Disorders of Aging and Cognition

TOPIC OVERVIEW

Old Age and Stress
Depression in Later Life
Anxiety Disorders in Later Life
Substance Abuse in Later Life
Psychotic Disorders in Later Life
Disorders of Cognition
  Delirium
  Dementia
Issues Affecting the Mental Health of the Elderly
Putting it Together: Clinicians Discover the Elderly

LECTURE OUTLINE

I. DISORDERS OF AGING AND COGNITION
   A. Dementia—deterioration of one’s memory and related cognitive faculties—is currently the most publicized and feared psychological problem among the elderly
      1. It is, however, hardly the only one
   B. A variety of psychological disorders are tied closely to later life
C. As with childhood disorders, some of the disorders of old age are caused primarily by pressures that are particularly likely to appear at that time of life, others by unique traumatic experiences, and still others—like dementia—by biological abnormalities.

II. OLD AGE AND STRESS
A. Old age is usually defined in our society as the years past age 65
   1. There are more than 36 million “old” people in the United States—12 percent of the population and growing
   2. Older women outnumber older men by 3 to 2
B. Like childhood, old age brings special pressure, unique upsets, and profound biological changes
   1. The stresses of elderly people need not result in psychological disorders; however, studies indicate that as many as 50 percent of elderly people would benefit from mental health services
      a. Yet, fewer than 20 percent actually receive them
   2. Geropsychology is the field of psychology dedicated to the mental health of elderly people
C. The psychological problems of elderly persons may be divided into two groups:
   1. Disorders that are found in people of all ages but are connected to the process of aging
      a. Depressive, anxiety, and substance-related disorders
   2. Disorders of cognition that result from brain abnormalities
      a. Delirium, dementia

III. DEPRESSION IN LATER LIFE
A. Depression is one of the most common mental health problem of older adults
B. The features of depression are the same for elderly people as for younger people
C. Overall, as many as 20 percent of the elderly experience this disorder
   1. The rate is highest in older women
D. Several studies suggest that depression among older people raises their chances of developing significant medical problems
E. Elderly persons are more likely to commit suicide than younger ones, and often their suicides are related to depression
F. Like younger adults, older people who are depressed may be helped by cognitive-behavioral therapy, interpersonal therapy, antidepressant medications, or a combination of these approaches
   1. More than half of older patients with depression improve with these treatments
G. It sometimes is difficult to use antidepressant drugs effectively and safely because the body’s metabolism works differently in later life
   1. Moreover, among elderly people, antidepressant drugs have a higher risk of causing some cognitive impairment

IV. ANXIETY DISORDERS IN LATER LIFE
A. Anxiety also is common among the elderly
   1. At any given time, around 6 percent of elderly men and 11 percent of elderly women in the United States experience at least one of the anxiety disorders
   2. GAD is particularly common, experienced by up to 7 percent of all elderly persons
B. The prevalence of anxiety increases throughout old age and anxiety in the elderly may be underreported
C. There are many things about aging that may heighten anxiety levels, including declining health
   1. Researchers have not, however, systematically tied anxiety disorders among the elderly to specific events or losses
D. Older adults with anxiety disorders often are treated with psychotherapy of various kinds, particularly cognitive therapies
   1. Many also receive antianxiety medications
   2. Again, all such drugs must be used cautiously with older people
V. SUBSTANCE ABUSE IN LATER LIFE
A. Although alcohol abuse and other forms of substance abuse are significant problems for many older persons, the prevalence of such patterns actually appears to decline after age 60
  1. It is important to note, though, that accurate data about the rate of substance abuse among older adults is difficult to obtain because many elderly persons do not suspect or admit they have such a problem
B. Surveys find that 4 to 7 percent of older people, particularly men, display alcohol-related disorders in a given year
C. Researchers often distinguish between older problem drinkers who have experienced significant alcohol-related problems for many years and those who do not start the pattern until their 50s and 60s
  1. The latter group typically begins abusive drinking as a reaction to the negative events and pressures of growing older
D. Alcohol abuse and dependence in elderly people are treated much as in younger adults
  1. Approaches include detoxification, Antabuse, Alcoholics Anonymous (AA), and cognitive-behavioral therapy
E. A leading kind of substance abuse in this population is the misuse of prescription drugs
  1. Most often it is unintentional

