

ABNORMAL PSYCHOLOGY 225

PDE Specification: Online

This is a three-credit course and requires the equivalent of 42 hours of classroom learning. A traditional course is equivalent to three class hours per week. Attendance online should be the approximately the equivalent of the traditional course time, 3 hours per week. Work on readings, chapter assignments and other individual assignments therefore require approximately 6 hours per week for the typical student.

ONLINE COURSE

This is an online course only. Please note this course is conducted through the Web Study interface. I do not use Campus Cruiser. Log in to Web Study at <http://widener.webstudy.com/>

YOU MUST HAVE ACCESS TO A COMPUTER AND THE INTERNET on a regular basis to take this course.

UNIVERSITY PREREQUISITES

You should have taken either PSY 105 before enrolling in this course.

INSTRUCTOR

Steven Weisz

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Web Site: <http://www.stevenweisz.com>

CONTACTING ME

I am best reached by email as I travel weekly between Philadelphia, New York City and Toronto. I check in to Web Study daily and usually in the morning and late evening. While I prefer to keep correspondence in the Web Study interface, if the matter is more pressing, send email to sweisz@gmail.com for a quicker response. If you call me you will most likely get voicemail (listing many organizations), just leave a message! I will return calls in 24-48 hours or less. If leaving a message, YOU MUST state that you are in my social psychology class, leave your full name, phone number and best time to reach you in order to get a call back.

COURSE DESCRIPTION

This course focuses on similarities and differences between normal and abnormal behavior, individual and environmental genesis and treatment of neurosis and psychosis, and relation of abnormality to social, religious, educational, and other aspects of living.

REQUIRED TEXT

While I realize the cost of texts can be expensive, the book listed below is very necessary in order to complete this course. It is also available in eReader formats at a lower cost than the text.

Nolen-Hoeksema, Susan. (2014). Abnormal Psychology (6th ed.). New York, NY: McGraw Hill. ISBN: 0078035384 or ISBN 13: 978-0078035388

***Please only use the 6th edition.

INCOMPLETES

Incompletes for this course will not be accepted, except for medical reasons with a note from a physician. All work for the semester must be completed in a timely manner and before the end date for the course as noted in the timeline and syllabus.

COURSE GOALS

The purpose of Abnormal Psychology is to introduce students to fundamental concepts and scientific principles underlying abnormal human behavior. The course will be structured to facilitate learning about psychopathological behavior, which will be explored from various theoretical frameworks, including psychological, biological, and sociocultural perspectives. Psychiatric disorders will be discussed according to DSM-V diagnostic nosology with special attention paid to etiological considerations, disorder-specific descriptions, and theories underlying classification. Specific disorders to be reviewed include mood, anxiety, substance use, eating, sexual, psychotic, and child spectrum disorders (e.g. attention deficit/hyperactivity disorder, conduct disorder, etc.). Current empirically based treatments for mental disorders will also be reviewed.

Course objectives include:

- Comprehensively review psychological, biological, and sociocultural theoretical perspectives of abnormal behavior.
- Examine multiple probable causes and correlates of behavior
- Learn etiological considerations, descriptions, and theories underlying diagnostic nosology of psychiatric disorders.
- Review current research findings and trends relative to the development and description of maladaptive behavior, as well as gender and demographic influences on the prevalence of psychiatric illness.
- Learn and understand benefits, critiques, limitations, and implications of diagnosis and classification.
- Provide an overview of current empirically supported psychotherapeutic treatments.

COURSE EVALUATION

1. Plagiarism will not be tolerated under any circumstance! All written work must have proper citations, either APA or MLA format, as well as a list of references. Any papers or written work required is submitted to an independent service to check for plagiarism before I even read/review them. Anyone caught plagiarizing will receive an immediate F for the assignment. Not sure about your work? Ask before submitting. I am more than happy to assist or review a draft. Also, you may consult the Widener Writing Center for additional assistance. A complete plagiarism statement will be emailed to each student individually by me at the start of the course.

2. Assignments must be completed in a timely manner! While distance/on line learning gives you the luxury of working at your own pace and your own timing/schedule, assignments are expected to be completed in a timely manner as outlined in this syllabus as well as the course timeline tab in Web Study. Failure to do so or to make a special arrangement with me in advance will result in a failing grade or grade reduction for that assignment.

a. **Quizzes, Exams & Papers** – All of these have a stated completion date in the syllabus and course time line. Makeups for quizzes or exams will only be allowed for medical excuses with valid physician note. Any quiz, exam or paper turned in after due date will result in a failing grade for that assignment.

b. **Forum Discussions/Posts** - These have a stated completion date in the syllabus and course time line. Each forum corresponds with reading during an assigned week. This is the equivalent of class discussion. While you are given a full week to make your posts, doing so in the last hour of the last day due, defeats the purpose of having a meaningful dialogue with myself or classmates. If the only posts you make are on the last day of the assignment, this will result in an automatic grade reduction. Please try to make your initial post to the required forum topics by Wednesday each week. Comments and additional contributions may then be made through the end of the week.

3. **Attendance.** This is an online class, but you are still required to check in on a regular basis in the Web Study interface. Attendance online should be the approximately the equivalent of the traditional course time, 3 hours per week. Work on readings, chapter assignments and other individual assignments therefore require approximately 6 hours per week for the typical student. On line attendance (3 hours per week) is monitored through Web Study. Failure to meet attendance requirements can result in automatic grade reductions. Please refer to the PDE requirements for this course stated at the beginning of this syllabus.

GRADING SCALE FOR ABNORMAL PSYCHOLOGY

A	94
A-	90
B+	87
B	84
B-	80
C+	77
C	74
C-	70
D+	67
D	64
D-	60
F	59

READINGS.

This distance-learning course will consist of readings from the primary text, Abnormal Psychology by Susan Nolen-Hoeksema. Additional reading assignments will be from hyper linked articles or attachments in the forums. In order to be able to actively participate in this class, all reading assignments are mandatory and should be completed on time.

WEEKLY CHAPTER QUIZES [Timeline Tab]

There will be a total of 16 quizzes consisting of multiple choice and short answer questions. Each quiz covers the chapter required during each week of the course. This will count for 30% of your final grade.

