

PERSPECTIVES ON PROBLEMS IN LIVING

(Psychology 381: Abnormal Psychology)

Term 7, 2011

Carol Zerbe Enns, Ph. D.
e-mail: cenns@cornellcollege.edu

Office: Law Hall 106D
Office phone: 895-4351
Home phone: 895-6605

“Alas, I have read dozens of definitions of mental disorder (and helped to write one) and I can’t say that any have the slightest value whatever.... Mental disorders don’t really live ‘out there’ waiting to be explained. They are constructs we have made up – and often not very compelling ones at that.”

-Allen Frances, M.D., 2010, Chair, *DSM-IV* Task Force.

Course Overview and Goals:

As the quote at the top of this page notes, the concept of “mental disorder” is elusive. Furthermore, the typical text does not address adequately the complexity and messiness of the subject matter referred to as “abnormal psychology.” I believe that the phrase “perspectives on problems in living” more adequately captures this subject matter than the one that will appear on your college transcript. The purpose of this course is to explore a wide variety of problems in living ranging from stress-related concerns and situational crises to the more severe forms of psychosis that involve loss of touch with reality or the threat of severe harm to oneself and others. The course will provide a description of major "syndromes" and "disorders;" theoretical perspectives on their development; methods of psychological treatment; and how culture, history, and social institutions influence the nature and treatment of human crises. We will also focus on the social construction of psychological distress as well as issues of discrimination and social justice as they relate to the diagnosis and treatment of individuals. A feminist analysis of gender issues as well as the examination of the ways in which race/ethnicity, class, and culture influence psychological diagnosis and treatment represent important components of the course. The assumptions underlying this course are that human distress is normal and that human adjustment and mental health is best represented along a broad and flexible continuum. Rather than exaggerating the differences between "normal" and "abnormal" behavior, we will examine the diverse and complex variations of coping and survival behaviors, and promote an empathic orientation to human distress.

Objectives:

1. Provide an overview of the symptoms, demographic correlates, and typical progression of major forms of psychological distress.
2. Balance a scientific, diagnostic approach to mental health problems with a human appreciation for the “real life” experiences of people who encounter mental health problems.
3. Consider the major theoretical approaches about the causes and treatment of mental health problems.
4. Develop knowledge of intervention methods and their empirical support.
5. Understand and apply research methods used to advance scholarship in the study of mental health problems and treatment methods.
6. Consider personal patterns of resilience and strength as well as ecological, contextual forces that contribute to prevention of mental health problems.
7. Gain knowledge of current controversies including:
 - a. The advantages and disadvantages of labeling.
 - b. Culture and gender biases associated with diagnosis and treatment.
 - c. The medicalization of psychological distress and increased use of medications in treatment.
 - d. The strengths and limitations of direct-to-consumer (DTC) advertising.
8. Address historical, contextual, ecological, and cultural factors that contribute to more complete understandings of psychological health and distress, including:
 - a. The continuum between psychological normality and abnormality.
 - b. The historical and cultural relativism of diagnosis.
 - c. Advantages and limitations of current diagnostic systems (e.g., *DSM* system).
 - d. Connections between mind and body.
 - e. Multiple contributors to mental distress and health.

Text and Class Reading:

Kearney, Christopher A., & Trull, Timothy J. (2012). *Abnormal Psychology and Life: A Dimensional Approach*. Wadsworth.

Jamison, Kay Redfield. (1995). *An Unquiet Mind*. New York: Knopf.

Schiller, Lori, & Bennett, Amanda. (1994). *The Quiet Room*. New York: Warner Books.

Additional articles, posted on Moodle

Class Meetings: Class hours will be scheduled between 9-11 A.M. and 1:00-3 P.M. On several specific occasions, we will meet at 12:30 or 12:45 PM (due to the length of a movie or a special activity).

Course Expectations and Due Dates:

A. Regular attendance and active class participation

B. Completion of class readings. Reading assignments should be completed before class session on the date for which they are assigned.

C. Tests: Thursday, March 10 & Wednesday, March 23

D. Occasional overnight short directed papers (roughly one page per paper)

E. Short application paper: Tuesday, March 15

F. Research paper: Monday, March 21 (topic statement and abstracts due on March 8)

Short Directed Papers: Short, directed papers consist of overnight assignments that will require approximately one-page responses related to a movie, reading, or the topic of study for a specific day.

