

# Treatments for Mood Disorders

## TOPIC OVERVIEW

### Treatments for Unipolar Depression

Psychological Approaches  
Sociocultural Approaches  
Biological Approaches  
How Do the Treatments for Unipolar Depression Compare?

### Treatments for Bipolar Disorders

Lithium and Other Mood Stabilizers  
Adjunctive Psychotherapy

### Putting It Together: With Success Come New Questions

## LECTURE OUTLINE

### I. TREATMENTS FOR MOOD DISORDERS

- A. Mood disorders—as painful and disabling as they tend to be—respond more successfully to more kinds of treatments than do most other forms of psychological dysfunction
- B. This range of treatment options has been a source of reassurance and hope for the millions of people who desire to regain some measure of control over their moods

### II. TREATMENTS FOR UNIPOLAR DEPRESSION

- A. Around one-third of persons with unipolar depression (major depressive or dysthymic disorder) receive treatment from a mental health professional each year
  - 1. In addition, many other people in therapy experience depressed feelings as part of another disorder—thus, much of the therapy being administered today is for unipolar depression
- B. A variety of treatment approaches are currently in widespread use and can be divided into psychological, sociocultural, and biological approaches

- C. Psychological approaches
1. The psychological treatments used most often to combat unipolar depression come from three main models:
    - a. Psychodynamic—Widely used despite no strong research evidence
      - (a) Believing that unipolar depression results from unconscious grief over real or imagined losses, compounded by excessive dependence on other people, psychodynamic therapists seek to bring these issue into consciousness and work them through
      - (b) Psychodynamic therapists use the same basic procedures for all psychological disorders:
        - (i) Free association
        - (ii) Therapist interpretation
        - (iii) Review of past events and feelings
      - (c) Despite successful case reports, researchers have found that long-term psychodynamic therapy is only occasionally helpful in cases of unipolar depression
      - (d) Two features may be particularly limiting:
        - (i) Depressed clients may be too passive or weary to fully participate in clinical discussions
        - (ii) Depressed clients may become discouraged and end treatment too early when treatment is unable to provide quick relief
      - (e) Short-term approaches have performed better than traditional approaches
    - b. Behavioral—Primarily used for mild or moderate depression but practiced less than in past decades
      - (a) Lewinsohn, whose theory tied a person's mood to his/her life rewards, developed a behavioral therapy for unipolar depression in the 1970s:
        - (i) Reintroduce clients to pleasurable activities and events, often using a weekly schedule
        - (ii) Appropriately reinforce their depressive and nondepressive behaviors using a contingency management approach
        - (iii) Help them improve their social skills
      - (b) The behavioral techniques seem to be of only limited help when just one of them is applied
      - (c) When treatment programs combine two or more of the techniques, as Lewinsohn had envisioned, depressive symptoms (especially mild symptoms) seem to be reduced
      - (d) It is worth noting that Lewinsohn himself has combined behavior techniques with cognitive strategies in recent years
    - c. Cognitive—Has performed so well in research that it has a large and growing clinical following
      - (a) Beck viewed unipolar depression as resulting from a pattern of negative thinking that may be triggered by current upsetting situations
        - (i) *Maladaptive attitudes* lead people to the "*cognitive triad*:" negatively viewing oneself, the world, and the future
        - (ii) These biased views combine with *illogical thinking* to produce *automatic thoughts*
      - (b) Beck's cognitive therapy—which includes a number of behavior techniques—is designed to help clients recognize and change their negative cognitive processes
        - (i) This approach follows four phases and usually lasts less than 20 sessions:
          1. Increasing activities and elevating mood
          2. Challenging automatic thoughts
          3. Identifying negative thinking and biases
          4. Changing primary attitudes

