

**PSYCHOPATHOLOGY – PSY 469**  
**SUMMER 2015**  
**MTWR 12:00 – 1:50 p.m., STRAUB 254**

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***Course Objectives***

- to provide students with an integrative overview of the field of abnormal psychology and major psychological problems and disorders;
- to familiarize students with the multiple causes of psychopathology as viewed from a number of different theoretical perspectives;
- to illustrate an integrative view of research in the area of abnormal behavior;
- to discuss intervention and prevention strategies for psychological disorders;
- to promote critical thinking skills in the area of abnormal psychology.

This course should be considered an advanced introductory course, in that we will not have time to study every clinical problem in depth. Instead, we will concentrate on obtaining and applying knowledge to clinical problems and exploring a range of clinical skills, including case conceptualization.

***Course Expectations and Classroom Behavior***

The course includes traditional lectures, video materials, discussion, and assigned readings. Although lectures will overlap to some degree with the reading material, there will be lecture material that is not covered in the reading and reading material that is not covered in the lectures. You will be assessed on mastery of the content from all sources of material (lectures, videos, readings).

**Students are expected to attend and participate in class, complete and critically evaluate the assigned reading, and study in preparation for exams. On-time completion of all assignments is expected.**

This class is based on the philosophy that learning is an **active** process. This emphasizes the importance of understanding and experiencing ideas as they relate to our own lives, rather than just remembering a list of facts. Your input is welcome and encouraged, as is active listening. We must be mindful of discussing and listening to ideas in a respectful, thoughtful, and reasoned manner. You are encouraged to go beyond personal opinion and experience, and take available evidence into account. **Thus you are encouraged to carefully consider the information that comes from lectures, films, and class discussions in constructing more informed opinions of the topics we cover.**

Students behaving in a disruptive manner may be asked to leave the class. Disruptive behaviors include (but are not limited to): talking or otherwise distracting other students while they are trying to listen, failing to turn off your cell phone, packing up your materials before the end of class, arriving late, and leaving early. **During class, it is expected that students will pay attention, take notes, and participate by listening and discussing course material.**

***Class Attendance***

Please note: This is not a course to take if you think you will miss more than one class meeting, as class discussion and exercises are crucial to your success in the course. Your participation is part of the course requirements. Quizzes will be over the reading material, lectures, and videos. You will be responsible for **all** material covered in lecture. I also recommend that you check the course website at Blackboard at least twice a week, as I often post important course information there.

### **Required Text & Readings**

Text: Durand, V. M., & Barlow, D. H. (2014). *Essentials of Abnormal Psychology*, (7<sup>th</sup> ed.). Belmont, CA: Cengage Learning.

Readings are to be completed BEFORE the class meeting for which they are assigned. There is one required text book, available at the bookstore, along with supplemental optional readings available on the BlackBoard website. This course has a considerable amount of reading and you will not be able to do well if you do not do the reading.

### **Grading**

Your grade will be computed by combining your scores in the following overall categories:

Points	Course Work
100	10 Quizzes, 10 points each
50	Attendance & Participation
75	Homework Assignments (3* 25 points each)
400	Exams (4)
100	Final Reflection Paper
725	<b>Total</b>

#### **Quizzes: 100 points (10 points each)**

Eleven daily quizzes will be given, each worth 10 points. Your highest 10 quiz scores will be used for your final quiz score grade. Because of this, you cannot make up the quizzes **FOR ANY REASON**. The quizzes will be structured to assess your knowledge of the readings, in-class films and lectures, and class discussions. These may be multiple choice, matching, fill-in-the-blank and/or short answer questions that usually pertain to the material covered in the previous class meeting and/or readings for the current class meeting. Class attendance *and* participation, and completion of the readings will prepare you well for the quizzes.

#### **Participation: 50 points**

Participation includes points for attendance, preparing for class and contributing to group discussions. If you miss class *for any reason*, you cannot make up those points. You can earn 5 points for each day you attend and participate.

#### **Homework: 75 points**

During the term you will have three homework assignments, worth 25 points each. These assignments are designed to accomplish one or more of the following goals: provide an opportunity to experience clinical interventions; prepare you for the next class meeting; practice thinking critically about a class topic; apply research to a clinical problem; integrate knowledge across topics. If you are uncomfortable with providing personal information on an assignment you may either: 1) complete the assignment using information from a case study in the textbook (be sure to cite the text); or 2) propose an alternate assignment that accomplishes the same learning goals. Proposals must be submitted at least 1 week ahead of the due date. All assignments are available on BlackBoard. **Late work and e-mail submission are not accepted.**

#### **Exams: 400 points (100 points each)**

There will be four exams during the course of the term covering material as noted in the list of readings (i.e., not comprehensive). We neither endorse nor provide study guides. You are responsible for all material covered in the course. These exams are likely to contain matching, short answer, and multiple choice questions.

