

# Treatments for Schizophrenia and Other Severe Mental Disorders

## TOPIC OVERVIEW

### **Institutional Care in the Past**

#### **Institutional Care Takes a Turn for the Better**

- Milieu Therapy
- The Token Economy

#### **Antipsychotic Drugs**

- How Effective Are Antipsychotic Drugs?
- The Unwanted Effects of Conventional Antipsychotic Drugs
- New Antipsychotic Drugs

#### **Psychotherapy**

- Cognitive-Behavioral Therapy
- Family Therapy
- Social Therapy

#### **The Community Approach**

- What Are the Features of Effective Community Care?
- How Has Community Treatment Failed?
- The Promise of Community Treatment

#### **Putting It Together: An Important Lesson**

## LECTURE OUTLINE

### I. TREATMENTS FOR SCHIZOPHRENIA

- A. For much of human history, people with schizophrenia were considered beyond help
- B. While still extremely difficult to treat, with the discovery of antipsychotic drugs, people with the disorder are more able to think clearly and profit from psychotherapies
- C. Each of the models offers treatments for schizophrenia, and all have been influential at one time or another

### II. INSTITUTIONAL CARE IN THE PAST

- A. For more than half of the 20th century, people with schizophrenia were institutionalized in public mental hospitals
  - 1. Because patients failed to respond to traditional therapies, the primary goals of the hospitals were to restrain them and give them food, shelter, and clothing
- B. The move toward institutionalization began in 1793 with the practice of “moral treatment”
  - 1. Hospitals were created in isolated areas to protect patients from the stresses of daily life and to offer them a healthful psychological environment
  - 2. States throughout the United States were required by law to establish public mental institutions (state hospitals) for patients who could not afford private care
  - 3. Unfortunately, problems with overcrowding, understaffing, and poor patient outcomes led to loss of individual care and the creation of “back wards”—human warehouses filled with hopelessness
  - 4. Many patients not only failed to improve under these conditions but developed additional symptoms, apparently as the result of institutionalization itself
    - a. The most common pattern of decline was called the social breakdown syndrome: extreme withdrawal, anger, physical aggressiveness, and loss of interest in personal appearance and functioning

### III. INSTITUTIONAL CARE TAKES A TURN FOR THE BETTER

- A. In the 1950s, clinicians developed two institutional approaches that brought some hope to chronic patients:
  - 1. Milieu therapy—based on humanistic principles
    - a. The principle behind this type of treatment is that institutions can help patients make clinical progress by creating a social climate (“milieu”) that builds productive, meaningful activities, self-respect, and individual responsibility
    - b. These types of programs have been set up in institutions throughout the Western world with moderate success
    - c. Research has shown that patients with schizophrenia in milieu programs often leave the hospital at higher rates than patients receiving custodial care
  - 2. Token economies—based on behavioral principles
    - a. Based on operant conditioning principles, token economies were employed in institutions to change the behavior of patients with schizophrenia
    - b. In token economies, patients are rewarded when they behave in socially acceptable ways and are not rewarded when they behave unacceptably
      - (a) Immediate rewards are tokens that can later be exchanged for food, cigarettes, privileges, and other desirable objects
      - (b) Acceptable behaviors likely to be targeted include care for oneself and one’s possessions, going to a work program, speaking normally, following ward rules, and showing self-control
    - c. Researchers have found that token economies do help reduce psychotic and related behavior; however, questions have been raised about such programs:
      - (a) Research studies have tended to be uncontrolled—patients often aren’t randomly assigned to groups, rather, a whole ward will participate in the system

- (b) Are such programs ethical and legal? Aren't all humans entitled to basic rights, some of which are compromised in a strict token economy system?
  - (c) Are such programs truly effective? For example, patients may change overt behaviors but not underlying psychotic beliefs
  - (d) Transition from a token economy system to community living may be difficult for patients
3. Token economies helped improve the personal care and self-image of patients, problem areas worsened by institutionalization
    - a. They are still used in many mental hospitals, usually along with medication
    - b. These approaches also have been applied to other clinical problems as well