Quizzes are usually in multiple choice format but may also contain short answer questions as well. Questions presented are grouped in three categories: factual, applied and conceptual. Factual questions are straight from the text and measure your knowledge of basic terminology. Applied questions, require you to know the material in the text and be able to apply it to real world examples. Conceptual questions require a deeper understanding of the material and evoke critical thinking on the material presented in the chapter.

Each quiz may be taken twice. Questions are randomly selected from a pool of questions and are unique for each student and each time the quiz is taken. **Only your higher grade will be applied if you opt to take the quiz more than once.**

MULTIMEDIA.

A variety of online videos, podcasts and power points have been included in this course in the forums. Some are required (and marked as such) for the course and discussions centered on them in the forums that make up part of your final grade. Other multimedia presentations are optional but highly recommended to assist in your comprehension of the course material.

DISCUSSIONS. [Forum Tab]

Class discussion about readings and weekly topics is by way of the "Forums" section of web study. **It is critical that you participate in this process.** This is where you can post and ask questions about reading materials as well as critically respond to your classmate's ideas. You are expected to:

1. Reply or respond to any required topic posts that I have made in a given forum. The number of topic posts I make may vary depending on the material being covered at that given time. Points will be deducted for not contributing in the key/required topics that I post.
2. You are also expected to respond to at least two other classmates' posts. All posts and responses should be a well-formed assertion or responses that are research based. It should not simply be comments like 'I agree;', etc.
3. Participation in discussions will count for 50% of your final grade.

4. GRADING CRITERIA FOR FORUMS. All forum posts are read and reviewed by me. They are graded based on a rubric as follows:

- a. Posts clearly utilize materials covered in text or outside sources, incorporating current social psychology theory with real world examples. Citations are provided.
- b. Substantial original ideas enhancing the course.
- c. Arguments or statements made show critical thinking, analysis or evaluation of the course material presented.
- d. Links to valid additional resources (articles, videos and podcasts) are provided that enhance the current course material. See course material as to what constitutes a valid source on the internet.
- e. Posts measure 200+ approximate words. I am not a stickler for spelling and grammar in forums but posts should be written with some degree of clarity.

MIDTERM.

Because of the amount of ground that we need to cover in this course, there will be NO mid-term exam.

FINAL.

The final exam will consist of a written paper, 2-3 pages in length minimum that is an actual evaluation of a case study. You will be expected to make a diagnosis, provide a rationale, examine rule outs and offer a course of treatment. The case study will be provided one week in advance of the exam due date so that you have time to do the research. Citations should be provided where necessary. This will constitute 20% of your course grade.

COURSE TIME LINE**Timeline #1****Looking at Abnormality****August 29 - September 4**

Various criteria have been used to define abnormality. None is absolutely correct; all have particular strengths and limitations. Currently, the consensus is that those behaviors judged to be maladaptive or dysfunctional are considered abnormal.

- Historically, theories of abnormality have fallen into one of three categories, including natural or biological theories, supernatural theories, and psychological or stress-related theories. Each theory has led to different treatment of people whose behavior was judged to be abnormal.
- Throughout history, psychic epidemics and mass hysterias have been recorded in which groups of people have shown similar psychological and behavioral symptoms, which usually have been attributed to common stresses or beliefs.
- The humanitarian and mental hygiene movements of the late nineteenth and early-to-mid-twentieth centuries brought about the moral management of inpatients in mental hospitals in which patients were treated with kindness and the best available biological treatments.
- Modern perspectives that emerged in the twentieth century included the biological, psychoanalytic, behaviorist, and cognitive perspectives.
- The goal of the deinstitutionalization movement was to move mental patients from custodial mental-health facilities, where they were isolated and received little treatment, to community-based mental-health centers.
- The different professions within abnormal psychology include psychiatrists, psychologists, clinical social workers, and psychiatric nurses.

REQUIRED ASSIGNMENTS

Read Chapter 1 of the text

Quiz 1

Week 1 Forum

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #2**Theories & Treatment of Abnormality****September 6 – 11**

- Biological theories of psychopathology typically attribute symptoms to structural abnormalities in

the brain, disordered biochemistry, or faulty genes.

- Psychodynamic theories of psychopathology focus on unconscious conflicts that cause anxiety in the individual and result in maladaptive behavior.
- More recent psychodynamic theorists focus less on the role of unconscious impulses and more on the development of the individual's self-concept in the context of interpersonal relationships.
- The behaviorist theories of abnormality reject notions of unconscious conflicts and focus only on the rewards and punishments in the environment that shape and maintain behavior.
- Cognitive theories suggest that people's attributions for events, their perceptions of control and self-efficacy, and their global beliefs or assumptions influence the behaviors and emotions they have in reaction to situations.
- Humanist and existential theories suggest that all humans strive to fulfill their potential for good and to self-actualize.
- Interpersonal theories suggest that children develop internal models of the self and others through their attachments and relationships with early caregivers.
- Family systems theories suggest that psychopathology in individual family members is due to dysfunctional patterns of interaction within families that create and maintain the abnormal behaviors.
- Sociocultural theories suggest that societies create severe stresses for some people, then subcultures can sanction maladaptive ways of coping with these stresses.

REQUIRED ASSIGNMENTS

Read Chapter 2 of the text

Quiz 2

Week 2 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #3

Assessing & Diagnosing Abnormality

September 12 - 18

- Assessment is the process of gathering information about people's symptoms and the causes of the symptoms. Diagnosis is a label that we attach to a set of symptoms that tend to co-occur with one another.
- During an assessment, a clinician will want to gather information about an individual's symptoms and history.
- An assessment will also provide information about physiological and neurophysiological functioning.
- An assessment should also examine the client's social resources and cultural background.
- The validity and reliability of assessment tools are indices of their quality. Validity is the accuracy of a test in assessing what it is supposed to assess. Reliability is the consistency of a test.
- Paper-and-pencil neuropsychological tests can assess specific cognitive deficits that may be related to brain damage in patients. Intelligence tests provide a more general measure of verbal and analytical skills.
- To assess emotional and behavioral functioning, clinician's use structured clinical interviews, symptom questionnaires, personality inventories, behavioral observation and self-monitoring, and

projective tests. Each of these tests has its advantages and disadvantages.

