

**Psychology 3010 - Abnormal Psychology**  
**Syllabus— Spring 2011 – Section 34676 – 3 Credit Hours – T/Th 9-10:15 AM SS Rm 323**  
 Revised: 12/23/2010

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**Course Description:** An overview of abnormal human behavior, its etiology, symptoms and treatment as seen by current psychological paradigms, including the broad range of psychopathology as presented in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders.

**Required Text:** Butcher, J.M., Mineka, S., & Hooley, J. (2008). ***Abnormal Psychology: Core Concepts***. Boston, MA: Allyn & Bacon. (ISBN: 978-0-205-76531-7) **You will need a copy of the text.** The text can be obtained through the Weber State bookstore as well directly from the publisher or from Internet or other vendors. You may use the traditional softbound edition or ebook versions or rent the text from a rental company. These latter options may be less expensive than the regular softbound version. There is also a free study resource website which accompanies the text. *It has quizzes, flash cards and other study helps which I strongly encourage you to use.*

**Consultations:** I will be available for brief consultations before and after class each day in **SS Room 380-E**. If you need another time or to visit with me at length, let me know and I'll happily make a specific appointment for you.

**Course Content:** This course will cover: a) the definition of abnormal behavior and the diagnostic criteria for major disorders, b) contemporary theories concerning major psychological disorders, c) treatments and services relevant for common psychological disorders, d) prevention practices designed to mitigate psychopathology, e) some of the legal and societal implications of mental disorders, f) and will provide a foundation for advanced graduate-level training in psychopathology.

**Learning Objectives:** Students who successfully master course content will be able to:

- Recognize and describe the essential features of many common psychological disorders
- Describe common explanations for the etiology of psychological disorders, and
- Identify potentially effective treatments regimes for specific psychological disorders

**Websites:** Practice exams, flash cards and other study helps can be found on the text website: [http://wps.pearsoned.com/ab\\_abnormalpsych\\_studysite\\_1/148/37975/9721674.cw/index.html](http://wps.pearsoned.com/ab_abnormalpsych_studysite_1/148/37975/9721674.cw/index.html) The syllabus & other course materials (ppts, overheads, handouts etc.) are available from the course website.

**Expectations:** Be sure to check with me if you experience any problems understanding concepts, completing assignments or encounter difficulties with the exams. The sooner a difficulty is brought to my attention, the sooner we can work together to find a good solution. It is difficult to 'catch up' if material is not mastered as the course proceeds.

**A- Come prepared for class each day.** Complete scheduled reading and/or other assignments before class and be prepared to participate in a discussion of the concepts and ideas. A lecture format will predominate, however, I prefer an interactive classroom and your questions, comments and observations are encouraged and will be most welcome. This requires you to be prepared before class. From time to time there will be ***unannounced quizzes***.

**B- Actively participate in class discussions:** ask questions, raise issues, make comments and observations. The class will be much more interesting and informative and you will learn much more if you actively participate. Bring note taking materials to class. We will sometimes make references to the text, so you should bring your copy to class as well.

**C- Be courteous to your classmates and instructor.** Please be prompt in entering the classroom so as to not interrupt lectures or cause inconvenience to other students in the class. Please have cell phones, beepers and other electronic devices turned off before and during class. Participation [questions, comments or observations] in class discussions is welcomed; *eating, private conversations, or other interruptions during lectures are not.*

**D- Attendance at class is essential.** Anything which is included in lectures, discussed or presented during class or otherwise assigned may be included in an exam— including information and material not in the text. It is a good idea to find a friend in class to study with and with whom you can share notes if one of you is unavoidably absent. While attendance at class is not strictly required, because there will be unannounced quizzes and class activities that will count toward your grade, it will be

difficult to earn a good grade if you are not generally present. Please note that there are no make-ups on exams, quizzes, in-class activities or other assignments that are missed.

**E- Completion of assignments and exams on time.** *Make-ups are not allowed in this course.* Should there be an emergency situation which makes it impossible for you to take exams or complete assignments as scheduled, please personally notify me immediately if these circumstances develop. Other scheduling conflicts must be resolved with prior approval from the instructor.

