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PSYX 532.01: Advanced Psychopathology

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Syllabus – Psyx 532 – Autumn 2014

Advanced Psychopathology

Meeting Location and Time

CPC 121

Monday, Wednesday 12:10 – 1:30 pm

Instructor Information

Instructor: Bryan Cochran, Ph.D.

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Email: bryan.cochran@umontana.edu

Phone: 406.243.2391

Office hours: Monday 2:30 – 4:00, Wednesday 9:00 – 10:30, or by appointment

Course Guidelines and Policies

Disability Modifications

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and [Disability Services for Students](#). If you think you may have a disability adversely affecting your academic performance, and you have not already registered with Disability Services, please contact Disability Services in Lommasson Center 154 or call 406.243.2243. I will work with you and Disability Services to provide an appropriate modification.

Academic Misconduct

All students must practice academic honesty. Academic misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. All students need to be familiar with the [Student Conduct Code](#).

Incompletes

Departmental and university policies regarding incompletes do not allow changing “incomplete” grades after one year has passed since the “I” was granted.

Pass/No Pass

For students taking this course P/NP, a P is a grade of A, B, or C. A NP is a grade of D or F.

Exiting Gracefully

Instructor permission is required to drop this course once the 15th day of instruction has passed.

Course Description

Psyx 532 is a graduate-level overview of adult psychopathology, encompassing etiological theories, epidemiology, and treatment approaches used with all major behavioral disorders.

Learning Outcomes

1. Students will learn about the development of the current diagnostic system, the DSM-5, and the issues that were involved in the recent revision of the manual.
2. Students will learn how to evaluate a client's reported symptoms and how to assign DSM diagnoses.
3. Students will become familiar with both basic psychopathology and treatment outcome research.
4. Students will write extensively about key issues in psychopathology and will receive feedback on both writing content and style.
5. Students will learn about psychopathology from multiple sources: diagnostic manuals, research articles, and case studies.
6. Students will learn how to integrate diagnostic data with theory in the process of case formulation.

Grading/Evaluation

It is assumed that the best measure of your having met the objectives of this course is your ability to synthesize the material you have learned and to present your ideas to others (orally and in writing). With this in mind, evaluation of your progress will be through the following components:

45% Responses to Readings—Every two weeks, you will be asked to turn in a written response to one or more of your assigned readings. These are due by the beginning of class on Mondays (dates with an asterisk under 'course organization' are turn-in days for responses; seven total are required; on weeks in which Monday is a holiday, responses are due on Wednesday). Each response should directly address your reactions to assigned material over the past two weeks. An *excellent* response integrates ideas presented from multiple readings, theoretical perspectives learned in- or outside of this class, and your personal reactions to the material in equal measure. A *good* response is an in-depth reaction to one or two specific ideas presented in the readings. A *poor* response is an article summary or paraphrasing of the assigned material.

There is no page length requirement for your responses; however, anything two pages or less would need to be extremely concise and well organized to comprise an excellent response. I will not grade your first response due on 9/4 but will provide you with feedback that will assist in writing future responses. The remaining 6 responses will be assigned 0-7 points, totaling a possible 42 points of your final course grade (you will receive three points for handing in your response on 9/4).

15% DSM Quizzes—during the semester, there will be 3 announced quizzes to assess your comprehension and knowledge of the DSM. The format will be short-answer. Quiz dates will be scheduled in class.

25% Final Paper—the goal of this paper is to present a thorough review of one of the major topics in the field of psychopathology (e.g., exciting research areas, current controversies). As a general guideline,

construct a paper similar in length and in depth of understanding to a *Psychological Bulletin* article. Final papers should be at least 20 pages excluding title page, references, etc.. Your paper should have an abstract and should adhere to APA format. Individual meetings with me by 10/25 to establish your topic are required; provide at or before this meeting an approximately 2 page overview of your planned topic.

Examples of good paper topics are:

- Changes in the meaning of substance use disorder diagnoses with the abandonment of the abuse/dependence distinction in DSM-5
- Defining the concept of psychological disorder: Is there a possible synthesis between medical model and “harmful dysfunction” approaches?
- Somatoform disorders and the implication of a mind-body connection in current diagnostic practice
- Epidemiology of mental disorders from a cross-cultural perspective: What barriers hinder comparisons between cultures?

5% Presentation of Final Paper—in the final week of class, you will make a 20 minute presentation on the topic area of your paper.

