

Advanced Psychopathology- Adult: Spring Semester 2016

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Class description: This class will address clinical-diagnostic, descriptive, psychological perspectives of common psychological disorders, their etiology, treatment, and current research directions. Readings will deal with specific topics of importance and do not provide basic descriptions. Therefore Always **Review DSM-V descriptions and criteria for all disorder(s) prior to class.** This will enable you to complete the case ratings and participate in Discussions.

Course Requirements:

- 1) Group/Pair Presentation and critical discussion of a recent (= preferably 2010 or later) empirical research article (not a review or meta-analysis) on a disorder . Presentation to be done in groups of 2-3: approximately 20-25 minutes total. We will try to have presentations near the dates of same topic (e.g., covered in class. Presentation should include:
 - a. Brief general background of the disorder.
 - b. Some specific background of this area of research
 - c. Study rationale/Hypotheses.
 - d. Methods(Participants, Procedures, Assessments, Statistical analyses
 - e. Results
 - f. Conclusions
 - g. Limitations:
 - i. Those authors acknowledge
 - ii. Additional limitations and (your) critiques
 - iii. Proposed next steps ` **20%**

- 2) Comparative paper (To be done individually) 8-9max pages/sides double-spaced (not including 10-12 references) in which you will consider two approaches to understanding a clinical case of a psychological disorder. Please submit topic for approval in advance. Include:
 - 1) A clinical case summary (1 page) taken from your own clinical work or a published case with a diagnosis covered in this semester's work (indicate which and provide reference)
 - 2) A brief review of two different theoretical approaches to understanding etiology of this particular diagnosis (about 2 pages for each theory):
 - a. Summarizing the theoretical approach (e.g., psychodynamic, neurophysiological, cognitive, behavioral, interpersonal, family systems, etc).
 - b. Empirical basis of the theory for this specific disorder.
 - 3) critical discussion of the relative merits of each approach for understanding and treatment of this specific case, in light of empirical status, specific clinical features, etc. (2 pages). Papers can be written in Hebrew or English. (Example Cognitive vs. psychodynamic approaches to bipolar disorder. **70%**

Clinical cases: We will begin most classes with a clinical case which you will rate based on your knowledge of the diagnostic criteria **DSM-V for that disorder prior to class.** ` **10%**

Optional Quiz: Last class – for Magen

10%

I. Schizophrenia Spectrum & other Psychotic Disorders(*required reading)

Class 1: Description of symptoms and diagnoses

- 1) M. Cermolacce, L. Sass, and J. Parnas (2010). What is Bizarre in Bizarre Delusions? A Critical Review. *Schizophrenia Bulletin* vol. 36 no. 4 pp. 667–679.
- 2) *Stahl SM, Buckley PF (2007). Negative symptoms of schizophrenia: A problem that will not go away. *Acta Psychiatrica Scandinavica*. 115: 4-11.

Class 2 Etiologic and treatment

- 3) *Phillips, L.J., Francey, S.M., Edwards, J., et al., (2007). Stress and psychosis: Toward the development of new models of investigation. *Clinical Psychology Review*, 27, 307-317.

II. Unipolar depression

Class 3: Major depression and dysthymic disorder: Symptoms, course, assessment.

- 4) Hamilton Depression Scale
- 5) HAM-D tutorial (Lipsitz & Kobak, 2007)

Class 4: Psychological theories and treatments

- 6) *Freud Mourning and melancholia. Strachey Standard Edition: Pp.243-258.
- 7) Davidson, K.W., Rieckmann, N., Lesperance, F. (2004). Psychological theories of depression. Potential application for the prevention of acute coronary syndrome recurrence. *Psychosomatic Medicine* 66, 165-173.
- 8) First, M. B., Spitzer, R.L, Gibbon M and Williams, JBW.: Structured Clinical Interview for DSM-IV-TR Axis I Disorders, Research Version, Patient Edition. (SCID-I/P) New York: Biometrics Research, NYSPI, November 2002

IV. Bipolar Disorder

Class 5: Bipolar I and II – Descriptive aspects and psychological theories

- 9) Moreno, C., Laje, G., Blanco, C., et al., (2007). National trends in the outpatient diagnosis and treatment of bipolar disorder in youth. *Archives of General Psychiatry*, 64, 1032-1039.
- 10) *Alloy, L.B., Abramson, L.Y., Urosevic, S., et al., (2005). The psychosocial context of bipolar disorder: Environmental, cognitive, and developmental risk factors. *Clinical Psychology Review*, 25, 1043-1055.