Short Application Paper (Tuesday, March 15)Option A: Genogram paper

To complete this assignment, you will complete a family tree or "genogram" that outlines the last three generations of a family (your family or the family of another person). The genogram should diagram patterns of health as well as any suspected or diagnosed psychological problems. One of the purposes of this paper is to reinforce the notion that psychological distress is a part of the normal human condition. The paper will provide an opportunity for you to interpret the diagram and to comment on themes such as: the nature of the family structure, relational patterns, the impact of life events on family functioning, patterns that are repeated across generations, and/or aspects of family balance or imbalance. I will provide an additional handout that will further clarify this assignment.

Option B: Short paper and letter relevant to a mental health public policy issue

To complete this assignment, identify a public policy issue relevant to mental health, and find at least two journal articles that speak to the nature of this issue and its significance. At least one of the journal articles should be an empirical study that provides insight about the issue (e.g., homelessness and mental health, mental health parity related to health insurance, direct-to-consumer advertising). You should write a one-page explanation of the issue and your goals as well as a two-page letter to a public official. Within the letter, you should advocate change or continuation of a specific public policy issue, integrating the findings of one or two studies that support your points.

Option C: Mental illness in the movies or autobiography/biography

This assignment involves applying clinical diagnosis to a movie character. To complete this assignment, you will describe a major character, summarize potential origins of the disorder, and discuss an expected prognosis. In addition, you will provide recommendations for treatment. Important components include using diagnostic criteria (*DSM-IV*) to speculate about possible diagnoses, applying an idiographic diagnostic formulation, and analyzing the movie's portrayal of the specific mental health problem.

Research Paper:

Initial topic statement and summary of one research article due on March 8. Paper due on March 21.

Class members will complete one of three approaches to the research paper: a case study analysis, research proposal, or controversial issues approach. The length for the paper should be approximately 10 pages. The paper should include a minimum of six references from academic sources (peer reviewed sources), and papers should show evidence that each source has been used (e.g., through citations and discussion/integration of each source). At least

three of the sources should describe original research on the topic. Other sources may consist of research reviews, conceptual pieces, the DSM-IV, academic discussions of controversies etc. If you rely on any non-academic sources, such as popular magazine articles to illustrate a point, these sources should be used *in addition* to the required six sources. Papers should be double-spaced and should include citations and a reference page in APA style or the academic style associated with your primary academic discipline.

Research Review and Proposal:

Class members choosing this approach will review the findings of research on a specific topic, and use this information to create a proposal for a project that would extend this research in a new direction or with a new population. For more information, refer to the research proposal guide.

Case Analysis:

For this option, students will construct a 1-page case vignette with a detailed client history and a comprehensive overview of symptoms. Students may modify an existing case study or create their own case description, which includes client information and symptoms. Students may focus on a disorder of their choosing, but the history and symptoms of the case must be discussed through the lens of *DSM-IV-TR* criteria and other conceptual frameworks. Students will then cite information from primary research literature to explain the onset and progression of the disorder, potential causes and course, as well as prognosis. Class members will develop a comprehensive treatment plan based on empirically supported treatments for the problem. Consistent with the research proposal approach, students must use at least 3 original research articles. Research reviews and theoretical articles are acceptable for other sources.

A Diagnostic, Treatment, or Public Health Controversy:

This approach should be structured around some controversy regarding a disorder's etiology (cause), diagnosis, or treatment. The types of questions that may help structure the paper include: Why is major depressive disorder diagnosed more frequently in women? Is alcohol dependence a disease or a learned behavior? Is dissociative identity disorder a valid diagnosis? Is histrionic (or dependent or borderline) personality disorder over-diagnosed in women? A paper may also examine research evidence supporting two different etiological theories (e.g., structural brain abnormalities versus abusive family environment) or treatment approaches to a disorder (e.g., cognitive behavioral [CBT] versus interpersonal therapy [IPT]). Finally, a paper could provide an analysis of an issue such as mental illness and violence. Consistent with each of the alternative approaches to the research paper, at least 3 empirical research studies must be included as sources.

The following description clarifies general standards for grading research papers.

