UNIVERSITY OF CALGARY

The University of Calgary (revised September 11, 2006)
Department of Psychology

Psychology 651 (L01) – Adult Psychopathology

Fall Session 2006

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Lecture Location: Admin. 248
Lecture Days/Time: Tuesday, 11-2

Required Readings:

Maddux, J. E., & Winstead, B. A. (2005). *Psychopathology: Foundations for a contemporary understanding.* Mahwah, New Jersey: Lawrence Erlbaum Associates.

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders (4th edition): Text Revision*. Washington DC: American Psychiatric Association.

Note: Although not explicitly stated in the course outline, it is expected that you will review the relevant disorders in the DSM-IV as the different diagnostic categories are discussed in class.

Additional readings TBA.

Additional (but not required) readings for your information:

For your information, another excellent book on adult psychopathology is:

Barlow, D. H. (2001). *Clinical handbook of psychological disorders (3rd edition).* New York: Guilford Press.

In addition, the following book provides an interesting perspective on diagnostic practice:

Beutler, L. E., & Malik, M. L. (2002). *Rethinking the DSM: A psychological perspective.* Washington DC: American Psychological Association.

General Course Description:

This course will provide an overview of the major psychological disorders seen in adults, with an emphasis on the phenomenology, etiology and course of the disorders from a theoretical and empirical point of view. A semester course that tries to cover the entire field of adult psychopathology can at best be an introduction to the many different diagnoses. A primary goal of the course is therefore to lay a foundation upon which the student can build through his or her own self study, related courses and practical experience. The course will focus on the primary texts but will also draw heavily on key studies and reviews. In addition, where possible, every effort will be made to provide some direct or indirect exposure to the disorder - to go beyond words on a page. Therapy and assessment of the disorders will only be addressed inasmuch as they shed light on the nature of the disorder. There are separate courses that will deal with assessment and treatment of adults. The primary approach taken will be a biopsychosocial one with an emphasis on cognitive-behavioural theories.

PSYC 651 is a core offering in the Program in Clinical Psychology. Course demands and expectations are consistent with those for students who are enrolled in a doctoral level program of research and training. The course assumes a basic knowledge of abnormal psychology, experimental methods, statistics, developmental psychology, basic personality theory and physiological psychology. Students who have not had undergraduate courses in all of these areas may need to do additional reading to understand some of the concepts and study findings discussed in this course.

Course Objectives:

1. Students will acquire basic knowledge of all the major adult diagnoses and some of the less common ones. Special emphasis will be on diversity issues in psychopathology.

2. Students will acquire a critical method of thinking about the field of psychopathology that will help them in evaluating future research.

3. Students will know where the most likely sources are, to seek out additional knowledge should this prove necessary in future practicum settings or in pursuing a line of research.

4. Students will have some exposure, through videos, case studies, et cetera, to people who have active psychiatric disorders.

5. Students will have sufficient knowledge to understand in future courses how assessment devices and therapies address the processes underlying different diagnostic problems.

6. Students will have an understanding of the primary methodologies used in the field, their strengths and weaknesses.

Course Schedule and Topics:

Date	Topic
Sept. 12	Introductions and Organizational Meeting
Sept. 19	Issues in Psychopathology: Conceptual and etiological issues, classification, methodological issues, and diversity
Sept. 26	Anxiety Disorders
Oct. 3	Mood Disorders – Dr. Keith Dobson Student Presentation: Sleep/Wake Disorders
Oct. 10	Schizophrenia
Oct. 17	Eating Disorders Student Presentation: Somatoform Disorders
Oct. 24	**Midterm exam**
Oct. 31	Substance Use Disorders – Dr. David Hodgins
Nov. 7	Student Presentation: Dissociative Disorders Student Presentations(2): Sexual Dysfunctions and Disorders
Nov. 14	**Reading Day – no class**
Nov. 21	Overview of Personality Disorders Student Presentation: Personality Disorders Odd-eccentric cluster (Paranoid, Schizoid, and Schizotypal)
Nov. 28	Student Presentations (2): Personality Disorders Dramatic-emotional-erratic cluster (Antisocial, Borderline, Histrionic, and Narcissistic)
Dec. 5	Student Presentation: Personality Disorders Anxious-fearful cluster (Avoidant, Dependent, and Obsessive-Compulsive) Student Presentation: Psychopathology in Older Adults
Final Exam	**Date TBA**

