**Chapter 15 Pychotherapy**

**OUTLINE** (Survey & Question)

This outline is intended to help you *survey* the chapter. As you read through the various sections, write down any *questions* or comments that come to mind in the space provided. This is a valuable part of active learning and the SQ4R method. It not only makes your reading time more enjoyable and active, but it also increases retention and understanding of the material.

 **TOPIC NOTES**

##### I. THERAPY ESSENTIALS

##### II. BIOMEDICAL THERAPIES

1. Drug Therapy

 B. Electroconvulsive Therapy and Psychosurgery

C. Evaluating Biomedical Therapies

##### III. PSYCHOTHERAPY

 A. Psychoanalysis/Psychodynamic Therapies

B. Cognitive Therapies

C. Humanistic Therapies

D. Behavior Therapies

E. Group and Family Therapies

 Critical Thinking/Active Learning: Synthesizing Multiple Forms of Psychotherapy

##### IV. ISSUES IN THERAPY

 A. Institutionalization

 B. Evaluating Therapy

 Research Highlight: Therapy in the Electronic Age

Gender and Cultural Diversity: Cultural Variations and the Special Needs of Women in Therapy

** Core and Expanded LEARNING OBJECTIVES** (Read, Recite & wRite)

While *reading* the chapter, stop periodically and *recite* (or repeat in your own words) the answers to the following learning objectives. It will also help your retention if you *write* your answer in the space provided. (Page numbers refer to the text Psychology in Action, 6th Ed.)

**Core Learning Objectives**

*These objectives are found at the beginning of each chapter of Psychology in Action (6th ed.).*

1. What do all therapies have in common?

2. What are the major biomedical therapies?

3. What is Freudian psychoanalysis? Are there more modern forms of this therapy?

4. What are the major cognitive therapies?

5. What is different about humanistic therapies?

6. How are learning principles used in behavior therapy?

7. How is psychotherapy done in groups and families?

8. What are some of the major issues in therapy?

Expanded Learning Objectives

*These objectives offer more detail and a more intensive way to study the chapter.*

**Upon completion of CHAPTER 15, the student should be able to:**

1. Define biomedical therapy, psychotherapy, and eclectic therapy; and discuss the five goals of therapy (pp.524-526).
2. Differentiate between the five types of therapists (psychologists, psychiatrists, psychoanalysts, social workers, and counselors); and describe four common misconceptions about psychotherapy and therapists (p. 526).
3. Describe the advantages and limitations of drug therapy, electroconvulsive therapy, and psychosurgery (pp.527-532).
4. Define psychoanalysis, and describe its major goals and methods of practice (pp. 533-535).
5. Discuss the two major criticisms of psychoanalysis; and differentiate between psychoanalysis of the past and modern psychodynamic therapy (pp. 535-536).
6. Define cognitive therapy, and describe its emphasis on changing self-talk via cognitive restructuring (p. 537).
7. Compare Ellis’s rational-emotive behavior therapy with Beck’s cognitive-behavior therapy; describe the successes and criticisms of cognitive therapies (pp. 538-540).
8. Define humanistic therapy; describe Rogers’ client-centered therapy, the four qualities of client-therapist communication he advocated, and criticisms of humanistic therapy (pp. 541-543).
9. Define behavior therapy, and describe how classical conditioning, operant conditioning, and observational learning are applied to increase adaptive behaviors and decrease maladaptive ones (pp. 543-548).
10. Describe the successes reported for behavioral therapy, and discuss the three major criticisms of this method (p. 548-549).
11. Discuss three advantages of group therapy, and describe self-help groups and family therapy (pp. 549-551).
12. Discuss the controversies regarding deinstitutionalization and involuntary commitment; discuss community mental health centers as an alternative to institutionalization (pp. 552-553).
13. Describe the results of controlled research regarding the effectiveness of therapy; state several strategies for finding an appropriate therapist (pp. 553-555).
14. Describe similarities and differences in therapy across cultures, and the five major areas of concern for women in therapy (pp. 556-558).

**KEY TERMS** (Review)

The *review* step in the SQ4R method is very important to your performance on quizzes and exams. Upon completion of this chapter, you should be able to define the following terms.

