

Mental Illness and Stigma

Content Standard 1: Perspectives on abnormal behavior

Students are able to:

- 1.1 Define psychologically abnormal behavior.
- 1.2 Describe historical and cross-cultural views of abnormality.
- 1.3 Describe major models of abnormality.
- 1.4 Discuss how stigma relates to abnormal behavior.**
- 1.5 Discuss the impact of psychological disorders on the individual, family, and society.

Broad Objective:

- What influence does stigma have on mental illness?

Assignment:

Students have read the section in their textbooks that pertained to today's lesson. Basic notes are outlined in their reading guide.

Anticipated Misconceptions and/or Complications

- Students may struggle with talking about sensitive issues with one another. Provide a safe environment for students to ask questions to learn more. Please note that depending on when this unit is completed in class, students may feel uncomfortable sharing with one another.
- Students may struggle being able to define mental illness.
- Students may struggle with wanting to diagnose themselves or others.

General Procedure:

1. Introduce the chapter objectives and three goals: define, classify, and understand mental illness.
2. Starter- What is a psychological disorder? What is normal vs. abnormal?
 - a. Scaffold their knowledge and build their psychology terminology
 - b. Compare being abnormal to being eccentric
 - c. Identify and discuss cultural variations in abnormality
 - d. Discuss the historical use and current legal definition of insanity
3. Provide definitions and older explanations for mental illness (historical, medical, and psychological).
4. Discuss the use of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the recent release of the DSM-5. Identify strengths and weaknesses in using the DSM to diagnose mental illness.
5. Elaborate on a weakness of the DSM being the use of labels. Understand experimental design of the Rosenhan research.
6. Critical thinking discussion on stigma (**lesson plan attached**).

Assessment:

1. Informally- student engagement in discussion

Classification of Disorders

Content Standard 2: Categories of psychological disorders

Students are able to:

2.1 Describe the classification of psychological disorders.

2.2 Discuss the challenges associated with diagnosis.

2.3 Describe symptoms and causes of major categories of psychological disorders (including schizophrenic, mood, anxiety, and personality disorders).

2.4 Evaluate how different factors influence an individual's experience of psychological disorders.

Broad Objective:

- How do disorders affect behavior?

Assignment:

Students have read the section in their textbooks that pertained to today's lesson. Basic notes are outlined in their reading guide.

Anticipated Misconceptions and/or Complications

- Students may struggle with wanting to diagnose themselves or others.

Procedure:

1. Starter: What is anxiety? (lesson plan attached)
2. Define abnormal anxiety.
3. Address stigma and anxiety disorders.
 - a. Myth vs. reality activity
4. Brainstorm and discuss famous people with anxiety disorders.
5. The DSM-5 has divided the previous anxiety category into three new and more specific categories. Start classifying main psychological disorder categories: anxiety, obsessive-compulsive and related disorders, and trauma- and stressor-related disorders.
6. Provide a Power Point on DSM classification for the main disorders under these three categories.
7. Technology resources:
 - a. Howie Mandel ABC News 20/20 <https://www.youtube.com/watch?v=dSZNnz9SM4g>
 - b. Obsessed on AE (Chad) <https://www.youtube.com/watch?v=UeoCPMqZPOU>
8. Check for understanding- Complete formative questions as a class. The second sheet provides additional student practice before the summative assessment.

Assessment:

1. Informally- student engagement in discussion
2. Informally- review answers and correct common errors found with the formative

Lesson Extensions

- Model the basic structure of the lesson with the remaining psychological disorder categories.

Activity 1: Critical Thinking on Stigma

1. Stigma Video Starter

- Several video links are provided below to start the discussion on stigma. Depending on your time you can use all of the links or you can select the ones that seem the most powerful for your demographics.
- View the Bring Change 2 Mind informational commercial focused on the organization's mission located at <http://bringchange2mind.org/about-us/our-mission/>
 - Bring Change 2 Mind is a non-profit organization dedicated to ending the stigma and discrimination that surrounds mental illness.
- View the Grand Central Terminal (2009) public service announcement on stigma located at <http://bringchange2mind.org/about-us/psas/#grand-central-terminal>
 - Bring Change 2 Mind aired their first public service announcement set at Grand Central Station, a very public and well-known landmark. In the middle of the railroad terminal people wore mental illness boldly labeled on their t-shirts to draw attention to the topic and start a discussion.
- View the Schizo (2013) public service announcement located at <http://bringchange2mind.org/about-us/psas/#schizo>
 - Bring Change 2 Mind and Time to Change aired a public service announcement centered on the stigma and discrimination that surrounds the general public's fears regarding mental illness.
- View the #StrongerThanStigma (2015) public service announcement located at <http://bringchange2mind.org/about-us/psas/#strongerthanstigma>
 - Bring Change 2 Mind and Brandon Marshall's Project 375 aired a public service announcement focused on the stigma and discrimination facing men and mental illness. The video features four males from the sports, music, and entertainment industries that are diagnosed and promote mental illness education.
- Critical thinking discussions
 - How can public service announcements be an effective use of communication?
 - What type of announcement would you like to see next?
- Extension activities
 - Have students create their own public service announcement. For example, students could create a video or print campaign for their school.

