

PSYC 5113 - Psychopathology
Fall 2018

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Mondays, 2:00-4:45 PM
202 North Murray
Office Hours: By appointment

Description

The major goals for this course are threefold: First, students will be thoroughly familiarized with a number of clinical disorders as they are currently defined by the Diagnostic and Statistical Manual—5th edition. Students will be taught to recognize the symptom constellations that define these major clinical disorders. Second, students will be exposed to contemporary ideas about the classification, etiology, and course of these disorders. Major research paradigms will be introduced including those focusing on cognitive processing, environmental stress, behavioral genetics, and developmental psychopathology. Finally, students will be challenged to confront areas of controversy and uncertainty within the field of psychopathology, and to consider the nature of research that would help resolve these issues and advance our knowledge.

Prerequisites

Current enrollment in a clinical psychology doctoral program, or other applied psychology doctoral program.

Readings

Required textbook for this course:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: (DSM-5)* (5th ed.). Washington D.C.: Author.

A number of other readings will be provided throughout the course, posted online. See the course calendar for a listing of required readings for each class meeting.

Expectations

This is a graduate course, and my expectations are commensurate with that standing. I expect a high level of preparation, participation, and effort from each and every student and I expect all work turned in to represent your best effort. Everybody's experience (both yours as a student and mine as the instructor) can be enhanced by your contribution. I expect each student to have

thoughtfully (not just turning pages at midnight on Sunday night) read each required reading before the relevant class meeting and be prepared to discuss it. Optional readings may be provided for your interest and information, and it is generally expected that you will read some of these from time to time.

Accommodations

Some students may have physical or learning disabilities that require special accommodations to allow for optimal learning and performance in the course. I am happy to work with students to arrange reasonable accommodations, so please talk with me early in the semester. Students in need of such accommodations are required to work with the office of Student Disability Services to verify the presence of a disability and make arrangements for accommodation. See the Syllabus Attachment for more information.

Contact the Office of Student Disability Services: 315 Student Union; 405-744-7116

<http://sds.okstate.edu/>

<https://eeo.okstate.edu/reasonable-accommodation>

Academic Dishonesty and Misconduct and Student Behavior

Oklahoma State University is committed to the maintenance of the highest standards of integrity and ethical conduct of its members. This level of ethical behavior and integrity will be maintained in this course. Participating in a behavior that violates academic integrity (e.g., unauthorized collaboration, plagiarism, multiple submissions, cheating on examinations, fabricating information, helping another person cheat, unauthorized advanced access to examinations, altering or destroying the work of others, and fraudulently altering academic records) will result in your being sanctioned. Violations may subject you to disciplinary action including the following: receiving a failing grade on an assignment, examination or course, receiving a notation of a violation of academic integrity on your transcript, and being suspended from the University. You have the right to appeal the charge. See the website below for the full policy, or contact the Office of Academic Affairs, 101 Whitehurst, 405-744-5627, academicintegrity.okstate.edu.

<http://osu.okstate.edu/acadaffr/aa/syllabus.htm>

Inappropriate, disruptive behavior will not be tolerated. Students in this class will be treated with respect and courtesy, and the same is expected in return. Chit-chat, late arrivals, sleeping, or the use of threatening language or profanity are examples of unacceptable behavior. Severe or repeated disruptive behavior will be reported to the Office of Student Conduct for disciplinary action.

Non-discrimination Policy

I support the University's policies on equal educational opportunity for all. Each student in the course can expect to be treated with respect by the instructor and fellow students at all times, and discriminatory behavior will not be tolerated. If you feel discriminated against in any way, please notify the instructor immediately.

The Director of Equal Opportunity
408 Whitehurst, OSU, Stillwater, OK 74078-1035;
Phone: 405-744-5371; 405-744-9153
email: eeo@okstate.edu
<https://eeo.okstate.edu/>

Any person (student, faculty, or staff) who believes that they have experienced discriminatory practices based on sex or gender may discuss his or her concerns and file informal or formal complaints of possible violations of Title IX with OSU's Title IX Coordinator:
405-744-9154

student.conduct@okstate.edu
<http://eeo.okstate.edu/title-ix>

Other resources on sexual violence and gender discrimination:

<https://1is2many.okstate.edu/>
<http://knowyourix.org/>
<http://endrapeoncampus.org/>

Grading

Attendance and Participation. Attendance and participation in the class are expected of all students. I expect to see evidence that you have done preparatory reading and active participation throughout the class. You are expected to contact the instructor at the earliest possible time whenever an absence is necessary, before class if possible. Total possible participation points = 25.

