Anxiety and Related Disorders

Instructor Manual

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The Psychological Disorders unit offers modules on anxiety and related disorders, mood disorders, schizophrenic disorders, and personality disorders.

By the end of the unit, students should know about the distinctions between the various disorders and how and when disorders "become" disorders. They should also have a general overview of the etiology, treatment, and risk factors of developing a particular disorder.

Note: It has long been true that studying psychological disorders has a way of making students of psychology self-conscious. Some begin looking for symptoms in themselves. Others volunteer personal information about struggles with disorders, occasionally inappropriately. Still others have a strong reaction to the idea of diagnosing disorders (which they feel—perhaps correctly—can stigmatize individuals). Instructors should simply be aware of these concerns and treat them sensitively. The emphasis on clinical aspects of psychology in this module are, in many ways, the best representation of the "core" of psychology as it is most commonly practiced in modern times.

Learning Objectives

- Relevant APA Learning Objectives (Version 2.0)
    - Describe key concepts, principles, and overarching themes in psychology (1.1)
    - Develop a working knowledge of psychology's content domains (1.2)
    - Describe applications of psychology(1.3)

- Use scientific reasoning to interpret psychological phenomena (2.1)
- Demonstrate psychology information literacy (2.2)
- Build and enhance interpersonal relationships (3.2)
- Adopt values that build community at local, national, and global levels (3.3)

- Content-Specific Learning Objectives: Anxiety and Related Disorders

  - Understand the relationship between anxiety and anxiety disorders.
  - Identify key vulnerabilities for developing anxiety and related disorders.
  - Identify main diagnostic features of specific anxiety-related disorders.
  - Differentiate between disordered and non-disordered functioning.

Abstract

Anxiety is a natural part of life and, at normal levels, helps us to function at our best. However, for people with anxiety disorders, anxiety is overwhelming and hard to control. Anxiety disorders develop out of a blend of biological (genetic) and psychological factors that, when combined with stress, may lead to the development of ailments. Primary anxiety-related diagnoses include generalized anxiety disorder, panic disorder, specific phobia, social anxiety disorder (social phobia), posttraumatic stress disorder, and obsessive-compulsive disorder. In this module, we summarize the main clinical features of each of these disorders and discuss their similarities and differences with everyday experiences of anxiety.

Class Design Recommendations

The anxiety module would be best spread out over two class sessions.

Please also see the Noba PowerPoint slides that correspond to this module.

First class period (50-75 min):

- Introduce anxiety disorders
- Talk about generalized anxiety disorder
- Conduct class activity: Learning about generalized anxiety disorder
- Describe panic disorder and agoraphobia
- Explain specific phobias

Second class period (50-75 min):

- Describe social anxiety disorder
- Talk about posttraumatic stress disorder
- Go over obsessive compulsive disorder
- Conduct class activity: Anxiety-based disorders – Case studies
- Discuss treatments for psychological disorders

Module Outline

Introduction

Anxiety refers to experiencing negative affect following physical symptoms such as increased heart rate, muscle tension, etc. Anxiety can be positive as it pushes us to plan our future. For some people, anxiety is felt so acutely that it does not serve an adaptive function. Anxiety becomes a psychological disorder when it starts to drastically disrupt an individual's life.

Anxiety and other related disorders arise from a "triple-threat combination": biological, psychological and specific vulnerabilities. Biological vulnerabilities indicate specific genetic and neurobiological factors that predispose an individual to developing these disorders. Psychological vulnerabilities refer to the influences our early experiences might have on our world-views. Additionally, life events cause us to direct our anxiety towards specific things, known as specific vulnerabilities. When all of these vulnerabilities are present and we encounter a stress-inducing situation, an anxiety disorder may present itself.

Generalized Anxiety Disorder

- Though some amount of worry can be useful for us, we can usually put our worries aside to accomplish a task. People with **generalized anxiety disorder**(GAD) find it near impossible to shut off their intrusive thoughts related to minor and major incidents that have transpired in the past or that may (or may not) take place in the future. This activation of worries can result in myriad symptoms, including sleep difficulties, agitation, and fatigue. The worries that people with GAD have are usually unfounded and unlikely, so when the scenario they are anxious about does not occur, it only reinforces the act of worrying (i.e., I was worried about my daughter being at a party, but she arrived home fine so being vigilant helped get her home safe). This continuous worrying can be severely debilitating.

