Adult Psychopathology
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Fall, 2022
GRADUATE SCHOOL OF APPLIED & PROFESSIONAL PSYCHOLOGY

Instructor: Jamie Walkup[1]

Course Objectives

Adult Psychopathology introduces the student to the lawful aspects of mental functioning as these express themselves in various forms of mental abnormality, disorder, and distress. The student will be exposed to:

- Central concepts important in the description, classification, and treatment of psychopathology, including relevant aspects of the historical and cultural context of major categories of psychiatric disorder
- Important contributions in general psychological theory and research that inform the understanding of psychopathology and human distress
- Substantive scientific theories accounting for most important categories of psychopathology
- Introduction to the use of the DSM-5 diagnostic system in the contemporary health care system
- Practically-focused introductions to empirically-supported diagnostic and severity measures
- The broader human context of diagnosis, including both the individua1 client's psychosocial setting and larger social-contextual factors.

While treatment will be touched on in Adult Psychopathology, it should be understood that intervention is the focus of most other course offerings in the GSAPP curriculum. The primary focus of *Adult Psychopathology* is, by contrast, experimental and descriptive psychopathology, with an emphasis on understanding the sources, mechanisms, and processes of a variety of psychiatric illnesses, rather than on intervention.

In the past, many GSAPP students have found this course to be one of the most demanding of their graduate career. The subject matter is wide-ranging and diverse. Many facts need to be learned. Student evaluations indicate most people who take the course enjoy it and believe they learn a lot. I believe the information contained in this course provides an essential foundation for your future practice of professional psychology. You will find the central position of psychopathology represented on the comprehensive exams, which are just around the corner, and on the state licensing exam, which, if you work hard, you will take in 5 to 7 years.

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[1] The content and organization of this course was developed over almost 20 years of teaching jointly with my late colleague, Jim Langenbucher. It's as much his as mine, and his contribution is gratefully acknowledged.

Teaching Methods

Eight instructional modes are used. These include lectures, interactive group exercises, readings, video sources, web-based resources, field laboratories, directed student class presentations and papers, and group projects. The format for each disorder typically includes material on:

- Epidemiologic patterns of the psychopathologies being discussed
- The etiology and clinical picture of the disorders
- Research on the basic psychological and biological/brain mechanisms and processes operative in the disorder
- Examples taken from life
- A customized glossary of terms
- DSM-5 or DSM 5-TR diagnostic criteria for the disorders and important additional experimental or historical criteria, where applicable, and
- Valid and reliable interviews, instruments, or clinical techniques used to assess the presence, severity and complications of the disorders.
- Periodic diagnostic practice exercises applying diagnostic criteria

Class Format

Thankfully the class is planned for face-to-face instruction and with some good fortune it will stay that way. Nevertheless, some portions may be online, including synchronous and asynchronous speaker presentations. We will ordinarily be present in class together for speakers who address us online. Exceptions will be announced.

University policy entails expectation of vaccination, and GSAPP expects teaching to take place wearing masks. Any updates will be announced but it is your responsibility to keep abreast of policies, included any subsequent booster vaccination requirements.

A successful class will require patience, flexibility, and a willingness to work together to solve problems. You may provide input about what is and isn't working, although of course constraints may nevertheless limit the scope of adaptations.

Readings

Major Text:

1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders: 5th Edition TR*. Washington DC: American Psychiatric Association. If you have a 20th century affinity for actual books, and cash on hand, there is a hardcover version, and used versions can be picked up at a discount. If not, an online version is available. You can go to the library homepage, click "books and media" in the search function. Use the drop-down menu to select 'title' and enter Diagnostic and Statistical Manual. It will yield a list of hot links. You want DSM 5. The reference you get

includes an online link to the document through Psychiatry Online. If you are off campus, you will be asked to login with your ID and password.
http://www.libraries.rutgers.edu/

For most disorder modules, **each student is expected to study the relevant sections in DSM** and 2-3 required articles or overviews. Please note that required reading assignments have been deliberately kept shorter than is typical in many programs. However, in most cases, the lectures themselves will *not* be based directly on readings from major texts. You are urged to identify a few modules where you make an effort to read more than is required.

If you find that any of the material is difficult for you, and you think your undergraduate preparation may have been inadequate, you should do two things. One is to let me know, early in the term. I am confident that everyone accepted to GSAPP is more than capable of doing the work, but I also know that some of you may not be used to the demanding pace of graduate work here, and/or may have undergraduate preparation in other areas. It is to your credit to recognize a problem and speak up. Second, you may want to supplement your course reading with a good undergraduate-level textbook in abnormal psychology. A relatively recent one, updated for DSM-5 is: Kring, A.M., et al. Abnormal Psychology, 12th edition. Wiley.

Additional required materials will be provided to you:

- Langenbucher, J. & Walkup J. *Glossary of Technical Terms, Acronyms and Abbreviations Used in Adult Descriptive and Experimental Psychopathology*. Piscataway NJ: Rutgers Center of Alcohol Studies.