Superior (A): This paper not only fulfills the assignment, but also has something original and important to say and the points it makes are well supported. It is organized effectively, develops smoothly, and it is written clearly and correctly (according to scientific writing standards). It is based on data or a review of the literature that is clearly related to the points it makes. Findings from the literature are integrated into a readable and comprehensive paper. The conclusions suggest that the writer has synthesized the literature and has identified strengths and limitations of the literature as well as future directions for research and theory. The paper is written correctly with regard to mechanics and citation style.

Good (B): This paper fulfills the assignment. Its general ideas are clear and it is presented effectively. It handles sources clearly, and includes no serious errors of fact or interpretation. Although it may not represent substantial new insight into the issues, it provides an adequate and appropriate report about data or literature. Generally, the paper is correct with regard to usage, is appropriate in style, and uses correct standards of writing, including bibliographic citations.

Average (C): This paper fulfills the assignment adequately, but it might be better described as an annotated bibliography. Points may be hard to follow and the paper may be poorly organized (e.g., unbroken narrative with no headings or clear relationships; literature review that summarizes sources merely in sequence without synthesizing points). There may be errors of fact or interpretation. Sources or data may be poorly chosen – insufficient in number, of inappropriate types, too old, lacking in authority, etc. There may be errors in usage, the style may be inappropriate for the assignment, or there may be errors in mechanics of writing or citation.

Marginal (D/F): This paper does not fulfill the assignment. It may fail to focus on a single topic or subject. It omits important material or makes repeated errors of fact or interpretation.

Make-up Exams and Late Papers:

Occasionally students become ill immediately before an exam or the due date of a paper. Students who wish to request extensions because of illness or personal crises must notify me in a timely fashion (e.g., before the day the assignment is due and before a test begins.) In other cases, papers that are submitted after the deadline will be considered late and will be penalized 1/2 grade for every 24 hour period after the stated deadline.

Computers and Electronic Communication

You may bring computers to class if the purpose of doing so is to take notes. It is not acceptable to use class time to check e-mail or “surf” the internet or to complete other class assignments. Similarly, texting during class time is not acceptable. Discussion will be a primary emphasis throughout this class, and the presence of computers often detracts from one’s ability to be “fully present” in class discussion. As a result, computers should not be used during discussion.

Accommodations for Disabilities

Cornell College is committed to providing equal opportunities to all students. If you have a documented learning disability and will need any accommodation in this course, you must request the accommodation(s) from the instructor of the course within the first three days of the term. Additional information about the policies and procedures for accommodation of learning disabilities is available on the Cornell website at http://cornellcollege.edu/student_affairs/compass/academic-policies.shtml.

Academic Honesty

The College considers Cornell students to be responsible persons who maturity will develop in a community that encourages free inquiry. The College expects the highest degree of personal integrity in all relationships. Any form of dishonesty is a violation of this spirit and of College rules. When a piece of work is submitted for credit, a student is asserting that the submission is her or his work unless there is a citation of a specific source. If there is no appropriate acknowledgement of sources, whether intended or not, this may constitute a violation of the College’s requirement for honesty in academic work and may be treated as a case of academic dishonesty. Dishonesty in academic work includes both cheating and plagiarism. For more information, see http://cornellcollege.edu/student_affairs/compass/academic-policies.shtml.

Grading: My general practice is to assign points to assignments, and to assign between 280 to 300 points to a specific class. I then ensure that the points correspond to percentages as listed below.

Tests:	50-60%	(65-80 points per test)
Application paper:	10-15%	(25-30 points)
Research paper:	20-25%	(65-75 points)
Class participation/attendance/short directed papers	10-15%	(30-40 points)

General Grading Scale:

A range:	94%=A	90%=A-
B range:	88%=B+	83%=B
C range:	77%=C+	73%=C
D range:	66%=D+	63%=D
F=below 60%		60%=D-

If the overall scores of a class are inconsistent with these percentages, I occasionally make minor adjustments below published boundaries between grades (e.g., 1 or 2 percentage points as cut-off points for a specific grade)

Tentative Class Schedule

Monday, February 28 (A.M. & P.M. class)

The socially constructed nature of normal and abnormal behavior
 History of mental health treatment: advances and abuses
 12:45 P.M. movie

Reading: Text, Chapter 1

Quart, A. (2009, May 11). Listening to madness. *Newsweek*, 54-55.

Enrichment:

Gabriel, T. (2010, December 19). Mental health needs seen growing at colleges. *New York Times*.

