



Therapeutic Orientations

Instructor Manual

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Therapeutic Orientations delivers information on different types of psychological therapies, including historical context, specific therapy techniques, advantages and disadvantages, and empirical support behind each therapy.

Learning Objectives

- Relevant APA Learning Objectives (Version 2.0)
 - Describe key concepts, principles, and overarching themes in psychology (1.1)
 - Describe applications of psychology (1.3)
 - Apply ethical standards to evaluate psychological science and practice (3.1)
 - Apply psychological content and skills to career goals (5.1)
- Content-Specific Learning Objectives: Therapeutic Orientations
 - Become familiar with the most widely practiced approaches to psychotherapy.
 - For each therapeutic approach, consider: history, goals, key techniques, and empirical support.
 - Consider the impact of emerging treatment strategies in mental health.

Abstract

In the past century, a number of psychotherapeutic orientations have gained popularity for treating mental illnesses. This module outlines some of the best-known therapeutic approaches and explains the history, techniques, advantages, and disadvantages associated with each. The most effective modern approach is cognitive behavioral therapy (CBT). We also discuss psychoanalytic therapy, person-centered therapy, and mindfulness-based approaches. Drug therapy and emerging new treatment strategies will also be briefly explored.

Class Design Recommendations

The two modules in this unit can be spread over two class periods or if need be compressed into one. Please also refer to the Noba PowerPoint slides that complement this outline.

One class period (50-75 min)

- Special topic: Is stigma a barrier to accessing therapeutic services for mental illnesses?
- Briefly introduce of the utility of therapies
- Discuss psychoanalysis and psychodynamic therapy
- Conduct the class activity: Illustrating the concept of transference
- Talk about humanistic and human-centered therapy
- Describe cognitive behavioral therapy
- Conduct the class activity: The way we think – examples of cognitive behavioral therapy techniques
- Introduce acceptance and mindfulness-based therapies
- Discuss other treatments (e.g., internet and mobile-delivered therapies, integrative and eclectic psychotherapy)
- Special topic: Animal-assisted therapy.

Module Outline

Introduction

Almost half of all Americans experience mental illness at some point in their lives. To treat these mental illnesses, there exist a range of therapies, of which CBT proves most effective. This module contains information on various treatment approaches, including advantages, disadvantages, and whether or not the treatments are empirically supported.

Psychoanalysis and Psychodynamic Therapy

- Psychoanalysis emphasizes that mental problems arise from unconscious desires and motivations and early childhood experiences. Psychologists work with the patient to unearth early memories, which requires meeting regularly for many years.
- *History.* Sigmund Freud, the founder of psychoanalysis, suggested that psychiatric problems are a result of the push-and-pull of different parts of the mind: the id, the superego, and ego. Id signifies our unconscious, selfish urges; the superego, the partially conscious part of the mind, stores morals and societal norms; the ego, also partially conscious, mediates the tension between id and superego. **Psychotherapy** aims to resolve internal turmoil by bring unconscious conflicts into awareness. **Psychodynamic therapy** has replaced psychoanalysis, as the former is shorter and focuses on resolving psychological distress instead of trying to change the patient entirely.
- *Techniques.* **Free association** is where the patient expresses their every thought. Other techniques involve discussing the patients' early childhood relationships and dreams. Psychoanalytic and psychodynamic clinicians take on a "receptive role", which involves interpreting patient thoughts and behavior based on experience and theory. According to Freud, patients can project their feelings for others onto the therapist in a process called transference. Conversely, therapists can project their emotions onto patients in countertransference.
- *Advantages and Disadvantages.* The biggest disadvantage is the lack of empirical support for psychoanalysis and related therapies. The cost of treatment is also very high as it can last many years though some patients and therapists find the detailed analysis rewarding.