Class Readings

Some readings are required of everyone. Each module on Canvas lists additional suggested supplementary readings. They are optional. They represent a quick snapshot of readings I think are important. Some are overview or review articles and merit sustained study. Others are important largely because they contain a noteworthy finding. Still others are "classics," real game-changers, the heuristic and historical significance of which has been borne out by time. The supplementary readings are a good place to go when it's time to investigate further one of the course content areas, and, in the past, students have found them useful when taking the general and clinical comprehensive exams toward the end of their studies at GSAPP. (You are probably aware that, at GSAPP, we push you quickly through the program and "the Comps" will be upon you before you know it. Be smart, do at least some of the optional readings now so you don't have to cram so much of it into your head the summer before the exams.)

Access to Readings: Copies of most required readings will be put on the course's Canvas website and can be downloaded. But you should understand that I do not view it as unduly onerous that graduate students might occasionally have to search out an article on their own.

Internet: The internet has lots of information and the syllabus includes several links. I make an effort to cull out those that don't work but if you run across one, just let me know. The syllabus and class lectures include a variety of websites, ranging from videos of traditional grand rounds

presentations to sites actively rejecting diagnostic classification. Putting up a link does not of course imply agreement with the content of what you find there. But even extreme opinions can be informative and provide a place to start.

Course content priorities: This course is intended to serve as a resource for future study. *As the size and detail of the syllabus makes clear, I deliberately give you far more information than you can reasonably be expected to learn in any depth during the fall term.* In the past, some students have experienced frustration because they approached this class as they would an undergraduate course, where a high degree of mastery of the full course content could be considered an appropriate goal. For this course, you will work hard, but no matter how hard you work, you can be sure there will be much left to learn when you are done. "Too much information" responses are natural, but risk adopting the wrong approach. You are not expected to master every detail, but rather are expected, as soon-to-be professional psychologists, to understand your own strengths and particular interests, as well as your gaps in knowledge, and plan your learning accordingly.

Adult Psychopathology has a well-earned reputation as a content-heavy course. I want to be certain that this abundance of information does not cause any confusion. To some extent, the work of sorting out what is and is not important is part of the learning experience and is not time wasted. You should keep in mind that the lecture represents my organization of essential material. It is the instructor's guide to the topic. If confused, you should refer to any handouts. Typically, PowerPoint files are posted to Canvas after a class is completed.

Theoretical Models. The modular approach adopted by this course keeps the focus on specific disorders. In the first lecture or two we will discuss competing theoretical frameworks regarding psychopathology, but no general theory of psychopathology commands a consensus. Many researchers doubt that the heterogeneous mix of disorders can be explained by a general theory. Importantly, in contrast to some psychologists, I view psychopathology as a distinct, if complex, area of research in its own right, not simply as an application of one or another psychotherapeutic orientation. While the modular structure of the course keeps the focus on specific disorders, some more general or "transdiagnostic" models and themes are presented, often in the context of their application to a single disorder. Connections will be made in discussion and as you master the material you will form opinions of the applicability of these more general models.

Science base. You will find that there are important topics where the evidence is skimpy at best, and others where it is insufficient to draw a confident conclusion. You will also find that there are topics that were formerly thought to be largely settled, only to find that we knew less than we thought we did. And, in years to come you will certainly find that some of what we now believe to be correct turns out to be mistaken or a half-truth. That's the way it works with science, and a reason you should view what you learn in this class as a beginning, rather than a conclusion, of your mastery of psychopathology.

Quantitative and methodological interludes. This course focuses on content, but from time to time I take a little time to cover some basic methodological and statistical issues that are relevant to understanding research we are covering. Some of you already feel comfortable making sense

of these issues, and all of you will get a chance to study them in more depth later on. For this course, you are only expected to learn enough to be an informed consumer. I strongly suggest acquiring some kind of glossary or dictionary of statistics. (A few basics are covered in the class glossary but the stat coverage there is skimpy and at times rudimentary.)

Canvas

The basic course structure is the result of considerable effort and student feedback over many years. Nevertheless, updates on class plans will sometimes be posted for various reasons ***and it is your responsibility to check the Canvas site to keep up with any new developments***. You are required to have an email address and to use the Canvas site. If you use an email address other than the one assigned by Rutgers, you must make arrangements to have emails forwarded to your Rutgers account. When information has been posted on the Canvas, or sent to an email address linked to Canvas, "I didn't know" is not a valid excuse.

Course Content and Your GSAPP Training

For most of you, this is your first year in the program. Reading through this section can help you see some ways that what we do in this class is related to the rest of your GSAPP training, and, ultimately, to the framework endorsed by APA. To assist in making connections, I mark these linkage areas in various modules.

Broad and General Psychology. Psychopathology is a branch of psychology. Many key findings require an understanding of general theories of developmental, cognitive, affective, biological and social psychology. More fundamentally, everyone who struggles with a psychopathological condition is subject to the same laws that govern all mental activity. Like everyone else, people with psychopathological conditions grow and age, think, feel, have social interactions, etc., and integration of general psychology is an important aspect of studying the whole person. Your undergraduate education will have created a foundation in these areas but our lectures and assignments will frequently introduce and elaborate on general psychological theories when these are relevant.

