

Part I.

Curriculum Proposal Cover Sheet

LSC Use Only Proposal No:	UWUCC Use Only Proposal No: ¹³⁻³⁰⁶ 12-1276
LSC Action-Date: AP-5/2/13	UWUCC Action-Date: APP-11/12/13 Senate Action Date: App-12/3/13

Curriculum Proposal Cover Sheet - University-Wide Undergraduate Curriculum Committee

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Check all appropriate lines and complete all information. Use a separate cover sheet for each course proposal and/or program proposal.

1. Course Proposals (check all that apply) <input type="checkbox"/> New Course <input type="checkbox"/> Course Prefix Change <input type="checkbox"/> Course Deletion <input checked="" type="checkbox"/> Course Revision <input type="checkbox"/> Course Number and/or Title Change <input type="checkbox"/> Catalog Description Change <u>Current course prefix, number and full title</u> <u>Psyc 321 Abnormal Psychology (existing LS Social Science Elective)</u> <u>Proposed course prefix, number and full title, if changing:</u>		
Received OCT 28 2013		
2. Liberal Studies Course Designations, as appropriate <input type="checkbox"/> This course is also proposed as a Liberal Studies Course (please mark the appropriate categories below) <input type="checkbox"/> Learning Skills <input type="checkbox"/> Knowledge Area <input type="checkbox"/> Global and Multicultural Awareness <input type="checkbox"/> Writing Intensive (include W cover sheet) <input checked="" type="checkbox"/> Liberal Studies Elective (please mark the designation(s) that applies – must meet at least one) <input checked="" type="checkbox"/> Global Citizenship <input type="checkbox"/> Information Literacy <input type="checkbox"/> Oral Communication <input type="checkbox"/> Quantitative Reasoning <input type="checkbox"/> Scientific Literacy <input type="checkbox"/> Technological Literacy		
3. Other Designations, as appropriate <input type="checkbox"/> Honors College Course <input type="checkbox"/> Other: (e.g. Women's Studies, Pan African)		
4. Program Proposals <input type="checkbox"/> Catalog Description Change <input type="checkbox"/> Program Revision <input type="checkbox"/> Program Title Change <input type="checkbox"/> New Track <input type="checkbox"/> New Degree Program <input type="checkbox"/> New Minor Program <input type="checkbox"/> Liberal Studies Requirement Changes <input type="checkbox"/> Other <u>Current program name:</u> <u>Proposed program name, if changing:</u>		
5. Approvals		
Department Curriculum Committee Chair(s)	<i>Susan T. Zimny</i>	4/2/2013
Department Chairperson(s)	<i>Pearl Berman</i>	4/2/2013
College Curriculum Committee Chair	<i>Anne Korb</i>	4/18/13
College Dean	<i>Dean [Signature]</i>	4/18/13
Director of Liberal Studies (as needed)	<i>[Signature]</i>	10/29/13
Director of Honors College (as needed)		
Provost (as needed)	Received	
Additional signature (with title) as appropriate		
UWUCC Co-Chairs	<i>Gail Sedquist</i>	11/12/13

Liberal Studies

Part II.**NEW SYLLABUS OF RECORD****I. CATALOG DESCRIPTION**

PSYC 321 Abnormal Psychology

3c-01-3cr

Prerequisite: PSYC 101

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

II. COURSE OBJECTIVES

Students completing this course will be able to:

Objective 1:

Identify the broad major categories of disorders and differentiate the specific disorders within each category.

Expected Student Learning Outcomes 1 & 2:

Informed and Empowered Learners

Rationale:

Assignments will require students to identify behavioral, emotional, and cognitive symptoms of different psychological disorders and demonstrate understanding of the ways in which psychological disorders differ from the range of normal human adjustment.

Objective 2:

Examine the various theories of etiology (what causes the disorders).