VI. PSYCHOTIC DISORDERS IN LATER LIFE
A. Elderly people have a higher rate of psychotic symptoms than younger persons
  1. Among aged people, these symptoms are usually due to underlying medical conditions such as delirium and dementia
  2. However, some elderly persons suffer from schizophrenia or delusional disorder
B. Schizophrenia is less common in older persons than in younger ones
  1. Many people with schizophrenia find their symptoms lessen in later life
  2. It is uncommon for new cases of schizophrenia to emerge in later life
C. Another kind of psychotic disorder found among the elderly is delusional disorder, in which individuals develop beliefs that are false but not bizarre
  1. This disorder is rare in most age groups but its prevalence appears to increase in the elderly population
  2. Some clinicians suggest that the rise is related to the deficiencies in hearing, social isolation, greater stress, or heightened poverty experienced by many elderly persons

VII. DISORDERS OF COGNITION
A. Cognitive “mishaps” (e.g., leaving without keys, forgetting someone’s name) are a common and quite normal feature of stress or of aging
  1. As people move through middle age, these memory difficulties and lapses of attention increase, and they may occur regularly by age 60 or 70
  2. Sometimes, however, people experience memory and other cognitive changes that are far more extensive and problematic
B. While problems in memory and related cognitive processes can occur without organic causes (in the form of dissociative disorders), cognitive problems do have organic roots, particularly when they appear in later life
C. The leading cognitive disorders among elderly persons are delirium and dementia
D. Delirium
  1. Delirium is a clouding of consciousness
  2. As a person’s awareness of the environment becomes less clear, he or she has great difficulty concentrating, focusing attention, and thinking sequentially
    a. This leads to misinterpretations, illusions, and, on occasion, hallucinations
    b. This state of massive confusion typically occurs over a short period of time, usually hours or days
  3. Delirium apparently affects more than 2 million people in the United States each year
    a. It may occur in any age group, including children, but it is most common in elderly persons
4. Fever, certain diseases and infections, poor nutrition, head injuries, strokes, stress (including the trauma of surgery), and intoxication by certain substances may all cause delirium

