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Psychology 469
Spring Term, 1991
University of Oregon

PSYCHOPATHOLOGY

Course Syllabus

<u>Date</u>	<u>Readings</u>	<u>Lecture Topic</u>
March 28	Chapters 1 & 2 Davison & Neale	Introduction and Overview; History and Paradigms
April 2, 4	Chapters 3 & 4 Davison & Neale	Current Paradigms; Classification & Diagnosis
April 9, 11	Chapters 5 & 21 Davison & Neale	Assessment Techniques; Research Methods; Ethics
April 16	Examination 1	
April 18, 23	Chapters 9 & 11 Davison & Neale	Mood Disorders: Bipolar Disorder; Symptoms, Genetics, Subtypes
April 25, 30	Chapters 12, 13, Davison & Neale	Mood Disorders: Unipolar Disorder; Symptoms, Subtypes; Treatment
May 2, 7	Chapters 8, 15 Davison & Neale	Stress and Psychophysiological Disorders; Theoretical Issues
May 9	Examination 2	
May 14, 16	Chapter 6, 18 Davison & Neale	Anxiety Disorders: Overview; Symptoms, Subtypes, Clinical Course; Treatment
May 21, 23	Chapter 14, 19 Davison & Neale	Schizophrenias: Symptoms, Subtypes, Genetics; Treatment
May 28, 30	Chapter 7, 10 Davison & Neale	Dissociative Disorders; Personality Disorders; Review and Integration

Readings

Davison, G. C., & Neale, J. M. (1990). Abnormal psychology: An experimental clinical approach (5th Edition). New York: John Wiley & Sons.

PSYCHOPATHOLOGY

Overview and Description

There are several goals for the student enrolled in this course. The first, and most obvious, is an acquaintance with descriptive psychopathology (i.e., the symptoms, signs, and clinical course of the major psychiatric disorders). This information provides the basis upon which current theories of etiology (i.e., cause) rest, and upon which present-day treatment approaches are formulated. As will become apparent throughout the quarter, the varied classes of disorder we will discuss are viewed quite differently depending on the particular theoretical perspective one adopts. A second goal, then, is for the student to appreciate the diversity of theoretical viewpoints that currently are drawn upon to explain variation in abnormal behavior. Given such a range of perspectives, the one must appreciate the limited knowledge we have about the actual causes of psychopathology. This requires a tolerance of ambiguity, a healthy skepticism, and a creative attitude toward the subject matter. Third, we will cover some issues involving the treatment of these disorders. Finally, in order to advance our understanding of these disorders, a scientific and empirical approach to the subject matter is required. An informed appreciation of the empirical evidence for existing theories constitutes the last goal of the course.

The textbook (*Abnormal Psychology*, Fifth Edition, by Davison & Neale) provides an experimental clinical approach to the topic. The textbook represents a good general overview, but does not cover in detail some aspects of current research and theory (particularly with respect to certain psychosocial and biological issues). Lectures will be used to fill in the contemporary picture more thoroughly. This means that, at times, the lectures will accompany and complement the assigned readings for the text, while at other times the lectures will introduce more detailed information on a particular topic. *Irrespective of the progress of the lectures, all students are expected to keep up with the readings as specified by the Course Syllabus.* This format provides the necessary breadth of information, yet also provides more in depth experience with particular topics and issues.

There will be three examinations covering material from the readings and lectures. The final examination is cumulative. The exams will include multiple-choice, short answer, and essay questions. A term paper is also required of each student. The paper should be a review of a topic involving contemporary psychopathology research. The purpose of this requirement to provide the student with the experience of performing a literature review on a topic of their choosing, reading recent publications on this topic, synthesizing the findings and ideas, and pulling it together in a 15-20 page paper. (The style should follow the guidelines from the *Publications Manual* of the American Psychological Association; the *Psychological Bulletin* is a bi-monthly publication dedicated to such reviews, and would serve as a good model to consult.) These papers are due *no later* than the final day of class. (Owing to the class size and amount of time required to grade these papers, this is a *very firm* deadline.) Finally, class participation and discussion are important aspects of the course experience, and are encouraged.

