

**PSYCHOLOGY 325: Abnormal Psychology
SPRING 2006**

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Day: Tuesday and Thursday
Time: 1:30 - 2:45 PM
Place: Enterprise Hall 276

The goal of this class is to familiarize you with current concepts and research on adult, and to some degree child, psychopathology. Class meetings will consist of lectures designed to provide a broad overview of the topic for that class, and discussions. Typically, we will cover diagnosis and classification, epidemiology, course, and the genetic, neurobiological, and psychosocial factors implicated in the etiology, pathogenesis, and maintenance of the disorder. The focus on intervention will be brief, as that is the focus of other courses.

By the end of the course, you will develop an appreciation for the following:

1. Descriptions of various symptoms (e.g., hallucinations, delusions, panic attacks) associated with psychological disorders so that you can compare and contrast the features of the main mental disorders.
2. The continuity between normal and abnormal behavior, including socio-cultural factors influencing the definition of abnormal behavior and the difference between dimensional and categorical approaches to psychopathology.
3. The assessment and diagnostic process, and the criteria (e.g., reliability, validity) used to evaluate the usefulness of a classification system.
4. The frequency and distribution of these problems in the United States and elsewhere (i.e., epidemiology). Gender differences and cultural factors will be considered with regard to certain forms of psychological disorder.
5. Causal models, especially those involving multiple systems (biological, psychological, and social systems). The task for clinical scientists is to discover how different levels of influence (e.g., nature and nurture) combine or interact to produce and maintain mental disorders.
6. The ways in which psychologists ask research questions about these disorders and the various research methods by which they seek answers to these questions. There is an important distinction between useful data and meaningless statistics.
7. Different approaches to treatment, as well as the ways in which these treatments can be evaluated. What kinds of treatment are effective for specific problems? What can these results tell us about the nature of the disorders?

THE SCIENTIFIC APPROACH: The application of science to questions regarding abnormal behavior carries with it the implicit assumption that these problems can be studied objectively. Clinical scientists adopt an attitude of open-minded skepticism, tempered by an appreciation for the research methods that are used to collect empirical data. We are going to discuss several controversial topics, including sexual behaviors, drug use, and crime. In order to get the most out of this class, you may have to set aside -- at least temporarily -- personal beliefs that you have already acquired about mental disorders.

Your participation in this course will entail the following:

Assigned Readings and Lectures

To get the most out of the lectures and succeed in this course, it is imperative that you complete the assigned readings. We will read from one text (with other readings listed below):

Barlow, D.H. & Durand, V.M. (2004). *Abnormal psychology: An integrative approach* (4th ed.) Pacific Grove, CA: Wadsworth.

To succeed in this course, it is critically important that you attend lectures. Class participation is strongly encouraged. By participating in class, students are able to be engaged in the learning process, critically assessing the ideas presented, and shaping the focus of the class so that it meets their needs. Class will become

more dynamic, interesting and rewarding as more students actively share their ideas, objections, critiques, and questions. You are expected to come to class having already read the assigned material and be prepared to make comments, raise questions, and offer opinions on the comments and questions of others. **Quantity is far less important than quality.** I welcome questions as I lecture, although at times I may need to keep us moving and personal disclosures of any type are discouraged in class (though I would be glad to discuss individual situations during office hours).

All lectures will cover material discussed in the text chapters as well as additional material. Many lectures will include brief video clips to illustrate particular psychological disorders and provide fodder for discussion.

Exams

Exams will assess your understanding of material presented in the lectures and in the textbooks. There will be three exams throughout the semester, during class. A comprehensive final exam will be given during our designated slot during final exams period. Exams must be taken on the scheduled date. You may drop one of your four exam grades. There will be no makeup exams – if you must miss an exam for any reason that will count as the one you drop. If there are prominent extenuating circumstances for missing a second exam, please discuss this with me during my office hours.

I reserve the right to employ either unannounced evaluations of your knowledge of the readings or to require brief position papers in which you summarize and react to the readings for a particular class period or topic.

Research Participation and Extra Credit

You are required to complete 5 research credits for this course. In particular, try to find research studies that focus on emotion disturbances (conducted by the faculty and students in clinical psychology). In addition, you can complete up to 3 more for extra credit (these 3 extra credits will be equal to 2 points on your final grade!!!). This can potentially take you up one grade (e.g., B+ to an A-).

Listserv

All students should join the class listserv to obtain course related information and participate in dialogue about the course and topics related to positive psychological experiences. The listserv provides a method to continue discussions and is a different medium to communicate in terms of threat, quality/depth of discussions, and community. Similar to class discussions, quality is important (not quantity). Despite the medium, it is still an academic environment (e.g., be mindful of what and how you post, whether you want to send it to 25 people or backchannel). Spam and solicitations, *ad hominem* attacks, disclosure of personal emails without permission, unrelated topics, etc. are not acceptable (unless you receive approval from me). Failure to consistently follow guidelines will lead to removal from the listserv. Information about subscribing, posting messages, reading archives, etc. is available at the listserv website: <http://groups.yahoo.com/group/abpsy/>

You should receive regular emails and not the digest feature (as the digest feature will prevent you from getting attachments). It is suggested that you have emails sent to the email account you check most regularly.

Grades

Your grade will be determined by the average of your three highest exam scores, although improvement over the semester and class attendance and participation will help determine borderline cases. It would be foolish not to take advantage of extra credit opportunities.