2. Myth vs. Reality Activity

- Investigate current knowledge of mental illness in the classroom.
- Have students answer questions focused on four themes: statistics, violence, causes, and treatments. Possible questions can be created from the material listed below that was chosen from various sources listed in the References.
 - Technology variation: Have students confidentially answer using an electronic program (i.e. Poll Everywhere). Using this strategy allows students to be anonymous and for a more accurate understanding of topics to be discussed.
- Hold a discussion centered on the myths and realities associated with mental illness.
 - Technology variation: Track the conversation and questions with TodaysMeet.

- **THEME 1: Is mental illness common?**

Myth: Mental health problems don't affect me.

Reality: Mental health problems are actually very common. In 2011, about: one in five American adults experienced a mental health issue, one in 10 young people experienced a period of major depression, one in 20 Americans lived with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression. Suicide is the 10th leading cause of death in the United States. It accounts for the loss of more than 38,000 American lives each year, more than double the number of lives lost to homicide.

- **THEME 2: Are the mentally ill violent?**

Myth: People diagnosed with a mental illness are always sick, act crazy, and are out of touch with reality.

Reality: Most people suffering from even the most severe of mental illnesses are in touch with reality more often than they are not. Many people quietly bear the symptoms of mental illness without ever showing signs of their illness to others, and most people with mental illness live productive, active lives.

Myth: People with mental health problems are violent and unpredictable.

Reality: The vast majority of people with mental health problems are no more likely to be violent than anyone else. Most people with mental illness are not violent and only 3%-5% of violent acts can be attributed to individuals living with a serious mental illness. In fact, people with severe mental illnesses are over 10 times more likely to be victims of violent crime than the general population. You probably know someone with a mental health problem and don't even realize it, because many people with mental health problems are highly active and productive members of our communities.

- **THEME 3: What causes mental illness?**

Myth: Personality weakness or character flaws cause mental health problems. People with mental health problems can snap out of it if they try hard enough.

Reality: Mental health problems have nothing to do with being lazy or weak and many people need help to get better. Many factors contribute to mental health problems, including: biological factors, such as genes, physical illness, injury, or brain chemistry; life experiences, such as trauma or a history of abuse; family history of mental health problems. People with mental health problems can get better and many recover completely.

Myth: Mental illnesses are brought on by a weakness of character.

Reality: Mental illnesses are a product of the interaction of biological, psychological, and social factors. Research has shown genetic and biological factors are associated with schizophrenia, depression, and alcoholism. Social influences, such as loss of a loved one or a job, can also contribute to the development of various disorders.

- **THEME 4: Can mental illness be treated?**

Myth: There's no hope for people with mental illnesses.

Reality: There are more treatments, strategies, and community supports than ever before, and even more are on the horizon. People with mental illnesses lead active, productive lives.

Myth: Prevention doesn't work. It is impossible to prevent mental illnesses.

Reality: Prevention of mental, emotional, and behavioral disorders focuses on addressing known risk factors such as exposure to trauma that can affect the chances that children, youth, and young adults will develop mental health problems. Promoting the social-emotional well-being of children and youth leads to: higher overall productivity, better educational outcomes, lower crime rates, stronger economies, lower health care costs, improved quality of life, increased lifespan, improved family life.

Myth: Once people develop mental illnesses, they will never recover.

Reality: Studies show that most people with mental illnesses get better, and many recover completely. Recovery refers to the process in which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual's recovery.

Myth: Therapy and self-help are wastes of time. Why bother when you can just take one of those pills you hear about on TV?

Reality: Treatment varies depending on the individual. A lot of people work with therapists, counselors, their peers, psychologists, psychiatrists, nurses, and social workers in their recovery process. They also use self-help strategies and community supports. Often these methods are combined with some of the most advanced medications available.

3. Small Group Discussion and Brainstorming Session

- Have students break into small groups and provide expectations and roles for the brainstorming exercise.
- Basic expectations: respect the topic of discussion, respect each other's opinions.
- Roles: facilitator (keep on track), scribe (write down answers), respecter (make sure people are heard and being serious), reporter (summarize to group-verbal or written).
- Two main questions should be addressed during small group discussion and brainstorming session:

1. How to reduce stigma?

- How can we reduce the stigma (negative attitudes) and address the myths about individuals living with a mental illness?
- How can we improve how people view mental health and mental illness?

2. What to do for the mentally ill?

- How can we ensure people get the treatment they need, in spite of the negative attitudes that may still surround individuals living with mental illness?
- If negative stereotypes are reinforced by the large numbers of people with untreated psychiatric illness who are homeless, incarcerated, or who receive publicity because of violent acts, how can we ensure that these people with the most severe mental illness get treatment, even though they may be unwilling or unable to on their own?
- Share and debrief as a class.
 - Time variation: Collect group answers and combine in a visual presentation to present as a starter discussion the next day.
- Possible answers that were provided through previous discussion.

