****Behavior Disorders (Psy 853)****

**12:40-3:30 Mondays**

**Fall 2020**

**VIRTUAL**

**Zoom Link:** https://msuhipaa.zoom.us/j/98551031369?pwd=cWhZUzFpbHhuLy8yRHF4QU1VdHpBUT09

**Passcode:** 358777

**Instructor:** Kelly Klump, Ph.D.

**Office:**  VIRTUAL

**Phone:**  432-3665 (email is best!)

**E-mail:**  klump@msu.edu

**Virtual Office Hours: See information below**

### Course Overview

The overall purpose of this course is to allow students to become informed and adept diagnosticians. Psychiatric diagnosis forms the basis of most activities of a clinical psychologist, from case conceptualization to intervention to research of the causes, epidemiology, and treatment of psychological disorders. By the end of the course, students will gain knowledge in research methods, the history of diagnostic classification, the current diagnostic nomenclature, differential diagnosis, the influence of culture on classification, and the ways in which individual and cultural diversity influence diagnostic practices and the prevalence/expression of psychopathology.

### Course Objectives

Students are expected to acquire the following knowledge and skills:

* An understanding of ***basic research methods*** for investigating psychopathology
* An understanding of the ***history of diagnostic classification***
* A ***working knowledge of the DSM-5*** and other classification systems that includes an ***in-depth understanding of the symptoms*** that comprise the major adult psychiatric disorders and an ***ability to engage in effective differential diagnosis***
* ***Knowledge of the influence of culture, race, ethnicity, gender identity, sexual orientation, and socioeconomic class*** on diagnostic practices and the prevalence and expression of psychopathology
* An ***awareness of how privilege and oppression impact*** mental health and psychiatric diagnoses

### APA Domain-Specific Knowledge (DSK) Requirements and Competencies that are Addressed

1. APA DSK Requirements:
	1. Research Methods
	2. History of Psychology
2. APA Competencies:
	1. Assessment
		1. Knowledge of Measurement and Psychometrics:
			1. Demonstrates awareness of the benefits and limitations of standardized assessment
			2. Demonstrates knowledge of initial interviewing methods (both structured and semi-structured interviews, mini-mental status exam)
		2. Diagnosis:
			1. Identifies DSM criteria
			2. Articulates relevant developmental features and clinical symptoms as applied to presenting question
			3. Demonstrates ability to identify problem areas and to use concepts of differential diagnosis
		3. Conceptualization and Recommendations:
			1. Discusses diagnostic formulation and case conceptualization in courses
			2. Presents cases and reports demonstrating how diagnosis is based on case material
	2. Individual and Cultural Diversity
		1. Self as shaped by individual and cultural diversity
			1. Articulates how ethnic group values influence who one is and how one relates to other people
			2. Articulates dimensions of diversity (e.g., race, gender, sexual orientation)
		2. Others as shaped by individual and cultural diversity
			1. Demonstrates knowledge, awareness and understanding of the way culture and context shape the behavior of other individuals
			2. Articulates beginning understanding of the way culture and context are a consideration in working with clients
			3. Demonstrates understanding that others may have multiple cultural identities
		3. Interaction of self and others as shaped by individual and cultural diversity and context
			1. Demonstrates knowledge, awareness, and understanding of interactions between self and diverse others
		4. Applications based on individual and cultural context
			1. Demonstrates basic knowledge of literatures on individual and cultural differences and engages in respectful interactions that reflect this knowledge
			2. Demonstrates knowledge of ICD literature and APA policies, including guidelines for practice with diverse individuals, groups and communities
			3. Demonstrates awareness of effects of oppression and privilege on self and others

### Virtual Office Hours

In past years, office hours for this course were by appointment only. However, during this difficult and all virtual time, it may be helpful for students to have additional face-to-face time with faculty to ask questions about the course, MSU, or the clinical science program in general.

Thus, I will hold virtual office hours via Zoom (using the same class Zoom link) **every other Thursday from 1:00-2:00 pm**. The dates of these office hours are:

9/10

9/24

10/8

10/22

11/5

11/19

12/3 (11/26 is Thanksgiving!)

However, I am also available for meetings by appointment as well, particularly if the Thursday time does not work for you, or an issue has come up during one of the in-between weeks. Please feel free to email me if you would like to set up an appointment.