Weekly Discussion Leaders. Students will sign up to lead discussion on the weekly readings at least one time over the course of the semester. Students are expected to thoroughly review the assigned and recommended readings for that week, and prepare talking points to facilitate discussion. Students might find it useful and are encouraged to prepare outlines of the main points of the readings to hand out to the class or prepare a PowerPoint or other presentation to guide discussion. Students should be able to summarize the overall theme for the week and identify any conflicting or controversial arguments. Students are welcome to consult with the instructor about discussion points or clarification on the reading(s). 25 points.

DSM-5 quizzes OR case studies: Students have a choice of completing either a quiz or a written case study on 8 specific diagnoses. Students can complete any combination of quizzes or case studies to meet the required review of the 8 assigned diagnostic criteria. See the class schedule for the order of diagnostic criteria. You are expected to earn a passing grade on all eight quizzes/case studies. These will be figured in your final grade as follows: Pass all 8 = 25 points, Pass 5 or more = 15 points, Pass 4 or fewer = no points.

- **For Quizzes:** There will be 8 quizzes on various DSM-5 diagnostic criteria that you are expected to memorize. You will have 10 minutes to complete each quiz, starting promptly at the beginning of class (2:30 pm). Each quiz will be graded Pass/Fail; Pass if all diagnostic criteria are listed correctly, Fail if any are omitted or wrong. You will have several chances throughout the semester, including during Finals week, to retake any quizzes you have failed. Previous failures will not be counted against you; only your best attempt at each quiz will count. However, I recommend that you do not let failed quizzes accumulate; learning one set of diagnostic criteria a week is much easier than learning multiple sets at one time in preparation for Finals week.
- **For Case Studies:** For 8 assigned DSM-5 diagnostic criteria (corresponding with the quizzes for that week), you are expected to identify a fictional character or public figure who likely meets criteria for that given disorder. Case studies should include a brief description of the individual including relevant background. Then, students are to go through each of the criteria for that disorder and provide a description about how the individual meets that criteria, including observed behavior or reported symptoms (i.e., evidence). Students will include a brief summary of why the individual meets full or partial criteria for the disorder, and discuss any rule outs or comorbidities that might also explain the symptoms. For criteria that the individual does not meet, students will describe possible behaviors or give examples of what that criteria might look like. Case studies are expected to be 1-2 pages and will be graded with a $\sqrt{-}$ or $\sqrt{+}$. Case studies will be due at the start of the relevant class period. While other students are taking quizzes for that week, students with case presentations will use that time to present the case study to the instructor.

Critical Thinking Papers. You will be required to submit 5 thought papers based on the readings of any week of your choosing throughout the semester. Papers should be 1-2 pages long *single spaced*, and can involve raising an interesting question or issue, proposing a study, or making an observation based on the readings. **Summaries of readings are not acceptable.** Papers will be evaluated in part in terms of clarity of writing. These papers are due at 9am Monday before class, and can be sent to me via email or left in my mailbox. Late papers will not be accepted except in the case of emergencies. Papers will be graded with a $\sqrt{-}$, $\sqrt{+}$, or $\sqrt{++}$. Thought papers will be figured in your final grade as follows: 5 with $\sqrt{+}$ or $\sqrt{++}$ = 50 points; 4 with $\sqrt{+}$ or $\sqrt{++}$ = 25 points; 3 or fewer with $\sqrt{+}$ or $\sqrt{++}$ = 0 points. You can submit more than 5 if necessary to raise your grade.

Mid-term and final exams. Both the mid-term and the final exams will be take-home, and will include both essay questions and case vignettes. Each exam will be worth 50 points.

Special Topics in Psychopathology Project. In small groups of 2 or 3, students will select a psychopathology topic of special interest for an in-depth presentation to the class. Examples may include novel diagnostic approaches, assessment issues, controversial or new diagnoses, or etiological models. Although presentations may include some information relevant to treatment of psychopathology, presentations that focus on interventions or treatment models will not be accepted. All topics must be approved by the instructor, and student groups should identify a topic no later than October 1. Once you have identified a topic, you are expected to make a presentation to the class regarding your topic of choice on November 26 or December 3 (there will be 4 groups, 4 presentations). You will have 40 minutes to make your presentation. In preparation for your presentation, I ask that you also provide in advance at least one reading assignment for the class. These need to be available no later than one week before your scheduled presentation. This project will be worth 50 total points.