Active Listening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Antianxiety Drugs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Antidepressant Drugs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Antipsychotic Drugs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Aversion Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Behavior Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Biomedical Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Catharsis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Client-Centered Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cognitive-Behavior Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cognitive Restructuring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Cognitive Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Deinstitutionalization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Drug Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Eclectic Approach: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Electroconvulsive Therapy (ECT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Empathy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Family Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Free Association: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Genuineness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Group Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Humanistic Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Interpretation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Lobotomy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Modeling Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Psychoanalysis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Psychodynamic Therapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Psychosurgery: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Psychotherapy: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Rational-Emotive Therapy (RET): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Resistance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Self-help Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Self-talk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Systematic Desensitization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Transference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Unconditional Positive Regard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**ACTIVE LEARNING EXERCISES** (Recite)

The *recite* step in the SQ4R method requires you to be an ACTIVE learner. By completing the following exercises, you will test and improve your mastery of the chapter material, which will also improve your performance on quizzes and exams. Answers to some exercises appear at the end of this study guide chapter.

**ACTIVE LEARNING EXERCISE I**

Confronting Your Own Faulty Reasoning

Albert Ellis' approach to psychotherapy is based on his belief that most human suffering results from illogical thinking. To improve *logical,* critical thinking skills, try the following exercise. Part I discusses two basic tests for sound reasoning, whereas Part II gives you practice applying these principles to your own irrational beliefs.

**Part I**

Consider the following syllogism:

*Premise 1: All dogs are animals.*

*Premise 2: All animals are blue.*

*Conclusion: Therefore, all dogs are blue.*

Is this sound and logical reasoning? To determine whether an argument is sound and whether the conclusions should be accepted, critical thinkers ask two major questions: "Is the argument valid?" and "Are all premises true?" An argument is considered valid *if* the conclusion logically follows from the premises. The previous syllogism, for example, would be considered valid because *if* all dogs are animals, and all animals are blue, then *logically* all dogs *must* be blue. The second step in evaluating the soundness of arguments does require an examination of the content of argument. For an argument to be sound, each premise must also be true. This is where the previous syllogism falls apart. All dogs are obviously not blue.

The same faulty reasoning that underlies the blue-dog syllogism underlies the irrational beliefs that Ellis' form of cognitive therapy seeks to dispel. See if you can identify the problems with the following misconception.

*Premise 1:I must have love or approval from all the people I find significant (in order to be happy).*

*Premise 2: I don't have approval from my mother, whom I consider significant.*

*Conclusion: Therefore, I am unhappy.*

Is this argument valid? If not, why not? Are the premises of this argument true? If not, which ones are false and why?

**Part II**

Now, think carefully about your own irrational misconceptions (e.g., "I must make everyone happy," "Life must be fair," etc.). In the following spaces, analyze your "self-talk" about one of your misconceptions and try to put it in syllogism form--identify your two basic premises and your conclusion.

Premise 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Premise 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conclusion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Now answer the following questions: Is my argument valid? If not, why not?

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Are the premises of my argument true? If not, which one is false and why?

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For further practice (and self-insight), try using this same procedure on your other irrational misconceptions. By actively applying logical skills to your own thought processes, you will not only improve your basic critical thinking skills, but, according to Ellis you will also be in a better position to change these self-destructive thought patterns and resultant behaviors.

**ACTIVE LEARNING EXERCISE II**

Expressing Empathy (An Affective Skill)

According to Dr. Thomas Gordon, people who wish to express empathy must avoid asking questions or giving advice. It is almost always more appropriate to explore the other person's emotional state. He recommends the technique of "active listening," which uses open-ended statements that encourage the expression of feelings. Three basic active listening techniques are:

 a. Repeating what was said as a statement rather than a question.

 b. Slightly rewording (or paraphrasing) the statement.

 c. Stating the feeling you assumed was being expressed.

To practice this technique, use either “b” or “c” for each of the following statements:

*Sample Statement = "I had the worst day of my life today at work."*

*Sample Active Listening Response = "Do you mean that everything you did at work*

*today seemed to go wrong?"*

1. "I feel like a nobody. No one ever pays attention to me or seems to care about me."

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2. "You always seem to hurt my feelings."

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**CHAPTER OVERVIEW** (Review)

The following CHAPTER OVERVIEW provides a narrative overview of the main topics covered in the chapter. Like the Visual Summary found at the end of each chapter in the text, this narrative summary provides a final opportunity to *review* chapter material.

