

## **Syllabus**

### **Course Overview**

In this course, you will study abnormal behavior within the framework of mental pathology. You will learn to recognize the various categories of psychological disorders. As you progress through the course, you will examine scientific, empirically based analyses of mental disorders and deviant behavior, and their biological, psychological, and social origins. You will study the various diagnostic categories and explore the strengths and weaknesses of the diagnostic system presently in use.

You will also be asked to think critically about research issues, theoretical perspectives, ethical issues in the treatment of the mentally ill, and the current controversy regarding how best to study treatment outcomes.

### **Course Competencies**

**(Read Only)**

To successfully complete this course, you will be expected to:

- 1 Apply relevant theories to issues in mental health.
- 2 Analyze research findings from within the field of abnormal psychology.
- 3 Apply the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to psychological disorders.
- 4 Apply psychological theory and research in abnormal psychology to inform professional behavior.
- 5 Analyze treatment of psychological disorders.
- 6 Communicate in a manner that is scholarly, professional, and consistent with expectations for professionals in the field of psychology.

### **Course Prerequisites**

Prerequisite(s): PSYC1000 or PSYC1001.

## Syllabus >> Course Materials

### Required

The materials listed below are required to complete the learning activities in this course.

### Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive an email with further instructions for access. Visit the [Course Materials](#) page on Campus for more information.

Book

Hooley, J. M., Butcher, J. N., & Nock, M. K. (2019). *Abnormal psychology* (18th ed.). Boston, MA: Pearson. ISBN: 9780135212172.

### Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool.

- A.D.A.M. Education (Producer). (2011). [Attention deficit hyperactivity disorder \(ADHD\) \[Video\]](#).
- Aas, M., Andreassen, O. A., Aminoff, S. R., Færden, A., Romm, K. L., Nesvåg, R., ... Melle, I. (2016). [A history of childhood trauma is associated with slower improvement rates: Findings from a one-year follow-up study of patients with a first-episode psychosis](#). *BMC Psychiatry*, 16.
- Addo, R., Agyemang, S. A., Tozan, Y., & Nonvignon, J. (2018). [Economic burden of caregiving for persons with severe mental illness in sub-Saharan Africa: A systematic review](#). *PLoS ONE*, 13(8), 1–12.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Au, R. W. C., Xiang, Y., Ungvari, G. S., Lee, E., Shum, D. H. K., Man, D., & Tang, W. (2017). [Prospective memory performance in persons with schizophrenia and bipolar disorder and healthy persons](#). *Perspectives in Psychiatric Care*, 53(4), 266–274.
- Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). [A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD](#). *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(6), 643–651.
- Carlton International Media. (Producer). (2006). [Inside a gunshot victim \[Video\]](#). null
- Center for Collaborative Brain Research, Bradley University (Producer). (2017). [When the ADHD diagnosis is wrong \[Video\]](#).
- Chaves, C., Lopez-Gomez, I., Hervas, G., & Vazquez, C. (2017). [A comparative study on the efficacy of a positive psychology intervention and a cognitive behavioral therapy for clinical depression](#). *Cognitive Therapy & Research*, 41(3), 417–433.
- Dakanalis, A., Clerici, M., Bartoli, F., Caslini, M., Crocamo, C., Riva, G., & Carrà, G. (2017). [Risk and maintenance factors for young women's DSM-5 eating disorders](#). *Archives of Women's Mental Health*, 20(6), 721–731.
- Devonis, D. C., & Triggs, J. (2017). [Prison break: Karl Menninger's \*The Crime of Punishment\* and its reception in U.S. psychology](#). *History of Psychology*, 20(1), 92–121.
- Dowgwillo, E. A., Pincus, A. L., & Lenzenweger, M. F. (2018, December 17). [A parallel process latent growth model of narcissistic personality disorder symptoms and normal personality traits](#). *Personality Disorders: Theory, Research, and Treatment*.
- Edwards, D. J. A. (2016). [Not so abnormal psychology: A pragmatic view of mental illness](#). *Humanistic Psychologist*, 44(4), 416–421.
- Efron, D., Bryson, H., Lycett, K., & Sciberras, E. (2016). [Children referred for evaluation for ADHD: Comorbidity profiles and characteristics associated with a positive diagnosis](#). *Child: Care, Health & Development*, 42(5), 718–724.

- First, M. B. (2017). The DSM revision process: Needing to keep an eye on the empirical ball. *Psychological Medicine*, 47(1), 19–22.
- Fitzsimmons-Craft, E. E., Firebaugh, M.-L., Graham, A. K., Eichen, D. M., Monterubio, G. E., Balantekin, K. N., ... Wilfley, D. E. (2018, November 8). State-wide university implementation of an online platform for eating disorders screening and intervention. *Psychological Services*.
- Gaddy, M. A. (2018). Implementation of an integrative medicine treatment program at a Veterans Health Administration residential mental health facility. *Psychological Services*, 15(4), 503–509.
- Golding, J. M., Lippert, A. M., & Malik, S. E. (2018). Using the internet to facilitate career choices in psychology-related fields. *Teaching of Psychology*, 45(1), 60–66.
- Hadland, S. E., Bagley, S. M., Rodean, J., Silverstein, M., Levy, S., Larochelle, M. R., ... Zima, B. T. (2018). Receipt of timely addiction treatment and association of early medication treatment with retention in care among youths with opioid use disorder. *JAMA Pediatrics*, 172(11), 1029–1037.
- Harrigan, S. (Director). (2015). Bipolar disorders [Video]. Microtraining Associates.
- Hassa, T., Sebastian, A., Liepert, J., Weiller, C., Schmidt, R., & Tüscher, O. (2017). Symptom-specific amygdala hyperactivity modulates motor control network in conversion disorder. *NeuroImage: Clinical*, 15, 143–150.
- Henderson, N., Dressler, W., Henderson, N. L., & Dressler, W. W. (2017). Medical disease or moral defect? Stigma attribution and cultural models of addiction causality in a university population. *Culture, Medicine & Psychiatry*, 41(4), 480–498.
- Hoskins, D., Duncan, L. G., Moskowitz, J. T., & Ordóñez, A. E. (2018). Positive adaptations for trauma and healing (PATH). A pilot study of group therapy with Latino youth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(2), 163–172.
- Intelcom (Producer). (2011). Schizophrenia [Video].
- Jackson, T. A., MacLulich, A. M. J., Gladman, J. R. F., Lord, J. M., & Sheehan, B. (2016). Diagnostic test accuracy of informant-based tools to diagnose dementia in older hospital patients with delirium: A prospective cohort study. *Age & Ageing*, 45(4), 505–511.
- Jaycox, L. H., Ayer, L., Vona, P., Hehman, C., Stein, B. D., Mahmud, A., ... Venkatesh, B. (2018). Development and preliminary evaluation of a self-guided, internet-based tool for coping with stress and trauma: Life improvement for teens (LIFT). *Psychological Services*, 16(1), 85–94.
- Josilowski, C. (2017). Teachers' perceptions of the home-school collaboration: Enhancing learning for children with autism. (Doctoral dissertation). Capella University. Retrieved from ProQuest Dissertations & Theses Global. (Order No. 10599643).
- Karr, J. E., Graham, R. B., Hofer, S. M., & Muniz-Terrera, G. (2018). When does cognitive decline begin? A systematic review of change point studies on accelerated decline in cognitive and neurological outcomes preceding mild cognitive impairment, dementia, and death. *Psychology and Aging*, 33(2), 195–218.
- Lawson, T. J. (2018). Tapping into alumni as a source of authentic information and advice on careers in psychology. *Teaching of Psychology*, 45(1), 67–74.
- Marangoni, C. (2018). ADHD, bipolar disorder, or borderline personality disorder: Getting to the right diagnosis. *Psychiatric Times*, 35(10), 18–30.
- Nevco Educational Video Inc. (Producer). (2011). Communication with cognitively impaired clients [Video].
- Nevco Educational Video Inc. (Producer). (2012). Alzheimer's disease: Is it delirium or dementia? For nursing homes—Level I [Video].
- Roberts, S., & Ramsay, A. (Producers). (1995). Understanding depression: Through the darkness [Video]. Heartland Releasing.
- Su, X., Liang, H., Yuan, W., Olsen, J., Cnattingius, S., & Li, J. (2016). Prenatal and early life stress and risk of eating disorders in adolescent girls and young women. *European Child & Adolescent Psychiatry*, 25(11), 1245–1253.
- Tekinarslan, I. Ç. (2018). Autism spectrum disorder: Experiences of mothers before and after their children's diagnosis and implications for early special education services. *Journal of Education and Training Studies*, 6(12), 68–81.
- TVF International (Producer). (2006). Seriously stressed [Video]. Films on Demand.
- Wang, M., & Wanberg, C. R. (2017). 100 years of applied psychology research on individual careers: From career management to retirement. *Journal of Applied Psychology*, 102(3), 546–563.
- Zare, M., Narayan, M., Lasway, A., Kitsantas, P., Wojtusiak, J., & Oetjen, C. A. (2018). Influence of adverse childhood experiences on anxiety and depression in children aged 6 to 11 years. *Pediatric Nursing*, 44(6), 267–274.