Calculation of Grades. The maximum possible points in the course is 275. Grades will be assigned based upon total points earned according to the following scale: 275-247 total points (100-90%) = A; 246-220 total points (89-80%) = B; 219-192 total points (79-70%) = C; 191-165 total points (69-60%) = D, 164 points or less = F.

Class Calendar

August 20

Introduction to Course/ Defining Psychopathology (Week 1)

- ❑ *Syllabus*
- ❑ Wakefield, J.C. (1992). The concept of mental disorder. On the boundary between biological facts and social values. *American Psychologist*, 47, 373-388.
- ❑ Frances, A.J., & Widiger, T. (2012). Psychiatric diagnosis: Lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Reviews in Clinical Psychology*, 8, 109-130.
- ❑ Phillips, J., Frances, A., Cerullo, M. A., Chardavoyne, J., Decker, H. S., First, M. B., ... Zachar, P. (2012). The six most essential questions in psychiatric diagnosis: a pluralogue. Part 4: general conclusion. *Philosophy, Ethics, and Humanities in Medicine*, 7, 1-14. <http://www.peh-med.com/content/7/1/14>

Recommended reading

- ❑ Lilienfeld, S.O., & Marino, L. (1995). Mental disorder as a Roschian concept: A critique of Wakefield's "harmful dysfunction" analysis. *Journal of Abnormal Psychology*, 104, 411-420.
- ❑ Wakefield, J.C. (2016). Diagnostic issues and controversies in DSM-5: Return of the false positives problem. *Ann Rev of Clinical Psychology*, 12, 105-132.

August 27

Issues in Classification (Week 2)

- ❑ DSM-5 (pp. xli – xliv; 5-24)
- ❑ Mullins-Sweatt, S.N., Lengel, G.J., & DeShong, H.L. (2016). The importance of considering clinical utility in the construction of a diagnostic manual. *Annual Reviews in Clinical Psychology, 12*, 133-155.
- ❑ Kraemer, H.C., Kupfer, D.J., Clarke, D.E., Narrow, W.E., & Regier, D.A. (2012). DSM-5: How reliable is reliable enough? *American Journal of Psychiatry, 169*, 13-15.
- ❑ Kamphuis, J.H., & Noordhof, A. (2009). On categorical diagnoses in DSM-V: Cutting dimensions at useful cutpoints. *Psychological Assessment, 21*, 294-301.
- ❑ Hofmann, S.G. (2014). Toward a cognitive-behavioral classification system for mental disorders. *Behavior Therapy, 45*(4), 576-587.
- ❑ Cicchetti, D. (2014). Development and psychopathology. In D. Cicchetti & D.J. Cohen (Eds.), *Developmental Psychopathology, Second Edition, Volume 1: Theory and Method*, (pp. 1-23). Hoboken, NJ: John Wiley & Sons, Inc.

Recommended reading

- ❑ Meehl, P.E. (1992). Factors and taxa, traits and types, differences of degree and differences in kind. *Journal of Personality, 60*, 117-174.
- ❑ Ruscio, J., & Ruscio, A.M. (2004). Clarifying boundary issues in psychopathology: The role of taxometrics in a comprehensive program of structural research. *Journal of Abnormal Psychology, 118*, 24-48.
- ❑ Hartung, C.M., & Widiger, T.A. (1998). Gender differences in the diagnosis of mental disorders: Conclusions and controversies of the DSM-IV. *Psychological Bulletin, 123*, 260-278.

September 3

University Holiday – NO CLASS

September 10 **Origins of Psychopathology (Week 3)**

- ❑ Xia, C.H. et al. (2018). Linked dimensions of psychopathology and connectivity in functional brain networks. *Nature Communications, online e-pub*.
- ❑ Zahn-Wexler, C., Crick, N.R., Shirtcliff, E.A., & Woods, K.E. (2014). The origins and development of psychopathology in males and females. In D. Cicchetti & D.J. Cohen (Eds.), *Developmental Psychopathology, Second Edition, Volume 1: Theory and Method*, (pp. 76-138). Hoboken, NJ: John Wiley & Sons, Inc.
- ❑ Lehman, B.J., David, D.M., & Gruber, J.A. (2017). Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Social and Personality Psychology Compass, 11*, e12328.
- ❑ Levitt, P., & Veenstra-VanderWeele, J. (2015). Neurodevelopment and the origins of brain disorders. *Neuropsychopharmacology Reviews, 40*, 1-3. See review articles here: <https://www.nature.com/npp/volumes/40/issues/1>
- ❑ Anda et al. (2006). The enduring effects of abuse and related adverse experiences in childhood: A convergence of evidence from neurobiology and epidemiology. *European Archives of Psychiatry and Clinical Neuroscience, 256* (3), 174-186.