I. Therapy Essentials

Therapy is a general term for the various approaches to improving psychological functioning and promoting adjustment to life. There are numerous forms of psychotherapy, but they all focus treatment on five basic areas of disturbance---thoughts, emotions, behaviors, interpersonal and life situations, and biomedical.

II. Biomedical Therapies

Biomedical therapies use biological techniques to relieve psychological disorders. **Drug therapy** is the most common form by far. **Antianxiety drugs** (Valium, Xanax) are used to treat anxiety disorders; **antipsychotic drugs** (Haldol, Navane) can relieve the symptoms of schizophrenia, **antidepressants** (Prozac, Zoloft) are used to treat depression, and mood stabilizers (lithium) can stabilize bipolar disorders. Although drug therapy has been responsible for major improvements in many disorders, there are also problems with dosage levels, side effects, and patient cooperation.

**Electroconvulsive therapy (ECT)** is used primarily to relieve serious depression, when medication has not worked. **Psychosurgeries**, such as lobotomy, have been used in the past but are rarely used today.

III. Psychoanalysis/Psychodynamic Therapies

Sigmund Freud developed the psychoanalytic method of therapy to uncover unconscious conflicts and bring them into conscious awareness. The five major techniques of **psychoanalysis** are **free association, dream analysis,** analyzing **resistance,** analyzing **transference,** and **interpretation.**

Like psychoanalytic theories of personality, psychoanalysis is the subject of great debate. It is primarily criticized for its limited availability (it is time-consuming, expensive, and suits only a small group of people) and its lack of scientific credibility. Modern **psychodynamic therapies** overcome some of these limitations.

**III. Cognitive and HumanisticTherapies**

**Cognitive therapy** emphasizes the importance of faulty thought processes, beliefs, and negative **self-talk** in the creation of problem behaviors. Ellis' **rational-emotive therapy** aims to replace a client's irrational beliefs with rational beliefs and accurate perceptions of the world. Beck’s **cognitive-behavior therapy** takes a more active approach with clients by emphasizing changes in both thought processes and behavior.

Evaluations of cognitive therapies find Beck's procedures particularly effective for relieving depression; Ellis has had success with a variety of disorders. Both Beck and Ellis, however, are criticized for ignoring the importance of unconscious processes and the client's history. Some critics also attribute any success with cognitive therapies to the use of behavioral techniques.

**Humanistic therapies** are based on the premise that problems result when an individual's normal growth potential is blocked. In Rogers' **client-centered** approach, the therapist offers **empathy, unconditional positive regard, genuineness,** and **active listening** as means of facilitating personal growth. Perls' Gestalt therapy emphasizes awareness and personal responsibility to help the client integrate present experiences into a "whole'' or gestalt. Humanistic therapies are difficult to evaluate scientifically, and research on specific therapeutic techniques has had mixed results.

**IV. Behavior Therapies**

**Behavior therapies** use learning principles to change maladaptive behaviors. Classical conditioning principles are used to change associations. In **systematic desensitization**, the client replaces anxiety with relaxation, and in **aversion therapy**, an aversive stimulus is paired with a maladaptive behavior.

*Shaping, reinforcement, punishment,* and *extinction* are behavioral therapy techniques based on operant conditioning principles. In **modeling therapy**, clients watch and imitate positive role models. Behavior therapies have been successful with a number of psychological disorders. But they are also criticized for lack of generalizability, the chance of symptom substitution, and the questionable ethics of controlling behavior.

**V**. **Group and Family Therapies**

In addition to being less expensive and more available than individual therapy, **group therapy** has three other advantages: It provides group support, feedback, information, and opportunities for behavior rehearsal. A variation on group therapy is the **self-help group** (like Alcoholics Anonymous), which is not guided by a professional.

The aim of **family therapy** is to change maladaptive family interaction patterns. Because a family is a system of interdependent parts, the problem of any one member unavoidably affects all the others.

VI. Issues In Therapy

People believed to be mentally ill and dangerous to themselves or others can be involuntarily committed to mental hospitals for diagnosis and treatment. Abuses of involuntary commitments and other problems associated with state mental hospitals have led many states to practice **deinstitutionalization**---discharging as many patients as possible and discouraging admissions. Community services such as *Community Mental Health (CMH)* centers try to cope with the problems of deinstitutionalization.