#### IV. ANTIPSYCHOTIC DRUGS

- A. While milieu therapy and token economies improved patients' outcomes, it was the discovery of antipsychotic drugs in the 1950s that revolutionized care for those with schizophrenia
- B. The discovery of antipsychotic medications dates back to the 1940s, when researchers developed antihistamine drugs for allergies
  1. It was discovered that one group of antihistamines, phenothiazines, could be used to calm patients about to undergo surgery
  2. Psychiatrists tested the drug on six patients with psychosis and observed a sharp reduction in their symptoms
  3. In 1954, this drug was approved for sale in the United States as an antipsychotic drug under the trade name Thorazine
- C. Since the discovery of the phenothiazines, other kinds of psychotic drugs have been developed
  1. The ones developed throughout the 1960s, 1970s, and 1980s are now referred to as "conventional" antipsychotic drugs
    - a. These drugs also are known as neuroleptic drugs because they often produce undesired movement effects similar to symptoms of neurological diseases
  2. Drugs developed in recent years are known as the "atypical" or "second generation" antipsychotics
- D. How effective are antipsychotic drugs?
  1. Research repeatedly has shown that antipsychotic drugs reduce schizophrenia symptoms in at least 65 percent of patients
  2. In direct comparisons, drugs appear to be more effective than any other approach used alone
  3. In most cases, the drugs produce the maximum level of improvement within the first six months of treatment
  4. Symptoms may return if patients stop taking the drugs too soon
  5. Antipsychotic drugs, particularly the conventional ones, reduce the positive symptoms of schizophrenia more completely, or at least more quickly, than the negative symptoms
    - a. Correspondingly, people who display largely positive symptoms generally have better rates of recovery than those with primarily negative symptoms
  6. Also, as men with the disorder tend to have more negative symptoms than women, it is not surprising that they require higher doses and respond less readily to the antipsychotic drugs
  7. Although the use of such drugs is now widely accepted, patients often dislike the powerful effects of the drugs, and some refuse to take them
- E. The unwanted effects of conventional antipsychotic drugs
  1. In addition to reducing psychotic symptoms, the conventional antipsychotic drugs sometimes produce disturbing movement problems
    - a. The effects are called extrapyramidal effects because they appear to be caused by the drugs' impact on the extrapyramidal areas of the brain
    - b. These effects are so common that they are listed as a separate category of disorders in the DSM-IV-TR—medication-induced movement disorder

2. The most common of these effects produce Parkinsonian symptoms, reactions that closely resemble the features of the neurological disorder Parkinson's disease, including:
    - a. Muscle tremor and rigidity
    - b. Dystonia—bizarre movements of face, neck, tongue, and back
    - c. Akathisia—great restlessness, agitation, and discomfort in the limbs
  3. The Parkinsonian and related symptoms seem to be the result of medication-induced reductions of dopamine activity in the basal ganglia and substantia nigra, parts of the brain that coordinates movement and posture
    - a. In most cases, the symptoms can be reversed if an anti-Parkinsonian drug is taken along with the antipsychotic
      - (a) Sometimes medication use must be halted altogether
  4. In as many as 1 percent of patients, particularly elderly ones, conventional antipsychotic drugs produce neuroleptic malignant syndrome, a severe potentially fatal reaction
    - a. Symptoms include muscle rigidity, fever, altered consciousness, and improper functioning of the autonomic nervous system
    - b. As soon as the syndrome is recognized, drug use is discontinued and each symptom treated medically
    - c. Individuals also may be given dopamine-enhancing drugs
  5. A more difficult side effect of the conventional antipsychotic drugs appears up to one year after starting the medication
    - a. This reaction, called tardive dyskinesia, involves involuntary writhing or tic-like movements, usually of mouth, lips, tongue, legs, or body
      - (a) It affects more than 10 percent of those taking these drugs for an extended time
      - (b) Tardive dyskinesia can be difficult, sometimes impossible, to eliminate
  6. Since learning of the unwanted side effects of the conventional antipsychotic drugs, clinicians have become more careful in their prescription practices:
    - a. They try to prescribe the lowest effective dose
    - b. They gradually reduce or stop medication weeks or months after the patient is seeing improvement in symptoms
- F. New antipsychotic drugs
1. In recent years, new antipsychotic drugs have been developed
    - a. Examples: Clozaril, Risperidal, Zyprexa, Seroquel, Geodon, and Abilify
  2. These drugs are called "atypical" because they work using a different mechanism of action than the conventional antipsychotics
  3. They appear more effective than conventional antipsychotic drugs, especially for negative symptoms
    - a. They cause few extrapyramidal side effects
    - b. They do, however, carry an independent risk of agranulocytosis—a potentially fatal drop in white cells
    - c. They are also very expensive