Recommended reading

- ❑ Duncan, L.E., & Keller, M.C. (2011). A critical review of the first 10 years of candidate geneXenvironment interaction research in psychiatry. *American Journal of Psychiatry, 168*(10), 1041-1049.
- ❑ Kleim, B., Ehlers, A., Glucksman, E. (2012). Investigating cognitive pathways to psychopathology: Predicting depression and posttraumatic stress disorder from early responses after assault. *Psychological Trauma: Theory, Practice, and Policy, 4*(5), 527-537.
- ❑ Edwards, V.J., Holden, G.W., Felitti, V.J., & Anda, A.F. (2003). Relationship between multiple forms of child maltreatment and adult mental health in community respondents: Results from the Adverse Childhood Experiences Study. *American Journal of Psychiatry, 160*, 1453-1460.

September 17 **Psychological Assessment/Interviewing (Week 4)**

- ❑ DSM-5 Online Assessment Measures
<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>
- ❑ Bornstein, R.F. (2017). Evidence-based psychological assessment. *Journal of Personality Assessment*, 99(4), 435-445.
- ❑ Youngstrom, E.A., Choukas-Bradley, S., Calhoun, C.D., & Jensen-Doss, A. (2015). Clinical guide to the evidence-based assessment approach to diagnosis and treatment. *Cognitive and Behavioral Practice*, 22, 20-35.
- ❑ Segal, D.L., & Williams, K. (2014). Structured and semi-structured interviews for differential diagnosis: Fundamental issues, applications, and features. In D.C. Beidel, B.C. Frueh, & M. Hersen (Eds.), *Adult Psychopathology and Diagnosis, 7th Edition*, (pp. 103-129). Hoboken, NJ: John Wiley & Sons, Inc.
- ❑ Chapman, L. K., Delapp, R. C. T., & Williams, M. T. (2014). Impact of race, ethnicity, and culture on the expression and assessment of psychopathology. In D. C. Beidel, B. C. Frueh, & M. Hersen (Eds.), *Adult Psychopathology and Diagnosis, 7th Edition* (pp. 131-162). Hoboken, NJ: John Wiley & Sons, Inc.

Recommended reading

- ❑ Perone, A.K. (2014). The social construction of mental illness for lesbian, gay, bisexual, and transgender persons in the United States. *Qualitative Social Work*, 13, 766-771.
- ❑ Lewis, T.T., Cogburn, C.D., & Williams, D.R. (2015). Self-reported experiences of discrimination and health: Scientific advances, ongoing controversies, and emerging issues. *Annual Review of Clinical Psychology*, 11, 407-440.

September 24 **Depressive Disorders Course (Week 5)**

- ❑ **Quiz # 1: Major Depressive Episode**
- ❑ DSM (pp. 123-188)
- ❑ Kessler, R.C., Merikangas, K.R., & Wang, P.S. (2007). Prevalence, comorbidity, and service utilization for mood disorders in the US at the beginning of the twenty-first century. *Annual Review of Clinical Psychology, 3*, 137-158.
- ❑ Hammen, C. (2005). Stress and depression. *Annual Review of Clinical Psychology, 1*, 293-319.
- ❑ Saveanu, R.V., & Nemberoff, C.B. (2012). Etiology of depression: Genetic and environmental factors. *Psychiatric Clinics of North America, 35*, 51-71.
- ❑ Nolen-Hoeksema, S. (2012). Emotion regulation and psychopathology: The role of gender. *Annual Review of Clinical Psychology, 8*, 161-187.
- ❑ Basso, M., Combs, D., Purdie, R., Candilis, P., & Bornstein, D. (2013). Neuropsychological correlates of symptom dimensions in inpatients with MDD. *Journal of Personality Assessment, 99*, 435-445.