- (c) Over the past three decades, hundreds of studies have shown that Beck's therapy and similar cognitive and cognitive-behavioral approaches help with unipolar depression
    - (i) Around 50 to 60 percent of clients show a near-total elimination of symptoms
    - (ii) This treatment also has been used in a group therapy format
  - (d) It is worth noting that a growing number of today's cognitive-behavior therapists disagree with Beck's proposition that individuals must fully discard negative cognitions
- D. Sociocultural approaches
1. Theorists trace the causes of unipolar depression to the broader social structure in which people live and the roles they are required to play
  2. Two groups of sociocultural treatments are now widely applied:
    - a. Multicultural treatments
      - (a) Culture-sensitive approaches are increasingly being combined with traditional forms of psychotherapy to help maximize the likelihood of minority clients overcoming their disorders
    - b. Family-social treatments
      - (a) Interpersonal therapy (IPT) holds that four interpersonal problems may lead to depression and must be addressed:
        - (i) Interpersonal loss
        - (ii) Interpersonal role dispute
        - (iii) Interpersonal role transition
        - (iv) Interpersonal deficits
      - (b) Studies suggest that IPT has a success rate similar to cognitive therapy for depression
    - c. Couple therapy
      - (a) The main type of couple therapy is behavioral marital therapy (BMT)
      - (b) The clinical focus is on developing specific communication and problem-solving skills
      - (c) If marriage is conflictual, BMT is as effective as other therapies
- E. Biological approaches
1. Biological treatments can bring great relief to people with unipolar depression
  2. Usually biological treatment means antidepressant drugs, but for severely depressed individuals who do not respond to other forms of treatment, it sometimes includes electroconvulsive therapy or brain stimulation
    - a. Electroconvulsive therapy (ECT)
      - (a) The use of ECT was and is controversial
        - (i) It now is used frequently because it is an effective and fast-acting intervention
      - (b) The procedure consists of targeted electrical stimulation to cause brain seizure
      - (c) The usual course of treatment is 6 to 12 sessions spaced over two to four weeks
        - (i) Treatment may be bilateral or unilateral
      - (d) The discovery of ECT's effectiveness was accidental and based on a fallacious link between psychosis and epilepsy
      - (e) The procedure has been modified in recent years to reduce some of the negative effects
        - (i) For example, patients are given muscle relaxants and anesthetics before and during the procedure
        - (ii) Patients generally report some memory loss
      - (f) ECT is clearly effective in treating unipolar depression
        - (i) Studies find improvement in 60 to 80 percent of patients
      - (g) The procedure seems particularly effective in cases of severe depression with delusions but it has been difficult to determine why ECT works so well

- (i) Although effective, the use of ECT has declined since the 1950s, due to the memory loss caused by the procedure, the frightening nature of the procedure, and the emergence of effective antidepressant drugs
- b. Antidepressant drugs
  - (a) In the 1950s, two kinds of drugs were discovered to be effective:
    - (i) Monoamine oxidase inhibitors (MAO-Is)
      1. Originally used to treat TB, doctors noticed that the medication (iproniazid) seemed to make patients happier
      2. The drug works biochemically by slowing down the body's production of MAO; MAO breaks down norepinephrine; MAO-inhibitors stop this breakdown from occurring
      3. This leads to a rise in norepinephrine activity and a reduction in depressive symptoms; about half of patients who take these drugs are helped by them
      4. MAO-inhibitors pose a potential serious danger!
        - a. There is a potentially fatal rise in blood pressure if one eats foods with tyramine (cheese, bananas, wine) while taking MAO-Is
      5. In recent years, a new MAO inhibitor in the form of a skin patch has become available; dangerous food interactions do not appear to be as common a problem with this kind of MAO inhibitor
    - (ii) Tricyclics
      1. In searching for medications for schizophrenia, it was discovered that imipramine lessened depressive symptoms
        - a. These drugs are known as *tricyclics* because they share a three-ring molecular structure
      2. Hundreds of studies have found that depressed patients taking tricyclics have improved much more than similar patients taking placebos
      3. Drugs must be taken for at least 10 days before such improvement will be seen
        - a. About 60 to 65 percent of patients will find symptom improvement
      4. If drugs are stopped immediately upon relief of symptoms, most patients relapse within one year
      5. If drugs are continued for five additional months ("continuation therapy") the risk of relapse decreases significantly
        - a. Other studies suggest that patients who take antidepressant drugs for three or more years after initial improvement ("maintenance therapy") may reduce the risk of relapse even more
      6. Tricyclics are believed to reduce depression by affecting NT "reuptake" mechanisms
        - a. In order to prevent an NT from remaining in the synapse too long, a pumplike mechanism recaptures it and draws it back into the presynaptic neuron
        - b. This reuptake process appears to be too effective in some people, drawing in too much of the NT from the synapse
        - c. This reduction is theorized to result in clinical depression
        - d. Tricyclics block this reuptake process, thus increasing NT activity in the synapse
      7. There is growing evidence that when tricyclics are ingested, they initially slow down the activity of the neurons that use norepinephrine and serotonin