Humanistic and Person-Centered Therapy

- **Person-centered therapy**(PCT), or humanistic therapy, refers to a type of therapy that aims to create an encouraging environment for self-exploration.
- *History.* Developed by a psychologist named Carl Rogers, PCT promotes the idea that

patients can change with the help of supportive therapists who foster self-understanding. Rogers believed that the therapist-patient relationship should be sincere and egalitarian, and that therapists should be non-judgmental and highly empathetic.

- *Techniques.* Like psychoanalysis, PCT is largely unstructured. Unlike psychoanalysis, the therapist does not try to change the person's thoughts or behaviors directly, but instead offers a safe, warm, judgment-free place for the patient to undergo personal growth. This is known as **unconditional positive regard**, which is a central tenet of PCT.
- *Advantages and Disadvantages.* A key advantage of PCT is the supportive, empathetic, non-judgmental relationship between patient and therapist. The main disadvantage is that the effectiveness of PCT is unclear due to its flexible non-directed approach.

Cognitive Behavioral Therapy

- **Cognitive Behavioral Therapy** confronts psychological distress by addressing underlying cognitions and behaviors. CBT deals with specific and current problems with a goal-oriented approach. CBT has been highly effective for a broad range of mental illnesses.
- *History.* The founders of CBT are Dr. Aaron T. Beck and Albert Ellis. Beck observed that **automatic thoughts** were the product of beliefs about oneself, the world, and the future. The first phase of Beck's therapy identifies and challenges automatic thoughts. The second phase goes deeper and examines the sources of these automatic thoughts.
- *Pioneers.* The premise of CBT is that thoughts influence emotions and behaviors. The key to CBT is unlocking a patient's hidden assumptions, perceptions, and beliefs. In Ellis's model patients systematically examine their underlying beliefs.
- *Techniques.* CBT addresses both maladaptive thoughts and behaviors. Unhelpful thoughts are identified, examined, and replaced by more adaptive thoughts. Maladaptive behaviors are similarly challenged, by various techniques, including **exposure therapy** where patients unlearn irrational fears by consciously and repeatedly confronting an anxiety-provoking situation.
- *Advantages and Disadvantages.* CBT, unlike other modalities, has been empirically shown to be effective. The interventions are shorter and thus more affordable. The process, however, requires a lot of active participation from the patient both in and out of session.

Acceptance and Mindfulness-Based Approaches

- **Mindfulness** emphasizes non-judgmental awareness and acceptance. The two components of this process are self-regulation of attention and a focus on the present

moment.

- *Techniques.* Several **mindfulness-based therapies** have emerged. Some utilize yoga and meditation while others combine cognitive therapies with mindfulness (i.e., mindfulness based cognitive therapy, **dialectical behavioral therapy**). Another emerging approach is **acceptance and commitment therapy**, which encourages patients to be detached observers of their own thoughts.
- *Advantages and Disadvantages.* MBT is both acceptable and accessible to patients and has far reach within popular culture. However, the scientific community is still unsure about its effectiveness.
- *Emerging Treatment Strategies.* Technology is improving accessibility and allowing therapists to effectively treat more patients by utilizing smart phones and computer technology.

Pharmacological Treatments

- General doctors can prescribe psychotropic drugs, which in part, explains their common use. Although they can be an important part of treatment, there are still many unanswered questions about their impact on the brain.

Integrative and Eclectic Psychotherapy.

- Many therapists incorporate techniques from more than one approach in their practice.

Conclusion

- Many therapeutic approaches, both traditional and non-traditional, are being utilized. Among them, CBT has the most empirical support. Technological advances are improving the delivery and accessibility of therapy.