Evaluations of student performance will be based upon the following formula:

Mid-Term Exams (25% each):	50%
Final Exam:	30%
Term Paper:	20%

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EXPLANATION OF PAPER REQUIREMENT

The purpose of this requirement is to have you (1) select a topic of interest to you in psychopathology; (2) perform library research on the topic to access the most current information; (3) read carefully and critically research articles on the topic (i.e., papers published in major contemporary research journals); (4) synthesize the information into a research review paper.

In terms of the topic you select, you may choose essentially anything that takes you well beyond what is provided in the textbook, readings, and lecture. This gives you a broad range of issues to choose from, and can involve diagnosis, theories of etiology, or treatment of particular forms of disorders. The library search should be conducted using either *Psychological Abstracts* or *Index Medicus*. Both resources are major vehicles for accessing recent publications on specific topics in psychology and medicine, respectively. (*Psychological Abstracts* is available at Knight Library, *Index Medicus* at the Science Library.) You should try to select a topic that can give you about 10–20 solid articles over the past few years. (If you choose a topic that is too broad, you will have difficulty keeping within the page requirements; if you choose a topic that is too narrow, you will have difficulty having sufficient material to discuss. Please consult with me if you are concerned about the topic on which you'd like to work.) You may consult books and chapters as well in your pursuit of your topic, but you also must include several recent research publications. (You may also use recent review articles on the topic.) The final paper should conform to the publication guidelines as established by the American Psychological Association (APA) (3rd edition) with respect to formatting, referencing, and so on.

In terms of grading the paper, I look for the following features. First, the paper should go well beyond the information conveyed by the text or readings. Previously some individuals have written papers based largely on the material from the textbook; this is not in keeping with the spirit of the paper's purpose. Second, the sources for the work should be relatively recent and gleaned from major research journals for the particular topic selected. Primary sources such as books and chapters are not as valued as research reports. Finally, the paper should be well-organized, evidence sound critical thinking of the issues involved, provide an integration of the topic as currently understood, and point toward the nature of research needed to further understanding. The most common problems here pertain to lack of overall organization (there should be clearly indicated headings and subheadings dealing with different issues within the overall topic, and the transitions between sections should follow smoothly), lack of clarity in writing (faulty sentence structure, unclear implications, etc.), failure to follow APA guidelines (particularly in terms of format and referencing system), and inappropriate citations of primary sources (please be *especially* careful to avoid plagiarism). Most importantly, the paper should reflect your view of the major issues and your creative thinking on where matters should go in terms of future research. Although the number of papers reviewed and the length of the paper are taken into consideration (up to the page limit), these are less important than demonstrating a sound mastery of the topic through a well-organized, coherent, and concisely written product. You are encouraged to consult recent issues of the *Psychological Bulletin* for an excellent model of the work required.

Exam I

1. The study of abnormal behavior
 - A. Is an exact science, though much of the general public does not believe this
 - B. Is mainly a guessing game
 - C. Has enabled us to accurately predict most abnormal behavior
 - D. Requires tolerance for ambiguity
2. The somatogenic hypothesis
 - A. Asserts that mental illness is caused by some abnormality in the mind
 - B. Implies that mental illness can be cured through psychotherapy
 - C. Was primarily promoted by Sigmund Freud
 - D. Suggests that it is some physical disorder which causes abnormal behavior
3. Early medical treatment of mentally disturbed people in America:
 - A. Differed greatly from European treatment because of the human rights philosophies of the American Revolution
 - B. Was the first modern scientific approach to treating abnormal behavior
 - C. Represented a clear advance over earlier approaches
 - D. Could be just as inhumane as earlier treatments based on demonology
4. The somatogenic hypothesis probably dominated the study of psychopathology because of:
 - A. The lack of available psychogenic theories
 - B. The discovery of the link between syphilis and general paresis
 - C. The discovery of physical causes for schizophrenia
 - D. The dominance of nonmedical professionals in the field
5. The theory of psychogenesis
 - A. Was the earliest theory to explain abnormal behavior
 - B. Asserts that mental illness is caused by damage to the body
 - C. Is the basis for current theories about genetic causes of mental illness
 - D. Asserts that mental illness is caused by a malfunction in the mind, not in the body
6. The cathartic method
 - A. Was discovered by Sigmund Freud
 - B. Was a method of relieving tension used in the middle ages; it consisted of drawing large amounts of blood
 - C. Encourages the release of emotional tension through reliving a previously forgotten trauma
 - D. Was one of the "moral practices" developed by Philippe Pinel
7. The influence of paradigms on science is that they
 - A. Help scientists work within a set of shared assumptions
 - B. Inject bias into the definition and collection of data
 - C. Affect the interpretation of "facts"
 - D. All of the above

