Adult Abnormal Psychology

Fall 2024 // PSY 210

Justin Dainer-Best

2024-09-02

Course Number	Time	Location	Office Hours
PSY 210	M/W, 11:50-13:10	Hegeman 308	M/Th or by appointment

Make an appointment to come to my office hours. The instructor's office hours are as follows (or by appointment):

- Mondays, 1:15pm-2pm
- Thursdays, 11:30am-12:30pm

Pre-requisites: Introduction to Psychological Science.

This course fulfills the psychology major's Cluster A requirement and is a "core" course.

Wherever possible, I hope to work to make this course accessible and approachable for all students. For more information on accessibility for this course, please view the section on that subject below.

Overview ⊕

This course is designed to introduce students to adult psychopathology. That is, we will discuss the symptoms and course of the major psychiatric disorders that are diagnosed and treated in adults. We will emphasize a scientific approach to understanding mental illness. This course is concerned with those aspects of the human experience that are **unusual**, **maladaptive**, or **distressing**. We will focus on anxiety, mood, thought, eating, substance use, and personality disorders.

This course will sometimes discuss topics that are sensitive or personal for many students. If something discussed in class leaves you feeling upset, please speak to a trusted person about your experience. Further, if you find that you are struggling to cope with some of the topics

discussed in class, you may contact Bard Counseling Services, and make an appointment; you may also email counselingservice@bard.edu or call 845-758-7433.

In the spirit of truth and equity, it is with gratitude and humility that we acknowledge that this class will take place on the sacred homelands of the Munsee and Muhheaconneok people, who are the original stewards of this land. Today, due to forced removal, the community resides in Northeast Wisconsin and is known as the Stockbridge-Munsee Community. We honor and pay respect to their ancestors past and present, as well as to future generations and we recognize their continuing presence in their homelands. We understand that our acknowledgment requires those of us who are settlers to recognize our own place in and responsibilities towards addressing inequity, and that this ongoing and challenging work requires that we commit to real engagement with the Munsee and Mohican communities to build an inclusive and equitable space for all.

Such anticolonialist and antigenocidal work extends beyond Bard's campus and the classroom.

Objectives

The course will focus on these mental illnesses through readings, lectures, and class discussion. Students will be invited to discuss topics in class, as well as to react to readings and scientific articles. Although there is some expectation that you will learn the facts and figures upon which psychological science is based, our focus in this course will be on **understanding** and **responding to** course material. Lectures will supplement readings, and will be used to thoroughly examine current thinking in clinical psychology, to provide greater detail on particular topics.

By the end of the semester you should. . .

- be able to read scientific articles about clinical research,
- have an understanding of research in clinical or abnormal psychology,
- understand the process of differential diagnosis,
- learn to critique the diagnostic system,
- understand the helping professions and their applications with regards to mental illness, and
- have a working knowledge of common psychopathology and the *DSM*.

You are expected to come to each class prepared to discuss the assigned reading. Laptops are not generally expected during class discussions. Instead, you should plan to bring paper or a notebook. (Digital copies of readings are appropriate; you need not print readings if you do not choose to.)

Instructor

The instructor for this course is Associate Professor of Psychology Justin Dainer-Best. In person or via email, you can refer to me as Justin or as Professor Dainer-Best (or Dr. Dainer-Best); I use he/him pronouns.

Materials

Optional books

This course does not use a textbook. Past courses have required the below (optional) text, and you are welcome to purchase a copy; it will provide additional information throughout the course. However, the primary focus of your readings will be on articles designed for discussion: primary research articles, meta-analyses, newspaper and magazine articles, podcasts, and occasional textbook chapters. Because these readings will be discussed in class, you should come to class having read them by the date in the schedule below (and listed on Brightspace).

The *Diagnostic and statistical manual of mental disorders* (*DSM-5*) is the primary manual for diagnosis, and you will want to refer to it throughout the course. The e-book should be available through the library, and there is also a physical copy; additionally, you may choose to buy a copy, which will provide additional information and may be of use during the semester (as well as serving as a lovely coffee table book).