## V. PSYCHOTHERAPY

- A. Before the discovery of antipsychotic drugs, psychotherapy was not an option for people with schizophrenia
  1. Most were simply too far removed from reality to profit from it
- B. Today, psychotherapy can be very helpful when used in combination with medication
- C. The most helpful forms of psychotherapy include cognitive-behavioral therapy and two broader sociocultural therapies—family therapy and social therapy
  1. Often these approaches are combined and tailored to the need of the individual patient
- D. Cognitive-behavioral therapy
  1. An increasing number of clinicians employ techniques that seeks to change how individuals view and react to their hallucinatory experiences, including
    - a. Provide education and evidence of the biological causes of hallucinations

- b. Help clients learn about the “comings and goings” of their own hallucinations and delusions
  - c. Challenge clients’ inaccurate ideas about the power of their hallucinations
  - d. Teach clients to reattribute and more accurately interpret their hallucinations
  - e. Teach techniques for coping with their unpleasant sensations
- 2. The systematic applications of these techniques helps patients gain a greater sense of control, become more functional, and more forward in life
- 3. Studies indicate that these various techniques are often very helpful
- E. Family therapy
  - 1. Over 50 percent of persons with schizophrenia live with family members, a situation that creates significant family stress
    - a. As we observed, those with schizophrenia living with relatives who display high levels of expressed emotion are at greater risk for relapse than those living with more positive or supportive families
    - b. Family therapy attempts to address such issues, as well as creating more realistic expectations and psychoeducation about the disorder
  - 2. Families also may turn to family support groups and family psychoeducation programs
- F. Social therapy
  - 1. Many clinicians believe that the treatment of people with schizophrenia should include techniques that address social and personal difficulties in the clients’ lives
    - a. These include: practical advice, problem-solving, decision making, social skills training, medication management, employment counseling, financial assistance, and housing
    - b. Research supports this model in terms of a decrease in the return to hospitalization

## VI. THE COMMUNITY APPROACH

- A. The broadest approach for the treatment of schizophrenia is the community approach
- B. In 1963, Congress passed the Community Mental Health Act which provided that patients should be able to receive care within their own communities, rather than being transported to institutions far from home
  - 1. This act led to massive deinstitutionalization of patients with schizophrenia—unfortunately, community care was (and is) inadequate for their care
    - a. The result is a “revolving door” syndrome
- C. What are the features of effective community care?
  - 1. People recovering from schizophrenia and other severe disorders need medication, psychotherapy, help in handling daily pressures and responsibilities, guidance in making decisions, training in social skills, residential supervision, and vocational counseling
    - a. This combination of services sometimes is called assertive community treatment
  - 2. Other key features of effective community care include:
    - a. Coordinated services
      - (a) Community mental health centers provide medications, psychotherapy, and inpatient emergency care
      - (b) Coordination of services is especially important for mentally ill chemical abusers (MICAs)
    - b. Short-term hospitalization
      - (a) If treatment on an outpatient basis is unsuccessful, patients may be transferred to short-term hospital programs
      - (b) After hospitalization lasting a few weeks, patients are released to aftercare programs for follow-up in the community
    - c. Partial hospitalization
      - (a) If patient needs fall between full hospitalization and outpatient care, day center programs may be effective

