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Duke University
Psychology and Neuroscience
PSY705:
Adult Psychopathology

Fall 2012
Wed. 4:55 – 7:50
319 Soc/Psy
Office hours: By appt.

Introduction. Welcome to PSY305, the “core course” in adult psychopathology. The course is required for doctoral students in clinical psychology but is open to students in other doctoral programs within our department as well as students in related programs and disciplines. The purpose of this course is to familiarize you with the history, systems, current concepts, research methods, and empirical findings in the study of adult psychopathology. The course is intended to promote *critical thinking* and scholarly attention to the historical and current literature regarding major issues in psychopathology, including: definitions of psychopathology; advantages/disadvantages of different conceptual and classification systems, including the DSM-IV; strengths/weaknesses of particular theoretical orientations and levels of analysis, including genetic, neurobiological, behavioral, cognitive, and interpersonal; and methods for studying psychopathology at the aforementioned levels of analysis.

The course will focus primarily on mood disorders, anxiety disorders, and schizophrenia. We will cover other topics only briefly if at all, including eating disorders, personality disorders, and substance abuse. Due to time limitations, other important topics such as dissociative disorders, neurological disorders with psychological manifestations (e.g., delirium, dementias), and sexual disorders will not be discussed. Please note that other courses deal with childhood psychopathology, as well as with assessment and treatment methods.

Class format. We will meet once per week for an extended class time, which hopefully will allow us to explore issues in detail. Class meetings will include the following components: (a) brief, informal lectures intended to provide an overview of the topic for that class (to be provided by me); (b) summary and discussion of assigned readings (which I will lead but expect you to join); and (c) identification and discussion of critical issues raised by the assigned readings (to be provided by you). Therefore, ***it is essential that all readings be completed prior to the class for which they are assigned.*** Your overall evaluation will be determined in part on the basis of your enthusiastic and thoughtful participation in discussions.

Required readings. There is no textbook for the course. Instead, for each class meeting there will be readings assigned (and available electronically; see below). There is a considerable amount of material to cover that will necessitate a serious commitment on your part. Almost all of the readings are primary source materials. Note that some of the readings will be challenging for those without an extensive background in the particular topic (which is likely to be just about all of you on any given day). Please *do not be discouraged* by the difficulties you may encounter. It is better to emerge from each set of readings with a sense of their overall implications (as well as the questions they raise) than to try to comprehend all the details at this stage in your exposure to psychopathology theory and research. There will be plenty of time for questions and for exploring the specifics of each reading.

And now a quick word about the DSM-IV (the Diagnostic and Statistical Manual, published and periodically revised by the American Psychiatric Association). For all of its limitations (and they are considerable), the DSM-IV nonetheless is the *de facto* standard for psychiatric and psychological diagnosis and research, and it will be to your advantage to become familiar with its strengths and limitations. You are not required to purchase one (because I prefer not to subsidize the DSM ‘machine’); however, some students choose to do so based on convenience or their own professional development.

Course requirements. Attendance at class meetings is, of course, required. Because we will only meet once each week, it’s especially important not to miss classes. Grades will be determined according to the following structure: class participation (25%), a special topic paper (25%), a midterm take-home exam (25%), and a final take-home exam (25%).

- **Class participation:** Each of you is expected to bring a **brief written summary of one critical issue raised by the collection of assigned readings for each class meeting.** These brief summaries should be handed in at the beginning of each class meeting, except for our first class meeting. (Brevity, please; no more than one paragraph in length. Really!) The summaries are an integral part of the learning process and will provide for fruitful, challenging, and stimulating discussions. **Also, for each class meeting, two or three of you each will be assigned to give a brief (5-10 minute maximum) summary of one of the readings assigned for that day.** The assignments are listed along with the readings, on the following pages as well as on the Sakai site. These summaries are to be *informal* (no PowerPoint or handouts needed) and will help guide and stimulate in-class discussions.
- **Special topic paper:** For this paper, choose a general topic covered by the course (e.g., depression, PTSD) and within that topic, select a specific current theory, controversy, or research method not covered in detail by the course. Then go to the literature and find three recent peer-reviewed journal articles in which data are presented and discussed which address the topic. Write a critical review (maximum of 10 pages, double-spaced) of the ideas, methods, and findings of the three articles. Please be sure to discuss your special topic ideas with me before you begin – we will work together to make sure it’s specific and feasible enough to make the paper writing go smoothly. The special topic paper will be due by the start of class on **November 14th**.
- **Mid-term and final exams:** On **October 3rd**, I will hand out a take-home midterm exam, which will consist of brief essays. The midterm will be due back by the start of class on **October 10th**. On **November 28th** (our last class meeting), I will hand out a take-home final exam, which also will consist of brief essays and will cover only material since the mid-term and will be due at my office at a time to be determined by the group of us.

Please feel free to discuss any questions you might have regarding the format, content, or process of the course. I look forward to working with you. My office hours are by appointment, and I am happy to meet informally with you whenever my door is open or to set up a time to meet that is convenient with your schedule.

