

# Treatment Modalities and Careers

## Part I: Current Treatment

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### OBJECTIVES/RATIONALE

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There are several modalities of treatment used to relieve stressors and treat mental disorders. Sometimes a specific therapy is used, but generally, treatment is multimodal. The student will classify mental disorders using the DSM IV Multiaxial Classification System format.

TEKS: 121.26 (c) 1I, 3A, 3C, 5A, 5B, 5C, 5D

TAKS ELA 1, 2, 3, 4  
Science 2

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### KEY POINTS

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#### POWER POINT

- I. Diagnosis—The First Step in Treatment: identify and classify patient’s health problem
  - A. identification and classification of mental illness according to *The Diagnostic and Statistical Manual of Mental Disorders*, 4<sup>th</sup> Edition (DSM-IV)
  - B. DSM-IV provides five axes of classification for mental disorders:
    1. **Axis I** – Clinical Syndromes
      - a. examples: major clinical depression, general anxiety disorder, alcohol dependence (If there are multiple clinical disorders, the first listing on Axis I should always be the disorder that brought the patient in for treatment.)
      - b. indicate severity of a disorder next to clinical disorder(s): mild, moderate, severe, in partial remission, in full remission, prior history
    2. **Axis II** – Personality Disorders & Mental Retardation
      - a. examples: Antisocial Personality Disorder, Borderline Personality Disorder, etc.
      - b. often, an Axis II condition is the most important reason for seeking evaluation; in which case the therapist would:
        - indicate that Axis I disorders are not the focus of clinical attention by adding the words “*Principal Diagnosis*” after the Axis II diagnosis
      - c. indicate severity of disorder: mild, moderate, severe, in partial remission, in full remission, prior history
    3. **Axis III** – General Medical Conditions
      - a. any medical condition (example: asthma, diabetes, etc.)
    4. **Axis IV** –Psychosocial and Environmental Problems
      - a. problems at school, work, home
      - b. economic and insurance problems
      - c. social problems
    5. **Axis V** – Global Assessment of Functioning (GAF)
      - a. 100 point scale for reporting clinician’s judgment of individual’s overall level of functioning

- b. scale specifies symptoms and behavior guidelines to help the clinician determine the level of functioning
- c. inherent subjectivity in this scale, but useful in tracking changes in patient's functionality across time

## II. Modes of Treatment

### A. **Psychotropic Medications** – increase or decrease transmission of neurochemicals (neurotransmitters)

#### 1. Classification of psychotropic medications:

##### 1. antidepressants

- a. used to treat major depressive illnesses by decreasing metabolism of neurotransmitters
- b. takes 3 to 4 weeks before antidepressants take full effect
- c. side effects: dry mouth, drowsiness, weight gain
- d. not addictive
- e. patients who have reoccurring bouts of depression may need to stay on maintenance dose throughout their lives
- f. common antidepressants: Elavil, Prozac, Zoloft, Vivactil

##### 2. mood-stabilizing drugs – alter function of neurotransmitters (exact effect not fully understood)

- a. takes about 4 weeks to a few months for full effect of drug
- b. side effects: nausea, diarrhea, tremors
- c. Lithium is the most commonly prescribed mood-stabilizing drug
  - used to treat acute episodes of mania and recurrent bipolar illness (manic-depression)
  - very toxic drug; patient must be given complete physical exam and serum blood levels to check toxicity level of drug are taken regularly
  - lack of monitoring lithium toxicity can lead to difficulty walking, impaired consciousness, coma, and seizures

##### 3. antianxiety drugs

- a. lessens level of anxiety
- b. similar to barbiturates and other CNS depressants
- c. side effects: sedation, decreased memory, hypotension, nausea, vertigo, drowsiness, slurred speech, paradoxical agitation, dependence
- d. commonly prescribed drugs: Xanax, Librium, Valium, Serax, Halcion, Atarax, BuSpar)

### B. **Electroshock Therapy (EST)**

1. reserved for specific types of mental disorders that cannot be treated by medication
2. most effective in treating moderate to severe depression
3. administration of EST
  1. patient placed on stretcher or bed and given brief-acting general anesthetic
  2. also given muscle relaxant to counteract grand mal muscular contractions that accompany electric shock
  3. given high concentration of oxygen by anesthesiologist
  4. electric current passes between two electrodes placed on patient's head
  5. patient experiences confusion within 5 to 15 minutes following treatment (generally clears within few hours)
  6. amnesia of EST remains indefinitely