**Exams:** The class schedule lists the approximate dates when material will be covered, assignments are due and exams will occur. Each exam will have 75-100 multiple-choice, T-F or other objective type questions that you will have 90 minutes to complete. Exams will be administered via Chi-Tester. Any material which is covered during the course [lecture, case histories, class discussion & activities, video clips, media information– newspaper or magazine articles, etc.] may be included in the exams, but the majority of questions will focus on information from lectures or the textbook. Exams will not be cumulative, but will cover only the material included in each unit. However, Exam 4, while not comprehensive, will include a few questions dealing with a few some fundamental concepts and principles from previous exams as well as questions from the final chapters.

**Course Calendar:** The following is an approximate time frame for the lectures and activities for the class. It is **subject to change** and **modification** as the semester proceeds.

Unit Month		Tuesday		Thursday	
1	Jan	4	Course introduction, syllabus, mechanics and overview , website --Psychological Myths – Chapter 1	6	Chapter 1 – Abnormal Psychology over Time
1		11	Chapter 2 – Causal Factors and Viewpoints	13	Chapter 2 – Causal Factors and Viewpoints
1		18	Chapter 3 – Clinical Assessment, Diag & Treatment	20	Chapter 3 – Clinical Assessment, Diag & Treatment
1		25	Chapter 3 – Clinical Assessment, Diag & Treatment Chapter 4 – Stress and Physical and Mental Health	27	Chapter 4 – Stress and Physical and Mental Health Review for Exam 1 <b>*Exam 1: 1/27-31</b>
2	Feb	1	Chapter 5 – Panic, Anxiety & Their Disorders	3	Chptr 5 Anxiety & Related, Chptr 6 – Mood Disorders
2		8	Chapter 6 – Mood Disorders & Suicide	10	Chapter 6 – Mood Disorders & Suicide
2		15	Chapter 12 – Schizophrenia and Other Psychotic Dsrdrs	22	Chapter 12 Schizophrenia and Other Psychotic Dsrdrs
2		22	Chapter 12 – Schizophrenia and Other Psychotic Dsrdrs Chapter 9 – Personality Disorders	24	Chapter 9 – Personality Disorders Review for Exam 2 <b>**Exam 2: 2/24-28</b>
3	Mar	1	Chapter 7 – Somatoform & Dissociative Disorders	3	Chptr 7 Soma & Diss Chptr 8 Eating Dsrdrs & Obesity
3		8	Chapter 8 – Eating Disorders and Obesity	10	Chapter 10 – Substance-Related Disorders
3		15	No Class – Spring Break	17	No Class – Spring Break
3		22	Chapter 10 – Substance-Related Disorders Chapter 11 – Sexual Variants, Abuse & Dysfunctions	24	Chapter 11 – Sexual Variants, Abuse & Dysfunctions Review for Exam 3: <b>***Exam 3: 3/31-4/4</b>
4		29	Chapter 13 – Cognitive Disorders	31	Chapter 13 – Cognitive Disorders
4	Apr	5	Chapter 14 – Disorders of Childhood & Adolescence	7	Chapters 14 & 15 – Dsrdrs Child/Adol / Legal Issues <b>Diagnostic Impression &amp; Personal Projects Due</b>
4		12	Chapter 15 – Contemporary & Legal Issues	14	Chapter 15 Review for Exam 4: <b>****Exam 4: 4/14-18</b>

**Examination Schedule:**

*Exam 1	Chapters 1-4	Chi - Tester –	Exam 1 – Jan 27 - Jan 31
**Exam 2	Chapters 5, 6, 12, 9	Chi - Tester –	Exam 2 – Feb 24 - Feb 28
***Exam 3	Chapters 7, 8, 10, 11	Chi - Tester –	Exam 3 – Mar 31 - Apr 4