10% Course Participation—your understanding of the material in class will be demonstrated through well-constructed questions and contributions to discussion. Of course, attendance is part of participation.

Final grades will be calculated using the plus/minus system (e.g., an overall grade of 90-92% is an A-, 77-79 is a C+, etc.).

Ungraded exercises will consist of informal case “consultations” in which you will receive a clinical case description and you will develop (in collaboration with your colleagues during class) diagnostic hypotheses and a case formulation.

Required Texts

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*, 5th ed. Washington, DC: American Psychiatric Publishing.

Halgin, R. P., & Whitbourne, S. K. (1998). *A casebook in abnormal psychology: From the files of experts*. NY: Oxford.

Readings from relevant journals or other books are available on the Moodle site for this course. These materials comprise the bulk of your reading assignments over the course of the semester.

Course Schedule

Dates	Topics
Week 1 (8/25)	Introduction to Psychopathology, Case Formulation, and the DSM
Week 2 (9/3; response due *)	The Construct of “Disorder,” Stigma, and the Hot-Off-the-Presses DSM-5!
Week 3 (9/8)	

Dates	Topics
Week 4 (9/15*)	Epidemiology and Comorbidity
Week 5 (9/22)	Mood Disorders: Unipolar
Week 6 (9/29*)	Mood Disorders: Bipolar
Week 7 (10/6)	Anxiety Disorders: Panic, Agoraphobia, Specific Phobias, Generalized Anxiety Disorder, and Social Anxiety Disorder
Week 8 (10/13*)	Schizophrenia Spectrum Disorders
Week 9 (10/20)	Substance-Related and Addictive Disorders: Etiology and Epidemiology
Week 10 (10/27*)	Substance-Related and Addictive Disorders: Current Research and Treatment
Week 11 (11/3)	Eating Disorders and Dissociative Disorders
Week 12 (11/10*)	Personality Disorders
Week 13 (11/17)	Personality Disorders (cont.)
Week 14 (11/24*)	Somatic Symptom and Related Disorders, Sexual Disorders, Impulse Control Disorders, Neurocognitive Disorders
Weeks 15 and 16 (12/1, 12/8)	Final Thoughts: Synthesis and Presentations <i>The final exam is scheduled for this class on 12/10 from 10:10-12. The final paper is due at this time.</i>

Readings

Note:

Subscripts following a citation indicate the intended day of the week that we will discuss each article or chapter in class (M=Monday, W=Wednesday). For weeks 2, 12, and 14, there is only one meeting day for the class and subscripts are not used. DSM readings apply to the entire week and should be read for Mondays.

Week 1:

Introduction to Psychopathology, Case Formulation, and the DSM

DSM-5— Introduction, pp. 5-17; Use of the Manual, pp. 19-24.

Halgin text—Chapter 1, The Therapeutic Process, pp. 1-6_w

Hays, P. A. (2008). Making sense and moving on: Culturally responsive diagnosis and the DSM-IV-TR. In P. A. Hays (Ed.), *Addressing cultural complexities in practice: Assessment, diagnosis, and therapy, 2nd ed.* (pp. 153-172). Washington, DC: APA. _w

Persons, J., Davidson, J., & Tompkins, M. (2000). Individualized case formulation and treatment planning. In J. Persons, J. Davidson, et al. (Eds.), *Essential components of cognitive-behavior therapy for depression* (pp. 25-51). Washington, DC: APA. _w

Segal, D. L., & Coolidge, F. L. (2001). Diagnosis and classification. In M. Hersen & V. B. Van Hasselt (Eds.), *Advanced abnormal psychology, second edition* (pp. 5-22). New York: Kluwer/Plenum. _{m, w}

Week 2:

The Construct of “Disorder,” Stigma, and the Hot-Off-the-Presses DSM-V!

[Read the highlights of changes to DSM-5](#)

Adam, D. (2013). On the spectrum. *Nature*, 496, 416-428.

Flanagan, E. H., Keeley, J., & Blashfield, R. K. (2008). An alternative hierarchical organization of the mental disorders of the DSM-IV. *Journal of Abnormal Psychology*, 117, 693-698.

Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: Lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

Hyman, S. E. (2010). The diagnosis of mental disorders: The problem of reification. *Annual Review of Clinical Psychology*, 6, 155-179.