8. Effective physiological treatments for abnormal behavior
- A. Exist even though the cause of the behavior is unknown
 - B. Are based on evidence the behavior is physiologically caused
 - C. Result from evidence of either physiological or psychological causes
 - D. Do not exist at this time
9. According to Freud, neurotic anxiety refers to
- A. Fear of danger in the external world
 - B. Fear of self-punishment for breaking the moral code
 - C. Fear of expressing unconscious impulses
 - D. Fear of the opposite sex parent
10. The following is not a common criticism of Freud's work:
- A. He used a high level of inference in interpreting behavior
 - B. He placed too much emphasis on physiological explanations of behavior
 - C. His theory is difficult to prove or disprove
 - D. His sample of patients was too small and selective
11. According to the learning paradigm, normal and abnormal behavior
- A. Are qualitatively different from each other
 - B. Can only be understood by focusing on internal mediators
 - C. Are the result of the same underlying learning processes
 - D. Are basically caused by genetics, but can be modified by learning experiences
12. Sam sees the world "through rose colored glasses;" everything he experiences is interpreted in a positive light. According to the cognitive paradigm, the tendency to see things positively can be thought of as Sam's
- A. Fixation
 - B. Schema
 - C. Conditioned response
 - D. Unconditional positive regard
13. The humanistic paradigm differs from all others in its emphasis on
- A. Normality rather than abnormality
 - B. Quantitative rather than qualitative differences between normal and abnormal behavior
 - C. Human behavior rather than animal behavior
 - D. Free will rather than determinism
14. A diathesis is a
- A. Disease with an unknown cause
 - B. Predisposition toward disease
 - C. Disease explained by germ theory
 - D. Treatable illness
15. Bill is a sociopath; he inflicts pain on others without experiencing any guilt or anxiety. The _____ definition of abnormality is most inadequate for describing the problem with Bill's behavior.
- A. Statistical infrequency
 - B. Personal suffering
 - C. Violation of social norms
 - D. All of the above are inadequate in Bill's case