Research on the effectiveness of psychotherapy has found that 40 to 80 percent of those who receive treatment are better off than those who do not receive treatment.

Therapies in all cultures share six culturally universal features: naming a problem, qualities of the therapist, establishing credibility, placing the problems in a familiar framework, applying techniques to bring relief, and a special time and place.

Important cultural differences in therapies also exist. For example, therapies in individualistic cultures emphasize the ""self'' and control over one's life, whereas therapies in collectivist cultures emphasize interdependence. Japan's Naikan therapy is a good example of a collectivist culture's therapy. Therapists must take five considerations into account when treating women clients: higher rate of diagnosis and treatment of mental disorders, stresses of poverty, stresses of multiple roles, stresses of aging, and violence against women.

 **SELF-TESTS** (Review & wRite)

Completing the following SELF-TESTS will provide immediate feedback on how well you have mastered the material. In the *crossword puzzle* and *fill-in exercises*, write the appropriate word or words in the blank spaces. The *matching exercise* requires you to match the terms in one column to their correct definitions in the other. For the *multiple-choice questions* in Practice Tests I and II, circle or underline the correct answer. When you are unsure of any answer, be sure to highlight or specially mark the item and then go back to the text for further review. Correct answers are provided at the end of this study guide chapter.


##### Crossword Puzzle for Chapter 15



ACROSS

 1 A group of techniques based on learning principles that are used to change maladaptive behaviors.

 5 Internal dialogue; the things people say to themselves when they interpret events.

 9 According to Rogers, the ability to listen with total attention to what another is saying. This involves reflecting, paraphrasing, and clarifying what the person says and means.

 11 A psychoanalyst's explanation of a patient's free associations, dreams, resistance, and transference; more generally, any statement by a therapist that presents a patient's problem in a new way.

 12 A psychological treatment that attempts to change maladaptive interaction patterns among members of a family.

 15 Operative procedures on the brain designed to relieve severe mental symptoms that have not responded to other forms of treatment.

 17 A stage in psychoanalysis when the patient avoids (resists) the analyst's attempts to bring threatening unconscious material to conscious awareness.

 19 Treatment method in which multiple people meet together to work toward therapeutic goals.

 20 Medications used to treat anxiety disorders.

 21 Behavior therapy technique that pairs an aversive (unpleasant) stimulus with a maladaptive behavior.

 22 Therapy involving physiological interventions (drugs, electroconvulsive therapy [ECT], and psychosurgery) to reduce symptoms associated with psychological disorders.

DOWN

 2 An approach to therapy in which the therapist combines techniques from various theories to find the appropriate treatment for the client.

 3 In psychoanalysis, the patient may displace (or transfer) thoughts, feelings, fears, wishes and conflicts from past relationships, particularly from childhood, onto new relationships, especially with the therapist.

 4 Use of chemicals (drugs) to treat physical and psychological disorders.

 6 The policy of discharging as many people as possible from state hospitals and discouraging admissions.

 7 A brain operation in which the nerve pathways between the frontal lobes and the thalamus and hypothalamus are cut in hopes of treating psychological disorders.

 8 In psychoanalysis, reporting whatever comes to mind without monitoring its contents--regardless of how painful, embarrassing, or irrelevant it may seem. Freud believed that the first thing to come to a patient's mind was often an important clue to what the unconscious mind wants to conceal.

 10 In Rogerian terms, authenticity or congruence; the awareness of one's true inner thoughts and feelings and being able to share them honestly with others.

 13 Therapy that focuses on faulty thought processes and beliefs to treat problem behaviors.

 14 A system of therapy developed by Freud that seeks to bring unconscious conflicts, which usually date back to early childhood experiences, into consciousness. Psychoanalysis is also Freud's theoretical school of thought, which emphasizes the study of unconscious processes.