Question 1: How to reduce stigma

- Find success stories
- Educate in schools more (health class and beyond)
- Mental awareness impact or community gatherings
- Positive publicity= Raise awareness on the news
- Charity for mental disorders= students or spokesperson
- Find famous, positive, respectful people with mental illness
- Limit media distortion
- Show life with and without treatment
- Mentally ill speak about it
- Model "happy, healthy"
- Movies about mental illness

Question 2: What to do for the mentally ill

- Health care options
- Annual doctor appoints- mental health test that goes with physical
- Possible mental health tests in school
- Offer public mental health meetings
- Provide psychologists in shelters
- Offer meals and overnight stay if they those with mental illness get help
- Create a positive environment
- Create trust
- Raise public awareness
- Take away stigma- eliminate stereotypes
- Provide encouragement not shame
- Do not allow mental illness to be public record

Lesson Extensions

- Utilize class suggestions throughout the remainder of the unit.
- Empower students to make an action plan regarding the reduction of stigma in their community.

References

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MentalHealth.gov. (n.d.). *Mental health myths and facts*. Retrieved from

<http://www.mentalhealth.gov/basics/myths-facts/index.html>

National Association of School Psychologists. (n.d.). *Facts and myths about mental health*. Retrieved

from [http://www.nasponline.org/resources/mental-health/Facts-and-Myths-About-Mental-](http://www.nasponline.org/resources/mental-health/Facts-and-Myths-About-Mental-Health.aspx)

[Health.aspx](http://www.nasponline.org/resources/mental-health/Facts-and-Myths-About-Mental-Health.aspx)

SAMHSA's Resource Center to Promote Acceptance, Dignity, and Social Inclusion Associated with

Mental Health (ADS Center). (2014). *Myths & facts about mental health*. Retrieved from

http://promoteacceptance.samhsa.gov/publications/myths_facts.aspx

Additional Resources

Bring Change 2 Mind. (n.d.). Retrieved from <http://bringchange2mind.org/>

Project 375. (n.d.). Retrieved from <http://project375.org/get-informed/>

Time to Change. (2008). Retrieved from <http://www.time-to-change.org.uk/>

Day 2- Activity: Anxiety Disorders

1. What is anxiety?

- Brainstorm as a class what anxiety looks like.
- Brainstorm as a class what anxiety feels like.
- Discuss anxiety signs (visible) vs. symptoms (self-report).
- Discuss behavioral vs. cognitive signs and symptoms for anxiety.

2. Definition of anxiety disorders

- Discuss the continuum of severity for mental illness, specifically for anxiety.
- Review the 4 D's associated with a diagnosis: deviant, distressful, dysfunctional, and dangerous. To be diagnosed an individual will often have symptoms that are disproportionate to the circumstances, difficult to control, and impair work and social functioning.
- Compare and contrast normal anxiety versus an anxiety disorder.
 - Utilize the anxiety chart from Anxiety and Depression Association from America located at <http://www.adaa.org/understanding-anxiety>
 - Individuals may worry a lot, but that does not mean they have GAD.
 - Individuals may have extreme fears, but that does not mean they have a phobia.
 - Individuals may have fear of performing in front of their class, but that does not mean they have social anxiety disorder.
 - Individuals may have a panic attack, but that does not mean they have panic disorder.
 - Individuals may have a desire for perfection or cleanliness, but that does not mean they have OCD.
 - Individuals may be upset by a traumatic experience, but that does not mean they have posttraumatic stress disorder.

3. Stigma associated with anxiety

- Investigate current knowledge of mental illness associated with anxiety disorders in the classroom.
- Have students answer questions focused on three themes: basics, causes, and treatments. Possible questions can be created from the material listed below that was chosen from various sources listed in the References.
 - Technology variation: Have students confidentially answer using an electronic program (i.e. Poll Everywhere). Using this strategy allows students to be anonymous and for a more accurate understanding of topics to be discussed.
- Hold a discussion centered on the myths and realities associated with mental illness.
 - Technology variation: Track the conversation and questions with TodaysMeet.

○ THEME 1: Basics

Myth: Since anxiety is "in your head," anxiety disorders are not true illnesses.

Reality: In fact, an anxiety disorder is an extreme form of uncontrollable anxiety that causes serious misery and impairment. Generalized anxiety disorder is debilitating anxiety about ordinary things, usually involving fear of failure. If it's not treated, it can dramatically limit a child's activities and interfere with her healthy development.

MYTH: Some people are just worrywarts or neurotic, and there is nothing that can really make any difference.

Reality: Therapy can help you reduce worry and suffering and learn a different relationship to your own thoughts, regardless of your temperament and how long neurotic habits have been in your life.

Myth: People with generalized anxiety are weak and should just pull themselves together.

Reality: Anxiety isn't diagnosed as a disorder unless it's much more overwhelming and impairing than the garden-variety anxiousness people typically feel. Children who have GAD may be as tough as the next child, but they are terrorized by thoughts and feelings other children aren't experiencing, and they need treatment to learn to defuse these irrational fears.