- a. After a week or two, the neurons adapt to the drugs and go back to releasing normal amounts of the NTs
      - 8. Today tricyclics are prescribed more often than MAO-inhibitors
        - a. They do not require dietary restrictions
        - b. Some patients show higher rates of improvement
    - (iii) In the past few decades, these drugs have been joined by a third group, the “second-generation” antidepressants
      - 1. Structurally different from the MAO-inhibitors and tricyclics is a third group of effective antidepressant drugs:
        - a. Most of these are labeled selective serotonin reuptake inhibitors (SSRIs)
        - b. These drugs act only on serotonin (no other NTs are affected)
        - c. This class includes fluoxetine (Prozac) and sertraline (Zoloft)
      - 2. Selective norepinephrine reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors also are now available
      - 3. The effectiveness and speed of action of these drugs is on par with the tricyclics, yet their sales have skyrocketed
        - a. Clinicians often prefer these drugs because it is harder to overdose on them than the other kinds of antidepressants
        - b. In addition, there are no dietary restrictions like with the MAO-inhibitors
        - c. There are fewer side effects than the tricyclics
          - i. These drugs may cause some undesired effects of their own, including a reduction in sex drive
  - c. Brain stimulation
    - (a) As one-third or more of people with unipolar depression are not helped by any of the treatments discussed previously, clinical investigators continue to search for alternative approaches, including:
      - (i) Vagus nerve stimulation
        - 1. Depression researchers surmised they might be able to stimulate the brain by electrically stimulating the vagus nerve through use of a pulse generator implanted under the skin of the chest
        - 2. Research has found that the procedure brings significant relief to as many as 40 percent of those with treatment-resistant depression
        - 3. As with ECT, researchers do not yet know precisely why this technique reduces depression
      - (ii) Transcranial magnetic stimulation
        - 1. Another technique designed to stimulate the brain without the undesired effects of ECT, TMS has been found to reduce depression when administered daily for two to four weeks
        - 2. It is not yet approved by the FDA
      - (iii) Deep brain stimulation
        - 1. Theorizing a “depression switch” located deep within the brain, researchers have successfully experimented with electrode implantation in the brain’s Brodman Area 25
        - 2. While such positive initial findings have produced considerable enthusiasm in the clinical field, it is important to recognize and remember that in the past, certain promising brain interventions (e.g., lobotomy) later proved problematic and even dangerous upon closer inspection
- F. How do the treatments for unipolar depression compare?
  - 1. For most kinds of psychological disorders, no more than one or two treatments or combinations of treatments, if any, emerge as highly successful

- a. Unipolar depression seems to be an exception, responding to any of several approaches
2. Findings from a number of research studies suggest that:
  - a. Cognitive, cognitive-behavioral, interpersonal, and biological therapies are all highly effective treatments for unipolar depression, ranging in severity from mild to severe
  - b. Although the cognitive, cognitive-behavioral, and interpersonal therapies may lower the likelihood of relapse, they are hardly relapse-proof
  - c. When people with unipolar depression experience significant marital discord, couple therapy tends to be very helpful
  - d. Depressed people who receive strictly behavioral therapy have shown less improvement than those who receive cognitive, cognitive-behavioral, interpersonal, or biological therapy
  - e. Most studies suggest that psychodynamic therapies are less effective than these other therapies in treating all levels of unipolar depression
  - f. A combination of psychotherapy and drug therapy is modestly more helpful to depressed people than either treatment alone
  - g. These various trends do not always carry over to the treatment of depressed children and adolescents
  - h. Among biological treatments, antidepressant drugs and ECT appear to be equally effective for reducing depression, although ECT seems to act more quickly; in addition, the newly developed brain stimulation treatments seem helpful for some severely depressed individuals who have been repeatedly unresponsive to drug therapy, ECT, or psychotherapy