 16 In psychoanalytic theory, the release of tension and anxiety through the reliving of a traumatic incident.

 18 In Rogerian terms, an insightful awareness and ability to share another person's inner experience.

**FILL-IN EXERCISES**

1. ECT is used primarily to treat \_\_\_\_\_\_\_\_ (p. 529).
2. A system of therapy developed by Sigmund Freud that seeks to bring \_\_\_\_\_\_\_\_ conflicts into conscious awareness is known as \_\_\_\_\_\_\_\_ (p. 534).
3. The five major techniques of psychoanalysis are \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_, and \_\_\_\_\_\_\_\_ (pp. 534-535).
4. In modern psychoanalytic therapies known as \_\_\_\_\_\_\_\_, treatment is briefer, face to face, and more directive (p. 536).
5. \_\_\_\_\_\_\_\_ therapy was developed by Albert Ellis to eliminate self-defeating beliefs through rational examination (p. 538).
6. Aaron Beck's cognitive-behavior therapy has been successful in the treatment of \_\_\_\_\_\_\_\_ (p. 539).
7. \_\_\_\_\_\_\_\_ therapy helps people become creative and unique through affective restructuring (or emotional readjustment) (p. 541).
8. A group of therapies based on learning principles that are used to change maladaptive behaviors is known as \_\_\_\_\_\_\_\_\_\_ (p. 543).
9. \_\_\_\_\_\_\_\_ is a gradual process of extinguishing a learned fear by associating a hierarchy of fear-evoking stimuli with deep relaxation (p. 544).
10. The policy of discharging as many people as possible from state hospitals and discouraging admissions is known as \_\_\_\_\_\_\_\_ (p. 553).

**MATCHING EXERCISES**

Column A Column B

1. Family Therapy 1.\_\_\_\_ Internal dialogue when interpreting events.
2. Antipsychotic Drugs 2.\_\_\_\_ Alcoholics Anonymous.
3. ECT 3.\_\_\_\_ Reporting whatever comes to mind without censoring.
4. Gestalt Therapy 4.\_\_\_\_ Clients watch and imitate positive role models.
5. Self-Help Group 5.\_\_\_\_ Relieve symptoms of schizophrenia.
6. Carl Rogers 6.\_\_\_\_ Client-centered therapy to facilitate personal growth.
7. Aversion Therapy 7.\_\_\_\_ Attempts to change maladaptive family interactions.
8. Modeling Therapy 8.\_\_\_\_ Emphasizes awareness and personal responsibility.
9. Free Association 9.\_\_\_\_ Treatment for severe depression when medication fails.
10. Self-Talk 10.\_\_\_\_ Aversive stimulus is paired with maladaptive behavior.