For some modules, a special section identifies a summary or review article from general or basic psychology. These provide you with graduate level instruction, but may also overlap with material you have mastered already, depending on your background. Readings also appear throughout the syllabus, and can often be recognized by their source. *Annual Review* articles, *Psychological Bulletin, Trends in Cognitive Sciences*. Examples include evolutionary models of emotion (important when considering both depression and anxiety); brain systems regulating approach/avoidance behavior (important for understanding processes contributing to mania, as well as anxiety); brain systems governing reward and incentive salience, particularly allostatic processes (emerging in the study of addictive disorders), the influence of hormones on social interaction (a relatively new research area helpful in understanding trust, reciprocity, aggression, and other social components related to some personality disorders); development of brain systems governing moral judgment (relevant to a major theory of psychopathy).

Diversity. Respect for diversity is an important value at GSAPP. A professional psychologist needs to have a firm grasp of important facts related to human diversity, as

well as an appreciation of the language and concepts used when psychologists discuss race, culture, ethnicity, gender, and sexual differences. While you will later have coursework specifically devoted to diversity issues, you should understand that they are relevant to a wide range of other courses as well, including this one.

The course addresses diversity issues in three ways. First, as we survey a variety of psychiatric disorders in the bulk of the lecture sessions, differences between and among ethnic, racial, gender, sexual-orientation, regional, economic and age-specific groups when found in the literature are discussed as they relate to the epidemiology, course, and outcome of disorders, as well as group differences in styles of clinical presentation and help-seeking. Included here are considerations in which social structural and cultural issues may play a causal role in producing or prolonging symptomatology or dysfunction – i.e. social determinants of health.

Second, specific and customized lecture material is devoted to the DSM 5 approach to cultural differences, such as a 'how-to' section on the preparation of a cultural formulation. Research findings and models are presented that focus on distinguishing between psychopathological vs. cultural contributions to material that might otherwise be framed as "symptomatic." Also included is an examination of how DSM 5 has tried to tackle issues related to diversity, as well as ways in which participants in this process believe it may have fallen short of what is needed. (Note, however, that as we will discuss, “culture” may not always be a sufficiently rich explanatory framework for understanding human differences.)

Third, we pay attention to instances when human differences based in ethnicity, race, gender, sexual-orientation and/or age have been misconstrued as exemplars of psychopathology. (For example, an important role in the development of the modern diagnostic system was played by the debate in the 1970s about the status of homosexuality, and the development of a scientific and professional consensus against this view of sexual object choice as pathological.)

Most years, I arrange field visits to clinical settings which serve diverse populations, but conditions of teaching likely rule this out this year. I nevertheless strongly encourage you to seek these out. (Diversity issues are often relevant to the live interview process (e.g., interpersonal interaction dynamics, style of clinical presentation and self-presentation). They may also be relevant to the clinical care being provided to the patient interviewed. These issues are integrated into the discussion as appropriate.)

Statistics and Psychometrics. Our study of psychopathology incorporates teaching several basic psychometric and statistical concepts. While some knowledge is presupposed, based on your undergraduate preparation, I recognize some people have stronger backgrounds than others. I supply additional reading, include many basic concepts in the course glossary, and embed material in lectures. I am also happy to consult on knotty problems. As my attention to teaching these is intended to provide a sound basis for investigation of various important topics, I do not expect full mastery and the focus is on concepts and consumer-focused interpretation, not hands-on calculation or application of principles (which are covered in other courses).

Examples of possible topics include: measures of agreement among raters, such as Cohen’s kappa; pros and cons of latent variable approaches; proper interpretation of odds ratios in quantifying risk; study of receiver operating characteristics (e.g., sensitivity, specificity, positive predictive value, and negative predictive value); models of mediation/moderation; differential item functioning as an item response theory-based approach to the choice of diagnostic criteria,

and others.

Integration of Course Content and Clinical Training. While this course is not an intervention course, I nevertheless make a point of including elements that can help you with current and future clinical training in the program. How to make a diagnosis is a prominent part in every module, and most modules provide high quality assessment instruments useful for this purpose, as well as for monitoring of clinical progress. As you will see I both provide, and solicit from you, real life examples of symptoms, differential diagnosis, and the like, which can be drawn from your clinical placement, and I set aside specific opportunities to discuss integration between real life clinical practice and the class-room based instruction. (Please also note that, as clinical material may be discussed, you ought not to make any recording of class material or presentations. If you need access – for example because you have an accommodation that requires it – please speak to me and I will arrange.)

Additionally, as we will see throughout, diagnosis is a fundamental tool of cross-disciplinary communication. Many of you will be working in medical settings, with psychiatrists, non-psychiatric physicians, and nurses, all of whom approach mental dysfunction using the models taught in this course. Expert use of diagnosis and familiarity with the literature provide you with confidence, and a way to articulate the contribution of psychology in terms familiar to those using medical frameworks.

