considered to be “witches” and were tortured or killed.
- Many of the mentally ill were institutionalized where they were kept in chains.



W 18th Century

- Philippe Pinel encourages moral treatment of the mentally ill. Patients are freed from their chains and given more humane treatment.

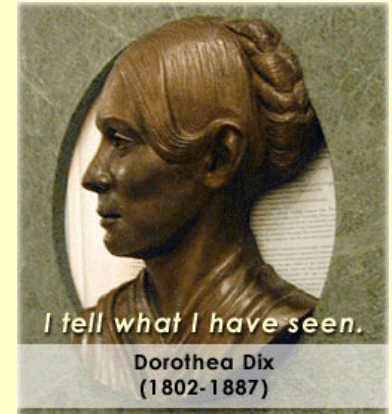


Dr. Philippe Pinel at the Salpêtrière, 1795 by Robert Fleury. Pinel ordering the removal of chains from patients at the Paris Asylum for insane women.

History of the Treatment of Mental Illness- Cont.

W 19th Century

- Dorothea Dix fights for the establishment of State Mental Hospitals



W 20th Century

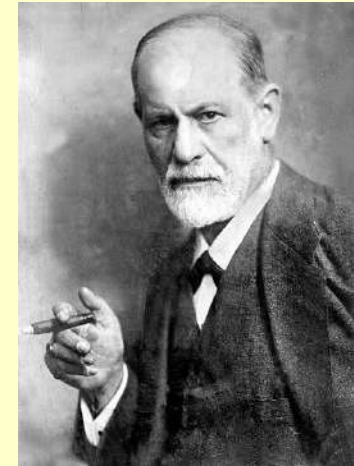
- Deinstitutionalization: With new drugs available to treat mental illness, many of the mentally ill are able to live outside of institutions.
- Continued Drug Therapy Development: New drugs that are specific to each of the mental disorders are being developed. These new drugs have fewer side effects and greater effectiveness.



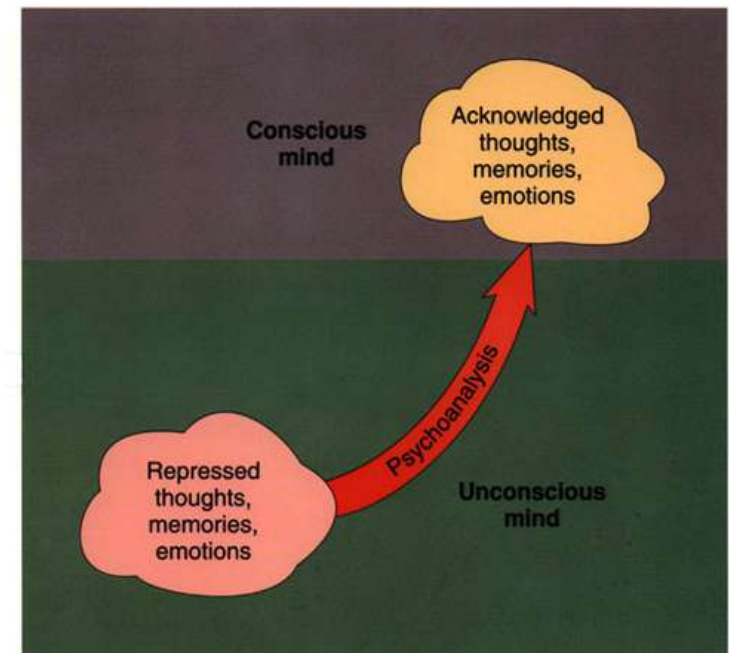
Insight Therapies- Psychoanalysis

W Psychoanalysis

- Developed by Sigmund Freud
- Believed that psychological problems come from unresolved unconscious conflicts
- Goal is to uncover unconscious conflicts and bring them into consciousness



Psychoanalysis



Techniques for Psychoanalysis

Free Association: asking clients to say what comes to mind without filtering it or altering it in any way

Dream Interpretation: determine manifest and latent content of dreams

Analyzing Resistance: when a client stops free associating because critical unconscious thoughts are too close to the surface of consciousness (other actions could include: being late, missing appt, changing subject, “forgetting”)

Analyzing Transference: when a client transfers feelings about a significant person in their life onto the therapist