- During an assessment procedure, many problems and biases can compromise the validity and reliability of the findings.
- A classification system is a set of definitions for syndromes and rules for determining when a person's symptoms are part of each syndrome.
- According to the DSM, there are five axes along which clinicians should assess clients.
- Critics have charged that the DSM reflects cultural and gender biases in its views of what is psychologically healthy and unhealthy.

REQUIRED ASSIGNMENTS

Read Chapter 3 of the text

Quiz 3

Week 3 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #4

The Research Endeavor

September 19 - 25

- The challenges inherent in researching abnormal behavior require a multimethod approach in which a variety of methodologies are used to research questions of interest.
- The scientific method involves defining a problem, specifying a hypothesis, and operationalizing the dependent and independent variables.
- Case studies of individuals provide rich and detailed information about their subjects but suffer from problems in generalizability.
- Correlational studies examine the relationship between two variables without manipulating the variables. A correlation coefficient provides information about the magnitude and direction of the relationship between two variables.
- Correlational studies may consist of continuous variable studies, group comparison studies, cross-sectional studies, and longitudinal studies.
- Experimental studies provide more definitive evidence that a given variable causes psychopathology.
- Therapy outcome studies allow researchers to test a hypothesis about the causes of a psychopathology while providing a service to participants.
- Animal studies allow researchers to manipulate their subjects in ways not ethically permissible with human subjects, but they suffer from problems in generalizability to humans.
- Cross-cultural research acknowledges possible differences across cultures, but it is challenging to conduct.

REQUIRED ASSIGNMENTS

Read Chapter 4 of the text

Quiz 4

Week 4 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #5**Trauma, Anxiety, Obsessive Compulsive & Related Disorders****September 26 - October 2**

- Anxiety has physiological or somatic, emotional, cognitive, and behavioral symptoms.
- A panic attack is a short, intense experience of several of the physiological symptoms of anxiety, plus cognitions that one is going crazy, losing control, or dying.
- One biological theory of panic disorder is that these people have overreactive autonomic nervous systems, which put them into a full fight-or-flight response with little provocation.
- Psychological theories of panic suggest that people who suffer from panic disorder pay close attention to their bodily sensations; misinterpret bodily sensations in a negative way; and engage in snowballing, catastrophic thinking.
- Antidepressants and benzodiazepines have been effective in reducing panic attacks and agoraphobic behavior, but people tend to relapse into these disorders when they discontinue these drugs.
- An effective cognitive-behavioral therapy has been developed for panic and agoraphobia. Systematic desensitization techniques are used to reduce agoraphobic behavior.
- People with agoraphobia fear places from which they might have trouble escaping or where they might have trouble getting help if they should have a panic attack.
- The specific phobias involve fears of specific objects or situations. Most fall into one of four categories: animal type, natural environment type, situational type, and blood-injection-injury type. Social phobia involves fears of being judged or embarrassed.
- There is little support for Freud's theory that phobias symbolize unconscious conflicts and fears that have been displaced onto neutral objects or for psychoanalytic treatment of phobias.
- Behavioral theories suggest that phobias develop through classical and operant conditioning. Phobias can also develop through observational learning. Also, it appears that, through prepared classical conditioning, humans develop phobias more readily to objects that our distant ancestors had reason to fear such as snakes and spiders.
- Behavioral treatments focus on extinguishing fear responses to phobic objects and have proven effective. Drug therapies have not proven useful for phobias.
- Group cognitive-behavioral therapy has proven highly effective in the treatment of social phobia.
- People with generalized anxiety disorder (GAD) are chronically anxious and worried in most situations.
- Cognitive theories argue that people with GAD appear more vigilant for threatening information, even on an unconscious level.
- Benzodiazepines can produce short-term relief for some people with GAD but are not suitable in the long-term treatment of GAD.
- Cognitive-behavioral therapies focus on changing the catastrophic thinking styles of people with GAD and have been shown to reduce acute symptoms and to prevent relapse in the majority of people.
- Obsessions are thoughts, images, or impulses that are persistent, are intrusive, and cause distress, and they commonly focus on contamination, sex, violence, and repeated doubts. Compulsions are repetitive behaviors or mental acts that the individual feels he or she must perform to somehow erase his or her obsessions.
- Biological theories suggest that compulsions result from an impairment of brain areas involved in controlling primitive impulses. Psychodynamic theories suggest that obsessions and compulsions

symbolize unconscious conflicts. Cognitive-behavioral theories suggest that people with OCD think in ways that make them unable to turn off the negative, intrusive thoughts that most people have occasionally. Compulsive behaviors develop through operant conditioning when people are reinforced for behaviors that reduce anxiety.

- The most effective drug therapies for OCD are the antidepressants known as selective serotonin reuptake inhibitors.
- Cognitive-behavioral therapies have also proven helpful for OCD.
- Social perspectives on the anxiety disorders focus on differences between groups in the rates and expression of anxiety disorders. Women have higher rates of almost all the anxiety disorders than do men.
- Cultures may differ in their expression of anxiety disorders, or they may have distinct types of anxiety disorders not found in other cultures.

REQUIRED ASSIGNMENTS

Read Chapter 5 of the text

Quiz 5

Week 5 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #6

October 3 - 9

TWO CHAPTERS COVERED THIS WEEK

Somatic Symptoms and Dissociative Disorders

- The dissociative disorders are a fascinating group of disorders in which the individual's identity, memories, and consciousness become separated or dissociated from one another. In dissociative identity disorder, the individual develops two or more separate and distinct personalities that alternate in their control over the individual's behavior.
- Fugue is a disorder in which the person suddenly moves away from home and assumes an entirely new identity with complete amnesia for the previous identity.
- Dissociative or psychogenic amnesia involves loss of memory due to psychological causes and typically occurs following traumatic events.
- Depersonalization disorder involves frequent episodes in which the individual feels detached from his or her mental processes or body.
- The somatoform disorders are a group of disorders in which the individual experiences or fears physical symptoms for which no organic cause can be found.
- One of the most dramatic somatoform disorders is conversion disorder in which the individual loses all functioning in some part of his or her body such as the eyes or legs. Conversion symptoms often appear after trauma or stress.
- Somatization disorder involves a long history of multiple physical complaints for which people have sought treatment, but there is no apparent organic cause.
- Hypochondriasis is a disorder in which the individual fears he or she has some disease despite medical proof to the contrary.