Relations to other GSAPP courses. When you assess and formulate a patient's presenting problems, you typically diagnose according the DSM 5 guidelines, which you learn in this class. You will build on diagnostic knowledge in your assessment training, in the Observation and Interviewing course (where you will learn a structured interview based on the DSM system), and the foundations courses for both psychodynamic and cognitive behavioral therapy. You will also acquire here knowledge of basic mechanisms and processes that provide a foundation for such advanced courses as Dialectical Behavior Therapy (for borderline personality disorder), Serious Mental Illness (for schizophrenia and bipolar illness), or specialty courses concerned with Trauma, Eating Disorder, or Anxiety/Depression.

Issues relevant to professional development and ethics arise in the course from time to time, and provide an opportunity for discussion. One example concerns how to balance the desirability for outreach to identify people with as yet unidentified disorder vs. the negative consequences of some number of 'false positive' identifications (including personal and social consequences of labeling, exposure to possibly unneeded treatments, resource drain from other uses). In the first lecture, and several modules, there are reasonable concerns to be raised about the medicalization of many types of individual differences or normal (if distressing or otherwise problematic) responses to adversity.

Attention to the history of psychology and psychiatry provides context for many diagnoses. Sometimes history is important because discrete, specific research agendas grow out of historical events and movements, as has happened with the development of trauma theory in the context of post-war return of Veterans, the attention focused on sexual trauma by the women's movement, or the approach to alcohol and drug problems promulgated by the 12-Step movement. Other times, alternative views of a symptom may be best understood in the context of competing historical traditions (e.g., the conflict in psychiatry between the approaches of Kraeplin vs. Jaspers and Schneider).

Requirements / Grading

Overall, your final grade in the course is intended to reflect your grasp of the essential subject matter, the quality of your written work, and the level of skill and understanding apparent in your participation. Every effort will be made to provide explicit standards and continuous feedback.

I expect each of you to do excellent work in the course, and will assign grades accordingly. Several different evaluation methods are used. Your final grade will be based on the following:

- Class participation (15 points)
    - Conformity to attendance policy, including advance notice, and timely arrangement to acquire make up materials.
    - Evidence of preparation before class.
    - Timely completion of all assignments.
    - Appropriate use of incomplete policy.
    - Adherence to the computer use policy and restrictions during class policy.
    - Articulate, informative contributions to team activities and presentations.
    - Participation in group diagnostic exercises

- Quizzes (worth 20 points): Multiple choice and short answer quizzes will be assigned throughout the term. Often these will be directly from a reading, the glossary, a lecture or the DSM. You will have two chances to complete a quiz by the deadline (Quizzes are due at 11.59PM the day **after** class). You can consult sources, but do not help one another. If you do not submit a correct answer to a question, you get no credit for that item. If you do submit a correct answer, you get the points assigned for that item. To get the full 20 points of credit for your final grade, you should accumulate a total of 100 points from quizzes. (There will be more than 100 points of credit available from quizzes, so you will have a chance to make up points.)

- Exercises and activities (20 points)
    - Preparation of individual reading summaries by deadline. Clear, accurate representation of reading in summaries.
    - Certification of reading first person account by required date

- First Person Account Diagnostic Paper (20 points). (Note: Can be rewritten and resubmitted prior to last day of class to improve your grade if you like.)

- Individual Contribution to Final Project (25 points). More detail is provided below, and in class.

Occasionally I discover that an old reading on assignment sheet has been inadvertently left on the Canvas site, or is mentioned somewhere. I try to avoid this, but it has happened. If there is any uncertainly whatsoever, you are responsible for checking the announcement site to see if there has been a notice, and, if necessary, checking with me to clarify expectations.

Readings

Individual Reading + Summary
You will be asked to sign up for one written summary of a reading. Written summaries should be approximately one page single-spaced, or approximately 400 words. These summaries should be posted on the Canvas discussion section for that week no later than Sunday at 11:59pm (Tuesday Clinical Cohort Class) or Saturday at 11:59 pm (Monday School Cohort Class).

Class Participation

Classes follow a generally modular organization. Many lectures are structured to be offered in a stand-alone fashion. However, some basic ideas are offered in early modules that lay the foundation for future lectures. For this reason, it's important to attend to each module and be well prepared by prior reading and study to participate.

I introduce exercises in some course modules, so your active participation in class affects everyone's learning experience.

By making "class participation" an important part of your grade, I mean to indicate to you the importance I place on it. I want expectations to be clear, however; here is how I operationalize this concept.

***Reading*:** While most classes are built around a lecture, adequate participation requires preparation prior to class and thoughtful attention during class. Lectures may not be closely tied to a particular reading, but classes can drag on when the instructor asks a question and it is apparent people have not done the reading; so make every effort to be prepared, particularly when you have responsibility for a reading.

***Class Discussion Comments*:** If you present material, make every effort to speak plainly, avoiding technical jargon when it adds nothing, and try to focus on central points and themes. Excellent presentations exhibit an awareness of the difference between minor details and major points.

Attendance: Class attendance is expected, and, in the event of an unavoidable absence, you are responsible for giving me notice in writing and in advance unless, for some valid reason, advance notice is impossible. The notice of unavoidable absence should include your plan to make up any missed work, and a proposed deadline for the completed work. This rule applies to classes missed for religious observance, which should always be requested in advance, as well as to other, unanticipated absences.