Resistance and transference

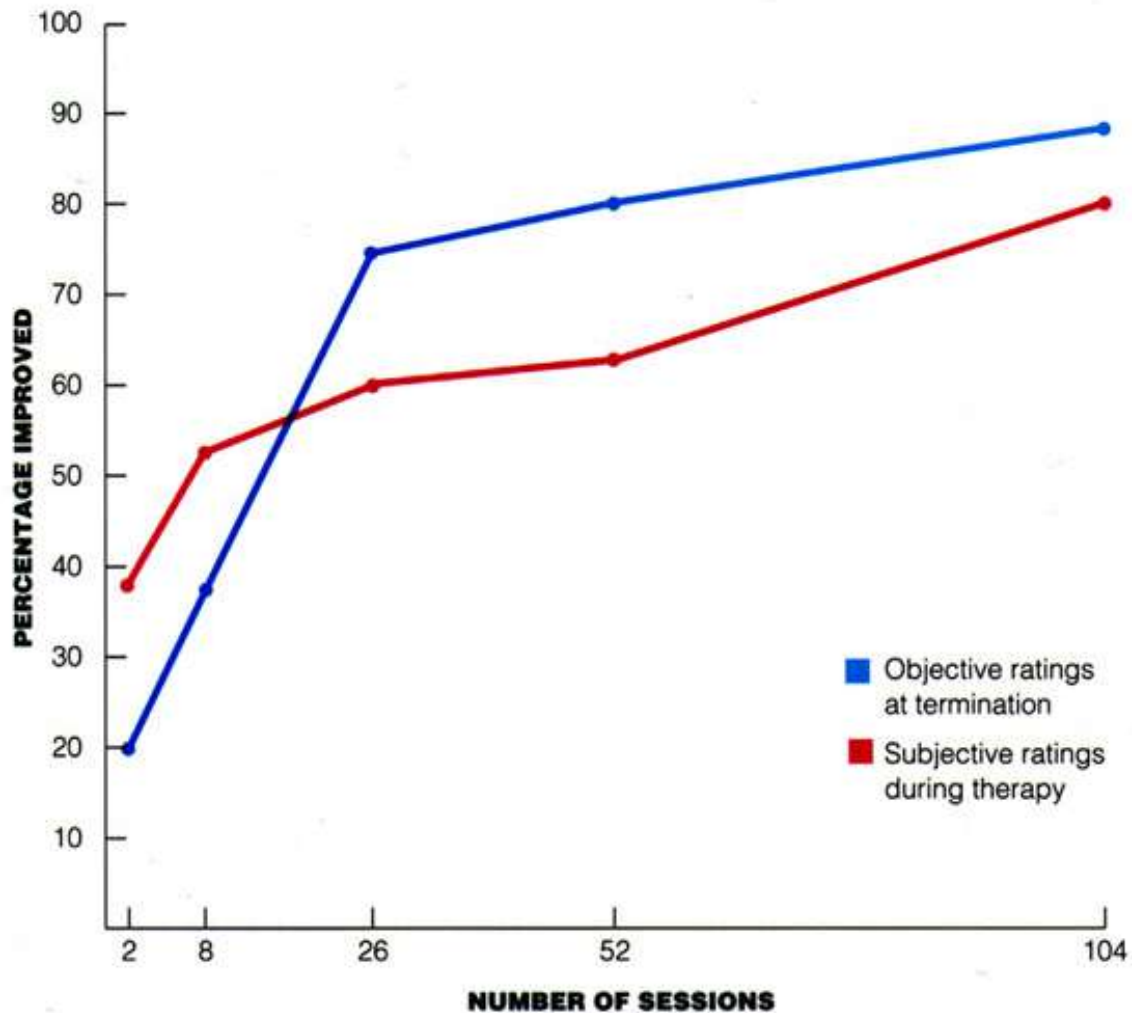
Resistance



Transference

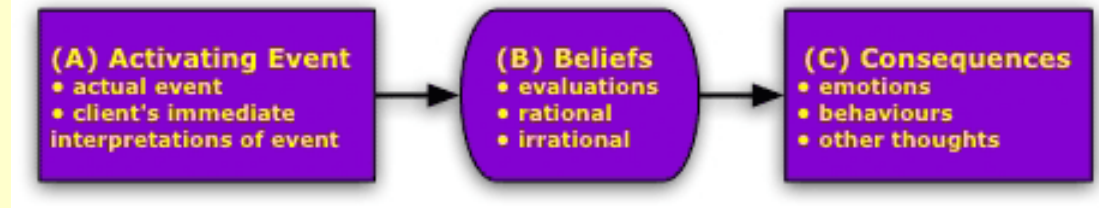


Relationship Between Number of Sessions of Psychotherapy and Percentage of Patients Improved



Insight Therapies- Cognitive Therapy

Cognitive Therapies: Analyze faulty thought processes, beliefs, and negative self-talk and change these destructive thoughts with cognitive restructuring.