### Required Readings

1. Research Methods:
	1. Kazdin, A. E. (Ed.) (2003). *Methodological Issues & Strategies in Clinical Research*, 3rd edition. Washington, D.C.: American Psychological Association.
		1. We will have one lecture based on readings from this book. These readings provide an overview of research methods in psychopathology research.
	2. Kazdin, A. E. (2003). *Research Design in Clinical Psychology*, 4th Edition. Boston, MA: Allyn & Bacon.
		1. We will not have any lectures from this book. It is recommended, background reading for your clinical science training.
2. DSM Readings:
	1. American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5).* Washington, DC: American Psychiatric Association.
3. Course-Pack Readings:
	1. Several additional readings will discuss the history of psychiatric classification, models of psychopathology, and individual and cultural diversity. Most readings can be found on-line via the MSU library; readings that are not accessible in that way will be forwarded to students.

### Course Requirements

#### Exams (60% of grade): There will be two, non-cumulative exams that are CLOSED NOTE. Each exam will count towards 30% of your grade (see dates for exams in class schedule below). All exams will be a combination of multiple-choice questions (focusing on prevalence, sex differences, racial/ethnic differences, and course) and short answer/essay questions (focusing on course pack readings and differential diagnoses via DSM 5 criteria).

#### Make-up exams are not given. The only exceptions to this rule are personal illness or deaths in the family. Any students requesting a make-up exam for these reasons must receive prior permission from the instructor, which will include written documentation (e.g., doctor’s note) of the circumstances.

#### Semi-Structured Interviews (15% of grade): You will be required to learn and practice giving the Cultural Formulation Interview (CFI) and the Major Depressive Disorder (MDD) module of the MINI to a classmate. The goal of this assignment is for you to become familiar and comfortable with administering both of these interviews in your intakes/initial sessions with a client. These interviews can be incredibly useful for ensuring that you: 1) perform your initial assessments in a culturally responsive manner; and 2) collect systematic information about DSM 5 symptoms of disorders that decreases bias and increases the reliability and validity of your diagnoses.

You will be paired with a classmate for these practices. It will be up to you and your partner to decide how much practice is needed and how to structure the practice. It is expected that you will provide each other with explicit feedback during the practice sessions to help each other learn the interview and start to develop peer consultation/supervision skills. It will be important to give honest feedback, including constructive criticism, in order to help your partner learn the interviews. Providing feedback that all is well, when there are areas for improvement, will not help your partner succeed and will not help you develop the skills necessary to be an effective supervisor and clinical scientist.

You will be required to videotape one administration of the CFI and one administration of the MINI MDD section. You will then identify, together, a clip from each interview that you both felt went well/adhered to the interview structure/rules, and a second clip that you felt could use improvement. One clip from each student will then be shared with the class and discussed during the “Lab” portion of lecture. Each pair can decide which clip to show, but they must show one clip of the CFI and one clip of the MINI MDD.

**The pair showing the clips will outline what they see as one major strength and one area for improvement in the clips**. Classmates will be expected to give explicit feedback about the clips as well, sharing their own views of strengths/areas for improvement.

***Please note that it is NOT expected that you will be able to do either interview perfectly or up to typical reliability standards!*** The purpose of this assignment is for you to practice your interviewing (and peer supervision) skills and become familiar with both instruments so that you could, conceivably, begin to use these or related tools in your practicum work in the future.

In line with these goals, the grading of this assignment will be based on:

1. Adherence to the requirements of the assignment - one clip per student is presented, and there is one CFI and one MINI MDD clip shared with the class.
2. Appropriate selection of clips that show strengths and areas for improvement (i.e., it will not suffice to show two clips that do not show areas for improvement!);
3. A succinct and explicit description of one strength and one area for improvement by each pair;
4. When serving as an audience member, feedback is provided to each student regarding strengths and areas for improvement.

***Integration Paper (15% of grade):*** This semester, we will be discussing individual and cultural diversity and social justice. You are also taking a class with Dr. Buchanan that focuses exclusively on these topics. Understanding these important areas and how they impact your work will require that you actively incorporate the information into your clinical science training.

In order to help facilitate your learning in this area, you will be required to write a thought paper that integrates information about universal biases in clinical judgment with an analysis of your own privilege statuses and the ways in which these two inter-related sets of biases may impact your conceptualization and diagnosis of psychiatric disorders in individuals from advantaged and disadvantaged groups.