I must have an adequate opportunity to observe your performance as a class member in order to certify a satisfactory mastery of material and skill acquisition. If accumulated absences from class reduce observational time so significantly that it becomes hard to make that judgment, then you could be asked to repeat the course. While a guideline of three absences in one semester can provide grounds for you to repeat the class, you may be held to a different standard, even a

stricter one, if you miss classes that are particularly important for valid assessment. This standard may be enforced even when absences are excused.

***Atmosphere*:** Almost by definition, a course in psychopathology sometimes touches on subject matter that is not easily discussed. As individuals, you may sometimes need to anticipate that a module contains upsetting topics, and prepare yourself. You may need to draw on support if necessary. As a class, we will cultivate an atmosphere of mutual support, civility, respect, and professionalism. All class participation is expected to be consistent with this atmosphere.

Late submission of assignments. An ability to complete work in a timely way, and meet deadlines, are important professional competencies. But life can get complicated when unexpected or untoward events turn up uninvited. Permission to turn in work past a stated deadline *should be requested in advance, in writing, and the request* ***must*** *include a proposed new deadline. The new deadline cannot ordinarily be changed, and if you fail to meet it without a further extension being granted, it is possible that the work may not be accepted.* (I don't especially enjoy all this tough talk; so help me head off problems by attending to deadlines and communicating with me when there are problems.)

Computer and internet use in class. You can use your computer to take notes, or look for things on the course website, but ***do not use class time to check your emails, get score updates for sports events, or any purpose unrelated to class*.** There is a break and you can use that time. As I view this rule as altogether clear, claims that it was not understood are unlikely to be credited.

Paper

First Person Account. In addition to your weekly assignments, you are required to ***read two*** first person accounts for a person with major psychopathology and **write a reaction paper on one of them.** This year, everyone should read Saks's THE CENTER CANNOT HOLD, and one other approved example, noted in the syllabus. You can do your write up on the Saks book or some other first-person account. Your choice. If, for your non-Saks book, you'd rather read something else that I have not listed, propose it to me for approval.

The paper should be 4-8 pages, double spaced. Please use the sections itemized below as headings. I am not a stickler on length but students in the past have said they found helpful a rough guideline regarding length. In the paper, you should:

- briefly describe the person who is the focus of the book, including pertinent facts about their background (1-2 paragraphs);
- identify at least two descriptions of symptoms that were prominent. Provide any relevant information on context, duration, overlaps between symptoms, etc. (*including page references for symptom descriptions*). Include relevant diagnostic criteria from the DSM, and make clear how the symptoms identified do or do not meet explicit diagnostic criteria (3-6 paragraphs)
- comment either on the significance of the symptom(s) for the disorder or how it affected the person's functioning (3-5 paragraphs); and
- give your reactions to the book (e.g., its interest and usefulness as a teaching tool; any

thoughts about the author, his/her life, etc.; any elements that surprised you or differed from your expectations; any personal reflections on either the life described, or the book as a text) (variable length, depending on your choices).

- Provide two discussion questions you think would be engaging for the class. (All write ups must contain these two discussion questions.)

Please note that you are required to finish reading your first-person books in time for the relevant class session. You must write a statement certifying that you completed the reading by the class date and upload it into Canvas. Your written paper on the first-person account is due by the **first class after Thanksgiving**.

Your file should be titled: author surname.student surname. For example: Styron.Walkup

University Guidance on Covid

COVID-19 Protocols

It is clear that the COVID-19 virus, in some form, is now a permanent part of our daily lives. As the virus moves from pandemic to endemic, Rutgers continues to maintain its COVID-19 safety protocols on face coverings, vaccines and boosters, testing, and quarantining and isolation. As a reminder, I would direct you to the following protocols in particular:

Face coverings: Face coverings **are required** in all indoor teaching spaces, libraries, and clinical settings. Compliance is mandatory.

Vaccines and boosters: All students and employees are required to be fully **vaccinated,** obtain a booster when eligible, and upload records to the university vaccine portal.

Events: All indoor events require attendees to show proof of full vaccination or a COVID-19 negative PCR test taken within 72 hours prior to the event. Face coverings are no longer required at events. There are no restrictions imposed on outdoor events.

Vaccine requirements for contractors, volunteers, and others: Please review the current university policy that addresses vaccination requirements for volunteers, contractors, guest lecturers, and others. The FAQ about the policy is also helpful.

Monkeypox

The monkeypox virus is a significant new public health concern in the U.S. that should be taken seriously. It is very different from COVID-19. Unlike COVID-19, which is very contagious and is spread primarily via a respiratory route, monkeypox is much less contagious and is typically spread through close skin-to-skin contact with an infected person and not by casual exposure.

Commercial testing for those presenting symptoms and antiviral treatments are already available. Additionally, there is a safe and effective monkeypox vaccine, which can be given even in the

first few days after exposure. However, both antiviral treatments and vaccine are still in short supply. Individuals should contact and consult with their physicians if they suspect that they may have contracted or been exposed to monkeypox. The university does not have access to monkeypox vaccine and will not be offering treatment.

