PSY 210- Abnormal Psychology
Mercer County Community College

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Office Hours:
Tuesday 9:30-10:30am and 2:45-3:45pm (WW)
Thursday 9:30-10:30 am and 2:45-3:45pm (WW)
Saturday (JKC) 12:00-1:00pm

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Required Textbook:
Halgin & Whitbourne (2010) **Abnormal Psychology: Clinical Perspectives on Psychological Disorders, 6/e.**
ISBN: 007337069x

Books that Can Really Help You!
American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text revision). Washington, DC: Author.

Perrin, R. (2004). *Pocket guide to APA style*. New York: Houghton Mifflin Company

American Psychological Association Publication Manual, Fifth Edition. (2001).

Gelfand, H., Walker, C., American Psychological Association. (2001). *Mastering APA Style: Student's Workbook and Training Guide.*

- This is a self-guided workbook for learning APA style writing.

Welcome to Abnormal Psychology!

This class will explore that fascinating world of abnormal behavior…but what is that exactly? By the end of this course you WILL be able to answer that question!
We will focus on the elements of psychopathology and mental disorders, as well as the history and classifications of various disorders.

This class will discuss a variety mental illnesses, such as, depression, schizophrenia, bipolar disorder, PTSD, anxiety disorders, eating disorders, personality disorders and other intriguing ailments that so many people endure on a daily basis; Posing the question, "How abnormal is it really?" This class is great for anyone interested in understanding those "abnormal" behaviors seen very often within our society. This class will also examine the tremendous impact mental illness has on the person living with abnormality.

When I tell people that I work as a therapist, I am usually bombarded with stories like, "I know a guy who sees little green aliens"… "My sister has depression and is on medication… "I think my neighbor is crazy, he stares at the side of his house all day long and talks to his car…what do *YOU* think?"

When examining the behavior of another, we can see many things both normal and abnormal. This is not to think everyone has a diagnosable disorder! As this class progresses, you will learn many tell-tale indicators of mental illness and psychopathology. It is a common practice for us to enjoy analyzing people and placing them into neat little categories, but please refrain from diagnosing yourself, your friends, your parents and family, your classmates, your professors or anyone else ☺

This class will be interesting and fun, but it will not make you a psychologist!

Course Objectives:

This course is an introduction to the field of abnormal psychology. It is designed (1) to provide students with an integrative overview of the field of abnormal psychology and major psychological problems and disorders;(2) to familiarize students with the multiple causes of psychopathology as viewed from a number of different theoretical perspectives;(3) to illustrate an integrative view of research in the area of abnormal behavior; (4) and, to discuss intervention and prevention strategies for psychological disorders.

Academic Integrity

The work a student produces must be their own and should result solely from their own efforts. Plagiarism or cheating on any assignment is regarded as an extremely serious academic offense. Student's who violate this policy will receive an "F" for the course. Please refer to the Mercer County Community College Academic Integrity Handbook, or request one from the professor.

Reasonable Accommodations for Students with Documented Disabilities

Mercer County Community College is committed to supporting all students in their academic and co-curricular endeavors. Each semester, a significant number of students document disabilities, which may require learning, sight, hearing, manual, speech, or mobility accommodations to ensure access to academic and co-curricular activities. The college provides services and reasonable accommodations to all students who need and have a legal entitlement to such accommodations.

For more information regarding accommodations, you may visit the Office of Academic Support Services in FA129 or contact them at 609.570.3422 or urbanb@mccc.edu.

It will be the student's responsibility to arrange an accommodation. If you are a student with a disability or special need, please advise the professor within the first 2 weeks of the course so appropriate accommodations can be made.

Attendance and Conduct

As college students you choose to be here. You have elected to register for this course and **YOU** will determine your overall experience in this class. Although I do not expect students to attend every class due to demands of life, attendance is very important and required. If you miss class, it is **YOUR RESPONSIBILITY** to get the information you have missed. Do not expect or request the notes to be supplied by me if you did not attend lecture. Attendance and lecture notes are crucial to success in this class.