- The final somatoform disorder is questionably categorized along with the other somatoform disorders. People with body dysmorphic disorder have an obsessional preoccupation with some parts of their bodies and engage in elaborate behaviors to mask or get rid of these body parts.

Mood Disorders & Suicide

- There are two general categories of mood disorders: unipolar depression and bipolar disorder. People with unipolar depression experience only the symptoms of depression, while people with bipolar disorder experience both depression and mania.
- Within unipolar depression, the two major diagnostic categories are major depression and dysthymic disorder. In addition, there are several subtypes of major depression: with melancholic features, with psychotic features, with catatonic features, with atypical features, with postpartum onset, and with seasonal onset.
- Depression is one of the most common disorders, but there are substantial age, gender, and cross-cultural differences in depression. Bipolar disorder is much less common than the depressive disorders and tends to be a lifelong problem.
- Genetic factors probably play a role in determining vulnerability to the mood disorders, especially bipolar disorder. Disordered genes may lead to dysfunction in the monoamine neurotransmitter systems. In addition, neuroimaging studies show abnormal structure or activity in several areas of the brain. There is evidence that people with depression have chronic hyperactivity in the hypothalamic-pituitary-adrenal axis which may make them more susceptible to stress.
- Behavioral theories of depression suggest that people with too much stress in their lives may have too low a rate of reinforcement and too high a rate of punishment which then leads to depression. Stressful events can also lead to learned helplessness which is linked to depression.
- The cognitive theories of depression argue that the ways people interpret the events in their lives determine whether they become depressed. Some evidence suggests that people with depression are actually quite realistic in the negative views of life, and that nondepressed people are unrealistically optimistic about life. People who ruminate in response to distress are more prone to depression.
- Interpersonal theories of depression suggest that poor attachment relationships early in life can lead children to develop expectations that they must be or do certain things to win the approval of others which puts them at risk for depression.
- Social theories attribute depression to the effects of low social status and changes in the social conditions that different generations face. In addition, there appear to be differences across cultures in how depression is manifested.
- Most of the biological therapies for the mood disorders are drug therapies. Three classes of drugs are commonly used to treat depression: tricyclic antidepressants, monoamine oxidase inhibitors, and selective serotonin reuptake inhibitors. Each of these is highly effective in treating depression, but each has significant side effects. Electroconvulsive therapy is used to treat severe depressions, particularly those that do not respond to drugs.
- Lithium is the most effective drug for treating bipolar disorder. Alternatives to lithium include anticonvulsant drugs, antipsychotic drugs, and calcium channel blockers.
- Behavior therapies focus on increasing positive reinforcers and decreasing negative events by building social skills and teaching clients how to engage in pleasant activities and cope with their moods. Cognitive-behavioral therapies focus on helping people with depression develop more adaptive ways of thinking and are very effective in treating depression. Interpersonal therapy helps people with depression identify and change their patterns in relationships and is highly effective in treating depression.

- Direct comparisons of drug therapies with cognitive-behavioral and interpersonal therapies show that they tend to be equally effective in treating depression. The combination of drug therapy and psychotherapy may be more effective than either treatment alone for people with chronic depression.
- Effective prevention programs have been designed to reduce the risk of onset of major depression in high-risk groups.

REQUIRED ASSIGNMENTS

Read Chapter 6 & 7 of the text

Quiz 6 & 7

Week 6 & 7 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #7**Schizophrenia Spectrum & Other Psychotic Disorders**

October 10 - 16

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REQUIRED ASSIGNMENTS

Read Chapter 8 of the text

Quiz 8

Week 8 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #8**Personality Disorders****October 17 - 23**

- The odd-eccentric disorders are characterized by odd or eccentric patterns of behavior or thought, including paranoia, extreme social withdrawal or inappropriate social interactions, and magical or illusory thinking. This group of disorders, particularly schizotypal personality disorder, may be genetically linked to schizophrenia and may represent mild variations of schizophrenia. Individuals with these disorders usually have poor social relationships and are at increased risk for some acute psychiatric disorders, especially depression and schizophrenia.
- Psychoanalytic and cognitive therapies have been devised for these disorders, but they have not been empirically tested for their efficacy. Neuroleptic and atypical antipsychotic drugs appear to reduce the odd thinking of people with schizotypal personality disorder.
- The dramatic-emotional personality disorders include four disorders characterized by dramatic, erratic and emotional behavior and interpersonal relationships: antisocial personality disorder, histrionic personality disorder, borderline personality disorder, and narcissistic personality disorder. Persons with these disorders tend to be manipulative, volatile, uncaring in social relationships, and prone to impulsive behaviors.
- Antisocial personality disorder (ASPD) is one of the most common personality disorders and is more

common in men than in women. There are several possible contributors to antisocial personality disorder. Psychotherapy is not considered highly effective for people with antisocial personality disorder. Lithium, the selective serotonin reuptake inhibitors, and antipsychotic drugs may help to control their impulse behaviors.

