



OTRP online

Office of Teaching Resources in Psychology

PSY 354/Abnormal Psychology **Jeanne M. Slattery, Ph.D.**

Classes: 11-11:50am MWF 121 Harvey
10-12:30pm R 403 Montgomery

Office Hours: 9-10am MWF (Clarion)
1-2pm M (Clarion)

9:30-10am & 12:30-1pm R (Venango)

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<http://psy1.clarion.edu/jms/index.html>

*How glorious it is -- and also how painful -- to be an exception.
Louis Charles Alfred de Musset*

Our Goals

Working with others who are having problems, we must understand what is "normal" and what is not. To be able to make that distinction we need some basic skills. We must be able to:

- Observe behavior carefully and objectively, seeing patterns in behaviors;
- Understand the behavior in context for that individual, setting and culture;
- Identify developmental and cultural norms and compare people's behavior to these;
- Compare behavior with some overarching definition of mental health.

In other words, sometimes it "makes sense" to be depressed. Sometimes it is "abnormal" to react with laughter. We will approach the goals described above using the diagnostic system developed by the American Psychiatric Association, the DSM-IV, learning both the strategies they use to categorize patterns of abnormal behavior as well as what those characteristic patterns are. Although this is not a "therapy course," we will also glance at accepted treatment strategies for particular diagnostic categories, always emphasizing empathic, respectful treatment.

As we explore these issues we will examine the major controversies in the field. Among others: What are the advantages and disadvantages of using labels? Can people with psychiatric problems be held "responsible" for their behavior? Why are people of one gender, age, race, or ethnicity more likely to diagnosed with some disorders than others? Why have diagnoses been added or deleted from the DSM across time?

This exploration of context and values has led to this course being granted a Values flag within the major (S). General Psychology is a requirement for this course, although knowledge gained in other Psychology courses will also be very useful.

Resources for Meeting These Goals

Text. To facilitate these goals we will use: (a) Hansell & Damour's *Abnormal Psychology*. This text has a large number of resources (quizzes, notes, flashcards, etc.) available at its website: <http://bcs.wiley.com/he-bcs/Books?action=index&bcsId=2047&itemId=047138982X> This website can be an excellent resource for preparing for exams; (b) The pocket edition of the *DSM-IV-TR*. This has the diagnostic criteria for all of the cases we will discuss this semester. I would strongly recommend that you bring the pocket edition of the *DSM-IV-TR* to class each day once we begin talking about diagnoses. (c) Websites to help you understand people and the disorders they are dealing with are posted on Blackboard

Exams. We will have four exams that will cover material from the text, lectures and discussions, handouts, and other materials. Each exam will have a multiple choice section.

Exams 2 through 4 will also have a series of cases; you will need to read these cases carefully to determine which disorder is described and why. Make-ups can be taken at a mutually convenient time up until the exam. If you miss an exam without talking to me about this beforehand, you will lose a letter grade on your make-up exam. This is fair for people who did not take the exam late and who, presumably, might have done better with several extra days prep.

Learning how to take a professor's exams is a skill. You may look at your responses to the first exam and earn up to 5 pts. extra credit for (a) identifying where you made a mistake on a particular question, and (b) determining a strategy for approaching the next exam that will increase your ability to be successful on it.

Discussion board. You have eight cases to discuss on Blackboard <<http://blackboard.clarion.edu>> with your classmates. I will post several questions to begin the discussion. You will need to make at least two posts to each case. One of these posts must be in response to a comment made by a classmate. You will earn two points per relevant and thoughtful post, up to a maximum of 4 per case and 28 Total. Note: This means you can miss one case without a problem. Do not tell me that your computer crashed, dog died, you got the flu etc. the night before the deadline for a case. Because bad things can and do happen, do your work ahead of time. Students who go above and beyond on the cases, who engage with the material in a meaningful way with fellow students, can earn additional points extra credit (one per case, eight maximum). These are examples of poor and good responses:

Poor comment (0 pts.):	What is PTSD?
	I agree.
	That's a stupid idea!
Good comment (2 pts.):	It's interesting that women are more likely to be diagnosed with depression. It seems that there are many more opportunities for women than there used to be, but there is still a gender bias in some areas, especially how emotions are expressed (women can, men can't). Will men become more depressed, but less likely to act out, when these biases in expressing emotion change?
	We used to see diagnoses like conversion disorder and hysteria frequently, but rarely saw DID and PTSD. I suspect that my children will see different disorders prominently discussed in their Abnormal Psychology classes. I wonder, though, whether this is a difference in what we're paying attention to or how people express their emotional pain. Are alcoholism, suicidal ideation, binging and purging, and self-injury all the same emotional event, just felt and expressed differently?

Why are we doing cases? I want you to think about the ideas as they apply to the course themes. Your understanding and your grades should improve the more actively you engage thoughtfully with the material.

Case analysis. It is easier to understand the diagnostic process well when it is used rather than only discussed. Although I will give you a longer handout to explain this project, in brief, I will ask you to read a memoir and think about it from the viewpoint of this course. What diagnoses might you think about for the writer? Why? What else do you need to know in order to give a diagnosis? How does the character's culture affect your interpretation of this book?

I will give you a bibliography to help you identify some appropriate books. You may, of course, use a book that is not on this list. *This paper is optional, but you cannot earn an A in this course if you do not do a paper, regardless of the balance of your performance.*

I will not read papers that do not meet professional standards of spellchecking, grammar checking, and organization. If your paper does not meet these standards, I will return it to you with a 10% penalty and ask you to rewrite it. I will, however, read your paper if you bring it to my office several days before the due date. *Late papers receive a 10% penalty!*

Confidentiality

Clarion University is mandated by federal and state laws to report crimes occurring on campus or in campus-related functions. In order to help Clarion University comply with these laws, I am required to report information about university-related crimes to Public Safety. If you tell me of a crime on campus that meet certain criteria (especially assaults, sexual assaults, robbery, or hate crimes), I will report it. I am not required to identify either victims or witnesses by name. I will, of course, inform you before making a report.

Grades

Grades and assignments will be posted on Blackboard <<http://blackboard.clarion.edu>> and will be determined as the percentage of the available points. These will come from four sources: (a) the sum of the percentages from your tests (400 pts.); (b) the number of points earned from your case analysis (100 pts, optional); (c) responses on Blackboard (up to 4 pts. per case; 28 pts. maximum, plus a possible 8 pts. extra credit); and (d) extra credit.

Grade	Percentage earned	# of points earned
A	90 - 100%	475 and up
B	80 - 89%	422 - 474
C	70 - 79%	360 - 421
D	60 - 69%	317 - 359
E	less than 60%	316 and down

Note that although the case analysis is optional, you cannot earn an A without it. If you choose not to do the paper, compare your points earned with the following scale:

Grade	Percentage earned	# of points earned
B	80 - 100%	342 and up
C	70 - 79%	300 - 341
D	60 - 69%	257 - 299
E	less than 60%	256 and down

I do not expect that a certain number students fail and I would be happy if the class received only As and Bs. To meet this goal I will be happy to help you when you need it. If you want more help, make an appointment with the Academic Support Center (2249). If you have test anxiety or if this course raises issues that you want to work on, call the Counseling Center (2255).

Track grades here:

Exam 1 _____ %	Case 1 _____	
	Case 2 _____	
Exam 2 _____ %	Case 3 _____	
	Case 4 _____	
Exam 3 _____ %	Case 5 _____	
	Case 6 _____	
Exam 4 _____ %	Case 7 _____	Paper (opt.) _____ /100
	Case 8 _____	