MYTH: If you have an anxiety disorder, it is important to avoid stress and situations that make you feel "stressed." Avoiding anxiety-producing situations is a good way to manage GAD.

Reality: Treating yourself as if you are fragile and avoiding risk leads to feeling demoralized. Avoiding anxiety tends to reinforce it. You can be anxious and still do whatever you have to do.

Reality: Staying away from the things and situations that prompt fears only strengthens a child's anxiety. Better to try to give the child the support she needs to deal with the situation and tolerate her anxiety. In terms of treatment, the best therapy involves gradual exposure to the stressors in a controlled setting, so a child can learn to neutralize that anxiety.

MYTH: If a panic attack gets too bad, you can pass out or lose control.

Reality: It's very unlikely you will faint, which is caused by a sudden drop in blood pressure. During a panic attack your blood pressure does not fall; it actually rises slightly.

○ THEME 2: Causes

MYTH: The causes of anxiety disorders are usually rooted in your childhood, so effective therapy must focus on that time period.

Reality: Whatever the causes (usually a combination of heredity and personal experiences), research shows that effective treatment focuses on the here and now, including new skills to manage thoughts, emotions, discomforts, and behavior.

MYTH: If you eat right, exercise, avoid caffeine, and live a healthy lifestyle, your anxiety will go away.

Reality: While some of your anxiety might go away, your disorder won't be cured. Anxiety disorders are certainly sensitive to stress, but stress does not cause them. You need more help than just reducing your stress. You may need to face your fears, learn new facts about your symptoms, stop avoiding, learn tolerance for some experiences, or change how you think, feel, and behave with respect to other people.

○ THEME 3: Treatment

Myth: One way to get rid of bad or disturbing thoughts is to snap a rubber band on your wrist every time you have the thought.

Reality: While this was once popular as a behavioral intervention, more recent studies have shown that suppressing your thoughts makes them stronger and more frequent. Think of it this way: The thoughts you resist persist.

MYTH: Medications for anxiety are addictive so they should be taken only if absolutely necessary.

Reality: First-line medications for anxiety disorders (the SSRI and SNRI antidepressants) are not addictive. Benzodiazepines might be helpful in the short term, but they can lead to increased tolerance and dependence after long-term use.

MYTH: Medication is the only treatment for anxiety disorders.

Reality: Medication can be effective. But scientific research shows that cognitive-behavioral therapy, or CBT, may be just as or more effective than medication (or a combination of CBT and medication) for most people, especially in the long run.

MYTH: A never-ending supply of compassionate reassurance from family and friends and assistance in avoiding stress are good for someone with anxiety problems.

Reality: Well-meaning friends and family can inadvertently get caught up in reassurance compulsions and also help maintain fears by keeping you from facing them. Compassionate and kindly encouragement to move through anxiety and doubts, instead of avoiding them, is more helpful.

Myth: Kids who are anxious should be forced to do the things they're afraid of.

Reality: Forcing very anxious kids can backfire. Instead, children with anxiety should be supported and encouraged to tolerate their fears. Behavioral therapy can help them recognize when fears are irrational, and learn to defuse them. Antidepressants or anti-anxiety drugs may be helpful if behavioral therapy doesn't achieve the desired result.

4. Famous people that have been associated with anxiety disorders

- It is interesting to talk about public individuals or celebrities that have been associated with a psychological disorder. However, it is important to note that sometimes the individual has discussed the possibility of a disorder publicly despite being officially diagnosed with the disorder. Also, sometimes the media provides a diagnosis on anecdotes rather than an actual diagnosis.
- Examples
 - Generalized anxiety disorder: Leann Rimes (singer), Abraham Lincoln (President)
 - Specific phobia: Whoopi Goldberg (actress)- fear to fly
 - Panic disorder: Jonny Depp (actor), Emma Stone (actress), Joey Votto (baseball player), Scarlett Johansson (actress), Kate Moss (supermodel), Michael Jackson (musician), Adele (musician)
 - Agoraphobia: Paula Dean (chef)
 - OCD: Howie Mandel (comedian), Howard Hughes (aviator), Jessica Alba (actress)
 - Trichotillomania: Olivia Munn (actress)
- Critical thinking
 - Does the use of celebrity advocates help stop the stigma surrounding anxiety disorders? Explain support for both sides of the argument.
 - Is it ethical for the media to report on the mental health of celebrities?
 - Should the media have the right to interview mental health professionals for insight on public figures that are not their patients? Should the media have the right to do this when an individual is going through a very vulnerable and troubling time?
- Extension activities
 - Hold a discussion on Robin Williams, mental health, and the public spotlight.
 - Forbes, M. (2014). Hollywood battles the stigma of mental illness. Forbes Woman. Retrieved from <http://www.forbes.com/sites/moiraforbes/2014/08/12/hollywood-battles-the-stigma-of-mental-illness/>
 - Have students complete research on celebrities that are advocates for mental health. Possible examples include: Ron Artest, Glenn Close, Carrie Fisher, William Shatner, and Catherine Zeta-Jones.