- The DSM-5 or ***Diagnostic and Statistical Manual of Mental Disorders, 5th Edition** is a diagnostic manual that helps mental health professional make psychiatric diagnoses. According to the manual, the individual must experience at least six months of elevated anxiety the majority of the day for many days at a time to meet criteria for GAD. Approximately, 5.7% of population has met the criteria for GAD at some point in life.

Panic Disorder and Agoraphobia

- **Panic disorder** (PD) refers to a psychiatric state in which an individual has strong panic attacks, involving a significant amount of worry about possible future attacks. To receive a panic disorder diagnosis, the DSM-5 states that a person must experience unexpected panic attacks and related anxiety for at least a month. This constant anxiety motivates the person to avoid numerous activities in order to prevent experiencing the physiological arousal that precedes a panic attack. The individual might also feel the urge to "escape" during an unexpected panic attack. Places that cannot be easily escaped might begin to feel unsafe. If the individual goes to extreme lengths to avoid going to such places, then he or she also has **agoraphobia**. Although there are cases where agoraphobia manifests without panic attacks, the two usually co-occur. Approximately 4.7% of the population has met criteria for PD or agoraphobia.

Specific Phobia

- **Specific phobias**are the most common psychological disorders in the U.S., affecting over 12.5% of the population. There are four main subtypes of specific phobias: (1) blood-injury-injection (BII); (2) situational (e.g., fear of planes, tight spaces, etc.); (3) natural environment

(e.g., tornado, heights, water); (4) animal. All other types of specific phobias fall into a fifth "other" category. According to the DSM-5, one needs to have an illogical fear of a specific object or phenomenon, which disrupts daily functioning, in order to meet criteria for specific phobia.

Social Anxiety Disorder (Social Phobia)

- A **social anxiety disorder**(SAD) is characterized by intense fear of social situations, which can cause worry and disrupt daily activities of living. To receive this diagnosis, an individual must experience such a high degree of anxiety when placed in social situations that they seek to avoid them entirely. Fear of being evaluated in social situations are very common in SAD - however, a slightly different diagnosis of **SAD performance only** is given when the anxiety and fear is restricted to performance-based circumstances (e.g., public speaking). Approximately, 12.1% of the population experiences social phobia at some point.

Posttraumatic Stress Disorder

- **Posttraumatic stress disorder** (PTSD) is marked by strong fears prompted by a previous traumatizing incident. An individual with PTSD may be afraid that another traumatic event might occur, which can lead to feelings of isolation and numbing. A person must either be exposed to the event (indirectly or directly), see the event happen to a loved one or close friend, or experience repeated or severe exposure to the event in order to be diagnosed with PTSD. Approximately, 6.8% of our population has experienced PTSD in their lifetime.

Obsessive Compulsive Disorder

- **Obsessive-compulsive disorder**(OCD) refersto a condition, in which an individual is strongly motivated to compulsively engage in certain behaviors in order to reduce anxiety (e.g., washing hands or cleaning repeatedly, etc.). To receive this diagnosis, the DSM-5 states that a person must experience irrational obsessive thoughts. Compulsive, or repetitive, behaviors may be carried out to counteract these irrational fears at least for a short time. The individual must experience excessive distress if they cannot carry out these behaviors. As such, engaging in obsessions or compulsions must account for a significant amount of time in a person's day (e.g., an hour per day). Approximately 1.6% of people have met criteria for OCD at some point in their life. A phenomenon that people with OCD often experience is **thought-action fusion**, in which these individuals believe that they may confuse thinking an intrusive thought with actually doing it, or that thinking about the act

is as bad as actually doing it.

Treatments for Anxiety and Anxiety Related Disorders

- Many medications are helpful for most anxiety disorders (other than specific phobias), but their effects are not long-lasting, and symptoms return once the medication is stopped. Psychosocial treatments like ***cognitive behavioral therapies** (CBT) might have more lasting effects than medication. Patients receiving CBT are taught to recognize and modify problematic perceptions and behaviors that worsen anxiety symptoms. Patients then practice applying the skills learned in therapy to real-life situations. Key aspects of CBT are gradual exposure to anxiety-inducing situations, challenging illogical beliefs, and developing new, less distressing beliefs.