### C. **Psychotherapy**

1. Procedure where person talks about problems with mental health professional
2. Most effective with patients who have mild forms of mental illness

**D. Psychoanalysis** (“talk-therapy”)

1. developed by Freud
2. technique that emphasizes analyzing unconscious mind and early childhood experiences
3. use of “free-association” in which person verbalizes whatever comes to mind
4. goal is to bring repressed conflicts into conscious mind where they can be dealt with rationally
5. major obstacle: length of time necessary for treatment (may take years to complete)

**E. Group Therapy**

1. involves patients meeting together to discuss topics that are relevant to their treatment and recovery
2. promotes problem identification, verbal purging, and patient bonding,
3. discussions usually facilitated by licensed behavioral health worker (may include either: psychiatrists, psychologist, social worker, substance abuse counselor, certified psychiatric nurse, chaplain)

**F. Family Therapy**

1. involves treating entire family with psychotherapy (rather than just one family member)
2. theory is that one person’s problems are an integral part of a larger family system and need to be treated within that context
3. educating family, providing emotional support, directing family to appropriate services, are key factors in recovery of patient

**G. Behavior Modification** – (focuses on behavior of person, rather than underlying causes like that of psychoanalytic treatment)

1. involves modifying environment in such a way that desirable behaviors are rewarded and undesirable behaviors are punished
2. behavior modification is one of the most effective ways to control behavior
3. goal or *target behavior* is established for patient and a reward is given when goal is met
  1. reward given for appropriate behavior is called *reinforcement*
  2. many things can be used for reinforcement: food, praise, attention, privileges
  3. ways in which behavior is modified:
    - a. **positive reinforcement** – when a person’s behavior results in a positive response from others, he/she is likely to repeat the same behavior
    - b. **negative reinforcement** – rewarding a stoppage of an undesirable behavior
    - c. **punishment** - when negative behavior elicits a negative response from people or the environment with the outcome being a stopping of the negative behavior; example: spanking
    - d. **extinction** – the complete inhibition of a conditioned reflex as a result of failure of the environment to reinforce it

**H. Crisis Intervention** – intervention of chronic maladaptive behavior before full-blown crisis occurs

1. two categories of circumstances can challenge person’s ability to cope and adapt
  1. developmental crises

- a. when normal progression of development provides issues that are not resolved
- b. individual not able to progress to next stage of development
2. situational crises - life-changing event that can trigger a crisis (death of family member or friend, divorce, major illness, marriage, birth of child, loss of job, retirement, etc.)

I. **Therapeutic Milieu Concept** – individual’s environment within hospital or mental facility is designed to be socially therapeutic

1. *milieu* – French word meaning a trusted environment
2. patients encouraged to set up, enforce, and follow their own rules within their hospital environment
3. this type of environment acts to help patients assume responsibility, function comfortably and with self-confidence
4. therapeutic environment also reinforces responsible, productive behavior
5. social interchange of this environment helps pull individuals back into reality

III. **Problem Situations and Behaviors—How to Deal With Them**

A. noncompliance – failure to carry out treatment plan

1. not uncommon for mentally ill patients to be noncompliant
2. reasons for noncompliance:
  1. unable to afford medications or treatments
  2. unable to remember appointments or to take medications
  3. feeling that symptoms have diminished and they no longer need treatment
  4. not liking side effects of medications
  5. denial that they have a serious problem
3. important for mental health professional not to be judgmental and attempt to find underlying cause of noncompliance

B. boundary violations – when mental health professional engages in a personal relationship with patient

1. problems might arise when mental health worker begins:
  1. spending free time with patient
  2. meeting patient in places other than treatment facility
  3. exchanging gifts
  4. dressing inappropriately
  5. using verbal or nonverbal language that is of a sexual nature
  6. disclosing personal information that is not relevant to patient’s treatment
2. mental health worker needs to be aware of potential outcome of these actions and the impact these actions could have on patient’s recovery

C. self-destructive behaviors – deliberate acts to harm one’s own body

1. injury is usually severe enough to cause tissue damage
2. common forms of self-injury:
  1. cutting and/or burning skin
  2. banging head and limbs
  3. picking at wounds
  4. chewing fingers
3. patients develop these behaviors as a way to relieve tension (aware of what they are doing)
4. self-injury is more common among mentally retarded patients, psychotic patients, prison inmates, or patients with personality disorders
5. sporadic self-injury may be treated with protective equipment (helmets, use of restraints)

