

Independent Study in Idaho

Psyc 311

Abnormal Psychology

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Course Guide

Independent | in Idaho

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Psychology 311 Abnormal Psychology

University of Idaho 3 Semester-Hour Credits

Prepared by:

Renea Sowder, M.Ed. Licensed Professional Counselor University of Idaho

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Psychology 311: Abnormal Psychology

3 Semester-Hour Credits: UofI

Welcome!

Whether you are a new or returning student, welcome to the Independent Study in Idaho (ISI) program. Below, you will find information pertinent to your course including the course description, course materials, course objectives, as well as information about assignments, exams, and grading. If you have any questions or concerns, please contact the ISI office for clarification before beginning your course.

Policies and Procedures

Refer to the ISI website at **www.uidaho.edu/isi** and select *Students* for the most current policies and procedures, including information on setting up accounts, student confidentiality, exams, proctors, transcripts, course exchanges, refunds, academic integrity, library resources, and disability support and other services.

Course Description

Nature, causes, treatment, and prevention of patterns of emotional disturbances and personality disorders, including neuroses and psychoses. Prerequisites: Psyc 101

Recommended prerequisites: a Methods in Psychology, such as Psyc 218: Introduction to Research in Behavioral Sciences

Required: Internet access
10 graded lessons, 7 self-study lessons, 3 exams
May submit up to 2 assignments per week.

Course Materials

Required Course Materials

- Bernheim, Kayla F. *The Lanahan Cases and Readings in Abnormal Psychology*. 2nd ed. Baltimore: Lanahan Publishers, Inc., 2004. ISBN-10: 1930398069. ISBN-13: 9781930398061
- Sarason, Irwin G., and Barbara R. Sarason. Abnormal Psychology. 11th ed. Upper Saddle River: Prentice Hall, 2005.

ISBN-10: 0131181114. ISBN-13: 9780131181113 Hardcover or

ISBN-10: 8120326636. ISBN-13: 9788120326637 Paperback (same content as hardcover)

Course Introduction

This course will provide an introduction to abnormal psychology by presenting an **interactional** view of abnormal behavior involving personal attributes and the challenges that people confront in life. The interactions of life situations, vulnerabilities, and resiliency influence the development of disorders, treatment plans, and clinical outcomes.

Traditionally, it was believed that biology drove most of everything and that biological defects always underlie maladaptive **behavior**. Biological determinants are pertinent; however, there is growing evidence that the environment can have a major impact on biological processes; for optimal outcomes, treatment typically requires a combination of elements such as medication and psychotherapy. Our focus is on the complexity of human behavior and the elements that contribute to the development of adaptive and maladaptive behavior. Research is central to the study of human behavior because new evidence greatly influences how we understand people with problems.

Throughout the course, you will be asked to look internally at your behavior and externally to the environment around you. Consider how you adapt and cope with your environment, and observe the behaviors of others. Ask yourself: What is considered normal behavior? What is considered abnormal? Why?

Course Objectives

- 1. To gain an appreciation of the fundamental issues that underlie the concept of mental abnormality. These issues include such questions as: How does one define mental disorder? Is the definition of mental illness relative, depending on society, or on historical context? What tools are used to assess mental disorder and how are they used? What are the consequences, both practical and ethical, of classifying individuals? Can such classification be made accurately and reliably?
- 2. To become familiar with how, in terms of symptoms, the various psychological disorders present themselves.
- To appreciate different explanations of abnormality. That is, to understand the role of environment, genetic factors, psychodynamics, neuropsychology, and biochemistry in the determination of psychopathology.
- 4. To appreciate the experience of mental disorder. This will be accomplished through the use of case histories and similar material.

Lessons

Overview

The course structure covers the seventeen chapters in the *Abnormal Psychology* text and the selected readings from the *Lanahan Cases* text. There are seventeen lessons in total. There is an assignment following each lesson to check your understanding of the material. You will be responsible for ten graded assignments, listed in the *Assignment Submission Log* and in the *Written Assignment* section of the lessons. For these assignments, feel free to use the texts and your notes; they are entirely "open book."

The remaining seven assignments are "self-study." These assignments are not graded and do not need to be submitted. They are intended to assist you in preparing for exams. For each self-study activity, I have included the answers to the questions following the Final Exam Information sheet in this study guide to assist in understanding. Material from the self-study activities and the graded assignments will appear on the exams.