Difficult Terms

Agoraphobia
Anxiety
Biological vulnerabilities
Cognitive behavioral therapies
Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5)
Generalized anxiety disorder (GAD)
Obsessive-compulsive disorder (OCD)
Panic disorder
Posttraumatic stress disorder (PTSD)
Psychological disorder
Psychological vulnerabilities
SAD performance only
Social anxiety disorder (SAD)
Specific phobia
Specific vulnerabilities
Thought-action fusion

Lecture Frameworks

Overview

An important theme to highlight throughout this module is that we all experience anxiety to some degree in various situations. Anxiety can be adaptive and push us to plan our future, but when does it become maladaptive or a disorder? If you refer to this theme throughout the lesson, you will encourage students to look at people with anxiety disorders through a different, more relatable lens. Emphasize that some people feel anxiety so acutely and consistently that it no longer serves an adaptive function. Anxiety becomes a psychological disorder when it starts to drastically disrupt an individual's life. You could illustrate this with examples, class discussions, and the activities provided below!

First Class Period:

- Discussion/warm-up:
    - Ask the students to think of a past situation that caused them a great deal of worry. What did they do to stop or distract themselves from the worry? Let the students generate some answers and encourage them to discuss the difference between adaptive and maladaptive anxiety. If no one mentions this point, then be sure to emphasize that some people cannot "turn off" their worry, such as in the case of generalized anxiety disorder (GAD).
- Lecture: Refer to the PowerPoint slides for the following:
    - Present the *triple vulnerability model* of anxiety disorders. A slide makes the connection between learning and anxiety (i.e., fear conditioning) using a video.
    - Present the information on the ways that anxiety can be learned (eg. A fear of dogs after an attack). Here there is a video link to a video about Watson's classic "Little Albert" study.
- Lecture: Refer to the PowerPoint slides for individual coverage of specific anxiety disorders.
    - Describe *GAD* and provide a brief example of someone with the disorder. Be sure to highlight the widespread, persistent nature of worry in GAD. For example, people with this disorder worry about everything on more days than not which leads to several impairing symptoms (e.g., sleep difficulties, irritability, etc.). Alternatively, if there is enough time, you could do a more detailed case presentation and activity of someone with GAD.
- Activity: Learning about Generalized Anxiety Disorder – A Case Presentation

- The link to the 8-minute video for this activity is: https://www.youtube.com/watch?v=3mOkkCkajsI.
- The video, group work and discussion will last about 25 minutes. See the Activities and Demonstrations section for more details.

- Discussion/warm-up

  - Give the students an example of a near-miss car accident. Ask them what physical sensations they think people in the accident might experience. They may say things like accelerated heart rate, heavy breathing, etc. Is there a difference between adaptive and maladaptive anxiety in this example? Students may describe panic in the car accident example as adaptive because our body needed to prepare to take action (e.g., swerve, slam on brakes, etc.).
  - In this example, the cue for panic symptoms was a near-miss car accident that caused a fight or flight response. Ask students how cues for a panic attack may be different?

- Lecture: Refer to the PowerPoint slides for the following:

  - Discuss *panic disorder* and agoraphobia. Show students a video of Dan Harris discussing an on air panic attack. Dan Harris describes this as the "most embarrassing moment of his life". Ask students what role irrational beliefs play in the development and maintenance of PD. Students should realize that panic symptoms are barely noticeable (e.g., he looks down, stutters, takes deep breaths), yet people who are experiencing panic feel like everyone knows what they are experiencing.
  - Once students have an idea of what panic symptoms are like, ask them to consider what it would be like to have those sensations occur randomly with no apparent cause or cue. People with panic disorder often find their panic button turned on and they don't know why.
  - Go into detail about the role of learning in panic disorder and agoraphobia.

- Lecture: Refer to the PowerPoint slides for the following:

  - Delve into features of *specific phobias*.
  - Illustrates how learning and conditioning play a role in specific phobias.

Second Class Period:

- Discussion/warm-up

- Everyone has been socially anxious on some level at one point in his or her life. Ask students to imagine coming in late to class and the reactions they might have. Students will volunteer answers like, "It was embarrassing" or they might blush, etc. Ask them why they felt that way and if they think this is a "normal" reaction? They may indicate that they violated a social norm (e.g., came in late when others arrived on time) and that the majority of people would experience the same feelings of embarrassment in the situation. Ask them to provide opinions on when they think these kinds reactions might become maladaptive.