#### **Final Reflection Paper: 100 points**

In an effort to consolidate your learning about psychopathology, you will write a reflection paper describing your current thinking. This reflection should be a sophisticated paper that outlines your comprehensive understanding of the course content across the term, including your systemic, contextual understanding of

psychopathology. Papers should be 7-9 pages, double-spaced, and should demonstrate your critical thinking, knowledge base, and overall understanding. In addition to general writing elements and adherence to APA style, students will be assessed on their ability to articulate course concepts. This paper is meant to be a chance for you to consolidate your thinking from the term (as opposed to a cumulative final exam, for example). We will hand back your initial epistemology paragraph toward the end of the term, so you can see your initial positions and beliefs about psychopathology. We will not provide a great deal of written feedback on this paper, as we are more interested in you taking the time to work through the following questions. You will gain points for thoroughly addressing the following questions, and writing in a sophisticated, clear, thoughtful way.

1. Discuss, in depth, the multiple factors which contribute to the development of psychopathology as an illness. What is happening on a biological level? An environmental level? Make a statement, in quotes, about how you could explain the cause of psychopathology to a friend or family member. (~3 pages)
2. Given what you have learned across the term, discuss your thoughts about what constitutes mental health and mental illness. Include a commentary about how your ideas have shifted/not shifted from your initial paragraph (epistemology paper that you wrote on the first day). (~1.5 pages)
3. Describe your position about the intersection of diversity issues and psychopathology. You can use examples we've discussed in class, but you must also find and incorporate TWO ADDITIONAL empirically-based sources that are not from our textbook or class discussion. What can you do to NOT perpetuate the stigma attached to mental health issues? Make a statement, in quotes, about how you could respond to a friend who discloses to you that they struggling with symptoms that you recognize could be related to depression or anxiety. (~1.5 pages)
4. What questions about mental health or mental illness remain at the end of this class? How will you seek answers on your own to these questions? (~1 page)
5. Discuss any other relevant information/personal reflections from the course.

### Course Grade

Final grades will be based on percentage of total possible points earned, and distributed as follows:

A+	<i>Reserved for exceptional performance, usually above 98%, maximum of 3 A+ grades</i>		
A	93-100 Far exceeds expectations	D+	67-69.9
A-	90-92.9	D	63-66.9
B+	87-89.9	D-	60-62.9
B	83-86.9 Exceeds expectations; above average		
B-	80-82.9	N*	less than 70
C+	77-79.9	P*	70 or higher
C	73-76.9 Meets minimum expectations; average		<i>*If taking Pass/Fail</i>
C-	70-72.9		

### Policy on Late Work / Missing Quizzes or Class / Missing Exams

No late work will be accepted. Unless otherwise noted, all work must be printed single-sided, double-spaced, using Times New Roman 12-point font (according to APA style). All papers should be turned in during the first five minutes of class, or via BlackBoard Assignments as specified. Do NOT e-mail your papers. If you do not bring your paper to class, it is considered missing. In fairness to all students, you cannot make up quizzes or exams FOR ANY REASON.

## Additional Notes

**Using Blackboard:** On BlackBoard, you will find general announcements for the class, all documents (including this syllabus), lecture notes, on-line discussions, links to relevant web sites, and more. If you need help logging in or using Blackboard, see <http://blackboard.uoregon.edu/local/usingbb/>. Check BlackBoard and your Uoregon e-mail often.

**Academic Misconduct Policy:** Academic misconduct includes cheating, plagiarism, and unauthorized collaboration. Don't do it. Always note the source of anyone else's ideas that you use, in this, and every, class. You can find clear guidelines for using several different citation formats properly, as well as very clear explanations of how to paraphrase correctly and avoid plagiarism here:

<http://www.uwosh.edu/departments/lr/citing.html> .

I take academic misconduct very seriously; it merits a zero for the particular assignment, and usually results in a grade penalty for the course. All incidences of suspected academic misconduct must be reported by me to the Office of Student Conduct. For details, see:

<http://uodos.uoregon.edu/StudentConductandCommunityStandards/AcademicMisconduct/tabid/248/Default.aspx>

**Students with Disabilities:** If you may need accommodations, please contact me in the first week of class, even if you are not sure that you will require accommodation this term (for example, if you have a physical disability that may require emergency attention, but you cannot predict when this might happen). Please request that the Counselor for Students with Disabilities send a letter verifying your disability. Contact the Accessible Education Center for more information (164 Oregon Hall; 346-1155; aec.uoregon.edu). Without documentation, accommodations are not guaranteed and will be made at my discretion.

**Diversity and Respect for Others:** It is the policy of the University to support and value diversity. To do so requires that we respect the dignity and essential worth of all individuals and promote a culture of respect throughout the University community. Students are encouraged to develop and expand their respect for and understanding of diverse identities and experiences. If you believe you have been the target of or a witness to harassment, bias, or a hate crime, you may report this (anonymously, if desired) to the Bias Response Team at 346-2037 or <http://bias.uoregon.edu>.