Recommended reading

- ❑ Klein, D. N., Shankman, S. A., & McFarland, B. R. (2006). Classification of mood disorders. In D. J. Stein, D. J. Kupfer, & A. F. Schatzberg (Eds.), *The American Psychiatric Publishing Textbook of Mood Disorders* (pp. 17-32). Washington, DC: American Psychiatric Publishing, Inc.
- ❑ Russo, S.J. & Nestler, E.J. (2013). The brain reward circuitry in mood disorders. *Nature Reviews: Neuroscience, 14*, 609-625.
- ❑ Moffitt, T.E., Harrington, H., Caspi, A., Kim-Cohen, J., Goldberg, D., Gregory, A.M., & Poulton, R. (2007). Depression and Generalized Anxiety Disorder: Cumulative and sequential comorbidity in a birth cohort followed prospectively to age 32 years. *Archives of General Psychiatry, 64*, 651-660
- ❑ Hammen, C., & Garber, J. (2001). Vulnerability to depression across the lifespan. In R.E. Ingram, & J.M. Price (Eds.). *Vulnerability to psychopathology: Risk across the lifespan* (pp. 258-267). NY: Guilford Press.

October 1

Bipolar and Related Disorders (Week 6)

- ❑ **Quiz # 2: Manic Episode**
- ❑ DSM (pp. 123-188)
- ❑ Fountoulakis, K.N. (2015). *Bipolar Disorder: An evidence-based guide to manic depression*. Berlin Heidelberg: Springer. Chapter 2: Clinical description; Chapter 3: Long-term course.
- ❑ Cuellar, A.K., Johnson, S.L., & Winters, R. (2005). Distinctions between bipolar and unipolar depression. *Clinical Psychology Review, 25*, 307-339.
- ❑ Hunt, G.E., Malhi, G.S., Cleary, M., Lai, H.M.X., & Sitharthan, T. (2016). Prevalence of comorbid bipolar and substance use disorders in clinical settings, 1990-2015: Systematic review and meta-analysis. *Journal of Affective Disorders, 206*, 331-349.
- ❑ Liu, R.T. (2017). Characterizing the course of non-suicidal self-injury: A cognitive neuroscience perspective. *Neuroscience and Biobehavioral Reviews, 80*, 159-165.
- ❑ Gonda et al. (2012). Suicidal behavior in bipolar disorder: Epidemiology, characteristics and major risk factors. *Journal of Affective Disorders, 143*, 16-26.

Recommended reading

- ❑ Taylor et al. (2018). A meta-analysis of the prevalence of different functions of non-suicidal self-injury. *Journal of Affective Disorders, 227*, 759-769.
- ❑ Maletic, V., & Raison, C. (2014). Integrated neurobiology of bipolar disorder. *Frontiers in Psychiatry, 5*, 1-24.

October 8

Anxiety Disorders – Mid-term Handed out. (Week 7)

Quiz # 4: Panic Disorder

- DSM (pp. 189-290)
- Britton et al. (2011). Development of anxiety: The role of threat appraisal and fear learning. *Depression and Anxiety*, 28, 5-17.
- Starr, L.R., & Davila, J. (2012). Responding to anxiety with rumination and hopelessness: Mechanism of anxiety-depression symptom co-occurrence? *Cognitive Therapy Research*, 36, 321-337.
- Watson, D. (2005). Rethinking the mood and anxiety disorders: A quantitative hierarchical model for DSM-V. *Journal of Abnormal Psychology*, 114, 522-536.
- Barlow, D.H. (2002). The nature of anxious apprehension. In D.H. Barlow, *Anxiety and its disorders: The nature and treatment of anxiety and panic* (pp. 64-104). NY: Guilford Press.

Recommended reading

- Craske, M. G., Rauch, S. L., Ursano, R., Prenoveau, J., Pine, D. S., & Zinbarg, R. E. (2009). What is an anxiety disorder? *Depression and Anxiety*, 26, 1066-1085.
- Kessler, R.C., et al. (2012). Twelve-month and lifetime prevalence and lifetime morbid risk of anxiety and mood disorders in the US. *International Journal of Methods in Psychiatric Research*, 21, 169-184.
- Henig, R.M. (2009). Understanding the anxious mind. *The New York Times Magazine*, retrieved from <https://www.nytimes.com/2009/10/04/magazine/04anxiety-t.html>
- Cisler, J.M., & Koster, E.H.W. (2010). Mechanisms of attentional biases towards threat in anxiety disorders: An integrative review. *Clinical Psychology Review*, 30, 203-216.
- Boswell, J.F., et al. (2013). Intolerance of uncertainty: A common factor in the treatment of emotional disorders. *Journal of Clinical Psychology*, 69, 630-645.