Difficult Terms

- Acceptance and commitment therapy
- Automatic Thoughts
- Cognitive Behavioral Therapy
- Dialectical behavioral therapy

- Exposure therapy
- Free association
- Integrative or eclectic psychotherapy
- Mindfulness
- Mindfulness-Based Therapies
- Person-centered therapy
- Psychodynamic therapy
- Unconditional positive regard

Lecture Frameworks

Overview

In teaching this module, the instructor has the opportunity to offer some key deliverables to the students, punctuated with memorable activities and special topics. We think an especially critical topic to touch upon is the stigma surrounding seeking psychological help – this will generate awareness about one important treatment barrier. Additionally, it's important that we help students become better consumers of the information they will encounter outside the classroom. Evaluating treatment efficacy is a great theme to emphasize throughout this lesson. See Layard and Clark (2014) in Evidence-Based Teaching section for more information. One particular therapy to focus on is cognitive behavioral therapy as it is efficacious in treating a variety of psychological disorders, including: obsessive-compulsive disorder, social phobias, major-depressive disorder, and panic disorder.

One Class Period:

- Discussion/warm-up
 - Give students 5 minutes to think of movie or TV show examples that depict different therapies or a therapist and/or therapist-client interaction. Were these portrayals positive or negative? How and in what way? Then, ask students to give their thoughts on seeking psychological treatment. Ask them to consider if their friend were seeking treatment for social anxiety, would the friend feel comfortable sharing this information?

Why or why not?

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- Special Topic: Is Stigma a Barrier to Accessing Therapeutic Services for Mental Illnesses?
 - An expert on stigma and illness, Richard Corrigan (2004; see Evidence-Based Teaching Section) offers a lot of useful information about how stigma becomes a barrier for individuals that are in dire need of mental services. He proposes that this happens in one of two ways:
 - Firstly, stigma diminishes people's self-esteem, causing them to feel ashamed. Research has shown there's a negative correlation between shame about having a mental illness and seeking treatment.
 - Secondly, stigma can often lead to lost social opportunities and differential treatment. People feel uncomfortable being labeled and often avoid medical care because they don't want to be perceived as mentally ill by their social network. For instance, studies have shown that people labeled as mentally ill are less likely to receive appropriate care than those without the label.
 - Corrigan also discusses the significance of designing programs to help people cope with the implications of stigma and increase their use of mental health services. An interesting way to end this discussion is to turn this into a question and ask the students if they have ideas on how to help people with mental illnesses cope with the stigma and "break" this barrier to treatment
- Lecture – Refer to slides for the following:
 - To introduce students to the concepts of *psychoanalysis* and *psychodynamic therapy*. The vocabulary here—such as id, ego and superego are important for students to know because of their historical significance to both personality and clinical psychology. Pay special attention to the limitations of this approach. To illustrate the concept of transference, which is common in this type of therapy, consider doing the activity below.
- Activity: Illustrating the Concept of Transference
 - There is series of slides for this activity. This activity can take about 15-20 minutes. See Activities and Demonstrations (below) section for further information as well as discussion prompts.
- Lecture – Refer to slides for the following:

- To talk about *humanistic/person-centered therapy*.
- To discuss *cognitive behavioral therapy* (CBT) in detail, including its advantages and disadvantages.
- Activity: The Way We Think – Examples of Cognitive Behavioral Therapy Techniques
 - Consider doing this fun 15-20 minute activity to take your students through examples of how and why CBT techniques are used in therapy sessions. Detailed instructions can be found in the Activities and Demonstrations section. There is a corresponding PowerPoint slide for this activity.
 - It is also a good idea to explain some of the stigma around obtaining psychological treatment for mental illnesses.
- Lecture – Refer to slides for the following:
 - To describe the techniques and components of *acceptance and mindfulness-based therapies* and discusses the advantages and disadvantage of this approach.
 - To talk about Internet- and mobile-delivered therapies and briefly discusses medications, integrative and eclectic therapies.
 - Below we have provided a special topic on alternative therapies that your students may find interesting. To save you time, we have provided comprehensive details -Feel free to adapt and take what you need.
- Special Topic: Animal-Assisted Therapy
 - Students who come to your class will almost always be bringing their “grandmother’s psychology” with them. What fun to be able to demonstrate truth to an idiom they almost certainly have heard of before. A great way to do this is by discussing the merits of animal assisted therapy with your students, a topic they will probably relate to. In the Evidence-Based Teaching section, we have provided a meta-analysis that summarizes the evidence on the efficacy of animal-assisted therapy (AAT) and will prove helpful if you decide to include this topic in your lecture (see Nimer & Lundahl, 2007). Note: there is no specific power point slide for this discussion but it can be easily included in the slide on “emerging treatments” especially if you frame this as “other approaches to treatment”
 - *Discussion:* A good way to generate interest is to start off the way the article does. You might ask the students, did you know the idea of pets helping people cope with an illness extends all the way back to Florence Nightingale? Once interest is piqued, it would be