## External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- Alzheimer's Association. (2014). Retrieved from <https://www.alz.org/>
- Alzheimer's Foundation of America (AFA). (2014). Retrieved from <https://alzfdn.org/>
- American Psychological Association. (2019). Careers in psychology. Retrieved from <https://www.apa.org/careers/resources/guides/careers>
- Anxiety and Depression Association of America (ADAA). (2019). Retrieved from <https://adaa.org/>
- CHADD. (2019). Retrieved from <https://chadd.org/>
- Foundation for Critical Thinking. (n.d.). Elements of thought | Transcript <http://www.criticalthinking.org/ctmodel/logic-model1.htm>
- Galletta, D., Di Costanzo, F., & Micanti, F. (2018). Functional neurological disorder as a modern paradigm of hysteria: A clinical case [PDF]. *Journal of Psychology and Psychiatry*, 2(1), 1–2. Retrieved from [https://www.researchgate.net/profile/Diana\\_Galletta/publication/325131652\\_Case\\_Report\\_Journal\\_of\\_Psychology\\_and\\_Psychiatry\\_Functional\\_neuro\\_Report-Journal-of-Psychology-and-Psychiatry-Functional-neurological-disorder-as-a-modern-paradigm-of-hysteria-A-clinical-case.pdf](https://www.researchgate.net/profile/Diana_Galletta/publication/325131652_Case_Report_Journal_of_Psychology_and_Psychiatry_Functional_neuro_Report-Journal-of-Psychology-and-Psychiatry-Functional-neurological-disorder-as-a-modern-paradigm-of-hysteria-A-clinical-case.pdf)
- International OCD Foundation (IOCDF). (2019). Retrieved from <https://iocdf.org/>
- International Schizophrenia Foundation (ISF) Facebook page. (2019). Retrieved from <https://www.facebook.com/International-Schizophrenia-Foundation-178337749007188/>
- International Society for Traumatic Stress Studies (ISTSS). (2019). Retrieved from <http://www.istss.org>
- Lewy Body Dementia Association (LBDA). (2019). Retrieved from <https://www.lbda.org/>

- [National Association of Anorexia Nervosa and Associated Disorders \(ANAD\)](https://anad.org/). (2019). Retrieved from <https://anad.org/>
- [National Eating Disorders Association \(NEDA\)](https://www.nationaleatingdisorders.org/). (2019). Retrieved from <https://www.nationaleatingdisorders.org/>
- National Institutes of Health. (2019). [National Institute on Drug Abuse](https://www.drugabuse.gov/). Retrieved from <https://www.drugabuse.gov/>
- NYU Langone Health Department of Child and Adolescent Psychiatry. (n.d.). [Institute for Attention Deficit Hyperactivity and Behavior Disorders](https://med.nyu.edu/child-adolescent-psychiatry/research/center-neurodevelopmental-disorders/research-studies-and-projects/institute-attention). Retrieved from <https://med.nyu.edu/child-adolescent-psychiatry/research/center-neurodevelopmental-disorders/research-studies-and-projects/institute-attention>
- [Schizophrenia and Related Disorders Alliance of America \(SARDAA\)](https://sardaa.org/). (2019). Retrieved from <https://sardaa.org/>
- [The International Society for Psychological and Social Approaches to Psychosis \(ISPS\)](http://www.isps.org/). (2019). Retrieved from <http://www.isps.org/>

### Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

### Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

#### External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- [CareerBuilder](http://www.careerbuilder.com/). (n.d.). Retrieved from <http://www.careerbuilder.com/>
- [Indeed](http://www.indeed.com/). (n.d.). Retrieved from <http://www.indeed.com/>

## Unit 1 >> Abnormal Versus Normal

### Introduction

This unit begins addressing important issues in abnormal psychology by examining how psychology, as a field, conceptualizes normality and abnormality. As you will learn from the readings in this course, this is not as easily accomplished as one might think. Although there is not one common definition of what abnormal is, there is a shared understanding in the conditions that define abnormal. Individuals who have difficulties in the following areas are likely to have an abnormal disorder (Hooley, Butcher, & Nock, 2019):

- Subjective Distress.
- Maladaptiveness.
- Statistical Deviancy.
- Violation of Standards of Society.
- Social Discomfort.
- Irrationality and Unpredictability.
- Dangerousness.

## Historical Maltreatment of Psychiatric Inpatients

It is easy to conclude, after reading about the historical treatment of the mentally ill, that early mental health care providers were unenlightened, primitive, and even sadistic compared to modern practitioners. However, it should be noted that many of the reforms brought about by people such as Philippe Pinel, William Tuke, and Benjamin Rush in Europe and America were not necessary in many places. In many Muslim countries, the Aristotelian tradition of compassionate care for the mentally ill continued during the same period that harsh abuses occurred in the West. Poor treatment in western countries was not just a function of a lack of knowledge, but greatly reflected cultural perspectives, such as a belief that mental health patients had free will and were choosing insanity, or that mental illness represented demonic possession.

Nor did the field of mental health treatment make steady progress toward ethical treatment of the mentally ill. Following the reforms brought about by Pinel, Tuke, Rush, and others, there was a period during which there was little advancement—and even some backsliding—in the humane treatment of the mentally ill. Hospitals became larger and overcrowded, and patients were essentially warehoused. Modern practitioners may like to think of themselves as relatively enlightened, more compassionate, and more ethical. However, we should consider the extent to which we could provide

humane treatment today had it not been for advances in treatment technology. For instance, it is questionable whether treatment would have become as client focused as it is today without the advent of psychotropic medications that greatly improved the effectiveness of care and allowed many patients who would otherwise have been committed to institutions to be allowed to return to the community. Zimbardo's work, as described in one of the readings for this unit, should caution all mental health providers that any of us might be susceptible to acting in authoritarian and punitive ways, given the right conditions.

Through your introduction to the *DSM-5*, (*The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.), American Psychiatric Association, 2013), your readings in Chapters 1 and 2 in your *Abnormal Psychology* text, and your unit discussions, you will begin to further examine the field of abnormal psychology.

#### Reference

Hooley, J. M., Butcher, J. N., & Nock, M. K. (2019). *Abnormal psychology* (18th ed.). Boston, MA: Pearson.

### Learning Activities

#### u01s1 - Studies

### Checklist

In each unit of this course, you are provided with a checklist to help you organize your studies and successfully complete the unit activities. Each activity is structured to build upon previous work, so you will need to complete the activities in sequence. You can follow the steps in the checklist to complete the activities in order, and to track your progress. You can also use this checklist as a communication tool if you have questions about completing your activities. Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 1 Checklist](#).

### Readings

In this course, the two main sources for your readings will be your text, *Abnormal Psychology*, and the *DSM-5*.

Use the Capella University Library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
  - Read the following sections:
    - [DSM-5 Diagnostic Classification](#).
    - [Use of the Manual](#).
    - [Cautionary Statement for Forensic Use of DSM-5](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 1, "Abnormal Psychology: An Overview and Research Approaches," pages 1–31.
- Chapter 2, "Earliest Views of Abnormal Behavior," pages 32–52.

Use the Capella library to read the following:

- Addo, R., Agyemang, S. A., Tozan, Y., & Nonvignon, J. (2018). [Economic burden of caregiving for persons with severe mental illness in Sub-Saharan Africa: A systematic review](#). *PLoS ONE*, *13*(8), 1–12.
- Devonis, D. C., & Triggs, J. (2017). [Prison break: Karl Menninger's \*The Crime of Punishment\* and its reception in U.S. psychology](#). *History of Psychology*, *20*(1), 92–121.
- Dowgwillo, E. A., Pincus, A. L., & Lenzenweger, M. F. (2018, December 17). [A parallel process latent growth model of narcissistic personality disorder symptoms and normal personality traits](#). *Personality Disorders: Theory, Research, and Treatment*.

Use the Internet to complete the following:

- Foundation for Critical Thinking. (n.d.). [Elements of thought](#). Retrieved from <http://www.criticalthinking.org/ctmodel/logic-model1.htm>
  - View the diagram.

### Multimedia

- View the presentation [History of the DSM](#).

## u01s1 - Learning Components

- Analyze the biological viewpoint.
- Compare and contrast normal and abnormal behavior
- Comprehend the relationship between behavior and theory.
- Comprehend theories of abnormal behavior.
- Analyze the sociocultural viewpoint.
- Analyze the psychological viewpoint.
- Analyze how theory describes the cause of a selected abnormal behavior.

## u01d1 - Abnormal Versus Normal

Defining abnormal behavior is not always precise and, based on its contextual use, can be described in various forms. The terms normal and abnormal are used in the study of human behavior. Where is the boundary between normality and abnormality, or health and ill-health? Are health and ill-health necessarily opposites? Consider these questions when constructing your case example.

To complete this discussion:

- Describe an account of someone you encountered that exhibited abnormal behaviors.
- Explain how this person's behavior represents some of the elements of abnormality described in the text. (The elements of abnormality are suffering, maladaptiveness, deviancy from statistical normality, violation of standards of society, social discomfort, irrationality, and unpredictability.)
- How did you decide the behaviors were abnormal? What evidence did you use to support your decision?

In addition, review the participation criteria for demonstrating achievement in unit discussions and two tools for improving discussion posts: "Elements of Thought" and "Improve Discussion Postings: Apply Critical Thinking" (linked in Resources).

## Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

## u01d1 - Learning Components

- Compare and contrast normal and abnormal behavior

## u01d2 - History of Treatment for Abnormal Behavior

Behaviors considered abnormal have changed in definition over time as have treatments. What is considered "normal" today for treatment strategies might have been considered "abnormal" in the past and vice versa. To complete this discussion:

- Select one treatment from the past and discuss if it would be considered normal or abnormal by today's standards.
  - After reviewing the course text and current literature, what are two factors that may have influenced the evolution of the treatment over time?
  - Reflect on how we might use past experiences with treatments to inform our current practices.

## Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

u01d2 - Learning Components

- Interpret treatments for psychological disorders.
- Research treatments for psychological disorders.

## Unit 2 >> Causal Factors, Assessment, and Diagnosis

### Introduction

In the late 1960s, it was becoming apparent to many mental health providers that the then-current diagnostic system was exceedingly fallible. Two major problems with the system were the reliability and validity of the various diagnostic categories. *Reliability* refers to the ability of different practitioners who see the same patient to make the same diagnosis. Validity refers to the extent to which a diagnosis:

- Represents a real phenomenon.
- Once made, tells something meaningful about the client.