Before writing the paper, you must read the following papers:

* + Arkes, H.R. (1981). Impediments to accurate clinical judgment and possible ways to minimize their impact. *Journal of Consulting and Clinical Psychology, 49(3),* 323-330.
	+ Chapman, L.J., & Chapman, J.P. (1967). Genesis of popular but erroneous psychodiagnostics observations. *Journal of Abnormal Psychology, 72(3),* 193-204.
	+ Dawes, R.M., Faust, D.F., & Meehl, P.E. (1989). Clinical versus actuarial judgment. *Science, 243*, 1668-1673.

In addition, you will need to complete all of the required Implicit Attitudes Tests (see “Activities” in the Course Schedule below). These IAT assignments will make you more aware of potential blind spots. You will not be required to discuss the results of your IATs in class – the purpose of completing the tests is to increase awareness of your implicit attitudes to better address them in your diagnostic skills overall and your clinical science training. The tests should also help you write the integration/thought paper and identify the ways that privilege and implicit attitudes may interact with common cognitive biases and impact your conceptualization and diagnosis of psychiatric disorders.

After reading the papers and completing all IATs, you must write a thought paper (7-page minimum) that integrates information from all three of these papers, lectures, and information you learned from the IATs in the following ways:

1. Identify areas of your own privilege, lack of privilege, and implicit attitudes that you think will affect your conceptualization and diagnosis of psychopathology. Please be sure to use information you learned from the IATs in your paper.
2. Describe how these issues might affect your overall view of mental disorders.
3. Describe the ways in which these privileged statuses and attitudes may interact with common clinical/cognitive biases in all of us (hint – those described in the papers above and in our course (e.g., Strakowski)) and affect your conceptualization and diagnosis of psychiatric disorders with individuals from advantaged and disadvantaged groups. Please comment on the ways in which your diagnostic skills may be negatively biased (e.g., leading to misdiagnosis) and positively biased (i.e., leading to greater sensitivity and possibly greater accuracy in your diagnoses). Be sure to focus on conceptualization/diagnosis and NOT treatment. Treatment will be covered in subsequent courses - you will be marked down if you focus on treatment in this paper.
4. Describe at least two concrete steps you will take to try to guard against any negative biases that may occur. At least one of these steps must be one that is discussed in the readings assigned above or in other class articles/readings.

Although this is a thought paper, you should still provide citations for articles that drive your ideas. The paper must be in APA format. **The paper is due on the last day of class. Please email me your papers PRIOR to the start of this class period.**

***Class Participation (10% of grade):*** Students will be expected to leave their video on during class time and participate in class discussions and exercises. Most discussion will revolve around the DSM 5 criteria, your course pack readings, and applying information learned about individual and cultural diversity to the course material. We will also view videoclips that will provide ample material for class discussions.

You should be sure to read all assigned material for a particular day before class, so that you can actively participate in discussions. We will have a somewhat structured discussion of articles that are indicated with a \*\* in the list of readings below. For these articles, you should come to class ready to answer the following questions:

1. What is the main, “take home” message from this article? This can typically be summarized in 2-4 sentences.
2. What is one thing that I liked about the article?
3. What is one thing I wish they would have done differently, what is one point I disagree with, etc.?

I will randomly call on members of the class to lead the discussion of an article by providing their answers to these three questions. Classmates will then discuss whether they had a different take home message, what they liked/disliked, questions they had/observations, etc. Importantly, articles are covered in questions on both exams, and the exam questions are always #1 above (i.e., please tell me the main, “take home” message from this paper). Thus, your preparation of these questions each week will not only ensure that you can participate in the class discussions, but it will also serve as a study guide for each exam.

There is a chance that we will not be able to discuss each \*\* article in a given week. In that case, students are welcome to email me their answers to these questions for feedback on question #1, since this question could appear on an exam for that article.

Readings that are not indicated with a \*\* will not be the focus of class discussions, as they are typically informational readings rather than those that would engender discussion. You are still required to know the information in those readings.

**Grading**

Course grades will not be curved, but a modified grading scale will be used. At the end of the course, the total points earned will be summed for each student. The highest sum will be considered a “perfect” score of 100%. The grading scale will then be based on this perfect score, i.e., 90-100% of that score will be a 4.0, 86-89% will be a 3.5, 80-85% will be a 3.0, etc.