great to briefly explain what AAT is. Generally, this therapy refers to the intentional inclusion of an animal when treating a person. Most often, this treatment is used in conjunction with other forms of therapy.

- How does it work? Usually, an accredited treatment provider directs the interactions between a patient and an animal in order to achieve predetermined goals, which may benefit from contact with an animal. The next question you could pose to the students is: “Okay, there has been a long standing-belief that interacting with animals has therapeutic benefits, but what has research discovered so far? For example, does the type of animal matter?”
- Let the students offer their thoughts and opinions before telling them that dogs produced the most consistent and moderate effect sizes in the studies included in the meta-analysis. The next question you pose could be: What is AAT most commonly used for? The response to this question is mental health illnesses. AAT improved outcomes in the following areas: autism-spectrum symptoms, medical difficulties, behavioral problems, and emotional health.
- At this point, it might be helpful for the students to have examples of how AAT is employed. Focus on mental-illness settings given the context of this module. For example, to decrease anxiety and loneliness, a child might be encouraged to pet, talk to, and interact with a dog in the presence of an AAT therapist. Mention that AAT is usually always used paired with another form of therapy. Why might that be so? Consider the anxious child sitting with her therapist. The presence of a loving and affectionate animal will promote a safe and warm environment that may encourage the child to be more amenable to receiving CBT from the therapist.
- Finally, we encourage you to end this foray into alternative therapies with a caveat. Even though the idea that animals are good for our mental and emotional wellbeing has been around for centuries, researchers only recently decided to examine the efficacy of animal therapy and additional work remains to be done.

Activities & Demonstrations

Illustrating the Concept of Transference: In-Class Activity

Time: 15-20 minutes

Materials: Students will need a piece of paper and pen.

Directions:

- Ask the class to think of a loved one (not a parent) and some aspect of the loved one's personality that they react to strongly – this can be a positive or negative trait. Give the students the opportunity to describe (on a piece of paper) this personality trait and note their thoughts and feelings towards it.
- Then, tell them to circle what they have noted down and write in "is this transference?" at the top of their paper.
- Students might be a little confused at this point, but continue on. Ask them to think about their parents and if the personality attribute they wrote about (as well as their reaction toward it) is a recreation of [an] event(s) that occurred in their relationship with their parent (s)? For instance, the instructor might ask, "Does your parent have that same personality trait that you react to so strongly?" If some students say yes, the instructor could illustrate that this is an example of what psychodynamic clinicians mean by transference.
- It is possible that some people might still not understand the link, which is perfectly okay.
- To increase the depth of this activity, explain that transference is a complicated concept and doesn't only refer to the ways in which one reacts to their parents. The instructor can put the following points on a PowerPoint slide to illustrate this complexity:
 - You see the other in the same way as you believed your parent to have been (simple transference).
 - You see the other as being like what you WISH your parent COULD have been like.
 - You see the OTHER AS YOU were as a child and you act like your parent did.
 - You see the other as you were as a child and you act like you WISHED your parent would have acted.
- With the addition of the above points, the instructor is likely to help a few more students understand the connection. However, even if some students still don't see the link, do not worry too much about it as you are illustrating a concept, which is a great segue into the following:
 - Briefly discuss with the students that this class activity is an illustration; transference as applied to psychoanalytic therapy is a little different. In the current exercise, we're not talking about a neutral therapist onto whom the patient projects their thoughts and

feelings. In this activity, the person that the student describes might actually be something like the parent. However, "transference" may still be evident in that students have selected somebody who they react strongly to and related this person to someone else (i.e., their parents).