October 15

Trauma- and Stressor-Related Disorders; Mid-term Due (Week 8)

- ❑ **Quiz # 3: Posttraumatic Stress Disorder**
- ❑ DSM (pp. 189-290)
- ❑ Koffel, E., Polusny, M. A., Arbisi, P. A., & Erbes, C. R. (2012). A preliminary investigation of the new and revised symptoms of posttraumatic stress disorder in DSM-5. *Depression and Anxiety, 29*, 731-738.
- ❑ Palic, S. et al. (2016). Evidence of complex posttraumatic stress disorder (CPTSD) across populations with prolonged trauma of varying interpersonal intensity and ages of exposure. *Psychiatry Research, 246*, 692-699.
- ❑ Liberzon, I., & Abelson, J.L. (2016). Context processing and the neurobiology of Post-Traumatic Stress Disorder. *Neuron, 92*, 14-30.
- ❑ Grekin, R., & O'Hara, M.W. (2014). Prevalence and risk factors of postpartum post-traumatic stress disorder: A meta-analysis. *Clinical Psychology Review, 34*, 389-401.
- ❑ Armour, C., Karstoft, K.-I., & Richardson, J.D. (2014). The co-occurrence of PTSD and dissociation: differentiating severe PTSD from dissociative-PTSD. *Social Psychiatry and Psychiatric Epidemiology, 49*, 1297-1306.

Recommended reading

- ❑ Scioli-Salter, E., et al. (2015). The shared neuroanatomy and neurobiology of comorbid chronic pain and PTSD: Therapeutic implications. *The Clinical Journal of Pain, 31*, 363-374.
- ❑ Brewin, C.R., et al. (2015). A review of the current evidence regarding the ICD-11 proposals for diagnosing PTSD and complex PTSD. *Clinical Psychology Review, 58*, 1-15.

October 22

Obsessive-Compulsive and Related Disorders (Week 9)

- ❑ DSM (pp. 31-86; 461-480)
- ❑ Simpson, H.B, & Janardhan Reddy, Y.C. (2014). Obsessive-compulsive disorder for ICD-11: proposed changes to the diagnostic guidelines and specifiers. *Revista Brasileira de Psiquiatria*, 36, 3-13.
- ❑ Sharma, V., & Sommerdyk, C. (2015). Obsessive–compulsive disorder in the postpartum period: diagnosis, differential diagnosis and management. *Women’s Health*, 11, 543-552.
- ❑ Pauls, D.L., Abramovitch, A. Rauch, S.L., & Geller, D. (2014). Obsessive–compulsive disorder: An integrative genetic and neurobiological perspective. *Nature Reviews: Neuroscience*, 15, 410-424.
- ❑ Angelakis, I., Gooding, P., TARRIER, N., & Panagioti, M. (2015). Suicidality in obsessive compulsive disorder: A systematic review and meta-analysis. *Clinical Psychology Review*, 39, 1-15.
- ❑ Fang, A., & Wilhelm, S. (2015). Clinical features, cognitive biases, and treatment of body dysmorphic disorder. *Annual Review of Clinical Psychology*, 11, 187-212.

Recommended reading

- ❑ Shavitt, R.G., et al. (2014). Phenomenology of OCD: Lessons from a large multicenter study and implications for ICD-11. *Journal of Psychiatric Research*, 57, 141-148.
- ❑ Leckman, J.F. et al. (2010). Obsessive-compulsive disorder: A review of the diagnostic criteria and possible subtypes and dimensional specifiers for DSM-5. *Depression and Anxiety*, 27, 507-527.
- ❑ Grant, J.E., & Stein, D.J. (2014). Body-focused repetitive behavior disorders in ICD-11. *Revista Brasileira de Psiquiatria*, 36, S59-S64.

October 29

Neurodevelopmental Disorders; Schizophrenia Spectrum and Other Psychotic Disorders (Week 10)