DEMONSTRATED MASTERY GRADING SYSTEM: Extra credit assignments and *quality* of participation (in class and on the listserv) will be looked at favorably when there are questions concerning whether test grades adequately reflect a student's knowledge of the material, or when an average falls just below a grade cut-off. Please be aware that this can only work in your favor. OF NOTE: Please do not ask me to alter your grades, as I will immediately refrain from acknowledging your request (i.e., I will not devote my efforts to gauging your knowledge base). This process was created as a consequence of watching many of my students and colleagues over the years perform poorly on tests despite class engagement, general mastery of the material, and intense efforts above and beyond the call of duty. Please respect the positive potentiality of this process by not asking me for preferential treatment. Deserving individuals will be acknowledged.

The grading scale is as follows for the average score for the three exams and the final, which is equivalent to 1.5 exams (I reserve the right to make it less stringent if necessary):

A = 93-100

A-	= 90-92
B+	= 87-89
B	= 83-86
B-	= 80-82
C+	= 77-79
C	= 73-76
C-	= 70-72
D+	= 67-69
D	= 60-66
F	= less than 60

Last day to add Feb. 7th
Last day to drop Feb. 24th

Additional Course Policies

Students with Special Concerns

If you are a student with a learning, sensory, or physical disability and feel that you need special assistance in regard to lectures, reading assignments, or testing, please notify me during the two weeks of class so that we can make appropriate arrangements. All matters of this nature will be held in strict confidence as the need determines.

Statement of Academic Integrity

In accordance with University guidelines, I will take vigorous action against students who engage in cheating, misrepresentation, or other dishonest practices. Penalties for students found guilty of academic dishonesty will be determined on a case by case basis, in accordance with university guidelines. If you have any concerns about matters of academic dishonesty please see me immediately.

Tentative Outline of Course Topics and Readings

1/24	Introduction and Course Guidelines/Goals	
1/26	NO CLASS —will be out of town	
1/31	Defining and Conceptualizing Abnormality	Barlow 1
2/2	Understanding the Causes and Maintenance of Abnormality	Barlow 2
2/7	Diagnosis and Assessment	Barlow 3
2/9	Anxiety Disorders I: Panic Disorder, Agoraphobia, and Specific Phobias	Barlow 5 Schmidt et al. 1997
2/14	Anxiety Disorders II: Generalized Anxiety Disorder and Obsessive Compulsive Disorder	Roemer & Orsillo (2002)
2/16	EXAM	
2/21	Anxiety Disorders III: Social Anxiety Disorder	Rapee & Heimberg (1997) Kashdan & Steger (2006)
2/23	Anxiety Disorders IV: Posttraumatic Stress Disorder	McNally (2003)
2/28	Mood Disorders I	Barlow 7
3/2	Mood Disorders II	Joiner (2000) Rottenberg (2005)
3/7	Somatoform and Dissociative Disorders	Barlow 6
3/9	Suicide	Joiner et al., 2002
3/14	Spring Break...forget abnormal psychology and enjoy!!!!	
3/16		
3/21	EXAM	
3/23	Schizophrenia	Barlow 13
3/28	The Nature of Personality and Personality Disorders I	Barlow 12

3/30	The Nature of Personality and Personality Disorders II	Klonksy et al. (2002)
4/4	Substance-Related Disorders I	Barlow 11
4/6	Substance-Related Disorders II	
4/11	Eating Disorders	Barlow 8
4/13	EXAM	
4/18	Sexual Disorders	Barlow 10
4/20	Childhood Disorders	Barlow 14
4/25	Physical Disorders and Health Psychology	Barlow 9
4/27	Mental Health Services: Legal and Ethical Issues	Barlow 16
5/2	Cutting Edge Research in Abnormal Psychology...	
5/4	Final Review	
5/11	Comprehensive Final Exam	1:30-4:15pm

Supplemental Reading List

Joiner, Jr., T. E. (2000). Depression's vicious scree: Self-propagatory and erosive factors in depression chronicity. *Clinical Psychology: Science & Practice*, 7, 203-218.

Joiner, T., Pettit, J., & Rudd, M.D. (2004). Is there a window of heightened suicide risk if patients gain energy in context of continued depression? *Professional Psychology: Research & Practice*, 35, 84-89.

Kashdan, T.B., & Steger, M. (2006). Expanding the topography of social anxiety: An experience sampling assessment of positive emotions and events, and emotion suppression. *Psychological Science*, 17, 120-128.

Klonsky, E.D., Oltmanns, T.F., & Turkheimer, E. (2002). Informant reports of personality disorder: Relation to self-reports and future research directions. *Clinical Psychology: Science and Practice*, 9, 300-311.

McNally, R.J. (2003). Progress and controversy in the study of posttraumatic stress disorder. *Annual Review of Psychology*, 54, 229-252.

Rapee, R.M., & Heimberg, R.G. (1997). A cognitive-behavioral model of anxiety in social phobia. *Behaviour Research & Therapy*, 35, 741-756.

Roemer, L. & Orsillo, S. M. (2002). Expanding Our Conceptualization of and Treatment for Generalized Anxiety Disorder: Integrating Mindfulness/Acceptance-Based Approaches With Existing Cognitive-Behavioral Models. *Clinical Psychology: Science and Practice*, 9, 54-68.

Rottenberg, J. (2005). Mood and emotion in major depression. *Current Directions in Psychological Science*, 14, 167-170.

Schmidt, N.B., Lerew, D.R., & Jackson, R.J. (1997). The role of anxiety sensitivity in the pathogenesis of panic: Prospective evaluation of spontaneous panic attacks during acute stress. *Journal of Abnormal Psychology*, 106, 355-364.