Tentative Schedule of Events

Setting the stage:			
	Topic	Readings	Discussion board
8/31	<i>What is abnormal behavior?</i>	Chs. 1, 2 ▪ Think people first	Case 1: <i>What is normal? What is optimal?</i> (8/31-9/7)
9/7	<i>What causes problem behaviors? Various viewpoints</i>	Ch. 3	
9/14	<i>Assessing behavior</i>	Ch. 4	
September 21 * * * * * Test 1 (Chs. 1-4)			
The disorders:			
9/21, 9/28	<i>Fear and anxiety: Observed and Inferred</i>	Ch. 5, 7, 14 ▪ Mind/body health: Interactive ▪ Let me tell you a secret	Case 2: <i>After Hurricane Katrina</i> (9/21-9/28)
10/5, 10/12	<i>Depression: The "common cold" of mental health</i>	Ch. 6 ▪ Kay Jamison ▪ Best things to say to someone who is depressed	Case 3: <i>Suicide prevention</i> (10/2-10/9)
October 19 * * * * * Test 2 (Chs. 5-7, 14)			
10/19, 10/26	<i>Problems of childhood</i>	Chs. 8, 13 (pp. 434-475) ▪ Welcome to Holland ▪ Medicating kids ▪ Dying to be thin ▪ Refrigerator mothers	Case 4: <i>Bobby Ouncy</i> (10/16-10/23) Case 5: <i>Columbine and Red Lake shootings</i> (10/23-10/30)
11/2	<i>Personality disorders: Inflexible ways of approaching the world</i>	Ch. 11	
11/9	<i>Schizophrenia: Problems perceiving reality</i>	Ch. 12 ▪ John Nash	Case 6: <i>God prevails in Syracuse lawsuit</i> (11/9-11/15)
November 9 * * * * * Case analysis due			
November 16 * * * * * Test 3 (Chs. 8, 11, 12, 13)			
11/16	<i>Problems with aging and the nervous system</i>	Ch. 13 (pp. 476-485) ▪ President Reagan courageously announces his illness	Case 7: <i>Horatio</i> (11/16-11/20)
11/30	<i>Sex: When is it a problem and when isn't it?</i>	Ch. 10 ▪ Leslie Townsend's Story	Case 8: <i>Case of sexual desire</i> (11/30-12/5)
12/7	<i>Substance abuse</i>	Ch. 9	
Thursday, December 14 * * * * * Test 4 (Chs. 9, 10, 13)			

Readings

- American Psychological Association. (2005). *Mind/body health: Interactive*. Retrieved on June 22, 2006, from <http://www.apahelpcenter.org/>
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- Jamison, K. R. (1995). *An unquiet mind: A memoir of moods and madness* (excerpt). New York: Vintage Books. Retrieved on May 12, 2006, from http://www.pendulum.org/writings/writings_essays_kayquote.html
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- MacLowry, R., (Producer), & Samels, M. (Director). (2002). A brilliant madness: An Interview with John Nash. *American Experience*. Retrieved on May 12, 2006, from http://www.pbs.org/wgbh/amex/nash/sfeature/sf_nash.html
- Marrou, C. (1996, June 26). Let me tell you a secret. *Newsweek*. Retrieved on May 12, 2006, from http://www.pendulum.org/articles/articles_bipolar_myturn.html
- McPhee, L. (2000, December 12). Dying to be thin. *Nova*. Retrieved on May 12, 2006, from <http://www.pbs.org/wgbh/nova/thin/>
- Public Images Network. (n.d.). *Think people first*. Retrieved on May 12, 2006, from <http://www.publicimagesnetwork.org/first.html>
- Reagan, R. (1994, November 5). *President Reagan courageously announces his illness*. Retrieved on June 23, 2006, from <http://www.presidentreagan.info/alz.cfm>
- Simpson, D. E., Hanley, J. J., & Quinn, G. (2002, July 16). Refrigerator mothers. *POV*. Retrieved on May 12, 2006, from <http://www.pbs.org/pov/pov2002/refrigeratormothers/>
- Townsend, L. (2006). Leslie Townsend's story. Retrieved on May 12, 2006, from <http://ai.eecs.umich.edu/people/conway/TSuccesses/LeslieTownsend.html>

How to do well in this class

Attend class and participate. Attendance, per se, is not part of your grade, but attending class is essential for you to do well. In addition to talking about ideas not in your book, you'll see videos of people with the disorders and hear discussions about people and the disorders. These will make the material "come alive."