Orchowski, L.M., Spickard, B. A., & McNamara, J. R. (2006). Cinema and the valuing of psychotherapy: Implications for clinical practice. *Professional Psychology*, 37, 506-514. (first 5 pages)

Tuesday, March 1 (A.M. and P.M. class)

Approaches to abnormal behavior and assumptions about "normal" behavior
 Assessment, the science and politics of diagnosis

Reading: Text, Chapters 1, 2 (especially pp. 22-28), 3, 4 (For Chapter 4, read pp. 70-81, 86-98)

Note: Based on your work in previous psychology classes, I expect you to be knowledgeable about much of the content of Chapters 2, 3, and 4. Thus, we will focus only briefly on this content but will revisit many of these themes as they are relevant to depression and other problems discussed later in this class. These early chapters provide a review of basic approaches or paradigms in psychology, research methods, and diagnosis.

Discussion of DSM Diagnosis: Costs, Benefits, and Politics

Chapter 4 (72-76) and www.dsm5.org (information about proposed updates for the forthcoming revision)

Frances, A. (2010, July 6). Normality is an endangered species: Psychiatric fads and overdiagnosis. *Psychiatric Times*, 1-3.

Phillips, J. (2010, December). The missing person in the DSM. *Psychiatric Times*.

Greenberg, G. (2010). Inside the battle to define mental illness. *Wired Magazine*.

Robertson, M., & Walter, G. (2007). The ethics of psychiatric diagnosis. *Psychiatric Annals*, 37, 792-797.

Idiographic (personalized) diagnostic formulation. (2003). *British Journal of Psychiatry*, 182, 55-57.

Wednesday, March 2 (A.M. & P.M. class)

Mood disorders: Emphasis on depression

Reading: Text, Chapter 7 (pp. 171-178, 189-211, emphasize sections on unipolar depression)

Begin reading Jamisen, *An Unquiet Mind*. (Part I, through p. 63)

Recommended/enrichment:

Rupke, S.J., Blecke, D., & Renfrow, M. (2006). Cognitive therapy for depression. *American Family Physician*, 73, 83-87.

Bhatia, S. K., & Bhatia, S. C. (2007). Childhood and adolescent depression. *American Family Physician*, 75, 73-80.

Marangell, L.G., Martinez, M., Judri, R. A., & Zboyan, H. (2007). Neurostimulation therapies in depression: A review of new modalities. *Acta Psychiatrica Scandinavica*, 116, 174-181.

Novotney, A. (2009, January). The price of affluence. *Monitor on Psychology*, 40(1), 50-52.

Chen, I. (2008, Dec. 18). A clash of science and politics over PMS. *New York Times*.

Moynihan, R., & Cassels, A. (2005, October 17). A disease for every pill. *The Nation*, 281(12), pp. 22-25.

Thursday, March 3 (A.M. and P.M. class)

Mood disorders: Emphasis on bipolar disorder

Reading: Text, Chapter 7 (emphasize sections on bipolar disorders, pp. 178-182)

Continue reading Jamisen, *An Unquiet Mind*. Part II (through p. 135) & III (through p. 176)

Carlson, G. A. (2009). Treating the childhood bipolar controversy: A tale of two children. *American Journal of Psychiatry*, 166, 18-24.

Enrichment:

- Spiegel, A. (2010, February 10). Children labeled “bipolar” may get a new diagnosis. *NPR report*.
- Frances, A. (2010, April 8). Psychiatric diagnosis gone wild: the “epidemic” of childhood bipolar disorder. *Psychiatric Times*.
- Axelson, D. (2010, December 1). Adding the diagnosis of temper dysregulation disorder to the *DSM-5*: Do we really need it? *Psychiatric Times*.

Focus on research.

Class members will sign up to read one of the following research studies, which represent “state of the art” treatment studies. Students will be responsible to discuss the strengths and limitations of these studies with the class.

Text, pp. 93-97.