Grading:		Total Points
<p><b>Exams-</b> Exams will consist of approximately 75-100 M/C, T/F etc. items. There will be one or two optional <b><u>bonus short essay questions</u></b> on each exam, which if completed, may give you extra credit on the exam. The final exam will cover the final unit of the course plus a few review basic questions on the major points from previous exams. Your lowest exam score from exams 1-3 will be dropped, but the <b><i>last exam [#4] must be taken</i></b> and will be included in calculating your grade.</p> <p><b><u>No make-up exams will be given.</u></b> Exams are to be taken on the Chi-Tester at the following WSU Testing Centers: Student Ser., Soc Sci. [basement of this building], Davis or West Campuses.</p>	<p>Three unit exams – @ 100</p> <p>Your lowest score from exams 1-3 will be dropped, but your score on Exam 4 will count toward your grade.</p>	200
	<p>Exam 4 – @ 100</p> <p><b><u>You must take Exam 4.</u></b> Your lowest score from exams 1-3 will be dropped, but your score on exam 4 will count. Exam 4 will cover the last unit plus a few basic review questions from previous exams.</p>	100
<b>In-Class Activities/Assignments/Pop Quizzes</b> – There will be periodic in-class activities and assignments, including pop quizzes. These will count toward your grade, but no make-ups.	Activities / Quizzes / Assignments -	100
<b>Diagnostic Impression Exercise</b>	Details listed below	50
<b>Personal Project</b>	Personal project as approved by the instructor. Details listed below	50
<p><b>Extra Credit / Bonus Points</b> – You <u>can earn extra credit</u> by completing the optional bonus point questions on each exam. <b><u>I do not give supplemental work or assignments for extra credit.</u></b> You need to stay current in your reading and study well for each exam.</p>	If you do not have time to adequately prepare for scheduled assignments and exams, it is difficult to understand how you will have time for extra work beyond that which is already required.	
<b>Total Points</b>	This is an approximate total, and is subject to change during the course.	500

<p><b>Approximate grading structure:</b> Grades will be based on the completion of all required assignments and your percentage of total points possible. <u>A pattern of improving performance from exam to exam will be taken into consideration.</u> Grading will follow the WSU grading standards outlined below, but may be modified by the distribution of scores for the entire class. In essence, a modified curve approach will be used, incorporating natural breaks in the distribution of class scores at the end of the semester. However, your grade will not be lower than that based on the percentage of total points you have earned. If you earn an “A”, you will receive an “A”. The grading structure is <b>subject to change</b> based on class performance, progress and/or on changes in assignments or their weighting.</p>			
Percentage of points earned — Grade 93-100 A 90-92 A- 87-89 B+	Percentage — Grade 83-86 B 80-82 B- 77-79 C+	Percentage — Grade 73-76 C 70-72 C- 67-69 D+	Percentage — Grade 63-66 D 60-62 D- 0-59 E

**Academic Integrity:** Cheating and deceit are not acceptable in courses in the WSU Psychology Department. Cheating on an assignment or turning in someone else's work as your own will result in an **E** for the class. You may consult with each other on assignments - in fact, you are encouraged to do so - but you must turn in your own work. If you quote from a book, article, or web site, you must properly quote and cite your work. Avoid even the appearance of cheating or plagiarism.

**Plagiarism:** All work submitted under your name is assumed to have been done by you and you alone. If it is discovered that the work you submit was written by someone else or if material is copied without proper attribution, the instructor will record an E grade for the assignment. A second occurrence may result in an E grade for the course. WSU subscribes to TurnItIn.com, an electronic service that verifies the originality of student work. Enrollment in this course may require you to submit some or all of your assignments to it this semester, and documents submitted to TurnItIn.com are retained, anonymously, in their databases. Continued enrollment in this course constitutes an understanding of and agreement with this policy.

#### **DIAGNOSTIC IMPRESSION EXERCISE**

For **each** of the six hypothetical scenarios described below, in your opinion, is the individual described exhibiting 'abnormal behavior' which qualifies as a mental disorder? If so, list all of the six "abnormality" criteria discussed in the text which are met. Next, formulate what you think would be the most likely diagnosis— including the signs and symptoms which led to your decision. Please identify any factors/criteria you which think are unclear or ambiguous in reaching your diagnostic impression. What, if any, additional information do you think is necessary to make your diagnostic conclusion more certain. List other competing/alternative diagnoses which you think should be considered and which might fit each case. If you think no mental disorder exists, explain why and what led you to that conclusion. This exercise is **due April 7<sup>th</sup>**.