- (b) These programs provide daily supervised activities and programs to improve social skills
    - (c) Another kind of institution that has become popular is the semihospital, or residential crisis center—houses or other structures in the community that provide 24-hour nursing care for those with severe mental disorders
  - d. Supervised residences
    - (a) Halfway houses (or group homes) provide shelter and supervision for patients unable to live alone or with their families, but who do not require hospitalization
    - (b) Staff are usually paraprofessionals, and houses are run with a milieu therapy philosophy
    - (c) These programs help those with schizophrenia adjust to community life and avoid rehospitalization
  - e. Occupational training
    - (a) Many people recovering from schizophrenia receive occupational training in a sheltered workshop—a supervised workplace for employees who are not ready for competitive or complicated jobs
- D. How has community treatment failed?
1. There is no doubt that effective community programs can help people with schizophrenia recover
    - a. However, fewer than half of all people who need them receive appropriate community mental health services
    - b. In fact, in any given year, 40 to 60 percent of all people with schizophrenia receive no treatment at all
  2. Two factors primarily are responsible:
    - a. Poor coordination of services
      - (a) Mental health agencies in a community often fail to communicate with one another
      - (b) To combat this problem, a growing number of community therapists have become case managers for people with schizophrenia
        - (i) While they offer therapy and advice, teach problem-solving and social skills, and ensure compliance with medications, case managers also try to coordinate available community services for their clients
    - b. Shortage of services
      - (a) The number of community programs available to people with schizophrenia is woefully short
      - (b) Also, the centers that do exist generally fail to provide adequate services for people with severe disorders
      - (c) This shortage is due to a lack of mental health professionals wishing to work with severely disturbed patients, objections to such programs by neighborhood residents, and (primarily) funding shortages
- E. What are the consequences of inadequate community treatment?
1. When community treatment fails, many people with schizophrenia receive no treatment at all
  2. Many return to their families and receive medication and perhaps emotional and financial support, but little else in the way of treatment
  3. Between 8 and 18 percent of patients enter an alternative care facility (e.g., nursing homes), where they receive custodial care and medication
  4. As many as 31 percent of patients are placed in single-room occupancy hotels, generally in run-down environments, where they exist on government disability payments
  5. Finally, a great number of people with schizophrenia become homeless
    - a. Approximately one-third of the homeless in America have a severe mental disorder, commonly schizophrenia
- F. The promise of community treatment
1. Despite these very serious problems, proper community care has shown great potential for assisting recovery from schizophrenia

2. A number of national interest groups, including the National Alliance on Mental Illness (NAMI), have formed to push for better community treatment
3. Today community care is a major feature of treatment for people recovering from schizophrenia in countries around the world
  - a. Both in the United States and abroad, varied and well-coordinated community treatment is seen as an important part of the solution to the problem of schizophrenia

## LEARNING OBJECTIVES

1. Summarize past institutional care and the improved institutional care of the milieu therapy and token economy programs.
2. Discuss the effectiveness of antipsychotic drugs.
3. Discuss the side effects of antipsychotic drugs: Parkinsonian and related symptoms, neuroleptic malignant syndrome, and tardive dyskinesia.
4. Discuss newer antipsychotic drugs.
5. Discuss the effects of psychotherapy on schizophrenia, including cognitive-behavioral, social, and family therapies.
6. Describe effective community care of patients with schizophrenia.
7. Discuss the problems with community care and potential solutions.

## KEY TERMS

aftercare  
 agranulocytosis  
 antipsychotic drugs  
 back wards  
 case managers  
 community mental health center

day center  
 deinstitutionalization  
 extrapyramidal effects  
 halfway house  
 lobotomy  
 milieu therapy  
 national interest group

neuroleptic drugs  
 paraprofessional  
 sheltered workshop  
 state hospitals  
 tardive dyskinesia  
 token economy program

## 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 15. 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 15 material are:

<http://www.schizophrenia.org>

The Schizophrenia Home Page contains links to chat rooms and to sites for families of affected individuals and individuals with schizophrenia. It also contains suggestions for dealing with this disorder.