As an example of a problem with reliability; during the latter half of the 20th century, there were significant problems differentiating schizophrenia from mania. Some practitioners diagnosed any client who displayed auditory hallucinations with schizophrenia, while other practitioners differentiated between clients who experienced auditory hallucinations based on whether they did or did not display mood symptoms.

A good example of poor validity concerned the diagnostic term *neurosis*. The term originally referred to disorders that were based on anxiety. Of course, since early psychoanalytic thought conceptualized almost all behavior as a defensive reaction to anxiety, this term came to represent many conditions including depression, compulsive behavior, confusion, irritability, aggressiveness, social withdrawal, and so forth. Clearly, when a term has this many connotations, using that term provides very little specific information about the person or the disorder.

Numerous researchers attempted to address these problems with reliability and validity. Perhaps the most well-known were Feighner et al. (1972), who determined that in order to improve validity, a diagnosis should include the following attributes:

- Any diagnosis should be clearly separable from other diagnostic categories.
- A particular disorder should have an identifiable clinical course.
- Based on genetic theory, a disorder should show a familial pattern.

They also hoped that each disorder would eventually be differentiated by laboratory tests that had not yet been developed. (This effort continues in the form of studies that investigate molecular genetics, neuroimaging, and psychological testing.) An additional attribute was added later: that particular disorders should display specific responses to treatment (Regier, Narrow, Kuhl, & Kupfer, 2009).

While significant improvements have occurred over the past 40 years in the field's ability to differentiate specific disorders, it has also become clear that there is still an overlap between various disorders. One idea that impacts diagnostic validity is the possibility that our present diagnostic categories do not actually represent discrete, underlying phenomena. For instance, major depression and generalized anxiety disorder appear to have common genetic diatheses. Many anxiety disorders are hard to distinguish from each other, and there are high degrees of comorbidity between them. Along the same lines, Mazarini and Vieta (2010) examined the question of whether bipolar disorder and schizophrenia are truly discrete categories. Nonetheless, even if these various diagnostic categories ultimately may be found to overlap, treating them as distinct disorders may still retain some utility, as Kendell and Jablensky (2003) discussed in their article, "Distinguishing Between the Validity and Utility of Psychiatric Diagnoses."

### References

- Feighner, J. P., Robins, E., Guze, S. B., Woodruff, R. A., Winokur, G., & Munoz, R. (1972). Diagnostic criteria for use in psychiatric research. *Archives of General Psychiatry*, 26(1), 57–63.
- Kendell, R., & Jablensky, A. (2003). Distinguishing between the validity and utility of psychiatric diagnoses. *The American Journal of Psychiatry*, 160(1), 4–12.
- Mazarini, L., & Vieta, E. (2010). Toward a valid classification of psychosis: Overcoming the schizophrenia-bipolar dichotomy. *Psychiatric Annals*, 40(3), 143–148.
- Regier, D., Narrow, W., Kuhl, E., & Kupfer, D. (2009). The conceptual development of DSM-V. *American Journal of Psychiatry*, 166(6), 645–650.

## Learning Activities

### u02s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 2 Checklist](#).

## Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
  - Read [Assessment Measures](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 3, "Causal Factors and Viewpoints," pages 53–95.
- Chapter 4, "Clinical Assessment and Diagnosis," pages 96–122.

In the Capella library, read:

- Au, R. W. C., Xiang, Y., Ungvari, G. S., Lee, E., Shum, D. H. K., Man, D., & Tang, W. (2017). [Prospective memory performance in persons with schizophrenia and bipolar disorder and healthy persons](#). *Perspectives in Psychiatric Care*, 53(4), 266–274.
- Edwards, D. J. A. (2016). [Not so abnormal psychology: A pragmatic view of mental illness](#). *Humanistic Psychologist*, 44(4), 416–421.
- First, M. B. (2017). [The DSM revision process: Needing to keep an eye on the empirical ball](#). *Psychological Medicine*, 47(1), 19–22.

### u02s1 - Learning Components

- Comprehend the purpose of the DSM.
- Comprehend the relationship between behavior and theory.
- Comprehend theories of abnormal behavior.
- Identify assessments for diagnosing abnormal behavior.

### u02a1 - Theories of Abnormal Behavior

There are a variety of views that postulate the causes of abnormal behavior. To begin this assignment:

- Select a theory from the biological or psychological point of view and use it to describe the cause of an abnormal behavior.
  - Select an abnormal behavior that is different than the one you described in the Unit 1 discussion.
  - In addition to your textbook, locate two peer-reviewed journal articles on your theory.

Potential biological points of view could include:

- Neurotransmitter or hormone imbalance.
- Genetic vulnerabilities.

Potential psychological points of view could include:

- Psychoanalytic theory.
- Ego psychology.
- Objects-relations theory.
- Classical conditioning.
- Instrumental conditioning.
- Humanistic perspective.
- Existential perspective.
- Cognitive-behavioral perspective.

In your paper, you should cover the following:

- Describe your theory in detail and how the theory views behavior in general.
- Explain how your theory describes the cause of your selected abnormal behavior.
- Compare and contrast the point of view you chose to the sociocultural viewpoint.
  - How might they view the abnormal behavior similarly?
  - How might they view the abnormal behavior differently?
- Describe the benefits or drawbacks to applying multiple theories to defining abnormal behavior.

Be sure to cite all references properly and include a reference list. Review the assignment scoring guide prior to submission so that you address all required grading criteria.

For this assignment, you are expected to meet the following requirements:

- **Title page:** Include your name, course, date, and instructor.
- **Reference:** Text book and two peer-reviewed journal articles. Additional references may be used.
- **Written communication:** Written communication is free of errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to current APA style and formatting.
- **Length of paper:** 3–4 typed, double-spaced pages.
- **Font and font size:** Times New Roman, 12 point.
- **Submit** your paper to SafeAssign.
- **Submit** your paper to the assignment area for grading.

**Note:** Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click on the linked resources for helpful writing information.

Course Resources

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[APA Style and Format](#)

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[APA Style Paper Template \[DOC\]](#)

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[Capella Writing Center](#)

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[Writing Feedback Tool](#)

## u02d1 - Gathering Information Through Use of Assessments

Chapter 4 in your *Abnormal Psychology* text describes a variety of assessments, ranging from social and behavioral histories to neurological testing to projective testing. For this discussion:

Read the scenario described below and post your responses to the questions.

Hector is a 27-year-old male who reports difficulties with his memory. Hector indicates he sometimes "misses" portions of his day and is unsure of what occurred.

- What might be one type of assessment you would recommend for Hector?
- What about this particular assessment would be of benefit in gathering further information (that is, how would this assessment help you learn more about the case, make a differential diagnosis, make appropriate referrals, and so forth)?
- What is one type of assessment you might not recommend for Hector? Why not?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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u02d1 - Learning Components

- Identify assessments for diagnosing abnormal behavior.

### Unit 3 >> Mood Disorders, Somatic Symptoms Disorders, and Dissociative Disorders

#### Introduction

An interesting intersection between whether abnormal behaviors are considered a weakness or a strength concerns the adaptive aspects of mood disorders. These disorders are polygenic. That is, according to research into genetics, multiple genes are implicated in the biological aspects of the etiology of these disorders.

Barondes (1999) has suggested that individuals who have just some of these genes may have adaptive advantages. For instance, research shows that people who are prone to depression are more interpersonally sensitive, have better impulse control than nondepressives, and make more accurate self-judgments (Abramson & Alloy, 1979). There appears to be some link between these positive traits and depression. There could be an adaptive aspect to having some of these genes, enabling the person who carries them a greater chance of expressing the aforementioned traits.

However, the more genes related to these depression-linked traits that a person has, the greater that person's vulnerability to depression. Other authors have also noted that there might be some positive aspects associated with mood disorders, including a relationship between mood disorders and creativity (Jamison, 1995; Ludwig, 1995).

#### References

Alloy, L., & Abramson, L. (1979). Judgment of contingency in depressed and non-depressed students: Sadder but wiser? *Journal of Experimental Psychology: General*, 108(4), 441–485.

Barondes, S. H. (1998). *Mood genes: Hunting for origins of mania and depression*. New York, NY: Oxford University Press.

Jamison, K. (1995). Manic-depressive illness and creativity. *Scientific American*, 272(2), 62–67.

Ludwig, A. (1995). *The price of greatness: Resolving the creativity and madness controversy*. New York, NY: Guilford.

#### Learning Activities

##### u03s1 - Studies

### Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 3 Checklist](#).

### Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
  - Read the following:
    - [Depressive Disorders](#).
    - [Bipolar and Related Disorders](#).
    - [Dissociative Disorders](#).
    - [Somatic Symptom and Related Disorders](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 7, "Mood Disorders and Suicide," pages 208–256.
- Chapter 8, "Somatic Symptom and Dissociative Disorders," pages 257–289.