Without question, students who attend class perform better than those who do not…make sure you get to class. If you are often absent, it should lead you to ask the question, "**Why did I register for this course**?"

You will not hurt my feelings if this class is not for you, but please don't just disappear- **drop** the class as soon as you realize you don't want to be here. If you choose to not return without officially dropping the course, you will receive an "F" on your transcript. **I will NOT drop you from the course- YOU must withdraw!**

Attendance Bonus

Students who attend every class will receive a **4 point bonus**. If you miss only one class, you will receive a **2 point bonus**. Lateness is not acceptable from college students; therefore two lates will be equal to one absence. If you arrive to class after I have taken role, it is **YOUR** responsibility to advise me that you arrived late otherwise you will be marked as absent. All absences without a doctor's note will be considered unexcused. It is at my discretion to add additional points for active participation.

Exams

Your final grade will be based, in part, on **THREE** 75 question multiple-choice/true-false exams. All exams will b administered in class on designated testing days provided in the course

schedule (See below). It is the student's responsibility to take the exam on time. Make-up exams are not an option in this course. Should you miss an exam, you will have the option of taking EXAM 4, a cumulative final exam, which will replace your lowest exam grade. Exam 4 will be available at the testing center only.

Writing Assignments

Each student must submit 2 short writing assignments, for a total of **75 points. Each student must submit (1) Film Critique and (1) Case summary.** Each writing option will have individual instructions and due date attached below.

Late Assignments

All assignments and exams must be completed by the due date listed below in the course schedule. If you miss a due date please do not attempt to submit the assignment, I will not accept late papers. However, you may submit ONE late assignment during the course. The ONE late assignment MUST be submitted with a "late pass" (attached below). This late pass will allow a ONE day extension…not one class…one day only. So for example, if the assignment is due on October 1st, you can submit the assignment on October 2nd without penalty. Once the one day extension has passed the assignment will not be accepted. Therefore, if you want to earn extra credit in this course YOU MUST PLAN AHEAD

Extra Credit Opportunities

Students will have the option of submitting an additional one page, type-written journal summary paper (Instructions included at the end of the syllabus). This paper can be submitted at any time during the semester however, it MUST be submitted by **December 9th**. This paper will be worth **10 extra credit points**.

To encourage good study habits, I will give 4 extra credit points per exam to students who make flash cards of the chapter material. It may not sound like much, but that adds up to **12 extra credits points** which will be added to your overall final points. Take advantage of this opportunity!

Course Grading

Your final grade for this class will be calculated on a point system. Your grade will be based on exam totals for a **total of 300 possible points for the course.**
Use the chart below to keep track of your cumulative points from the exams, paper, writing assignments and extra credit:

Required Assignments	Possible Points	Earned Points
Exam 1	75	
Exam 2	75	
Exam 3	75	
Film critique	25	
Case Summary	50	
Extra Credit Assignments	Possible Points	Earned Points
Total Flashcards	4-12	
Journal Article Review #2	10	
Attendance Bonus	2-4	
Total Points:	300	Total Earned Points:

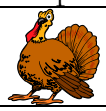
The final grades can be computed as follows:

Points	Letter Grade	Percentage
279 +	A	93%
270	A-	90%
261	B+	87%
249	B	83%
240	B-	80%
231	C+	77%
210	C	70%
180	D	60%
Below 180	F	

I sincerely hope that you find this subject to be interesting and enjoy this psychology course. It is my goal for each of you to successfully learn in this class, as well as, think critically about issues related to Abnormal Psychology. Please feel free to contact me at any time during the semester in class, during office hours, by phone or email with any questions.