- **Optional text**: Hooley, J.M., Butcher, J.N., Nock, M.K., & Mineka, S. (2017). *Abnormal psychology*, 17th ed. Pearson: Boston, MA. (ISBN 0133852059).
- **Optional text**: American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author. ISBN 978-0-890-42554-1. (Available through the Bard library)

All readings should be accessible to a screen reader; if you need one but the reading is not processed correctly, please let me know and I will convert it, or you may do so using this conversion tool. You should complete each reading *in preparation for class*, as listed below on the schedule.

Class Policies

Attendance

We will move at a rapid pace; material that is missed due to absence will not be repeated in class or office hours. Our classes are designed as interactive, and your absence will impact both your own understanding and the class.

However, this is a college class and you are an adult; your attendance is your decision. Late arrivals can be disruptive to the class. Consistent patterns of lateness are unfair to other students. Please be on time.

If you are not feeling well, please do not come to class. If you have recently been ill, please wear a mask when you attend; masks are effective at reducing spread of many respiratory illnesses. Each of us shares responsibility for the health and safety of all in the classroom.

Accommodations & Accessibility

Bard College is committed to providing equal access to all students. If you anticipate issues related to the format or requirements of this course, please contact me so that we can arrange to discuss. I would like us to discuss ways to ensure your full participation in the course. Together we can plan how best to support your learning and coordinate your accommodations. Students who have already been approved to receive academic accommodations through disability services should share their accommodation letter with me and make arrangements to meet as soon as possible.

If you have a learning difference or disability that may relate to your ability to fully participate in this class, but have not yet met with the Disability Support Coordinator at Bard, you can contact their office through https://www.bard.edu/accessibility/students/; the Coordinator will confidentially discuss the process to establish reasonable accommodations. Please note that accommodations are not retroactive, and thus you should begin this process as soon as possible if you believe you will need them.

Additionally, as my office in Preston Hall may be physically difficult to access, you may always request to meet with me in another location. I am available for meetings online as well as those in person.

Diversity, Equity, & Inclusion

It is important to me that this course provides an open and supportive learning environment for all students. I invite you to speak with me if you have concerns or questions regarding issues of belonging, safety, or equity in the classroom. I want our discussions to be respectful of all students. If I am not helping the classroom to feel like an inclusive environment, I invite you to provide me with [anonymous] feedback. Different forms of knowledge can be valuable in a psychology classroom. In this class, we will engage with complex topics of mental health and illness and, as such, respect for experiential and other viewpoints is extremely important.

Plagiarism and Academic Integrity

I expect you to be familiar with what plagiarism is and is not. You may not present someone else's work as your own without proper citation. Using AI-generated text is not a replacement for your own writing, and automated tools to edit grammar and spelling should be used sparingly. You may not copy someone else's work. You may not simply reword text from another source without giving credit. Please cite others' work where relevant, and use your own writing. If you are not sure about the definition of plagiarism, or whether something constitutes plagiarism, please consult with me or with someone at Bard's Learning Commons. Students caught plagiarizing will be reported to the Academic Judiciary Board, will get no credit for the assignment, and may fail the course.

I operate from the standpoint that you are interested in learning this material, and are doing your best to operate with integrity. Using text generators like chatGPT or Grammarly take away your ability to learn from the process of writing. Do your best to learn from the assignments in this class.

Cell phones and laptops ▮ 💻

Before class, you should silence your cell phone, and you should not be on your phone during class unless you are asked to be (e.g., to respond to a poll). I do not recommend taking notes on your phone. Instead, I recommend taking notes on paper wherever possible. If you text or access materials unrelated to class during our class time, you are mentally absent from class.

When using a laptop, I encourage you to turn off notifications / turn on Do Not Disturb whenever possible. Browsing unrelated materials is distracting to you and also to your classmates.

Late Assignments 🕐

Most assignments can be turned in **within two days** of their due dates without penalty. For example, if an assignment is due before a Monday class, it may be turned in by Wednesday at midnight without penalty. However, please note that some assignments are intended to develop into conversations; even if you have not turned in a final document to me, you should be prepared to discuss your work in class.