### III. TREATMENTS FOR BIPOLAR DISORDERS

- A. Until the latter part of the 20th century, people with bipolar disorders were destined to spend their lives on an emotional roller coaster
  1. Psychotherapists reported almost no success
  2. Antidepressant drugs were of limited help
    - a. These drugs sometimes triggered manic episodes
  3. ECT only occasionally relieved either the depressive or the manic episodes of bipolar disorder
- B. The use of lithium, element occurring as mineral salt, and other mood stabilizers, has dramatically changed this picture
  1. Lithium is extraordinarily effective in treating bipolar disorders and mania
  2. Determining the correct dosage for a given patient is a delicate process
    - a. Too low = no effect
    - b. Too high = Lithium intoxication (poisoning)
  3. All manner of research has attested to the effectiveness of lithium and other mood stabilizers in treating manic episode
    - a. More than 60 percent of patients with mania improve on these medications
    - b. Most individuals experience fewer new episodes while on the drug
    - c. Findings suggest that the mood stabilizers are also prophylactic drugs, ones that actually help prevent symptoms from developing
    - d. Mood stabilizers also helps those with bipolar disorder overcome their depressive episodes to a lesser degree
  4. Researchers do not fully understand how mood stabilizing drugs operate
    - a. They suspect that the drugs change synaptic activity in neurons, but in a different way from that of antidepressant drugs:
      - (a) While antidepressant drugs affect a neuron's initial reception on NTs, mood stabilizers seem to affect a neuron's second messengers
    - b. Another theory is that mood stabilizers correct bipolar functioning by directly changing sodium and potassium ion activity in neurons
- C. Adjunctive psychotherapy
  1. Psychotherapy alone rarely is helpful for persons with bipolar disorder

2. Mood stabilizing drugs alone are not always sufficient either
  - a. 30 percent or more of patients don't respond, may not receive the correct dose, and/or may relapse while taking it
  - b. As a result, clinicians often use psychotherapy as an adjunct to lithium (or other medication-based) therapy
3. Therapy focuses on medication management, social skills, and relationship issues
4. Few controlled studies have tested the effectiveness of such adjunctive therapy
  - a. Growing research suggests that it helps to reduce hospitalization, improves social functioning, and increases clients' ability to obtain and hold a job

## LEARNING OBJECTIVES

1. Describe the major psychological approaches to treatment of unipolar depression. That is, compare and contrast the psychodynamic, behavioral, and cognitive/cognitive-behavioral approaches to treatment.
2. Describe interpersonal psychotherapy and couple therapy.
3. What are the major biological approaches to unipolar depression? Describe ECT. Compare and contrast early antidepressants to currently used antidepressants.
4. How do the various approaches to treating depression compare?
5. Describe mood stabilizer therapy for bipolar disorder, including issues related to their use and their mechanism of action.
6. Describe adjunctive psychotherapy for bipolar disorder. What is it and why is it important?

## KEY TERMS

adjunctive psychotherapy  
cognitive therapy  
couple therapy  
deep brain stimulation  
electroconvulsive therapy (ECT)  
interpersonal psychotherapy (IPT)

lithium  
MAO inhibitor  
monoamine oxidase  
mood stabilizing drugs  
second-generation antidepressant  
second messengers

selective serotonin reuptake inhibitors (SSRIs)  
transcranial magnetic stimulation  
tricyclic  
vagus nerve stimulation

## MEDIA RESOURCES

### Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video

Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

## PowerPoint Slides

Available at the Instructor's site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 9. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as "fill-in" items. Answer keys and suggestions for use also are provided.

## Internet Sites

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 9 material are:

<http://www.depression.com/>

This site was developed and is funded by Glaxo-SmithKline and is devoted to the understanding and treatment of depression as well as coping with living with depression day by day.

<http://www.adolescent-mood-disorders.com/>

This site reviews the difficulties in recognizing depression and other mood disorders among teenagers.

<http://www.canmat.org>

This Canadian site endeavors to provide "information about anxiety, depression and bipolar disorders for the health professional and the general public."

<http://bipolar.mentalhelp.net/>

A site that includes treatments for bipolar disorder.

<http://www.mdsg.org/>

This is a comprehensive site of the mood disorder support group of New York City.

<http://www.nimh.nih.gov/health/publications>

This Web site, provided by the National Institute of Mental Health, supplies downloadable links to PDF files and booklets on a variety of mental health topics.

<http://www.psycom.net/depression.central.html>

Maintained by a private individual, this site is the Internet's central clearinghouse for information on all types of depressive disorders and on the most effective treatments for individuals suffering from major depression, manic-depression (bipolar disorder), cyclothymia, dysthymia, and other mood disorders.

## Mainstream Films

Films relevant to Chapter 9 material are listed and summarized below.