16. As compared to earlier points in history, present classification systems of psychopathology are
- A. Much more diverse
 - B. Focused on illness rather than health
 - C. Not nearly as useful
 - D. More widely accepted
17. The major change made in the 3rd revision of the DSM was
- A. Requiring clinicians to consider five areas of information in the diagnosis
 - B. Making the diagnostic categories agree with those in the International Statistical Classification
 - C. Including theories on the causes of the disorders from each paradigm
 - D. Focusing on current problems rather than on chronic styles of functioning
18. Which of the following would not be included in Axis II?
- A. Mental retardation
 - B. A specific developmental disorder such as a reading disability
 - C. Borderline personality disorder
 - D. Anorexia nervosa
19. Rating the highest level of adaptive functioning in the past year is important because past functioning
- A. Partially determines what DSM-III-R diagnosis is given
 - B. Helps predict how well the person will do in the future, regardless of what psychiatric diagnosis they have
 - C. Also indicates what stresses have occurred in the person's life
 - D. All of the above
20. While it results in a loss of information, classification may be useful, depending on
- A. The purpose of the classification system
 - B. How well individuality is preserved by the system
 - C. The number of subcategories devised
 - D. Whether or not normality and abnormality are seen as a continuum
21. Despite its problems, classification of mental disorders is important for
- A. Discovering causes and treatments for disorders
 - B. Describing people comprehensively
 - C. Identifying people who should be separated from society
 - D. Avoiding stigmatization
22. Two birdwatchers can't tell the difference between a purple finch and a sparrow and constantly argue about what they just saw. These two have a problem with
- A. Reliability
 - B. Etiological validity
 - C. Concurrent validity
 - D. Predictive validity
23. In diagnosing 20 patients, Dr. Ward and Dr. Bly agreed that 12 of them were schizophrenic. Dr. Ward diagnosed the other 8 as schizophrenic as well, whereas Dr. Bly asserted that those 8 were not schizophrenic. The two doctors demonstrated adequate _____ but not _____ in their diagnoses.
- A. Specificity; sensitivity
 - B. Sensitivity; specificity
 - C. Concurrent validity; predictive validity
 - D. Predictive validity; concurrent validity

24. People diagnosed as schizophrenic usually respond well to certain kinds of medication which people with other disorders do not respond to. This is evidence for the _____ of the schizophrenia diagnosis.
- A. Reliability
 - B. Etiological validity
 - C. Concurrent validity
 - D. Predictive validity
25. Most clinical interviewers
- A. Follow a highly structured format
 - B. Hold the psychoanalytic paradigm
 - C. Consider rapport to be important
 - D. Focus on observable behavior
26. A clinician operating in which of the following paradigms would not use a clinical interview?
- A. Physiological
 - B. Learning
 - C. Humanistic
 - D. All of the above use the clinical interview
27. Compared to an unstructured clinical interview, a structured interview
- A. Is better for establishing rapport
 - B. Is better at collecting standardized information
 - C. Takes unconscious material into account more
 - D. Enables the clinician to use his or her experience more
28. Which of the following is a problem in using projective personality tests.
- A. Unconscious factors are easily ignored
 - B. Responses are difficult to interpret
 - C. Standard stimuli are ambiguous
 - D. People can easily falsify their responses
29. Personality inventories are almost always high in
- A. Reliability and standardization
 - B. Reliability and validity
 - C. Standardization and validity
 - D. Reliability, standardization, and validity
30. When Tommy is hungry and his mother tells him to wait for dinner, he has a tantrum. In the acronym SORC, his tantrum is an example of the
- A. S
 - B. O
 - C. R
 - D. C
31. The perspective emerging from the debate on the consistency vs variability of behavior is that
- A. Behavior is more dependent on situational determinants than on personality traits
 - B. Behavior is quite stable over time and across situations
 - C. Personality factors interact with environments to determine behavior
 - D. The behavior of disturbed people is inconsistent, whereas that of normal people is more stable across situations
32. What is unscientific about the following statement:
"Unconscious anxiety which cannot be measured is the root of most if not all psychopathology"?
- A. It is not reliable
 - B. It is not valid
 - C. It is not theoretical
 - D. It is not testable