Use the Internet to complete the following:

- [Anxiety and Depression Association of America \(ADAA\)](https://adaa.org/). (2019). Retrieved from <https://adaa.org/>
  - Explore the ADAA website.
- Galletta, D., Di Costanzo, F., & Micanti, F. (2018). [Functional neurological disorder as a modern paradigm of hysteria: A clinical case \[PDF\]](https://www.researchgate.net/profile/Diana_Galletta/publication/325131652_Case_Report_Journal_of_Psychology_and_Psychiatry_Functional_neuroReport-Journal-of-Psychology-and-Psychiatry-Functional-neurological-disorder-as-a-modern-paradigm-of-hysteria-A-clinical-case.pdf). *Journal of Psychology and Psychiatry*, 2(1), 1–2. Retrieved from [https://www.researchgate.net/profile/Diana\\_Galletta/publication/325131652\\_Case\\_Report\\_Journal\\_of\\_Psychology\\_and\\_Psychiatry\\_Functional\\_neuroReport-Journal-of-Psychology-and-Psychiatry-Functional-neurological-disorder-as-a-modern-paradigm-of-hysteria-A-clinical-case.pdf](https://www.researchgate.net/profile/Diana_Galletta/publication/325131652_Case_Report_Journal_of_Psychology_and_Psychiatry_Functional_neuroReport-Journal-of-Psychology-and-Psychiatry-Functional-neurological-disorder-as-a-modern-paradigm-of-hysteria-A-clinical-case.pdf)

In the Capella library read or view:

- Zare, M., Narayan, M., Lasway, A., Kitsantas, P., Wojtusiak, J., & Oetjen, C. A. (2018). [Influence of adverse childhood experiences on anxiety and depression in children aged 6 to 11 years](#). *Pediatric Nursing*, 44(6), 267–274.
- Hassa, T., Sebastian, A., Liepert, J., Weiller, C., Schmidt, R., & Tüscher, O. (2017). [Symptom-specific amygdala hyperactivity modulates motor control network in conversion disorder](#). *NeuroImage: Clinical*, 15, 143–150.
- Roberts, S., & Ramsay, A. (Producers). (1995). [Understanding depression: Through the darkness \[Video\]](#). Heartland Releasing.

u03s1 - Learning Components

- Analyze the relationship between the professional literature and professional behavior.
- Apply the criteria of the DSM.
- Identify assessments for diagnosing abnormal behavior.
- Research treatments for psychological disorders.

**u03d1 - Depression**

Watch the video *Understanding Depression Through the Darkness*. Then, to complete this discussion:

- Describe your impressions of the video compared to the information on depression presented in Chapter 7 of your text and the *DSM-5*.
  - Describe two new facts about depression that you have learned, either from the text, video, or *DSM-5*?
  - What did you find of interest in the treatment options discussed in the video?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Understanding Depression: Through the Darkness \[Video\]](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u03d1 - Learning Components

- Apply the criteria of the DSM.
- Identify assessments for diagnosing abnormal behavior.
- Research treatments for psychological disorders.

**u03d2 - Conversion Disorder**

Conversion Disorder has existed as a diagnosis for quite some time. To complete this discussion:

- Locate a scholarly journal article or utilize a sample provided in the Unit 3 studies portraying a case of Conversion Disorder.

- Describe the information presented on the client's history, including age, gender, occupation, life stressors, when the symptoms began, and so forth.
- What symptoms are displayed? Did the client seek treatment or did someone else bring him or her in for treatment?
  - What are the primary and secondary gains the individual with conversion disorder experiences?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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Psychology Undergraduate Discussion Scoring Guide

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u03d2 - Learning Components

- Apply the criteria of the DSM.
- Identify assessments for diagnosing abnormal behavior.

### u03q1 - Unit 3 Quiz

In the first three units you learned about abnormal behavior, causal factors, clinical assessment, mood disorders, somatic symptom disorders, and dissociative disorders. This quiz will gauge your understanding of the material presented in the first three units, including Chapters 1, 2, 3, 4, 7, and 8 of your text. It provides you with an opportunity to demonstrate mastery of the following course competencies:

- Apply relevant theories to issues in mental health.
- Analyze research findings from within the field of abnormal psychology.
- Apply the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to psychological disorders.

Be sure to complete the unit readings first.

Read the following instructions carefully. Once you begin the quiz, you cannot start over, and you cannot retake it to change your grade. When you submit the quiz, it will be scored and your percentage of correctly answered responses will be tabulated. This quiz is worth three percent of your final grade.

1. This quiz has 10 multiple-choice questions. There are 100 total points possible in each quiz. Each question is worth 10 points.
2. Please take and submit the quiz in this unit.
3. There is no time limit on the quiz once you open it.
4. You can access the quiz to preview the quiz, but the quiz can be submitted only once.
5. When you have answered and saved all questions, submit your quiz to receive credit. It is automatically scored, and you will receive feedback on your score immediately. To review the quiz, go to My Grades, click on the title of the quiz, and click on your quiz score.

Click the linked quiz title to access the quiz. If you have any issues with the quiz, contact your instructor.

## Unit 4 >> Trauma- and Stressor-Related Disorders, Anxiety Disorders, and OCD

### Introduction

## Trauma- and Stressor-Related Disorders

Traumatic life events are not always as extreme as those that occur in a war, but these events are often associated with psychiatric disorders. Trauma- and stressor-related disorders now fall under the trauma umbrella and include posttraumatic stress disorder (PTSD), reactive attachment disorder,

disinhibited social engagement disorder, acute stress disorder, and adjustment disorders. Traumatic events can take place in many forms such as sexual abuse, physical abuse, emotional abuse, severe neglect, abandonment, and so forth.

Sadly, children are too often exposed to traumatic events and lack the coping skills to deal with them. Violence, abuse, accidents, natural disasters, and serious illness are all traumatic events children experience. Children who are abused or who witness violence are at a much higher risk for many mental health problems, including depression, anxiety, aggressive behavior, drug use, academic failure, and low self-esteem. They are also at a greater risk of developing dysfunctional patterns in their relationships.

Just as with children, stressor-related disorders in adults can occur after experiencing or witnessing a highly traumatic event involving actual or threatened death or serious injury. Examples of traumatic events include military combat; being held as a prisoner of war; natural disasters such as floods, tornados, or earthquakes; human disasters such as plane or car accidents; violent crime such as assault, shootings, rape, or mugging; or the diagnosis of a life threatening illness.

For both children and adults, the exact diagnosis and treatment will vary depending on how long after the event symptoms appeared and what those symptoms are.

## Anxiety Disorders

According to the National Alliance on Mental Illness (NAMI), anxiety disorders "are a group of mental illnesses that cause people to feel excessively frightened, distressed, or uneasy during situations in which most other people would not experience these same feelings" (2012, para. 1). When anxiety disorders are not treated, they can have a profoundly negative impact on a person's life, affecting all aspects. NAMI states that untreated anxiety disorder can create feelings of "low self-esteem, lead to substance abuse, and isolation from one's friends and family" (2012, para. 1).

It is estimated that approximately five to six percent of the American population is affected by anxiety disorders. The most common anxiety disorders are panic disorder, phobias, generalized anxiety disorder, and social anxiety disorder.

Determining when anxiety is so severe that it constitutes a disorder will depend on several factors, including:

- Other causes of anxiety are not identified. The anxiety is not caused by a medical problem, or drug or substance abuse.
- The anxiety is distressing.
- The anxiety interferes with daily functioning.
- The anxiety does not stop on its own within a few days.

The good news is that anxiety disorders are treatable, and most people with an anxiety disorder can be helped with therapy, medication, and exercise, or with alternative treatments such as relaxation techniques, yoga, or a combination of treatments (NAMI, 2012, para. 2).

## Obsessive-Compulsive and Related Disorders

This unit also addresses obsessive-compulsive and related disorders (OCD). In a unit discussion, you will discern the differences between anxiety disorders and OCD.

### Reference

National Alliance on Mental Illness. (2012). *Anxiety disorders*. Retrieved from [http://www.nami.org/Content/NavigationMenu/Inform\\_Yourself/About\\_Mental\\_Illness/By\\_Illness/Anxiety\\_Disorders.htm](http://www.nami.org/Content/NavigationMenu/Inform_Yourself/About_Mental_Illness/By_Illness/Anxiety_Disorders.htm)

### Learning Activities

#### u04s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 4 Checklist](#).

## Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
  - Read the following sections:
    - [Trauma- and Stressor-Related Disorders](#).
    - [Anxiety Disorders](#).
    - [Obsessive-Compulsive and Related Disorders \(OCD\)](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 5, "Stress and Physical and Mental Health," pages 123–160.
- Chapter 6, "Panic, Anxiety, Obsessions, and Their Disorders," pages 161–207.

Use the Capella library to read or view:

- Aas, M., Andreassen, O. A., Aminoff, S. R., Færden, A., Romm, K. L., Nesvåg, R., ... Melle, I. (2016). [A history of childhood trauma is associated with slower improvement rates: Findings from a one-year follow-up study of patients with a first-episode psychosis.](#) *BMC Psychiatry*, 16.
- Baker, F. A., Metcalf, O., Varker, T., & O'Donnell, M. (2018). [A systematic review of the efficacy of creative arts therapies in the treatment of adults with PTSD.](#) *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(6), 643–651.
- Carlton International Media. (Producer). (2006). [Inside a gunshot victim \[Video\]](#).
- Jaycox, L. H., Ayer, L., Vona, P., Hehman, C., Stein, B. D., Mahmud, A., ... Venkatesh, B. (2018). [Development and preliminary evaluation of a self-guided, internet-based tool for coping with stress and trauma: Life improvement for teens \(LIFT\).](#) *Psychological Services*, 16(1), 85–94.
- TVF International (Producer). (2006). [Seriously stressed \[Video\]](#). Films on Demand.

Use the Internet to explore:

- [Anxiety and Depression Association of America \(ADAA\)](https://adaa.org/). (2019). Retrieved from <https://adaa.org/>
- [International OCD Foundation \(IOCDF\)](https://iocdf.org/). (2019). Retrieved from <https://iocdf.org/>
- [International Society for Traumatic Stress Studies \(ISTSS\)](http://www.istss.org). (2019). Retrieved from <http://www.istss.org>

#### u04s1 - Learning Components

- Apply the criteria of the DSM.
- Analyze the relationship between life experience and diagnosis criteria.
- Interpret treatments for psychological disorders.
- Identify assessments for diagnosing abnormal behavior.
- Research treatments for psychological disorders.

#### u04a1 - Diagnosing Using the DSM

The DSM is a classification manual used by professionals in the field of psychology. For this assignment, you will diagnose three clients. The vignettes for each client, "Unit 4 Case Study Vignettes," are linked in Resources.