- People with borderline personality disorder show instability in their moods, self-concept, and interpersonal relationships. This disorder is more common in women than in men. People with the disorder may suffer from low levels of serotonin, which leads to impulsive behaviors. There is little evidence that borderline personality disorder is transmitted genetically, but the family members of people with this disorder show high rates of mood disorders.
- Drug treatment has not proven very effective for borderline personality disorder. Psychoanalytic and cognitive therapies focus on establishing a stronger self-identity in people with this disorder.
- Histrionic and narcissistic personality disorders are both characterized by dramatic self-presentations and unstable personal relationships. The person with histrionic personality disorder looks to others for approval, whereas the person with narcissistic personality disorder relies on their own self-evaluations.
- The anxious-fearful personality disorders include three disorders characterized by anxious and fearful emotions and chronic self-doubt, leading to manipulative behaviors: dependent personality disorder, avoidant personality disorder, and obsessive-compulsive personality disorder.
- Dependent personality disorder is more common in women, obsessive-compulsive personality disorder is more common in men, and avoidant personality disorder is equally common in men and women. Dependent and avoidant personality disorders tend to run in families, but it is not clear whether this is due to genetics or to family environments.
- In the DSM-IV, the personality disorders are divided into three clusters, based on similar symptoms: (1) Odd-eccentric personality disorders (including paranoid, schizoid, and schizotypal PD), (2) dramatic-emotional personality disorders (including antisocial, borderline, histrionic, and narcissistic PD), and (3) anxious-fearful personality disorders (including avoidant, dependent, and obsessive-compulsive PD).
- Objections to the current DSM classification of personality disorders include (1) treating these disorders as categories rather than points along a continuum, (2) large degree of overlap of diagnostic criteria for the different personality disorders, (3) low reliability for the diagnostic criteria, and (4) the classification of personality disorders is atheoretical.
- Gender bias may be evident in the construction of personality disorders, because some symptoms seem to represent extreme stereotypes of masculine or feminine behavior.
- Several alternative models of the personality disorders have been developed. One prominent model is based on theories of normal personality. The five-factor model of personality suggests that there are five basic traits that describe most personality: neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness. Personality disorders may be extreme variants of these five dimensions.

REQUIRED ASSIGNMENTS

Read Chapter 9 of the text

Quiz 9

Week 9 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #9**Neurodevelopmental & Neurocognitive Disorders****October 24 - 30**

- ADHD is characterized by inattentiveness, impulsivity, and hyperactivity and is more common in boys than in girls. Children with ADHD do poorly in school and in peer relationships are at increased risk for developing conduct disorder.
- Biological factors that have been implicated in the development of ADHD include genetics, exposure to toxins prenatally and early in childhood, and abnormalities in neurological functioning. In addition, many children with ADHD come from families in which there are many disruptions, although it is not clear if this is a cause or just a correlate of ADHD.
- Treatments for ADHD usually involve stimulant drugs and behavior therapy designed to decrease children's impulsivity and hyperactivity and to help them control aggression.
- Disorders of cognitive, motor, and communication skills involve deficits and delays in the development of fundamental skills.
- Learning disorders include reading disorder (an inability to read, also known as dyslexia), mathematics disorder (an inability to learn math), and disorder of written expression (an inability to write).
- Developmental coordination disorder involves deficits in fundamental motor skills.
- Communication disorders include expressive language disorder (an inability to express oneself through language), mixed receptive-expressive language disorder (an inability to express oneself through language or to understand the language of others), phonological disorder (the use of speech sounds inappropriate for the child's age and dialect), and stuttering (deficits in word fluency).
- Some of these disorders, particularly reading disorder and stuttering, may have genetic roots. Many other factors have been implicated in these disorders, but they are not well understood.
- Treatment usually focuses on building skills in problem areas through specialized training, as well as the use of computerized exercises.
- Intellectual Disability is defined as subaverage intellectual functioning, indexed by an IQ score below 70 and deficits in adaptive behavioral functioning. There are four levels of Intellectual Disability, ranging from mild to profound.
- A number of biological factors are implicated in Intellectual Disability, including metabolic disorders; chromosomal disorders; prenatal exposure to rubella, herpes, syphilis, or drugs (especially alcohol, as in Fetal Alcohol Syndrome); premature delivery; and head traumas.
- There is some evidence that intensive and comprehensive educational interventions, administered early in an affected child's life, can help to decrease the level of Intellectual Disability.
- Controversy exists over whether children with Intellectual Disability should be put into special education classrooms or mainstreamed into normal classrooms.
- The pervasive developmental disorders are characterized by severe and lasting impairment in several areas of development, such as social interaction, communication with others, everyday behaviors, interests, and activities. They include Asperger's disorder, Rett's disorder, childhood disintegrative disorder, and autism.
- Autism is characterized by significant interpersonal, communication, and behavioral deficits. Many children with autism score in the range for Intellectual Disability on IQ tests. Outcomes of autism vary widely, although the majority of people with autism must have continual care, even as adults.

- Possible biological causes of autism include a genetic predisposition to cognitive impairment, central nervous system damage, prenatal complications, and neurotransmitter imbalances.
- Drugs can reduce some behaviors in autism but do not eliminate the core of the disorder. Behavior therapy is used to reduce inappropriate and self-injurious behaviors and to encourage prosocial behaviors.
- Dementia is typically a permanent deterioration in cognitive functioning, often accompanied by emotional changes. The most common type of dementia is due to Alzheimer's disease. Recent theories of Alzheimer's disease focus on three different genes that might contribute to the buildup of amyloid protein in the brains of Alzheimer's patients.
- Dementia can also be caused by cerebrovascular disorder; head injury; and progressive disorders such as Parkinson's disease, HIV disease, Huntington's disease, Pick's disease, and Creutzfeldt-Jacob disease. Chronic drug abuse and the nutritional deficiencies that often accompany it can lead to dementia.
- Drugs help to reduce the cognitive symptoms of dementia and accompanying depression, anxiety, and psychotic symptoms in some patients.
- Delirium is characterized by disorientation, recent memory loss, and clouding of consciousness. Delirium is typically a signal of a serious medical condition, such as stroke, congestive heart failure, an infectious disease, high fever, or drug intoxication or withdrawal.
- Treating delirium involves treating the underlying condition leading to the delirium and keeping the patient safe until the symptoms subside.