Expected Student Learning Outcomes 1 & 2:

Informed and Empowered Learners

Rationale:

Course content is designed to show students the contributions of biological, psychological, and social-cultural factors that contribute to the development of psychological disorders. Assignments and examinations will require students to describe the mechanisms by which specific psychological disorders typically develop.

Objective 3:

Compare and assess various treatments of disorders.

Expected Student Learning Outcomes 1 & 2:

Informed and Empowered Learners

Rationale:

Through course assignments and content, students will learn the empirically supported treatment modalities for different psychological disorders. Assignments will engage students in thinking critically about the appropriateness of different treatments for different disorders based on the etiology and/or impairment caused by the disorders.

Objective 4:

Describe how cultural and societal factors influence our conceptualization of psychopathology.

Expected Undergraduate Student Learning Outcome 3

Responsible Learners

Rationale:

Through readings, case studies, and lectures, students will learn to recognize ways in which psychological disorder symptom expression differs across gender, cultural, and ethnic groups and will demonstrate that knowledge on assignments and examinations.

III. COURSE OUTLINE / TIME SCHEDULE

A. Historic Overview	2 hours
B. Paradigms of Psychopathology (<i>Objectives #1, #3</i>)	2 hours
C. Diagnosis and Assessment (<i>Objective #1</i>)	2 hours
D. Treatment (<i>Objective #2</i>)	2 hours
E. Mood Disorders (<i>Objectives #1, #2, #3, #4</i>)	3 hours
F. Anxiety Disorders (<i>Objectives #1, #2, #3</i>)	4 hours
G. Somatoform and Dissociative Disorders (<i>Objectives #1, #2, #3,#4</i>)	2 hours
H. Substance Disorders (<i>Objectives #1, #2, #3</i>)	3 hours
I. Eating Disorders (<i>Objectives #1, #2, #3, #4</i>)	2 hours
J. Personality Disorders (<i>Objectives #1, #2, #3</i>)	2 hours
K. Sexual Disorders (<i>Objectives #1, #2, #3</i>)	2 hours
L. Schizophrenia and Psychotic Disorders (<i>Objectives #1, #2, #3</i>)	3 hours
M. Childhood Disorders (<i>Objectives #1, #2, #3</i>)	3 hours
N. Cognitive Disorders (<i>Objectives #1, #2, #3</i>)	2 hours
O. Stress and Health (<i>Objectives #1, #2, #3</i>)	2 hours
P. Legal and Ethical Issues (<i>Objective #2, #4</i>)	2 hours

This syllabus covers 38 academic hours, leaving 4 hours for testing and/or review. The final is an additional 2 hours.

IV. EVALUATION METHODS

Criteria used in assessing the competency of the student will vary depending upon the instructor, but generally include examinations, quizzes, projects, assignments, writing assignments, and class participation.

More specifically, the following guidelines are recommended:

- 50% Tests (tests, quizzes, and final)
- 40% Case studies assignments
- 10% Participation: verbal contributions per class and/or performance on in-class assignments

V. EXAMPLE GRADING SCALE

90 – 100%	A
80 - 89%	B
70 - 79%	C
60 - 69%	D
0 - 59%	F

VI. UNDERGRADUATE-COURSE ATTENDANCE POLICY

The course attendance policy is consistent with the University Attendance Policy as outlined in the undergraduate catalog.

VII. REQUIRED TEXT (examples that instructors might choose are provided below)

Barlow, D. H. & Durand, V. M. (2012). *Abnormal Psychology: An Integrative Approach* (6th ed.). Belmont, CA: Wadsworth, Cengage Learning.

Beidel, D.C., Bulik, C.M., & Stanley, M.A. (2012). *Abnormal psychology (2nd Edition)*. Upper Saddle River, NJ: Pearson Education Inc.

Comer, R. J. (2008). *Fundamentals of Abnormal Psychology* (5th Ed.). NY: Worth.

Halgin, R. & Whitbourne, S. (2010). *Abnormal Psychology: Clinical Perspectives on Psychological Disorders* (6th Edition). McGraw Hill: New York, NY.