Barring extreme extenuating circumstances, incompletes in the course will not be given. It is the student’s responsibility to be conscientious in studying and time management.

**Accommodations for Students with Disabilities**

Michigan State University and the Clinical Science Program are committed to providing equal opportunity for participation in all programs, services, and activities. Requests for accommodations may be made by contacting me as soon as possible (and at least three weeks prior to the accommodation date (exam, paper, etc.)). We will work with the Resource Center for Persons with Disabilities (517-884-RCPD; rcpd.msu.edu) to explore accommodations for course assignments.

**Cell Phone and Internet Use**

Please turn off your phone, turn off your email, and refrain from searching the web during class. I promise to do the same! In order for us to engage in the material and learn the skills needed to ethically and competently assess our clients, we must be fully present and free from distractions during class time.

**Student Access to Lecture Notes**

As a general policy, I do not share my lecture notes or PowerPoint presentations. A key skill for clinical scientists is to learn how to synthesize information and take accurate notes for use in clinical assessments, therapy, research, and consultation. If you must miss class, please ask a classmate for their lecture notes, and be sure to reciprocate when you are asked by a classmate as well!

**Limits to Confidentiality**

Papers, written assignments, and other class materialsare generally considered confidential pursuant to the University's student record policies. However, you should be aware that University employees, including instructors, may not be able to maintain confidentiality when it conflicts with their responsibility to report certain issues to protect the health and safety of MSU community members and others.  As the instructor, I must report the following information to other University offices (including the Department of Police and Public Safety) if you share it with me:

* Suspected child abuse/neglect, even if this maltreatment happened when you were a child;
* Allegations of sexual assault, relationship violence, stalking, or sexual harassment; and
* Credible threats of harm to oneself or to others.

These reports may trigger contact from a campus official who will want to talk with you about the incident that was shared.  In almost all cases, it will be your decision whether you wish to speak with that individual. If you would like to talk about these events in a more confidential setting, you are encouraged to make an appointment with the MSU Counseling and Psychiatric Services.

In addition, please note that it is Psychology Department policy that faculty and staff (including instructors) report concerns about student behaviors that may present an imminent risk to the health and safety of the individual or others to emergency services by calling 911 or the MSU Police Department non-emergency line at 517-355-2221. Further, faculty, staff, and instructors are encouraged to forward information about students experiencing non-emergency emotional distress or behavioral concerns to the MSU Behavioral Threat Assessment Team via the online reporting form (btat.msu.edu). This reporting follows the BTAT Green Folder protocol (stored on the Psychology shared server in the “Department Policies and Documents” folder) that includes guidance about reporting and how to support students during crises.

**Academic Dishonesty**

Academic dishonesty in any form (e.g., cheating on an exam, plagiarism) will not be tolerated and will be addressed according to MSU’s policy on academic dishonesty (see <https://ombud.msu.edu/resources-self-help/academic-integrity/what-is>). Actions taken could include a penalty grade (e.g., receiving a score of 0 on the assignment) and the filing of an Academic Dishonesty Report (see <https://ombud.msu.edu/sites/default/files/content/Academic%20Dishonesty%20Report%20Handout.pdf>).

### Course Schedule

Be sure to check the page numbers that are required carefully; for some readings, you only need to read part of the article or book chapter. **Also, be sure to read the articles in the order presented below!** In many cases, the articles build upon each other, and reading them in the order listed will enhance comprehension and engagement in the material.

There will be several assigned papers that focus on examining the dimensional versus categorical structure of psychopathology. These papers commonly use structural equation modeling to examine dimensional effects. When reading these papers, it is not necessary to focus on the quantitative models or trying to understand them! You should instead focus on the main findings produced from the models in terms of the dimensional, categorical, or hybrid nature of psychopathology.

Finally, please note that the course schedule is tentative. It is the student’s responsibility to be aware of changes announced in class.