PSYCHOPATHOLOGY: TOPICS AND READINGS

All readings will be available online at the course Sakai site. This syllabus is posted there as well. Please note that the assigned readings for a particular day occasionally may change between the start of the semester and a specific class meeting.

August 29: Introduction to the Science of Psychopathology

Discussants: None

Strauss, M.E., & Smith, G.T. (2009). Construct validity: Advances in theory and methodology. *Annual Review of Clinical Psychology, 5*, 1-25.

Baker, T.B., McFall, R.M., & Shoham, V. (2009). Current status and future prospects of clinical psychology: Toward a scientifically principled approach to mental and behavioral health care. *Psychological Science in the Public Interest, 9*, 67-103.

Lilienfeld, S.O. (2012). Public skepticism of psychology: Why many people perceive the study of human behavior as unscientific. *American Psychologist, 67*, 111-129.

September 5: The Concept of Mental Disorder

Discussants:

Kendler, K.S. (2005). Toward a philosophical structure for psychiatry. *American Journal of Psychiatry, 162*, 433-440.

Kendler, K.S. (2006). Reflections on the relationship between psychiatric genetics and psychiatric nosology. *American Journal of Psychiatry, 163*, 1138-1146.

Paus, T., Keshevan, M., & Giedd, J.N. (2008). Why do so many psychiatric disorders emerge during adolescence? *Nature Reviews Neuroscience, 9*, 947-957.

Eisch, A.J., Cameron, H.A., Encinas, J.M., Meltzer, L.A., Ming, G., & Overstreet-Wadiche, L.S. (2008). Adult neurogenesis, mental health, and mental illness: Hope or hype? *The Journal of Neuroscience, 28*, 11785-11791.

September 12: Research Issues in the Study of Mental Disorders

Discussants:

Miller, G.A. (2010). Mistreating psychology in the decades of the brain. *Perspectives on Psychological Science, 5*, 716-743.

Marshall, P.J. (2009). Relating psychology and neuroscience. *Perspectives on Psychological Science, 4*, 113-125.

Kendell, R., & Jablensky, A. (2003). Distinguishing between the validity and utility of psychiatric diagnoses. *American Journal of Psychiatry, 160*, 4-12.

Mullins-Sweatt, S.N., & Widiger, T.A. (2009). Clinical utility and DSM-V. *Psychological Assessment, 21*, 302-312.

September 19: Depression I – History and Conceptualization

Discussants:

Akiskal, H.S. & McKinney, W.T. (1973). Depressive disorders: Toward a unified hypothesis. *Science, 182*, 20-29.

Kessler, R.C., Merikangas, K.R., & Wang, P.S. (2007). Prevalence, comorbidity, and service utilization for mood disorders in the United States at the beginning of the 21st century. *Annual Review of Clinical Psychology, 3*, 137-158.

Kessler, R.C., Gruber, M., Hettema, J.M., Hwang, I., Sampson, N., & Yonkers, K.A. (2008). Co-morbid major depression and generalized anxiety disorders in the National Comorbidity Survey follow-up. *Psychological Medicine, 38*, 365-374.

Saveanu, R.V., & Nemeroff, C.B. (2012). Etiology of depression: Genetic and environmental factors. *Psychiatric Clinics of North America, 35*, 51-71.

September 26: Depression II – Mechanisms

Discussants:

Hammen, C. (2005). Stress and depression. *Annual Review of Clinical Psychology, 1*, 293-319.

Krishnan, V., & Nestler, E.J. (2010). Linking molecules to mood: New insight into the biology of depression. *American Journal of Psychiatry, 167*, 1305-1320.

Ressler, K.J., & Mayberg, H.S. (2007). Targeting abnormal neural circuits in mood and anxiety disorders: From the laboratory to the clinic. *Nature Neuroscience, 10*, 1116-1125.

October 3: Depression III – Recent Directions

Discussants:

Cuellar, A.K., Johnson, S.L., & Winters, R. (2005). Distinctions between bipolar and unipolar depression. *Clinical Psychology Review, 25*, 307-339.

Hasler, G., & Northoff, G. (2011). Discovering imaging endophenotypes for major depression. *Molecular Psychiatry, 16*, 604-619.

Caspi, A., Hariri, A.R., Holmes, A., Uher, R., & Moffitt, T.E. (2010). Genetic sensitivity to the environment: The case of the serotonin transporter gene and its implications for studying complex diseases and traits. *American Journal of Psychiatry, 167*, 509-527.

Derubeis, R.J., Siegle, G.J., & Hollon, S.D. (2008). Cognitive therapy versus medication for depression: Treatment outcomes and neural mechanisms. *Nature Reviews Neuroscience, 9*, 788-796.

MIDTERM TO BE DISTRIBUTED.

October 10: Schizophrenia I – History and Conceptualization

Discussants:

Tandon, R., Keshevan, M.S., & Nasrallah, H.A. (2008). Schizophrenia, “just the facts”: What we know in 2008. Part 1: Overview. *Schizophrenia Research, 100*, 4-19.