E. Dementia
1. People with dementia experience significant memory losses along with losses in other cognitive functions such as abstract thinking or language
2. People with this syndrome also may experience changes in personality and behavior
3. At any given time, around 3 to 9 percent of the world’s adult population are suffering from dementia
4. The experience of dementia is closely related to age
   a. Altogether, 5 million persons in the United States experience some form of dementia
5. Like delirium, some forms of dementia result from nutritional or other problems that can be corrected
   a. Most forms, however, are caused by brain diseases or injuries, such as Alzheimer’s disease or stroke, which are currently difficult or impossible to correct
6. Alzheimer’s disease
   a. This disease, identified in 1907, is the most common form of dementia, accounting for as many as two-thirds of all cases
   b. Around 5 million people in the United States currently have this disease
   c. This gradually progressive disease sometimes appears in middle age (early onset), but most often occurs after the age of 65 (late onset)
   d. Its prevalence increases markedly among people in their late 70s and early 80s
   e. The time between onset and death typically is about 8 to 10 years, although some people may survive for as many as 20 years
      a) It usually begins with mild memory problems, lapses of attention, and difficulties in language and communication
      b) As symptoms worsen, the person has trouble completing complicated tasks and remembering important appointments
      c) Eventually sufferers also have difficulty with simple tasks, distant memories are forgotten, and changes in personality often become very noticeable
      d) As the symptoms of dementia intensify, people show less and less awareness of their limitations
      e) Eventually they become fully dependent on other people; they lose almost all knowledge of the past and fail to recognize the faces of even close relatives
   f. Alzheimer’s victims usually remain in good health until the later stages of the disease
   g. In most cases, the disease can be diagnosed with certainty only after death, when structural changes in the brain can be identified in autopsy
      a) Neurofibrillary tangles are twisted protein fibers found within the cells of the hippocampus
      b) Senile plaques are sphere-shaped deposits of a small molecule known as the beta-amyloid protein that form in the spaces between cells in the hippocampus, cerebral cortex, and certain other brain regions and blood vessels
      c) Research has suggested several possible causes for the development of the disease, including genetic factors and abnormalities in brain structure and brain chemistry
7. What are the genetic causes of Alzheimer’s disease?
   a. It appears that Alzheimer’s disease often has a genetic basis
      a) Clinicians now distinguish between familial Alzheimer’s disease and sporadic Alzheimer’s disease
   b. Studies have found that mutations in particular genes increase the likelihood of plaque and tangle formations and, in turn, Alzheimer’s disease
c. Genetic studies have also linked certain kinds of the disease to defects on specific chromosomes
   (a) All of these discoveries are promising but limited, since many people with
   the disease do not have a clear family history of the disorder
8. What are the structural and biochemical causes of Alzheimer’s disease?
   a. Researchers have identified a number of biological factors related to the brain
   abnormalities seen in Alzheimer’s disease
   b. To understand the role of these factors, an understanding of the operation and
   biology of memory is necessary:
      (a) Human memory
         (i) The human brain has two memory systems that work together to help us learn and recall
            1. Short-term memory, or working memory, gathers new information
               a. Information held in short-term memory must be transformed, or consolidated, into long-term memory if we are to hold on to it
            2. Long-term memory is the accumulation of information that we have stored over the years
               a. Remembering information stored in long-term memory is called retrieval
               b. Information stored in long-term memory can be classified as either procedural or declarative
                  i. Procedural memories are learned skills we perform without needing to think about them
                  ii. Declarative memory consists of names, dates, and other learned facts
                  iii. Declarative memory is usually affected more profoundly than procedural memory in cases of dementia
         (ii) Certain brain structures seem to be especially important in memory, including:
            1. The prefrontal lobes which appear to hold information temporarily and to continue working with it as long as it is needed
            2. The temporal lobes and the diencephalon which seem to help transform short-term into long-term memory
         (iii) Memory researchers also have identified biochemical changes that occur in cells as memories form
            1. For example, several chemicals are responsible for the production of proteins, produced in key cells when new information is acquired and stored
            2. If the activity of these chemicals is disturbed, the proper production of proteins may be prevented and the formation of memories interrupted
   c. This background information helps in the understanding of the biological causes of Alzheimer’s disease
      (a) One line of research suggests that some of the proteins involved in memory formation may take an abnormal form and essentially run amok in people with Alzheimer’s disease
      (b) Another line of research points to abnormal activity by the neurotransmitters and related chemicals involved in the production of the memory proteins
      (c) A third explanation holds that certain substances found in nature may produce brain toxicity, including zinc
      (d) A fourth explanation suggests that certain environmental toxins, such as lead, may contribute to the development of Alzheimer’s disease
(e) A fifth explanation is the autoimmune theory:
   (i) Several researchers have speculated that the changes in aging brain cells may trigger an autoimmune response, leading to the disease
(f) The final explanation is a viral theory
   (i) Because Alzheimer’s disease resembles Creutzfeld-Jacob disease (a form of dementia caused by a virus), some researchers propose that a similar virus may cause Alzheimer’s disease
   (ii) To date, no such virus has been isolated from the brains of Alzheimer’s victims

9. Other forms of dementia
   a. A number of other disorders may also lead to dementia, including:
      (a) Vascular dementia (multi-infarct dementia)—May follow a cerebrovascular accident, or stroke, during which blood flow to specific areas of the brain was cut off, with resultant damage
      (i) This dementia is progressive but its symptoms begin suddenly, rather than gradually
      (ii) Cognitive functioning may continue to be normal in the areas of the brain not affected by the stroke
      (b) Pick’s disease—a rare disorder that affects the frontal and temporal lobes and is clinically similar to Alzheimer’s disease
      (c) Creutzfeldt-Jakob disease—caused by a slow-acting virus, this disease has symptoms that include sporadic movements
      (d) Huntington’s disease—an inherited progressive disease in which memory problems worsen over time, along with personality changes and mood difficulties
      (e) Parkinson’s disease—a slowly progressive neurological disorder marked by tremors, rigidity, and unsteadiness can cause dementia
      (f) Viral and bacterial infectious disorders—such as HIV and AIDS, meningitis, and advanced syphilis
      (g) Brain seizure disorder
      (h) Drug abuse
      (i) Toxins—such as mercury, lead, or carbon monoxide