Nolen-Hoeksema, S. (2011). *Abnormal psychology*. (5th ed.). New York: McGraw-Hill.

SUPPLEMENTAL READINGS:

Angelou, M. (2009). *I Know Why the Caged Bird Sings*. New York, NY: Random House, Inc.

Brown, T. & Barlow, D. (2007). *Casebook in Abnormal Psychology* (3rd Edition). Wadsworth: Thomson Learning.

Gorenstein, E.E. & Comer, R.J. (2002). *Case Studies in Abnormal Psychology*. New York, NY: Worth.

Redding, S. & Abagnale, F. (2000). *Catch Me if You Can*. NY, NY: Broadway Books.

VIII. SPECIAL RESOURCE REQUIREMENTS

None.

IX. BIBLIOGRAPHY

Achenbach, T. M. & Rescorla, L. A. (2007). Multicultural understanding of child and adolescent psychopathology: Implications for mental health assessment. New York, NY: Guilford Press.

Akiskal, H. S. (2005). Searching for behavioral indicators of bipolar II in patients presenting with major depressive episodes: The "red sign," the "rule of three" and other biographic signs of temperamental extravagance, activation and hypomania. *Affective Disorders*, 84, 279-290.

Ansell, E. B. & Grilo, C. M. (2007). Personality disorders. In Hersen, M., Turner, S. M. & Beidel, D. C. (Eds.). *Adult Psychopathology and Diagnosis* (5th Ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Chamberlain, S. R., Blackwell, A. D., Fineberg, N. A., Robbins, T. W., & Sahakian, B. J. (2005). The neuropsychology of obsessive compulsive disorder: The importance of failures in cognitive and behavioral inhibition as candidate endophenotypic markers. *Neuroscience & Biobehavioral Reviews*, 29, 399-419.

Craighead, L.W. & Smith, L.T. (2008). Eating disorders: Bulimia Nervosa and binge eating. In Craighead, W. E., Miklowitz, D. J. & Craighead, L. W. (Eds.). *Psychopathology: History, diagnosis, and empirical foundations*. Hoboken, NJ: John Wiley & Sons, Inc.

Garb, H. (1998). *Studying the clinician: Judgment research and psychological assessment*. (Chapter 2 "Psychodiagnosis" & Chapter 7 "Clinical Judgment"). Washington, DC: American Psychological Association.

- Goldstein, G. (2007). Delirium, dementia, and amnesic and other cognitive disorders. In Hersen, M., Turner, S. & Beidel, D. (Eds.). *Adult Psychopathology and Diagnosis* (5th Ed.). Hoboken, NJ: John Wiley & Sons, Inc.
- Gottesman, I. I., & Reilly, J. L. (2003). Strengthening the evidence for genetic factors in schizophrenia (without abetting genetic discrimination). In M. F. Lenzenweger & J. M. Hooley (Eds.), *Principles of experimental psychopathology: Essays in honor of Brendan A. Maher* (pp. 31-44). Washington, DC: American Psychological Association.
- Hoek, H. W., & van Koeken, D. (2003). Review of the prevalence and incidence of eating disorders. *International Journal of Eating Disorders*, *34*, 383-396.
- Honberg, R. (2005). Decriminalizing mental illness. *NAMI Advocate*, *3*, 4-5.
- Frick, P. & Kimonis, E. (2008). Externalizing disorder of childhood. In J. Maddux, & B. Winstead (Eds.). *Psychopathology: Foundations for a contemporary understanding* (2nd Ed.). New York: Routledge, Taylor and Francis Group.
- Kazdin, A. & Rabbitt, S. (2013). Novel models for delivering mental health services and reducing the burdens of mental illness. *Clinical Psychological Science* doi:10.1177/2167702612463566
- Kluft, R.P. (2005). Diagnosing dissociative identity disorder. *Psychiatric Annals*, *35*, 633-643.
- Maddux, J., Gosselin, J., & Winstead, B. (2008). Conceptions of psychopathology: A social constructionist perspective. In J. Maddux. & B. Winstead (Eds.). *Psychopathology: Foundations for a contemporary understanding* (2nd Ed.). New York: Routledge, Taylor and Francis Group.
- Mayou, R., Kirmayer, L.J., Simon, G., Kroenke, K. & Sharpe, M. (2005). Somatoform disorders: Time for a new approach in DSM-V. *American Journal of Psychiatry*, *162*, 847-855.
- Merskey, H. (2004). Somatization, hysteria, or incompletely explained symptoms? *Canadian Journal of Psychiatry*, *49*, 649-651.
- Millar, H. R., Wardell, F., Vyvyan, J. P., Naji, S. A., Prescott, G. J., & Eagles, J. M. (2005). Anorexia nervosa mortality in northeast Scotland, 1965-1999. *American Journal of Psychiatry*, *162*, 753-757.
- Millner, V. (2005). Female sexual arousal disorder and counseling deliberations. *The Family Journal: Counseling and Therapy for Couples and Families*, *13*, 95-100.
- Miranda, J., Siddique, J., Belin, T. R., & Kohn-Wood, L. P. (2005). Depression prevalence in disadvantaged young black women: African and Caribbean immigrants compared to US-born African Americans. *Social Psychiatry and Psychiatric Epidemiology*, *40*, 253-258.