Course Schedule

August 31st		Course Introduction
September 2nd	Chapter 1	Understanding Abnormality: A Look at History and Research Methods
September 7th	Chapter 2	Classification and Treatment Plans
September 9th	Chapter 3	Assessment
September 14th	Chapter 3	Assessment
September 16th	Chapter 5	Anxiety Disorders
September 21st	Chapter 5	Anxiety Disorders
September 23rd	Chapter 5	Anxiety Disorders
September 28th	Chapter 5	Anxiety Disorders
September 30th	Chapter 5	Anxiety Disorders
October 5th	Chapter 8	Mood Disorders
October 7th	Chapter 8	Mood Disorders
October 12th	**Exam 1 (Chapters 1, 2, 3 and 5)**	
October 14th	Chapter 8	Mood Disorders
October 19th	Chapter 8	Mood Disorders
October 21st	Chapter 8	Mood Disorders
October 26th	Chapter 6	Somatoform Disorders, Psychological Factors Affecting Medical Conditions, and Dissociative Disorders
October 28th	Chapter 6	Somatoform Disorders, Psychological Factors Affecting Medical Conditions, and Dissociative Disorders
November 2nd	Chapter 6	Somatoform Disorders, Psychological Factors Affecting Medical Conditions, and Dissociative Disorders
November 4th	Chapter 10	Personality Disorders
November 9th	Chapter 10	Personality Disorders
November 11th	Chapter 7	Sexual Disorders

November 16th	Chapter 7	Sexual Disorders
November 18th	**Exam 2 (Chapters 8, 6 and 10)**	
November 23rd	Chapter 14	Eating Disorders and Impulse -Control Disorders (Follow Thursday schedule)
November 25th	Chapter 9	Schizophrenia and the Related Disorders
November 30th		**Thanksgiving Recess- No class!**
December 2nd	Chapter 9	Schizophrenia and the Related Disorders
December 7th	Chapter 9	Schizophrenia and the Related Disorders
December 7th	**Case Summary Assignment Due**	
December 9th	**Exam 3 (Chapters 7, 14 and 9)**	
	Exam 4 (Optional final exam) available in the testing center December 8-15th	
December 14th	Final class meeting!! Return of exam scores and graded assignments.	

Writing Assignments

Recalling and memorizing concepts about abnormal psychology is the easy part, but evaluating and analyzing concepts regarding is far more challenging. Each student must submit **2 writing assignments**, (film review and case summary) for a total of **75 points**. Be sure to check the guidelines and due dates, as there are variations.

Ψ Hollywood Film Critique- (25 points)

Select one of the following films and review the film as an Abnormal Psychology student, not just a movie-watcher. You will provide a summation of the selected movie and discuss it from a psychological perspective. You should explain and discuss the mental illness depicted in the film. Based on your knowledge from class and your text, determine if the film accurately depicts the disorder identified or if it is flawed. Be sure to discuss the observable behaviors that support this diagnosis.

- **As Good as it Gets** (1997; Comedy, Drama, Romance; Jack Nicholson, Helen Hunt, Greg Kinnear)
  - What disorder did Melvin (Jack Nicholson) have in the movie?
  - How did this disorder impact Melvin's (Jack Nicholson) relationships with others? How does Melvin behave when his well-established routine is interrupted? What internal feelings might lead to those behaviors?
  - What form of treatment did Melvin use in the movie? Is this a successful treatment? Explain.

Due October 5th

- **Dissociative Disorders**

  Select **one** of the following movies and answer the discussion questions that follow:
  - **Primal Fear** (1996 Drama/Suspense; Richard Gere, Edward Norton)
  - **Me, Myself And Irene** (2000 Comedy; Jim Carey, Renee Zellweger)
  - **Identity** (2003 Thriller; John Cusack, Ray Liotta, Amanda Peete)
  - **Fight Club** (1999 Action/Drama; Brad Pitt, Edward Norton)
  - **Secret window** (2004 Thriller; Johnny Depp, John Turturro)

  - Identify the character and the psychological disorder they display.
  - Did the movie accurately portray the symptoms of the disorder? Was this an accurate clinical picture? Explain in detail and provide examples from the movie.
  - Discuss any inaccuracies and misconceptions perpetrated of the disorder in the movie. If the disorder was misrepresented explain how this could be misleading to a typical movie-goer.
  - Many reputable theorists believe DID does not exist. What do you think? Support your thoughts.

