

UWUCC Appr 317/06

## Undergraduate Distance Education Review Form

(Required for all courses taught by distance education for more than one-third of teaching contact hours.)

### Existing and Special Topics Course

Course: PSYC 221

Instructor(s) of Record: Kim Husenits, Psy.D.

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Email: husenits@iup.edu

#### Step One: Proposer

A. Provide a brief narrative rationale for each of the items, A1- A5.

1. How is/are the instructor(s) qualified in the distance education delivery method as well as the discipline?

*I taught PSYC 221 (Abnormal Psychology) in a classroom format for 10 years.*

*summer formats. As well, my instruction in this course has been observed and approved by the Psychology Department faculty. I previously co-taught PSYC 793 utilizing some aspects of WebCt and will attend a department sponsored training session with WebCt technology instructors.*

students to meet course objectives (2) unless it is necessary to do so.

Step Two: Departmental/Dean Approval

**PSYC 221 - Abnormal Psychology**

**Credits: 3.00**

The description, causes, and treatment of behaviors labeled abnormal in our society are studied from experimental and clinical points of view.

**Lecture: 3.00**

**College: College of Nat Sci and Math**

**Department: Psychology**

**Must be enrolled in one of the following Level(s):**

**Graduate**

**Undergraduate**

**Pre-requisites: PSYC 101 Minimum Grade: D or PC 101 Minimum Grade: D**

PC-321 Abnormal Psychology  
 Spring 2000  
 Section 002  
 M, W, F 11:45a-12:45p

Dr. Kim Husenits  
 Office: Uhler 216 Phone: x7978  
 Office Hours: MWF 1-2 pm  
 e-mail: Kimh@mississippi.net

### COURSE SYLLABUS

**REQUIRED TEXTS:** Nolen-Hoeksema, S. (1998). Abnormal Psychology. McGraw-Hill.  
 Nolen-Hoeksema, S. (1998) Clashing Views on Abnormal Psychology. McGraw-Hill.

DATE	TOPIC	READING
Jan. 19	Introduction	-----
21	History of Abnormal Psychology	Chapt. 1
24	Criteria for defining Abnormality	Chapt. 1
26, 28, 31	Current Paradigms	Chapt. 3
Feb. 2, 4, 7	Assessing & Diagnosing	Chapt. 2
9	<i>Debates 1 &amp; 2</i>	
11	<b>EXAM 1</b>	
14, 16	Anxiety Disorders	Chapt. 4
18, 21	Mood Disorders/Suicide	Chapt. 5
23, 25, 28	Film - Ordinary People	
Mar. 1, 3	Schizophrenia	Chapt. 6
	<i>Spring Break March 4-12</i>	
13	Psychophysiological Disorders	Chapt. 13
15	Somatoform Disorders	Chapt. 7
	<b><u>ORDINARY PEOPLE PAPER DUE 3/15</u></b>	
17	<i>Debates 3 &amp; 4</i>	
20	<b>EXAM 2</b>	
22	Dissociative Disorders	Chapt. 7
24, 27	Personality Disorders	Chapt. 8
29	Substance Use Disorders	Chapt. 12
31	Film - Shattered Spirits	
Apr. 3	Film - Shattered Spirits	
5	<i>Debates 5 &amp; 6</i>	
7	<b>EXAM 3</b>	
10	Legal Issues	Chapt. 16
12	Ethical Issues	Chapt. 16

**COURSE REQUIREMENTS:** This course will consist of lectures, class discussions, class debates and three written assignments. Students are expected to have read assigned materials and to be prepared for full participation in class. There will be four multiple

choice/short answer exams (including the final exam), each covering *both* lecture and textbooks materials. Exams are not specifically cumulative; however, mastery of early material is necessary for comprehension of later course material.