Further, do note that when you have an assigned presentation in class, it cannot generally be rescheduled. If you must miss group work or a group presentation, please be in touch with me as soon as possible.

Assignments including drafts may still be turned in after their late date. However, such assignments are considered "missing" (see section "Grading" below). If your work is consistently turned in late, this also may impact your grade unless you discuss this lateness with me. All assignments are due by the last day of the semester.

Assignments

Self-Assessment

In October (see the schedule), you will be asked to submit a self-assessment in which you reflect on your progress and understanding. This assessment will be partially based on a rubric and partially involve reflection. It is required but will not contribute to your grade unless it is not turned in.

Writing Assignments

There will be several writing assignments during this course. Papers should be submitted on Brightspace as PDFs named with your last name and the assignment name (e.g., `Dainer-Best case study.pdf`). All papers should be submitted before class begins, and by no later than midnight two days after they are due.

Case Study

You will be asked to write a 3–4 page response to a case vignette *provided by the instructor*, in which you make an argument for a diagnosis and appropriate treatment recommendations, based on your readings. The case study is due on the date listed on the schedule below. Further details will be posted to Brightspace and discussed in class.

Fictional Portrayals of Mental Illness

We all read and watch many works of fiction which attempt to represent mental illness. We will read some examples of this in this course. You will be asked to write an essay in which you choose a work of fiction that we have not read in class, and use evidence from that work, from our readings, and from the *DSM-5* to explain why it is or is not a good portrayal of mental illness.

This assignment takes two possible forms:

1. You pick a work where no mental illness is explicitly discussed, but a character shows symptoms of one or more mental illnesses. Diagnose them, and use evidence from the work to back up your claim. Does this portrayal accurately show what this illness looks like?
2. You pick a work where a character has a diagnosis mentioned in the text. Discuss how that diagnosis is portrayed: is it done well? Do they show the symptoms of the disorder as you would expect?

Please note the following expectations for this assignment:

- It should be approximately 4 pages long (double-spaced), and no longer
- It should focus on mental illness in adults
- It should focus on a disorder that we *will cover in this class*. You may, for example, discuss whether someone has bipolar disorder (we will cover this). You should not discuss whether someone has rumination disorder (we will not cover this). If you're unsure, you should check with me.

If you are unsure whether the work you'd like to discuss is appropriate, please email me or come to my office hours to discuss. Further details will be posted to Brightspace.

Response Papers

Two response papers of 1–2 pages each are expected during the semester, as responses to the assigned readings.

1. One response paper must be a "news story" written as a description of a research paper (denoted with a typographical dagger† in the schedule below).
2. The other response paper can take any form—creative forms welcomed, as are critiques or responses. (It may respond to *any* of the readings).

These response papers should cite sources in APA style, and follow the guidelines of academic integrity. They are due *before class begins* on the day the reading is assigned; the late policy applies, but you should be prepared to discuss the reading in class even if you intend to turn in the writing late.

It is your responsibility to turn in these papers without prompting. At least one of these response papers should be turned in before the mid-term, as indicated on the schedule below.

Group papers and presentations

At three planned points throughout the semester, you and several classmates will discuss specific topics:

1. The *DSM* and diagnosis
2. Worry
3. Researching diverse populations

Each group will create a single document incorporating all group members' work and answering the questions for that topic. You will be graded based on your completing all components of the assignment. You do *not* need to include a breakdown of who did what, but all of your names *should* be on the paper. (I recommend using reverse alphabetical order for listing—authorship order is not part of my grading in these projects.) Group papers are due one week following the class in which they are assigned.

The class following each group project, you and your group will prepare a 5-minute presentation discussing what you designed. These presentations do not need to include slides, but they may. This presentation will receive a separate grade as a group (except in special cases where grades may differ between members).