This activity has been adapted from the following website: <http://users.rider.edu/~suler/transference.html>

The Way We Think – Examples of Cognitive Behavioral Therapy Techniques: An In-Class Activity

Time: 15-20 minutes

Materials: You will need to develop a slide for the prompts/questions found below.

Directions:

- The questions below should appear sequentially. Ask students to write their answers to each prompt that appears on the screen (make sure to give them enough time to write down their responses between questions).
- These prompts depict various types of cognitive behavioral therapy techniques. Some of these may also be used in other types of therapies as well. After completing the activity, review the prompts and points behind each technique.
- Feel free to adapt this activity according to the time constraints. It might be enough to use just a few of these.

Prompts:

1. I often worry that I _____. (fill in the blank)

Followed this prompt by:

2. If this worry of yours was indeed true, what does it mean to you and why does it bother you so much?

Wait for students to finish writing down an answer. Once they're done, repeat the question.

"If what you JUST wrote was indeed true, what does it mean to you and why does it bother you so much?"

Once more, wait for them to finish writing, then ask again:

"If what you JUST wrote was indeed true, what does it mean to you and why does it bother you so much?"

Purpose: Asking this question repeatedly can aid in revealing thought upon thought that may be "illogical" or "faulty".

Then you might say, "Review the statements you have written until now and respond to the following prompt".

3. What's the worst thing that could possibly happen? What do you fear most of all?

This question uncovers possible catastrophizing. Define catastrophizing for the students. In the simplest of terms, this word refers to the illogical thoughts we have when we make something out to be worse than it is.

This is a great transition into the next question:

4. When you think of the worst thing that could happen, do you really think that it's likely to happen? If so, how could you learn to cope with it?

Purpose of questions three and four: The former aims to encourage more rational and realistic thinking. The latter promotes cognitive adaption to the situation.

Then say, "Look back over the worrisome thoughts that you have written about so far, and answer this question:"

5. I accept myself even though I _____ (do not use the word "am")

Ask the students to write this sentence multiple times (we leave it to your discretion exactly how many times), but repeating this exercise promotes "adaptive self talk" and "positive (healthy) thinking." Also refraining from using "am" prevents our human tendency towards

using labels to define ourselves (e.g., "I accept myself even though I am a failure") and instead encourages them to think about specific traits or behaviors (e.g., "I accept myself even though I have failed before").

This activity has been adapted from: <http://users.rider.edu/~suler/cogther.html>

Outside Resources

Article: A personal account of the benefits of mindfulness-based therapy

<https://www.theguardian.com/lifeandstyle/2014/jan/11/julie-myerson-mindfulness-based-cognitive-therapy>

Article: The Effect of Mindfulness-Based Therapy on Anxiety and Depression: A Meta-Analytic Review

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2848393/>

Video: An example of a person-centered therapy session.

<https://www.youtube.com/watch?v=4wTVbzbvBH0k>

Video: Carl Rogers, the founder of the humanistic, person-centered approach to psychology, discusses the position of the therapist in PCT.

<https://www.youtube.com/watch?v=o0neRQzudzw>

Video: CBT (cognitive behavioral therapy) is one of the most common treatments for a range of mental health problems, from anxiety, depression, bipolar, OCD or schizophrenia. This animation explains the basics and how you can decide whether it's best for you or not.

https://www.youtube.com/watch?v=9c_Bv_FBE-c

Web: An overview of the purpose and practice of cognitive behavioral therapy (CBT)

<http://psychcentral.com/lib/in-depth-cognitive-behavioral-therapy/>

Web: The history and development of psychoanalysis

<http://www.freudfile.org/psychoanalysis/history.html>

Evidence-Based Teaching

Balch, W. R. (1983). The use of role-playing in a classroom demonstration of client-centered therapy. *Teaching of Psychology, 10*(3), 173–174.