<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.nlm.nih.gov/medlineplus/schizophrenia.html>

Medline Plus brings together authoritative information from NLM, NIH, and other government agencies and health-related organizations.

<http://www.nami.org>

Web site of the National Alliance on Mental Illness (NAMI), which offers excellent resources on mental health issues.

<http://psychcentral.com>

From the site: "The Internet's largest and oldest independent mental health social network created and run by mental health professionals." Has information on various disorders and their treatments.

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

This Web site is from a nonprofit information, support, and education center.

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

Basic facts about mental health issues, including schizophrenia.

## Mainstream Films

Films relevant to Chapter 15 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.**

*An Angel at My Table*

This 1990 film by Jane Campion recounts the autobiographical tale of New Zealand poet Janet Frame who was misdiagnosed with schizophrenia and spent eight years in a psychiatric hospital. **P, T, E, serious film**

*A Beautiful Mind*

This Oscar-winning film from 2001 stars Russell Crowe as real-life mathematician John Nash, Jr., a Nobel prizewinner who developed a groundbreaking economic theory while struggling with schizophrenic delusions. **P, T, E, serious film**

*Don Juan Demarco*

In this 1995 comedy, Johnny Depp portrays a patient in a psychiatric hospital who claims to be Don Juan, the world's greatest lover. Marlon Brando plays the psychiatrist who tries to analyze his patient's apparent delusion. **P, T, E comedy/serious film**

*I Never Promised You a Rose Garden*

From 1977, this gripping drama recounts a schizophrenic teenager's struggle to cope with her illness with the help of a caring psychiatrist. **P, T, E, serious film**

*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**

*Snake Pit*

Based on an autobiography, this film, made in 1948, is one of the first and best about mental illness and the treatment of patients in asylums and hospitals. Olivia de Havilland portrays a woman suffering from a nervous breakdown. **P, T, E, serious film**



**Other Films:**

*A Fine Madness* (1966) personality disorders, lobotomy.

**P, T, serious/comedy film**

*Frances* (1982) personality disorder. **P, T, E, serious film**

*They Might Be Giants* (1971) schizophrenia, treatment.

**P, T, E, commercial/serious/comedy film**

*Tillicut Follies* (1967) institutionalization. **P, T, E, serious documentary**

*Dark Voices: Schizophrenia*

P. O. Box 2053

Princeton, NJ 08543-2053

Phone: 800-257-5126

Fax: 609-275-3767

Email To: [custserv@films.com](mailto:custserv@films.com)

*Schizophrenia*

This specially adapted Phil Donahue program is regarded as one of the most helpful programs on schizophrenia addressed to nonspecialist audiences. (28 min.)

P. O. Box 2053

Princeton, NJ 08543-2053

Phone: 800-257-5126

Fax: 609-275-3767

Email To: [custserv@films.com](mailto:custserv@films.com)

*Psychiatric Interview #18: Evaluation for Diagnosis*

Educational Media Collection

Box 353090

University of Washington

Seattle, WA 98195-3090

Scheduling: (206) 543-9909

Preview: (206) 543-9908

Reference: (206) 543-9907

*Full of Sound and Fury: Living with Schizophrenia*

Filmakers Library

124 East 40th St. Suite 901

New York, NY 10016

ph (212) 808-4980

fax (212) 808-4983

Email: [info@filmakers.com](mailto:info@filmakers.com)

Web: <http://www.filmakers.com>

*Dialogues with Madwomen*

Women Make Movies

462 Broadway, 5th FL

New York, NY 10013

ph (212) 925-0606

fax (212) 925-2052

Email: [info@wmm.com](mailto:info@wmm.com)

Web: <http://www.wmm.com/>

**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 15.

**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.

*The Brain: Madness*

Annenberg/CPB Project

P. O. Box 2345

South Burlington, VT 05407-2345

(800)-LEARNER

*Living with Schizophrenia*

Guilford Publications, Inc.