Due November 4th

- **Personality Disorders**

  Select **one** of the following movies and answer the discussion questions that follow:

  - **Girl Interrupted** (1999 Drama; Angelina Jolie, Winona Ryder, Whoopie Goldberg)
  - **Fatal Attraction** (1987 Thriller/Drama; Glenn Close, Michael Douglas)
  - **Natural Born Killers** (1994 Thriller/Drama; Woody Harrelson, Juliette Lewis)
  - **American Psycho** (1999 Drama/Suspense; Christian Bale)

  - Identify the character and the psychological disorder they display.
  - Did the movie accurately portray the symptoms of the disorder? Was this an accurate clinical picture? Explain in detail and provide examples from the movie.
  - Discuss any inaccuracies and misconceptions perpetrated of the disorder in the movie. If the disorder was misrepresented explain how this could be misleading to a typical movie-goer.
  - How is a personality disorder different from an Axis 1 disorder?

  Due November 11th

  - **A Beautiful Mind** (2001 Drama/Mystery; Russell Crowe, Jennifer Connelly).
    - What type of schizophrenia does John Nash (Russell Crowe) have? Discuss a scene that depicts the "positive symptoms" of schizophrenia. Discuss a scene that depicts the "negative symptoms."
    - Do you think the film implies that a person with schizophrenia can fully recover? Do you think the film implies that a person can recover without medication? Explain and justify your answers.

    Due December 7th

Once you select a movie be sure to plan ahead to watch it…students sometimes find it hard to obtain a movie, especially if many classmates plan to rent the same one. Several of the movies are available at the MCCC library. The movies available cannot be checked out, but you can watch them in the library.

Ψ Case Study- (50 Points) Due December 2nd

You will review a case study provided in this packet (see below). You will be responsible for reviewing the case and assigning multi-axial diagnoses. You will also be responsible for providing a rationale for the diagnoses, as well as a discussion of rule outs, differential diagnoses. This assignment should be 2-3 pages in length (typed, double-spaced, one inch margins).

The first page is to be completed in the multi-axial diagnosis format provided below. Your paper must have Axes 1-5 completed at the start of the summary (see below). The remaining pages are to be a discussion of how you determined the diagnoses, which must be labeled and presented by Axis. This discussion is to include the signs/symptoms of each diagnosis you assign, as well as a complete discussion of differential diagnoses (if applicable).

Differential diagnosis refers to all of the diagnostic categories that you seriously considered during the diagnostic process. Because the symptoms present in the case study suggest the possibility of several disorders, a thorough discussion of disorders that you excluded is warranted. In other words, you should discuss why you assigned the diagnoses that you did and why you ruled out others.

Rule out means this: by further investigation (history, psychological evaluation, etc.) the following diagnosis needs to be excluded. Because it is a statement of doubt, it should never appear as the final diagnosis (This is one of the ways of saying, "I don't know.") This is different from "No Diagnosis" in that there is some possibility of a diagnosis on that axis but there is insufficient information to specify which diagnosis or not enough information to consider a "Rule Out" or a "Provisional Diagnosis".

Multi-axial Diagnosis Format

Axis I: Includes all of the disorders we will cover in class, with the exception of Personality Disorders and Mental Retardation.
Axis II: Includes only Personality Disorders and Mental Retardation
Axis III: Includes general medical conditions that are relevant to Axis I and Axis II diagnoses.
Axis IV: Includes a listing of any relevant psychosocial and environmental problems or stressors.
Axis V: Includes a numerical rating of current functioning, and occasionally highest functioning over the past year, on a scale of 0 to 100. (Use chart below)

You can have multiple diagnoses on any axis. It is also possible that there is no diagnosis on an axis. List every diagnosis for which the diagnostic criteria are met. When no diagnosis exists for a particular axis, "No Diagnosis" is entered on the line.

The first diagnosis listed on Axis I is assumed to be the principal diagnosis unless otherwise specified. If the principal diagnosis is a Personality Disorder or Mental Retardation, it should be listed on Axis II, labeled as the "Principal Diagnosis" in parentheses.