At the end of the semester, you will work **individually** to convert one of these group papers into a longer project (a "**polished project**"). Such projects can be a short podcast ($\approx$ 3–5 minutes), a website, a creative project, or any alternative that extends and adapts the projects into a larger form while making use of research. These polished projects will be graded on their ability to inform the audience about the topic, how well they connect to the previous paper, and their ability to add information or knowledge. Generally speaking, a statement that connects the project to the paper should precede it. This statement may be longer for a creative project and less needed for something that was directly proposed in the group paper.

Group presentation grading

I suggest that your group discuss the presentation—and potentially practice in advance. Your presentation should strive to be no longer than 3min 30s while also reviewing your conclusions, which means that you should work to **condense** your ideas into an approachable format and be sure to take turns speaking.

Presentations will receive the highest scores for interaction between group members (i.e., the presentation suggests that it stems from collaboration), discussion of specific (named) theory or research, and appropriate use of visuals (slides/images/notes on the board).

Missed group work due to absences

If you miss the group work day

Students who miss a group work day (e.g., due to illness) should plan to turn in a shorter version of the same assignment (approximately half of the designed length) that they complete alone. Assignments will be available on Brightspace.

They should also *either* plan to speak for 90 seconds describing their work in class (if they are present that following class), *or* plan to submit a 90s video recording to me (via Google Drive or other method).

Assignment	Points
Self-Assessment	NA
Case study	20
Portrayals of Mental Illness	20
Response Papers	10
Group papers	15
Group presentations	15
Polished project	20
Total	**100**

Grade	Range
A-range	90-100
B-range	80-89
C-range	70-79
D-range	60-69
F	below 60

If you miss the presentation

Students who solely miss the presentation day should submit a 90s video recording, which can speak to the group's ideas. (If the absence is due to illness, students may, without penalty, request an extension for these assignments; they should suggest alternative due dates.)

Grades

Many assignments may be turned in **up to two days late *without penalty***. Assignments turned in later than that will not receive full points—at maximum, a point off for each day late. "Missing" assignments are those which are not turned in by the late deadline, and which you have not contacted me about. If you miss assignments, you should always plan to be in touch with me as soon as possible to discuss when they will be turned in.

Schedule

The schedule may change over the course of the semester. Changes to assignment dates will be announced via email and also changed on the course website. You are responsible for keeping up with the readings, showing up to class prepared, and turning in assignments on-time.

Readings are listed by author last name; **PDFs can be found on Brightspace**.

Day	Date	Topic	Reading	Due
Monday	Sep 2	Abnormal Behavior: Definition	Syllabus	
Wednesday	Sep 4	Abnormal Behavior: Definition II	Szasz (1960)	
Monday	Sep 9	Abnormal Behavior: History	Allen and Mars (2019), Bernheimer (1990)	
Wednesday	Sep 11	Clinical Assessment	Aviv (2011)	
Monday	Sep 16	Clinical Assessment II	Groth-Marnat (2009)†	
Wednesday	Sep 18	Group Paper 1: Diagnosis and the *DSM*		
Monday	Sep 23	Clinical Research Methods	Guglielmi (2018), Gilbert and Irons (2005)	Presentations 1
Wednesday	Sep 25	Mood Disorders: MDD	Beck and Haigh (2014)†; Wallace (1996)	Group Paper 1
Monday	Sep 30	Mood Disorders: BPD	Jamison (2006), Forney (2012)	
Wednesday	Oct 2	Suicide	Brosh (2013), Friend (2003)	
Monday	Oct 7	Anxiety Disorders: Fear	Ruscio (2019)†	1st Response Paper; Self-Assessment
Wednesday	Oct 9	Anxiety Disorders II	Barlow et al. (2000)†	
Monday	Oct 14	*No Class: Fall break* (Indigenous People's Day)		
Wednesday	Oct 16	Group Paper 2: Worry		
Monday	Oct 21	Health Psychology & Stress	Chekroud et al. (2018)†	Presentations 2
Wednesday	Oct 23	PTSD	Finnegan (2008)	Group Paper 2
Monday	Oct 28	Disordered Eating	Vitousek et al. (1998)†, Hobbes (2018)	
Wednesday	Oct 30	Cross-cultural Clinical Psychology	Betancourt et al. (2003)†; Matsuno (2019)†	
Monday	Nov 4	Group Paper 3: Researching diverse populations		
Wednesday	Nov 6	Alcohol Use Disorders	Glaser (2015), Sundström et al. (2016)†	Presentations 3
Monday	Nov 11	Substance Use Disorders		Group Paper 3
Wednesday	Nov 13	Schizophrenia	Solomon (2012)	
Monday	Nov 18	Schizophrenia II		Case Study