Rational Emotive Behavior Therapy (REBT): developed by Albert Ellis

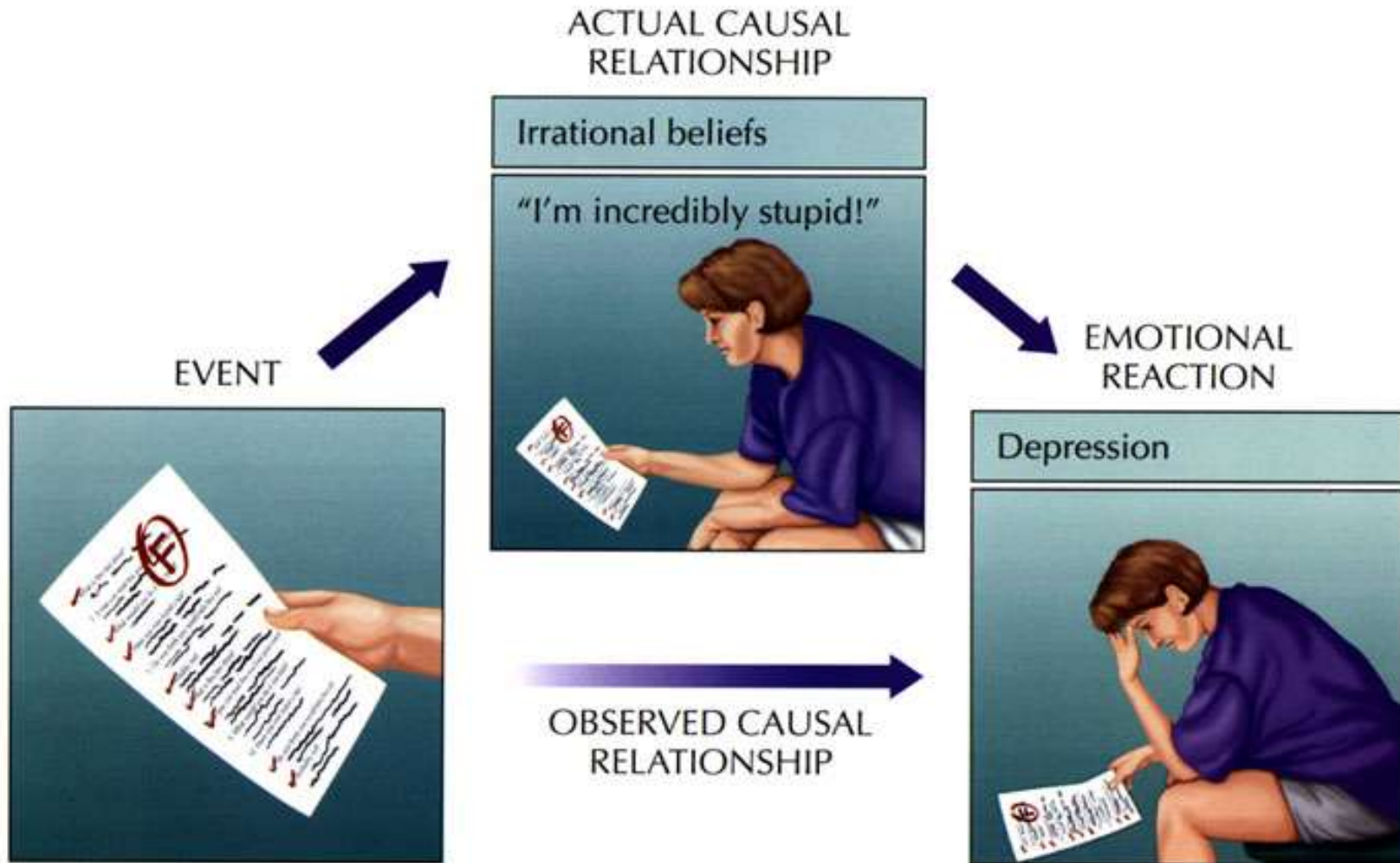
W Goal is to change distorted thoughts and thereby change maladaptive behavior

W Tools used: therapist confronts client regarding distorted thoughts & teaches client to replace those thoughts with rational beliefs

Cognitive-Behavior Therapy (CBT): by Aaron Beck

Focuses on changing faulty thoughts and changing behaviors as well.

Cognitive view of depression



Homework in cognitive therapy

	Situation	Emotion(s)	Automatic thought(s)	Rational response	Outcome
	Describe: 1. Actual event leading to unpleasant emotion, or 2. Stream of thoughts, daydream or recollection, leading to unpleasant emotion.	1. Specify sad/ anxious/ angry, etc. 2. Rate degree of emotion, 1-100.	1. Write automatic thought(s) that preceded emotion(s). 2. Rate belief in automatic thought(s), 0-100%.	1. Write rational response to automatic thought(s). 2. Rate belief in rational response, 0-100%.	1. Rerate belief in automatic thought(s), 0-100%. 2. Specify and rate subsequent emotions, 0-100.
Date	7/15 Audre didn't return my phone call.	Anxious - 75 Sad - 55 Angry - 40	People don't like talking to me - 75% I'm incompetent 65%	She's out walking the dog so she hasn't had the time to call back. 70%	1. 35 % 15% 2. Relieved - 35

Explanation: When you experience an unpleasant emotion, note the situation that seemed to stimulate the emotion. (If the emotion occurred while you were thinking, daydreaming, etc., please note this.) Then note the automatic thought associated with the emotion. Record the degree to which you believe this thought: 0% = not at all, 100% = completely. In rating degree of emotion: 1 = a trace, 100 = the most intense possible.

Cognitive Questionnaire

Number 1-30 on your paper and answer the following statements truthfully

- T F 1. When I fail at something, generally I am still able to feel good about myself.
- T F 2. I can stick to a tiresome task that I need to complete for a long time without someone encouraging me.
- T F 3. I don't often think positive thoughts about myself.
- T F 4. When I do something right, I take time to enjoy the feeling.
- T F 5. I have such high standards for what I demand of myself that I rarely meet those standards.
- T F 6. I seem to blame myself when things go wrong and am very critical of myself.
- T F 7. There are pleasurable activities which I enjoy doing alone at my leisure.
- T F 8. I usually get upset when I make mistakes because I rarely learn from them.
- T F 9. My feelings of self-confidence and self-esteem fluctuate a great deal.
- T F 10. When I succeed at small things, I become encouraged to go on.
- T F 11. Unless I do something absolutely perfectly, it gives me little satisfaction.
- T F 12. I get myself through hard things mostly by planning to enjoy myself afterwards.
- T F 13. When I make mistakes, I take time to criticize myself.
- T F 14. I encourage myself to improve by feeling good about myself or giving myself something special whenever I make some progress.