Further information can be found in Rutgers Biomedical and Health Sciences Chancellor Brian Strom's Monkeypox Advisory.

Reasonable Accommodation

GSAPP is firmly committed to reasonable accommodation of disability-related needs. Students entitled to this accommodation are encouraged to request assistance from the Office of Disability Services, and to provide the department, and instructors, with paperwork and communication from that office. Experience teaches it is often wise to request these earlier in the term, rather than later. See: https://ods.rutgers.edu/

Academic Integrity

All GSAPP students are responsible for knowing, and conforming to, principles of academic integrity, as specified in: http://academicintegrity.rutgers.edu/academic-integrity-policy/

Writing Assistance

The need for clear, grammatical writing, free of needless typos, errors in citation, and the like, is something that will continue throughout your career. The university provides resources for students who feel they need assistance in improving their writing. It is your responsibility to make use of this help, should you need it. You can contact:

Shawn Taylor, Ed.D.
College Avenue Learning Center
Academic Building, Room 1247
15 Seminary Place
848-932-1662
sktaylor@rutgers.edu

Final Project

Throughout the semester, your group should be meeting and working toward your presentation of the Final Project during the last two class meetings. Presentations must include information that spells out contributions of participants.

Contact:

Jamie Walkup: I am happy to set up out of class appointments. I check my email frequently

walkup@gsapp.rutgers.edu. If you need to reach me by telephone, you can call me at 212-518-3091. Leave a voicemail identifying yourself if I don't answer. *Do not under any circumstances leave messages on my GSAPP voicemail. I do not check it.*

Mirjam Burger-Calderon (TA): I am happy to talk anytime, so please do not hesitate to reach out! I check my phone and e-mail frequently; and you can reach out either over e-mail: mirjam.burgercalderon@rutgers.edu; or call/text/what's app. My phone number is: 617-320-8607. You can also send me a message on Canvas and I will get back to you within a few hours, but I will most likely see an email or a what's app before a Canvas message.

Lastly …..

Adult Psychopathology is designed to be a demanding course. So if it seems that way, it means you are awake and paying attention. But the course provides an essential foundation for your competence as a clinician. I'm sure there have been plenty of times you have had to up your game and ask yourself to stretch. As you'll learn, the opportunity to draw back the curtain to scrutinize what science has taught us about the human mind in its complexity is worth your best efforts.

If you find yourself fretting, keep in mind that, as you will hear again and again, we take admissions decisions very seriously at GSAPP. You asked to be admitted to a first rate program and you have been. Each of you represents an investment in the future of the profession, and the welfare of your future patients. We chose you over a very large group of excellent candidates because we believe that you are up to the challenge. If the voice in your head whispers "I can't do this" or "This is too much," don't give it too much credence. We know a lot about what it takes to succeed in our program, and we think that, to the contrary, you most certainly can do it.

While I take seriously requirements and deadlines, and "small stuff" questions have a role in evaluation, judgments about your competence are not primarily a 'gotcha' search for the sorts of 'small stuff' deficiencies that all mortal souls possess. As you see, I find the material extremely interesting. I think you will too.

REQUIRED READINGS:

Week 1: History Theory Context and Week 2: How to Diagnose

DSM 5, Browse Introduction

American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders: 5th Edition TR. Washington DC: American Psychiatric Association.

Haslam, N. (1989). Haslam, N. (2016). Looping effects and the expanding concept of mental disorder. Journal of Psychopathology, 22, 4-9.

Haslam, N. (2017). All tip, no iceberg – a new way to think about mental illness. The Conversation. https://medicalxpress.com/news/2017-07-iceberga-mental-illness.html (Very brief popularization. This is the only required reading on this topic.)

Wakefield, J. C. (2007). "The concept of mental disorder: diagnostic implications of the harmful dysfunction analysis." World Psychiatry 6(3): 149-156. In a brief comment, Wakefield applies his framework to the RDoc framework that now guides research-focused decision-making at the National Institute of Health: Wakefield, J. C. (2014). Wittgenstein's nightmare: why the RDoC grid needs a conceptual dimension. World Psychiatry, 13(1), 38-40.

Parnas, J., Sass, L. A., & Zahavi, D. (2013). Rediscovering psychopathology: the epistemology and phenomenology of the psychiatric object. Schizophrenia bulletin, 39(2), 270-277.

Kirmayer, L. J., & Ryder, A. G. (2016). Culture and psychopathology. Current Opinion in Psychology, 8, 143-148. A more elaborated and systematic assessment is offered in: Causadias JM: A roadmap for the integration of culture into developmental psychopathology. Dev Psychopathol 2013, 25:1375-1398

Horwitz, A. V., & Grob, G. N. (2011). The Checkered History of American Psychiatric Epidemiology. Milbank Quarterly, 89(4), 628-657. doi: 10.1111/j.1468-0009.2011.00645.x [You can concentrate on p. 642 to the end.]

Spiegel A. (2002). 81 Words. This American Life.
http://www.abc.net.au/radionational/programs/allinthemind/81-words-the-inside-story-of-psychiatry-and/3246684

Week 3: Depressive Disorders

DSM 5 section on depressive disorders.