- For each client, indicate the diagnosis and discuss each criterion the client fits and does not fit for that diagnosis from the *DSM-5* (which you should cite).

Select one of the clients and in a separate, final section of the paper, complete the following:

- Analyze two recommended treatments for the client and explain why they would be recommended (one or both of these treatments should come from a current peer-reviewed journal article).
- Support your analysis with a peer-reviewed journal article about the diagnosis you chose for this client.
- How well does the article's discussion of the diagnosis compare to the behaviors the client displays?
- As a professional in the field of psychology, how would you use the information from the article to inform your professional behavior?

For this assignment, you are expected to meet the following requirements:

- **Title page:** Include your name, course, date, and instructor.
- **Reference:** *DSM-5*, textbook, two or more peer-reviewed journal articles.
- **Written communication:** Written communication is free of errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to current APA style and formatting.
- **Length of paper:** 5–6 typed, double-spaced pages.
- **Font and font size:** Times New Roman, 12 point.
- **Submit** your paper to SafeAssign.
- **Submit** your paper to the assignment area for grading.

**Note:** Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click on the linked resources for helpful writing information.

Course Resources

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APA Style Paper Template [DOC]

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[APA Style and Format](#)

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[Writing Feedback Tool](#)

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[Capella Writing Center](#)

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Unit 4 Case Study Vignettes

#### **u04d1 - Posttraumatic Stress Disorder (PTSD)**

To complete this discussion:

- Based on the most current version of the DSM, what are the diagnosing criteria for posttraumatic stress disorder (PTSD)?
- Explain what determines whether someone exposed to a traumatic event will or will not develop posttraumatic stress disorder (PTSD).
- Provide two examples of real-life events that may contribute to someone experiencing PTSD.
- Discuss insulating factors that might lead someone exposed to traumatic events *not* to develop PTSD.

### **Participation and Response Guidelines**

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Inside a Gunshot Victim \[Video\]](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

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[Seriously Stressed \[Video\]](#)

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u04d1 - Learning Components

- Analyze the relationship between the professional literature and professional behavior.
- Apply the criteria of the DSM.
- Analyze the relationship between life experience and diagnosis criteria.

#### **u04d2 - Anxiety Disorders, Obsessive-Compulsive Disorder (OCD)**

Anxiety disorders include specific phobia, panic disorder, generalized anxiety disorder, and others (Hooley, Butcher, & Nock, 2019, p. 138). For this discussion:

- Provide a detailed description of an individual who experiences one anxiety disorder from the current *DSM*.
- Describe, in a detailed manner, a second client who experiences OCD.
  - How do the two cases illustrate the differences between OCD and an anxiety disorder?

### **Participation and Response Guidelines**

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

## Reference

Hooley, J. M., Butcher, J. N., & Nock, M. K. (2019). *Abnormal psychology* (18th ed.). Boston, MA: Pearson.

## Course Resources

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### Psychology Undergraduate Discussion Scoring Guide

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#### Improve Discussion Postings: Apply Critical Thinking

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#### Elements of Thought | Transcript

## u04d2 - Learning Components

- Apply the criteria of the DSM.
- Interpret the differences in diagnosis.

## Unit 5 >> Psychosis and Neurocognitive Disorders

### Introduction

## Psychotic Disorders

It may be easier for you to understand the nature of schizophrenia and related disorders if you are acquainted with the idea of psychosis. Psychosis represents a break with reality that impacts how clients think and perceive. Psychotic symptoms include:

- **Hallucinations:** Auditory hallucinations are the most common hallucination in primary mental illnesses. Clients typically hear voices that are demeaning, accusatory, or threatening. At times, they hear voices that give them commands. Clients may also hear multiple voices conversing or arguing. Other noises, including music, buzzing, et cetera, are not uncommon. Visual hallucinations also occur in primary mental illnesses. Tactile, olfactory, and gustatory hallucinations are more typical of organic brain pathology than primary mental illness.
- **Delusions:** Delusions are false beliefs that are firmly held despite evidence to the contrary. Often these beliefs have a paranoid or persecutory quality to them. Clients might believe that they are being watched, followed, or talked about. Grandiose beliefs that they are of special importance, reincarnations of some significant historical figures, and so forth, are also common. Delusions may also concern a loss of control such that clients fear thoughts are being inserted into their minds, they are broadcasting thoughts, or some outside forces are manipulating them.
- **Disorganized thinking:** Individuals display a disruption to thought processes. There may be tangential thought processes, where clients respond to a questions or statements by talking about something unrelated without realizing that they have changed the topic. Clients may show derailment or loose associations where they continually shift from unrelated topics to unrelated topics. At the extreme, thought processes may be highly disorganized with the client producing a *word salad*—combining brief snippets of incomplete thoughts that are unrelated to each other.
- **Disorganized behavior:** Behavior is nonpurposeful. This could include aimless wandering, long periods of giggling at no particular stimulus, long periods of rocking and catatonic behavior, and so forth.

It is important to recognize that these symptoms represent psychosis, but are not indicative of any particular psychotic disorder. While considered the hallmark of schizophrenia, psychosis can also occur in severe cases of a major depressive disorder and bipolar disorder. When psychosis is observed, the evaluator must look for additional signs and symptoms that indicate a specific disorder, such as the course and negative symptoms of schizophrenia, or evidence of depressive or manic symptoms that indicate a mood disorder.

## Neurocognitive Disorders

Cognition includes planning, memory, judgment, language, managing social relationships, problem solving, and coordination of movement. Any number of disease processes and traumatic injuries can impair the ability of the nervous system to perform these functions. In addition, sometimes these disorders are congenital. Diagnosis of cognitive impairment is further complicated because this sort of dysfunction can be accompanied by behavioral problems.

- **Delirium** is a disturbance to consciousness and other cognitive functions that usually occurs suddenly in response to some acute medical problem. The disturbance to consciousness typically involves decreased alertness and even stupor (hypoactive type) or hyperarousal including restlessness or insomnia (hyperactive type).
- **Dementia** has a gradual onset. Memory impairment is a central feature, accompanied by other cognitive impairment, including language disturbance, disturbance to motor function, failure to recognize common objects, or a disturbance to planning, sequencing, organizing, and abstracting.

## Reference

Sadock, B. J., & Sadock, V. A. (2007). *Kaplan & Sadock's synopsis of psychiatry* (10th ed.). Philadelphia, PA: Lippincott Williams & Wilkins.

## Learning Activities

### u05s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 5 Checklist](#).

## Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
  - Read the following sections:
    - [Schizophrenia Spectrum and Other Psychotic Disorders](#).
    - [Neurocognitive Disorders](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 13, "Schizophrenia and Other Psychotic Disorders," pages 440–483.
- Chapter 14, "Neurocognitive Disorders," pages 484–512.

Use the Capella library to review:

- Aas, M., Andreassen, O. A., Aminoff, S. R., Færden, A., Romm, K. L., Nesvåg, R., ... Melle, I. (2016). [A history of childhood trauma is associated with slower improvement rates: Findings from a one-year follow-up study of patients with a first-episode psychosis](#). *BMC Psychiatry*, 16.

Use the Capella library to read or view:

- Intelcom. (Producer). (2011). [Schizophrenia \[Video\]](#).
- Nevco Educational Video Inc. (Producer). (2011). [Communication with cognitively impaired clients. \[Video\]](#).
- Nevco Educational Video Inc. (Producer). (2012). [Alzheimer's disease: Is it delirium or dementia? For nursing homes—level I \[Video\]](#).
- Karr, J. E., Graham, R. B., Hofer, S. M., & Muniz-Terrera, G. (2018). [When does cognitive decline begin? A systematic review of change point studies on accelerated decline in cognitive and neurological outcomes preceding mild cognitive impairment, dementia, and death](#). *Psychology and Aging*, 33(2), 195–218.
- Jackson, T. A., MacLulich, A. M. J., Gladman, J. R. F., Lord, J. M., & Sheehan, B. (2016). [Diagnostic test accuracy of informant-based tools to diagnose dementia in older hospital patients with delirium: A prospective cohort study](#). *Age & Ageing*, 45(4), 505–511.

Use the Internet to explore the following Web resources:

- [Alzheimer's Association](#). (2014). Retrieved from <http://www.alz.org/>
- [Alzheimer's Foundation of America \(AFA\)](#). (2014). Retrieved from <http://www.alzfdn.org/>
- [International Schizophrenia Foundation \(ISF\) Facebook page](#). (2019). Retrieved from <https://www.facebook.com/International-Schizophrenia-Foundation-178337749007188/>
- [The International Society for Psychological and Social Approaches to Psychosis \(ISPS\)](#). (2019). Retrieved from <http://www.isps.org/>
- [Lewy Body Dementia Association](#). (2014). Retrieved from <http://www.lbda.org/>
- [Schizophrenia and Related Disorders Alliance of America \(SARDA\)](#). (2019). Retrieved from <https://sardaa.org/>

### u05s1 - Learning Components

- Apply the criteria of the DSM.
- Analyze the relationship between life experience and diagnosis criteria.
- Comprehend the purpose of the DSM.
- Identify assessments for diagnosing abnormal behavior.
- Research treatments for psychological disorders.

### u05d1 - Psychotic Disorders

For this discussion:

- Describe how hallucinations and delusions are defined.
- Explain the difference between delusional disorder and brief psychotic disorder.
  - What challenges do you think professionals face when working with a psychotic client?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Schizophrenia \[Video\]](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u05d1 - Learning Components

- Comprehend theories of abnormal behavior.
- Analyze the psychological viewpoint.
- Analyze how theory describes the cause of a selected abnormal behavior.

### u05d2 - Delirium Versus Dementia

For this discussion, read the following scenario and respond to the accompanying prompt:

Tonya is a 72-year-old female with a previous diagnosis of dementia. She recently returned home following a hospital stay for a broken hip. In addition to her medications for dementia, she has been prescribed a pain killer for hip pain. Tonya is lying in a temporary bed in the living room of her own home because she is unable to climb the stairs. While in bed she keeps telling her husband, "I want to go home. Take me home." Even though he tells her they are home, she continues to repeat a desire to go home.