Key to Film Listings:

**P** = psychopathology focus

**T** = treatment focus

**E** = ethical issues raised

**Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matter.**

*One Flew Over the Cuckoo's Nest*

This film tells the story of Randall P. McMurphy (Jack Nicholson), a convict sent to a northwestern psychiatric hospital for evaluation and treatment. While there, McMurphy experiences first-hand the use of electroconvulsive therapy. **P, T, E, serious film**

*Ordinary People*

This 1980 film examines the treatment of a teenager suffering from depression, anxiety, and posttraumatic stress disorder in the aftermath of his brother's death. **P, T, serious film**

### Other Films:

*The Bell Jar* (1979) anxiety and depression. **P, T, serious film**

*Brain Candy* (1996) plot involves a drug company's research into and development of a drug to treat depression. **P, T, comedy**

*Fear Strikes Out* (1957) depression. **P, T, serious film**

*A Woman under the Influence* (1974) institutionalization and ECT. **P, T, E, serious film**

## Comer Video Segments

Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 9.

## Recommendations for Purchase or Rental

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following videos and other media are available for purchase or

rental and appropriate for use in class or for assignment outside of class.

*APA Cognitive-Behavior Therapy for Depression Video Series*

American Psychological Association  
1-800-374-2721  
fax: 1-202-336-5502  
E-mail: order@apa.org

*Gender Differences in Depression: A Marital Therapy Approach*

From The Ackerman Institute for the Family Series  
Guilford Publications, Inc.

72 Spring Street  
New York, NY 10012  
tel: (800) 365-7006 or (212) 431-9800  
fax: (212) 966-6708  
www.guilford.com

*Living Well with Bipolar Disorder: A New Look*  
Guilford Publications, Inc.

72 Spring Street  
New York, NY 10012  
tel: (800) 365-7006 or (212) 431-9800  
fax: (212) 966-6708  
www.guilford.com

## CLASS DEMONSTRATIONS AND ACTIVITIES

### Losing Mild Depression

Ask students what they do to get rid of the “blues.” Everyone has an occasional down day. Ask students to share the types of strategies that they use to alter their mood level. Everyone has something that makes them happier—playing golf, seeing a movie, swimming, or talking to a friend, for example. How successful are these strategies? Develop a list on an overhead transparency to see if there is a common thread.

### Case Study

Present a case study to the class.

### “It’s Debatable: Psychotherapy or Psychopharmacology?” (see Preface instructions for conducting this activity)

Have students volunteer (or assign them) in teams to opposite sides of the debate topic. Have students present their case in class following standard debate guidelines.

### Panel Discussion

Have students volunteer (or assign them) to portray mental health “workers” from different theoretical perspectives in a panel discussion. Each student should present the main explanation of and treatment for each mood disorder from his or her theoretical perspective. Students in the audience can ask questions of the panelists. Additionally, other students can role-play patients suffering from particular mood disorders.

[NOTE: A brief reminder about sensitivity and professionalism may be useful here.] Have the panelists, based on their theoretical orientation, diagnose these “patients.”

### “Here’s \$25,000 to be awarded to . . .”

Discuss the idea that manic episodes (e.g., a husband’s emptying the bank account to buy cuckoo clocks) can have devastating effects on the trust between spouses. Point out that many impulsive and perhaps silly decisions are made without the influence of a manic episode, but that couples (especially the nonbipolar spouse) have difficulty distinguishing them. The result is a profound lack of trust. Divide students into groups to compete for an award to be given by an organization interested in bipolar disorder research. The assignment is to design a contract or an agreement between a patient with bipolar disorder and his or her spouse that will enable them to distinguish correctly between “normal” impulsive and perhaps irrational decisions or ideas and the onset of another manic episode. Have the groups present their ideas, then have a class vote to see which group receives the grant to implement the idea.

### “Pretend, for a moment, that you are a counselor.”

Divide students into groups. Ask them to imagine that they are a counselor seeing a patient with fairly severe depression. Ask them to assume a cognitive stance in therapy. How would they proceed? The groups likely

will come up with ideas that are extremely similar to the manner in which Beck recommends that cognitive therapy proceed (e.g., “Ask the patient to write down his thoughts for the week”). Use this as a lead-in to a discussion of cognitive therapy.

### **The Anonymous Five-Minute Essay**

Ask students to turn in an anonymous essay describing a personal experience they had with a friend or a loved one with a serious episode of depression. Some

students will not have had such an experience, but most will have. Ask them to describe the situation and anything particularly memorable about it, such as talking to (or intervening with) a friend about suicide. You can expect that at least half the class will have had an experience with depression, which emphasizes the ubiquity of the disorder.