Klein, D. N. (2010). Chronic Depression: Diagnosis and Classification. *Current Directions in Psychological Science*, 19(2), 96-100. doi: 10.1177/0963721410366007
A very short article, which introduces both a substantive issue regarding classification and a methodological and analytic framework found in much research in this area.

Lorenzo-Luaces, L. (2015). Heterogeneity in the prognosis of major depression: from the common cold to a highly debilitating and recurrent illness. *Epidemiology and psychiatric scie*nces, 24(06), 466-472. Tackles the "sameness-difference" framework I use to organize parts of the lecture.

Nesse R. (2000). Is depression an adaptation? *Archives of General Psychiatry*, 57, 14-20.
Nesse is a leader in the application of evolutionary models to psychopathology, and this article was an early, high visibility introduction of his ideas to the field. If we have time in class, we will discuss your thoughts on this approach. Read it to get a sense of how these explanations work.

Styron W (1990). Darkness Visible. NY: Vintage. (Selections posted on sakai.) Here's a youtube

video of Styron with Charlie Rose: http://www.youtube.com/watch?v=W5B3Wdz9C9A

Week 4 Depressive Disorders (continued); Bipolar Disorders

DSM 5 section on bipolar

Fulford, D., Eisner, L.R.; Johnson, S.L. (2015). Differentiating risk for mania and borderline personality disorder: The nature of goal regulation and impulsivity. Psychiatry Research.

Gruber, J., Purcell, A. L., Perna, M. J., & Mikels, J. A. (2013). Letting go of the bad: Deficit in maintaining negative, but not positive, emotion in bipolar disorder. *Emotion*, 13(1), 168-175.

Johnson, S. L., M. D. Edge, et al. (2012). "The behavioral activation system and mania." Annu Rev Clin Psychol 8: 243-267

Week 5 Schizophrenia and Psychotic Disorders 1

DSM 5 Section.

Beattie, L. (2017). Experiences of a first-episode psychosis by a psychology graduate student. Schizophrenia bulletin, 43 (5), 939–940. You should acquaint yourself with the first person accounts regularly published in the journal. This example is very brief, has the virtue of breaking down any us/them thinking about serious illness, and gives quite a 3 dimensional picture of symptom onset, functional impact, and the role of social resources.

Dohrenwend, et al. (1992). Socioeconomic status and psychiatric illness: The causation-selection issue. Science, 255: 946-952. This study is required not because of the conclusions it draws but because it is generally agreed to be one of the finest, and most well-known, papers in psychiatric epidemiology. It quite short but requires some study, since some people find the logic of its design to be counter-intuitive. Almost all graduate students find it tough going, but hang in there with it. We will certainly review in class, and there's a website on sakai where I walk you through it. [Summary Required]

Skodlar, B., M. Tomori, et al. (2008). "Subjective experience and suicidal ideation in schizophrenia." Comprehensive Psychiatry 49(5): 482-488. And: Skodlar, B. and J. Parnas (2010). "Self-disorder and subjective dimensions of suicidality in schizophrenia." Comprehensive Psychiatry 51(4): 363-366. These two very short articles should be read together. They provide an unaccustomed way of viewing the serious problems of suicide for people who struggle with schizophrenia. [Summary Required.]

Stilo, S. A., & Murray, R. M. (2010). The epidemology of schizophrenia: replacing dogma with knowledge. Dialogues in clinical neuroscience, 12(3), 305. A good summary of findings, although some critics might wish for stronger connections with mechanisms of disease. [Summary Required]

Week 6 Schizophrenia and Psychotic Disorders 2 (field visit)

Silverstein, S. M., Demmin, D., & Skodlar, B. (2017). Space and objects: on the phenomenology and cognitive neuroscience of anomalous perception in schizophrenia (ancillary article to EAWE domain 1). *Psychopathology*, *50*(1), 60-67.

Toh, W. L., Thomas, N., Hollander, Y., & Rossell, S. L. (2020). On the phenomenology of auditory verbal hallucinations in affective and non-affective psychosis. *Psychiatry research*, *290*, 113147.

Week 7 Personality Disorders

DSM 5, Personality Disorders section (pp. 645-684) *and* Alternative DSM 5 Model (pp. 761-782).

DSM Focus Reading pdf.

Kernberg, O. F. (2016). What is personality?. *Journal of Personality Disorders*, *30*(2), 145-156.

Ronningstam, E. (2010). Narcissistic personality disorder: A current review. *Current psychiatry reports*, *12*(1), 68-75.

Week 8 Substance Use Disorders

DSM-5 sections on Substance-Related and Addictive Disorders
Glossary of Terms, all entries coded 3.

Miller, W. R., & Carroll, K. M. (2006). Drawing the science together: Ten principles, ten recommendations. In W. R. Miller & K. M. Carroll (Eds.), *Rethinking substance abuse: What the science shows, and what we should do about it* (pp. 293-311). New York, NY: Guilford Press. [summary required]

Petry, N. M., Zajac, K., & Ginley, M. K. (2018). Behavioral addictions as mental disorders: To be or not to be? *Annual Review of Clinical Psychology, 14,* 399– 423. Interesting to skim.