The first page of the case summary MUST include the Axis summary. Each axis will be graded on a 5-point scale. Use this sample as a reference for your paper:

Axis I: Major Depressive Disorder (Principle Diagnosis), Generalized Anxiety Disorder (Differential Diagnosis)

Axis II: Narcissistic Personality Disorder

Axis III: No Diagnosis

Axis IV: Job loss, recent divorce, financial stress

Axis V: GAF -25

The **Global Assessment of Functioning (GAF)** is a numeric scale (0 through 100) used by mental health clinicians and physicians to subjectively rate the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living.

91-100	Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many qualities. No symptoms.
90-81	Absent or minimal symptoms, good functioning in all areas, interested and involved in a wide range or activities, socially effective, generally satisfied with life, no more than everyday problems or concerns.
80-71	If symptoms are present they are transient and expectable reactions to psychosocial stresses; no more than slight impairment in social, occupational, or school functioning
70-61	Some mild symptoms OR some difficulty in social, occupational, or school functioning, but generally functioning pretty well, has some meaningful interpersonal relationships.
60-51	Moderate symptoms OR any moderate difficulty in social, occupational, or school functioning.
50-41	Serious symptoms OR any serious impairment in social, occupational, or school functioning.
40-31	Some impairment in reality testing or communication OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood.
30-21	Behavior is considered influenced by delusions or hallucinations OR serious impairment in communications or judgment OR inability to function in all areas.
20-11	Some danger or hurting self or others OR occasionally fails to maintain minimal personal hygiene OR gross impairment in communication.
10-1	Persistent danger of severely hurting self or others OR persistent inability to maintain minimum personal hygiene OR serious suicidal act with clear expectation of death.

Abnormal Psychology
Case Study Packet (25 points)

You will select and review **ONE** case study provided in this packet. You will be responsible for reviewing the case and assigning multi-axial diagnoses. You will also be responsible for providing a rationale for the diagnoses, as well as a discussion of rule outs, differential diagnoses, and prognosis. This assignment should be 2-3 pages in length (typed, double-spaced, one inch margins). Please review the complete hand out included in the course syllabus for additional instructions. A full multi-axial diagnosis must be placed at the beginning of the paper.

Case Summary #1

Robin Henderson is a 30-year-old married Caucasian woman with no children who lives in a middle-class urban area with her husband. Robin was referred to a clinical psychologist by her psychiatrist. The psychiatrist has been treating Robin for more than 18 months with primarily anti-depressant medication. During this time, Robin has been hospitalized at least 10 times (one hospitalization lasted 6 months) for treatment of suicidal ideation (and one near lethal attempt) and numerous instances of suicidal gestures, including at least 10 instances of drinking Clorox bleach and self-inflicting multiple cuts and burns.

Robin was accompanied by her husband to the first meeting with the clinical psychologist. Her husband stated that both he and the patient's family considered Robin "too dangerous" to be outside a hospital setting. Consequently, he and her family were seriously discussing the possibility of long-term inpatient care. However, Robin expressed a strong preference for outpatient treatment, although no therapist had agreed to accept Robin as an outpatient client. The clinical psychologist agreed to accept Robin into therapy, as long as she was committed to working toward behavioral change and stay in treatment for at least 1 year. This agreement also included Robin contracting for safety- agreeing she would not attempt suicide.

Clinical History

Robin was raised as an only child. Both her father (who worked as a salesman) and her mother had a history of alcohol abuse and depression. Robin disclosed in therapy that she had experienced severe physical abuse by her mother throughout childhood. When Robin was 5, her father began sexually abusing her. Although the sexual abuse had been non-violent for the first several years, her father's sexual advances became physically abusive when Robin was about 12 years-old. This abuse continued through Robin's first years of high school.

Beginning at age 14, Robin began having difficulties with alcohol abuse and bulimia nervosa. In fact, Robin met her husband at an A.A (Alcoholics Anonymous) meeting while she was attending college. Robin continued to display binge-drinking behavior at an intermittent frequency and often engaged in restricted food intake with consequent eating binges. Despite these behaviors, Robin was able to function well in work and school settings, until the age of 27.