T F 15. If I didn't criticize myself frequently, I would continue to do things poorly forever.

One point for T on: 1, 2, 4, 7, 10, 12, 14, 17, 18, 19, 20, 24, 25, 26, 29

One point for F on: 3, 5, 6, 8, 9, 11, 13, 15, 16, 21, 22, 23, 27, 28, 30

achievements.

T F 18. I can keep trying at something when I stop to think of what I've accomplished.

T F 19. The way I keep up my confidence is by acknowledging any success I have.

T F 20. The way I achieve my goals is by rewarding myself every step along the way.

T F 21. Praising yourself is being selfish and egotistical.

T F 22. When someone criticizes me, my self-confidence is shattered.

T F 23. I criticize myself more frequently than others criticize me.

T F 24. I have a lot of worthwhile qualities.

T F 25. I silently praise myself even when other do not praise me.

T F 26. Any activity can provide some pleasure regardless of how it comes out.

T F 27. If I don't do the best possible job, I think less of myself.

T F 28. I should be upset if I make a mistake.

T F 29. My happiness depends more on myself than it does on other people.

T F 30. People who talk about their own better points are just bragging.

Source: Heiby, E. (1983). Assessment of frequency of self-reinforcement. *Journal of Personality and Social Psychology* 44, 1306 (table 1). Copyright © 1983 by the American Psychological Association. Reprinted with permission.

Mean score for undergraduates: 17/30

Higher scores reflect greater tendency to engage in self-reinforcement

Insight Therapies – Humanistic Client-Centered

Client-Centered Therapy:

developed by Carl Rogers

Believed that psychological problems come from when a client's ideal self differs significantly from the client's real self

W Goal is to create an unconditional environment where the client feels safe to find solutions to his/her problems. Facilitate personal growth.

W Tools used: unconditional positive regard, genuineness, active listening and empathy for client.



STANLEY WAS DEEPLY DISAPPOINTED WHEN, HIGH IN THE TIBETAN MOUNTAINS, HE FINALLY FOUND HIS TRUE SELF.



Insight Therapies – Group Therapy

Group Therapy

W Mostly used in addition to individual therapy

W Advantages:

- Allows clients to try out new behaviors in a safe environment (behavior rehearsal)
- Allows clients to not feel so isolated in their feelings and challenges (provide group support, feedback)

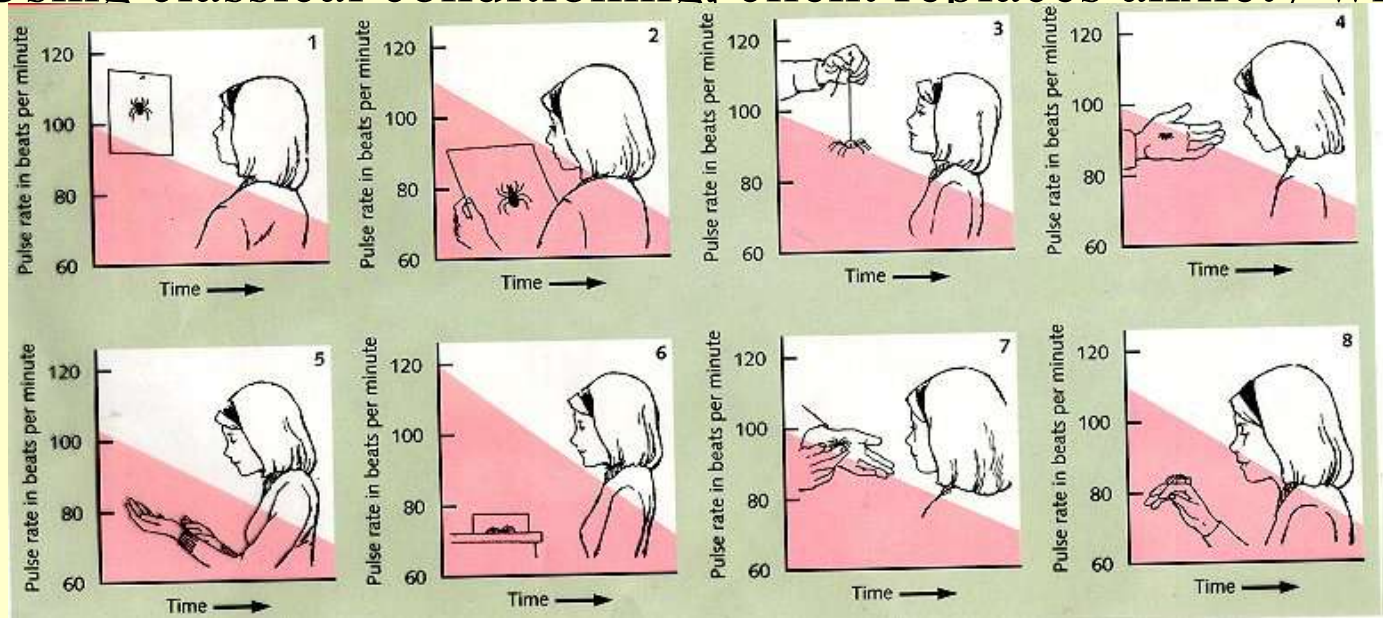


- Marital and Family Therapy:
A special form of group therapy that allow the problems that clients present with for treatment to be addressed in the larger family setting.