33. Theories are developed through
- A. Sudden insight
 - B. Carefully examining data that has been collected
 - C. Noticing connections between pieces of data
 - D. All of the above
34. Epidemiology is the study of
- A. The most effective treatments for mental and physical diseases
 - B. The development of disorders over the life span
 - C. Mental illness in other cultures
 - D. The rates of illness in a population
35. Dr. Cox found that schizophrenics are more likely to have low socioeconomic status than non-schizophrenics. What can you conclude from this study?
- A. Poverty is a cause of schizophrenia
 - B. Schizophrenia leads people to become poor
 - C. Schizophrenia and poverty are related
 - D. Economic reform would reduce the incidence of schizophrenia
36. Dr. Hyper treated 20 patients using a new therapeutic procedure. An outside observer rated the children's activity level on a laboratory task before and after the treatment; 80% of the children decreased their activity level following treatment, and Dr. Hyper concluded that the procedure was highly effective. What is the major problem with Dr. Hyper's experiment?
- A. Lack of control group
 - B. Not double-blind
 - C. No baseline measure
 - D. The sample was too small; the results would not be statistically significant
37. To test the impact of therapy on depression, a researcher tells a random half of his subjects (falsely) that they failed an exam. He then conducts one hour of therapy with the "failure" subjects. One week later the subjects given false feedback are no more depressed than the control group, so the researcher concludes the treatment was effective. Which of the following steps would improve the internal validity of the experiment?
- A. Use clinically depressed subjects
 - B. Provide more extensive therapy
 - C. Only treat half of the subjects who were told they failed the exam
 - D. Use a stronger manipulation, such as telling them they flunked out of school
38. You suspect that cognitive therapy is superior to medication for depressed patients but not for anxious ones. What would be the best type of study for testing this hypothesis?
- A. Multiple-baseline
 - B. Correlational
 - C. Mixed design
 - D. Epidemiological
39. The insanity defense rests on the assumption of
- A. Innocence until proven guilty
 - B. Free will
 - C. Determinism
 - D. Biological bases of mental illness

40. Which of the following criticisms has been made of the American Law Institute guidelines for the insanity defense?
- A. Too broad and inclusive
 - B. Too narrow
 - C. Too ambiguous
 - D. Too dependent on expert witnesses
41. How might successful use of the insanity defense hurt a mentally ill person who has committed a crime?
- A. Longer incarceration than if he or she had been found guilty
 - B. Mistreatment by other prison inmates who find him or her "crazy"
 - C. Lack of psychiatric treatment, leading to further disturbed behavior in the future
 - D. All of the above
42. Most states hold that a person can be involuntarily committed to a mental hospital
- A. Only if he or she has committed a crime
 - B. Only if he or she has committed a violent crime
 - C. If found to be mentally ill
 - D. If found to be mentally ill and dangerous
43. Research studying the ability of mental health professional to predict dangerous behavior
- A. Has found that dangerousness can be reliably predicted by trained professionals
 - B. Has consistently demonstrated that dangerousness is virtually impossible to predict
 - C. Is difficult to conduct in a way that is ethical and not methodologically flawed; hence, no clear conclusions can yet be drawn
 - D. Has not yet been done
44. The deinstitutionalization of large numbers of mentally ill persons
- A. Occurred after adequate community services were made widely available
 - B. Has been recognized as harmful;; current policy is to reinstitutionalize most of these patients
 - C. Resulted in the discovery that most inpatients appeared insane only because of the negative effects of institutionalization
 - D. Created a large population of impoverished, homeless mentally ill
45. Which of the following people may not refuse to be a subject in a research project?
- A. A prisoner convicted of a felony
 - B. A college student required to participate in research as part of a psychology class
 - C. A patient involuntarily committed to a psychiatric hospital after being found not guilty by reason of insanity
 - D. All of the above may refuse to participate in research
46. When is a treatment most subject to ethical scrutiny?
- A. When it has been in use long enough for its strengths and weaknesses to be apparent
 - B. When it is new and untried
 - C. When it has been demonstrated to be ineffective for most clients
 - D. When it has been shown to markedly change clients' behavior

Please answer the following questions as best you can. Take time to reflect on each question, determine exactly what is being asked, and formulate an answer that addresses all of the issues raised. (Grading is broken down into subcomponents for each question, as well as points awarded for overall organization, clarity, and coherence).

47. Please explain what paradigms are. What are the advantages of paradigms ? What are the potential disadvantages? How do we judge the utility of competing paradigms? (Historical commentaries, along with their implication for contemporary issues, you might use to enhance your discussion are encouraged.) (23 points)

48. What are the major paradigms in contemporary psychopathology research? Select 3 of these approaches, and discuss (1) the basic assumptions of each; (2) their implications for classification, assessment, and treatment; and (3) the general status of their empirical bases. (23 points)