Sirey, J. A., Bruce, M. L., Alexopoulos, G. S., et al. (2001). Perceived stigma as a predictor of treatment discontinuation in young and older outpatients with depression. *American Journal of Psychiatry*, 158, 479-481.

Week 3:

Epidemiology and Comorbidity

Kessler, R. C., Berglund, P. A., Bruce, M. L., et al. (2001). The prevalence and correlates of untreated serious mental illness. *Health Services Research*, 36, 987-1007. _w

Miller, G. A., & Rockstroh, B. (2013). Endophenotypes in psychopathology research: Where do we stand? *Annual Review of Clinical Psychology*, 9, 177-213. _w

Kessler, R. C., Demler, O., Frank, R. G., et al. (2005). Prevalence and treatment of mental disorders, 1990 to 2003. *New England Journal of Medicine*, 352, 2515-2523. _m

Kilpatrick, D. G., Ruggiero, K. J., Acierno, R., et al. (2003). Violence and risk of PTSD, major depression, substance abuse/dependence, and comorbidity: Results from the national survey of adolescents. *Journal of Consulting and Clinical Psychology*, 71, 692-700. _w

Narrow, W. E., Rae, D. S., Robins, L. N., & Regier, D. A. (2002). Revised prevalence estimates of mental disorders in the United States. *Archives of General Psychiatry*, 59, 115-123. _m

Vander Stoep, A., & Link, B. (1998). Social class, ethnicity, and mental illness: The importance of being more than earnest. *American Journal of Public Health*, 88, 1396-1402. _m

Week 4:

Mood Disorders: Unipolar

DSM-5 – pp. 155-188

Chapter 11, Halgin Text (Flora) _m

Dimidjian, S., Hollon, S. D., Dobson, K. S., Schmaling, K. B., Kohlenberg, R. J., Addis, M. E., et al. (2006). Randomized trial of behavioral activation, cognitive therapy, and antidepressant medication in the acute treatment of adults with major depression. *Journal of Consulting and Clinical Psychology*, 74, 658-670. _w

Hollon, S. D., Thase, M. E., & Markowitz, J. C. (2002). Treatment and prevention of depression. *Psychological Science in the Public Interest*, 3, 39-77. _w

Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual Review of Clinical Psychology*, 8, 161-187. _M

Ryder, A. G., Yang, J., Zhu, X., et al. (2008). The cultural shaping of depression: Somatic symptoms in China, psychological symptoms in North America? *Journal of Abnormal Psychology*, 117, 300-313. _M

Week 5:

Mood Disorders: Bipolar

DSM-5 – pp. 123-154

Chapter 10, Halgin Text (Irene) _w

Alloy, L. B., & Abramson, L. Y. (2010). The role of the behavioral approach system (BAS) in bipolar spectrum disorders. *Current Directions in Psychological Science*, 19, 189-194. _w

Mansell, W., & Pedley, R. (2008). The ascent into mania: A review of psychological processes associated with the development of manic symptoms. *Clinical Psychology Review*, 28, 494-520. _M

Phillips, M. L., & Kupfer, D. J. (2013). Bipolar disorder diagnosis: Challenges and Future Directions. *The Lancet*, 381, 1663-1671. _M

Severus, E., Schaaff, N., & Möller, H. (2012). State of the art: Treatment of bipolar disorders. *CNS Neurosciences & Therapeutics*, 18, 214-218. _w

Tyrer, S. (2006). What does history teach us about factors associated with relapse in bipolar affective disorder? *Journal of Psychopharmacology*, 20(Suppl. 2), 4-11. _w

Week 6:

Anxiety Disorders: Panic, Agoraphobia, Specific Phobias, Generalized Anxiety Disorder, & Social Anxiety Disorder

DSM-5 – pp. 189-233

Chapter 4, Halgin Text (Eric) _M

Barlow, D. H. (2002). The experience of anxiety: Shadow of intelligence or specter of death? In *Anxiety and its Disorders: The Nature and Treatment of Anxiety and Panic*, 2nd. Ed. (pp. 1-36). New York: Guilford. _M

Hope, D. A., Heimberg, R. G., Juster, H. R., & Turk, C. L. (2000). *Managing Social Anxiety: A Cognitive-Behavioral Therapy Approach* (pp. 29-42). The Psychological Corporation. _w

Morrison, A. S., & Heimberg, R. G. (2013). Social anxiety and social anxiety disorder. *Annual Review of Clinical Psychology*, 9, 249-274. _w