**EVALUATION:** Evaluation of performance will be determined by: (1) three exams (60 points each); (2) three written assignments (15 pts. each); (3) class debates (50 pts.); and

PSYC 321 Abnormal Psychology  
Summer 2 2006

Section

Dr. Kim Husenits  
IUP Office: Uhler 216  
IUP Phone: 724-357-7978  
email: husenits@iup.edu

## ONLINE COURSE SYLLABUS

**REQUIRED TEXTS:** Kring, A.M., Davison, G. C., Neale, J. M. & Johnson, S. L. (2006). *Abnormal Psychology (10<sup>th</sup> Ed)*. Wiley  
Halgin, R. P. (2006) Taking Sides: Clashing Views on Controversial Issues in Abnormal Psychology. (4th Ed). Dushkin - McGraw-Hill.

**OPTIONAL TEXTS:** Kring, A., Davison, G. C., Neal, J. M. & Johnson, S. L. (2006). *Abnormal Psychology. Study Guide (10<sup>th</sup> Ed)* Wiley

<b>DATE</b>	<b>TOPIC</b>	<b>READING</b>
	<b>July 10 -14</b>	
<b>Module 1:</b>	Defining Abnormality	Chapt. 1
	Historical Views	Chapt. 1
<b>Module 2:</b>	Paradigms	Chapt. 2
	<b>Issue 17: Evolution &amp; Rape?</b>	<b>pp. 384-405</b>
<b>Module 3:</b>	Classification, Diagnosis & Assmt.	Chapt. 3
	<b>Issue 11: Prescription Privileges?</b>	<b>pp. 228-251</b>
<b>July 14</b>	<b>EXAM 1</b>	
	<b>July 17-21</b>	
<b>Module 4:</b>	Anxiety Disorders	Chapt. 4
	<b>Issue 2: Trauma Debriefing?</b>	<b>pp. 30-55</b>
<b>Module 5:</b>	Disorders of Mood	Chapt. 5
	<b><u>View Film: Ordinary People</u></b>	
	<b><u>Paper due 7/20</u></b>	
<b>Module 6:</b>	Schizophrenia	Chapt. 6

July 28

*EXAM 3*

Module 10:

**July 31- Aug. 4**

Substance Use Disorders

Chapt. 12

*Film: Shattered Spirits*

*Paper due 7/31*

Module 11:

Personality Disorders

Chapt. 8

Issue 3: Repressed Memory Debate

pp. 56-99

Aug 4

*EXAM 4*



**COURSE INFORMATION:**

**Catalog Description:** The description, causes, and treatment of behavior 14-14-1

- Each student will submit **three (3) formal written assignments (25 pts. each)** based on their viewing of three popular films. Instructions for completing these assignments are on the course website in the syllabus icon section.

**Taking Sides text (10 pts. each).** Again, instructions for evaluating these articles are posted on the course website in the syllabus icon section.

The form of make-up (late) exams is not necessarily the form of the original exam (make-ups may be in essay form).

- Online exams will time out, so be timely with your completion of these.

- Always include a subject line relevant to the course. I tend to delete emails when I can't discern the sender or the reason for the communication.
- Use standard fonts and exclude decorative backgrounds in your email messages to improve my ability to read them.
- Be respectful. Because I can't see your facial expression or hear the tone of your voice, be careful when wording email communications.
- Be concise with your communication. Email your questions, concerns

Reason must be clearly stated

spelling and grammar checked (you will lose 5 points for excessive

grammatical and spelling errors)

Argument

**TAKING SIDES ARTICLE EVALUATION FORMAT**

Your name  
PSYC-321

Date

**Title and Author of each article**

**Questions to address:**

- 1. What are the conclusions drawn by the author of this article?**
- 2. Do you agree or disagree with the author's conclusions?**

- 4. \_\_\_\_\_ What other conclusion is it possible to draw from the same information?**
- 5. List any examples of propaganda, bias, or faulty reasoning that you found in this article.**
- 6. What other information might it be important to know before making \_\_\_\_\_**

## Recognizing Logical Fallacies and Faulty Reasoning

- 2. Inaccurate or distorted use of the interpretation of numerical statistical information.*