5. Personalize disorders by sharing the emotions involved

- Share brief case studies that exemplify the personal connection to disorders (National Institutes of Health, 2009).
 - You could share the case studies with the class and discuss as an introduction before providing the diagnostic criteria.
 - You could print the case studies off individually and have students read aloud to the class. Afterwards the class can try to identify the disorder. Note: some may need to be edited to complete this version of the exercise.
- Critical thinking
 - Disclaimer: To formally diagnose an individual many more details are needed.
 - How does an emotional anecdote help you better understand disorders?
 - How do these anecdotes differ than normal anxiety?

Generalized Anxiety Disorder

- "I always thought I was just a worrier. I'd feel keyed up and unable to relax. At times it would come and go, and at times it would be constant. It could go on for days. I'd worry about what I was going to fix for a dinner party, or what would be a great present for somebody. I just couldn't let something go."
- When my problems were at their worst, I'd miss work and feel just terrible about it. Then I worried that I'd lose my job. My life was miserable until I got treatment.
- "I'd have terrible sleeping problems. There were times I'd wake up wired in the middle of the night. I had trouble concentrating, even reading the newspaper or a novel. Sometimes I'd feel a little lightheaded. My heart would race or pound. And that would make me worry more. I was always imagining things were worse than they really were. When I got a stomachache, I'd think it was an ulcer."

Specific Phobia

- "I'm scared to death of flying, and I never do it anymore. I used to start dreading a plane trip a month before I was due to leave. It was an awful feeling when that airplane door closed and I felt trapped. My heart would pound, and I would sweat bullets. When the airplane would start to ascend, it just reinforced the feeling that I couldn't get out. When I think about flying, I picture myself losing control, freaking out, and climbing the walls, but of course I never did that. I'm not afraid of crashing or hitting turbulence. It's just that feeling of being trapped. Whenever I've thought about changing jobs, I've had to think, 'Would I be under pressure to fly?' These days I only go places where I can drive or take a train. My friends always point out that I couldn't get off a train traveling at high speeds either, so why don't trains bother me? I just tell them it isn't a rational fear."

Social Anxiety Disorder

- "In any social situation, I felt fear. I would be anxious before I even left the house, and it would escalate as I got closer to a college class, a party, or whatever. I would feel sick in my stomach-it almost felt like I had the flu. My heart would pound, my palms would get sweaty, and I would get this feeling of being removed from myself and from everybody else."
- "When I would walk into a room full of people, I'd turn red and it would feel like everybody's eyes were on me. I was embarrassed to stand off in a corner by myself, but I couldn't think of anything to say to anybody. It was humiliating. I felt so clumsy, I couldn't wait to get out."

Panic disorder

- "For me, a panic attack is almost a violent experience. I feel disconnected from reality. I feel like I'm losing control in a very extreme way. My heart pounds really hard, I feel like I can't get my breath, and there's an overwhelming feeling that things are crashing in on me."
- "It started 10 years ago, when I had just graduated from college and started a new job. I was sitting in a business seminar in a hotel and this thing came out of the blue. I felt like I was dying."
- "In between attacks there is this dread and anxiety that it's going to happen again. I'm afraid to go back to places where I've had an attack. Unless I get help, there soon won't be any place where I can go and feel safe from panic."

Obsessive compulsive disorder

- "I couldn't do anything without rituals. They invaded every aspect of my life. Counting really bogged me down. I would wash my hair three times as opposed to once because three was a good luck number and one wasn't. It took me longer to read because I'd count the lines in a paragraph. When I set my alarm at night, I had to set it to a number that wouldn't add up to a 'bad' number."
- "I knew the rituals didn't make sense, and I was deeply ashamed of them, but I couldn't seem to overcome them until I had therapy."
- "Getting dressed in the morning was tough, because I had a routine, and if I didn't follow the routine, I'd get anxious and would have to get dressed again. I always worried that if I didn't do something, my parents were going to die. I'd have these terrible thoughts of harming my parents. That was completely irrational, but the thoughts triggered more anxiety and more senseless behavior. Because of the time I spent on rituals, I was unable to do a lot of things that were important to me."

Posttraumatic Stress Disorder

- "I was raped when I was 25 years old. For a long time, I spoke about the rape as though it was something that happened to someone else. I was very aware that it had happened to me, but there was just no feeling."
- "Then I started having flashbacks. They kind of came over me like a splash of water. I would be terrified. Suddenly I was reliving the rape. Every instant was startling. I wasn't aware of anything around me, I was in a bubble, just kind of floating. And it was scary. Having a flashback can wring you out."
- "The rape happened the week before Thanksgiving, and I can't believe the anxiety and fear I feel every year around the anniversary date. It's as though I've seen a werewolf. I can't relax, can't sleep, don't want to be with anyone. I wonder whether I'll ever be free of this terrible problem."

6. Formative Practice

- Students will classify disorders within three of the main categories of psychological disorders.
- Disclaimer: To formally diagnose an individual many more details are needed. These short case studies are only meant to be used to help find the basic distinctions between main psychological disorders.
- Review and correct formative A as a class.
- Provide formative B as extra practice or use it in a combined worksheet that uses case studies from multiple DSM categories.

