

Unit XIII - Answer Key

Treatment of Abnormal Behavior

Module 70 - Introduction to Therapy, and Psychodynamic and Humanistic Therapies

While You Read

70-1

1. In psychotherapy, a trained therapist uses psychological techniques to assist someone seeking to overcome difficulties or achieve personal growth. They often do this by exploring the individual's early life and relationships. Biomedical therapy offers medication or other biological treatments such as ECT therapy or deep-brain stimulation.
2. By combining techniques from multiple different areas, therapists can choose the best treatment for a particular individual.

70-2

1. Psychoanalytic therapy relies on the assumption that healthier, less anxious living becomes possible when people release the energy they had previously devoted to id-ego-superego conflicts.
2. Freud's therapy aimed to bring patients' repressed or disowned feelings into conscious awareness. By helping them reclaim their unconscious thoughts and feelings and giving them insight into the origins of their disorders, he aimed to help them reduce growth-impeding inner conflicts.
3. One of the main techniques in psychoanalytic therapy is free association. A patient relaxes on the couch in the therapist's office and says whatever comes to mind. The therapist, who is

seated out of sight of the patient, analyzes the pauses, edits, and omissions in the patient's words to determine the underlying meaning of the words and the patient's ailment(s). The therapist would then provide insight so that the patient can understand the origins of the disorders and work towards recovery.

4. Resistance is the term given to the blocking of anxiety-laden material during free association. These mental blocks hint that anxiety is lurking and the patient is defending against sensitive material. The analyst will note the patient's resistance and provide insight into the meaning.
5. If offered at the right moment, the interpretation of words not said or feelings not expressed may illuminate the underlying wishes, feelings, and conflicts the patient is avoiding. The analyst may also offer an explanation of how this resistance fits with other pieces of the patient's psychological puzzle.
6. According to Freud, transference occurs when the patient transfers emotions linked with other relationships, such as the love or hatred felt for a parent onto their therapist.
7. Much of psychoanalysis' underlying theory is not supported by scientific research. Analysts' interpretations cannot be proven or directly refuted. Psychoanalysis takes considerable time and money, often years of several sessions per week.
8. Therapists who use psychodynamic therapy techniques don't talk much about id, ego, and superego. They try to help people understand their current symptoms. Rather than lying on a couch out of the therapist's line of sight, patients meet their therapist face to face. Therapy sessions do however still concentrate on important relationships in an individual's life and early life experiences.

70-3

1. Like psychodynamic therapies, humanistic therapies have attempted to reduce growth-impeding conflicts by providing clients with new insights. Both are referred to as types of insight therapies.
2. Humanistic therapy differs from psychoanalytic therapy in that humanistic therapy aims to boost people's self-fulfillment by helping them grow in self-awareness and self-acceptance; promoting the growth, not curing the illness, is the focus. Those in therapy are called "clients," not "patients". Conscious thoughts are more important than unconscious and present and future are more important than the past.
3. Non-directive therapy is led by the client rather than the therapist. The therapist listens without making any judgement or interpretation.
4. Rogers believes that when people start to feel unconditionally supported, they begin to let their guard down and reveal their true feelings, this should eventually lead to better self-understanding and self-acceptance.
5. Active listening, occurs when the therapist echoes, restates, and clarifies what the client says. Rogers that active listening could provide a psychological mirror that would help clients see themselves more clearly.
6. The term *client* implies an equality of trade—goods and services—which can equalize the relationship between the therapist and the patient. The term *patient* implies a sickness and also an unequal relationship with the doctor/therapist. If the goal is to increase self-esteem, a more equal relationship between the two parties would facilitate this.
7. Unconditional positive regard is the caring, accepting, nonjudgmental attitude, which Carl Rogers believed would help clients to develop self-awareness and self-acceptance

Unconditional positive regard is used as a tool in therapy by helping clients to develop self-esteem. Listening in a nonjudgmental, grace-filled environment allows people to accept their own worst traits and feel valued and whole.