Readings:

Sept. 12	Maddux & Winstead, Chapters 1, 4, 5, and 6 Widiger, T. A., & Clark, L. A. (2000). Toward DSM-IV and the classification of Psychopathology. *Psychological Bulletin, 126(6),* 946-963.
Sept. 19	Maddux & Winstead, Chapters 2 and 3 Caplan, P. J. (1991). How do they decide who is normal? The bizarre, but true, tale of the DSM process. *Canadian Psychology*, *32(2),* 162-170. Thakker, J., & Ward, T. (1998). Culture and classification: The cross-cultural application of the DSM-IV. *Clinical Psychology Review, 18*, 501-529.
Sept. 26	Maddux & Winstead, Chapter 7 Mineka, S., & Zinbarg, R. (2006). A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist, 61*, 10-26. Dugas, M. J., Buhr, K., & Ladouceur, R. (2004). The role of intolerance of uncertainty in etiology and maintenance. In Heimberg, R. G., Turk, C. L., & Mennin, D. S. (Eds.), *Generalized anxiety disorder: Advances in research and practice* (pp. 143-163). New York: Guilford Press. Wells, A. (2004). A cognitive model of GAD: Metacognitions and pathological worry. In Heimberg, R. G., Turk, C. L., & Mennin, D. S. (Eds.), *Generalized anxiety disorder: Advances in research and practice* (pp. 164-186). New York: Guilford Press. Hollander, E., Friedberg, J. P., Wasserman, S., Yeh, C. C., & Iyengar, R. (2005). The case for OCD spectrum. In Abramowitz, J. S., & Houts, A. C. (Eds.), *Concepts and controversies in obsessive-compulsive disorder* (pp. 95-118). New York: Springer. Abramowitz, J. S., & Deacon, B. J. (2005). Obsessive-compulsive disorder: Essential phenomenology and overlap with other anxiety disorders. In Abramowitz, J. S., & Houts, A. C. (Eds.), *Concepts and controversies in obsessive-compulsive disorder* (pp. 119-149). New York: Springer.
Oct. 3	Maddux & Winstead, Chapter 8 Scher, C. D., Ingram, R. E., & Segal, Z. V. (2005). Cognitive reactivity and vulnerability: Empirical evaluation of construct activation and cognitive diathesis in unipolar depression. *Clinical Psychology Review, 25*, 487-510. Power, M. J. (2005). Psychological approaches to bipolar disorders: A theoretical critique. *Clinical Psychology Review, 25*, 1101-1122. McDermut, W., Zimmerman, M., & Chelminski, I. (2003). The construct validity of depressive personality disorder. *Journal of Abnormal Psychology, 112*, 49-60.
Oct. 10	Maddux & Winstead, Chapter 9 Heinrichs, R. W. (2005). The primacy of cognition in schizophrenia. *American Psychologist, 60*, 229-242. (See comments on this article in the American Psychologist, January 2006, 74-77).