Lesson Extensions

- Utilize a guest speaker from National Alliance on Mental Illness (NAMI) at <http://www.nami.org/>
- Compare and contrast normal anxiety versus and anxiety disorder. Utilize resources at <http://www.adaa.org/generalized-anxiety-disorder-vs-general-anxiety-about-economy>
- Become a member of TOPSS and utilize the lesson plan for psychological disorders located at <http://www.apa.org/ed/precollege/topss/lessons/#>
- Invite an APA member to skype with your class regarding mental illness. Lesson idea located at <http://www.apa.org/monitor/2014/09/upfront-classroom.aspx>

References

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Additional Resources

- American Psychological Association. (2015). *Anxiety*. Retrieved from <http://apa.org/topics/anxiety/index.aspx>
- American Psychological Association. (2013). College students' mental health is a growing concern, survey finds. *Monitor on Psychology*, 44 (6). Retrieved from <http://www.apa.org/monitor/2013/06/college-students.aspx>
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Name: _____ Hour: _____

A: Anxiety, Obsessive-Compulsive and Related, Trauma- and Stressor-Related Disorders

Directions: Identify the disorder that most closely matches with the case studies listed below. Please select from the following options: **Generalized Anxiety Disorder (GAD), Specific Phobia, Social Anxiety Disorder, Agoraphobia, Panic Disorder (Specifier: Panic Attack), Obsessive-Compulsive Disorder (OCD), Body Dysmorphic Disorder, Hoarding Disorder, Posttraumatic Stress Related Disorder (PTSD).**

1. Brian has repetitive and unwanted thoughts that he will harm himself. He does not want to harm himself, but cannot get out of this repetitive thought loop. These thoughts occur multiple times throughout the day and are very time consuming.
2. Cody has not used the kitchen in his house for years due to the clutter that covers every inch of his home. When asked to remove items or face eviction, Cody has great distress and fears losing important information. He cannot come to terms with throwing away, selling, giving away, or recycling his beloved possessions.
3. Gina has not left her home in over 10 years. She fears that if she leaves her home she would not be able to get help. She has tried to leave her home, but it has only resulted in extreme stress and panic.
4. Jay is terrified of the mall and tourist attractions, for fear that he would not be able to get help if something horrible happened. He also fears large crowds. Due to his fears he avoids these areas or requires someone to go with him to help calm his nerves.
5. Jon believes that he is not muscular enough, even though he looks normal to everyone else. He has joined a gym and exercises daily to make his body look bigger. His extreme exercise sometimes leads to bodily damage.
6. Katrina has an irrational fear of thunderstorms. Every time there is a thunderstorm she is anxious and cannot leave her home. This is greatly impacting her social and work life. She is also fearful of flying. This fear has prevented her from being able to go on business trips and visit family members.
7. Kylie witnessed her husband have a terrible skiing accident that resulted in his death. She avoids her memories and thoughts as much as possible because it causes so much distress. Now when she sees skiing gear she is transported back to the terrible experience. Her friends have remarked that her mood has changed and she has become more distant and irritable. Her nights are restless and she is jumpy. She is really struggling to function in her daily life.
8. Linda thinks that her home is dirty and she will become contaminated if she does not clean her kitchen. This daily cleaning takes hours to complete. Her hands are rubbed raw, she has not been able to maintain friendships, and she is struggling to keep up with work.
9. Lucinda always feels tense and jittery. Her worry shifts from one concern to another. Sometimes she is bothered by her job and other times she is worried that she cannot get everything done on her "to do list." She is constantly uneasy and her friends are always remarking how she is irritable, on edge, and hard to get along with.

10. Luke was brutally attacked three months ago at a local social gathering. He has been struggling with intrusive memories and flashbacks. Sometimes it as if he is right back to the moment the attack happened. Now he avoids that area of town and the friends he was with that night. At night he struggles to sleep as he often has wild dreams when he does finally fall sleep.
11. Maya was studying for exams late at night when she was suddenly overwhelmed with fear. She was short of breath, her heart was pounding, she was sweating, and she was very nauseous. It felt like she was losing control. Since then she has unexpected attacks that have been separated by weeks or months and she never sees them coming.
12. Michelle was once trapped in an enclosed water slide and now has an irrational fear of narrow, enclosed spaces. She has been interviewing for a new job and there is a perfect match, but her new place of employment would be on the 14th floor. She cannot use the elevator at her workplace because of her irrational fear and she doesn't know what to do. Other areas of her life are also being negatively impacted by this fear.
13. Nicole has over 500 dogs in her possession. She loves her "babies," but her dogs are living in deplorable conditions (crowded, dirty, excess waste). Many of the dogs are underfed and rarely taken to the vet. She cannot bear to part with her beloved pets.
14. Pete is fearful of being scrutinized when he is eating. This greatly impacts his social life. He is unable to go out to dinner with his friends and he struggles on dates. He worries every day leading up to a date, because he might spill food or have food caught in his teeth.
15. Sue has extreme and upsetting concerns about her appearance. She believes that her nose is abnormally shaped, even though no one can notice her perceived defect. On a regular basis she checks herself in the mirror and she is continuously touching her nose. When she is with her friends she talks of her nose often and believes that she looks "hideous."
16. Suzy fears being judged by others. When she has to do a speech for school in front of her classmates she fears being judged as "crazy" and thinks that everyone will just stare at her. Her fear controls her life and she repeats the speech for days in advance.
17. Tammy is always tired and worn out. It seems that she is always worried but is never sure why. This constant worry has led to muscle tension, horrible headaches, and a disrupted sleep schedule. The worry is pervasive and she is distressed.
18. Tom has aggressive thoughts that don't seem to go away. These thoughts consume him for hours during the day and are interfering with his home and work life. He has fair insight and recognizes that the thoughts are not true, but he cannot get rid of them.
19. Trisha was overwhelmed with terror. Within minutes she started shaking, her heart started pounding, she got dizzy, and she feared losing control. Since then she fears that this extreme worry will return. Because of this worry she has been staying home more often and denying requests to go out with friends.
20. Walter ran over a bump last week and believes that he ran someone over. He has spent countless hours driving through the neighborhood looking for someone hurt on the side of the road.