Day	Date	Topic	Reading	Due
Wednesday	Nov 20	Dissociation; Somatic Symptoms	Lynn et al. (2016)†	
Monday	Nov 25	Sexual and Gender Identity	Richards et al. (2016)†; Belc (2018)	
Wednesday	Nov 27	*No class: Thanksgiving break*		
Monday	Dec 2	Personality Disorders	Linehan et al. (2015)†; Lucas (2023)	
Wednesday	Dec 4	Personality Disorders II	Seabrook (2008)	
Monday	Dec 9	Introduction to Treatment	Leichsenring and Leibing (2003)†	Portrayals
Wednesday	Dec 11	*No class: Advising day*		
Monday	Dec 16	*Completion week*		
Wednesday	Dec 18	*Completion week*		

Note

Please note that all readings are available on Brightspace.

Readings marked with a dagger can be used for one of the response papers described above.

References

Allen, S. (, & Mars, R. ((2019, October). The Kirkbride plan (No. 373) [Audio podcast episode]. https://99percentinvisible.org/episode/the-kirkbride-plan/

Aviv, R. (2011). God knows where I am. *The New Yorker*. https://www.newyorker.com/magazine/2011/05/30/god-knows-where-i-am

Barlow, D. H., Gorman, J. M., Shear, M. K., & Woods, S. W. (2000). Cognitive-behavioral therapy, imipramine, or their combination for panic disorder: A randomized controlled trial. *JAMA*, *283*(19), 2529–2536. https://doi.org/10.1001/jama.283.19.2529

Beck, A. T., & Haigh, E. A. (2014). Advances in cognitive theory and therapy: The generic cognitive model. *Annual Review of Clinical Psychology*, *10*, 1–24. https://doi.org/10.1146/annurev-clinpsy-032813-153734

Belc, K. M. (2018). Breasts: A history. *Granta*, *144*. https://granta.com/breasts-a-history/

Bernheimer, C. (1990). Introduction. In C. Bernheimer & C. Kahane (Eds.), *In Dora's case: Freud—hysteria—feminism* (2nd, pp. 1–18). Columbia University Press.

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu Ananeh-Firempong, I. (2003). Defining cultural competence: A practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Reports*, *118*, 293–302.

Brosh, A. (2013). Depression part II. In *Hyperbole and a half: Unfortunate situations, flawed coping mechanisms, mayhem, and other things that happened* (pp. 121–156). Simon & Schuster.

Chekroud, S. R., Gueorguieva, R., Zheutlin, A. B., Paulus, M., Krumholz, H. M., Krystal, J. H., & Chekroud, A. M. (2018). Association between physical exercise and mental health in 1.2 million individuals in the USA between 2011 and 2015: A cross-sectional study. *The Lancet Psychiatry, 5*(9), 739–746. https://doi.org/10.1016/S2215-0366(18)30227-X

Finnegan, W. (2008). The last tour: A decorated marine's war within. *The New Yorker.* https://www.newyorker.com/magazine/2008/09/29/the-last-tour

Forney, E. (2012). *Marbles: Mania, depression, Michelangelo, and me.* Avery.

Friend, T. (2003). Jumpers. *The New Yorker.* https://www.newyorker.com/magazine/2003/10/13/jumpers

Gilbert, P., & Irons, C. (2005). Thinking about research. In P. Gilbert & C. Irons (Eds.), *A handbook of research methods for clinical and health psychology* (pp. 1–14). Oxford University Press.

