

Adult Psychopathology (620)

Fall 2013

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Course Description: As the DSM5 was released in May 2013, we are in a historical and exciting time to learn about classification, conceptualization, and research on psychopathology. These various themes will primarily be reviewed in the context of specific disorders. Since the developmental stages of the DSM5 were initiated, many theoretical, review, and empirical articles have been written by psychiatrists and psychologists that debate how best the field should approach defining and organizing *what is psychopathology*. Historical, socio-cultural, and etiological themes will be highlighted in articles as well as class discussion.

Core Learning Objectives:

- Understand the necessities and limitations regarding the defining properties of a mental disorder.
- Understand key historical, etiological, and socio-cultural perspectives concerning the classification of mental disorders.
- Articulate the development and current critiques of DSM5.
- Apply the above concepts when learning various disorders.
- Become familiar with symptom criteria for major psychiatric disorders.

Course Texts:

(1) American Psychiatric Association, American Psychiatric Association, & DSM-5 Task Force. (2013). Diagnostic and statistical manual of mental disorders: DSM-5. Arlington, Va.: American Psychiatric Association.

(2) Craighead, W. E., Miklowitz, D. J., & Craighead, L. W. (2013). Psychopathology: history, diagnosis, and empirical foundations.

Course Structure and Evaluation: Every week, students will be required to read and comment on the listed readings, prior to class. Students will take turns leading the class discussion, with my assistance. In order to facilitate this process, classmates will email the assigned student leader (and CC me) their reaction paper.

- *Reaction Papers.* Approximately a 500-word reaction paper is due Monday night (midnight). Students will email the reaction paper to me and CC the discussion

leader. A reaction paper includes reactions, comments, or questions pertaining to the listed readings. Students should try to make 2-4 substantial points within the reaction paper. Reaction papers are not graded on writing quality, although the writing should be adequate. Finally, students will receive full credit for their reaction paper unless it is obvious to me that a student did not actually read or adequately reflect on the readings. 3 points each x 8 = **24 points**.

- *Discussion Leader*. For one week in the quarter, students will take the primary role in facilitating class discussion. Students will develop the prompts and class questions by reviewing their classmates reaction papers. I will lead the first two class discussions as an example. **10 points**.
- *Tests*. Students will take two tests in this course. The tests will primarily consist of short-answer responses. Students will be tested on all material covered. I have chosen the testing format because as a clinical scientist, it is imperative you thoroughly understand the topics covered in Adult Psychopathology. A testing situation ensures students will read and review their articles. 26 + 30 = **56 points**.
- *Clinical Brown Bag*. Psychopathology students will facilitate a series of clinical brown bag discussions (students should already be enrolled in this; meets on Fridays) regarding the DSM5. These topics will cover: Background to revising DSM and the creation of the RDoC; How is a cultural perspective integrated into the DSM5?; What did and did not change in DSM5? Students will provide some background on the topic and help facilitate the brownbag discussion.

Grading. Class = 100 points.

Reaction Papers 24% | Discussion Leader 10% | Test I 26% | Test II 30% | Brown Bag 10%

Class Readings

Week	Date	Topic	Reading
1	10/2	Historical, Definitional, & classification Issues	<ol style="list-style-type: none"> Chapter 1: Issues in Diagnosis: Conceptual Issues and Controversies. Kraemer, H. C., Shrout, P. E., Rubio-Stipec, M. (2007). Developing the diagnostic and statistical manual V: what will statistical mean in DSM-V? <i>Social Psychiatry and Psychiatric Epidemiology</i>, 42, 259-267. Review www.DSM5.org
2	10/9	Varying perspectives: Transdiagnostic, sociocultural, developmental, and biological	<ol style="list-style-type: none"> Nolen-Hoeksema, S., & Watkins, E. R. (2011). A heuristic for developing transdiagnostic models of psychopathology: explaining multifinality and divergent trajectories. <i>Perspectives on Psychological Science</i>, 6(6), 589-609. Hwang, W., Myers, H. F., Abe-Kim, J., Ting, J. Y. (2008). Conceptual paradigm for understanding culture's impact on mental health: The cultural influences on mental health (CIMH) model. <i>Clinical Psychology Review</i>, 28, 211-227. Miller, G. A. (2010). Mistreating psychology in the decades of the brain. <i>Perspectives on Psychological Science</i>, 5, 716-743. DSM5. Pages 5-24; 733-759. http://www.nimh.nih.gov/about/strategic-planning-reports/index.shtml#strategic-objective1 RDoC matrix. http://www.nimh.nih.gov/research-priorities/rdoc/nimh-research-domain-criteria-rdoc.shtml#toc_matrix
3	10/16	Depression, GAD, and Bipolar Disorder	<ol style="list-style-type: none"> Chapter 8. Major Depressive Disorder, pp. 285-314. DSM5. Pp. 222-225. (GAD section)