#### Case 1

Mrs. Simon, a 37-year-old elementary teacher, was referred by her principal. Although she has been teaching for three years, her performance has always been problematic. Mrs. Simon misses two to three days per month because she "can't get out of bed." She reports that she is tired all the time, even when she goes to bed early and that she rarely sleeps all night, typically awakening around 3A.M. Upon questioning, Mrs. Simon denied being depressed but reported she "feels down" all the time and frequently finds herself crying for no reason. She reports that she doesn't enjoy any activities and believes that her life will always be this way. She went on to report that she has difficulty concentrating on her responsibilities and was dismayed to discover she had taught the students incorrect material on several occasions.

#### Case 2

John is a 10-year-old child who is repeating the third grade. His teachers have requested that his parents have John evaluated. At school, John talks excessively, is frequently out of his seat, and his teacher describes him as, at times, so difficult to control that she "can't get a word in edgewise." His teacher reports that when John is very active it is as if he has a "motor" inside. He can also be somewhat irritable, "fidgety," and has difficulty not interrupting the other children. His teacher notes that she likes the fact that when John is like this he believes he can be the best student in her class and focuses more on his assigned tasks. At home, his parents report few problems. They acknowledge he is extremely active at times but they report that they send him outside to play and that he will eventually "wear himself out." His parents report that John sometimes has difficulty playing by himself quietly. Once again, when this is a problem, they simply send him outside to play. Finally, they report that John may simply be one of those children who doesn't need much sleep as when he is very active he may only sleep a few hours each night, spending the rest of the time working on his "special projects" to catch up at school.

#### Case 3

Ed was brought to the hospital by the police. His wife called them when he became aggressive. She had refused to give him a credit card. He had been awake for almost three days straight, working on a very big plan to buy a city and become the mayor. He had been spending money that they didn't have, and his wife was worried. When he was admitted to the hospital, he talked nonstop about needing a phone, because the deal was about to go through. He kept telling the hospital staff he was going to become famous and be able to save the city from ruin. After talking to his wife, you discover that not too long ago Ed had been very depressed. Before he became so "wild," as she put it, she thought that maybe he was getting better.

#### Case 4

Teresa comes to your office. Her primary care doctor, who could find nothing wrong with her, has referred her to you. She tells you she feels as if she is losing control and going crazy. She says that for the past two months, she has been unexpectedly having shortness of breath, heart palpitations, dizziness, and sweating. These experiences seem to come out of the blue and make her so afraid that she doesn't want to leave her house.

#### Case 5

Helen, a 31-year-old waitress, comes to the office of a male therapist, seeking help trying to understand why she doesn't have a romantic relationship with anyone. She is dressed rather provocatively in a tight red dress that, while flattering to her figure, is questionable attire for a doctor's appointment in the mid-afternoon. Notably, her hair is done up in a complicated manner and seems more appropriate for an evening out or a date. She tells the therapist about her life in a very dramatic, energized and lively manner and makes flirtatious comments like, "I can't understand why no one likes me—what I wouldn't do to have some cute guy like you just sweep me off my feet."

#### Case 6

Ned has been urged by his family to see a psychologist because he says he has been feeling anxious about the future and says he needs to be ready to deal with any negative thing that might come up—like his car breaking down or getting lost when trying to get to a new area. Both of these would affect his work, thus, his financial well-being, and, ultimately, his family. He says he can't seem to control the constant state of apprehension and always feels tense and over-aroused. He hasn't been sleeping well and has had difficulty concentrating at work. His family says he is constantly irritable and he has felt a lot of muscle tension, especially in his neck and shoulders.

#### **PERSONAL PROJECT**

As part of this course, you are required to complete a personal project from among the following activities, or if you would prefer, you may propose a project of your own for my consideration. You need to submit your choice of a project to me by the end of class **February 1<sup>st</sup>**. If you elect to propose a project of your own, you will need to submit it, in writing, for my consideration and approval no later than **February 1<sup>st</sup>**. The report of your project is **due April 7<sup>th</sup>**.