V. Anxiety Disorders

Class 6: Specific phobia and social phobia

- 1) *Menzies, R.G., & Harris, L.M. (1997). Mode of onset of evolutionarily-relevant and evolutionarily neutral phobias: Evidence from a clinical sample. *Depression and Anxiety*, 5, 134-136.
- 2) *Clark, D.M. (1995) cognitive theory of social phobia (chapter).

Class 7: Panic disorder, and agoraphobia

- 1) Brown, T.A., Chorpita, B.F., Barlow, D.H. (1998). Structural relationships among dimensions of DSM-IV anxiety and mood disorders and dimensions of negative affect, positive affect, and autonomic arousal. *Journal of Abnormal Psychol*, 107, 179-192.

- 2) Bouton, M.E., Mineka, S., Barlow, D.H. (2001). A model learning theory perspective on the etiology of panic disorder. *Psychological Review*, 108, 4-32.

Class 8: Generalized anxiety disorder

- 1) Starcevic, V., Berle, D. (2006). Cognitive specificity of anxiety disorders: A review of selected key constructs. *Depression and Anxiety*, 23, 51-61
- 2) Behar E (2009) Current theoretical models of generalized anxiety disorder. *Journal of Anxiety Disorder* 23:1011-1023.

VI. Class 9: Post traumatic stress disorder/ Obsessive compulsive disorder

- 3) Schell, T.L., Marshall, G. N., & Jaycox, L. H. (2004). All Symptoms Are Not Created Equal: The Prominent Role of Hyperarousal in the Natural Course of Posttraumatic Psychological Distress. *Journal of Abnor Psychol.* 113,189-197.
- 4) *3) Markowitz, J.C Petkova,E. Neria, Y. et al., ((2015). Is exposure necessary? A randomized clinical trial of interpersonal psychotherapy for PTSD.. *Am Jl Psychiatry* 172(5) pp420-430.

VII. Class 10: Eating Disorders: Bulimia and Anorexia

VIII. Somatization

Class 11:

- 1) *Dimsdale,J E, Creed F, Escobar J, Sharpe,M Wulsin L, Barsky A, Lee, Irwin MR, Levenson J, (2015). Somatic Symptom Disorder: An important sessive change in DSM. *Journal of Psychosomatic Research, Volume 75, Issue 3, September 2013, Pages 223-228*

Witthoft, M. Hiller, W. (2009). Psychological Approaches to Origins and Treatments of Somatoform Disorders. *Annu. Rev. Clin. Psychol.* 2010. 6:257–83

VII. Personality Disorders

Class 12: Personality disorders: Cluster A

- 1) Durbin, C.E., Klein, D.N. (2006). Ten-year stability of personality disorders among outpatients with mood disorders. *Journal of Abnormal Psychology*, 115, 75-84.

Introduction to ego psychology

- 2) Shapiro, D (1965). *Neurotic styles*. New York, Basic Books. Introduction pp 1-22; and pp. 54-107.

Class 12: Personality disorders – Cluster B

Example: Borderline personality - diagnostic and psychological perspectives

- 3) New, A.S., Triebwasser, J., Charney, D.S. (2008). The case for shifting borderline personality disorder to Axis I. *Biological Psychiatry*, 64, 653-659.
- 4) Rogosch, F.A., Cichetti, D (2005). Child maltreatment, attention networks, and potential precursors to borderline personality disorder. *Development and Psychopathology*, 17, 1071-1089.

*Shapiro D. (1965) Neurotic Styles. Hysterical style. pp 108-133. New York, Basic Books

Class 13: Cluster B - Antisocial Personality Disorder; Obsessive compulsive personality

Shapiro D. (1965) Neurotic Styles. pp. 134-175. New York, Basic Books

Obsessive compulsive personality.

Shapiro D. (1965) Neurotic Styles. pp. Obsessive-compulsive style - 23-53. New York, Basic Books