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## 12.6 An Abnormal & Therapy Newsletter

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You will use Microsoft Publisher for your newsletter. We will be designing a newsletter for this report. You may pick the style of the newsletter but more about that later....

You will need several different pieces of information for the newsletter.....

- Ψ An appropriate name for the newsletter
- Ψ A headline that highlights a major story
- Ψ One major story at least two pages in length
- Ψ An interview with a psychologist or psychiatrist as well as biographical data
- Ψ Pictures of a relevant psychologist or person
- Ψ Groundbreaking/fast breaking stories and news
- Ψ Helpful coping ideas
- Ψ Therapy for the disorder
- Ψ Every story has an author listed
- Ψ Table of contents
- Ψ Bylines with puns---always a cute idea! e.g. "The real skinny on B.F. Skinner"
  
- Ψ A separate bibliography

Select four from the following from this list of possibilities...

- Ψ Relevant cartoons
- Ψ Hidden words, phrases puzzles
- Ψ Dear Abby, Dear Heloise columns
- Ψ Brain teasers, problem solving
- Ψ Crossword and word find puzzles
- Ψ Graph illustrating some results
- Ψ A commentary
- Ψ Top Ten List
- Ψ Historical Item
- Ψ Advertisements
- Ψ Lectures to be held
- Ψ Movie reviews

It would be best to gather the info and save it and then piece it together later. We will be in the computer lab for 3 days to gather and write this material.

12.6a Sample Cover of Newsletter

# Phobophobic Press

Everything you need to know about phobias

By: Christina Lundberg & Nick Zerlentes

Volume 1, Issue 1

## Lets Talk Facts About Phobias By: The American Psychiatric Association



**Phobia** is a term that refers to a group of symptoms brought on by feared objects or situations. People can develop phobic reactions to animals (e.g., spiders), activities (e.g., getting on an airplane), or social situations (e.g., eating in public or simply being out in public at all). Phobias affect people of all ages, from all walks of life, and in every part of the country. The National Institute of Mental Health has reported that 5.1%–12.5% of Americans have phobias. They are the most common psychiatric illness among women of all ages and are the second most common illness among men older than 25.

**Symptoms**  
Phobias can interfere with your ability to work, socialize, and go about a daily routine. They may focus on something as common as germs, or they may arise whenever you venture from home. A phobia that interferes with daily living can create extreme disability and should be treated. Phobias are emotional and physical *reactions* to

feared objects or situations. Symptoms of a phobia include the following:

- Feelings of panic, dread, horror, or terror
- Recognition that the fear goes beyond normal boundaries and the actual threat of danger
- Reactions that are automatic and uncontrollable, practically taking over the person's thoughts
- Rapid heartbeat, shortness of breath, trembling, and an overwhelming desire to flee the situation—all the physical reactions associated with extreme fear
- Extreme measures taken to avoid the feared object or situation

When avoidance causes distress or interferes with the ability to work, socialize, or care for day-to-day needs, a



psychiatric evaluation should be sought.

### Categories of Phobias

Phobias are divided into categories according to the cause of the reaction and avoidance.

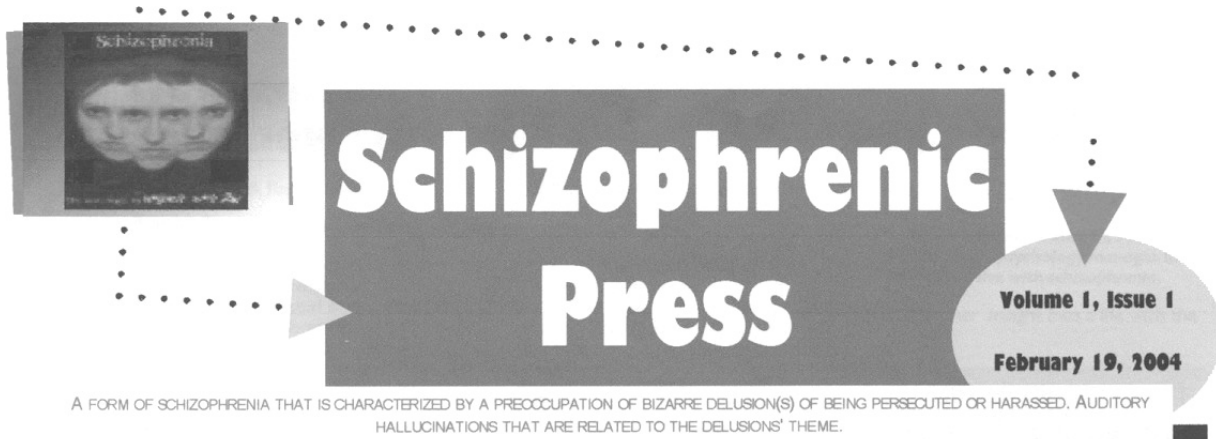
#### Agoraphobia

Agoraphobia is the fear of being alone in any place or situation from which it seems escape would be difficult or help unavailable should the need arise. People with agoraphobia avoid being on busy streets or in crowded stores, theaters, or churches. Some people with agoraphobia become

### Inside this issue:

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## 12.6b Sample Cover of Newsletter



**Schizophrenic Press**

Volume 1, Issue 1  
February 19, 2004

A FORM OF SCHIZOPHRENIA THAT IS CHARACTERIZED BY A PREOCCUPATION OF BIZARRE DELUSION(S) OF BEING PERSECUTED OR HARASSED. AUDITORY HALLUCINATIONS THAT ARE RELATED TO THE DELUSIONS' THEME.

**INSIDE THIS ISSUE:**

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**Today's Ideas**

- Recovery from Schizophrenia is more likely that believed.
- Doctors have been trained to deny the idea of recovery.
- Not everyone is guaranteed to recover from paranoid schizophrenia.