### **Activity 1: Identifying Your Own Personal\* Defense Mechanisms**

Table 2.1 [page 49] in your text gives a good, concise description and summary of the major defense mechanisms identified by Freud. Although individuals may not be in the best position to recognize these in themselves [perhaps they are in the worst] , it is enlightening to identify instances when they have been reflected in one's own behavior.

For this assignment, you are to provide descriptions of actual situations/occasions in your own life when you have used the defense mechanisms listed in Table 2.1. These descriptions should be brief— *not more than a paragraph or two each*, but must clearly illustrate each defense mechanism. While it may be challenging to recognize your own personal use of defense mechanisms, with a little thoughtful personal reflection and introspection, most individuals can see instances in their lives when they have employed them. It can be helpful to have a trusted friend or family member help you with this task. If you are unable to do so, Freud might conclude that your *defense mechanisms are exceptionally effective!*\*

<b><i>Defense Mechanism:</i></b>	<b><i>Personal Example:</i></b>
Displacement	
Fixation	
Projection	
Rationalization	
Reaction formation	
Regression	
Repression	
Sublimation	

*\*Please use personal examples from your own behavior.* Rest assured that no one other than myself will see your submission— once graded it will be returned to you. If you are unable to provide personal examples, you may use instances of these defense mechanisms that you have observed or recognize in the behavior of a family member or close friend. Please do not use the actual name of anyone other than yourself who may have a role in your descriptions.

### **Activity 2: Connecting Treatment to Etiology**

In this activity you are to write a paper describing treatment approaches/methods/techniques that have been or might be used when a mental disorder is “caused or derived from” **each** of the real or hypothetical factors which follow:

- (a) a mental disorder blamed on weakness of character
- (b) a mental disorder resulting from sinfulness
- © a mental disturbance caused by poor heredity
- (d) a mental disorder developed because of poor and faulty learning situations
- (e) a mental disorder due to some physical illness
- (f) a mental disorder created by a poor social environment.

In your paper, be sure to address each of the above “causes” individually and include a discussion of the attitudes that could affect how one person with mental disturbance would be treated considering the “cause” of the condition. In addition, answer the question: How does ***treating the symptoms*** of a mental disorder or disturbance differ from ***treating the cause***?

**Activity 3: Law Enforcement Ride-Along**

Spend at least 4-hours accompanying a law enforcement officer on patrol. Police officers frequently encounter individuals with severe mental disorders and must decide how to respond based on the dangerousness and mental status of the person. Sometimes there may be no intervention; on other occasions the person may be taken to a mental health facility for evaluation or taken into custody.

While there is no guaranty that on your "Ride-Along" you will observe such an encounter, you will be able to interview the officer[s] about their experiences with mentally disturbed individuals and how they decide what course of action they will take or how the situation will be resolved [disposition].

Your assignment is to make a comprehensive written report of your experience: what happened, who was involved, where you went, resolution of any encounters and so forth. This should include your impressions of any individuals encountered, how the situation was dealt with, your opinion as to whether or not a mental illness of some type was involved, etc. If you do not have occasion to observe an officer's contact with a potentially mentally disturbed individual, you should interview the officer you are with to learn about his/her experience with such individuals and what observations they make and what factors go into their disposition decisions.

Your report needs to address and answer each of the following questions:

1. How do the police handle potentially violent situations with emotionally disturbed persons (EDPs)?
2. How do police cope with other psychotic behavior?
3. What do the police officers think about the impact of the mentally ill on the corrections system?
4. What kind of training did the officers receive in handling EDPs? Do they view their training as sufficient?
5. What were some of the more memorable experiences officers had with EDPs?
6. What do you think about the corrections and mental health systems intersection that exists when police officers work with EDPs? What could be done to improve the system? In your opinion, is there a better way? How would it work?
7. What are your own reflections on the ride-along experience?

You will be able to participate with either the Davis County Sheriff's Office or the Ogden City Police Department. It will be necessary for you to sign certain documents releasing the agencies from any liability for your participation and your willingness to follow and respond to any direction or requests from the officer you are accompanying. See me for additional information if you select this option.

**Activity 4: Observe mental health clients and their treatment**

More information and details for this activity will be provided once arrangements are finalized.