Balch presents interactive classroom demonstration, in which student volunteers play the role of a troubled patient, the patient's parents and best friend. The students 'family' and 'best friend' discuss the patient's problems with him (or her) in an improvised two-way dialogue. Subsequently, the patient talks to a client-centered therapist, a role that can be played by the instructor or an on-campus counseling/clinical psychologist. In the article, Balch provides details and background on each of these roles. After the end of the demonstration, the instructor can lead a guided discussion between the student volunteers and the rest of the class.

Corrigan, P. (2004). How stigma interferes with mental health care. *American Psychologist, 59* (7), 614–625.

This article offers useful information about how stigma becomes a barrier for individuals that are in need of mental services. He proposes that this happens in one of the two following ways: 1) due to diminished self-esteem; and 2) due to lost social opportunities. Generally, people tend to be uncomfortable with labels and may avoid medical care in order to escape the stereotypes associated with mental illnesses. The article ends with a discussion of programs designed to help people cope with stigma, thereby increasing the use of mental health services.

DeRubeis, R. J., Siegle, G. J., & Hollon, S. D. (2008). Cognitive therapy vs. medications for depression: Treatment outcomes and neural mechanisms. *Nature Reviews Neuroscience, 9*(10), 788–796.

Given that depression is one of the most common psychological disorders and can cause severe disruptions to daily activities of life, it is important to evaluate which therapies are most effective in treating it. This review demonstrates that cognitive therapy (CT) is as just as effective as antidepressant medications in treating depression. Additionally, CT effects are long-lasting and decrease chances of relapse even after therapy has been completed. Learning more about the distinctions in utility of these two different forms of treatment will enable medical professionals to better prescribe appropriate treatment.

Fischer, E. H., & Farina, A. (1995). Attitudes toward seeking professional psychological help: A shortened form and considerations for research. *Journal of College Student Development, 36*, 368–373.

The authors present a shortened 10-item measure of attitudes towards seeking psychological services. This two-part study established the psychometric validity and temporal stability of this brief version. These findings demonstrate the utility of using the shorter, less intrusive survey in future research.

Layard, R., & Clark, D. (2014). *Thrive: The Power of Evidence-Based Psychological Therapies*. UK: Penguin.

Layard and Clark provide a solid account of why society should make a concerted effort to provide evidenced-based treatments of mental illnesses. The authors call for recognition of the fact that there are more people suffering from mental illness than any other condition. Exercising time and funds to help people overcome mental health illnesses would not only help those in need, but also help economies all over the world save a great deal of money. Cognitive behavioral therapy amongst others has been shown to be highly efficacious, and if more people have access to these treatments, it would be better in the long run on multiple levels. Additionally, this book illustrates which psychological treatments work best for different groups of people. It also urges us to do all we can to prevent these problems in the first place through better schools and a more informed society.

Nimer, J., & Lundahl, B. (2007). Animal-assisted therapy: a meta-analysis. *Anthrozoos: A Multidisciplinary Journal of The Interactions of People & Animals*, 20(3), 225–238.

Animal-assisted therapy (AAT) refers to the intentional inclusion of an animal as part of treatment or therapy. This meta-analysis examines the various AAT studies thus far. Generally, AAT had moderate effect sizes in people with the following ailments: autism-spectrum symptoms, medical difficulties, behavioral problems, and emotional health. The results of this meta-analysis suggest that AAT can be useful when paired with other forms of therapy and that future research is warranted. Additionally, this article offers general, concise information that would be useful for instructors in developing lecture content on AAT.

Suggestions from the Society for Teaching's Introductory Psychology Primer

Keeley, J. (2013). Abnormal and therapy. In S.E. Afful, J.J. Good, J. Keeley, S. Leder, & J.J. Stiegler-Balfour (Eds.). *Introductory Psychology teaching primer: A guide for new teachers of Psych*

101. Retrieved from the Society for the Teaching of Psychology web site: <http://teachpsych.org/ebooks/intro2013/index.php>

POSSIBLE ASSESSMENTS (Out of Class).