- How would you go about differentiating if her behavior is related to an increase in her symptoms of dementia or if she is experiencing delirium?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Communication With Cognitively Impaired Clients \[Video\]](#)

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[Alzheimer's Disease: Is it Delirium or Dementia? For Nursing Homes—Level I \[Video\]](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

## u05d2 - Learning Components

- Apply the criteria of the DSM.
- Comprehend the relationship between behavior and theory.
- Analyze how theory describes the cause of a selected abnormal behavior.
- Interpret the differences in diagnosis.

## u05q1 - Unit 5 Quiz

In the fourth and fifth units you learned about trauma- and stressor-related disorders, anxiety disorders, obsessive-compulsive and related disorders, psychotic disorders, and neurocognitive disorders. This quiz will gauge your understanding of the material presented in Units 4 and 5, which includes Chapters 5, 6, 13, and 14 of your text. It provides you with an opportunity to demonstrate mastery of the following course competencies:

- Apply relevant theories to issues in mental health.
- Analyze research findings from within the field of abnormal psychology.
- Apply the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to psychological disorders.
- Apply psychological theory and research in abnormal psychology to inform professional behavior.

Be sure to complete the unit readings first.

Read the following instructions carefully. Once you begin the quiz, you cannot start over, and you cannot retake it to change your grade. When you submit the quiz, it will be scored and your percentage of correctly answered responses will be tabulated. This quiz is worth three percent of your final grade.

1. This quiz has 10 multiple-choice questions. There are 100 total points possible in each quiz. Each question is worth 10 points.
2. Please take and submit the quiz in this unit.
3. There is no time limit on the quiz once you open it.
4. You can access the quiz to preview the quiz, but the quiz can be submitted only once.
5. When you have answered and saved all questions, submit your quiz to receive credit. It is automatically scored, and you will receive feedback on your score immediately. To review the quiz, go to My Grades, click on the title of the quiz, and click on your quiz score.

Click the linked quiz title to access the quiz. If you have any issues with the quiz, contact your instructor.

## Unit 6 >> Personality Disorders and Substance-Related Disorders

### Introduction

In this course, you are asked to think critically about the current diagnostic system and the medical model of mental illness. Perhaps, no area requires the student of abnormal psychology to exercise judgment about how to use and apply these models as does the diagnosis of children. D. W. Winnicott is known for his famous aphorism: "There is no such thing as a baby" (1953). What Winnicott meant is that an infant exists inextricably in relation to caregivers, so much so that the infant cannot be conceived of independently. Many family therapists would extend this principle to children in general. Because of their dependency relative to adults, children cannot realistically be thought of in isolation of the family environments in which they exist and upon which they depend.

How does this impact the diagnostic endeavor? *DSM-5* diagnoses are applied to individuals. Symptomatic individuals are brought to health care providers and diagnostic labels are applied to them. However, our understanding of the psychological conditions children experience is enhanced if we keep in mind that children are probably more sensitive to environmental conditions than adults. Children often do not have the same coping skills to manage stressors, and usually have less control over their environment than an adult would. Therefore, as you study many of the conditions that affect children—separation anxiety disorder, disruptive behavior disorders, childhood mood disorders—you should keep in mind the impact of family dynamics, social class, and cultural expectations on children.

### Reference

Winnicott, D. W. (1953). Transitional objects and transitional phenomena. In *Playing and reality* (pp. 1–25). London, UK: Tavistock.

### Learning Activities

## u06s1 - Studies

### Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 6 Checklist](#).

### Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: Author.
  - Read the following sections:
    - [Personality Disorders](#).
    - [Substance-Related and Addictive Disorders](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 10, "Personality Disorders," pages 327–370.
- Chapter 11, "Substance-Related Disorders," pages 371–407.

Use the Capella library to read or view the following:

- A.D.A.M. Education (Producer). (2011). *Attention deficit hyperactivity disorder (ADHD)* [Video].
- Center for Collaborative Brain Research, Bradley University (Producer). (2017). *When the ADHD diagnosis is wrong* [Video].
- Efron, D., Bryson, H., Lycett, K., & Sciberras, E. (2016). [Children referred for evaluation for ADHD: Comorbidity profiles and characteristics associated with a positive diagnosis](#). *Child: Care, Health & Development*, 42(5), 718–724.
- Josilowski, C. (2017). *Teachers' perceptions of the home-school collaboration: Enhancing learning for children with autism*. (Doctoral dissertation). Capella University. Retrieved from ProQuest Dissertations & Theses Global. (Order No. 10599643).
- Marangoni, C. (2018). [ADHD, bipolar disorder, or borderline personality disorder: Getting to the right diagnosis](#). *Psychiatric Times*, 35(10), 18–30.
- Tekinarslan, I. Ç. (2018). [Autism spectrum disorder: Experiences of mothers before and after their children's diagnosis and implications for early special education services](#). *Journal of Education and Training Studies*, 6(12), 68–81.

Use the Internet to browse the following:

- National Institutes of Health. (2019). [National Institute on Drug Abuse](#). Retrieved from <https://www.drugabuse.gov/>

### Multimedia

- Complete the [Personality Disorders](#) presentation.

## u06s1 - Learning Components

- Apply the criteria of the DSM.
- Analyze the sociocultural viewpoint.
- Compare and contrast life experience with research settings.

## u06d1 - ADHD

According to the *DSM-5*, ADHD can be organized into two types: inattentive and hyperactive-impulsive.

For this discussion:

- Describe two examples of how inattentive symptoms may impact a child's success at school or at home.
- Describe two examples of how hyperactive-impulsive symptoms may impact a child's success at school or at home.
- Consider how these symptoms may impact an adult's success.

### Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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Psychology Undergraduate Discussion Scoring Guide

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[Attention Deficit Hyperactivity Disorder \(ADHD\) \[Video\]](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u06d1 - Learning Components

- Apply the criteria of the DSM.
- Analyze the relationship between life experience and diagnosis criteria.

**u06d2 - ASD**

With the update of the *DSM-5*, Autism Spectrum Disorder (ASD) replaced four separate disorders listed in the *DSM-4*.

For this discussion:

- Describe the update in the diagnosis.
- Which disorders have been removed?
- What are the diagnosing criteria for ASD?
- Based on current literature and the text, what are two recommended treatments for ASD?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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Psychology Undergraduate Discussion Scoring Guide

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

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[Diagnostic and Statistical Manual of Mental Disorders](#)

u06d2 - Learning Components

- Analyze the relationship between the professional literature and professional behavior.
- Analyze the relationship between life experience and diagnosis criteria.
- Comprehend the purpose of the DSM.
- Comprehend the relationship between behavior and theory.
- Comprehend theories of abnormal behavior.
- Research treatments for psychological disorders.
- Analyze how theory describes the cause of a selected abnormal behavior.
- Interpret the differences in diagnosis.
- Analyze the history of the DSM.

## Unit 7 >> Psychological Disorders of Childhood and Adolescence

### Introduction

## Personality Disorders

What is personality? One definition would be that it is a relatively stable set of traits that characterize an individual's behavior. These traits are behaviors that we reliably display, and that others have come to recognize in us. We may occasionally surprise the people we know well by doing something *out of character*. But generally, we behave in somewhat predictable patterns. Of course, we all have traits that are maladaptive. We may worry too much about things we cannot control, act possessively toward a loved one, be chronically late, and so forth. Hopefully, however, we have enough insight into these traits that we are able to manage our behavior, as well as compensatory positive traits that make up for our less-than-exemplary conduct. Ideally, a person's typical response patterns will be flexible enough that she or he can respond adequately to unique situations.

Imagine, however, a person with a restricted way of perceiving, a narrow range of intrinsic motivations, or a limited set of coping skills. For instance, this person may see all interpersonal reactions as threatening, or among the many goals inherent in social relationships may only be motivated to achieve a sense of superiority, or might lack the coping skills that allow successful resolution of difficult situations. Rather than displaying a few mildly problematic traits, the person may exhibit a number of traits that are problematic; have limited insight into the existence, nature, and consequences of these behaviors; and fail to develop compensatory mechanisms. A personality disorder (PD) is such an extremely rigid way of responding to the surrounding environment. PDs are evident across a variety of situations and across the lifespan. Typically, the disorder begins in adolescence or early adulthood, and then persists through much of the person's life. The rigid coping style associated with a PD makes the individual more susceptible to other forms of psychopathology. The disorder may also significantly impact the client's willingness to enter and ability to benefit from treatment.

Recognizing and diagnosing a PD can be difficult. As noted, individuals often have poor insight into their maladaptive traits, and thus cannot report them to an interviewer. Even when there is some recognition of a maladaptive behavioral repertoire, the individual may be unwilling to report this in an attempt to maintain social desirability. Even when the interviewer can identify potentially maladaptive behaviors from a client's presentation in the interview or from anecdotes the client reported, it can still be difficult to establish that these are long-standing and pervasive traits.

## Substance-Related and Addictive Disorders

The *DSM-5* now recognizes these distinct classes of drugs: alcohol, caffeine, cannabis, hallucinogens, other hallucinogens, inhalants, opioids, sedatives, hypnotics, anxiolytics, stimulants, tobacco, and other substances.

The *DSM-5* explains that activation of the brain's reward system is central to problems arising from drug use. The pleasurable feeling that people experience as a result of taking drugs may be so profound that they neglect other normal activities in favor of taking the drug. While the pharmacological mechanisms for each class of drug are different, the activation of the reward system is similar across substances in producing feelings of pleasure or euphoria, which are often referred to as a *high*.