After You Read

Module 70 Review

Terms or Names

- F 1. psychotherapy
- J 2. biomedical therapy
- A 3. eclectic approach
- C 4. psychoanalysis
- H 5. resistance
- B 6. interpretation
- I 7. transference
- D 8. client-centered therapy
- G 9. active listening
- E 10. unconditional positive regard

Definitions or Associations

- A.** an approach to psychotherapy that uses techniques from various forms of therapy
- B.** the analyst's noting supposed dream meanings, resistances and other significant behaviors to promote insight
- C.** Sigmund Freud's therapeutic technique
- D.** a humanistic therapy, developed by Carl Rogers, in which the therapist uses techniques such as active listening and unconditional positive regard
- E.** a caring, accepting, nonjudgmental attitude, which Rogers believed, would help clients to develop self-awareness and self-acceptance
- F.** treatment involving psychological techniques and interactions between a trained therapist and a patient. This may include biomedical,

psychodynamic, humanistic methods as well as others

- G.** empathic listening in which the therapist echoes, restates, and clarifies a client's statements in an effort for the client to gain a greater understanding of their own feelings
- H.** the blocking from consciousness of anxiety-laden material which may often be threatening to the individual
- I.** feelings or emotions directed at the analyst that are actually linked with other relationships
- J.** prescribed medications or procedures that act directly on the person's physiology in an effort to treat an illness

Module 71 - Behavior, Cognitive, and Group Therapies

While You Read

71-1

1. Behavioral therapies emphasize learned responses as the cause of many illnesses (learning through rewards and punishments) and believe that “reconditioning” a person will allow them to overcome their challenges and learn new more adaptive behaviors. They expect that the problem/maladaptive behaviors must change in order for a person to eliminate the problem.

2. US: alarm
UR: child wakes
NS: bladder relaxes
CS: bladder relaxes
CR: child wakes

By using the principles of classical conditioning, the child should eventually come to associate the bladder relaxing to the loud noise of the alarm. The goals of this therapy would be to wake the child so they are awake before they wet the bed.

3. Counterconditioning pairs the trigger stimulus with a new response to the stimulus. To replace a fear response to spiders, the therapist might present the spider and also provide calming music, pleasing images on a screen, or a treat, for example, to condition the patient to associate spiders with a more positive response.
4. Mary Cover Jones helped a young boy named Peter who was petrified of rabbits. She replaced his fear response with a relaxed response by gradually introducing the rabbit while

the boy had crackers and milk. At first Peter hardly noticed the rabbit at the other side of the room. The rabbit was gradually moved closer and closer and eventually Peter was holding the rabbit on his lap as he ate.

5. Albert could have been reconditioned to enjoy the company of small, white, furry objects if they were introduced slowly and associated with happy, pleasing events instead of the loud noise, John Watson had presented each time he presented Albert with the white rat.
6. Exposure therapies are used to expose people to what they normally avoid by demonstrating that they are in no danger when placed in the situations which they fear. Once they realize that exposure to a dog for example does not pose a threat, they can start to realize the irrationality of their fear.
7. If a person can repeatedly relax when facing anxiety-provoking stimuli, then gradually the anxiety can be eliminated. The gradual step-by-step therapy is referred to as systematic desensitization, by which a person is gradually introduced to the situation, object or event which they fear.
8. First, the therapist would ask the patient to create a hierarchy of anxiety-provoking situations from least to greatest (for instance, hearing the word “airport” to actually flying in a plane). Then, through a series of steps, the therapist would allow the patient to associate relaxation at each stage (going to an airport, flying in a flight simulator, boarding a plane) in the hierarchy until eventually, the patient would get on a plane and feel relaxed.
9. The therapist trains the patient to relax one muscle group after another until a state of complete relaxation is achieved. Then, the therapist has the client imagine anxiety-provoking scenes and pair it with the deep relaxation techniques until they no longer experience anxiety for that scene.

10. Virtual reality exposure therapy is being used to treat anxiety by allowing people to experience the sights, sounds, and feelings of the anxiety-producing stimulus while actually being in a safe, nonthreatening environment. For instance, people afraid of flying are able to look out of a virtual window of a simulated plane, feel vibrations, and hear the engine roar.
11. Aversive conditioning is a type of counterconditioning that associates an unpleasant state (such as nausea) with an unwanted behavior (such as drinking alcohol). Answers will vary, but a typical response may be that alcoholics who are trying to stop drinking may place a nausea inducing substance into an alcoholic drink. If the drinker associates illness (nausea) with drinking, they may stop or at least reduce their drinking behavior.