REQUIRED ASSIGNMENTS

Read Chapter 10 of the text

Quiz 10

Week 10 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #10**Disruptive, Impulse Control and Conduct Disorders**

October 31 - November 6

- More than a third of children suffer from a significant emotional or behavior disorder by the time they are 16.
- Conduct disorder is characterized by extreme antisocial behavior and the violation of other people's rights and of social norms. Conduct disorder is more common in boys than in girls and is highly stable across childhood and adolescence. Adults who had conduct disorder as children are at increased risk for criminal behavior and a host of problems in fitting into society.
- Children with oppositional defiant disorder are easily angered and tend to violate rules and requests. Unlike children with conduct disorder, they do not tend to be aggressive toward other people or animals, to steal, or to destroy property.
- Genetics and neurological problems leading to attention deficits are implicated in the development of conduct disorder. Children with this disorder also tend to have parents who are harsh and inconsistent in their discipline practices and who model aggressive, antisocial behaviors. Psychologically, children with conduct disorder tend to process information in ways that are

likely to lead to aggressive reactions to others' behaviors.

- Treatment for conduct disorder is most often cognitive-behavioral, focusing on changing children's ways of interpreting interpersonal situations and helping them control their angry impulses. Neuroleptic drugs and stimulant drugs are sometimes used to treat conduct disorder.
- Children can develop all the major emotional disorders (such as mood disorders, anxiety disorders), but separation anxiety disorder is one disorder that, by definition, begins in childhood. Its symptoms include chronic worry about being separated from parents or about parents' well being, dreams and fantasies about separation from parents, refusal to go to school, and somatic complaints. This disorder is more common in girls.
- Antisocial personality disorder (ASPD) is one of the most common personality disorders and is more common in men than in women. There are several possible contributors to antisocial personality disorder. Psychotherapy is not considered highly effective for people with antisocial personality disorder. Lithium, the selective serotonin reuptake inhibitors, and antipsychotic drugs may help to control their impulse behaviors.

REQUIRED ASSIGNMENTS

Read Chapter 11 of the text

Quiz 11

Week 11 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #11

November 7 - 13

TWO CHAPTERS THIS WEEK

Eating Disorders

- The eating disorders include anorexia nervosa, bulimia nervosa, and binge-eating disorder.
- Anorexia nervosa is characterized by self-starvation, a distorted body image, intense fears of becoming fat, and amenorrhea. People with the restricting type of anorexia nervosa refuse to eat in order to prevent weight gain. People with the binge/purge type periodically engage in bingeing and then purge to prevent weight gain.
- The lifetime prevalence of anorexia is about 1 percent, with 90 to 95 percent of cases being female. Anorexia usually begins in adolescence, and the course is variable from one person to another. It is a very dangerous disorder, with a death rate among people with anorexia between 5 and 8 percent.
- Bulimia nervosa is characterized by uncontrolled bingeing followed by behaviors designed to prevent weight gain from the binges. People with the purging type use self-induced vomiting, diuretics, or laxatives to prevent weight gain. People with the nonpurging type use fasting and exercise to prevent weight gain.
- The prevalence of bulimia nervosa is between 0.5 and 3 percent. The onset of bulimia is most often in adolescence. Although people with bulimia do not tend to be underweight, there are several dangerous medical complications in bulimia nervosa.
- People with binge-eating disorder engage in bingeing, but not in purging or behaviors designed to

compensate for the binges. It is more common in women than in men, and people with the disorder tend to be significantly overweight. Binge-eating disorder is not officially recognized by the DSM-IV-TR, but the diagnostic criteria were placed in an appendix for further study.

- The biological factors implicated in the development of the eating disorders include genetics, the dysregulation of hormonal and neurotransmitter systems, and generally lower functioning in the hypothalamus.
- Sociocultural theorists have attributed the eating disorders to pressures toward thinness in Western cultures and in the media.
- Eating disorders may develop in some people as maladaptive strategies for coping with negative emotions.
- The families of girls with eating disorders may be over-controlling, overprotective, and hostile and may not allow the expression of feelings. In adolescence, these girls may develop eating disorders as a way of exerting control.
- Sexual abuse is a risk factor for eating disorders as well as for several other psychological problems.
- There are few treatments for anorexia shown to be successful in empirical studies. Cognitive-behavioral therapy has proven the most effective therapy for reducing the symptoms of bulimia and preventing relapse. Interpersonal therapy, supportive-expressive psychodynamic therapy, and behavior therapy also appear to be effective for bulimia nervosa. Antidepressants are effective in treating bulimia, but the relapse rate is high.

Sexual Disorders

The Sexual Response Cycle

- The sexual response cycle can be divided into the desire, excitement, plateau, orgasm, and resolution phases.
- Sexual desire is manifested in sexual thoughts and fantasies, initiation of or participation in sexual activities, and awareness of sexual cues from others.
- The excitement phase consists of a psychological experience of arousal and pleasure and the physiological changes known as vasocongestion (filling of blood vessels and tissues with blood) and myotonia (muscle tension).
- During the plateau phase, excitement remains at a high but stable level.
- Orgasm follows the excitement and plateau phases and involves the discharge of the built-up neuromuscular tension. Males experience a refractory period following orgasm during which they cannot be aroused to another orgasm. Females do not have a refractory period.
- Resolution is the experience of a state of deep relaxation following orgasm, when the entire musculature of the body relaxes.

Sexual Dysfunctions

- Occasional problems with sexual functioning are extremely common. To be diagnosed with a sexual dysfunction, a person must be experiencing a problem that causes significant distress or interpersonal difficulty. Biological, psychological, and sociocultural factors can lead to sexual dysfunctions. Common biological factors include medical illness, side effects of drugs, and hormonal deficiencies. Psychological factors include negative attitudes about sex or conflicts with sexual partners. Sociocultural factors include traumatic or stressful experiences.
- Disorders of sexual interest / desire: Individuals with these disorders experience a chronically lowered or an absent desire for sex. Include female sexual interest / arousal disorder and male hypoactive desire disorder and erectile disorder (formerly called impotence). Female sexual arousal

disorder is the recurrent inability to attain or maintain the swelling-lubrication response of sexual excitement. Male erectile disorder involves the recurrent inability to attain or maintain an erection until the completion of sexual activity.

- Disorders of orgasm or sexual pain: include female and male orgasmic disorder and premature ejaculation. Men and women with orgasmic disorder experience a persistent or recurrent delay in or absence of orgasm after having reached the excitement phase of the sexual response cycle. Premature ejaculation involves the inability to delay ejaculation as desired.
- Most of the sexual dysfunctions can be treated successfully with a combination of psychotherapy (which focuses on the personal concerns of the person with the dysfunction and conflicts between sexual partners) and sex therapy (which focuses on decreasing inhibitions about sex and teaching new techniques for optimal sexual enjoyment).