Students search the internet for information regarding psychological disorders and evaluate the quality of that information. The assignment can be done in groups and includes a peer-evaluation component. For a full description of the activity, see the reference to Casteel (2003) below.

(In or Out of Class).

Questions Regarding Controversial Cases: The student is presented with a series of descriptions of an abnormal behavior under changing circumstances (cultural setting, severity of the behavior, etc.) and then asked if the behavior is normal or not. A full description of the activity and materials is available at <http://www.intropsychresources.com/pmwiki/pmwiki/pmwiki.php?n=ResourcesByType.Homework>

ACTIVITIES & TECHNIQUES (In Class)

Discussion of Abnormality: Enter class and behave oddly in some way (e.g., talking to yourself, showing excessive irritability, breaking social convention by standing in an unusual place). Then ask students to identify what was unusual about your behavior and why it is unusual. Based upon the reasons and examples they give, you can identify students' responses as reflecting various definitions of abnormality (i.e., distress, dysfunction, unusualness, dangerous, deviance). This activity is a fun way to get students engaged with the material and how it applies to their lives.

Videos of Individuals with Disorders: Cengage has published a large online database of video clips across a range of disorders and topics relevant to abnormal psychology (<http://clipsforclass.com/abnormal.php>). This library is an economical (both monetarily and in terms of your time) way of demonstrating what these disorders are like.

RELEVANT TOP ARTICLES (Annotated Bibliography)

Balch, W. R. (2009). Using an exemplification exercise to teach psychological disorders. *Teaching of Psychology*, 36, 55-58.

This article describes an exercise whereby students describe individuals they know or hypothetical examples of people with various mental disorders. The exercise led to improved retention on a post-test of information about the disorders relative to a lecture-only control.

Casteel, M. A. (2003). Teaching students to evaluate Web information as they learn about psychological disorders. *Teaching of Psychology*, 30, 258-260.

This article provides a method for instructing introductory students about psychological disorders using an internet based search exercise. The activity emphasizes improving students' ability to judge the quality of internet resources while simultaneously investigating content.

Conner-Greene, P. A. (2006). Interdisciplinary critical inquiry: Teaching about the social construction of madness. *Teaching of Psychology*, 33, 6-13.

In this article, the author provides a variety of background resources and commentary for understanding the social construction of mental illness. She also describes five pedagogical techniques to engage students with the material, including excellent discussion prompts. This article is a superb starting point for engaging your students in critical thinking regarding mental disorders.

Tomcho, T. J., Wolfe, W. L., & Foel, R. (2006). Teaching about psychological disorders: Using a group interviewing and diagnostic approach. *Teaching of Psychology*, 33, 184-188.

This article describes an exercise where an interviewer and pseudo-client perform an interview for the class. Based upon the interview, the students must decide which among a class of disorders best describes the individual. The authors provide scripts for an anxiety disorder, a mood disorder, and a psychotic disorder.

Links to ToPIX Materials

Activities, demonstrations, handouts, etc.:

<http://topix.teachpsych.org/w/page/19981032/Psychological%20Disorders%20in%20the%20Classroom>

Books & Films:

<http://topix.teachpsych.org/w/page/39234720/Disorders>

In the News:

<http://topix.teachpsych.org/w/page/26711727/Psychological%20Disorders%20in%20the%20News>

Video/Audio:

<http://topix.teachpsych.org/w/page/19981031/Psychological%20Disorders%20Video>

Teaching Topics

Teaching The Most Important Course

https://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage

https://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students

https://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes

https://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning

https://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology

https://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at

https://nobaproject.com//images/shared/supplement_editions/000/000/284/Therapeutic%20Orientations.ppt?1416603248.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award-winning university teachers.

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