Name: _____ Hour: _____

B: Anxiety, Obsessive-Compulsive and Related, Trauma- and Stressor-Related Disorders

Directions: Identify the disorder that most closely matches with the case studies listed below. Please select from the following options: **Generalized Anxiety Disorder (GAD), Specific Phobia, Social Anxiety Disorder, Agoraphobia, Panic Disorder (Specifier: Panic Attack), Obsessive-Compulsive Disorder (OCD), Body Dysmorphic Disorder, Hoarding Disorder, Posttraumatic Stress Related Disorder (PTSD).**

1. When Aly gets the thought that her curling iron is turned on in her head she has to check to make sure her curling iron is turned off. When she is home she goes to the bathroom up to 30 times a night to make sure it is off. She has even had to leave work to make sure her curling iron is turned off. This has caused problems at work.
2. Brandon doesn't like to meet unfamiliar people. He is scared that he will start to sweat and stumble on his words because these strangers will judge him negatively. Often he will not attend social functions due to this great fear. His career has been greatly impacted because he has missed out on opportunities to meet much needed social contacts.
3. Bruce has liked symmetry since he was 8 years old. If someone touches his right hand, they must also touch his left hand. If they do not perform this symmetry, he focuses on how uncomfortable he feels and cannot function until they touch his left hand.
4. Carol is in her fifties and constantly worries about her family members. She calls her children daily checking in on them to make sure a misfortune has not happened. She also worries about household chores and being late for appointments. This worry has been going on for months and has greatly impacted her social and work life. In addition, she has been easily fatigued, irritable, and tense.
5. Jack was kidnapped when he was younger. He often experiences flashbacks to when he was held captive. He avoids the memories as much as possible. Because he blames himself for the incident, he has become reckless and self-destructive. He blows up quickly and has lost almost all of his friends. He is really struggling to function in his daily life.
6. Jeff always becomes extremely anxious after being introduced to needles. He is so scared that he refuses to go to the doctor for his yearly appointment.
7. Lee is struggling to keep up with his classes. When he does his homework he has to follow a specific routine. If his textbook is out of place or the page is not turned a proper amount of times he has to start over. It often takes him additional hours to complete his homework because of this routine. If he cannot do his routine he feels stressed.
8. Lily works as a police officer on the special victims unit. On a regular basis she has to investigate horrible cases of abuse and listen to heartbreaking testimony. She often has intrusive memories of these cases of abuse and tries to avoid crime scenes from her past cases. Her thoughts have become very negative and she feels as if no one can be trusted in this world. The slightest noise or movement around her causes her heart to pound rapidly. In the last month she has had angry outbursts where she lashes out at her partner.

9. One day as Susan was relaxing by the pool she suddenly had difficulty breathing, her heart pounded like crazy, her fingers got numb, and she started sweating uncontrollably. It felt like she was having a heart attack. This abrupt sense of fear lasted minutes, but then she quickly resumed to normal. These strange occurrences have been happening once a week for several months. Susan has started to change her behaviors due to these occurrences.
10. Sadie is extremely fearful and anxious whenever a bird comes near her. A traumatic experience when she was younger has resulted in an extreme irrational fear. Now Sadie avoids places where birds are congregating and rarely goes to parks with big ponds.
11. Sophia has been worrying for at least six months about various topics: her job, health, finances. This worry changes frequently and is hard to control. Often she is restless, is on edge, and struggles to concentrate. At night she struggles to fall asleep, which is leading to her poor performance at work. In the last month she has been written up twice at work for missing key details in her job.
12. Sandy fears using public transportation, such as trains, because she does not have the ability to escape them once they are in motion. She also fears being outside of her home. These fears have greatly impacted her life, often leaving her trapped in her home for months at a time.
13. Tanya has stacks of papers all throughout her home. The walkways are congested and the piles stacked to the ceiling are a safety hazard. This congestion and clutter has even spread to her vehicle and front yard. Many items appear to not have value, but Tanya believes they are useful and has a strong sentimental attachment to many of her belongings.
14. Tina believes she is unattractive due to acne and scars on her face. She camouflages these marks with make-up. Throughout the day she checks herself in the mirror and reapplies her make-up. These thoughts and actions are time-consuming (at least five hours a day) and difficult for her to control.