#### D. aggressive behavior

1. groups of patients most likely to have aggressive behavior:
  1. psychotic patients (particularly those with delusions of thought control)
  2. patients with drug abuse disorders
  3. patients that have prior history of violence
  4. inpatients who have been hospitalized for long periods of time
2. signs of building agitation: pacing, clenching fists, heavy breathing, inability to be redirected to another activity, extreme anxiety
3. taking personal belongings away from agitated patient may provoke patient and cause situation to escalate
4. how to respond to agitated patient:
  1. try to “talk them down”
  2. stand at least 4 feet away with arms at your side (do not violate their personal space or use gestures that might be interpreted as threatening or domineering)
  3. talk in calm, low voice and use simple sentences
  4. acknowledge patient’s feelings
  5. do not interrupt the patient—let him/her complete sentences
  6. use of “behavioral contracts” or “time-outs” may be effective for helping potentially violent patients manage outbursts
5. when verbal intervention is not effective:
  1. notify other unit workers and security
  2. remove other patients from area
  3. inform aggressive patient of intervention
  4. security may try and escort patient to area where there is not furniture that patient or staff could be injured with
  5. physical force may be necessary (medicate, restraints)

#### E. seclusion

1. placing patient in safe, constrained environment away from other patients
2. protects aggressive/belligerent patient, other patients, and/or staff
3. psychotic patients sometimes need a decrease in sensory input to provide them with relief
4. frequent observation of patients in seclusion is important to ensure that their needs (food, clothing comfort, medications, etc.) are being met

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### ACTIVITIES

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- I. Identify and classify personality disorder from the Personality Disorder Case History Vignette. Use DSM-IV multiaxial format.
- II. Group Activity: Practice *Deep Muscle Relaxation* techniques. (See Muscle Relaxation Guideline under MATERIALS NEEDED)

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### MATERIALS NEEDED

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Personality Disorder Case History Vignette

DSM-IV Multiaxial Classification Form

Teacher's Answer Sheet for DSM-IV Multiaxial Classification

Deep Muscle Relaxation Guideline

*Don't Shoot the Dog! —The New Art of Teaching and Training*, Revised Edition, Karen Pryor, ISBN 0-553-38039-7, also available on Bantam's website at [www.bantam.com](http://www.bantam.com) (delightful, easy to read book on behavior modification—demonstrates the techniques of behavioral therapy)

*Diagnostic and Statistical Manual of Mental Disorders*—Fourth Edition (DSM-IV), ISBN 0-89042-062-9

<http://syked.com/diag.html> - in case you don't have DSM-IV, here's a site that offers many listings of the DSM-IV disorders

*DSM-IV Made Easy*, James Morrison, M.D., ISBN 0-89862-568-8—great book, which includes case histories and descriptions of adult mental disorders.

<http://www.cbnews.com/now/story/0,1597,256349-412,00.shtml>  
<http://music.finder.yahoo.com/shop?d=hc&id=1802457706&cf=11> } Biography: James Taylor

Lyrics for *Fire and Rain*

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**ASSESSMENT**

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Successful completion of the Personality Disorder Classification Form using the DSM-IV multiaxial classification.

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**ACCOMMODATIONS**

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For reinforcement, the student will give an oral report and demonstration of his/her behavioral learning technique from one chapter of *Don't Shoot the Dog!* (Chapters 1,2,3, or 4 are good choices.)

For enrichment, the student will read brief biographies on singer/songwriter, James Taylor and discuss how his song, *Fire and Rain*, provided an emotional outlet and acted as a type of “music therapy” for him.

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**REFLECTIONS**

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## Personality Disorder Vignette

*Have students refer to DSM-IV for identification of Personality Disorder and Global Assessment of Functioning (GAF) Scale.*

### Jessica Armitage

"I'm cutting myself!" The voice on the telephone was high-pitched and quavering. "I'm cutting myself right now! OW! There, I've started." The voice howled with pain and rage.

Twenty minutes later, the clinician had Jessica's address and her promise that she would come in to the emergency room right away. Two hours later, her left forearm swathed in bandages, Jessica Armitage was sitting in an office in the mental health department. Criss-crossing scars furrowed her right arm from wrist to elbow. She was 23, a bit overweight, and chewing gum.

"I feel a lot better," she said with a smile. "I really think you saved my life."

The clinician glanced at her nonswathed arm. "This isn't the first time, is it?"

"I should think that would be pretty obvious. Are you going to be terminally dense, just like my last shrink?" She scowled and turned 90 degrees to look at the wall. "Sheesh!"

Her previous therapist had seen Josephine for a reduced fee, but had been unable to give her more time when she requested it. She had responded by letting the air out of all four tires of the therapist's new BMW.