			<p>3. Chapter 10. Bipolar Disorder, pp. 364-370.</p> <p>4. Hettema. J. M. (2008). The nosologic relationship between generalized anxiety disorder and major depression. <i>Depression & Anxiety</i>, 25, 300-316.</p> <p>5. Goldberg, DP, Andrews, G., Hobbs, MJ. (2009). Where should bipolar disorder appear in the meta-structure? <i>Psychological Medicine</i>, 39 (12), 2071-2081.</p>
<p>Clinical Brown Bag: October 18</p> <p>Development of DSM5 and the creation of the RDoC</p>			
4	10/23	Anxiety and Trauma Disorders	<p>1. Chapter 6. Panic Disorder. pp 193-203.</p> <p>2. Chapter 5. Social Anxiety Disorder. pp 147-152.</p> <p>3. Chapter 7. PTSD. pp 244-259.</p> <p>4. DSM5. Read Panic Disorder, Social Anxiety Disorder, and PTSD sections.</p> <p>2. Zoellner, LA, Rothbaum, BO, & Feeny, NC. (2011). PTSD not an anxiety disorder? DSM committee proposal turns back the hands of time. <i>Depression & Anxiety</i>, 28 (10), 853-856.</p> <p>3. Hinton, DE & Lewis- Fernandez, MD. (2008). Cross-cultural validity of posttraumatic stress disorder: Implication for DSM5. <i>Depression & Anxiety</i>, 28, 783-801.</p>
5	10/30	Midterm	
<p>Clinical Brown Bag: November 1</p> <p>How is a cultural perspective integrated into the DSM5?</p>			

6	11/6	Schizophrenia	<p>1. Chapter 11. Schizophrenia and the psychosis spectrum.</p> <p>2. Dutta, R., Greene, T., Addington, J., McKenzie, K., Phillips, M., & Murray, RM. (2007). Biological, life course, and cross-cultural studies all point toward the value of dimensional and developmental ratings in the classification of psychosis. <i>Schizophrenia Bulletin</i>, 33 (4), 868-876.</p> <p>3. Keller, J., Schatzberg, AF, Maj, M. (2007). Current issues in the classification of psychotic major depression. <i>Schizophrenia Bulletin</i>, 33(4), 877-885.</p>
7	11/13	Obsessive-Compulsive and related disorders	<p>1. Chapter 3. Obsessive-Compulsive Disorder. pp 80-95.</p> <p>2. DSM pp 235-236.</p> <p>3. Pertusa et al. (2010). Refining the diagnostic boundaries of compulsive hoarding: A critical review. <i>Clinical Psychology Review</i>, 30, 371-386.</p> <p>4. Phillips, KA., et al. (2007). Obsessive-compulsive disorder versus body dysmorphic disorder: A comparison study of two possibly related disorders. <i>Depression & Anxiety</i>, 24, 399-409.</p>
<p>Clinical Brown Bag: November 15</p> <p>What did and did not change in the DSM5?</p>			
8	11/20	Substance Abuse	<p>1. Chapter 15. Alcohol Use Disorders. pp. 550-558; 567-573.</p> <p>2. DSM5. Pp. 481-503.</p> <p>1. Hughes, JR. (2006). Should criteria for drug dependence differ across drugs? <i>Addiction</i>, 101, 134-141.</p> <p>2. Room, R. (2006). Taking account of cultural and societal influences on substance use diagnoses and criteria. <i>Addiction</i>, 101, 31-39.</p> <p>3. Petry, NM. (2006). Should the scope of addictive behaviors be broadened to</p>

			include pathological gambling? <i>Addiction</i> , 152-160.
9	11/27	Personality Disorders	<p>1. Krueger, RF., Eaton, NR, Derringer, J., Markon, KE., Watson, D., Skodol, AE. (2013). Personality in DSM-5: Helping delineate personality disorder content and framing the metastructure. <i>Journal of Personality Assessment</i>, 93(4), 325-331.</p> <p>2. Mervielde, I., De Clercq, B., DeFruyt, F., & VanLeeuwen, K. (2005). Temperament, personality, and developmental psychopathology as childhood antecedents of personality disorders, 19(2), 171-201.</p>
10	12/4	Eating Disorders	<p>1. Marcus, MD. & Wildes, JE. (2009). Obesity: Is it a mental disorder? <i>International Journal for Eating Disorders</i>, 42, 739-753.</p> <p>2. Becker, AE., Thomas, JJ., Pike, KM. (2009). Should non-fat-phobic anorexia nervosa be included in DSM-V? <i>International Journal for Eating Disorders</i>, 42, 620-635.</p>
11	12/11	Final	