She had earned her college degree and completed 2 years of medical school. However, during her second year of medical school, a classmate that Robin barely knew committed suicide. Robin reported that when she heard of the suicide, she decided to kill herself as well. Robin displayed

very little insight as to why the situation had provoked her inclination to kill herself. Within weeks, Robin dropped out of medical school and became severely depressed and actively suicidal.

A certain chain of events seemed to precede Robin's suicidal behavior. This chain began with an interpersonal encounter, usually with her husband, which caused Robin to feel threatened, criticized or unloved (usually with no clear or objective basis for this perception. These feelings were followed by urges to either self-mutilate or kill herself. Robin's decision to self-mutilate or attempt suicide were often done out of spite- accompanied by the thought, "I'll show you." Robin's self-injurious behaviors appeared to be attention-seeking. Once Robin burned her leg very deeply and filled the area with dirt to convince the doctor that she needed medical attention- she required reconstructive surgery.

Although she had been able to function competently in school and at work, Robin's interpersonal behavior was erratic and unstable; she would quickly and without reason, fluctuate from one extreme to the other. Robin's behavior was very inconsistent- she would behave appropriately at times, well mannered and reasonable and at other times she seemed irrational and enraged, often verbally berating her friends. Afterwards she would become worried that she had permanently alienated them. Robin would frantically do something kind for her friends in an attempt to bring them emotionally closer to her. When friends or family tried to distance themselves from her, Robin would threaten suicide to keep them from leaving her.

During the course of treatment, Robin's husband reported that he could not take her suicidal and erratic behavior any longer. Robin's husband filed for divorce shortly after her treatment began. Robin began binge drinking and taking illegal pain medication. Robin reported suicidal ideation and feeling of worthlessness. Robin displayed signs of improvement during therapy, but this ended in her 14 month of treatment when she committed suicide by consuming an overdose of prescription medication and alcohol.

Case Summary #2

At the time of his admission to the psychiatric hospital, Carl Landau was a 19-year-old single African American male. Carl was a college freshman majoring in philosophy who had withdrawn from school because of his incapacitating symptoms and behaviors. He had an 8-year history of emotional and behavioral problems that had become increasingly severe, including excessive washing and showering; ceremonial rituals for dressing and studying; compulsive placement of any objects he handled; grotesque hissing, coughing, and head tossing while eating; and shuffling and wiping his feet while walking.

These behaviors interfered with every aspect of his daily functioning. Carl had steadily deteriorated over the past 2 years. He had isolated himself from his friends and family, refused meals, and neglected his personal appearance. His hair was very long, as he had refused to have it cut in 5 years. He had never shaved or trimmed his beard. When Carl walked, he shuffled and took small steps on his toes while continually looking back, checking and rechecking. On occasion, he would run in place. Carl had withdrawn his left arm completely from his shirt sleeve, as if it was injured and his shirt was a sling.

Seven weeks prior to his admission to the hospital, Carl's behaviors had become so time-consuming and debilitating that he refused to engage in any personal hygiene for fear that grooming and cleaning would interfere with his studying. Although Carl had previously showered almost continuously, at this time he did not shower at all. He stopped washing his hair, brushing his teeth and changing his clothes. He left his bedroom infrequently, and he had begun defecating on paper towels and urinating in paper cups while in his bedroom, he would store the waste in the corner of his closet. His eating habits degenerated from eating with the family, to eating in the adjacent room, to eating in his room. In the 2 months prior to his admission, Carl had lost 20 pounds and would only eat late at night, when others were asleep. He felt eating was "barbaric" and his eating rituals consisted of hissing noises, coughs and hacks, and severe head tossing. His food intake had been narrowed to peanut butter, or a combination of ice cream, sugar, cocoa and mayonnaise. Carl did not eat several foods (e.g., cola, beef, and butter) because he felt they contained diseases and germs that were poisonous. In addition, he was preoccupied with the placement of objects. Excessive time was spent ensuring that wastebaskets and curtains were in the proper places. These preoccupations had progressed to tilting of wastebaskets and twisting of curtains, which Carl periodically checked throughout the day. These behaviors were associated with distressing thoughts that he could not get out of his mind, unless he engaged in these actions.