### A Beautiful Misconception

Dan Thorson & Kaitlin Gallagher

Those familiar with the highly praised motion picture "A Beautiful Mind" would recall the remarkable tale of Nobel Prize winner John Nash's recovery from paranoid schizophrenia. The mental illness characterized by delusions, hallucinations, disorganized thoughts and behavior, and catatonic behavior plagued the man of genius for upwards of thirty years. Ron Howard, director of "A Beautiful Mind" portrayed Nash's return to stable mental health as an amazing and rare event. However, mental health experts agree that while Nash's life is astounding his gradual recovery from schizophrenia is not.

Some psychiatrists who still follow themselves in Freud's footsteps remain steadfast that the serious thought and mood disorder is a relentless, chronic disorder this is guaranteed to haunt its sufferers with lives of misery.

Others who have tracked former clients and other mental patients tend to disagree. They believe that the instance of recovery involved with John Nash is indeed not that rare. "The stereotype everyone has of this disease is that there's no such thing as recovery," said Washington psychiatrist E. Fuller Torrey, who has written extensively about schizophrenia, an illness he has studied for decades and one that has afflicted his younger sister for nearly half a century. "The fact is that recovery is more common than people have been led to believe. . . . But I don't think any of us know for sure how many people recover." "One reason nobody knows about recovery is that most folks don't tell anybody because the stigma is too great," said Frederick J. Frese III, 61, who was hospitalized 10 times for paranoid schizophrenia in his twen-

ties and thirties. Despite his illness, Frese, who considers himself "definitely not fully recovered but in pretty good shape," earned a doctorate in psychology and was, for 15 years, director of psychology at Western Reserve Psychiatric Hospital in Ohio, the state's largest mental hospital. Frese holds faculty appointments at Case Western Reserve University and Northern Ohio Universities College of Medicine. While recovery is more likely than originally believed no doctor or recovered person would state that all 2.2 million Americans with the disorder are sure to recover. It is important to remember that not everybody recovers.

### Splitting the Disorder: Treatment for Paranoid Schizophrenia

Kaitlin Gallagher

Paranoid schizophrenia sufferers endure constant feelings of being watched, followed and persecuted. Paranoid schizophrenia may be more common in men. Victims of paranoid schizophrenia develop grandiose delusions associated with

protecting themselves from the perceived plot. Paranoid schizophrenia usually appears initially between the ages of 15 and 34. There is no cure for paranoid schizophrenia, however paranoid schizophrenia can be medically controlled. Severe attacks of paranoid schizophrenia may require hos-

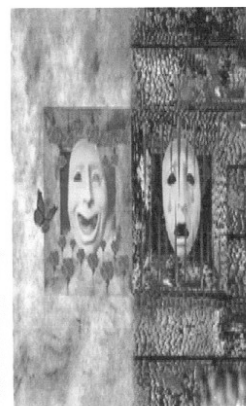
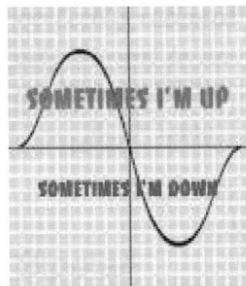
pitalization. HCPC is a medical program focused on helping sufferers of schizophrenia and their relatives. HCPC offers group therapy, individual therapy, as well as family meetings. For very serious cases, patients are isolated in "safety rooms", restrained by leather bands, or given ECT.

12.6c Sample Cover of Newsletter

# SPLITTING NEWS ON BIPOLAR

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## HEATHER.....THE TRUE STORY OF A BIPOLAR VICTIM

### Heather Being "normal"

I always felt that I was different growing up. At age 12, I made the first of many attempts at suicide. I am now 33 and I've had countless therapists, counselors and doctors. I would always end up feeling that they had given up on me, so I would give up on them, on therapy, on any hope of recovery, and on myself. About 4 years ago it finally dawned on me. I was wasting all this time thinking that I was supposed to be happy, perfect and "normal." Why? I have a disease called bipolar disorder. I'm experi-

encing every "normal" emotion "perfectly" for someone with my disease. I act like a person with bipolar disorder. That's the way I was born and meant to be so why was I wasting all this energy trying to avoid or fix it? Well, I stopped. I am who I am. I'm going to be depressed, then manic. I'm going to flip through several emotions within a day. I'm going to have episodes of not being able to control myself. So, with that in mind, I've stopped fighting. So what if I get the sudden urge to cry or suddenly want to paint every room in my house? I'm supposed to - I have bipolar disorder. This realization was a tremendous relief to me. I'm so much happier and balanced now. I still have the illness but I feel much better about having it. I'm

still learning to let go of the guilt associated with having it. I still have good days and bad ones, but I can now redirect my energy into doing more positive things for myself and not fretting and worrying about why I have bipolar disorder and how I need to fix it. I'm still in the process of recovery and learning to live with my illness. I still have periods of refusing to take my medications, or not being able to leave my house, or spending money on anything for any reason, or not having any type of sleep routine, and I still hope for a cure. These are all "normal" bipolar behaviors. Today I'm able to be realistic about them.

-Kim Virgo

### AN INTERVIEW WITH JOHN, ONE OF MANY BIPOLAR VICTIMS

Q- What was the first sign that made you realize you have abnormal mood swings?

A- Actually, I always just thought it was my personality, or that I was depressed.

Q- Did you ever see a doctor about your depression?

A- I did during my young teenage years, and he claimed that I was "too intelligent to have a mental problem." Eventually I

started seeing a psychiatrist.

Q- Are you now on any medication for your bipolar disorder?

A-My doctor has offered me Lithium treatment, or Car-