## Some Frequently Used Propaganda Techniques

6D-12 (a) 6C-101 22

# Chapter 1

## Introduction and Historical Review

**Abnormal Psychology, Tenth Edition**  
by  
Ann M. Kring, Gerald C. Davison, Jerome  
& Sheril L. Johnson

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## ***INTRODUCTION AND HISTORICAL OVERVIEW***

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### **TOPIC INTRODUCTION**

The literal meaning of "abnormal" is "away from the normal." Although this implies

clearly defined norm, such determination is difficult for several reasons. First, ideas about

what constitutes normal behavior, and conversely abnormal actions, has changed over

- 1. Distinguishing label is applied.**
- 2. Label refers to undesirable attributes.**
- 3. People with the label are seen as different.**
- 4. People with the label are discriminated against.**

Even the use of everyday language terms such as “crazy” or “schizo” can contribute to the stigmatization of the mentally ill.

# Characteristics of Abusive Behavior

- **Disability**
  - » Impairment in a key area
    - *Chronic alcohol consumption results in j*
- **Personal Distress**
  - » Emotional pain and suffering
    - *Helplessness and hopelessness of depr*
- **Violation of Social Norms**
  - » Makes others uncomfortable or causes
    - *Antisocial behavior of the psychopath*
- **Dysfunction**
  - » *Wakefield's Harmful Dysfunction*

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**YOU MAY BE INTERESTED TO KNOW:**

***Law and Lunacy in the Middle Ages***

As discussed in the text, Neugebauer (1970) Medieval and early modern theories of mental

had lent his expertise and authority to the problem of hysteria, it was elevated to the status of "illness." Szasz asserts that this shift has led to the present-day classification of all human conduct as falling within the purview of mental illness.

How did this shift take place? Szasz suggests that Charcot's goal was to get hypnosis and hysteria

## Chapter 1 – Post-test Questions

1. According to the DSM-IV-TR, in order for a pattern of behaviors to be classified as a psychological disorder, it must

- a. Be clinically significant
- b. Involve multiple areas of functioning
- c. Cause distress or disability
- d. All of the above

2. Timothy, who suffers from schizophrenia, reports that he has seen a



6. Cindy is an accomplished lawyer who sought psychological help in 1998.

11) The discovery of the cause of syphilis was important to the field of mental illness for which reason?

- a. Syphilis was widely feared and exacerbated mental illness.
- b. It increased interest in determining biological causes for mental illness.

c. More asylum patients were diagnosed with syphilis.

12) Which of the following pairs of defense mechanisms is incorrect?

- a. Projection: taking one's conflicts out on someone or something else.
- b. Regression: reverting back to behaviors from an early developmental period
- c. Repression: unconsciously blocking out a memory or experience

Answers:

1) Answer is d. The DSM-IV-TR definition states that a mental disorder is “a clinically significant behavior or psychological syndrome or pattern that occurs in an individual

and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly

increased risk of suffering, death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event, for example, the death of a loved one. Whatever its original cause, it must currently be considered a manifestation of a behavioral, psychological, or biological dysfunction in the individual” (APA, 2000).

2) Answer is c. Timothy’s behavior is socially unexpected and inappropriate. He is not showing signs of distress, disability, or dangerousness

3) Answer is c. Moral treatment was not introduced until the late 1700s/early 1800s.

15) Answer is a. In this case,  $M = \frac{1}{2} \times 100 = 50$ .

Module, cont'd.

05-426

PSYC 321

**What Is Abnormal Behavior?**

Abnormal behavior is at the center of mental health and mental illness.

Behavior that is harmful to the self or to others, poor reality contact, emotional reactions inappropriate to the situation, erratic behavior and behavior inconsistent with cultural norms are

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suspect for suggesting psychopathology.

- Behavior people v
- Poor ree hold or s people c
- Emotion situation
- Erratic E
- Behavior norms.