Answer Key Version A

1. OCD
2. Hoarding
3. Agoraphobia
4. Agoraphobia
5. Body dysmorphic disorder
6. Phobia
7. PTSD
8. OCD
9. GAD
10. PTSD
11. Panic disorder
12. Phobia
13. Hoarding
14. Social anxiety disorder
15. Body dysmorphic disorder
16. Social anxiety disorder
17. GAD
18. OCD
19. Panic disorder
20. OCD

Answer Key Version B

1. OCD
2. Social anxiety disorder
3. OCD
4. GAD
5. PTSD
6. Specific Phobia
7. OCD
8. PTSD
9. Panic disorder
10. Phobia
11. GAD
12. Agoraphobia
13. Hoarding
14. Body dysmorphic disorder

DSM-5 Classification Summary

Note: This is not an exhaustive list of disorders classified in the DSM-5

DSM-5 Disorders for AP Psychology	
<u>Anxiety Disorders</u> Panic Disorder (Specifier: Panic Attack) Generalized Anxiety Disorder (GAD) Specific Phobia Social Anxiety Disorder (Social Phobia) Agoraphobia Separation Anxiety Disorder	<u>Neurocognitive Disorders</u> Delirium Major Neurocognitive Disorder Minor Neurocognitive Disorder (e.g., due to Alzheimer's Disease, TBI, Substance use, Parkinson's Disease, Another Medical Condition, Multiple Etiologies)
<u>Obsessive-Compulsive and Related Disorders</u> Obsessive-Compulsive Disorder Body Dysmorphic Disorder Hoarding Disorder Trichotillomania (Hair-Pulling Disorder) Excoriation (Skin-Picking) Disorder	<u>Neurodevelopmental Disorders</u> Intellectual Disabilities Autism Spectrum Disorder Attention-Deficit/Hyperactivity Disorder (ADHD) Motor Disorders (Tourette's Disorder)
<u>Trauma- and Stressor-Related Disorders</u> Acute Stress Disorder Posttraumatic Stress Disorder Adjustment Disorders	<u>Sleep-Wake Disorders</u> Insomnia Disorder Narcolepsy Breathing-Related Sleep Disorders (Sleep Apnea) Circadian Rhythm Sleep-Wake Disorders <u>Parasomnias</u> Non-Rapid Eye Movement Sleep Arousal Disorder (Sleepwalking, Sleep Terrors) Nightmare Disorder
<u>Depressive Disorders</u> Major Depressive Disorder Persistent Depressive Disorder (Dysthymia) Disruptive Mood Dysregulation Disorder Premenstrual Dysphoric Disorder	<u>Substance-Related and Addictive Disorders</u> Alcohol, Caffeine, Cannabis, Hallucinogen, Inhalant, Opioid, Sedative/Anxiolytic, Stimulant, Tobacco, Other Substance Use Disorders (except caffeine) Substance Intoxication Disorders Substance Withdrawal Disorders Non-Substance-Related Disorders (Gambling Disorder)
<u>Bipolar and Related Disorders</u> Bipolar Disorder (I and II) Cyclothymic Disorder	<u>Feeding and Eating Disorders</u> Anorexia Nervosa Bulimia Nervosa Binge-Eating Disorder Avoidant/Restrictive Food Intake Disorder Pica
<u>Somatic Symptom and Related Disorders</u> Somatic Symptom Disorder Illness Anxiety Disorder Conversion Disorder Factitious Disorder	<u>Gender Dysphoria</u> Gender Dysphoria (in Children, in Adolescents and Adults)
<u>Dissociative Disorders</u> Dissociative Identity Disorder Dissociative Amnesia (Specifier/Symptom: Fugue) Depersonalization/Derealization	<u>Disruptive, Impulse-Control, and Conduct Disorders</u> Oppositional Defiant Disorder Intermittent Explosive Disorder Conduct Disorder Pyromania, Kleptomania
<u>Schizophrenia Spectrum and Other Psychotic Disorders</u> Schizophrenia Schizoaffective Disorder	<u>Paraphilic Disorders</u> <u>Sexual Dysfunctions</u> <u>Elimination Disorders</u>
<u>Cluster A Personality Disorders</u> Paranoid Schizoid Schizotypal <u>Cluster B Personality Disorders</u> Antisocial Borderline Histrionic Narcissistic <u>Cluster C Personality Disorders</u> Avoidant Dependent Obsessive-Compulsive Personality Disorder	<u>Conditions for Further Study</u> Depressive Episodes Short-Duration Hypomania Persistent Complex Bereavement Disorder Caffeine Use Disorder Internet Gaming Disorder Neurobehavioral Disorder due to Prenatal Alcohol Exposure Suicidal Behavior Disorder Nonsuicidal Self-Injury