The *DSM-5* also recognizes that people are not all automatically or equally vulnerable to developing substance-related disorders. Some individuals have lower levels of self-control, which may be brain based and predispose them to developing problems if exposed to drugs.

There are two groups of substance-related disorders:

1. Substance use disorders.
  - Substance use disorders are patterns of symptoms resulting from use of a substance, which the individual continues to take, despite experiencing problems as a result.
2. Substance-induced disorders.
  - Substance-induced disorders are symptoms that can be caused directly by the drug during or immediately after individual episodes of use.

Reference

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

### Learning Activities

u07s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 7 Checklist](#).

## Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
  - Read [Neurodevelopmental Disorders](#).

- Read [Disruptive, Impulse-Control, and Conduct Disorders](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 15, "Disorders of Childhood and Adolescence (Neurodevelopment Disorders)," pages 513–548.

Use the Capella library to read or view:

- Dowgwillo, E. A., Pincus, A. L., & Lenzenweger, M. F. (2018, December 17). [A parallel process latent growth model of narcissistic personality disorder symptoms and normal personality traits](#). *Personality Disorders: Theory, Research, and Treatment*.
- Hadland, S. E., Bagley, S. M., Rodean, J., Silverstein, M., Levy, S., Laroche, M. R., ... Zima, B. T. (2018). [Receipt of timely addiction treatment and association of early medication treatment with retention in care among youths with opioid use disorder](#). *JAMA Pediatrics*, 172(11), 1029–1037.
- Henderson, N., Dressler, W., Henderson, N. L., & Dressler, W. W. (2017). [Medical disease or moral defect? Stigma attribution and cultural models of addiction causality in a university population](#). *Culture, Medicine & Psychiatry*, 41(4), 480–498.

Use the Internet to browse the following:

- [CHADD](#). (2019). Retrieved from <https://chadd.org/>
- NYU Langone Health Department of Child and Adolescent Psychiatry. (n.d.). [Institute for Attention Deficit Hyperactivity and Behavior Disorders](#). Retrieved from <https://med.nyu.edu/child-adolescent-psychiatry/research/center-neurodevelopmental-disorders/research-studies-and-projects/institute-attention>

#### u07s1 - Learning Components

- Apply the criteria of the DSM.
- Analyze the relationship between life experience and diagnosis criteria.
- Comprehend the relationship between behavior and theory.
- Compare and contrast life experience with research settings.
- Analyze how theory describes the cause of a selected abnormal behavior.

#### u07a1 - Living the Criteria of the DSM

The DSM diagnoses are applied to individuals. Symptomatic individuals are brought to health care providers and diagnostic labels are applied to them. However, our understanding of the psychological conditions individuals experience is enhanced if we keep in mind that various ages and populations are probably more sensitive to environmental conditions than others. Carefully selecting a diagnoses and ensuring that it is evident in the client will result in the most effective treatment.

For this assessment, you are asked to think critically about the current diagnostic system and the medical model of mental illness.

- Select a celebrity or famous individual who has been diagnosed with a disorder listed in the *DSM-5*.
- Describe the diagnosis, discussing each criterion the client fits and does not fit for that diagnosis from the *DSM-5* (which you should cite).
- Analyze the quality of their life living with this disorder.
  - In what way has the disorder impeded or limited their success?
  - In what way did it enhance their success?
- Find a journal article that discusses this disorder and analyze how the article's discussion of the diagnosis compares to the behaviors the individual displays?
- Analyze treatments for the diagnosis of the chosen individual and support why they would be recommended (one or both of these treatments should come from a current, peer-reviewed journal article).
- Discern how, as a professional in the field of psychology, you would use the information from the article to inform your professional behavior.

For this assignment, you are expected to meet the following requirements:

- **Title page:** Include your name, course, date, and instructor.
- **Reference:** *DSM-5*, textbook, two or more peer-reviewed journal articles.
- **Written communication:** Written communication is free of errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to APA (sixth edition) style and formatting.
- **Length of paper:** 5–6 typed, double-spaced pages.
- **Font and font size:** Times New Roman, 12 point.
- **Submit** your paper to SafeAssign.
- **Submit** your paper to the assignment area for grading.

**Note:** Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click on the linked resources for helpful writing information.

Course Resources

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[APA Style Paper Template \[DOC\]](#)

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[Capella Writing Center](#)

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[Writing Feedback Tool](#)

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[APA Style and Format](#)

### u07d1 - Substance-Related Disorders

Gerald is a 45-year-old male diagnosed with alcohol use disorder. For this discussion:

- Select one type of causal factor (biological, psychosocial, or sociocultural) and create a scenario explaining how this is the causal factor for Gerald's difficulties with alcohol. Use evidence to support your point of view.
- Use evidence from the text, *DSM-5*, or outside readings and describe which type of treatment you would recommend for Gerald and explain why you would recommend it.

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u07d1 - Learning Components

- Analyze the biological viewpoint.
- Analyze the sociocultural viewpoint.
- Interpret treatments for psychological disorders.
- Analyze the psychological viewpoint.

## Unit 8 >> Eating Disorders, Obesity, and Sexual Variants

### Introduction

The *DSM-5* states, "Feeding and eating disorders are characterized by a persistent disturbance of eating or eating-related behavior that results in the altered consumption or absorption of food and that significantly impairs physical health or psychosocial functioning" (APA, 2013, Feeding and Eating Disorders section, para. 1). Under this main heading are pica, rumination disorder, avoidant/restrictive food intake disorder, anorexia nervosa, bulimia nervosa, and binge-eating disorder.

This section in the *DSM-5* also includes two new subcategories:

1. Other Specified Feeding or Eating Disorder.
2. Unspecified Feeding or Eating Disorder.

## Other Specified Feeding or Eating Disorder

This new category covers much of what was previously called Eating Disorder Not Otherwise Specified. These are disorders that cause "clinically significant distress" (APA, 2013, Feeding and Eating Disorders section, Other Specified Feeding or Eating Disorder subsection, para. 1) but do not meet criteria for another feeding or eating disorder such as anorexia nervosa or binge eating disorder. Included in this category are atypical anorexia nervosa, low frequency bulimia nervosa, binge eating disorder, purging disorder, and night eating syndrome.

## Unspecified Feeding or Eating Disorder

This is a more general category that can be used to make a diagnosis when there simply is not enough information to make a better diagnosis. Perhaps, an emergency room doctor is able to determine that someone has a clear problem with food or eating but lacks sufficient detailed information to make an accurate diagnosis.

## Sexual Variants

In addition to feeding and eating disorders, this unit will cover information on sexual dysfunctions and paraphilic disorders.

### Reference

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

### Learning Activities

#### u08s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 8 Checklist](#).

## Readings

Use the Capella library to complete the following:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
  - Read [Feeding and Eating Disorders](#).
  - Read [Sexual Dysfunctions](#).
  - Read [Paraphilic Disorders](#).

Use your *Abnormal Psychology* text to read the following:

- Chapter 9, "Eating Disorders and Obesity," pages 290–326.
- Chapter 12, "Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders," pages 408–439.

Use the Capella library to read:

- Dakanalis, A., Clerici, M., Bartoli, F., Caslini, M., Crocamo, C., Riva, G., & Carrà, G. (2017). [Risk and maintenance factors for young women's DSM-5 eating disorders](#). *Archives of Women's Mental Health*, 20(6), 721–731.
- Fitzsimmons-Craft, E. E., Firebaugh, M.-L., Graham, A. K., Eichen, D. M., Monterubio, G. E., Balantekin, K. N., ... Wilfley, D. E. (2018, November 8). [State-wide university implementation of an online platform for eating disorders screening and intervention](#). *Psychological Services*.
- Su, X., Liang, H., Yuan, W., Olsen, J., Cnattingius, S., & Li, J. (2016). [Prenatal and early life stress and risk of eating disorders in adolescent girls and young women](#). *European Child & Adolescent Psychiatry*, 25(11), 1245–1253.

Use the Internet to browse the following:

- [National Association of Anorexia Nervosa and Associated Disorders \(ANAD\)](#). (2019). Retrieved from <https://anad.org/>
- [National Eating Disorders Association \(NEDA\)](#). (2019). Retrieved from <https://www.nationaleatingdisorders.org/>

#### u08s1 - Learning Components

- Apply the criteria of the DSM.
- Compare and contrast normal and abnormal behavior
- Comprehend the purpose of the DSM.

- Identify assessments for diagnosing abnormal behavior.

### u08d1 - Eating Disorders

Marta is a 16-year-old female who is 5 ft.5 in. tall and weighs 105 pounds. For the last year, Marta has engaged in secretive eating behaviors in which she consumes large quantities of food without anyone else seeing her. In public settings, Marta eats the meal she is presented. Each day Marta runs 7–8 miles.

- How does the media play a role in the prevalence of eating disorders?
- Would you diagnose Marta with an eating disorder? If yes, which one?
- With or without an official diagnosis, what type of treatment might you recommend for Marta and why?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

### u08d1 - Learning Components

- Analyze the relationship between life experience and diagnosis criteria.
- Analyze the sociocultural viewpoint.
- Interpret treatments for psychological disorders.
- Compare and contrast life experience with research settings.

### u08d2 - Strategies for Achieving a Healthy Weight

The *DSM-5* does not list obesity as an eating disorder. Obesity is, though, a concern for many people. For this discussion:

- Imagine that you are an intern learning to colead a support group for obese people who want to get to a healthy weight.
- Describe what information you would share with the group about causes of obesity.
  - Why would causal information be important to be shared?
  - What information would you share with the group about treatments?
  - Why would treatment information be important to be shared?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

- Analyze the relationship between life experience and diagnosis criteria.
- Interpret treatments for psychological disorders.
- Research treatments for psychological disorders.