**Research Methods and Individual and Cultural Diversity**

* Texts:
	+ Kazdin, A. E. (Ed.) (2003). *Methodological Issues & Strategies in Clinical Research*, 3rd edition. Washington, D.C.: American Psychological Association. **CHAPTERS 1 and 4.** Kazdin, A. E. (2003). *Research Design in Clinical Psychology*, 4th Edition. Boston, MA: Allyn & Bacon. **CHAPTERS 15 & 16 (RECOMMENDED READING ONLY)**

Course-pack Readings:

* + **\*\*Roberts, S.O., Bareket-Shavit, C., Dollins, F.A., Goldie, P.D., & Mortensen, E. (in press). Racial inequality in psychological research: Trends of the past and recommendations for the future. *Perspectives on Psychological Science.***
	+ \*\*Clauss-Ehlers, C.S., Chiriboga, D.A., Hunter, S.J., Roysircar, G., & Tummala-Narra, P. (2019). APA Multicultural Guidelines executive summary: Ecological approach to context, identity, and intersectionality. American Psychologist, 74(2), 232-244.

**History of Diagnostic Classification**

* Texts:
	+ DSM pp. xli-xliv (Preface); pp. 5-24
* Course-pack Readings:

History of Diagnostic Classification (**VERY important to read these articles in the order below!**)

* + **\*\***Rosenhan, D.L. (1973). On being sane in insane places. *Science*, *179*, 250-258.
	+ **\*\***Spitzer, R.L. (1975). On pseudoscience in science, logic in remission, and psychiatric diagnosis: A critique of Rosenhan’s “On being sane in insane places”. *Journal of Abnormal Psychology, 84(5),* 442-452.
	+ Lilienfeld, S.O., Smith, S.F., & Watts, A.L. (2017). Diagnosis: Conceptual issues and controversies. In W.E. Craighead, D.J. Miklowitz, & L.W. Craighead (Eds.), *Psychopathology: History, Diagnosis, and Empirical Foundations (3rd Edition).* Hoboken, New Jersey: John Wiley & Sons, Inc.

Dimensional Classification Systems

* + **\*\***Caspi, A., Houts, R.M., Belsky, D.W., Goldman-Mellor, S.J., Harrington, H.L., Israel, S., Meier, M.H., Ramrakha, S., Shalev, I., Poulton, R., & Moffitt, T.E. (2014). The p factor: One general psychopathology factor in the structure of psychiatric disorders? *Clinical Psychological Science, 2(2)*, 119-137.
	+ Kotov, R. et al. (2017). The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology*, *126(4),* 454-477.

Individual and Cultural Diversity

* + \*\*Drescher, J. (2015). Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD. *International Review of Psychiatry, 27(5),* 386-395.
	+ \*\*Raifman, J., Moscoe, E., Austin, B., Hatzenbuehler, M.L., & Galea, S. (2018). Association of state laws permitting denial of services to same-sex couples with mental distress in sexual minority adults. *JAMA-Psychiatry, 75(7),* 671-677.

**Cultural Formulation Interview (CFI)**

* Activity:
	+ Complete the Race IAT found here: https://implicit.harvard.edu/implicit/selectatest.html
	+ Watch the following video demonstration (~1 hour) of the administration of the CFI: <https://www.youtube.com/watch?v=IqFrszJ6iP8>
* Texts:
	+ DSM pp. pp.749-759; pp. 833-837
* Course-Pack Readings:
	+ \*\*Buchanan, N.T., & Greene, B. (in press). Diagnosis and assessment with Black Americans: Reducing bias and improving assessment outcomes. In Leong, F.T., Bernal, G., & Buchanan, N. T. (Eds.), Clinical Psychology of Racial and Ethnic Minorities: Integrating Research and Practice.
	+ \*\*Sheppard, M. (2002). Mental health and social justice: Gender, race, and psychological consequences of unfairness. *The British Journal of Social Work. 32(6),* 779-797.

**Psychotic Disorders**

* Day 1
	+ Texts:
		- DSM pp. 87-110; p. 122; p. 655-659 (Schizotypal PD)
* Day 2/3:
	+ Course-Pack Readings:
		- \*\*Strakowski, S.M., Flaum, M., Amador, X., Bracha, H.S., Pandurangi, A.K., Robinson, D., & Tohen, M. (1996). Racial differences in the diagnosis of psychosis. *Schizophrenia Research*, *21*, 117-124.
		- \*\*Strakowski, S.M., Hawkins, J.M., Keck, P.E., McElroy, S.L., West, S.A., Bourne, M.L., Sax, K.W., & Tugrul, K.C. (1997). The effects of race and information variance on disagreement between psychiatric emergency service and research diagnoses in first-episode psychosis. *Journal of Clinical Psychiatry*, *58*, 457-463.
		- \*\*Olbert, C.M., Nagendra, A., & Buck, B. (2018). Meta-analysis of Black vs. White racial disparity in schizophrenia diagnosis in the United States: Do structured assessments attenuate racial disparities? *Journal of Abnormal Psychology, 127,* 104-115.