	Edwards, J., Jackson, H. J., Pattison, P. E. (2002). Emotion recognition via facial expression and affective prosody in schizophrenia: A methodological review. *Clinical Psychology Review, 22*, 789-832. (See erratum in Clinical Psychology Review, 88, 1267-1285 for correct tables, 1-3.) Yanos, P. T., & Moos, R. H. (in press). Determinants of functioning and well-being among individuals with schizophrenia: An integrated model. *Clinical Psychology Review*.
Oct. 17	Maddux & Winstead, Chapter 11, 13 Cooper, M. J. (2005). Cognitive theory in anorexia nervosa and bulimia nervosa: Progress, development, and future directions. *Clinical Psychology Review, 25*, 511-531. Lilenfield, L. R. R., Wonderlich, S., Riso, L. P., Crosby, R., & Mitchell, J. (2006). Eating disorders and personality: A methodological and empirical review. *Clinical Psychology Review, 26*, 299-320. Pridmore, S., Skerritt, P., & Ahmadi, J. (2004). Why do doctors dislike treating people with somatoform disorder? *Australasian Psychiatry, 12*, 134-138. Looper, K. J. & Kirmayer, L. J. (2002). Behavioral medicine approaches to somatoform disorders. *Journal of Consulting and Clinical Psychology, 70*, 810-827.
Oct. 24	Midterm exam
Oct. 31	Maddux & Winstead, Chapter 14 Readings TBA
Nov. 7	Maddux & Winstead, Chapters 12 Lilienfeld, S. O., Lynn, S. J., Kirsch, I. et al. (1999). Dissociative identity disorder and the sociocognitive model: Recalling the lessons of the past. *Psychological Bulletin, 125*, 507-523. Moynihan, R. (2003). The making of a disease: Female sexual dysfunction. *British Medical Journal, 326*, 45-47. Basson, R. (2005). Women's sexual dysfunction: Revised and expanded definitions. *Canadian Medical Association Journal, 172*, 1327-1333. McCarthy, B. W., & Fucito, L. M. (2005). Integrating medication, realistic expectations, and therapeutic interventions in the treatment of male sexual dysfunction. *Journal of Sex & Marital Therapy, 31*, 319-328. Cantor, J. M., Blanchard, R., Robichaud, L. K., & Christensen, B. K. (2005). Quantitative reanalysis of aggregate data on IQ in sexual offenders. *Psychological Bulletin, 131*, 555-568. Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*, 1154-1163. O'Donohue, W., Regev, L. G., & Hagstrom, A. (2000). Problems with the DSM-IV diagnosis of pedophilia. *Sexual Abuse: A Journal of Research and Treatment, 12*, 95-105.
Nov. 21	Maddus & Winstead, Chapter 10

	Millon, T., Meagher, S. E., & Grossman, S. E. (2001). Theoretical perspectives. In W. J. Livesley (Ed.), *Handbook of personality disorders: Theory, research, and treatment* (pp. 39-59). New York: The Guilford Press. Farmer, R. F. (2000). Issues in the assessment and conceptualization of personality disorder. *Clinical Psychology Review, 20*, 823-851. Camisa, K. M., Bockbrader, M. A., Lysaker, P., Rae, L. L., Brenner, C. A., & O'Donnell, B. F. (2005). Personality traits in schizophrenia and related personality disorders. *Psychiatry Research, 133*, 23-33.
Nov. 28	Kraus, G., & Reynolds, D. J. (2001). The "A-B-C's" of the Cluster B's: Identifying, understanding, and treating Cluster B Personality Disorders. *Clinical Psychology Review, 21*, 345-373. Boggs, C. D., Lorey, L. C., Skodol, A. E. (2005). Differential impairment as an indicator of sex bias in DSM-IV criteria for four personality disorders. *Psychological Assessment, 17*, 492-496. Skodol, A. E., & Bender, D. S. (2003). Why are women diagnosed borderline more than men? *Psychiatric Quarterly, 74*, 349-360.
Dec. 5	Maddux & Winstead, Chapter 18 Widiger, T. A. (2005). Social anxiety, social phobia, and avoidant personality. In W. R. Crozier & L. E. Alden (Eds.), *Social anxiety, social phobia, and avoidant personality* (pp. 219-240). New York: John Wiley. Bornstein, R. F. (2005). *The dependent patient.* Washington DC: APA. (Please read the chapter on diagnosis.) Mancebo, M. C., Eisen, J. L., Grant, J. E., Rasmussen, S. A. (2005). Obsessive-compulsive personality disorder and obsessive compulsive disorder: Clinical characteristics, diagnostic difficulties, and treatment. *Annals of Clinical Psychiatry, 17*, 197-204. Chavira, D. A., Grilo, C. M., Shea, M. T. et al. (2003). Ethnicity and four personality disorders. *Comprehensive Psychiatry, 44*, 483-491.