- Lecture: Refer to the PowerPoint slides for the following:

  - Discuss *social anxiety disorder*. What types of situations do people who are socially anxious avoid? Students may say things like: fear of dates, fear of rejection, and fear of embarrassment). Though it is normal to dislike feeling embarrassed, people with SAD avoid situations even when there is a slight potential for embarrassment to occur (e.g., may avoid school *just in case* they might be late to class, etc.), which leads to impairment in functioning.
  - Expand upon *PTSD* and the role learning plays in the development of the disorder. To establish the link between adaptive and maladaptive anxiety, give an example of a soldier. In active combat, it would be great for this soldier to be hypervigilant for threats, react quickly, numb to emotional situations. However, the anxiety becomes maladaptive when the solider is no longer in a threatening situation and experiences difficulty transitioning back to civilian life.

- Lecture: Refer to PowerPoint slides for the following:

  - Introduce *obsessive compulsive disorder* (OCD) and the role learning plays in the development of the disorder
  - *Discussion*: Play video clip of Howie Mandel, which documents a day in the life of someone with OCD. Below are the important timestamps that instructors may cut to depending on available time. After showing the video, ask students about symptoms of OCD that Howie experienced (i.e., obsessive worrying about germs, hand washing excessively) and the ways that he coped (e.g., therapy, medication, changing his environment).

    - 00:30 – 1:50: Howie begins his day and talks about the symptoms and impact of symptoms.
    - 3:40 - 4:20: Howie dropped his only anxiety pill on the ground that would bring him relief, but refused to take it because it was dirty.

- Activity: Anxiety-Based Disorders - Case Studies
    - Now would be a great time to conduct the next 15-20 min. class activity (see Activities and Demonstrations). Students have just digested a lot of information about various disorders – the activity will allow them to apply what they have learned and can also help you find out if any of them are having trouble understanding specific concepts.
- Lecture: Refer to the PowerPoint slides for the following:
    - Give an overview of the different types of treatment for anxiety disorders.
    - Provide an example of a how a fear of dogs might be treated in therapy.
    - Offer detail on how exposure therapy is used to treat anxiety.

Activities & Demonstrations

[Note: Many of the activities and demonstrations throughout the four modules in this unit can apply to more than one module. You can adapt the activities and use them as you see fit!]

Learning about Generalized Anxiety Disorder: In-Class Activity

Megan Renna, a psychology graduate student from the City University of New York, offers the following classroom activity, which allows students to step outside of the classroom and apply their burgeoning knowledge of psychological disorders to a case study. Though this activity is specific to generalized anxiety disorder (GAD), it can be adapted to any disorder.

TimeThis activity will require at least 25 minutes of class time. The video is approximately 8 minutes long. Allow students to work in groups for 10 minutes. Leave 5-7 minutes for class discussion.

MaterialsAll you need is the video link and the prompts (see below) on a PowerPoint slide.

Directions

- Show this video of a patient with GAD to the class (approximately 8 minutes long): **https://www.youtube.com/watch?v=3mOkkCkajsI**
- Randomly assign students into groups of four and give them 10 minutes to work in groups in order to think about and answer the following prompts on your PowerPoint slide:
    - What symptoms did this patient exhibit?
    - What types of things did they worry about?
    - How did the patient's worry affect her relationships?
    - How did the patient's disorder affect their work?
    - How do you think this patient would be best treated for their disorder?
    - What do you think the most debilitating part of the disorder is for the patient?
    - Was there anything surprising about this patient?
    - Are there any questions about things you feel like you need to know about the patient to properly diagnose and/or treat them?
- Have a 5-7 minute guided class discussion, allowing the different groups to present their thoughts to the class.

Anxiety-Based Disorders - Case Studies: In-Class Activity

The purpose of this class activity is to help students identify the symptoms of anxiety-based disorders. The activity will be best suited after the instructor has covered the module on anxiety-related disorders and if the instructor injects a little creativity into the activity.

Time15-20 minutes

MaterialsCopies of a handout with the four short studies listed below.