**PRACTICE TEST I**

1. \_\_\_\_\_ therapies act directly on the brain and nervous system; whereas \_\_\_\_\_ is a collection of techniques to improve psychological functioning and promote adjustment to life.
	1. Drug; psychoanalysis
	2. Medical; psychology
	3. Biomedical; psychotherapy
	4. None of the above
2. Dr. Baker treats patients with mental disorders. Which of the following is least likely to indicate her degree?
	1. Ph.D.
	2. M.D.
	3. D.D.S.
	4. MFT
3. Biomedical therapy does **NOT** use \_\_\_\_\_ to reduce symptoms associated with psychiatric disorders.
	1. ECT
	2. EST
	3. trephining
	4. lobotomy
4. How do antipsychotic drugs, like Thorazine, work?
	1. They sedate the patient
	2. They appear to decrease activity at the dopamine synapses
	3. They lower the sympathetic activity of the brain
	4. All of the above
5. ECT is now used primarily in the treatment of \_\_\_\_\_.
	1. depression
	2. anxiety
	3. phobias
	4. schizophrenia
6. The original form of psychosurgery developed by Egaz Moniz disconnected the \_\_\_\_\_ lobes from the midbrain structures where emotional experiences are relayed.
	1. occipital
	2. parietal
	3. temporal
	4. frontal
7. Tardive dyskinesia is thought to be a side effect of treatment with \_\_\_\_\_ medication.
	1. mood-altering
	2. psychoactive
	3. antianxiety
	4. antipsychotic
8. Catharsis is the \_\_\_\_\_.
	1. reporting of psychic contents without censorship
	2. release of tensions and anxieties
	3. attachment process that occurs between patient and therapist
	4. therapist’s educated explanations for a patient’s behavior
9. In psychoanalytic dream interpretation, the actual events of the dream are known as the \_\_\_\_\_ content.
	1. manifest
	2. latent
	3. subconscious
	4. transference
10. Free association and dream interpretation are psychoanalytic therapy techniques that are used to \_\_\_\_\_.
	1. analyze intrapsychic conflicts
	2. keep unconscious conflicts out of awareness
	3. restructure the self-concept
	4. countercondition behavior
11. In \_\_\_\_\_, mistaken beliefs or misconceptions are actively disputed.
	1. client-centered therapy
	2. psychoanalysis
	3. rational-emotive therapy
	4. systematic desensitization
12. According to rational emotive therapy, a consequence such as depression or anxiety occurs as a result of a(n) \_\_\_\_\_.
	1. activating experience
	2. stimulus event
	3. conditioning experience
	4. belief
13. A client-centered therapist emphasizes the importance of empathy, unconditional positive regard, genuineness, and \_\_\_\_\_.
	1. catharsis
	2. self-efficacy
	3. appropriate role models
	4. active listening
14. Sharing another person's inner experience is known as \_\_\_\_\_.
	1. unconditional positive regard
	2. genuineness
	3. empathy
	4. sympathy
15. \_\_\_\_\_ pairs relaxation with a graduating hierarchy of anxiety-producing situations to extinguish the anxiety.
	1. Classical conditioning
	2. Shaping
	3. Systematic desensitization
	4. Maslow’s pyramid training
16. Aversion therapy applies the principle of \_\_\_\_\_ by pairing an unpleasant stimulus with a maladaptive behavior to extinguish the behavior.
	1. classical conditioning
	2. operant conditioning
	3. positive punishment
	4. negative punishment
17. One of the most frequently used methods of negative punishment is \_\_\_\_\_.
	1. time out
	2. aversion therapy
	3. electroconvulsive shock treatment
	4. token economies
18. Asking clients with snake phobias to watch other (nonphobic) people handle snakes is an example of \_\_\_\_\_ therapy.
	1. time out
	2. aversion
	3. modeling
	4. unethical
19. This is **NOT** one of the usual benefits of group therapy.
	1. support from others with similar problems
	2. multiple resources
	3. opportunities for behavioral rehearsal
	4. group sympathy for a patient complaints
20. A family therapist believes that the family’s scapegoat \_\_\_\_\_.
	1. should be treated first
	2. is being blamed for deeper family issues
	3. requires hospitalization
	4. is the reason for the family’s dysfunction