Evaluation:

Method	Percentage	Due Date
Student Presentation	25%	TBA
Participation	10%	
Midterm exam	30%	
Exam 3	35%	TBA
Total	**100%**	

Evaluation Expectations:

Student presentations: Please provide your fellow students with a handout of your powerpoint slides. Plan to present for 45 minutes. In addition, please assist your fellow students by actively participating in the discussion.

Student presentations will be evaluated using the following criteria:

- Creativity (e.g., diagnostic interviews/role plays, video clips, other presentation aids, case study of a prototypical client).
- Content (e.g., prevalence, diagnostic features, associated features, course, differentials, common comorbidities).
- Organization, and clarity.
- Ability to engage others in discussion.
- Integration of the case with the theoretical and empirical literatures. Ability to think critically about the conceptualization of the disorder and diagnostic issues.
- Your ideas about directions for further research.
- Your coverage of diversity issues.

Examinations: The midterm and final examinations will each be 2 hours long. Examinations may include short answer, essay questions and case descriptions. Based on the case description, students will need to identify the likely diagnosis, the differential diagnoses, what additional information would be needed to make the differential diagnosis, likely contributing factors, probable impact, and likely outcome.

Reappraisal of Grades:

A student who feels that an exam has been unfairly graded, may have the work re-graded as follows. The student shall discuss the work with the instructor within fifteen days of being notified about the mark or of the item's return to the class. If not satisfied, the student shall immediately take the matter to the Head of the department offering the course, who will arrange for a reassessment of the work within the next fifteen days. The reappraisal of term work may cause the grade to be raised, lowered, or to remain the same.

If the student is not satisfied with the decision and wishes to appeal, the student shall address a letter of appeal to the Dean of the faculty offering the course within fifteen days of the unfavourable decision. In the letter, the student must clearly and fully state the decision being appealed, the grounds for appeal, and the remedies being sought, along with any special circumstances which warrant an appeal of the appraisal. The student should include as much written documentation as possible.

Plagiarism and Other Academic Misconduct:

Intellectual honesty is the cornerstone of the development and acquisition of knowledge and requires that the contribution of others be acknowledged. Consequently, plagiarism or cheating on an assignment is regarded as an extremely serious academic offense. Plagiarism involves submitting or presenting work in a course as if it were the student's own work done expressly for that particular course when, in fact, it is not. Students should examine sections of the University Calendar, which present a Statement of Intellectual Honesty, as well as definitions and penalties associated with Plagiarism/Cheating/and Other Academic Misconduct.

Academic Accommodation

It is the student's responsibility to request academic accommodations. If you are a student with a documented disability who may require academic accommodation and **have not** registered with the Disability Resource Centre, please contact their office at 220-8237. Students who have not registered with the Disability Resource Centre are not eligible for formal academic accommodation. You are also required to discuss your needs with your instructor no later than fourteen (14) days after the start of this course.

Absence from a Test:

Make-up exams are NOT an option without an official University medical excuse (see the University Calendar). You must contact the professor before the scheduled examination or you will have forfeited any right to make up the exam. At the instructor's discretion, a make-up exam may differ significantly (in form and/or content) from a regularly scheduled exam. Except in extenuating circumstances (documented by an official University medical excuse), a make-up exam is written within two (2) weeks of the missed exam.

A completed Physician/ Counselor Statement will be required to confirm absence from a test for health reasons. The student will be required to pay any cost associated with the Physician Counselor Statement.

The last day to drop this course and still receive a fee refund is September 22, 2006. The last day to withdraw from this course without academic penalty is December 8, 2006.