Directions

- Tell the students that they can put on their "psychologist hats" for the activity.
- This activity can be given to each student or the students can be divided into groups. Each student or group will receive a worksheet containing four short case presentations of people with varying forms of anxiety disorders. The "psychologists-in-training" will share with peers the diagnoses they gave to each of the patients described in the case studies. Feel free to come up with more examples in addition to the ones provided below.

- Case Study 1: Zelda is extremely concerned with cleanliness. In fact, before she retires at night, she goes through a cleaning ritual of her clothes and body that sometimes lasts for up to 2 hours. If she misses a step in the ritual or performs part of it imperfectly, she starts the ritual all over again.
- Case Study 2: Alex periodically suffers from extremely high levels of anxiety but he cannot pinpoint the source or otherwise say why he is so anxious. He is terrified at times, his heart often races, he feels wobbly, and has difficulty concentrating.
- Case Study 3: Karen worries excessively about developing a rare disease. When she meets friends or writes letters to her relatives, she is constantly discussing how she feels and expresses concern that even the most minor irregularities in the functioning of her body are symptoms of underlying diseases. She spends a good deal of time consulting doctors for a second opinion.
- Case Study 4: Terry complains that he is experiencing recurrent episodes of lightheadedness, rapid breathing, and dizziness, especially as he attempts to leave his house. The symptoms have become so severe that, in fact, he is leaving his house less and less frequently. He now only goes the grocery store in the company of his sister. Once in the store, he checks immediately for the exits and windows.

- Note: The instructor can add more descriptions to increase the breadth of the disorders.
- Correct Answers:
  Case Study 1: Obsessive-Compulsive Disorder
  ; Case Study 2: Generalized Anxiety Disorder
  ; Case Study 3: Hypochondriasis
  ; Case Study 4: Agoraphobia.

Adapted from activity on the website: **http://www.abacon.com/psychsite/tool_disorders.htm...**

Outside Resources

American Psychological Association (APA)
http://www.apa.org/topics/anxiety/index.aspx

National Institutes of Mental Health (NIMH)
http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml

Web: Anxiety and Depression Association of America (ADAA)
http://www.adaa.org/

Web: Center for Anxiety and Related Disorders (CARD)
http://www.bu.edu/card/

Evidence-Based Teaching

Banyard, V. L. (2000). Using first-person accounts to teach students about psychological disorders. *Teaching of Psychology, 27*(1), 40–43. doi:10.1207/S15328023TOP2701_9

Banyard's article describes the utility of first-person accounts in helping undergraduate students comprehend the particular psychological challenges faced by people with psychological disorders. The findings of the study suggest that pairing case conceptualizations with a traditional textbook approach will result in more effective learning of symptoms as well as increased empathy when teaching undergraduates about psychological disorders.

Sattler, D.N., Shabatay, V. & Kramer, G. (1998). Abnormal psychology in context: Voices and perspectives. New York: Houghton Mifflin.

This book is a compilation of first-person narratives offered by people who have had psychiatric or psychological disorders, adding a real life component to the usual textbook descriptions of symptoms. The instructor could utilize the whole book or specific excerpts in addition the traditional textbook. An additional perk is that it includes comments from therapists and relatives of those with the disorders.

Kessler RC, Chiu W, Jin R, Ruscio A, Shear K, & Walters EE. (2006). The epidemiology of panic attacks, panic disorder, and agoraphobia in the national comorbidity survey replication. *Archives of General Psychiatry, 63*(4), 415–424.

Panic disorder and agoraphobia can often occur alone, comorbidly, and/or with the addition of panic attacks. Kessler et al.'s article provides useful prevalence statistics for these conditions and establishes that panic attacks alone can also lead to serious impairments and disruptions in functioning. Additionally, the article presents information on the severity and detrimental effects of agoraphobia. Although people with agoraphobia tend to seek treatment throughout their life, standardized 12-month treatment protocols are rare.

Schoenfeld, T. J., Rada, P., Pieruzzini, P. R., Hsueh, B., & Gould, E. (2013). Physical exercise prevents stress-induced activation of granule neurons and enhances local inhibitory mechanisms in the dentate gyrus. *The Journal of Neuroscience*, *33*(18), 7770–7777.