71-2

1. Operant conditioning principles can be used in therapy to reinforce desired behaviors and withhold reinforcement for undesired behaviors. Children with autism spectrum disorder have learned to socially interact more appropriately with others. People with schizophrenia have learned to behave more rationally in their hospital ward by using positive reinforcers to shape behavior in a step-by-step manner.
2. A therapist could use positive reinforcers (attention, candy, stickers) to reward each prosocial behavior a child with ADHD performs. The goal is for the child to associate the rewards with the positive behaviors and then exhibit the positive behaviors more frequently.
3. A token economy can be used by giving people a token of some sort for exhibiting a desired behavior. Later, they can exchange the tokens for various privileges or treats. There is concern that the behaviors reinforced may not be durable and people will become dependent on extrinsic rewards to the point that they will cease the behavior if the rewards stop. You

will recall from the learning unit that the danger to using a continuous schedule of reinforcement rather than a partial schedule of reinforcement is that often, when the reinforcement ends so does the behavior. There is also concern about the ethics of controlling another person's behavior in this manner.

71-3

1. Cognitive therapy assumes that our thinking colors our feelings. Between the event and our response lies the mind. Self-blaming and overgeneralized explanations of bad events are often an integral part of the vicious cycle of depression.
2. REBT addresses illogical thinking by revealing the “absurdity” of self-defeating ideas, attitudes, and assumptions. The goal of this therapy is that once an individual can identify and label these illogical and often negative ways of thinking, they can work on replacing these thoughts with more rational and constructive thoughts.
4. Aaron Beck believes that changing people's thinking can change their functioning, though he has a gentler approach than Albert Ellis. Rather than pointing out the absurdity of their thinking, Beck seeks to reverse clients' catastrophizing beliefs about themselves, their situations, and their futures through gentle questioning and persuasion.
5. First, one must reveal their beliefs by questioning interpretations and ranking thoughts and emotions. Next, they must test beliefs by examining consequences and decatastrophizing, thinking. Finally, they must change their beliefs by taking appropriate responsibility and resisting extremes.
6. CBT aims not only to alter the way people think, but also to alter the way they act, combining cognitive and behavioral therapies. It seeks to make people aware of their

irrational negative thinking, to replace it with new ways of thinking, and to practice the more positive approach in everyday settings.

This often works well in treating obsessive-compulsive disorder because the cognitive component of the therapy can work on relabeling the constant thoughts and the behavioral therapy can focus on gradually reducing the ritualized behaviors.

7. Therapists create an accepting and encouraging environment acting as an ally to their client. They then offer constructive feedback and guidance in managing distress and help clients in regulating their emotions.

71-4

1.

(1) It saves therapists' time and clients' money, often with the same positive result as individual therapy.

(2) It offers a social laboratory for exploring social behaviors and developing social skills.

(3) It enables people to see that others share their problems.

(4) It provides feedback as clients try out new ways of behaving.

2. As group therapy is often less expensive, those with income limitations might find it a more likely alternative to traditional individual therapy. Others may find a one-on-one relationship intimidating but a group atmosphere more welcoming or encouraging.

3. Family therapy assumes that no person is an island—we live and grow in relation to others, especially our families—some problem behaviors arise from the tension between wanting to differentiate from and simultaneously emotionally connect with our families.

4. The benefits of joining a self-help group are numerous: the support of others who share in the disease or disorder, a place for individuals living alone to come together with others, and the emotional support that comes from sharing feelings with others are a few.
5. Alcoholics Anonymous with 2.1 million members. Recovery for individuals in these groups are comparable with other types of treatment. The more meetings they attend, typically, the greater the recovery (positive correlation).

After You Read

Module 71 Review

1.

	How They Would View Cause	How They Would Treat	Techniques Unique to Method
Psychoanalysis	Samantha may have an unconscious conflict from childhood experiences.	A psychoanalyst may use free association and dream analysis; psychoanalysis involves lengthy sessions over a long period of time to uncover issues from childhood or unconscious, hidden motives	free association, interpretation, dream analysis

<p>Client-centered therapy</p>	<p>Samantha may have barriers to self-understanding and self-acceptance.</p>	<p>Therapists may use active listening and empathy, as well as unconditional positive regard to help Samantha to replace her negative thinking with more rational and positive thoughts.</p>	<p>unconditional positive regard, active listening, mirroring, sit face-to-face</p>
<p>Behavior therapy</p>	<p>Samantha may have had poor behaviors reinforced over time. She may also have watched her mother rationalize her thoughts in a negative fashion and observationally learned her behaviors.</p>	<p>Therapists try to recondition clients by associating negative behaviors with more positive and constructive behaviors.</p>	<p>reinforcement and punishment, token economies, aversion or exposure therapy</p>
<p>Cognitive therapy</p>	<p>Samantha's self-blaming and overgeneralizing bad events, ruminating and thoughts</p>	<p>Therapists may work with Samantha to overcome her negative or illogical thoughts by revealing, testing, and changing her beliefs.</p>	<p>REBT; focusing on and reversing catastrophizing thoughts</p>