Glaser, G. (2015). The irrationality of Alcoholics Anonymous. *The Atlantic.* https://www.theatlantic.com/magazine/archive/2015/04/the-irrationality-of-alcoholics-anonymous/386255/

Groth-Marnat, G. (2009). The assessment interview. In *Handbook of Psychological Assessment* (pp. 65–94). Wiley.

Guglielmi, G. (2018). Who gets credit? Survey digs into the thorny question of authorship. *Nature News.* https://doi.org/10.1038/d41586-018-05280-0

Hobbes, M. (2018). Everything you know about obesity is wrong. *The Huffington Post: Highline.* https://highline.huffingtonpost.com/articles/en/everything-you-know-about-obesity-is-wrong/

Jamison, K. R. (2006). The many stigmas of mental illness. *The Lancet, 367*(9509), 533–534. https://doi.org/10.1016/S0140-6736(06)68187-7

Leichsenring, F., & Leibing, E. (2003). The effectiveness of psychodynamic therapy and cognitive behavior therapy in the treatment of personality disorders: A meta-analysis. *American Journal of Psychiatry, 160*(7), 1223–1232. https://doi.org/10.1176/appi.ajp.160.7.1223

Linehan, M. M., Korslund, K. E., Harned, M. S., Gallop, R. J., Lungu, A., Neacsiu, A. D., McDavid, J., Comtois, K. A., & Murray-Gregory, A. M. (2015). Dialectical behavior therapy for high suicide risk in individuals with borderline personality disorder. *JAMA Psychiatry, 72*(5), 475–482. https://doi.org/10.1001/jamapsychiatry.2014.3039

Lucas, J. (2023). The fight over what's real (and what's not) on dissociative identity disorder TikTok. *The Verge.* https://www.theverge.com/23823497/tiktok-dissociative-identity-disorder-doctors-backlash-diagnosis

Lynn, S., Lilienfeld, S., Merckelbach, H., Maxwell, R., Baltman, J., & Giesbrecht, T. (2016). Dissociative disorders. In J. E. Maddux & B. A. Winstead (Eds.), *Psychopathology: Foundations for a Contemporary Understanding* (4th, pp. 298–317). Routledge.

Matsuno, E. (2019). Nonbinary-affirming psychological interventions. *Cognitive and Behavioral Practice, 26*(4), 617–628. https://doi.org/10.1016/j.cbpra.2018.09.003

Pan, L., Erlick, E., Moore, A., & et al. (n.d.). The gender unicorn. http://transstudent.org/gender

Richards, C., Bouman, W. P., Seal, L., Barker, M. J., Nieder, T. O., & T'Sjoen, G. (2016). Non-binary or genderqueer genders. *International Review of Psychiatry*, *28*(1), 95–102. https://doi.org/10.3109/09540261.2015.1106446

Ruscio, A. M. (2019). Normal versus pathological mood: Implications for diagnosis. *Annual Review of Clinical Psychology*, *15*, 179–205. https://doi.org/10.1146/annurev-clinpsy-050718-095644

Seabrook, J. (2008). The minds of psychopaths. *The New Yorker*. https://www.newyorker.com/magazine/2008/11/10/suffering-souls

Solomon, A. (2012). *Far from the tree: Parents, children, and the search for identity*. Scribner.

Sundström, C., Gajecki, M., Johansson, M., Blankers, M., Sinadinovic, K., Stenlund-Gens, E., & Berman, A. H. (2016). Guided and unguided internet-based treatment for problematic alcohol use: A randomized controlled pilot trial. *PLOS ONE*, *11*, 1–19. https://doi.org/10.1371/journal.pone.0157817

Szasz, T. S. (1960). The myth of mental illness. *American Psychologist*, *15*(2), 113–118. https://doi.org/10.1037/h0046535

Vitousek, K., Watson, S., & Wilson, G. T. (1998). Enhancing motivation for change in treatment-resistant eating disorders. *Clinical Psychology Review*, *18*(4), 391–420. https://doi.org/10.1016/S0272-7358(98)00012-9

Wallace, D. F. (1996). (Selected text). In *Infinite Jest* (ebook, pp. 88–99, 743–746). Little, Brown; Company.