Her current trouble was with her boyfriend. One of her girlfriends had been "pretty sure" Brian had been out with another girl two nights ago. Yesterday morning, Jessica had called in sick to work and staked out Brian's workplace so she could confront him. He hadn't appeared, so last evening she had banged on the door of his apartment until neighbors threatened to call the police. Before leaving, she'd kicked a hole in the wall beside Brian's door. Then she got drunk and drove up and down the main drag, trying to pick up a date.

"Sounds dangerous," observed the clinician.

"I was looking for 'Mr. Goodbar', but no one turned up. I decided I'd have to cut myself again. It always seems to help." Jessica's anger had once again evaporated, and she had turned away from the wall. "Life sucks, and then you die."

"When you cut yourself, do you ever really intend to kill yourself?"

"Well, let's see." She chewed her gum thoughtfully. "I get so angry and depressed, I just don't care what happens. My last shrink said all my life I've felt like a shell of a person, and I guess that's right. It feels like there's no one living inside so I might just as well pour out the blood and finish the job."

# DSM-IV Multiaxial Identification Form

**Axis I** \_\_\_\_\_

**Axis II** \_\_\_\_\_

**Axis III** \_\_\_\_\_

**Axis IV** \_\_\_\_\_

**Axis V**      GAF = \_\_\_\_\_

## Teacher's Answer Sheet for DSM-IV Multiaxial Classification

Axis I           No diagnosis          

Axis II           Borderline Personality Disorder, Severe          

Axis III           Lacerations of forearm          

Axis IV           None          

Axis V       GAF =   51 (current)

*When James Taylor was a young man of 17-years of age, he was diagnosed as clinically depressed and suicidal. His parents committed him to a mental institution. Out of this experience came some of Taylor's most powerful songs like "Fire and Rain", which tells about his struggles to cope after the suicide of a close friend who was also institutionalized. His music, he says, allowed him to purge and deal with his dark feelings.*

## **"Fire And Rain"**

James Taylor

Just yesterday morning they let me know you were gone  
Susanne the plans they made put an end to you  
I walked out this morning and I wrote down this song  
I just can't remember who to send it to

I've seen fire and I've seen rain  
I've seen sunny days that I thought would never end  
I've seen lonely times when I could not find a friend  
But I always thought that I'd see you again

Won't you look down upon me, Jesus  
You've got to help me make a stand  
You've just got to see me through another day  
My body's aching and my time is at hand  
And I won't make it any other way

Oh, I've seen fire and I've seen rain  
I've seen sunny days that I thought would never end  
I've seen lonely times when I could not find a friend  
But I always thought that I'd see you again

Been walking my mind to an easy time my back turned towards the sun  
Lord knows when the cold wind blows it'll turn your head around  
Well, there's hours of time on the telephone line to talk about things  
to come  
Sweet dreams and flying machines in pieces on the ground

Oh, I've seen fire and I've seen rain  
I've seen sunny days that I thought would never end  
I've seen lonely times when I could not find a friend  
But I always thought that I'd see you, baby, one more time again, now

Thought I'd see you one more time again  
There's just a few things coming my way this time around, now  
Thought I'd see you, thought I'd see you fire and rain, now

# Deep Muscle Relaxation

Did you know that tension is incompatible with relaxation? Yes! We either do one or the other. When we relax our body and our mind, we automatically exclude the tension that tightens our muscles. This is how relaxation exercise reduces stress and anxiety, and ultimately produces a feeling of well-being.

Once individuals learn to recognize how muscles feel when they're tensed or relaxed, it becomes a matter of practice to release the tension bring muscles into a relaxed state. This process is called self-regulation.

Using the following progressive muscle relaxation technique, students can learn to induce deep muscular relaxation by tightening and releasing tension from various parts of their body.

## PROGRESSIVE MUSCLE RELAXATION

*Dim the lights. Provide soft background music if you like. Systematically “talk” the students through this relaxation technique. The key is to go slowly and have students hold states of muscular tension for at least 8 to 10 seconds and then relax the muscles for the same amount of time. Each step should be repeated a second time. Diaphragmatic breathing should follow each step.*

Please lean back in your chair. Make yourself comfortable. Place both feet flat on the floor. Rest your hands comfortably in your lap. Close your eyes. Now listen carefully and follow my instructions.