10. The assessment and treatment of dementia
   a. Most cases of Alzheimer’s disease can be diagnosed with certainty only after death, when autopsy is performed
   b. However, CAT and MRI scans, which reveal structural abnormalities in the brain, now are commonly used as assessment tools
   c. The treatment of this disease has been at best modestly helpful
   d. Growing research has raised hopes that Alzheimer’s disease and other forms of dementia may be assessed and treated more effectively or even prevented in the near future
   e. Several research teams are currently trying to develop tools that can identify persons likely to develop dementia
      (a) One research team is using PET scans and a second is using blood samples
   f. Because the most effective interventions for dementia are those that help prevent problems or, at the very least, are applied early, it is essential to have tools that identify the disorders as early as possible
   g. A common approach to treatment is the use of drugs that affect the neurotransmitters known to play an important role in memory
      (a) Four such drugs prevent the breakdown of acetylcholine, the NT in low supply among people with Alzheimer’s disease
      (b) Although the benefits of the drugs are limited and the risk for harmful side effects sometimes high, the drugs have been approved by the FDA
   h. In addition to drugs taken after the start of symptoms, several research teams are currently trying to develop an immunization for the disease
i. A number of studies also seem to suggest that certain substances (e.g., estrogen, ibuprofen) may reduce the risk of Alzheimer’s disease
j. Cognitive treatments have been applied with some temporary success
k. Behavioral interventions have been tried with modest success
l. Caregiving can take a heavy toll on the close relatives of people with dementia
   (a) Almost 90 percent of all people with dementia are cared for by their relatives
   (b) One of the most frequent reasons for the institutionalization of Alzheimer’s victims is that overwhelmed caregivers can no longer cope with the difficulties of keeping them at home
m. In recent years, sociocultural approaches have begun to play an important role in treatment
   (a) A number of day-care facilities and assisted-living facilities have been opened to provide care to those with dementia

VIII. ISSUES AFFECTING THE MENTAL HEALTH OF THE ELDERLY
A. As the study and treatment of elderly people have progressed, three issues have raised concern among clinicians:
   1. The problems faced by elderly members of racial and ethnic minority groups
      a. Discrimination due to race and ethnicity has long been a problem in the United States, particularly for those who are old
      b. To be both old and a member of a minority group is to be considered in “double jeopardy” by many observers
         (a) Older women in minority groups are considered in “triple jeopardy”
      c. Due to language barriers and cultural issues, it is common for elderly members of ethnic minority groups to rely solely on family members or friends for remedies or health care
   2. The inadequacies of long-term care
      a. Many older people require long-term care outside the family
         (a) This term may refer variously to the services offered in a partially supervised apartment, in a senior housing complex, or in a nursing home
            (i) The quality of care at such residences varies widely
      b. Many worry about the costs of long-term care
         (a) Worry over these issues can greatly harm the mental health of older adults, perhaps leading to depression and anxiety as well as family conflict
   3. The need for a health-maintenance approach to medical care in an aging world
      a. Finally, medical scientists suggest that the current generation of young adults should take a health-maintenance, or wellness, approach to their own aging process
      b. There is a growing belief that older adults will adapt more readily to changes and negative events if their physical and psychological health is good

LEARNING OBJECTIVES

1. Discuss the issues of old age and stress.
2. Describe the disorders of depression, anxiety, substance abuse, and psychotic disorders in later life.
3. Describe the disorders of cognition.
4. Distinguish between short-term memory and long-term memory. Summarize the anatomy and biochemistry of memory.
5. Describe the dementias, including Alzheimer’s disease, Pick’s disease, Huntington’s Disease, Creutzfeldt-Jakob disease, and Parkinson’s disease.