<p>Cognitive-behavioral therapy</p>	<p>Both behavioral and cognitive factors play a role in Samantha's depression. She may have mood regulation issues.</p>	<p>Therapists may train her to replace her catastrophizing thoughts with more realistic appraisals and practice behaviors that are incompatible with her problem.</p>	<p>CBT</p>
<p>Group therapy</p>	<p>would not focus on cause—support and feedback from others facing similar issues</p>	<p>Group therapy involves listening and sharing among the group with less therapist involvement.</p>	<p>It allows people to see that others share their problems, is less expensive than other techniques and provides peer feedback.</p>
<p>Family therapy</p>	<p>Samantha is impacted by her mother and her mother's depression and is not an island.</p>	<p>Therapists would like to work with both Samantha and her mother to heal the relationship and open communication.</p>	<p>none specifically mentioned</p>

Module 72 - Evaluating Psychotherapies

While You Read

72-1

1.
 - a. People often enter therapy in crisis, so they may attribute improvement to the therapy rather than to the normal ebb and flow of events.
 - b. Clients may need to believe the therapy was worth the effort because it would be difficult to admit that the time and money invested were worthless.
 - c. Clients generally speak kindly of their therapists, even if their problems remain, because it may be difficult to admit that therapy was a failure.
2. Five hundred Massachusetts boys ages 5 to 13 who seemed bound for delinquency were split into two groups; half were assigned to a 5-year treatment program. The treated boys were visited by counselors twice a month and participated in community programs, received academic tutoring, medical attention, and family assistance as needed. About 30 years later, 485 of the participants were located and the success of the treatment was evaluated. Although the boys who had received treatment gave glowing testimonials to the success of the counseling and 66 percent of the most difficult boys in the treatment group had no official juvenile crime record, in the control group that received no counseling or intervention, 70 percent had no juvenile crime record. The control group also showed fewer alcohol use disorders and higher job satisfaction.
3. Most therapists testify to therapy's success because usually clients enter therapy when extremely unhappy and leave therapy when they are less extremely unhappy. In fact, a patient may seek additional counseling later from a different therapist; while the initial

therapist retains the idea that the patient was helped and is fine (confirmation bias). The illusory correlation may be demonstrated when the clinician sees a relationship between improvement in the client and treatment, even if no correlation exists.

4. He found through an examination of 24 studies that about 2/3rds of individuals in treatment groups and roughly the same percentage in non-treatment groups recovered from their illnesses.
5. Today, hundreds of studies are available and the results are digested by means of meta-analysis, a statistical procedure that combines the conclusions of a large number of different studies. Psychologists are also conducting randomized clinical trials, in which researchers randomly assign people on a waiting list to therapy or no therapy and then later evaluate everyone using tests and assessments by those who don't know if therapy was given or not given.
6. Answers will vary but a strong answer will include the research indicating client perceptions may differ from actual treatment results and the reasons that client perceptions might be biased. In addition, the bias impacting clinician perceptions should be discussed. Answers may also describe the placebo effect or supportive listener as reasons why people in treatment recover at slightly higher rates than those not seeking treatment.
7. Eighty percent of untreated people have poorer outcomes than the average treated person. Those not undergoing therapy often improve, but those undergoing therapy are more likely to improve more quickly and with less risk of relapse.

72-2

1. Behavioral conditioning therapies have achieved favorable results with specific behavior problems such as bed-wetting, phobias, compulsions, marital problems, and sexual dysfunctions.

Psychodynamic therapy has helped treat depression and anxiety.

Cognitive and cognitive-behavioral therapy have been effective in coping with anxiety, posttraumatic stress disorder, and depression.

Non-directive counseling has been effective at treating mild to moderate depression.

2. Evidenced-based practice is clinical decision making that integrates the best available research with clinical expertise and patient characteristics and preferences. Available therapies are rigorously evaluated and then applied by clinicians who are mindful of their skills and of each patient's unique situation.

72-3

1. Many alternative treatments are based on anecdotal stories from individuals who have gone through the treatment, but most of these treatment have yet to undergo a rigorous scientific evaluation versus a control groups to test their effectiveness. Some of the methods such as conversion therapy for homosexual individuals may be potentially harmful as they are attempting to treat something that is not an illness.
2. Eye movement desensitization and reprocessing worked in 84 to 100 percent of single-trauma victims participating in four studies. The treatment needs to take no more than three 90-minute sessions. The Society of Clinical Psychology acknowledges that EMDR is probably efficacious for the treatment of nonmilitary PTSD.