- Naglieri, J., Salter, C., & Rojahn, J. (2008). Cognitive disorders of childhood: Specific learning and intellectual disabilities. In Maddux, J. & Winstead, B. (Eds). *Psychopathology: Foundations for a contemporary understanding* (2nd Ed.). New York: Routledge, Taylor and Francis Group.
- Ollendick, T., Shortt, A., & Sander, J. (2008). Internalizing disorders in children and adolescents. In J. Maddux. & B. Winstead (Eds). *Psychopathology: Foundations for a contemporary understanding* (2nd Ed.). New York: Routledge, Taylor and Francis Group.
- Reeb, R. N. (2000). Classification and diagnosis of psychopathology: Conceptual foundations. *Journal of Psychological Practice*, 6, 3-18.
- Reis, B. (2005). The self is alive and well and living in relational psychoanalysis. *Psychoanalytical Psychology*, 22, 86-95.
- Ridout, N., Astell, A. J., Reid, I. C., Glen, T., & O'Carroll, R. E. (2003). Memory bias for emotional facial expressions in major depression. *Cognition and Emotion*, 17, 101-122.
- Walker, E., Mittal, V., Tessner, K. & Trotman, H. (2008). Schizophrenia and the psychotic spectrum. In W. E. Craighead, D. J. Miklowitz, & L. W. Craighead, (Eds.). *Psychopathology: History, diagnosis, and empirical foundations*. Hoboken, NJ: John Wiley & Sons, Inc.
- Widiger, T. (2008). Classification and diagnosis: Historical development and contemporary issues. In J. Maddux. & B. Winstead (Eds). *Psychopathology: Foundations for a contemporary understanding* (2nd Ed.). New York: Routledge, Taylor and Francis Group.
- Winstead, B. & Sanchez-Hucles, J. (2008). The role of gender, race, and class in psychopathology. . In J. Maddux. & B. Winstead (Eds). *Psychopathology: Foundations for a contemporary understanding* (2nd Ed.). New York: Routledge, Taylor and Francis Group.
- Youngstrom, E. (2008). Evidence-based strategies for the assessment of developmental psychopathology: Measuring prediction, prescription, and process. In W. E. Craighead, D. J. Miklowitz & L. W. Craighead, (Eds.). *Psychopathology: History, diagnosis, and empirical foundations*. Hoboken, NJ: John Wiley & Sons, Inc.
- Zane, N. Nagayama-Hall, G. Sue, S., Young, K. & Nunes, J. (2004). Research on psychotherapy with culturally diverse populations. In M. E. Lambert (Ed.) *Bergin and Garfield's Handbook of Psychotherapy and Behavior Change*. (5th Ed.), New York: Wiley.