Carl reported that some of his rituals while eating were attempts to reduce the probability of being contaminated or poisoned. For example, the loud hissing sounds and coughing before he out the food in his mouth were part of his attempts to exhale all of the air from his system, thereby allowing the food that he swallowed to enter an air-free and sterile environment (his stomach) Carl realized that this was not rational, but was strongly driven by the idea of reducing any chance of contamination. This belief also motivated Carl to stop showering and using the bathroom. Carl feared that he may nick himself while shaving, which would allow contaminants (that might kill him) to enter his body.

The placements of objects in a certain way (waste basket, curtains, shirt sleeve) were all methods to protect him and his family from some future catastrophe such as contracting AIDS. The more Carl tried to dismiss these thoughts or resist engaging in a problem behavior, the more distressing his thoughts became.

Clinical History

Carl was raised in a very caring family consisting of himself, a younger brother, his mother, and his father who was a minister at a local church. Carl was quiet and withdrawn and only had a few friends. Nevertheless, he did very well in school and was functioning reasonably well until the seventh grade, when he became the object of jokes and ridicule by a group of students in his class. Under their constant harassment, Carl began experiencing emotional distress, and many of his problem behaviors emerged. Although he performed very well academically throughout high school, Carl began to deteriorate to the point that he often missed school and went from having few friends to no friends. Increasingly, Carl started withdrawing to his bedroom to engage in problem behaviors described previously. This marked deterioration in Carl's behavior prompted his parents to bring him into treatment.

Case Summary #3

Mr. Ben Simpson is a single, unemployed, 44-year-old Cauasian man brought to the emergency room by the police for striking an elderly woman in his apartment building. His chief complaint is, "That damn bitch. She and the rest of them deserved more than that for what they put me through."
The patient has been continuously ill since age 22. During his first year of law school, he gradually became more and more convinced that his classmates were making fun of him. He noticed that they would snort and sneeze whenever he entered the classroom. When a girl he was dating broke off the relationship with him, he believed that she had been "replaced" by a look-alike. He called the police and asked for their help to solve the "kidnapping." His academic performance in school declined dramatically, and he was asked to leave and seek psychiatric care.

Mr. Simpson got a job as an investment counselor at a bank, which he held for 7 months. However, he was receiving an increasing number of distracting "signals" from co-workers, and he became more and more suspicious and withdrawn. It was at this time that he first reported hearing voices. He was eventually fired and soon thereafter was hospitalized for the first time, at age 24. He has not worked since.

Mr. Simpson has been hospitalized 12 times, the longest stay being 8 months. However, in the last 5 years he has been hospitalized only once, for 3 weeks. During the hospitalizations he has received various antipsychotic drugs. Although outpatient medication has been prescribed, he usually stops taking it shortly after leaving the hospital. Aside from twice-yearly lunch meetings with his uncle and his contacts with mental health workers, he is totally isolated socially. He lives on his own and manages his own financial affairs, including a modest inheritance. He reads the *Wall Street Journal* daily. He cooks and cleans for himself.

Mr. Simpson maintains that his apartment is the center of a large communication system that involves all the major television networks, his neighbors, and apparently hundreds of "actors" in his neighborhood. There are secret cameras in his apartment that carefully monitor all his activities. When he is watching television, many of his minor actions (e.g., going to the bathroom) are soon directly commented on by the announcer. Whenever he goes outside, the "actors" have all been warned to keep him under surveillance. Everyone on the street watches him. His neighbors operate two different "machines"; one is responsible for all of his voices, except the "joker." He is not certain who controls this voice, which "visits" him only occasionally and is very funny. The other voices, which he hears many times each day, are generated by this machine, which he sometimes thinks is directly run by the neighbor whom he attacked. For example, when he is going over his investments, these "harassing" voices constantly tell him which stocks to buy. The other machine he calls "the dream machine." This machine puts erotic dreams into his head, usually of "black women."