**Mood Disorders**

* Day 1
	+ Texts:
		- DSM pp. 123-141; p. 148-149; p. 155-174; pp. 183-184
* Day 2/3:
	+ Activity:
		- Complete the Asian IAT found here: https://implicit.harvard.edu/implicit/selectatest.html
	+ Course-Pack Readings:
		- \*\*Bowden, C.L. (2001). Strategies to reduce misdiagnosis of bipolar depression. *Psychiatric Services, 52,* 51-55.
		- \*\*Kalibatseva, Z., & Leong, F.T.L. (2011). Depression among Asian Americans: Review and recommendations. *Depression Research and Treatment.*  doi:10.1155/2011/320902
		- \*\*Alegria, M., Shrout, P.E., Canino, G., Alvarez, K., Wang, Y., Bird, H., Markle, S.L., Ramos-Olazagasti, M., Rivera, D.V., Cook, B.L., Musa, G.J., Falgas-Bague, I., NeMoyer, A., Dominique, G., & Duarte, C. (2019). The effect of minority status and social context on the development of depression and anxiety: A longitudinal study of Puerto Rican descent youth. *World Psychiatry, 18 (3),* 298-307.

**Structured Clinical Interviews**

* + \*\*Miller, P.R., Dasher, R., Collins, R., Griffiths, P., & Brown, F. (2001). Inpatient diagnostic assessments: 1. Accuracy of structured vs. unstructured interviews. Psychiatry Research, 105, 255-264.
	+ \*\*Miller, P.R. (2002). Inpatient diagnostic assessments: 3. Causes and effects of diagnostic imprecision. Psychiatry Research, 111, 191-197.
	+ Sheehan, D.V. (2016). MINI International Neuropsychiatric Interview (M.I.N.I.). English Version 7.0.1 for DSM 5.

**Anxiety and Trauma-Stressor Related Disorders**

* Day 1
	+ Texts:
		- DSM pp. 197-226; p. 233; pp. 235-242; pp. 247-251; pp. 271-290
* Day 2/3
	+ Activity:
		- Complete the Sexuality IAT, Transgender IAT, and Arab-Muslim IAT found here: https://implicit.harvard.edu/implicit/selectatest.html
	+ Course-Pack Readings:
		- \*\*Eaton, N.R., Krueger, R.F., Markon, K.E., Keyes, K.M., Skodol, A.E., Wall, M., & Hasin, D.S., Grant, B.F. (2013). The structure and predictive validity of the internalizing disorders. *Journal of Abnormal Psychology*, *122*, 86-92.
		- \*\*Puckett, J.A., Maroney, M.R., Wadsworth, L.P., Mustanski, B., & Newcomb, M.E. (2019). Coping with discrimination: The insidious effects of gender minority stigma on depression and anxiety in transgender individuals.

**Substance Use Disorders**

* Activity:
	+ Complete the Native American IAT found here: https://implicit.harvard.edu/implicit/selectatest.html
* Texts:
	+ DSM pp. 481-485; 490-497; pp. 502-503
* Course-Pack Readings:
	+ \*\*Szlemko, W.J., Wood, J.W., & Thurman, P.J. (2006). Native Americans and alcohol: Past, present, future. *The Journal of General Psychology, 133(4),* 435-451.
		- Recommended (not required) reading: Beals, J., Novins, D.K., Whitesell, N.R., Spicer, P., Mitchell, C.M., Manson, S.M., & American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project Team (2005). Prevalence of mental disorders and utilization of mental health services in two American Indian reservation populations: Mental health disparities in a national context. *American Journal of Psychiatry*, *162,* 1723-1732.
	+ \*\*Eaton, N.R, Keyes, K.M., Krueger, R.F., Balsis, S., Skodol, A.E., Markon, K.E., Grant, B.F., & Hasin, D.S. (2012). An invariant dimensional liability model of gender differences in mental disorder prevalence: Evidence from a national sample. *Journal of Abnormal Psychology*, *121*, 282-288.
	+ \*\*Eaton, N.R., Keyes, K.M., Krueger, R.F., Noordhof, A., Skodol, A.E., Markon, K.E., Grant, B.F., & Hasin, D.S. (2013). Ethnicity and psychiatric comorbidity in a national sample: Evidence for latent comorbidity factor invariance and connections with disorder prevalence. *Social Psychiatry and Psychiatric Epidemiology*, *48*, 708-710.
	+ \*\*Rodriguez-Seijas, C., Stohl, M., Hasin, D.S., & Eaton, N.R. (2015). Transdiagnostic factors and mediation of the relationships between perceived racial discrimination and mental disorders. *JAMA Psychiatry, 72(7),* 706-713.