Many students ask how much time they can reasonably expect a lesson to take. Of course, this varies with the material. But you should note that a general rule of thumb for a three-credit class is that it should involve a time investment of about nine hours per week, or 144 hours total, distributed across a 16-week semester. Basically then, it would be reasonable to spend an average of 5 to 6 hours on any one lesson, graded or *self-study*, and the balance of your time studying for the three exams.

Study Hints

- Complete all assigned readings.
- Set a schedule allowing for completion of the course one month before your desired deadline. (An *Assignment Submission Log* is provided for this purpose.)

To help you get the most out of your essays, use the formula of state, show, and explain.

- State the answer to the essay question using the appropriate psychological concepts or issues.
- Show or illustrate the concept or issue by using an example from the world around you.
- **Explain** why this concept or issue is relevant to the study of psychology. In other words, why do psychologists study this issue or concept?

Exams

Overview

- You must wait for grades and comments on lessons before taking each subsequent exam.
- For your instructor's exam guidelines, refer to the letter sent to you upon registration and the *Exam Information* sections in this study guide.
- Material from the *self-study* activities and the graded assignments **will** appear on the exams.

See *Grading* for specific information on exams, points, and percentages.

Grading

Grades will be based on the total number of points earned. The arrangement is as follows:

Exams I, II, and Final Exam (100 points each) 300 points 10 Lessons (20 points each) 200 points Total points possible 500 points

Your letter grade is determined as a percentage of the total number of points it is possible to earn:

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90\% to 100\% (450–500) = A 70\% to 79\% (350–399) = C 59\% and below (below 300) = F 80\% to 89\% (400–449) = B 60\% to 69\% (300–349) = D
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Of the 100 points possible for an exam, about 60% of the grade is based on multiple-choice, and the remainder is short to medium length essay.

The final course grade is issued after all submitted lessons and exams have been graded.

About the Course Developer

My name is Renea Sowder. Although I am not your course instructor, I developed this course for Independent Study in Idaho. I have a Master's Degree in Education and Counseling and Human Services from the University of Idaho. I am a Licensed Professional Counselor and am a practicing clinician at Interventional Pain Consultants, in Lewiston, Idaho. I also have a partnership in Behavioral Health Solutions, a mental health clinic in Moscow, Idaho. We specialize in psychological and behavioral approaches to pain management, as well as treatment of trauma. However, abnormal psychology is really the core of all clinical practices.

My primary treatment approach combines cognitive-behavioral theories with somatic psychotherapy and body psychology. Working with chronic pain patients introduces many challenges, in that there are both physical complaints and emotional suffering. The suffering comes from the effects that persistent or chronic pain have on emotions, relationships, physical abilities, and overall quality of life. The majority of chronic patients experience depression, anxiety, and some have additional psychopathology. This is where the understanding of abnormal psychology is pertinent to my clinical practice.

As I mentioned earlier, abnormal psychology is the core of clinical practice. It is a discipline that constantly informs the work of the clinician. You will want to know, for example, what causes mood disorders, a disturbed sense of sexual identity, or personality dysfunction, and so on. However, there is a second point of interest that is a bit more introspective: the experience of the patient. What is it like to be inside the experience of a person with schizophrenia, depression, or a personality disorder? In a way, the study of abnormal psychology can enhance one's own experience.

I hope the study of this topic will shed light upon the experience of others, and enhance your own self-discovery.

Sincerely,

Renea Sowder, M.Ed, LPC, NCC

Contacting Your Instructor

Instructor contact information is available in Canvas.

Assignment Submission Log Reading Sources:

Texts: Bernheim, Kayla F., *The Lanahan Cases and Readings in Abnormal Psychology*Sarason, Irwin G., and Barbara R. Sarason. *Abnormal Psychology**Check your answers to the *self-study* questions with the *Self-Study Answer Key* in this study guide.