Behavior Therapies- Sys. Desensitization & Flooding

W Systematic Desensitization: Clients are asked to produce a hierarchy of their fear from least anxiety provoking to the most anxiety provoking. Using classical conditioning, client replaces anxiety with relaxation.



W Flooding: Clients are immediately taken to a high anxiety producing situation.

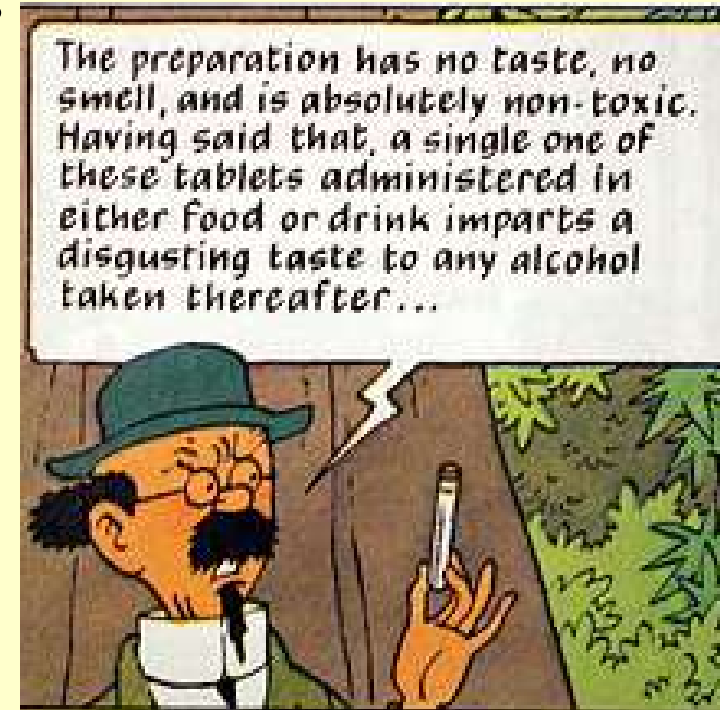


Behavior Therapies- Aversion Therapy

W Aversion Therapy is frequently used to decrease unwanted behaviors

→ Uses the pairing of an unpleasant stimulus with the unwanted behavior in hopes that the client will associate the unpleasant stimulus with the unwanted behavior

Ex: The presentation of Antabuse which causes nausea in the presence of the consumption of alcohol



Behavior Therapies- Modeling and token economy

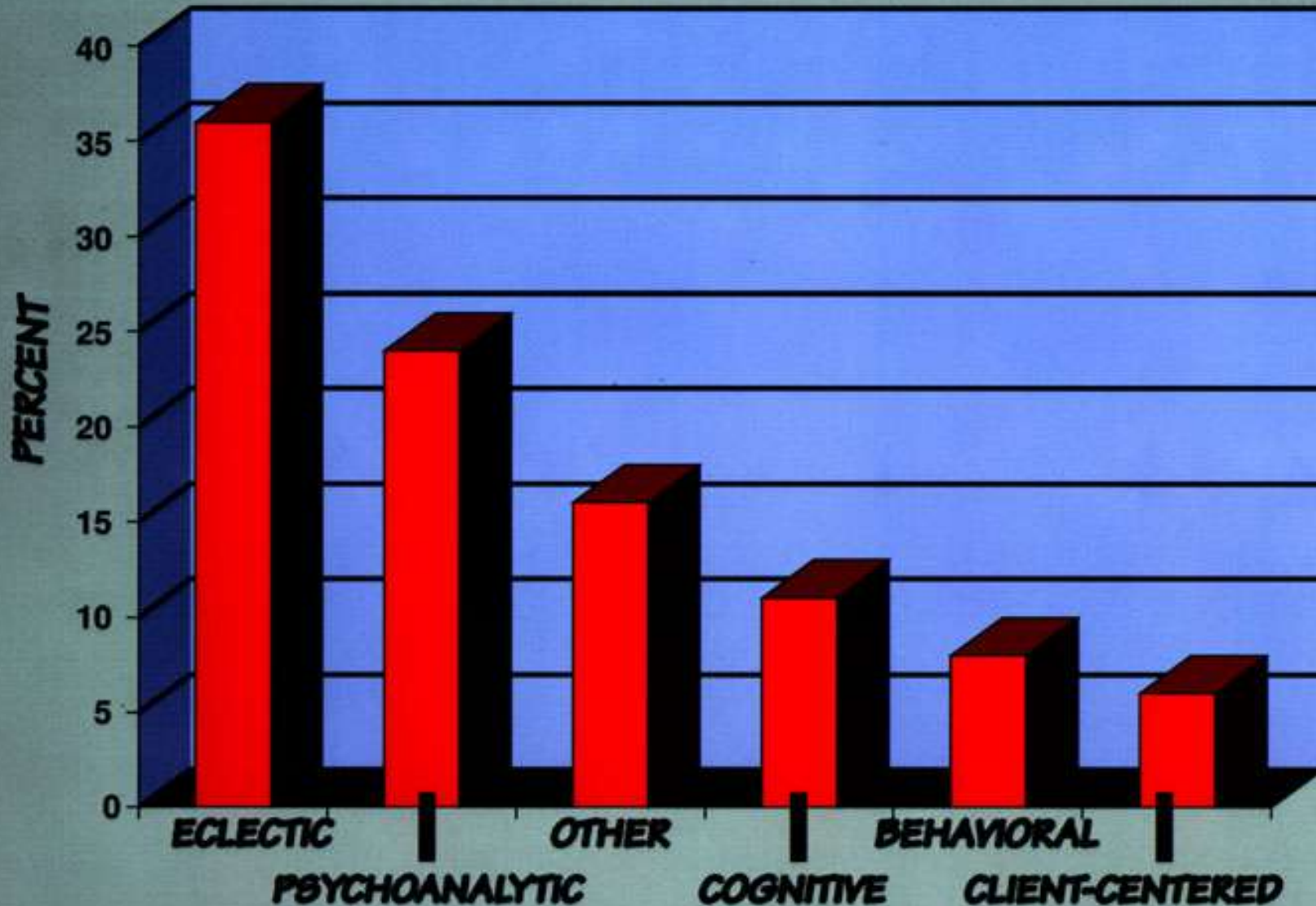
W Modeling is a technique where the therapist can demonstrate or “model” appropriate behaviors for the client in the safe setting of a therapy appointment.