Week 9 Sleep Disorders

Bootzin, R. R., & Epstein, D. R. (2011). Understanding and treating insomnia. Annual Review of Clinical Psychology, 7, 435-458. [summary required]

Luik, A. I., van der Zweerde, T., van Straten, A., & Lancee, J. (2019). Digital delivery of cognitive behavioral therapy for insomnia. Current psychiatry reports, 21(7), 50.

Week 10 Anxiety Disorders: Guest Speaker, Dr. Andrea Quinn

DSM 5 Sections on Anxiety Disorders and Obsessive Compulsive and Related Disorders

Lahat, A., M. Hong, et al. (2011). "Behavioural inhibition: Is it a risk factor for anxiety?" International Review of Psychiatry **23**(3): 248-257.

Arch, Joanna & Craske, Michelle. (2012). Response to Nadler's Commentary on Arch and Craske's (2011) "Addressing Relapse in Cognitive Behavioral Therapy for Panic Disorder: Methods for Optimizing Long-Term Treatment Outcomes". Cognitive and Behavioral Practice. 19. 384–385. 10.1016/j.cbpra.2011.12.003.

Otto MW, Deveney C. Cognitive-behavioral therapy and the treatment of panic disorder: efficacy and strategies. J Clin Psychiatry. 2005;66 Suppl 4:28-32. PMID: 15842185.

Gallagher MW, Payne LA, White KS, Shear KM, Woods SW, Gorman JM, Barlow DH. Mechanisms of change in cognitive behavioral therapy for panic disorder: the unique effects of self-efficacy and anxiety sensitivity. Behav Res Ther. 2013 Nov;51(11):767-77. doi: 10.1016/j.brat.2013.09.001. Epub 2013 Sep 12. PMID: 24095901; PMCID: PMC3866809.

Week 11 Neurocognitive Disorders: Guest Speaker Avi Miodownik, PsyD

DSM-5, Sections on Major and Mild Neurocognitive Disorders

El-Hayek, Y. H., Wiley, R. E., Khoury, C. P., Daya, R. P., Ballard, C., Evans, A. R., ... & Atri, A. (2019). Tip of the iceberg: assessing the global socioeconomic costs of Alzheimer's disease and related dementias and strategic implications for stakeholders. *Journal of Alzheimer's Disease*, *70*(2),

323-341.

Jakhar J, Ambreen S, Prasad S. Right to Life or Right to Die in Advanced Dementia: Physician-Assisted Dying. Front Psychiatry. 2021 Jan 21;11:622446. doi: 10.3389/fpsyt.2020.622446. PMID: 33551882; PMCID: PMC7858261.

Cornett PF, Hall JR. Issues in disclosing a diagnosis of dementia. Arch Clin Neuropsychol. 2008 May;23(3):251-6. doi: 10.1016/j.acn.2008.01.001. Epub 2008 Mar 4. PMID: 18299184.
Henig, R. M. (2015). The last day of her life. *New York Times*, *14*.

Livingston, et al. (2020). Dementia prevention, intervention, and care: 2020 report of the Lancet Commission. Lancet, 396, 413-446. [focus on introduction]

Week 12 Eating Disorders

DSM-5 Sections on Feeding and Eating Disorders.
Hollon, S. D., & Wilson, G. T. (2014). Psychoanalysis or cognitive-behavioral therapy for bulimia nervosa: the specificity of psychological treatments. [Summary Required]

Schaumberg, K., Welch, E., Breithaupt, L., Hübel, C., Baker, J. H., Munn-Chernoff, M. A., ... & Hardaway, A. J. (2017). The science behind the Academy for Eating Disorders' nine truths about eating disorders. *European Eating Disorders Review*, *25*(6), 432-450. [Summary Required]

Week 13 Trauma and Stress Related Disorders

DSM 5 sections on Trauma and Stress-related disorders and Dissociative Disorders

Aupperle, R. L., Melrose, A. J., Stein, M. B., & Paulus, M. P. (2012). Executive function and PTSD: Disengaging from trauma. *Neuropharmacology*, *62*(2), 686-694.

Hinton, Devon E., and Roberto Lewis-Fernández (2010). Idioms of Distress Among Trauma Survivors: Subtypes and Clinical Utility. Culture, Medicine & Psychiatry: 209-218. Lewis-Fernandez is an accomplished psychiatrist at Psychiatric Institute, and played an important role in formulating the relevance of culture in clinical description and diagnosis. This editorial is worth reading for the light it sheds on how trauma exposure may be variously expressed by diverse groups, and how we may make clinical use of this information. [Summary required]

McNally, R. J. (2012). The Ontology of Posttraumatic Stress Disorder: Natural Kind, Social Construction, or Causal System? *Clinical Psychology: Science and Practice, 19*(3), 220-228. doi: 10.1111/cpsp.12001 McNally is an outspoken researcher who can usually be counted upon to be at the forefront of controversy, advocating for what he sees as the soundest science. This article is interesting also because it touches on some of the controversies about classification discussed in lecture 1. [Summary required]

Week 14 Student Presentations
Week 15 Student Presentations