- Dobson, K. S. et al. (2008). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the prevention of relapse and recurrence in major depression. *Journal of Consulting and Clinical Psychology, 76*, 468-477.
- Hirshfeld-Beck, D.R. et al. (2010). Cognitive behavioral therapy for 4- to 7-year-old children with anxiety disorders: A randomized clinical trial. *JCCP, 78*, 498-510.
- Bryant, R. A. et al. (2008). A randomized controlled trial of exposure therapy and cognitive restructuring for posttraumatic stress disorder. *JCCP, 76*, 695-703.
- Mueser, K. T. et al. (2008). A randomized controlled trial of cognitive-behavioral treatment for posttraumatic stress disorder in severe mental illness. *JCCP, 76*, 259-271.
- Resick, P.A. et al. (2008). A randomized clinical trial to dismantle components of cognitive processing therapy for posttraumatic stress disorder in female victims of interpersonal violence. *JCCP, 76*, 243-258.
- Twohig, M. P. et al. (2010). A randomized clinical trial of acceptance and commitment therapy versus progressive relaxation training for obsessive-compulsive disorder. *JCCP, 78*, 705-716.
- Foa, E.B. et al. (2005). Randomized trial of prolonged exposure for posttraumatic stress disorder with and without cognitive restructuring. *JCCP, 73*, 953-964.

Friday, March 4 (A.M. & P.M.)

Mood disorders and suicide

Reading:

Text, Chapter 7

Finish reading *An Unquiet Mind* (Part III & IV, through p. 219)

- Vitiello, B., & Pearson, J.L. (2008). A depressed adolescent at high risk of suicidal behavior. *American Journal of Psychiatry, 165*, 323-328.
- Frierson, R.L., Melikian, M., & Wadman, P.C. (2002). Principles of suicide risk assessment. *Postgraduate Medicine*.
- Osterwell, N. (2007, May 25). Simple screen improves suicide risk assessment. *Psychiatric Times*.

Monday, March 7 (A.M. and P.M. class)

Anxiety disorders: social anxiety, panic, agoraphobia, and obsessive compulsive disorder

Reading:

Text, Chapter 5, Chapter 4 (pp. 91-92), and Chapter 10 (pp. 291-294).

- Kavan, M. G., Elsasser, G. N., & Barone, E. J. (2009). Generalized anxiety disorder. *American Family Physician, 79*, 785-794.
- Teo, A. R. (2010). A new form of social withdrawal in Japan: A review of *hikikomori*. *International Journal of Social Psychiatry, 56*, 178-185.
- Hamilton, J. M. (2008). Anxiety disorder in adolescence: A case study. *Journal of Child and Adolescent Psychiatric Nursing, 21*, 186-190.

Enrichment:

- Feldman, L.B., & Rivas-Vazquez, R. A. (2003). Assessment and treatment of social anxiety disorder. *Professional Psychology, 34*, 396-405.
- Chamberlain, S. R., Menzies, L., Sahakian, B. J., & Fineberg, N. A. (2007). Lifting the veil on trichotillomania. *American Journal of Psychiatry, 164*, 568-574.

Brady, K. T., Tolliver, B. K., & Verduin, M. L. (2007). Alcohol use and anxiety: Diagnostic and management issues. *American Journal of Psychiatry*, *164*, 217-221.

Vedantum, S. (2005, June 26). Patients' diversity is often discounted. *Washington Post*.

Tuesday, March 8 (A.M. & P.M.)

Anxiety: OCD (continued), post-traumatic stress, and body dysmorphic disorder

Due at 5 PM: Topic statement for research paper, summary of one research article, and at least one additional reference from within the research article that is likely to be useful for your paper.

Reading: Text, Chapter 5 (pp. 108-111)

Phillips, K. A., Didie, E. R., Feusner, J., & Wilhelm, S. (2008). Body dysmorphic disorder: Treating an underrecognized disorder. *American Journal of Psychiatry*, *165*, 1111-1118.

Tavakoli, H. R. (2010). Posttraumatic stress disorder: A persistent diagnostic challenge. *Psychiatric Annals*, *40*, 507-518.

Tuerk, P.W., Grubaugh, A.L., Hamner, M. B., & Foa, E.B. (2009). Diagnosis and treatment of PTSD-related compulsive checking behaviors in veterans of the Iraq war: The influence of military context on the expression of PTSD symptoms. *American Journal of Psychiatry*, *166*, 762-767.

Recommended/enrichment:

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, *15*, 1-18.

Heindin, H., Maltzberger, J. T., & Szanto, K. (2008). The psychosocial context of trauma in treating PTSD patients. *American Journal of Psychiatry*, *165*, 28-32.

Bisson, J. E., Brayne, M., Ochberg, F. M., & Everly, G. S. (2007). Early psychosocial intervention following traumatic events. *American Journal of Psychiatry*, *164* (7), 1016-1019.