Researchers at Princeton University provide evidence that physical activity reorganizes the brain's anxious response to stress, causing less interference with normal brain functioning. In a study of mice, Schoenfeld and colleagues found that running modulated neural activity after the experience of a stressor (i.e., exposure to cold water), such that the "running" mice showed a decreased response to stress as compared to sedentary mice. Additionally, the study helped researchers single out brain areas involved in anxiety regulation, which could hold implications for the comprehension and treatment of anxiety disorders in humans.

Suggestions from the Society for Teaching's Introductory Psychology Primer

Keeley, J. (2013). Abnormal and Therapy. In S.E. Afful, J. J. Good, J. Keeley, S. Leder, & J. J. Stiegler-Balfour (Eds.). Introductory Psychology teaching primer: A guide for new teachers of Psych 101. Retrieved from the Society for the Teaching of Psychology web site: **http://teachpsych.org/ebooks/intro2013/index.php**

POSSIBLE ASSESSMENTS (Out of Class). Students search the Internet for information regarding psychological disorders and evaluate the quality of that information. The assignment can be done in groups and includes a peer-evaluation component. For a full description of the activity, see the reference to Casteel (2003) below. (LO 4.4)

(In or Out of Class). Questions Regarding Controversial Cases: The student is presented with a series of descriptions of an abnormal behavior under changing circumstances (cultural setting, severity of the behavior, etc.) and then asked if the behavior is normal or not.

ACTIVITIES & TECHNIQUES (In Class)Discussion of Abnormality: Enter class and behave oddly in some way (e.g., talking to yourself, showing excessive irritability, breaking social convention by standing in an unusual place). Then ask students to identify what was unusual about your behavior and why it is unusual. Based upon the reasons and examples they give, you can identify students' responses as reflecting various definitions of abnormality (i.e., distress, dysfunction, unusualness, dangerous, deviance). This activity is a fun way to get students

engaged with the material and how it applies to their lives.

Videos of Individuals with Disorders: Cengage has published a large online database of video clips across a range of disorders and topics relevant to abnormal psychology (**http://clipsforclass.com/abnormal.php).** This library is an economical (both monetarily and in terms of your time) way of demonstrating what these disorders are like.

RELEVANT TOP ARTICLES (Annotated Bibliography)Balch, W. R. (2009). Using an exemplification exercise to teach psychological disorders. *Teaching of Psychology, 36*, 55-58.

This article describes an exercise whereby students describe individuals they know or hypothetical examples of people with various mental disorders. The exercise led to improved retention on a post-test of information about the disorders relative to a lecture-only control.

Casteel, M. A. (2003). Teaching students to evaluate Web information as they learn about psychological disorders. *Teaching of Psychology, 30,* 258-260.

This article provides a method for instructing introductory students about psychological disorders using an Internet based search exercise. The activity emphasizes improving students' ability to judge the quality of Internet resources while simultaneously investigating content.

Conner-Greene, P. A. (2006). Interdisciplinary critical inquiry: Teaching about the social construction of madness. *Teaching of Psychology, 33*, 6-13.

In this article, the author provides a variety of background resources and commentary for understanding the social construction of mental illness. She also describes five pedagogical techniques to engage students with the material, including excellent discussion prompts. This article is a superb starting point for engaging your students in critical thinking regarding mental disorders.

Tomcho, T. J., Wolfe, W. L., & Foel, R. (2006). Teaching about psychological disorders: Using a group interviewing and diagnostic approach. *Teaching of Psychology, 33*, 184-188.

This article describes an exercise where an interviewer and pseudo-client perform an interview for the class. Based upon the interview, the students must decide which among a class of disorders best describes the individual. The authors provide scripts for an anxiety disorder, a mood disorder, and a psychotic disorder.

Links to ToPIX Materials

Activities, demonstrations, handouts, etc.:
http://topix.teachpsych.org/w/page/19981032/Psychological%20Disorders%20in%20the%20Classroom

In the News:
http://topix.teachpsych.org/w/page/26711727/Psychological%20Disorders%20in%20the%20News

Video/Audio:
http://topix.teachpsych.org/w/page/19981031/Psychological%20Disorders%20Video

Teaching Topics

Teaching The Most Important Course
http://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage
http://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students
http://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes
http://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning
http://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology
http://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at http://nobaproject.com//images/shared/supplement_editions/000/000/141/Anxiety%20and-%20Related%20Disorders.ppt?1416598426.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award- winning university teachers.

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