Tandon, R., Keshevan, M.S., & Nasrallah, H.A. (2008). Schizophrenia, “just the facts”: What we know in 2008. 2. Epidemiology and etiology. *Schizophrenia Research, 102*, 1-18.

Tandon, R., Nasrallah, H.A., & Keshevan, M.S. H.A. (2008). Schizophrenia, “just the facts”: What we know in 2008. 4. Clinical features and conceptualization. *Schizophrenia Research, 110*, 1-23.

MIDTERM DUE AT THE START OF CLASS.

October 17: No class (Fall Break)

October 24: Schizophrenia II – Development and Neurobiology

Discussants:

Keshevan, M.S., Tandon, R., Boutros, N.N., & Nasrallah, H.A. (2008). Schizophrenia, “just the facts”: Part 3: Neurobiology. *Schizophrenia Research*, *106*, 89-107.

Lodge, D.J., & Grace, A.A. (2011). Developmental pathology, dopamine, stress, and schizophrenia. *International Journal of Developmental Neuroscience*, *29*, 207-213.

Clarke, M.C., Tanskanen, A., Huttunen, M., Whittaker, J.C., & Cannon, M. (2009). Evidence for an interaction between familial liability and prenatal exposure to infection in the causation of schizophrenia. *American Journal of Psychiatry*, *166*, 1025-1030.

October 31: Schizophrenia III – Recent Directions

Discussants:

Salokangas, R.K.R., & McGlashan, T.H. (2008). Early detection and intervention of psychosis. A review. *Nordic Journal of Psychiatry*, *62*, 92-105.

Barrantes-Vidal, N., Lewandowski, K.E., & Kwapil, T.R. (2010). Psychopathology, social adjustment and personality correlates of schizotypy clusters in a large nonclinical sample. *Schizophrenia Research*, *122*, 219-225.

Eack, S.M., Pogue-Geile, M.F., Greenwald, D.P., Hogarty, S.S., & Keshevan, M.S. (2011). Mechanisms of functional improvement in a 2-year trial of cognitive enhancement therapy for early schizophrenia. *Psychological Medicine*, *41*, 1253-1261.

Rathod, S., Phiri, P., & Kingdon, D. (2010). Cognitive behavioral therapy for schizophrenia. *Psychiatric Clinics of North America*, *33*, 527-536.

November 7: Anxiety Disorders I – Conceptualization and Panic Disorder

Discussants:

Brown, T.A., and Barlow, D.H. (2009). A proposal for a dimensional classification system based on the shared features of the DSM-IV anxiety and mood disorders: Implications for assessment and treatment. *Psychological Assessment*, *21*, 256-271.

Martin, E.I., Ressler, K.J., Binder, E., & Nemeroff, C.B. (2009). The neurobiology of anxiety disorders: Brain imaging, genetics, and psychoneuroendocrinology. *Psychiatric Clinics of North America*, *32*, 549-575.

Craske, M.G., et al. (2010). Panic disorder: A review of DSM-IV panic disorder and proposals for DSM-V. *Depression and Anxiety*, *27*, 93-112.

November 14: Anxiety Disorders II – Social Phobia and Generalized Anxiety Disorder

Discussants:

Bogels, S.M., et al. (2010). Social anxiety disorder: Questions and answers for the DSM-V. *Depression and Anxiety*, *27*, 168-189.

Goldin, P.R., Manber, T., Hakimi, S., Canli, T., & Gross, J.J. (2009). Neural bases of social anxiety disorder. *Archives of General Psychiatry*, 66, 170-180.

Behar, E., DiMarco, I.D., Hekler, E.B., Mohlman, J., & Staples, A.M. (2009). Current theoretical models of generalized anxiety disorder (GAD): Conceptual review and treatment implications. *Journal of Anxiety Disorders*, 23, 1011-1023.

Newman, M.G., & Llera, S.J. (2011). A novel theory of experiential avoidance in generalized anxiety disorder: A review and synthesis of research supporting a contrast model of worry. *Clinical Psychology Review*, 31, 371-382.

SPECIAL TOPIC PAPER DUE AT THE START OF CLASS.

November 21: No Class (Thanksgiving)

November 28: Anxiety Disorders III – Posttraumatic Stress Disorder and OCD

Discussants:

Rubin, D.C., Berntsen, D., & Bohni, M.K. (2008). A memory-based model of posttraumatic stress disorder: Evaluating basic assumptions underlying the PTSD diagnosis. *Psychological Bulletin*, 115, 985-1011.

Rosen, G.M., & Lilienfeld, S.O. (2008). Posttraumatic stress disorder: An empirical evaluation of core assumptions. *Clinical Psychology Review*, 28, 837-868.

Bartz, J.A., & Hollander, E. (2006). Is obsessive-compulsive disorder an anxiety disorder? *Progress in Neuro-Psychopharmacology and Biological Psychiatry*, 30, 338-352.

Hinds, A.L., Woody, E.Z., VanAmeringen, M., Schmidt, L.A., & Szechtman, H. (2012). When too much is not enough: Obsessive-compulsive disorder as a pathology of stopping, rather than starting. *PLoS ONE*, 7, e30586.

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