Wednesday, March 9 (A.M. only)

Somatoform Disorders: Psychological problems manifested as physical problems

Reading: Text, Chapter 6 (pp. 139-154)

Oyama, O., Paltoo, C., & Greengold, J. (2007). Somatoform disorders. *American Family Physician*, *76*, 1333-1338.

Schorr, M. (2005, May/June). Is it all in my head? *Psychology Today*, 72-78.

Recommended/Enrichment:

Neimark, G., Caroff, S.N., & Stinnett, J. L. (2005). Medically unexplained symptoms. *Psychiatric Annals*, *35*, 298-305.

Thursday, March 10

Test #1 (A.M.) and PM movie (P.M.)

Friday, March 11 (A.M. only)

Eating disorders

Mental health and the sexualization of girls and women

Reading: Text, Chapter 8

Attia, E., & Walsh, B. T. (2007). Anorexia nervosa. *American Journal of Psychiatry*, *164*, 1805-1810.

Recommended/enrichment:

Bell, V. (2007). Online information, extreme communities and internet therapy: Is the internet good for our mental health? *Journal of Mental Health*, *16*, 445-457.

Lipczynska, S. (2007). Discovering the cult of Ana and Mia: A review of pro-anorexia websites. *Journal of Mental Health*, *16*, 545-548.

American Psychological Association. (2007). *Report of the APA task force on the sexualization of girls*.

Monday, March 14 (A.M. & P.M.)

Schizophrenia and related disorders

Reading: Text, Chapter 10 (pp. 284-287) and Chapter 12Begin reading Schiller & Bennett, *The Quiet Room* (Part I, II, III)Schultz, S. H., North, S. W., & Shields, C. G. (2007). Schizophrenia: A review. *American Family Physician*, 75 1821-1829.**Recommended:** Special issue of *Current Directions in Psychological Science* (August, 2010)Walker, E., Shapiro, D., Esterberg, M., & Trotman, H. (2010). Neurodevelopment and schizophrenia: Broadening the focus. *CDPS*, 19, 204-208.King, S., St-Hilaire, A., & Heidkamp, D. (2010). Prenatal factors in schizophrenia. *CDPS*, 19, 209-213.Jobe, T. H., & Harrow, M. (2010). Schizophrenia course, long-term outcome, recovery, and prognosis. *CDPS*, 19, 220-225.Hooley, J.M. (2010). Social factors in schizophrenia. *CDPS*, 19, 238-242.Addington, J., Piskulic, D., & Marshall, C. (2010). Psychosocial treatments for schizophrenia. *CDPS*, 19, 260-263.**Tuesday, March 15** (A.M. & P.M.)

Schizophrenia

Legal and ethical issues related to serious mental illness

Due at 5 P.M.: Short application paper**Reading:** Chapter 12Continue reading Schiller & Bennet, *The Quiet Room* (Part III, IV, V)McNamara, N.,K., & Findling, R. L. (2008). Guns, adolescents, and mental illness. *American Journal of Psychiatry*, 165, 190-194.Luhmann, T. M. (2008). "The street will drive you crazy": Why homeless psychotic women in the institutional circuit in the United States often say no to offers of help. *American Journal of Psychiatry*, 165, 15-20.**Wednesday, March 16** (A.M. and P.M.)

Dissociative disorders and the "dramatic" personality disorders

Reading: Text, Chapter 6 (pp. 156-169) and 10 (pp. 282-284, 287-291, 306-307)Kaysen, S. (1993). My diagnosis. Chapter from *Girl, Interrupted*. New York: Random House.Stickley, T., & Nickeas, R. (2006). Becoming one person: Living with dissociative identity disorder. *Journal of Psychiatric and Mental Health Nursing*, 13, 180-187.Harvard Medical School (2005, January). Falling apart: Dissociation and its disorders. *Harvard Mental Health Letter*.**Recommended/Enrichment:**Gunderson, J.G. (2009). Borderline personality disorder: Ontogeny of a diagnosis. *American Journal of Psychiatry*, 166, 530-539.Klonsky, E. D., & Muehlenkamp, J.J. (2007). Self-injury: A research review for the practitioner. *Journal of Clinical Psychology*, 63, 1045-1056.Gleaves, D. H., & Williams, T. L. (2005). Critical questions: Trauma, memory, and dissociation. *Psychiatric Annals*, 35 649-654.**Thursday, March 17** (A.M. and P.M.)