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- Demonc
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# History of Psych

## Asylum

- **Asylum**
  - » Establishments for the confinement of mentally ill
  - » Priory of St. Mary of Bethlehem
    - One of the first mental institutions
    - The wealthy paid to peer at the patients
    - Origin of the term *bedlam*
- **Treatment non-existent or primitive**

# Histor Ret

- Philippe
  - » Pioneer
- Moral Tre
  - » William
    - Establ
  - » Calming
    - Patien
    - Talker

# History of F

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- Dorothea Dix (180:
- » Crusader for prisor
- » Urged improvemer
- » Worked to establis
- hospitals
- » Hospitals staffed w

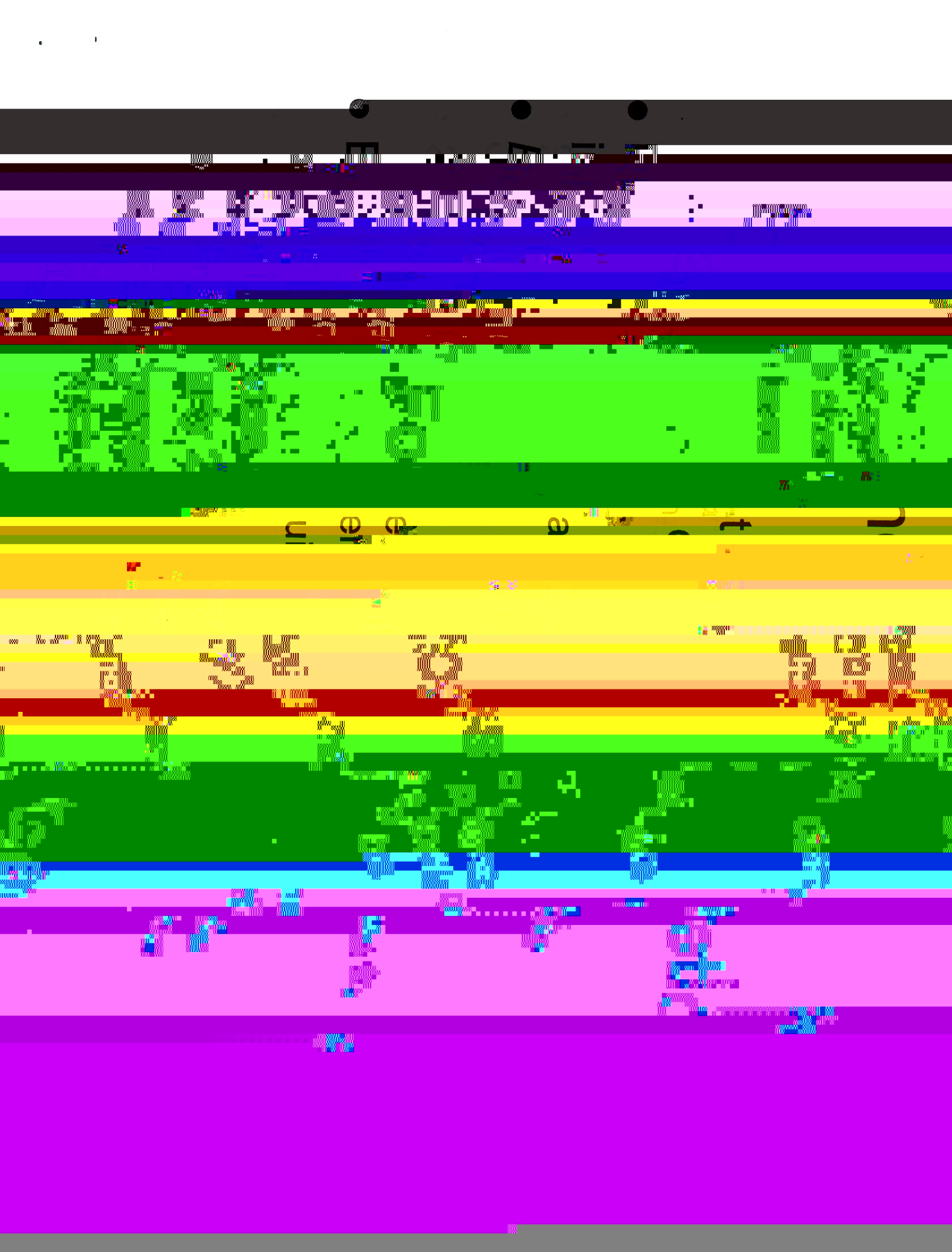
# ***History of Psychopathology***

Since the beginning of scientific inquiry . . . . .