7. Discuss treatments for dementias.

8. Describe the issues affecting the mental health of the elderly.

**KEY TERMS**

- acetylcholine
- Alzheimer’s disease
- amnestic disorders
- anterograde amnesia
- beta-amyloid protein
- breathing-related sleep disorders
- Creutzfeldt-Jakob disease
- declarative memory
- delirium
dementia
- diencephalon
- dyssomnias
- geropsychology
- Huntington’s disease
- insomnia
- Korsakoff’s syndrome
- long-term memory
- memory
- neurofibrillary tangles
- parasomnias
- Parkinson’s disease
- Pick’s disease
- procedural memory
- retrograde amnesia
- senile plaques
- short-term memory, or working memory
- stroke
- vascular dementia, or multi-infarct dementia

**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 18. 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.

**DSM-IV-TR Masters**

B-75, DSM-IV-TR Diagnostic Criteria for Dementia of the Alzheimer’s Type
B-76, DSM-IV-TR Diagnostic Criteria for Dementia Due to Other General Medical Conditions

**Internet Sites**

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 18 material are:

**http://alzheimer.wustl.edu/**

This is the site of the Alzheimer’s Disease Research Center of Washington University of St. Louis. It offers links to resources, research articles, and clinical studies. In addition it supplies possible outreach programs and education opportunities.

**http://aging.med.nyu.edu/**

This site is part of the Institute for Aging and Dementia of NYU School of Medicine. It supplies links to research and programs that the institute offers on related aging disorders. It also offers a link to NYU Medical Center’s Center for Brain Health.
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.alz.org (The Alzheimer’s Association)
The Alzheimer’s Association is the national voluntary health agency dedicated to researching the prevention, cure, and treatment of Alzheimer’s disease and related disorders, and providing support and assistance to afflicted patients and their families.

http://www.ilcusa.org
The ILC-USA is the first private, nonpartisan international center devoted to science-based policy development on aging populations.

http://www.aging-institute.org
Alzheimer’s Drug Discovery Foundation is a public charity dedicated to discovery and development of drugs to prevent, treat, and cure Alzheimer’s disease.

Mainstream Films
Films relevant to Chapter 18 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 matters.

Awakenings
This 1991 film is based on the true story of research physician Oliver Sacks (played by Robin Williams) who uses an experimental drug to “awaken” the catatonic victims (including Robert DeNiro) of a rare sleeping sickness. P, T, E, serious film

Eternal Sunshine of the Spotless Mind
From 2003, this quirky film follows a couple (Jim Carrey and Kate Winslet) as they have their memories erased in an effort to forget each other. P, E, comedy/romance, independent film

Fifty First Dates
This Adam Sandler/Drew Barrymore film from 2004 follows the couple as they comedically cope with her memory impairment. P, comedy/commercial film

Memento
This artful thriller from 2000 follows Guy Pearce, a man with no short-term memory, on a confusing journey to find his wife’s killer. P, commercial/serious film

On Golden Pond
From 1981, this film tells the story of Norman, a retired professor (Henry Fonda) and Ethel, his wife (Katharine Hepburn) who visit their summer cottage for Norman’s birthday. Over the course of their trip, Ethel comes to realize Norman is in the early stages of Alzheimer’s disease. P, serious film

Regarding Henry
From 1991, this film stars Harrison Ford as a ruthless attorney who loses his memory (dramatically changing his personality) after being shot by a robber. P, serious film

Tuesdays with Morrie
Morrie (played by Jack Lemmon) is an elderly man slowly dying of a terminal illness. He is a retired teacher who, although he’s sick, dying, and often in pain, is not afraid of death. Rather, he is more interested in getting as much as possible out of the life he has left. P, serious film

Other Films:
Driving Miss Daisy (1991) issues of aging. P, 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 18.

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.
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 elderly and the mental health care system. NAMI (National Alliance for 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.

The Genetics of Alzheimer’s Disease
Lead a discussion of whether students would want to know if they were at high risk for developing Alzheimer’s disease, now that a new test is available. Even though there has been a test for Huntington’s disease, a disease with a genetic basis, many individuals at risk prefer not to know. Use an overhead projector or white board to list the pros and cons of knowing or not knowing.