1. I want you to begin with deep diaphragmatic breathing. Breathe in slowly and deeply through your nose. Now hold your breath...let your breath out very slowly. Once again, breathe in very slowly. Feel your ribs expand and your diaphragm move downward. Hold your breath. Now, let your air out very slowly.
2. We will start your deep muscle relaxation by wrinkling the muscles of the forehead. So, tighten those muscles. Good. Now hold this position...this is the feeling of tension. Now relax your forehead and let the muscles go smooth. This is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Teachers, take students through this step a second time.)
3. Next, close your eyes very tightly. Hold this position...this is the feeling of tension. Relax the eyes, but keep them closed. Good. This is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)
4. Now, clamp your jaw together—tighter, until you can feel the tightness in your lower face. Hold this position...this is the feeling of tension. Release your jaw and let it go slack. This is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)
5. Open your mouth as wide as possible—keep opening until you feel the stretch of muscles in your face and jaw. Hold this position...recognize that this is the feeling of tension. Now, release your jaw and let it go slack. This is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)
6. Next, shrug your shoulders. Bring them high around your neck. Feel the muscle tightness in your shoulders, neck, and upper back. Hold this position...this tightness is the feeling of tension. Release let

your shoulders and let your arms hang limply by your side. This limpness—it is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)

7. Pull your abdominal muscles in towards your spine. Tighter...and hold this position. This tightness is the feeling of tension. Release let your muscles and let your arms hang limply by your side. This limpness—it is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)

8. Now, arch your back, raise your chest, and tilt your head back. Tighten the muscles in your chest, your abdomen, your back, and your neck. Hold this position...hold it...recognize that this is the feeling of tension. Relax your back, abdomen, and head. This is the feeling of relaxation. Now, take a deep diaphragmatic breath and slowly let it out. (Repeat)

9. Stretch your arms straight out in front of you. Make two tight fists. Continue to tighten the muscles in your fingers, hands, and arms. Feel and recognize the tightness. Hold it this position...this is the feeling of tension. Relax your arms and let them hang limp by your sides. This is the feeling of relaxation. Now, take a deep diaphragmatic breath and slowly let it out. (Repeat)

10. Next, stretch your arms out to each side. Raise them to shoulder level and tighten your fists. Continue to tighten the muscles in your fingers, hands, and arms. Feel and recognize the tightness. Hold this position...this is the feeling of tension. Relax your arms and let them hang limp by your sides. This is the feeling of relaxation. Now, take a deep diaphragmatic breath and slowly let it out. (Repeat)

11. Stretch both arms behind your back. Keep them in a straight position and make two tight fists. Elevate your arms until you feel the tightness. Hold it this position...this is the feeling of tension. Relax your arms and let them hang limp by your sides. This is the feeling of relaxation. Now, take a deep diaphragmatic breath and slowly let it out. (Repeat)

12. Next, stretch your legs out as far as they can go and pull your feet up—toes pointing back towards you. That's it, now hold...this is the feeling of tension. Relax your feet and legs and allow them to return to a normal sitting position. Recognize this feeling of relaxation. Now, take a deep diaphragmatic breath and slowly let it out. (Repeat)

13. Once again, stretch your legs out, but this time point your feet down, away from you...hold this position. This is the feeling of tension. Let your legs return to the normal sitting state. Feel the looseness in your legs and feet. This is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)

14. Now, push your legs together so that the thighs and calves are pressing together. Feel the muscles tighten. Tighter...and hold it...this is the feeling of tension. Now let your legs fall apart. Your muscles are limp...this is the feeling of relaxation. Take a deep diaphragmatic breath now and slowly let it out. (Repeat)

15. Tighten your buttocks so that your torso moves up and back in your seat. Good—now hold this position. This is the feeling of tension. Now relax your buttocks and return to a normal sitting position. This is the feeling of relaxation. Take a deep diaphragmatic breath and slowly let it out. (Repeat)

16. Now, take some time to scan your body. If you notice any muscles that feel tight, take time to consciously release that tension.

17. Now you are feeling very relaxed and free from tension. Let the relaxation creep up your toes, to your calves, your thighs and continue to your entire body.
18. Take a deep diaphragmatic breath and hold it. When you slowly let it out, let go of any residual tension.
19. You are floating and free from anxiety and frustrations. You are in a relaxed state in complete control of your body.
20. Your mind is free to wonder. Look inside your mind's eye and take a journey to a safe place—a place that is warm and relaxing; a place of beauty and serenity. Bask in the warmth of your safe place. Take time to breathe in and out; stretch and relax your body; focus on your surroundings.
21. You are ready to continue your day--relaxed and calm, focused and attentive.