3. EMDR works because the patient repeatedly associates the traumatic event with a safe and reassuring context that provides some emotional distance from the event (exposure therapy) and a robust placebo effect.
3. Those with seasonal patterns of depression were exposed either to light or to a hissing “negative ion generator” which served as a placebo. After four weeks, 61 percent of those exposed to light had improved while only 32 percent of those with the placebo had improved. From 20 carefully controlled studies, it has been shown that light therapy does diminish depression symptoms for those suffering in a seasonal pattern.

72-4

1. A new perspective, a trusting, empathetic and caring relationship
2. The emotional bond between therapist and client is a key aspect of effective therapy. When therapists are empathetic and caring and establish closeness with their clients, therapy is more effective. This is also true for other types of caregivers or “healers” who seek to understand and empathize with the client/patient.

72-5

1. Clients from collectivist cultures may have difficulty relating to therapies that require them to think only of their own well-being. Women from a collectivist culture who are seeking therapy might be doubly discomfited. In one experiment, Asian-American clients matched with counselors who shared their cultural values perceived more counselor empathy and felt a stronger alliance with the counselor.

Therapists have their own values and ideas of what makes a healthy human and these may align or disagree with those of the client and thus impact the success of therapy.

72-6

1. Some signs include feeling hopeless or seriously depressed, engaging in self-destructive behavior or compulsive rituals, experiencing fears or mood shifts, thinking about suicide, hearing voices, or seeing things that others are not experiencing.

2. Clinical psychologists work in agencies and institutions and in private practice.

Psychiatrists tend to see the most serious problems and many have their own private practice.

Clinical social workers offer psychotherapy, mostly to people with everyday personal and family problems.

Counselors specialize in a variety of areas from marriage and family counseling to substance abuse and spouse and child abuse.

After You Read

Module 72 Review

1. Answers will vary but should emphasize evidence-based research studies that find individuals who seek treatment recover at higher rates than those who do not.

2. Answers will vary but can focus on the improvement rates of those with PTSD with the use of EMDR and seasonal depression with the use of light therapy. While some of this may be accounted for because of exposure, expectations and the placebo effect, these treatments do seem to bring relief to many.

3. Answers will vary but since the situation suggests that the friend is suffering from depression, it is likely that this individual would seek the assistance of a clinical psychologist who may use cognitive-behavioral treatment or a psychiatrist who could also prescribe drug treatment.

Module 73 - The Biomedical Therapies and Preventing Psychological

Disorders

While You Read

73-1

1. Everything that is psychological is also physiological and vice versa. Lifestyle choices such as exercise, nutrition, relationships, recreation, relaxation and religious and spiritual engagement can impact one's mental health.
2. The individuals underwent a 12-week training program in which they participated in 3 times weekly 30-minute aerobic exercise sessions, 15-30 minutes of light exposure, worked on reducing rumination, tried to get 7-8 hours of sleep per night, made social connections and took nutritional supplements. 77% of those in the training program expressed relief from depressive symptoms versus 19% in the control group.

73-2

1. It has drastically reduced the number of patients hospitalized for treatment.
2. Neither the staff nor the patients know who gets the drug and who gets the placebo in order to eliminate both participant and researcher bias
3. Double-blind studies should control for the impact of the placebo effects as well as the expectations of the experimenter(s) because they do not know to which group participants belong. These studies have found several types of drugs to be useful in treating psychological disorders.

4.

	Drug Names	Method of Operation— Neurotransmitter Activity	Side Effects and Drawbacks	How Successful Are These Drugs?
Antipsychotic drugs	Chlorpromazine (Thorazine), risperidone (Risperdal), olanzapine (Zyprexa)	Antagonists: They block dopamine receptor sites.	sluggishness, tremors, twitches, tardive dyskinesia, increased risk of obesity and diabetes	Antipsychotics, combined with life- skills programs and family support, have allowed many patients to leave hospitals and lead near-normal lives.
Antianxiety drugs	Xanax, Ativan,	Depress nervous system activity; some facilitate the extinction of learned fears.	They reduce symptoms without solving underlying problems; can be addicting.	Some antianxiety drugs have been successfully used in combination with exposure therapy's extinction of learned fears and

				to help overcome PTSD and OCD.
Antidepressant drugs	fluoxetine (Prozac), Zoloft, Paxil (SSRIs)	Agonists: They increase the availability of neurotransmitters such as norepinephrine or serotonin, and block the reabsorption/reuptake of serotonin from synapses.	dry mouth, weight gain, hypertension, dizzy spells, diminished sexual desire	People often improve after a month on the drugs. The effect is not big, however. The placebo effect is strong. Those with severe depression benefit the most.
Mood stabilizers	lithium, Depakote	Acts as a mood stabilizer; we do not fully understand why.	Reduces bipolar patients' risk of suicide.	Lithium amounts in drinking water have correlated with lower crime and suicide rates; 70 percent benefit from lithium.