Token economy is a structured environment where tokens can be exchanged for reinforcements



Percentage of Psychologists Using Approaches

LEADING PSYCHOTHERAPIES



Psychotherapy: Approaches

DIFFERENT APPROACHES TO THERAPY

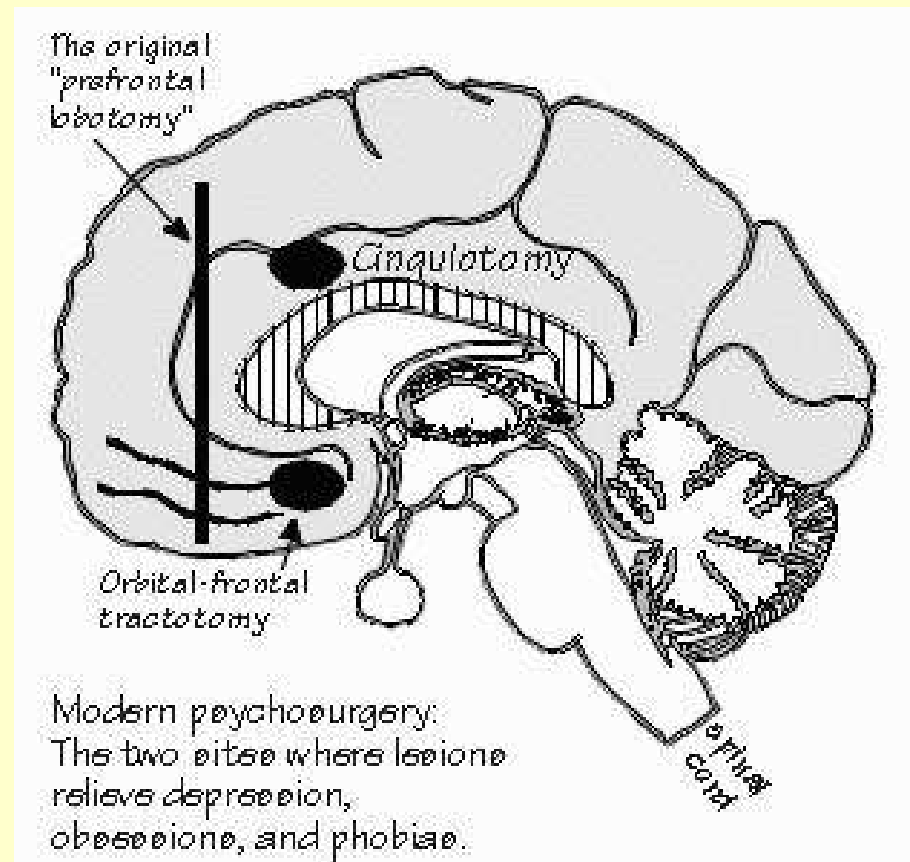
NAME	PSYCHOANALYSIS:	CLIENT-CENTERED:
BASIS	UNCONSCIOUS CONFLICTS REPPRESSED THOUGHTS	SELF-ACTUALIZATION CLIENT-DIRECTED
TREATMENT	FREE ASSOCIATION DREAM INTERPRETATION TRANSFERENCE AND RESISTANCE	CLARIFICATION OF IDEAS AND FEELINGS WARMTH, EMPATHY, GENUINENESS OF THERAPIST SUPPORTIVE, ACCEPTING ATMOSPHERE POSITIVE REGARD
NAME	COGNITIVE THERAPY:	BEHAVIOR THERAPY:
BASIS	AUTOMATIC, IRRATIONAL SELF-STATEMENTS	EMOTIONAL REACTIONS AND DISRUPTIVE BEHAVIORS ARE CONDITIONED
TREATMENT	MONITOR AND IDENTIFY NEGATIVE THOUGHTS REPLACE WITH POSITIVE THOUGHTS	SYSTEMATIC DESENSITIZATION SELF-REWARD, MODELING, ROLE-PLAYING COGNITIVE-BEHAVIOR TECHNIQUES

Biomedical Therapy

W Pharmaceuticals

W ECT (electroconvulsive therapy)

W Psychosurgery



Biomedical Treatments- Psychosurgery

- W** *Historical Use:* Prior to the 1950's, psychosurgery was broadly used for a number of disorders without any scientific evidence of its effectiveness.
- W** *Present Use:* It is currently an extremely rare procedure. Deep brain stimulation is working for Parkinson's- may start being approved for severe Tourette's, OCD, depression.