Lesson	Reading	Written Assignment	Date Submitted
1	Abnormal Psychology, Chapter 1, pages 2–43 Lanahan Cases 1, 2, pages 1–11; Readings 3, 4, pages 12–18	*Self-Study	
2	Abnormal Psychology, Chapter 2, pages 44–85	Multiple-choice/ and Essay	
3	Abnormal Psychology, Chapter 3, pages 86–125 Lanahan Cases 48, 55, pages 339–359, 418–422	*Self-Study	
4	Abnormal Psychology, Chapter 4, pages 126–155 *Self-Study		
5	Abnormal Psychology, Chapter 5, pages 156–181 Bernheim, Lanahan Case 9, pages 53–57; Reading 11, pages 64–75; Case 13, pages 84–89; Reading 16, pages 102–109	Multiple-choice and Essay	
6	Abnormal Psychology, Chapter 6, pages 182–217 Lanahan Cases 33, 35, pages 223–229, 234–242	Multiple-choice and Essay	
It is time	to take Exam 1.		
7	Abnormal Psychology, Chapter 7, pages 218–235 Lanahan Cases 14, 15, pages 90–101	Multiple-choice and Essay	
8	Abnormal Psychology, Chapter 8, pages 236–269 Lanahan Cases 6–8, 10, pages 35–52, 58–63	Multiple-choice and Essay Project	

Lesson	Reading Writte Assignm		Date Submitted		
9	Abnormal Psychology, Chapter 9, pages 270–301 Lanahan Cases 27–30, pages 183–203	*Self-Study			
10	Abnormal Psychology, Chapter 10, pages 302–329 Lanahan Cases, Chapter 9, pages 273–299	Multiple-choice and Essay			
11	Abnormal Psychology, Chapter 11, pages 330–371 Lanahan Cases, Chapter 4, pages 114–152 Multiple-choice and Essay				
12	Abnormal Psychology, Chapter 12, pages 372–411 Lanahan Cases, Chapter 5, pages 153–180	Multiple-choice and Essay			
It is time	It is time to take Exam 2.				
13	Abnormal Psychology, Chapter 13, pages 412–439 Bernheim, Chapter 8, Lanahan Cases 36, 37, pages 248–261; Reading 38, pages 262–272	*Self-Study			
14	Abnormal Psychology, Chapter 14, pages 440–477 Lanahan Cases 31, 32, pages 209–222; Reading 34, pages 230–233 Online reading: Peele, Stanton, "The Cultural Context of Psychological Approach to Alcoholism. Can We Control the Effects of Alcohol?" American Psychologist, 39, 1337–1351 (1984). http://www.peele.net/lib/approach.html				
15	Abnormal Psychology, Chapter 15, pages 478–513 Bernheim, Chapter 10, Lanahan Cases 43–45, pages 300–320 Multiple-choice and Essay				

	Reading	Written Assignment	Date Submitted
p L	Abnormal Psychology, Chapter 16, pages 514–549 Lanahan Cases 46, 47, pages 321–332	*Self-Study	
E	Abnormal Psychology, Chapter 17, pages 550–579 Bernheim, Lanahan Case 4, pages 19–23; Cases 51, 52, pages 368–403; Chapter 12, pages 411–444	*Self-Study	

Lesson 1 Self-Study Introduction to Abnormal Psychology

Lesson Objectives

After successfully completing this lesson, you should understand:

- 1-1 the problems encountered in attempting to define abnormal behavior;
- 1-2 how abnormal behavior may be defined in terms of adaptation;
- 1-3 the usefulness of the concepts of resilience and vulnerability;
- 1-4 the epidemiology of maladaptive behavior;
- 1-5 the changes in the ways the mentally ill have been treated;
- 1-6 the various explanations of mental illness that have been held historically; and also
- 1-7 the vocabulary of research design, with the ways research information is gained, and to know the advantages and drawbacks of various methods of study.

Reading Assignment

Abnormal Psychology, Chapter 1, pages 2–43 Lanahan Cases 1, 2, pages 1–11; Readings 3, 4, pages 12–18

Important Terms

stigma	adaptive	maladaptive	risk factors	movements in psychology
resilience	incidence	prevalence	statistical analysis	assessment studies
case studies	hypothesis	variables	vulnerability	

Lecture

How do you decide on a definition of abnormal behavior? What criteria would you use to decide if a person is mentally ill? Is the term "mental illness" itself misleading, in that it implies that psychological disorder is akin to mental illness? These are the kinds of issues that we must grapple with in approaching the topic of abnormal psychology.