## PRACTICE TEST II

1. Which of the following may actually alter brain functioning?
	1. electroconvulsive therapy
	2. drug therapy
	3. psychotherapy
	4. all of these options
2. Disturbed behaviors are most likely to be the focus in \_\_\_\_\_.
	1. cognitive therapy
	2. biomedical therapy
	3. psychoanalysis
	4. behavior therapy
3. When a therapist combines techniques from various therapies, it is called \_\_\_\_\_.
	1. psychosynthetic therapy
	2. biomedical therapy
	3. managed care
	4. the eclectic approach
4. Someone with severe, vegetative depression and suicidal ideation that has not been successfully managed with other treatment methods might require \_\_\_\_\_.
	1. a frontal lobotomy
	2. ECT
	3. combination drug and modeling therapy
	4. none of these options
5. Tardive dyskinesia is associated with \_\_\_\_\_.
	1. prolonged use of antipsychotic drugs
	2. Parkinson’s disease
	3. Alzheimer’s disease
	4. too many electroconvulsive shock treatments
6. Transference is the process of \_\_\_\_\_.
	1. changing therapists
	2. changing therapeutic techniques or strategies
	3. displacing associations from past relationships onto new relationships
	4. replacing maladaptive patterns with adaptive ones
7. According to some critics, traditional psychoanalysis is appropriate only for \_\_\_\_\_ clients.
	1. young and attractive
	2. verbal
	3. intelligent and successful
	4. YAVIS
8. If you are unhappy because you believe you must be perfect or must get straight A’s, Ellis might point out the source of your unhappiness by saying, “You’re \_\_\_\_\_!”
	1. musterbating
	2. already perfect, and just don’t know it yet
	3. an overachiever
	4. lying
9. \_\_\_\_\_ believes selective perception and other distorted thinking patterns cause depression.
	1. Bandura
	2. Beck
	3. Rogers
	4. Perls
10. Cognitive therapy is effective for treating \_\_\_\_\_.
	1. depression
	2. anxiety
	3. eating and substance-related disorders
	4. all of these options
11. The client is responsible for discovering his or her own maladaptive patterns in \_\_\_\_\_ therapy.
	1. biomedical
	2. psychoanalytic
	3. humanistic
	4. all of these options
12. A client-centered therapist would not say, “You’re right about that” because \_\_\_\_\_.
	1. it wouldn’t be genuine
	2. the client is seldom right
	3. it implies that the therapist is judging the client
	4. it is not empathic
13. Reflecting back or paraphrasing what the client is saying is a part of \_\_\_\_\_.
	1. gestalt directness
	2. psychoanalytic transference
	3. cognitive restructuring
	4. active listening
14. Relaxation training is an important component in \_\_\_\_\_.
	1. systematic desensitization
	2. aversion conditioning
	3. time out training
	4. a token economy
15. People with phobias, delinquent behaviors, and eating disorders have been treated successfully with \_\_\_\_\_ therapy.
	1. electroconvulsive shock
	2. drug
	3. psychoanalytic
	4. behavior
16. The main difference between a self-help group and group therapy is that the former \_\_\_\_\_.
	1. does not deal with psychological problems
	2. provides more understanding and support
	3. does not have a professional leader
	4. all of these options
17. According to William Menninger, mental health problems do not affect three or four out of five persons, but \_\_\_\_\_.
	1. the vast majority of people
	2. also their families
	3. also the therapist
	4. one out of one
18. If a client threatens to rob a bank, the therapist can hospitalize the client for \_\_\_\_\_.
	1. 12 to 24 hours
	2. 24 to 72 hours
	3. as long as it takes for the client to stop the threats
	4. none of these options; this is not an indication for involuntary hospitalization
19. The policy of discharging as many people as possible from state hospitals and discouraging admissions is called \_\_\_\_\_.
	1. biomedical downsizing
	2. deinstitutionalization
	3. managed care
	4. all of these findings
20. A *Consumer Reports* survey confirmed which of these previous research findings?
	1. most people get better with treatment
	2. some therapies are better than others
	3. short-term is better than long-term treatment
	4. all of these findings

**ANSWERS**

The following answers to active learning exercises, crossword puzzles, fill-ins, matching exercises, and practice tests 1 and 2 provide immediate feedback on your mastery of the material. Try not to simply memorize the answers. When you are unsure of your “guess” or make an error, be sure to go back to the textbook and carefully review. This will greatly improve your scores on classroom exams and quizzes.

Crossword Puzzle for Chapter 15



FILL-IN EXERCISES

1. depression; 2. unconscious, psychoanalysis; 3. free association, dream analysis, resistance, transference, interpretation; 4. psychodynamic; 5. Rational-emotive; 6. depression; 7. Humanistic; 8. behavior therapy; 9. Systematic desensitization; 10. deinstitutionalization.

MATCHING EXERCISES

a. 7, b. 5, c. 9, d. 8, e. 2, f. 6, g. 10, h. 4, i. 3, j. 1

|  |  |
| --- | --- |
| PRACTICE TEST I1. c (p. 524) 11. c (p. 538)2. d (p. 526) 12. d (p. 538)3. c (p. 527) 13. d (p. 541)4. b (p. 528) 14. c (p. 541)5. a (p. 529) 15. c (p. 544)6. d (p. 530) 16. a (p. 546)7. d (p. 531) 17. a (p. 548)8. b (p. 534) 18. c (p. 548)9. a (p. 534) 19. d (p. 550)10.a (p. 534) 20. b (p. 551) | PRACTICE TEST II1. d (p. 524) 11. c (p. 541)2. d (p. 525) 12. c (p. 541)3. d (p. 526) 13. d (p. 542)4. b (p. 529) 14. a (p. 544)5. a (p. 531) 15. d (p. 548) 6. c (p. 535) 16. c (p. 550)7. d (p. 535) 17. d (p. 550)8. a (p. 538) 18. b (p. 552)9. b (p. 539) 19. b (p. 553)10.d (p. 540) 20. d (p. 554) |