- ❑ **Quiz # 5: Attention-Deficit/Hyperactivity Disorder**
- ❑ DSM (pp. 87-122)
- ❑ Barkley, R. A. (2015). Executive functioning and self-regulation viewed as an extended phenotype: Implications of the theory for ADHD and its treatment. In R. A. Barkley (Ed.), *Attention-deficit hyperactivity disorder: A handbook for diagnosis and treatment*. (pp. 405-434). New York, NY, US: Guilford Press.
- ❑ Barbaresi, W.J. et al. (2013). Mortality, ADHD, and psychosocial adversity in adults with childhood ADHD: A Prospective Study. *Pediatrics*, *131*, 1-8.
- ❑ Chisholm, K., Lin, A., Abu-Akel, A., & Wood, S.J. (2015). The association between autism and schizophrenia spectrum disorders: A review of eight alternate models. *Neuroscience and Biobehavioral Reviews*, *55*, 173-183.
- ❑ Cannon, T.D., Cadenhead, K., Cornblatt, B., Woods, S.W., Addington, J., Walker, E., et al. (2008). Prediction of psychosis in youth: A multisite longitudinal study in North America. *Archives of General Psychiatry*, *65*, 28-37.
- ❑ Heckers S., et al. (2013). Structure of the psychotic disorders classification in DSM-5. *Schizophrenia Research*, *150*, 11-14.
- ❑ Jones, I., Chandra, P.S., Dazzan, P., & Howard, L.M. (2014). Bipolar disorder, affective psychosis, & schizophrenia in pregnancy and the post-partum period. *The Lancet*, *384*, 1789-1799.

Recommended reading

- ❑ Johns, L.C., & van Os, J. (2001). The continuity of psychotic experiences in the general population. *Clinical Psychology Review*, *21*, 1125-1141.
- ❑ Nekovarova, T., Fajnerova, I., Horacek, J., & Spaniel, F. (2014). Bridging disparate symptoms of schizophrenia: A triple network dysfunction theory. *Frontiers in Behavioral Neuroscience*, *8*, 1-10.
- ❑ Oberman, L. M., Hubbard, E. M., McCleery, J. P., Altschuler, E. L., Ramachandran, V. S., & Pineda, J. A. (2005). EEG evidence for mirror neuron dysfunction in autism spectrum disorders. *Cognitive Brain Research*, *24*, 190-198.
- ❑ Meehl, P.E. (1962). Schizotaxia, schizotypy, schizophrenia. *American Psychologist*, *XX*, 827-838.
- ❑ Moffitt et al. (2015). Is adult ADHD a childhood-onset neurodevelopmental disorder? Evidence from a four-decade longitudinal cohort study. *American Journal of Psychiatry*, *172*, 967-977.
- ❑ Kwapil, T.R., & Barrantes-Vidal, N. (2015). Schizotypy: Looking back and moving forward. *Schizophrenia Bulletin*, *41*, S366-S373.

November 5 **Eating Disorders, Sexual Disorders, Sleep (Week 11)**

- ❑ **Quiz # 6: Schizophrenia (primary criteria only, no subtypes)**
- ❑ DSM (pp. 329-354; 423-459; 685-705)
- ❑ Stice, E., Gau, J.M., Rohde, P., & Shaw, H. (2017). Risk factors that predict future onset of each DSM-5 eating disorder: Predictive specificity in high-risk adolescent females. *Journal of Abnormal Psychology, 126*, 38-51.
- ❑ Brockmeyer, T., et al. (2014). Difficulties in emotion regulation across the spectrum of eating disorders. *Comprehensive Psychiatry, 55*, 565-571.
- ❑ Kaye, W.H., Wierenga, C.E., Bailer, U.F., Simmons, A.N., & Bischoff-Grethe, A. (2013). Nothing tastes as good as skinny feels: The neurobiology of anorexia nervosa. *Trends in Neuroscience, 36*, 110-120.
- ❑ Hinderliter, A. (2015). Sexual dysfunctions and asexuality in DSM-5. *The DSM-5 in Perspective* (pp. 125-139). Springer: Netherlands.
- ❑ Buysse, D.J. (2014). Sleep health. Can we define it? Does it matter? *SLEEP, 37*, 9-17.