## **SUGGESTED TOPICS FOR DISCUSSION**

### **“And Remember to Ask Your Doctor . . .”**

Using Psych Watch (p. 298 in the text) as a platform, lead the class in a discussion about direct-to-consumer (DTC) drug advertising. What are the benefits and risks of such ad campaigns? Which can your class readily remember? Do the commercials and magazine ads create a balanced portrayal of benefits and risks? Students can bring in examples for extra credit.

### **The Grieving Process**

As discussed in A Closer Look (p. 282 in the text), the experience of grief is a common one, but is also fraught with misperceptions. Have your class break into groups to discuss various misconceptions (e.g., there is a set timetable for mourning) and cultural differences (e.g., creating an altar or shrine for the deceased).

### **The Relationship between Exercise and Depression**

Research has shown a link between regular physical exercise and the alleviation of depression. People who exercise regularly are less depressed. But could it be that people who are depressed just exercise less? Ask students to volunteer experiences when they or their friends used exercise as a way to feel better.

### **Electroconvulsive Therapy**

Lead a discussion on the use of electroconvulsive therapy (ECT). What have students heard or seen about the procedure prior to class? Are there ethical concerns with this procedure? Can someone experiencing such severe depression to warrant ECT give informed consent for the procedure?

## **ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS**

### **Abnormal Psychology Student Tool Kit Video Questions**

As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the online assessment feature. The results of these quizzes report to the site’s built-in grade book.

### **“Write a Pamphlet”**

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on one or all of the mood disorder treatments. Students should be encouraged to be as accurate and up-to-date as possible and also to present

all sides of the disorder (e.g., alternate treatment approaches or theories).

### **Keep a Journal**

In addition to helping students synthesize material, this activity is helpful in developing writing skills. Have students keep a journal of their thoughts on course material through the semester. This can be done in the first or last five minutes of class or as an out-of-class assignment. Faculty generally should have students submit their journals for review on an on-going basis, since students can tend to delay writing until the end of the semester. Some suggestions for journal topics include: reactions to the case examples; strengths and weaknesses of prevailing theoretical explanations;

hypothetical conversations with sufferers of specific disorders, etc.

### Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 9 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

### Essay Topics

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

- (1) Write a list of treatment recommendations, supported by the literature, for a client facing moderate depression. Be sure to include suggestions from both psychological and biological perspectives. For which would you advocate most strongly?
- (2) Discuss the multicultural findings regarding the likelihood of being prescribed antidepressants.
- (3) Separately discuss the issues for a patient choosing among the various biological treatments for unipolar depression and bipolar disorder. What issues are common between the two disorders? What issues would be most troubling to resolve? Why do you think some patients refuse biological interventions?
- (4) Discuss the current popular use of herbal supplements for better health (Psych Watch, p. 286 in the text). What are the main disorders targeted by such treatments? Do you think such drugs should be regulated by the Food and Drug Administration (FDA)?
- (5) Describe the mechanism of action of the tricyclic antidepressants.

### Research Topics

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

- (1) Research the growing use of “herbal” supplements and “natural” hormones to treat psycho-

logical problems. See Psych Watch (p. 286 in the text) for a good start.

- (2) Conduct a “Psych Info” search and write an annotated bibliography on comparison studies of psychological approaches for unipolar depression. What sample populations are most common?
- (3) Conduct a literature review on the history of treatments for unipolar depression, focusing on the induction of brain seizure.

### Case Study Evaluations

To complement the Comer and Gorenstein supplemental case study text, case study evaluations have been created. Students can be assigned the appropriate case study and evaluation as homework or for class discussion. While case-study evaluation questions are listed in their entirety on the companion Web site at [www.worthpublishers.com/comer](http://www.worthpublishers.com/comer), the relevant case studies are referenced next.

*Case Study 4: Major Depressive Disorder*

*Case Study 5: Bipolar Disorder*

### Web-Based Case Studies

Nine Web-based case studies have been created and posted on the companion Web site. These cases describe the individual’s history and symptoms and are accompanied by a series of guided questions which point to the precise DSM-IV-TR criteria for each disorder. Students can both identify the disorder and suggest a course of treatment. Students can be assigned the appropriate case study and questions as homework or for class discussion. The case relevant to Chapter 9 is referenced below.

*The Case of Ellen: Depression and Suicidality*

### Crossword Puzzles

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #9.

### Word Searches

As a homework assignment or for extra credit, have students complete and submit Word Search #9.