The authors of your textbook, *Abnormal Psychology*, take an **interactional** approach to abnormal behavior. People have problems because of interactions involving their own personal attributes and the situations and challenges they confront in life. Mental illness can be defined in terms of **adaptive** behavior; that is, **abnormal** behavior amounts to **inadequate** adaptive behavior. Two factors that determine how we adapt are **vulnerability** and **resilience**, concepts that are returned to throughout the text. These factors may influence whether we are more likely to show symptoms in response to stress (vulnerability), or adapt well to adversity (resilience).

Chapter 1 introduces the reader to the historical views of mental illness. In the beginning, there were two models used to explain mental illness: a **supernatural** model, which presumes that mental illness is the work of a spirit or demon, and an **organic** model, which presumes that mental illness is the product of a bodily process such as an imbalance of the humors. A third approach, the **psychological** approach, is of much more recent origin, dating back to the 1800s. In this approach, psychological processes such as defense mechanisms are thought to be the cause of mental illness.

To bring this all together, the text introduces the reader to various research methods. One source of research information comes from **epidemiology**, a field of medical science that deals with disease transmission and control; in this field, growth rates of particular disorders, as a function of various risk-

factors, are of interest. Other information comes from the source of **case studies**, or, **correlational studies**, which document the relationship between uncontrolled events, and **experimental studies**, where the investigator has control over the independent variable. Basically, the approach of the investigator, and therefore the type of study, depends on what you are trying to measure, and on whether the experimental control is either practical or ethical.

Written Assignment (Self-Study)

Check your answers with the Self-Study Answer Key in this study guide.

MULTIPLE-CHOICE

- 1. What is the primary focus of the field of abnormal psychology?
 - a. group processes
 - b. maladaptive behavior
 - c. prevention programs
 - d. pharmacological treatments
- 2. What focus of St. Augustine's writings led him to be described as a forerunner of modern psychodynamic theories?
 - a. the unconscious
 - b. introspection
 - c. sexuality
 - d. aggression
- 3. Stigmatization can
 - a. require extended hospitalization to deal with events that prevent recovery.
 - b. lead to diminished self-esteem and increase pathology, but does not retard recovery.
 - c. be either external, internal, or a combination of the two.
 - d. increase self-esteem depending on if presenting factors are external or internal.
- 4. The year is 1949 and a patient at a mental hospital is being prepared for a lobotomy, which is a new surgical intervention for treating mental illnesses. Many staff members are unfamiliar with the procedure, so they are full of questions. When they inquire they are told that a lobotomy involves cutting the fibers that connect the
 - a. left and right hemispheres.
 - b. cerebellum and parietal lobe.
 - c. frontal lobe and thalamus.
 - d. limbic system and occipital lobe.
- 5. As a young boy, Jamar saw another child killed in a car accident. As an adult, he witnessed a terrible multi-car pileup and fire and found himself frozen and unable to respond to the desperate cries for help from the occupants who were trapped in the burning wreckage. Jamar's inability to respond in this case may be due to his unique
 - a. vulnerability.
 - b. adaptation.
 - c. resiliency.
 - d. adjustment.

- 6. What term do we use for data that describe the frequency of a disorder at a particular point in time?
 - a. prevalence
 - b. experimental
 - c. incidence
 - d. longitudinal
- 7. When a psychologist describes behavior as maladaptive, this indicates that a
 - a. problem exists but the person can maintain the ability to deal with stress.
 - b. person may have a problem but coping strategies can still be implemented.
 - c. problem exists and the person has vulnerability which led to problems in living.
 - d. problem exists but the person is not in danger to others but may be a danger to self.
- 8. Double-blind studies are designed to reduce
 - a. eye strain.
 - b. side effects.
 - c. expectation effects.
 - d. animal research.
- 9. Plato believed that disturbed behavior grew out of conflicts between
 - a. biological and psychological stressors.
 - b. emotion and reason.
 - c. individuals and the community.
 - d. children and parents.
- 10. Adaptation is the ability to
 - a. feel at peace with oneself.
 - b. master the environment.
 - c. learn the expectations of one's social group.
 - d. modify behavior in response to change.

ESSAYS (At least one-half page per question)

- 1. What are some factors associated with rates of mental disorder diagnoses?
- 2. What are the functions and characteristics of a good theory?