Personality disorders; sexual and gender identity problems

Reading: Text, Chapter 10 (pp. 282-284 & 294-305) and Chapter 11 (pp. 310-325, 338-343, exclude sections on sexual paraphilias, pp. 325-338)Weston, C.G., & Riolo, S. A. (2007). Childhood and adolescent precursors to adult personality disorders. *Psychiatric Annals*, 37, 114-120.Widiger T. A. (2007). Current controversies in nosology and diagnosis of personality disorders. *Psychiatric Annals*, 37 (2), 93-99.

Discussion About Sexual Disorders: Two Controversies Readings selected from the following:

- Bolon, R. (2008). The DSM criteria of sexual dysfunction: Need for a change. *Journal of Sex and Marital Therapy*, 34, 186-197.
- McHugh, M. C. (2006). What do women want? A new view of women's sexual problems. *Sex Roles*, 54, 361-369.
- Tiefer, L. (2002). Beyond the medical model of women's sexual problems: A campaign to resist the promotion of "female sexual dysfunction." *Sexual and Relationship Therapy*, 17, 127-135.
- Herek, G. M. (2010). Sexual orientation differences as deficits: Science and stigma in the history of American psychology. *Perspectives on Psychological Science*, 5, 693-699.
- Traditional Values Coalition. A gender identity disorders goes mainstream. At www.traditionalvalues.org.
- Winters, K. (2010). Ten reasons why the transvestic disorder diagnosis in the DSM-V has got to go. At www.gidreform.org.
- Winters, K. Issues of GID diagnosis for transsexual women and men. At www.gidreform.org.

Friday, March 18 (A.M.)

Substance Use and Addictive Disorders

Reading: Text, Chapter 9

- Shaw, M., & Black, D. W. (2008). Internet addiction: Definition, assessment, epidemiology, and clinical management. *CNS Drugs*, 22, 353-365.
- Green, A. I., Drake, R. E., Brunette, M.F., & Noordsy, D.L. (2007). Schizophrenia and co-occurring substance use disorder. *American Journal of Psychiatry*, 164, 402-408.
- Foti, D. J., Kotov, R., Guey, L.T., & Bromet, E. J. (2010). Cannabis use and the course of schizophrenia: 10-Year follow-up after first hospitalization. *American Journal of Psychiatry*, 167, 987-993.

Monday, March 21 (A.M. and P.M.)

Developmental and behavioral disorders

Due at 5 PM: Research paper

Reading: Text, Chapter 13 (pp. 483-386, 401-416)

- Toth, K., & King, B. H. (2008). Asperger's syndrome: Diagnosis and treatment. *American Journal of Psychiatry*, 165, 958-963.
- Wadsworth, J. S., & Harper, D. C. (2007). Adults with attention-deficit/hyperactivity disorder: Assessment and treatment strategies. *Journal of Counseling and Development*, 85, 101-108.
- Manos, M. J. (2010). Nuances of assessment and treatment of ADHD in adults: A guide for psychologists. *Professional Psychology: Research and Practice*, 41, 511-517.

Recommended/Enrichment:

- Hamilton, S.S., & Armando, J. (2008). Oppositional defiant disorder. *American Family Physician*, 78, 861-866.
- Rader, R., McCauley, L., & Callen, E. C. (2009). Current strategies in the diagnosis and treatment of childhood attention-deficit/hyperactivity disorder. *American Family Physician*, 79, 657-665.

Tuesday, March 22 (A.M.)

Cognitive disorders

Ethical and legal issues

Social change and social justice

Reading: Text, Chapter 14 (selected pages) and 15 (pp. 459-471)

- Frese, F. J., & Myrick, K.J. (2010). On consumer advocacy and the diagnosis of mental disorders. *Professional Psychology*, 41, 495-501.
- Lowry, F. (2010, September 22). Mental illness persists among Americans. *Medscape Medical News*. (summary of an article published in the *American Journal of Psychiatry*.)

Wednesday, March 23 (A.M.)

Test #2

Wylie, M. S. (1995). Diagnosing for dollars? *Family Therapy Networker*, 19 (3), 22-33, 65-69.

Medication, Media, and Medicalization

How advertising affects prescriptions. *Harvard Mental Health Letter* (August, 2005).

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