72 Spring Street

New York, NY 10012

tel: (800) 365-7006

or (212) 431-9800

fax: (212) 966-6708

(800) 365-7006

[www.guilford.com](http://www.guilford.com)

*Preventing Relapse in Schizophrenia*

P. O. Box 2053

Princeton, NJ 08543-2053

Phone: 800-257-5126

Fax: 609-275-3767

Email To: [custserv@films.com](mailto:custserv@films.com)

## CLASS DEMONSTRATIONS AND ACTIVITIES

### Case Study

Present a case study to the class.

### Guest Speaker

Invite a mental health consumer or consumer advocate into your class to discuss his or her experiences with the mental health care system. NAMI (National Alliance on Mental Illness) sponsors several excellent programs designed to foster understanding and discussion of the problems impacting those with severe mental illness and their loved ones.

### 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 and treatment for the schizophrenia 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 subtypes of schizophrenia. [NOTE: A brief reminder about sensitivity and

professionalism is useful here.] Have the panelists attempt to diagnose based on their theoretical orientation.

### “It’s Debatable: The Ethics of Antipsychotic Drugs” (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 cases in class, following standard debate guidelines.

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

Have groups of students compete for an award to be given to the best token economy.

### “Let’s Write a Self-Help Bestseller.”

Discuss the fact that there are few (if any) self-help books for persons with schizophrenia (there are several for families). Divide students into groups, then ask each group to write an outline for such a manual. The results will be interesting.

## SUGGESTED TOPICS FOR DISCUSSION

### Neuroleptic Drugs

Discuss some of the controversies that surround neuroleptic drugs. An ongoing controversy involves the control and costs of the blood tests necessary to monitor patients who take Clozaril.

### Lobotomy: How Could It Happen?

Using A Closer Look on p. 483 in the text as a platform, lead a class discussion on the use of lobotomy as a

treatment for schizophrenia. What are students’ reactions to this piece of psychology’s history? What are their reactions to the continued use of psychosurgery?

### “NIMBY: Not In My Backyard”

Discuss some of the community concerns about the placement of halfway houses and other types of community care services in residential neighborhoods.

## ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

### “Write a Pamphlet”

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on treatment for schizophrenia. 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 also 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.

## 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 on-line assessment feature. The results of these quizzes report to the site's built-in grade book.

## Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 15 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) Discuss the use of antipsychotic medication to treat schizophrenia. Do you think there are ethical concerns with the use of conventional medications, given their high risk of side effects? Should a person with schizophrenia be "allowed" to refuse to take medications because of the risk of side effects?
- (2) Discuss the case of Larry Hogue, the "Wild Man of West 96th Street" described in *Psych Watch* pp. 500–501 in the text. What are the unique treatment issues affecting MICA clients?
- (3) Discuss the NIMBY (Not In My Back Yard) phenomenon that hinders community treatment efforts. What could be done to reduce this?
- (4) The *Media Speaks* on p. 494 in the text discusses a support group for those who hear voices. Discuss the pros and cons of such a group.

## Research Topics

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

- (1) Conduct a "Psych Info" search and write an annotated bibliography on community treatments for schizophrenia. What research is being conducted? Which components of treatment are most examined?
- (2) Research and review the literature on psychotherapy for schizophrenia. What issues are most raised by clients? What areas are most addressed by researchers?
- (3) Research and review the statistics on homelessness, mental illness, and community care programs in your state or county. What efforts are being made to address the problems of the severely mentally ill?
- (4) Review one or two of the research studies discussed in *Eye on Culture* on p. 491 in the text. What are the cultural issues under investigation? What are other areas of study on this topic?

## Film Review

To earn extra credit, have students watch one (or more) of the mainstream films listed and write a brief (3–5) page report. Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker take? What is the message (implicit or explicit) concerning the mentally ill?

## 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 12: Schizophrenia*

## 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.

der. 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 15 is referenced below.

*The Case of Randy: Schizophrenia*

### **Crossword Puzzles**

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #15.

### **Word Searches**

As a homework assignment or for extra credit, have students complete and submit Word Search #15.