SAMPLE ASSIGNMENT

Each chapter in the casebook details a therapy case for a specific disorder. At the end of each chapter in the casebook, there are four critical thinking questions. After reading the chapter, students are to answer those questions for the assigned chapters and turn them. Answers to the questions will be graded for thoughtfulness and content, not for length. Generally, each question can be answered in one well written paragraph, possibly two. Students will want to be sure that they succinctly demonstrate critical *thinking* about the questions. The purpose of the casebook questions is to help students engage in the material and think at a deeper level about the issues involved. All casebook assignments are to be typed and stapled together when turned in.

One of the chapters in the Casebook describes in detail a case of Major Depressive Disorder. After students read this chapter, they are to answer the following questions:

1. Major Depressive Disorder (MDD) has been linked to many causes, including biological and genetic, cognitive, behavioral, and social and interpersonal factors. Which factors do you believe are the most important to the development of MDD? In addition to their roles as causal factors, having MDD can lead to substantial changes in these same domains. How does having MDD affect a person's thoughts, behaviors, and social interactions? What effects can MDD have on how family and friends interact with the depressed person? How can these interpersonal changes result in the maintenance or exacerbation of depression in the afflicted individual?
2. As noted in the case, if all the criteria have been met, a person can be diagnosed as having two depressive disorders at the same time – MDD and dysthymic disorder. What are the differences between MDD and dysthymic disorder? Why might it be clinically important to diagnosis both if the features of MDD and dysthymic disorder are present?
3. In addition to the psychosocial intervention described in the treatment of Liona, medications are another widely used method of MDD treatment in children, adolescents, and adults. What do you believe are the major issues and considerations (e.g., ethical, clinical) in using drugs in the treatment of children and adolescents?
4. Surveys in different nations have found that the prevalence of MDD and other emotional disorders can vary in different cultures and for different ages. What factors do you think can account for these varying prevalence rates?

GRADING RUBRIC

Multiple instructors use a case method approach for assignments and they award varying numbers of points per question. However, a general standard has been established that awards points to answers based on their comprehensiveness and their ability to integrate multiple sources of information. Full points are awarded for comprehensive answers to all parts of each question (4 points per question). Comprehensive answers generally address issues of multi-causality, variability in symptom manifestation (cognitive, social, and behavioral), an awareness of exacerbating social and cultural factors, and knowledge of the disorder's effect beyond the individual themselves. Points earned diminish with the failure to address all parts of the question. Students will receive zero points if they do not do the assignment.

PSYC 321 Abnormal Psychology

Overview of changes made from original syllabus of record.

1. The course objectives have been realigned with the Expected Undergraduate Student Learning Outcomes as a part of the Liberal Studies Electives Revisions under Global Citizenship. Global citizenship is directly addressed by Objective 4 and found in the Course Outline Parts E., G., and I. which cover specific disorders that are known to be influenced by cultural factors. In a world that increasingly provides opportunities for cross-cultural contact, knowledge from this course will encourage individuals to be more understanding regarding the prevalence and manner in which others deal with and express symptoms of mental disorders. For example, higher prevalence rates of disorders would be expected in areas of greater poverty and/or conflict because of the exacerbating influence of the stress associated with such living conditions. Manifestation of disorders and symptoms also differs as a function of cultural norms and societal expectations, and behavior considered deviant in one culture may be socially acceptable and expected in another. Such an understanding might propel individuals to become engaged in efforts to provide increased services to those living under difficult circumstances and to respect cultural influences on behavior.
2. An additional objective has been included (Responsible Learners). An examination of the ethical and behavioral consequences of decisions made in a mental health care setting and the high degree of intellectual honesty required is emphasized in class lectures (see Course Outline, P.).
3. An example of a class assignment has been included that addresses the Responsible Learners Outcome and the multicultural factors that can influence emotional disorders has been included (See question 4 in Sample Assignment).
4. Additional current references have been included that stress multicultural considerations of global citizenship have been included (See Winstead & Sanchez-Hucles, (2008); Zane, Nagayama-Hall, Sue, Young, & Nunes, (2004); Achenbach & Rescorla, (2007)).