**Eating Disorders**

* Activity:
	+ Complete the Weight IAT found here: https://implicit.harvard.edu/implicit/selectatest.html
* Texts:
	+ DSM p. 329; 338-354
* Course-Pack Readings:
	+ \*\*Becker, C.B., Middlemass, K., Taylor, B., Johnson, C., & Gomez, F. (2017). Food insecurity and eating disorder pathology. *International Journal of Eating Disorders, 50,* 1031-1040.
	+ \*\*Stoll, L.C. (2019). Fat is a social justice issue, too. *Humanity and Society,* 1-21.
	+ \*\*Nutter, S., Russell-Mayhew, S., Alberga, A.S., Arthur, N., Kassan, A., Lund, D.E., Sesma-Vazuez, M., & Williams, E. (2016). Positioning of weight bias: Moving towards social justice. *Journal of Obesity.* http://dx.doi.org/10.1155/2016/3753650

**Personality Disorders \*\*\*Guest Lecturer: Evan Good\*\*\***

* Activity:
	+ Complete the Religion IAT found here: https://implicit.harvard.edu/implicit/selectatest.html
* Texts:
	+ DSM pp. 645-682 (within these pages, you only have to read the criteria for avoidant, borderline, narcissistic, antisocial, and obsessive-compulsive personality disorders – you can skip the criteria and text for the other disorders listed); pp. 761-763 only.
* Course-Pack Readings:
	+ Morey, L.C., Berghuis, H., Bender, D.S., Verheul, R., Krueger, R.F., & Skodol, A.E. (2011). Toward a model for assessing level of personality functioning in DSM-5, Part II: Empirical articulation of a core dimension of personality pathology. *Journal of Personality Assesssment, 93(4),* 347-353.
	+ \*\*McGilloway, A., Hall, R.E., Lee, T., & Bhui, K.S. (2010). A systematic review of personality disorder, race and ethnicity: Prevalence, aetiology, and treatment. *BMC Psychiatry, 10:33.*

### Course Schedule At-A-Glance

|  |  |  |
| --- | --- | --- |
| **Week** | **Date** | **Tentative Topic** |
| 1 | 9/2 | Research MethodsIndividual and Cultural Diversity |
| 2 | 9/7 | **No class, Labor Day ☺** |
| 3 | 9/14 | History of Classification |
|  | 9/21 | Cultural Formulation Interview Psychotic Disorders  |
| 5 | 9/28 | Psychotic Disorders  |
| 6 | 10/5 | Psychotic DisordersMood Disorders |
| 7 | 10/12 | Mood Disorders (cont.) |
| 8 | 10/19 | Mood Disorders (cont.) |
| 9 | 10/26 | **MID-TERM EXAM**Semi-structured interviews and the MINI  |
| 10 | 11/2 | Anxiety and Trauma-Stressor Related Disorders |
| 11 | 11/9 | Anxiety and Trauma-Stressor Related Disorders (cont.)  |
| 12 | 11/16 | Anxiety and Trauma-Stressor Related Disorders (cont.)**Lab – CFI and MINI Video Viewings**  |
| 13 | 11/23 | Substance Use Disorders |
| 14 | 11/30 | Eating Disorders  |
| 15 | 12/7 | Personality Disorders – Evan Good (Guest Lecturer)**PAPER IS DUE** |
| 16 | 12/15 | **FINAL EXAM (3:00-5:00 pm)** |

Note. Please note that this course schedule is tentative, and it is the student’s responsibility to stay informed of changes to the course schedule that are announced in class or in class emails.