“Here’s $25,000 to be awarded to . . . ”
Given the common awareness and sometimes erroneous information about memory disorders, many elderly persons often worry about their memory. Some elderly worry that their memory is worsening, perhaps due to a degenerative disorder. Announce that the local chapter of the American Association of Retired Persons (AARP) will be giving a $25,000 award to help alleviate these worries by assisting the elderly in performing simple, at-home evaluations to determine whether their memory is indeed deteriorating (and, therefore, that a professional referral should be considered). Ask groups to create criteria or guidelines for distinguishing normal forgetfulness and a memory problem due to brain pathology. Point out that forgetfulness can also be due to undiagnosed depression, alcohol misuse, or drug interactions.

The Anonymous Five-Minute Essay
Ask students to write what they believe or know about getting old. Compare what is commonly “known,” which is rife with misinformation and myths (e.g., “You forget things,” “You lose interest in sex,” “You’re in pain all the time”), to the actual facts about later life.

SUGGESTED TOPICS FOR DISCUSSION

Alzheimer’s Disease
Ask students to volunteer personal information of how their family members take care of an Alzheimer’s patient. Is the patient in a nursing home? Is the patient who is being cared for at home in the early stages of his or her illness? Would the caregiver prefer to have the patient residing at home rather than placed in a nursing home?
Open Discussion or Group Work: The Genetics of Alzheimer’s Disease

Present recent advances in genetic testing, which enable doctors and their patients to determine whether a person is at risk for developing particular disorders or illnesses. Either lead a discussion or divide students into groups to discuss advantages and disadvantages of knowing such information. To focus the discussion, you can let students know that there is a new test that can determine whether a person is at high risk for developing Alzheimer’s disease.

Open Discussion of Alzheimer’s and Caregivers

Ask students to volunteer personal information of their family’s experience of taking care of a person with Alzheimer’s. Is the person in a nursing home or at home? Was the person at home during the early stages of the illness? Would the caregiver or family prefer to have them at home?

Group Work: Special Problems of the Elderly

Divide students into groups. Ask each group to create a list of problems or difficulties (vulnerabilities) that the elderly in particular face. These would include declining health, decreasing support system (e.g., widowhood, loss of friends), unintentional medication overuse, and abuse. Alternatively, give each group one of the vulnerabilities and ask it to come up with a creative solution to it.

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 one or all of the disorders of aging and/or cognition. 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 ongoing basis, since students can have the tendency 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 those suffering from specific disorders, etc.

Group Work: Alzheimer’s and Suicide

Inform the class that you and they have been hired by an attorney working on the following case: a doctor helped a woman with Alzheimer’s disease commit suicide. The woman was in the early stages of the disease and had not lost any physical or mental abilities, but was quite despondent over the diagnosis and wanted to preserve her family from having to deal with her suffering. The two sides of the debate are that (1) this was acceptable and allowable, versus (2) it was not acceptable and should not be allowed. Divide students into groups, then assign each group one of these two positions. Have the groups prepare and present their argument.

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.

Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 18 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 the following topic:
(1) Discuss the “power of music” (see Psych Watch on p. 613 in the text). What are your opinions on Dr. Sack’s newest interest and case reports?

(2) Discuss the social fear of aging. You can interview some elderly members of your community for personal insight and examples.

**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 sleep disorder (see A Closer Look on p. 596 in the text). What different disorders have been investigated? What treatments are most helpful?

(2) Research and review the literature on amnestic disorders (see A Closer Look on p. 606 in the text). How are these disorders similar and different from the more commonly researched disorders of cognition (especially Alzheimer’s disease)?

**Film Review**

To earn extra credit, have students watch one (or more) of the mainstream films listed in the chapter 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—You Decide**

The Comer and Gorenstein supplemental case study text offers three cases in which patients are neither diagnosed nor treated. These cases provide students with the opportunity to identify disorders and suggest appropriate therapies. Throughout each case, students are asked to consider a number of issues and to arrive at various decisions, including diagnostic and treatment decisions. Each case can be assigned as homework or for class discussion. The case study relevant to Chapter 18 is referenced below.

*You Decide: The Case of Fred, Memory Problems*

**Crossword Puzzles**

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #18.

**Word Searches**

As a homework assignment or for extra credit, have students complete and submit Word Search #18.