Biomedical Treatments-ECT

- W** **Electroconvulsive Therapy**: the application of electrical current to the head to induce a generalized seizure
- W** *Historical Use*: ECT was first used to treat schizophrenia, today, it is used to treat severe depression that does not respond to antidepressant therapy.
- W** *Current Use*: Patients are placed under general anesthesia and given muscle relaxants to prevent bodily damage due to convulsions
- W** *Mechanism of Action*: While unknown, it may be that it increases the availability of a number of critical neurotransmitters

Pharmaceutical Treatment of Mental Illness- Antidepressants

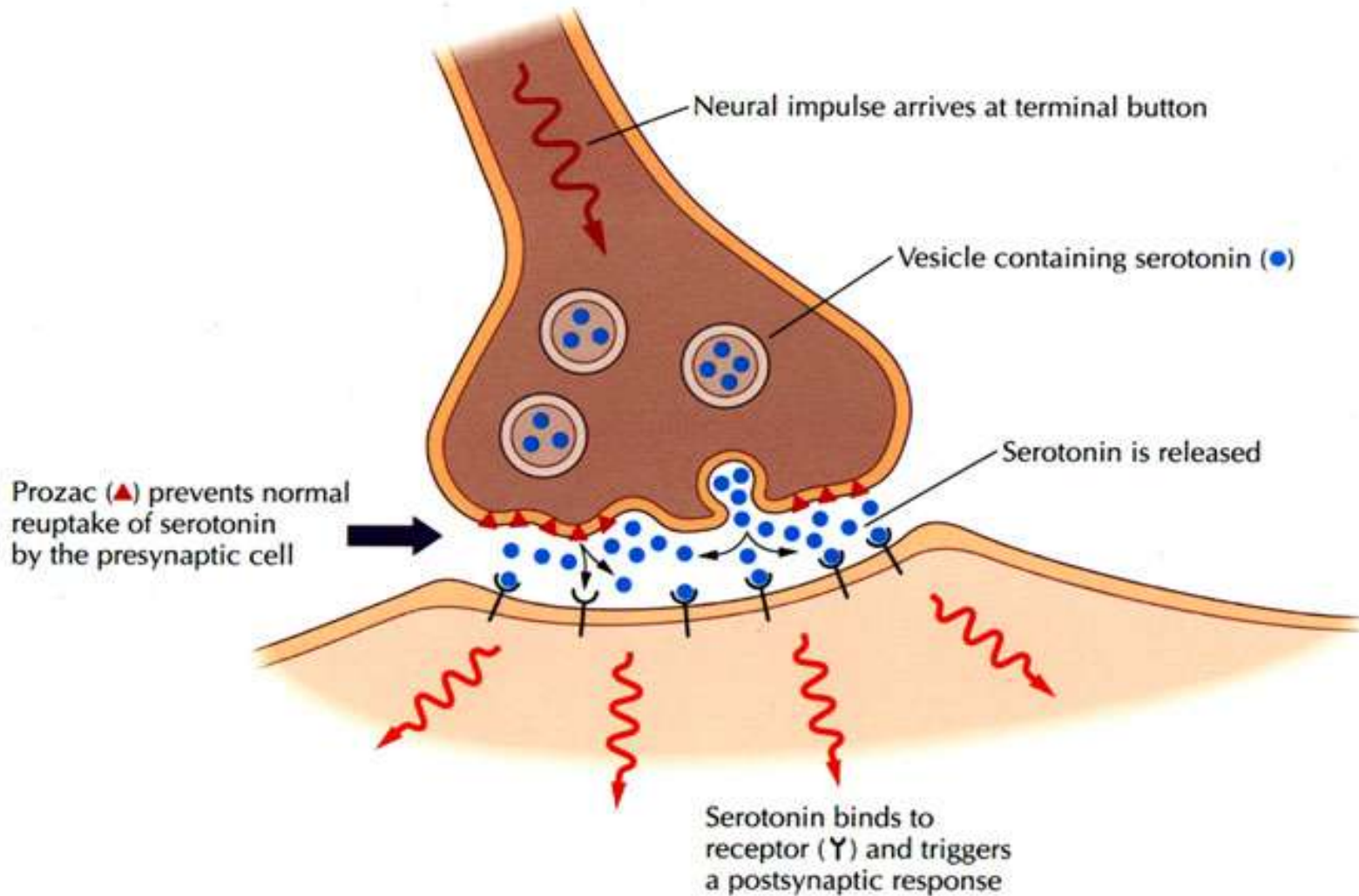
Mood disorders

W Depression meds:

