

PSYCH401: Assessment 2
Diagnosis and Treatment: Mood Disorder
Answer Key

- A) Diagnostic Impressions: To receive full credit on this portion of the question, students must mention Major Depressive Disorder AND provide the following evidence for this diagnosis as detailed below:
- a. Depressed mood *most days of the week* (italicized portion must be included)
 - b. A significantly reduced level of interest or pleasure in most or all activities
 - c. Feelings of fatigue
 - d. Difficulty sleeping
 - e. Difficulties with concentration
- B) Follow-Up Questions: To receive full credit on this portion of the question, students must mention *at least one* of the following:
- a. Any questions regarding mania in order to rule out (r/o) bipolar disorder. Students can mention this generally or provide specific examples of how they might frame these questions. For example, students might list a question similar to the following:
 - i. Have you ever felt like you didn't need any sleep and were "on top of the world"?
 - b. Any questions regarding how this is impacting her functioning. For example, students might list a question similar to the following:
 - i. Are your friends complaining that you aren't hanging out with them?
 - ii. Have your grades suffered as a result of your difficulty concentrating?
 - c. Any questions regarding the use of substances or a medical disorder.
 - d. Any questions that assess for the recent death of a loved one.
- C) Treatment Recommendations Based on a Particular Paradigm: To receive full credit on this portion of the question, students must explicitly state the paradigm from which they are making their treatment recommendations and provide treatment suggestions which coincide with the chosen paradigm. Listed below are the paradigms from which the students may choose:
- a. Biological Perspective
 - i. Students should list some sort of psychotropic medication for the treatment of depression (e.g., any class of Selective Serotonin Reuptake Inhibitors or SSRIs).
 - ii. Students receive ½ credit for this response, but only if they mention specific neurotransmitters associated with depression (i.e., norepinephrine or serotonin) or other explanations covered in assigned lectures (e.g., endocrine models or biological rhythms—behavioral interventions to help rhythms reestablish themselves).
 - iii. Rationale for receiving ½ credit: Treatment of choice for MDD is both medication and psychotherapy OR psychotherapy alone.
 - b. Psychodynamic



- i. Students can provide treatment recommendations focused on resolving *one* of the three issues listed below:
 - 1. Unresolved grief
 - 2. Anger turned inward
 - 3. Failure to internalize standards—emphasis on external evaluation, which means being more vulnerable to environmental stressors
 - a. It is okay if students discuss Sociotropic versus Autonomous personality.
 - ii. Alternatively, students can describe the therapeutic process involved in psychodynamic treatment (i.e., an insight-oriented approach, which requires looking back into childhood to try to find an explanation for a depressive way of thinking).
- c. Behavioral
- i. Students should mention one of the following behavioral treatment approaches/techniques:
 - 1. Increasing social skills (i.e., assertiveness training)
 - 2. Teaching problem-solving approaches in order to increase a sense of control within the client's environment
 - 3. Offering behaviorally based marital therapy to improve relationships
 - 4. Enriching the client's environment (i.e., creating environments which contain the potential for positive reinforcement)
 - 5. Offering personal control training or skill training (i.e., social skills, job skills, communication skills, so the client can feel more control in progressing toward goals)
 - 6. Offering resignation training so the goals of the client become more realistic and achievable
 - a. Note that this crosses over with cognitive approaches, so it is okay if students label this as cognitive.
- d. Cognitive-Based Theories
- i. Students should either discuss overarching goals/focus of cognitive therapy or address specific treatment recommendations/techniques utilized by cognitive therapists:
 - 1. Overarching goals/focus of cognitive therapy
 - a. Change attributional style (i.e., attributional retraining), so that clients can take more credit for positive events and less credit for negative events in order to attenuate learned helplessness.
 - b. Change cognitive distortions/unhealthy thought patterns which lead to depression (i.e., identifying and altering automatic thoughts, underlying assumptions).
 - 2. Specific treatment recommendations, which include any number of the following cognitive techniques:



- a. Engaging in collaborative empiricism (i.e., challenging client to become more systematic/rational when evaluating the veracity of a particular thought)
- b. Helping the client identify automatic/irrational thoughts
- c. Helping the client become his or her own personal scientist (i.e., viewing thoughts/attributions as hypotheses which need to be tested)
- d. Helping the client identify underlying assumptions