Recommended reading

- ❑ Mancuso, S.G., Newton, J.R., Bosanac, P., Rossell, S.L., Nesci, J.B., & Castle, D.J. (2015). Classification of eating disorders: Comparison of relative prevalence rates using DSM-IV and DSM-5 criteria. *British Journal of Psychiatry, 206*, 519-520.
- ❑ Fairholme, C.P., et al. (2013). Sleep disturbance and emotion dysregulation as transdiagnostic processes in a comorbid sample. *Behavioral Research and Therapy, 51*, 540-546.
- ❑ Reynolds, C.F., O'Hara, R. (2013). DSM-5 Sleep-wake disorders classification: Overview for use in clinical practice. *The American Journal of Psychiatry, 170*, 1099-1101.
- ❑ Machado, P.P.P., Gonçalves, S., & Hoek, H.W. (2013). DSM-5 reduces the proportion of EDNOS Cases: Evidence from community samples. *International Journal of Eating Disorders, 46*, 60-65.
- ❑ Flament, M.F., Henderson, K., Buchholz, A., Obeid, N., Nguyen, H.N.T., Birmingham, M., & Goldfield, G. (2015). Weight status and DSM-5 diagnoses of eating disorders in adolescents from the community. *Journal of the American Academy of Child and Adolescent Psychiatry, 54*, 403-411.
- ❑ Keel, P.K., & Klump, K.L. (2003). Are eating disorders culture-bound syndromes? Implications for conceptualizing their etiology. *Psychological Bulletin, 129*, 747-769.

November 12 **Substance Use Disorders (Week 12)**

- ❑ **Quiz # 7: Alcohol Use Disorder**
- ❑ DSM (pp. 481-589)
- ❑ Martin, C.S., Langenbucher, J.W., Chung, T., & Sher, K.J. (2014). Truth or consequences in the diagnosis of substance use disorders. *Addiction, 109*, 1773-1778.
- ❑ Brady, K. T., & Sinha, R. (2005). Co-occurring mental and substance use disorders: The neurobiological effects of chronic stress. *American Journal of Psychiatry, 162*, 1483-1493.
- ❑ Hasin, D.S., et al. (2013). DSM-5 criteria for substance use disorders: Recommendations and rationale. *American Journal of Psychiatry, 170*, 834-851.
- ❑ Forray, A., & Foster, D. (2015). Substance use in the perinatal period. *Current Psychiatry Reports, 17*, 1-11.
- ❑ Carrigan, M.H., & Randall, C.L. (2003). Self-medication in social phobia: A review of the alcohol literature. *Addictive Behaviors, 28*, 269-284.

Recommended reading

- ❑ Pace, C.A., & Samet, J.H. (2016). In the clinic: Substance use disorders. *Annals of Internal Medicine, CME*.
- ❑ van Boekel, L.C., Brouwers, E.P.M., van Weeghel, J., & Garretsen, H.F.L. (2013). Stigma among health professionals towards patients with substance abuse disorders and its consequences for healthcare delivery: Systemic Review. *Drug and Alcohol Dependence, 131*, 23-35.
- ❑ Saint Louis, C. (2017) A tide of opioid-dependent newborns forces doctors to rethink treatment. *The New York Times: Health*. Retrieved from: <https://www.nytimes.com/2017/07/13/health/opioid-addiction-babies.html>

November 19 **Personality Disorders (Week 13)**

- Quiz # 8: Borderline Personality Disorder**
- DSM (pp. 645-684)
- Krueger, R.F., & Markon, K.E. (2014). The role of the DSM-5 personality trait model in moving toward a quantitative and empirically based approach to classifying personality and psychopathology. *Annual Review of Clinical Psychology, 10*, 477-501.
- Widiger, T.A., & Trull, T.J. (2007). Plate tectonics in the classification of personality disorder: Shifting to a dimensional model. *American Psychologist, 62*, 71-83
- Miller, J.D., Gentile, B., Wilson, L., & Campbell, K. (2013). Grandiose and vulnerable narcissism and the DSM-5 pathological personality trait model. *Journal of Personality Assessment, 95*, 284-290.
- Strickland, C.M., Drislane, L.E., Lucy, M., Krueger, R.F., & Patrick, C.J. (2013). Characterizing psychopathy using DSM-5 personality traits. *Assessment, 20*, 327-338.
- Ensink, K., Biberdzic, M., Normandin, L., & Clarkin, J. (2015). A developmental psychopathology and neurobiological model of Borderline Personality Disorder in adolescence. *Journal of Infant, Child, and Adolescent Psychotherapy, 15*, 46-69.

Recommended reading

- Watson, D., Clark, L.A., & Harkness, A.R. (1994). Structures of personality and their relevance to psychopathology. *Journal of Abnormal Psychology, 103*, 18-31.
- Westen, D., & Shedler, J. (2000). A prototype matching approach to diagnosing personality disorders: Toward a DSM-V. *Journal of Personality Disorders, 14*, 109-126.

November 26 **Special Topics in Psychopathology Presentations (Week 14)**

- TBA

December 3 **Special Topics in Psychopathology Presentations (Week 15)**

- TBA

December 10 **Final Exam Due by 5:00 PM**