Paraphilic Disorders

The paraphilias are a group of disorders in which the focus of the individual's sexual urges and activities are (1) nonhuman objects, (2) nonconsenting adults, (3) suffering or humiliation of oneself or one's partner, or (4) children.

- Fetishism involves the use of isolated body parts or inanimate objects as the preferred or exclusive sources of sexual arousal or gratification. A particular form of fetish is transvestism, in which an individual dresses in clothes of the opposite sex (usually a man dressing in women's clothes) to become sexually aroused.
- Voyeurism involves secretly watching another person undressing or doing things in the nude as a preferred or exclusive form of sexual arousal. The voyeuristic behavior is repetitive and compulsive; almost all voyeurs are men who watch women.
- Exhibitionism involves obtaining sexual gratification by exposing one's genitals to involuntary observers who are usually complete strangers. The vast majority of exhibitionists are men exposing themselves to women, and sexual arousal usually comes from observing the woman's surprise, fear, or disgust. This behavior is often compulsive and impulsive.
- Frotteurism involves gaining sexual gratification by rubbing against and fondling parts of the body of a nonconsenting person. This behavior has to be repetitive and compulsive and has to represent a preferred way of gaining sexual gratification in order to qualify as frotteurism.
- Sexual sadism involves gaining sexual gratification by inflicting pain and humiliation on one's sex partner. Sexual masochism involves gaining sexual gratification by suffering pain or humiliation during sex. Persons diagnosed as sexual sadists or masochists engage in these behaviors as their preferred or exclusive forms of sexual gratification.
- Pedophilia involves seeking sexual gratification with young children. Most pedophiles are heterosexual men engaging in sexual contact with young girls. Many pedophiles feel intimidated when interacting sexually with adults and are victims of childhood sexual abuse. Others feel hostile toward women and carry out this hostility in antisocial acts toward children.

Gender Dysphoria

- Gender Dysphoria is diagnosed when an individual believes that he or she was born with the wrong sex genitals and is fundamentally a person of the opposite sex.
- Childhood gender dysphoria disorder is a rare condition in which a child persistently rejects his or her anatomic sex and desires to be or insists he or she is a member of the opposite sex.
- Gender dysphoria disorder in adulthood is referred to as transsexualism. Transsexuals experience a chronic discomfort and sense of inappropriateness with their gender and genitals, wish to be rid of them, and want to live as members of the opposite sex. Transsexuals will often dress in the clothes of the opposite sex, but unlike transvestites, they do not do this to gain sexual arousal.

REQUIRED ASSIGNMENTS

Read Chapter 12 & 13 of the text

Quiz 12 & 13

Week 12 & 13 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #12**Substance Use & Gambling Disorders****November 14 - 20**

- A substance is any natural or synthesized product that has psychoactive effects. The five groups of substances most often leading to substance disorders are: (1) central nervous system depressants; (2) central nervous system stimulants; (3) opioids; (4) hallucinogens and phencyclidine; and (5) cannabis.
- Substance intoxication is indicated by a set of behavioral and psychological changes that occur as a direct result of the physiological effects of a substance on the central nervous system. Substance withdrawal involves a set of physiological and behavioral symptoms that result from the cessation of or reduction in heavy and prolonged use of a substance. The specific symptoms of intoxication and withdrawal depend on the substance being used, the amount of the substance ingested, and the method of ingestion.
- Substance abuse is indicated when an individual shows persistent problems in one of four categories: (1) failure to fulfill major role obligations at work, school, or home; (2) substance use in situations in which such use is physically hazardous; (3) substance-related legal problems; and (4) continued substance use despite social or interpersonal problems.
- Substance dependence is characterized by a maladaptive pattern of substance use leading to significant problems in a person's life and usually leading to tolerance to the substance, withdrawal symptoms if the substance is discontinued, and compulsive substance-taking behavior.
- Routes of administration that produce rapid and efficient absorption of a substance into the bloodstream (intravenous injection, smoking, snorting) lead to a more intense intoxication, a greater likelihood of dependence, and a greater risk for overdose.
- At low doses, alcohol produces relaxation and a mild euphoria. At higher doses, it produces the classic signs of depression and cognitive and motor impairment. A large proportion of deaths due to accidents, murders, and suicides are alcohol-related.
- Women drink less alcohol than men do in most cultures and are less likely to have alcohol-related problems than are men. Persons of Asian descent typically drink less and thus are less prone to alcohol-related problems.
- Benzodiazepines and barbiturates are sold by prescription for the treatment of anxiety and insomnia. Therapeutic or recreational use of these substances can escalate to chronic use and physiological dependence.
- The inhalants are volatile agents that people sniff to produce a sense of euphoria, disinhibition, and increased aggressiveness or sexual performance.
- Cocaine activates those parts of the brain that register reward and pleasure and produces a sudden rush of euphoria; followed by increased self-esteem, alertness, and energy; and a greater sense of

competence, creativity, and social acceptability. The user may also experience frightening perceptual changes. The symptoms of withdrawal from cocaine include exhaustion, a need for sleep, and depression.