Old Syllabus of Record

PSYC 321 Abnormal Psychology Syllabus of Record

Catalog Description

PSYC 321 Abnormal Psychology

3c-01-3cr

Prerequisite: PSYC 101

The description, causes and treatment of behaviors and conditions identified as pathological in our society as examined from experimental and clinical viewpoints.

Course Outcomes

Students completing the course will be able to:

1. Identify the elements common to all psychopathological conditions.
2. Differentiate the major categories of disorders and distinguish the disorders within each category.
3. Describe the various treatments of disorders.
4. Link treatments to the disorders for which they are appropriate.
5. Explain the etiology (cause) of the various disorders.
6. Contrast psychopathology with the range of normal human adjustment.
7. Recognize how cultural and societal factors influence our conceptualization of psychopathology.
8. Discuss the ethical and legal issues involved in psychopathology (e.g., insanity defense, commitment to psychiatric institutions).
9. Appreciate the research methodologies that advance our understanding of psychopathology.

Course Outline

Historic Overview

Paradigms of psychopathology

Diagnosis and assessment

Treatment

Mood Disorders

Anxiety Disorders

Somatoform and Dissociative Disorders

Substance-related Disorders

Eating Disorders

Personality Disorders

Sexual and Gender Identity Disorders

Schizophrenia and Psychotic Disorders

Childhood Disorders

Cognitive Disorders

Stress and health

Legal and ethical issues

LIBERAL STUDIES COURSE APPROVAL GENERAL INFORMATION

1. Licensed clinical psychologists with expertise in the content area teach this course. All faculty members use the syllabus of record. Faculty who teach PSYC 321 are members of the Clinical Training Committee (CTC) in the Psychology Department where discussions regarding curriculum are a standard part of the committee's business. The newest nomenclature in the field of Clinical Psychology (DSM-V) will be published soon, and instructors will discuss the changes in the new diagnostic system (which represents the foundation of PSYC 321).
2. Psychological disorders can only be fully understood in the context of social and cultural factors. Lectures, reading assignments, and discussions address cultural differences in attitudes toward psychopathology and treatment, as well as differences between males and females that influence the etiology, manifestations, and response to treatment of those with psychopathology. For example, Bulimia Nervosa and Anorexia Nervosa disproportionately affect females and are both understood to primarily have their origins in our "thinness-obsessed" culture, but are also influenced by biological and psychological factors.
3. Many instructors use homework assignments that require students to read selected cases from *Case Studies in Abnormal Psychology* or another case book, which present detailed descriptions of individuals suffering from various forms of psychopathology. This provides students with an opportunity to learn about characteristics of different psychological disorders as they apply to real people. Assignments include critical thinking questions about the mechanism by which the psychological disorder developed, the ways in which the disorder caused dysfunction in daily living, the symptoms by which the particular disorder could be differentiated from other disorders, the characteristics that influence the individual's response to treatment, and the outcomes expected from different courses of treatment.
4. PSYC 321 is not an introductory course. Students must have completed PSYC 101: General Psychology prior to taking this course. The structure and content of the course is based on the supposition that students have a basic awareness of various types of mental illness and the contributing biological, psychological, and social-cultural factors. The course does not emphasize the profession of clinical psychology, but instead recognizing and understanding mental illness in its various forms as it may be encountered by individual working in a variety of different human service positions.

Part III. Letters of Support

Because these changes do not affect any departments and/or their programs, it was deemed unnecessary to provide letters of support from other academic units.