**Mandated Reporting:** Oregon law requires all University employees with credible evidence that any form of prohibited discrimination by or against students, faculty, or staff is occurring have a duty to report that information to the Office of Affirmative Action & Equal Opportunity. "Prohibited discrimination" includes discriminatory harassment, including sexual harassment and sexual assault. Oregon law also requires that all UO employees make a report to the Oregon Department of Human Services or a law enforcement agency when there is reasonable cause to believe any child with whom the employee comes in contact has suffered abuse, or that any person with whom the employee comes in contact has abused a child.

## **Weekly Schedule: Topics, Readings, Assignments, Deadlines**

<b>Day</b>	<b>Reading</b>
<i>Part One: Introduction</i>	
06/22	Ch. 1: Abnormal Behavior in Historical Context Ch. 2: An Integrative Approach to Psychopathology
06/23	Ch. 2 Cont' Ch. 3: Clinical Assessment and Diagnosis
06/24 <b>HW #1</b>	Ch. 14: Mental Health Services: Legal and Ethical Issues
06/25	<b>Exam 1</b> Ch. 4: Anxiety, Trauma- and Stressor-Related, and Obsessive-Compulsive and Related Disorders
<i>Part Two: Your First Clients</i>	
06/29	Ch. 4 cont.
06/30 <b>HW #2</b>	Ch. 6: Mood Disorders and Suicide
07/01	Ch. 6 cont.
07/02	<b>Exam 2</b> Intro to sleep disorders (no reading!)
07/06	Ch. 8: Eating & Sleep-Wake Disorders
07/07 <b>HW #3</b>	Ch. 10: Substance-Related, Addictive, and Impulse Control Disorders
<i>Part Three: For the Advanced Clinician</i>	
07/08	Ch. 5: Dissociative Disorders Guest lecturer: Dr. Pamela Birrell
07/09	<b>Exam 3</b> Ch. 11: Personality Disorders
07/13	Ch. 11 cont.
07/14	Health Psychology & Stress Readings: Why Zebras Don't Get Ulcers, preface-chapter 2 (on blackboard)
07/15	Ch. 12: Schizophrenia and Other Psychotic Disorders
07/16	<b>Exam 4</b>

### ***Additional Recommended Readings For Curious Students***

Schulze, B. (2007). Stigma and mental health professionals: A review of the evidence on an intricate relationship. *Intl Review of Psychiatry*, 19, 137-155.

Tarrier, N., & Calam, R. (2002). New developments in cognitive-behavioral case formulation ... *Beh & Cog Psychotherapy*, 30, 311-328.

Van Os, J. (2013). The Dynamics of Subthreshold Psychopathology ... *Am J of Psychiatry*, 170, 695-698.

Magnavita, J., et al. (2010). Ethical Considerations in Treatment of Personality Dysfunction ... *Prof Psych: Res & Prac*, 41, 64-74.

Chamberlain, L. (2013). An Evaluation of the Effects of Diagnostic Composition on Indiv Treatment Outcome ... *Cog Beh Therapy*, 42, 56-63.

Craske, M. et al. (2009). Treatment for anxiety disorders: Efficacy to effectiveness to implementation. *Beh Research & Therapy*, 47, 931-937.

Lewis, C., Simons, A. et al. (2009). The role of readiness to change in response to treatment of adolescent depression. *J Clin Cons Psy*, 77, 422-428.

Cuijpers, P. et al. (2012). Personalized treatment of adult depression: Medication, psychotherapy, or both? A systematic review. *Depr & Anx*, 1, 1 – 10.

Nguyen-Rodriguez, S. et al. (2010). Anxiety mediates the relationship between sleep onset latency and emotional eating in minority children. *Eating Behaviors*, 11, 297-300.

Torrens, M. et al. (2011). Psychiatric comorbidity in illicit drug users: Substance-induced vs. independent disorders. *Drug Alc Depend*, 113, 147-156.

Daniels, J. et al. (2012). Neural and behavioral correlates of peritraumatic dissociation in an acutely traumatized sample. *J Clin Psychiatry*, 73, 420-427.

Rossier et al. (2013). Personality and personality disorders in urban and rural Africa ... *Frontiers in Psychology*, 4, 1-11.

Lev, A. I. (2013). Gender Dysphoria: Two Steps Forward, One Step Back. *Clin Soc Work J*, DOI 10.1007/s10615-013-0447-0.

K. M. Davidson, et al. (2009). Cognitive behaviour therapy for violent men with antisocial personality disorder in the community: an exploratory randomized controlled trial. *Psychological Medicine*, 39, pp 569-577

Preti, A. et al. (2010). Randomized-controlled trials in people at ultra high risk of psychosis: A review of treatment effectiveness. *Schiz Res*, 123, 30-36.