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- Pioneere based on
- Mental ill
  - » Cluster
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  - » Dement
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# ***The Evolution of Contemporary Thought***

## **1) Biological Perspectives**

Evolutionary Science: A History of Ideas

**biological perspective in the eighteenth and nineteenth centuries. Developments outside the**

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# Earl

- Psychoanalysis
  - » Human behavior is largely unconscious
  - » Psychopaths are born, not made
  - » Psychopaths are more common among the elite

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# Freud's Psychosex

- *Oral Stage (birth to 18 mos.)*
  - » Primary satisfaction from the mouth
- *Anal Stage (18 mos. to 3 yrs.)*
  - » Pleasure derived from the anus
- *Phallic Stage (3 to 5 yrs.)*
  - » Pleasure derived from the genital area
  - » Sexual desire for opposite sex
    - *Oedipus* or *Electra* complex
- *Latency Period (6 to 12 yrs.)*
  - » Id impulses not a factor
- *Genital Stage (adulthood)*
  - » Heterosexual interests

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# Defen:

- Id, Ego, & Super
- Conflict between generates anxie
- *Defense mecha*
- » Psychological r  
    manage stress &
- *Repression*
- » Intentional, altho
- Memories, impu

● Jung

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● Adler

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## 2) Psychological Perspectives

**Psychological approaches to psychopathology evolved from Mesmer's manipulation of "animal magnetism" to treat hysteria (late eighteenth century) through Breuer's conceptualization of the cathartic method in his treatment of Anna O. (late nineteenth century) and culminated in Freud's psychoanalytic theories and treatment techniques (early twentieth century). Freud's theory emphasized stages of psychosexual development and the importance of unconscious processes, such as repression and defense mechanisms (see Davison, et al Table 1.1) that are traceable to early childhood.**

**psychoanalytic theory make use of techniques such as free association and the analysis of**

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- John Wats
- Behavioris
  - » Emphasis  
tendencie
  - » Focus on

# Classical Conditioning

- Pavlov (1849-1936)
  - » Learning through association
- Elements of learning
  - » Unconditioned Stimulus (US)
  - » Conditioned Stimulus (CS)
  - » Unconditioned Response (UR)
  - » Conditioned Response (CR)
- Watson & Raynor (1920)
  - » Classically conditioned fear

ning

Albert

- E. Thorndik
  - » Learning
  - » Law of E
- B.F. Skinner
  - » Principles
    - Positive
      - Be
    - Negative
      - Be
  - » Shaping
    - Reward respons

- Learning by imitation on observed conditions
- Bandura & Menckel
  - » Modeling reduction
- Behavior Therapy
  - » Counterconditioning
  - » Systematic Desensitization
  - » Aversive conditioning

### 3) Behaviorism

**Behaviorism** began its ascendancy in the 1920s and continues to be an important part of various psychotherapies. John **Watson** built on the work of **Ivan Pavlov** in showing how some behaviors can be conditioned through the association of a naturally occurring stimulus and newly introduced one (see Krings et al Figure 1.3). B. E. Skinner building on the work of B.F. Skinner

**Mer**

- **Clinical P**
  - » **Ph.D. or**
- **Psychiatr**
  - » **M.D.**
- **Social W**
  - » **M.S.W.**

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## ***The Mental Health Professions***

**There are a number of different mental health professions, including clinical psychologist, counseling psychologist, psychiatrist, psychoanalyst, social worker, and neuropsychologist**

**Each involves different training programs of different lengths and with different emphasis on research, psychological assessment, psychotherapy, and psychopharmacology. For example, psychiatrists are the only mental health professionals who can prescribe psychotherapeutic medications and psychologists are the only professionals who can interpret psychological assessment instruments. Most recently a blurring of these previous professional boundaries has**

**been occurring with psychologists pushing for the training and the authority to prescribe medications.**