- The amphetamines are readily available by prescription for the treatment of certain disorders but often end up in the black market and used by people to help them keep going through the day or to counteract the effects of depressants or heroin. They can make people feel euphoric, invigorated, self-confident, and gregarious, but they also can make people restless, hypervigilant, anxious, and aggressive. They can also result in several dangerous physiological symptoms and changes.
- The opioids are a group of substances developed from the juice of the poppy plant. The most commonly used illegal opioid is heroin. The initial symptom of opioid intoxication is euphoria.
- The hallucinogens, phencyclidine, and cannabis all produce perceptual changes which include sensory distortions and hallucinations. For some people, these are pleasant experiences, but for others, they are extremely frightening. Similarly, some people experience a sense of euphoria or relaxation while on these substances, and others become anxious and agitated.
- Some common club drugs, in addition to LSD, are ecstasy (3-4 methylenedioxymethamphetamine, or MDMA), GHB (gamma-hydroxybutyrate), ketamine, and rohypnol (flunitrazepam). They have several euphoric and sedative effects, and are used by perpetrators of date rape.
- Nicotine is another widely available substance. Smoking tobacco is legal but causes cancer, bronchitis, and coronary heart disease in users and a range of birth defects in the children of women who smoke when pregnant. People can become physiologically dependent on nicotine and undergo difficult withdrawal symptoms when they stop smoking.
- The disease model of alcoholism views alcoholism as a biological disorder in which the individual has no control over his or her drinking and, therefore, must remain abstinent. Other theorists see alcoholism along a continuum of drinking habits and modifiable through therapy.
- There is evidence that genes play a role in vulnerability to substance use disorders, through their effects on the synthesis and metabolism of substances. Men genetically predisposed to alcoholism are less sensitive to the effects of low doses of alcohol.
- Some theorists view alcoholism as a form of depression, but the prevailing evidence suggests that alcoholism and depression are distinct disorders.
- Behavioral theories of alcoholism note that people are also reinforced or punished by other people for their alcohol-related behaviors and model the alcohol-related behaviors of important others. Cognitive theories argue that people who develop alcohol-related problems have strong expectations that alcohol will help them feel better and cope better when they face stressful times.
- Gender differences in substance-related disorders may be due to men having more risk factors for substance use and women being more sensitive to the negative consequences of substance use.
- Medications can be used to ease the symptoms of withdrawal from many substances and to reduce craving for substances.
- The most common treatment for alcoholism is Alcoholics Anonymous, a self-help group that encourages alcoholics to admit their weaknesses and call on a higher power and other group members to help them remain completely abstinent from alcohol.

REQUIRED ASSIGNMENTS

Read Chapter 14 of the text

Quiz 14

Week 14 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #13

November 28 - December 4

TWO CHAPTERS THIS WEEK

Health Psychology

- Health psychologists are concerned with how psychological factors, stressful events, and health-related behaviors affect the development and progress of physical disease.
- Three predominant models are used to explain how psychological factors affect health: (1) the direct effects model (which suggests that psychological factors directly cause physiological changes in the body that cause or exacerbate disease), (2) the interactive model (which suggests that psychological factors interact with preexisting biological vulnerabilities to cause the development of physical disease), and (3) the indirect effects model (which suggests that psychological factors have an effect on disease only because they influence people's health-related behaviors).
- Chronic physiological arousal in response to stress can contribute to coronary heart disease, hypertension, and possibly impairment of the immune system.
- Many of us give up sleep when we are under stress. The amount and quality of sleep we get on a daily basis have a significant impact on our physical health and our psychological functioning.
- Sleep disorders include dyssomnias (abnormalities in the amount, quality, or timing of sleep), such as insomnia, and parasomnias (abnormal behavioral and psychological events occurring during sleep), such as sleep walking disorder.
- Personality traits that have been linked to poor health include pessimism and Type A behavior pattern. People with a Type A pattern have a sense of time urgency, are easily made hostile, and are competitive in many situations. The component of this pattern that has been most consistently linked to coronary heart disease is a cynical form of hostility.
- Guided mastery technique (providing explicit information on how to engage in positive health-related behaviors and opportunities to practice these behaviors), and biofeedback (identifying bodily signs that may signal tension or stress) can help people who are at risk for developing health problems
- Sociocultural interventions focus on changing and using people's social networks to improve their health. Some research suggests that support groups may improve physical well-being.

Mental Health and The Law

- One of the fundamental principles of law is that in order to stand trial, an accused individual must have a reasonable degree of rational understanding of the charges against him or her and the proceedings of the trial and must be able to participate in his or her defense. People who do not have an understanding of what is happening to them in a courtroom and who cannot participate in their own defense are said to be incompetent to stand trial.
- Five rules for judging the acceptability of the insanity defense have been used in recent history: the

M'Naghten rule, the irresistible impulse rule, the Durham rule, the ALI rule, and the American Psychiatric Association definition of insanity. Each of these rules requires that the defendant be diagnosed with a mental disorder, and most of the rules require it be shown that the defendant did not appreciate the criminality of his or her act or could not control his or her behaviors at the time of the crime.

- A new verdict, guilty but mentally ill, has been introduced following public uproar over recent uses of the insanity defense in high-profile cases. Persons judged guilty but mentally ill are confined for the duration of a regular prison term, but with the presumption that they will be given psychiatric treatment.
- Mental-health professionals have raised a number of concerns about the insanity defense.
- Civil commitment is the procedure through which a person may be committed for treatment in a mental institution against his or her will. In most jurisdictions, three criteria are used to determine whether individuals may be committed: if they suffer from grave disability that impairs their ability to care for their own basic needs, if they are imminent dangers to themselves, or if they are imminent dangers to others.
- When being considered for commitment, patients have the right to an attorney, to have a public hearing, to call and confront witnesses, to appeal decisions, and to be placed in the least restrictive treatment setting. Once committed, patients have the right to be treated and the right to refuse treatment.
- People with mental disorders, particularly those who also have a history of substance abuse, are somewhat more likely to commit violent acts, especially against family members and friends, than people without mental disorders.
- Mental-health professionals have a number of duties to their clients and to society. They have a duty to provide competent care; to avoid multiple relationships with clients; and to uphold clients' confidentiality, except in unusual circumstances. They have a duty to warn people whom their client is threatening and to report suspected child or elder abuse. They also have a duty to provide ethical service to diverse populations.
- In the areas of law discussed in this chapter, there are mental-health professionals advocating a more integrated and complex view of mental disorders than that traditionally held by the law, which takes a primarily biological view.

REQUIRED ASSIGNMENTS

Read Chapter 15 & 16 of the text

Quiz 15 & 16

Week 15 & 16 Forums

OPTIONAL MATERIALS FOR REVIEW

Power Point Slides

Timeline #14

December 5 - 11

FINAL EXAMS

All exams MUST be completed by Sunday, December 11, 2016 before 11:58pm - NO EXCEPTIONS