1.

Technique	Procedures	Outcomes
Electroconvulsive therapy (ECT)	Patient receives general anesthetic and a muscle relaxant, then is delivered 30 to 60 seconds of electrical current. Roughly 3 sessions/week for 2–4 weeks. Generally used with patients who have not found relief in other types of treatment for depression.	Produces memory loss and sometimes seizures. Treatment for severe depression. 4 in 10 ECT-treated patients relapse within 6 months.
Repetitive transcranial magnetic stimulation (rTMS)	Repeated pulses surge through a magnetic coil held close to a person's skull.	Improves depressed moods, possibly by energizing the brain's left frontal lobe. May cause nerve cells to form new functioning circuits through long-term potentiation.
Deep-brain stimulation	Implanted electrodes and a pacemaker simulator stimulate neurons that inhibit an area of the brain thought to show activity in highly depressed patients.	12 to 20 patients experienced relief, which was sustained over 3–6 years of follow-up. Some felt more aware and became more talkative, others improved slightly if at all.

2. The lobotomy was performed by cutting the nerves that connect the frontal lobes with the emotion-controlling centers of the inner brain and calmed uncontrollably emotional and violent patients. The effect usually decreased the person's misery or tension, but also produced a permanently lethargic, immature, uncreative person. Today, more precise, microscale psychosurgery is sometimes used in extreme cases.

73-4

1. Resilience is the ability to cope with stress and recover from adversity and trauma. Having the personal strength of resilience can help reverse and even prevent symptoms of psychological disorders.
2. Instead of viewing behaviors as psychological disorders, they could be interpreted as understandable responses to a disturbing and stressful society. They could change society in order to prevent the problem rather than waiting for the problem to arise and then treating it.
3. In some cases, after a person faces a trauma or an illness, they find a new outlook on life and find they have a new sensitivity and strength.

After You Read

Module 73 Review

1. c. an antipsychotic drug.
2. e. depresses the central nervous system.
3. b. somatoform disorders
4. c. Prozac partially blocks the reuptake of serotonin from the synapse.
5. a. ECT

✓ Check Yourself

- Psychoanalytic therapy:

A psychoanalyst will focus on giving Frank insight into his disorders and relief by bringing his anxiety-laden thoughts and feelings into conscious awareness. The therapist will use free association, dream analysis, and interpretation of resistance and transference. The therapist will also likely focus on the impact of early childhood experiences.

- Behavioral therapy:

A therapist will focus on Frank learning new behaviors to modify his old ones. The therapist may use exposure therapies or aversive conditioning. Frank may learn to positively reinforce calm, non-anxious behaviors and utilize a token economy to reward himself for behaving out of his depressive state.

- Humanistic therapy

A therapist will focus on boosting Frank's self-awareness and self-acceptance, promoting his growth and aiming him toward the present and future. He will be a client, not a patient, and the therapist will use active listening and have an attitude of unconditional positive regard toward Frank.

- Cognitive therapy

A therapist will work to have Frank change his thoughts by challenging irrational or self-defeating thought patterns. Through REBT or a similar method, Frank can work on his attributional style. They may teach Frank new, more constructive ways of thinking and enable healthier behaviors.

- Group therapy

Frank could meet with others who suffer from depression or anxiety—and get feedback from them or ideas for handling his own feelings. This should help Frank to feel less isolated and alone, he should come to understand that others share similar challenges.

- Biomedical treatments

Frank could take an antidepressant such as Prozac, which blocks reuptake of serotonin from the synapse, or an antianxiety drug such as Xanax, which depresses the central nervous system. Addiction to the antianxiety drugs may be possible, or the placebo effect may be at work. Antidepressants will not work immediately so Frank should seek therapy as well, which should also help address the underlying issues of his illness.

- ECT

ECT involves the placement of electrodes, the anticonvulsant meds, the 30- to 60-second duration of the impulse, and is primarily used on treatment-resistant patients. This might not be best for Frank if he hasn't tried therapy or medication first. This treatment however may be useful if other treatments are not effective.