Read the text before coming to class. Our class time will be lecture/discussion based. It's harder to discuss this material well if you haven't read it first. When you read the chapter first you'll have a better understanding of class material, and the questions that you ask will be more useful for you and your classmates.

Get involved! As you read the text or listen to class discussions, make it interesting and become involved! Relate the ideas to yourself, your friends, and your families. Think about those places where the material applies -- and those where it doesn't. Wonder about what puts people at risk, as well as what makes others resilient in the worst possible situations. Actively read the material by thinking about, applying and using it, rather than only passively reading it.

Visit your text's website. Wiley offers a variety of services to make your learning the material easier. Take the online quizzes to assess how you're doing; check out the video segments; use the flashcard and notes, etc. These will help you process the material more deeply and check your understanding of it.

Read over your notes every day. Doing so will eliminate the "need to cram," which is almost impossible with this much information. It's hard to forget something that you use every day.

Put time and energy into this course. For a 300 level course, you should spend a minimum of 2-3 hours outside of class for every hour you spend in class, in order to do well. For a class like this one that meets 3 hours/week, you need to spend an additional 6-9 hours on the course each week.

Get together with other students to study together. Helping someone else understand something is an excellent way to learn. And, if you get lost somewhere along the way, it's helpful to have some folks who can help you out. Besides, it's fun and can increase your motivation for the class!

Check out these websites for helpful study skills information. There are numerous sites containing information on test-taking, time management, note-taking (both in class and from the text), etc.

- Study Strategies (University of Minnesota - Duluth):
<http://www.d.umn.edu/student/loon/acad/strat/>
- Academic Success Center (George Washington University):
<http://gwired.gwu.edu/counsel/asc/>
- Establishing Good Study Habits (Edinboro University of Pennsylvania):
<http://www.edinboro.edu/cwis/acaff/suppserv/tips/CAT9.html>
- How-to-Study.com

Like any class, the more you put into it, the more you will get out!

Grading Criteria for Case Analysis

	Excellent (A)	Good (B)	Ok (C)	Below college level work (D -E)
Case History	Detailed history -- both strengths & weaknesses. Observations are strength-based rather than judgmental.	History is cursory, although central to the issues raised. Observations are often judgmental rather than descriptive.	Paper takes the form of a book report, with it being unclear why descriptions are made -- except that they were interesting.	Description is off-track or not clearly relevant to the case history in the book.
Nature of functioning	Complete description of symptoms is given, both ones supporting and countering your diagnosis. Mental status (cognitive, affective, behavioral functioning) is well-described.	Symptoms relevant to your diagnosis may be described later in your paper, but symptoms are not collected systematically in one place in your paper.	Major symptoms are missed. All realms of functioning (cognitive, affective, behavioral functioning) are not described.	Major symptoms are misunderstood. Normal behavior is seen as pathological.
Diagnosis Technical Style	Appropriate diagnoses are given and defended. Alternative diagnoses are considered.	One correct diagnosis is considered, although other diagnoses are missed (e.g., you may identify major depressive disorder, but miss substance abuse). Alternative diagnoses are considered for the symptom complex discussed.	A single diagnosis is proposed and the "fit" is described well. Alternative diagnoses are not considered or considered in only a cursory fashion.	The diagnosis proposed is superficially a good fit for the problem, but does not work (e.g., conduct disorder for an adult).
Technical Style	APA style is used appropriately. Paper is logical, clear, and nicely written. Spelling, grammar, etc. has been proofed. Uses good references -- recent and at least 3 (other than the text). Citations and references are complete and accurate.	Paper is well organized and logical, but could use a second proofing. Three good references are used. APA style is generally used appropriately.	Paper is well organized and logical, but could use a second proofing. Three good references are used. APA style is generally used appropriately.	Paper is illogical, poorly proofed, and poorly researched; not performed at a college level. No references beyond your book and text are used.