- Tricyclics: Increase availability of norepinephrine and serotonin
- MAO Inhibitors:
- Selective Serotonin Reuptake Inhibitors: Increase availability of serotonin by blocking reuptake
Ex: Prozac, Zoloft, Paxil

- Mood stabilizer (bipolar)- Lithium

Reuptake blockers



Pharmaceutical Treatment for Mental Illness- Antianxiety Drugs

Antianxiety Drugs

- W** Function: reduce the symptoms of anxiety.
- W** Mechanism of Action: Increase the effectiveness of GABA in the brain, lowering the CNS activity

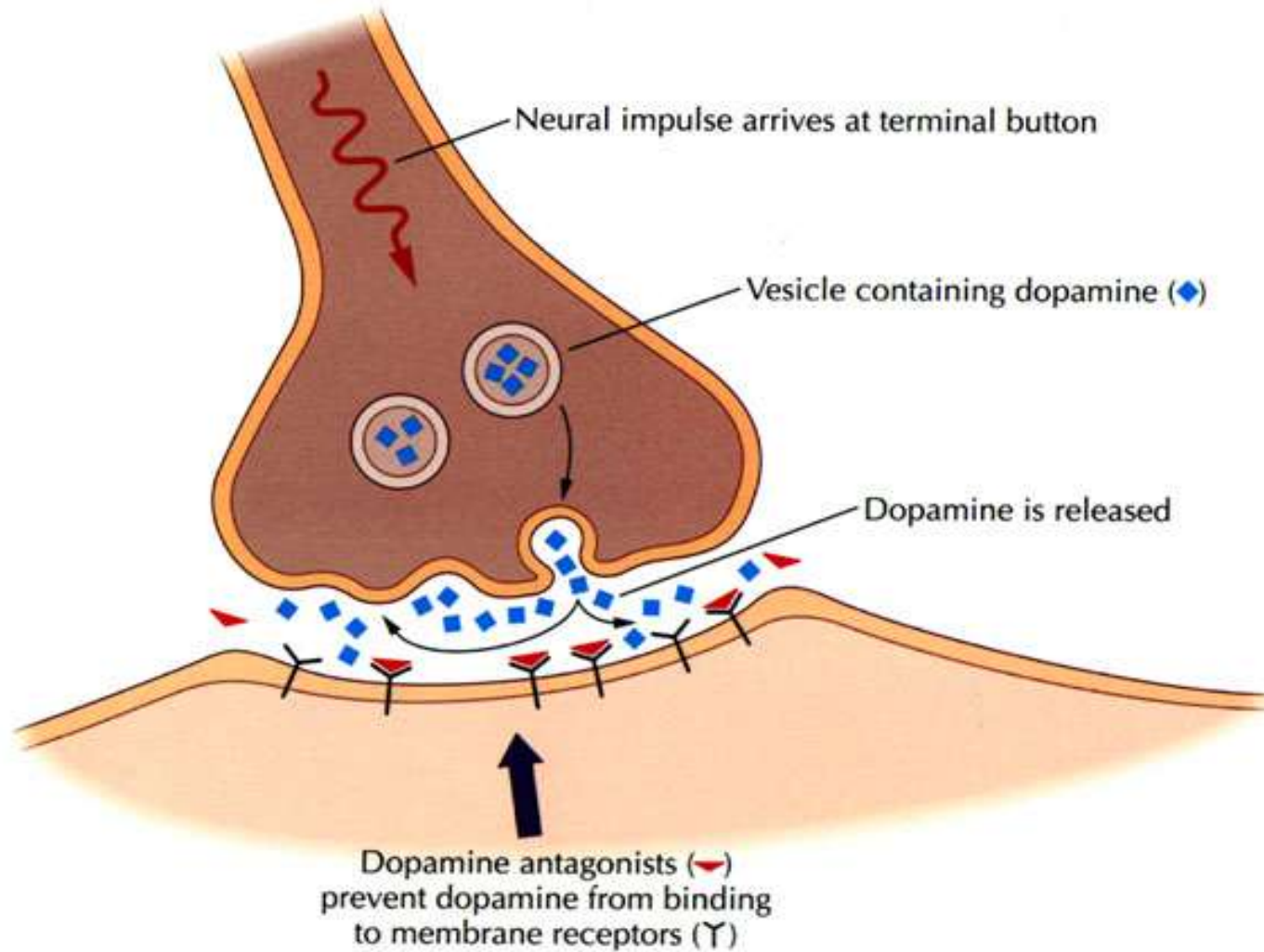
- W** Examples:
 - Valium
 - Librium
 - Xanax

Pharmaceutical Treatment for M.I.- Antipsychotic Drugs

Antipsychotic Drugs

- W** Function: To decrease delusions and hallucinations. They are less effective on symptoms like apathy and depression of speech patterns.
- W** Mechanism of Action: Block dopamine receptors
- W** Side effect- Tardive dyskinesia
- W** Examples:
 - Thorazine 1954
 - Promazine

Dopamine antagonists



Psychotherapy Effectiveness

- w Clients' perceptions
- w Clinicians' perceptions
- w Control group problems
- w Regression toward the mean
- w Meta-analysis 80% better than no treatment
- w NIMH 50% vs 29%
- w One in four psycho, one in six drug 18mon