Ruscio, A. M., Chiu, W. T., Roy-Byrne, P., Stang, P. E., Stein, D. J., Wittchen, H, et al. (2007). Broadening the definition of generalized anxiety disorder: Effects on prevalence and associations with other disorders in the National Comorbidity Survey Replication. *Journal of Anxiety Disorders*, 21, 662-676. _M

Week 7:

Anxiety Disorders: Obsessive-Compulsive and Related Disorders, Trauma & Stressor-Related Disorders

DSM-5– pp. 235-290

Halgin Text: Chapter 5 (Judy) _M and Chapter 6 (Sheila and Karen) _W

Abramowitz, J. S., Franklin, M. E., & Cahill, S. P. (2003). Approaches to common obstacles in the exposure-based treatment of obsessive-compulsive disorder. *Cognitive and Behavioral Practice*, 10, 14-22. _M

Brewin, C. R., Andrews, B., & Valentine, J. D. (2000). Meta-analysis of risk factors for posttraumatic stress disorder in trauma-exposed adults. *Journal of Consulting and Clinical Psychology*, 68, 748-766. _W

Foa, E. B., Dancu, C. V., Hembree, E. A., Jaycox, L. H., Meadows, E. A., & Street, G. P. (1999). A comparison of exposure therapy, stress inoculation training, and their combination for reducing posttraumatic stress disorder in female assault victims. *Journal of Consulting and Clinical Psychology*, 67, 194-200. _W

Rodrigues, C. S., & Renshaw, K. D. (2010). Associations of coping processes with posttraumatic stress disorder symptoms in national guard/reserve service members deployed during the OEF-OIF era. *Journal of Anxiety Disorders*, 24, 694-699. _W

Sanders, J., Whitty, P., Murray, D., & Devitt, P. (2006). Delusions or obsessions: The same only different? *Psychopathology*, 39, 45-48. _M

Week 8:

Schizophrenia Spectrum Disorders

DSM-5– pp. 87-122

Chapter 13, Halgin text (Jeff) _M

Aleman, A, & Larøi, F. (2008). The phenomenology of hallucinations. In A. Aleman & F. Larøi (Eds.), *Hallucinations: The science of idiosyncratic perception* (pp. 25-32). Washington, DC: APA. _M

Mueser, K. T., Deavers, F., Penn, D. L., & Cassisi, J. E. (2013). Psychosocial treatments for schizophrenia. *Annual Review of Clinical Psychology*, 9, 465-497. _W

Salyers, M. P., & Mueser, K. T. (2001). Schizophrenia. In Hersen & Van Hasselt (Eds.), *Advanced Abnormal Psychology*, Second Edition. New York: Kluwer. pp.325-353. _M

Weisman, A., Rosales, G., Kymalainen, J., & Armesto, J. (2005). Ethnicity, family cohesion, religiosity and general emotional distress in patients with schizophrenia and their relatives. *Journal of Nervous and Mental Disease*, 193, 359-368. _W

Week 9:

Substance-Related and Addictive Disorders: Etiology and Epidemiology

DSM-5— pp. 481-589

Chapter 16, Halgin Text (John) _M

Brook, D. W., Brook, J. S., Zhang, C., Cohen, P., & Whiteman, M. (2002). Drug use and the risk of major depressive disorder, alcohol dependence, and substance use disorders. *Archives of General Psychiatry*, 59, 1039-1044. _W

Martin, C. S., Chung, T., & Langenbucher, J. W. (2008). How should we revise diagnostic criteria for substance use disorders in the DSM-V? *Journal of Abnormal Psychology*, 117, 561-575. _M

McLellan, A. T., Lewis, D. C., O'Brien, C. P., & Kleber, H. D. (2000). Drug dependence, a chronic medical illness. *JAMA*, 284, 1689-1695. _M

Merikangas, K. R., & McClair, V. L. (2012). Epidemiology of substance use disorders. *Human Genetics*, 13, 779-789. _M

Ridenour, T. A., Cottler, L. B., Compton, W. M., Spitznagel, E. L., & Cunningham-Williams, R. M. (2003). Is there a progression from abuse disorders to dependence disorders? *Addiction*, 98, 635-644. _W

Week 10:

Substance-Related and Addictive Disorders: Current Research and Treatment

Drake, R. E., O'Neal, E. L., & Wallach, M. A. (2008). A systematic review of psychosocial research on psychosocial interventions for people with co-occurring severe mental and substance use disorders. *Journal of Substance Abuse Treatment*, 34, 123-138. _W

McGovern, M. P., Xie, H., Segal, S. R., Siembab, L., & Drake, R. E. (2006). Addiction treatment services and co-occurring disorders: Prevalence estimates, treatment practices, and barriers. *Journal of Substance Abuse Treatment*, 31, 267-275. _M

Miller, W. R., Yahne, C. E., & Tonigan, J. S. (2003). Motivational interviewing in drug abuse services: A randomized trial. *Journal of Consulting and Clinical Psychology*, 71, 754-763. _W

Vitkus, J. (1999). Opioid dependence: Residential treatment. In *Casebook in abnormal psychology, fourth edition* (pp. 119-138). Boston: McGraw-Hill. _M

Xie, H., Drake, R. E., McHugo, G. J., Xie, L., & Mohandas, A. (2010). The 10-year course of remission, abstinence, and recovery in dual diagnosis. *Journal of Substance Abuse Treatment*, 39, 132-140. _M

Week 11:

Dissociative Disorders and Eating Disorders

DSM-5– pp. 291-307; 329-354

Halgin text: Chapter 7 (Joe) _M and Chapter 17 (Sally) _W

Guisinger, S. (2003). Adapted to flee famine: Adding an evolutionary perspective on anorexia nervosa. *Psychological Review*, 110, 745-761. _W

Spiegel, D., Lewis-Fernandez, R., Lanius, R., Vermetten, E., Simeon, D., & Friedman, M. (2013). *Annual Review of Clinical Psychology*, 9, 299-326. _M

Wilson, G. T., & Pike, K. M. (2001). Eating disorders. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders, third edition* (pp. 332-375). New York: Guilford. _M

Westen, D., & Harnden-Fischer, J. (2001). Personality profiles in eating disorders: Rethinking the distinction between Axis I and Axis II. *American Journal of Psychiatry*, 158, 547-562. _W

Wilson, G. T., Grilo, C. M., & Vitousek, K. M. (2007). Psychological treatment of eating disorders. *American Psychologist*, 52, 199-216. _W

Week 12:

Personality Disorders

DSM-5– pp. 645-684

Halgin Text: Chapter 3 (Murray)

Krueger, R. F., & Eaton, N. R. (2010). Personality traits and the classification of mental disorders: Toward a more complete integration in DSM-5 and an empirical model of psychopathology. *Personality Disorders: Theory, Research, and Treatment*, 1, 97-118.

Samuel, D. B., & Widiger, T. A. (2004). Clinicians' personality descriptions of prototypic personality disorders. *Journal of Personality Disorders*, 18, 286-308.

Skodol, A. E. (2012). Personality disorders in DSM-5. *Annual Review of Clinical Psychology*, 8, 317-344.

Week 13:

Personality Disorders

Halgin Text: Chapter 2 (Ann)

Leichsenring, F., & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry*, 160, 1223-1232.

Linehan, M. M., Cochran, B. N., & Kehrer, C. A. (2001). Dialectical behavior therapy for borderline personality disorder. In D. H. Barlow (Ed.), *Clinical handbook of psychological disorders, third edition* (pp. 470-522). New York: Guilford.

Week 14:

Somatic Symptom & Related Disorders, Sexual Disorders, Impulse Control Disorders, Neurocognitive Disorders

DSM IV – pp. 309-327, 423-459, 685-705, 461-480, 591-643

Halgin Text: Chapter 9 (Ernie)

Byne, W., Bradley, S. J., Coleman, E., Eyler, A. E., Green, R., Menvielle, E. J., Tompkins, D. A. (2012). Report of the American Psychiatric Association task force on treatment of gender identity disorder. *Archives of Sexual Behavior*, 41, 759-796.

Jacobson, A. M. (2001). Medically unexplained symptoms. In Jacobson, J. L., & Jacobson, A. M., *Psychiatric Secrets, Second Edition*, NY: Lippincott.

Stuart, S., Noyes, R., Starcevic, V., & Barsky, A. (2008). An integrative approach to somatoform disorders combining interpersonal and cognitive-behavioral therapy and techniques. *Journal of Contemporary Psychotherapy*, 38(1), 45-53.

Week 15:

Final Thoughts: Synthesis and Presentations