## Unit 9 >> Psychological Treatment of Disorders and Application of the DSM

### Introduction

## Psychotherapy

One of the most fervent controversies in the psychology research literature involves how to best study psychotherapy. This controversy has pitted practitioners from differing theoretical schools against each other (and researchers against practitioners). One side of this controversy is represented by a perspective that sees much of clinical practice as unscientific and hopes to demonstrate that types of therapy are clinically effective. Typically, this approach to studying psychotherapy examines particular types or techniques of therapy. Researchers use a method called randomized clinical trials (RCTs), in which the technique in question is implemented with one group of clients and compared to a control condition, in which either no treatment, or some alternate technique, is provided.

Critics disagree with this approach. They note that this research approach emphasizes small and relatively meaningless distinctions between techniques, focuses on brands of therapy rather than examining the common processes that occur in counseling sessions, does not allow us to study what actually leads to change in psychotherapy, and does not reflect how psychotherapy is actually applied in clinical practice. For instance, these critics note that:

1. The effects of different types of psychotherapy are small compared to other factors in the therapeutic environment, such as the quality of the therapeutic relationship, or client factors such as motivation.
2. RCTs are based on a medical model that emphasizes symptom reduction, when in real-world practice, psychotherapy often attempts to address the problems underlying and creating symptoms.
3. RCTs focus on single problems, where in real-world practice, clients often present with multiple problems, and target problems that change as psychotherapy progresses.
4. RCTs rely on manualized versions of techniques in which practitioners move mechanically through certain steps, whereas in clinical practice, therapists adapt techniques to fit unique individuals.

These critics are not suggesting that the RCT approach to validating particular therapies be abandoned, but that this research should take place in a context that includes other approaches to studying psychotherapy.

### Learning Activities

#### u09s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- [Unit 9 Checklist](#).

## Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 16, "Psychological Treatment," pages 549–584.

In the Capella library read or view:

- Chaves, C., Lopez-Gomez, I., Hervas, G., & Vazquez, C. (2017). [A comparative study on the efficacy of a positive psychology intervention and a cognitive behavioral therapy for clinical depression](#). *Cognitive Therapy & Research*, 41(3), 417–433.
- Gaddy, M. A. (2018). [Implementation of an integrative medicine treatment program at a Veterans Health Administration residential mental health facility](#). *Psychological Services*, 15(4), 503–509.
- Harrigan, S. (Director). (2015). [Bipolar disorders \[Video\]](#). Microtraining Associates.
- Hoskins, D., Duncan, L. G., Moskowitz, J. T., & Ordóñez, A. E. (2018). [Positive adaptations for trauma and healing \(PATH\). A pilot study of group therapy with Latino youth](#). *Psychological Trauma: Theory, Research, Practice, and Policy*, 10(2), 163–172.

## u09a1 - Applying the DSM

For this assignment you will present information to an interested audience about a particular psychological disorder in the *DSM-5*. You will be discussing how the diagnosis and the treatment have changed over time, so take this into consideration as you choose the disorder you will address.

To begin this assignment:

- Select one psychological disorder in the *DSM-5* to use for this assignment.
- Consider your current workplace or community and select a target audience for your presentation.
- Using your course text, unit resources, *DSM-5*, and three or more scholarly journal articles, design a PowerPoint presentation in which you:
  - Select a theory from the text or elsewhere and discuss how the theory would view the causes of the specific disorder.
  - Discuss the current diagnostic criteria for the disorder from the *DSM-5*. Provide a brief case example that would meet the diagnostic criteria.
  - Describe how the *DSM-5* version of the diagnosis reconsiders the *DSM-4* diagnosis.
  - Describe the changes in treatment.
  - Assess what led to the changes of the diagnosis and treatment approaches. Use current research to support your analysis.
  - Support your analysis of the changes with evidence from scholarly research.

For this assignment you are expected to meet the following requirements:

- **Title slide:** Include your name, course, date, and instructor.
- **Abstract:** No abstract is required for the assignment.
- **Reference:** Textbook, *DSM-5*, three or more peer-reviewed journal articles.
- **Written communication:** Written communication is free of errors that detract from the overall message.
- **APA formatting:** Resources and citations are formatted according to current APA style and formatting.
- **Length of presentation:** 10–15 slides.
- **Speaker's notes:** Included on each slide.
- **Submit** your presentation to the assignment area for grading.

Course Resources

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[APA Style and Format](#)

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[Capella Writing Center](#)

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[\*Diagnostic and Statistical Manual of Mental Disorders\*](#)

## u09d1 - Treatment of Disorders

The two most popular traditional treatments of psychological disorders are medication and psychotherapy. In your discussion:

- Describe advantages and disadvantages of both medication and psychotherapy treatments.
- Apply this information to the case example below:

Nico is a 23-year-old male with a diagnosis of bipolar I disorder. He is currently in a depressive episode and is having difficulty getting out of bed and going to work. However, last month he experienced a manic episode and was awake for four days straight.

- Based on the *DSM-5*, course text, and media, select two types of treatments you would recommend to Nico.
- Why would you recommend these treatments?

## Participation and Response Guidelines

Please respond to at least two other learners. Your responses should be substantive in nature and serve to advance the dialog in a meaningful and thoughtful way. Be sure to keep the tone of your responses respectful and professional.

Course Resources

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Elements of Thought | Transcript

u09d1 - Learning Components

- Interpret treatments for psychological disorders.

## Unit 10 >> Application of Abnormal Psychology

### Introduction

This unit is designed to give you the chance to review and refine your thinking about the topic of abnormal psychology. In addition, you will demonstrate how this information applies to careers in psychology. The discussion in this unit asks you to apply the information you have learned this term to possible careers for individuals with a bachelor's degree in psychology. The quiz in this unit covers the material from Units 6 through 10.

### Learning Activities

u10s1 - Studies

## Checklist

Read each unit checklist at the start of each week and use it however it will be most helpful for you.

- Unit 10 Checklist.

## Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 17, "Societal and Legal Issues in Abnormal Psychology," pages 585–607.

In the Capella library read:

- Golding, J. M., Lippert, A. M., & Malik, S. E. (2018). Using the internet to facilitate career choices in psychology-related fields. *Teaching of Psychology, 45*(1), 60–66.
- Lawson, T. J. (2018). Tapping into alumni as a source of authentic information and advice on careers in psychology. *Teaching of Psychology, 45*(1), 67–74.
- Wang, M., & Wanberg, C. R. (2017). 100 years of applied psychology research on individual careers: From career management to retirement. *Journal of Applied Psychology, 102*(3), 546–563.

Use the Internet to browse the following in preparation for this unit's discussion:

- American Psychological Association. (2014). Careers in psychology. Retrieved from <http://www.apa.org/careers/resources/guides/careers.aspx>

## Research

Go to a job website such as Indeed or CareerBuilder and type in "bachelor's psychology" along with your zip code. (Please note indeed.com tends to list more choices.) Look through the jobs listed and see how they line up with your current skills. You will be sharing your findings in your first Unit 10 discussion.

u10s1 - Learning Components

- Analyze the relationship between the professional literature and professional behavior.

u10d1 - Current Trends

The field of psychology is constantly evolving, with new research being published daily. Locate an article published after 2017 on a disorder we learned about in this course.

For this discussion:

- Use the DSM 5 to describe the diagnostic criteria for the disorder.
- What are two current treatments for the disorder in the field?
- Discuss what might be potential changes to the classification, diagnosing criteria, or suggested treatments based on the trends in current research.

## Participation and Response Guidelines

While you are encouraged to read and respond to the posts of other learners, response posts are optional as these are the final discussions in the course. However, please note that this activity is graded based on your post.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u10d1 - Learning Components

- Comprehend the relationship between behavior and theory.
- Analyze the history of the DSM.

### u10d2 - Application to Your Career

Select one occupation you would like to learn more about or potentially work in.

- How did the information learned in this course be utilized in that occupation?
- What additional information may be necessary to be successful in your chosen career?

## Participation and Response Guidelines

While you are encouraged to read and respond to the posts of other learners, response posts are optional as these are the final discussions in the course. However, please note that this activity is graded based on your post.

Course Resources

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[Psychology Undergraduate Discussion Scoring Guide](#)

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[Improve Discussion Postings: Apply Critical Thinking](#)

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[Elements of Thought | Transcript](#)

u10d2 - Learning Components

- Analyze the relationship between the professional literature and professional behavior.
- Analyze the components of professional behavior in abnormal psychology.

### u10q1 - Unit 10 Quiz

In Units 6, 7, 8, 9, and 10, you learned about personality disorders, substance-related disorders, disorders of childhood and adolescence, eating disorders and obesity, sexual variants, therapy, and contemporary issues in abnormal psychology. This quiz will gauge your understanding of the material

presented in these units, including Chapters 9, 10, 11, 12, 15, 16, and 17 of your text. It provides you with an opportunity to demonstrate mastery of the following course competencies:

- Apply relevant theories to issues in mental health.
- Analyze research findings from within the field of abnormal psychology.
- Apply the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) to psychological disorders.
- Apply psychological theory and research in abnormal psychology to inform professional behavior.
- Analyze treatment of psychological disorders.

Be sure to complete the unit readings first.

Read the following instructions carefully. Once you begin the quiz, you cannot start over, and you cannot retake it to change your grade. When you submit the quiz, it will be scored and your percentage of correctly answered responses will be tabulated. This quiz is worth four percent of your final grade.

1. This quiz has 20 multiple-choice questions. There are 100 total points possible in each quiz. Each question is worth 5 points.
2. Please take and submit the quiz in this unit.
3. There is no time limit on the quiz once you open it.
4. You can access the quiz to preview the quiz, but the quiz can be submitted only once.
5. When you have answered and saved all questions, submit your quiz to receive credit. It is automatically scored, and you will receive feedback on your score immediately. To review the quiz, go to My Grades, click on the title of the quiz, and click on your quiz score.

Click the linked quiz title to access the quiz. If you have any issues with the quiz, contact your instructor.