Mr. Simpson described other unusual experiences. For example, he recently went to a shoe store 30 miles from his house in the hope of buying some shoes that wouldn't be "altered." However, he soon found out that, like the rest of the shoes he buys, special nails had been put into the bottom of the shoes to annoy him. He was amazed that his decision concerning

which shoe store to go to must have been known to his "harassers" before he himself knew it, so that they had time to get the altered shoes made up especially for him. He realizes that great effort and "millions of dollars" are involved in keeping him under surveillance. He sometimes thinks this is all part of a large experiment to discover the secret of his "superior intelligence."

At the interview, Mr. Simpson is well groomed, and his speech is coherent and goal-directed. His affect is, at most, only mildly blunted. He was initially very angry at being brought in by the police. After several weeks of treatment with an antipsychotic drug that failed to control his psychotic symptoms, he was transferred to a long-term care facility with a plan to arrange a structured living situation for him.

Case Summary #4

Hank Allen is a 32 year-old married Caucasian male who was brought to this screening center for psychiatric evaluation following his arrest for the murder and sexual assault or ten women. His wife, Jody, who eventually testified against him, had worked as his partner, luring victims to their deaths.

Wanting to further her husband's fantasy of finding the "perfect lover," Jody had accompanied him to shopping centers or county fairs and talked young girls into climbing into their customized van. Once inside, the victims were confronted by her husband, who held a handgun and bound them with adhesive tape. Most were teenagers, though two of the final victims were adults; the youngest was 13. The oldest victim, age 34, was a bartender who closed up late one night, went out to her car, then rolled down her window to talk to the couple, who had been inside drinking and who now approached her. The Allen's kidnapped her and drove her back to their own residence. While Jody sat inside watching an old movie on television, Hank assaulted his victim in the back of the van, scripting her to play the role of his teenage daughter. When he was through, Jody rejoined him and drove away in the early morning hours, the radio blaring to drown out the sounds of her husband in the back of the van, strangling his victim to death. That evening they celebrated Hank's birthday at a restaurant.

Most of Hank's victims were petite blonds like Jody and Hank's own daughter. All were sexually abused, then shot or strangled to death; several were buried in shallow graves. One, a pregnant 21-year-old hitchhiker (Jody was also pregnant at the time), was raped, strangled, and buried alive in sand.

Hank rated the sexual performance of each of his victims and always made sure that Jody knew she was never number one. Jody tried to redeem herself in the eyes of her difficult husband by submitting to his every demand. Even when she finally separated from him, she was unable to say no. They had been apart for several months when Hank called her, asking that they get together one more time. She agreed, and that day they claimed their ninth and tenth victims.

Clinical History

Hank's violence was a legacy from his father. When he was born, his 19-year-old father was serving a prison sentence for auto theft and passing bad checks. A later conviction earned him a term for second-degree robbery, but he escaped. In an ensuing saga of recapture, escape, recapture, and escape, he killed a police officer and a prison guard, blinding the latter by tossing acid into his face before beating him to death. Often told that he was going to be just like his father when he grew up, Hank was 16 when he learned that his father had been captured and executed in a gas chamber after his mother betrayed his hiding place. Hank later confessed to the police: "Sometimes I [think] about blowing her head off. . . . Sometimes I wanna put a shotgun in her mouth and blow the back of her head off. . . . "

In a forensic psychiatric evaluation, Hank revealed that his mother was the object of his most intense sexual fantasy:

> “I was gonna string her up by her feet, strip her, hang her up by her feet, spin her, take a razor blade, make little cuts, just little ones, watch the blood run out, just drip off her head. Hang her up in the closet, put airplane glue on her, light her up. Tattoo "bitch" on her forehead. . . “

Hank's mother had beaten and mocked her son, a bed wetter until age 13, calling him "pissy pants" in front of guests. One of her husbands punished him mercilessly, forcing him to drink urine and burning a cigar coal into his wrist. When his mother tried to intervene, his stepfather smashed her head into a plaster wall. From that point on, she joined in the active abuse of her children. As far back as he could remember, Hank had nightmares of being smothered by nylon stocking material and being strapped to a chair in a gas chamber as green gas floated into the room.

Hank began to burglarize with an older brother at 7, and at 12 was put on probation. A year later he was sent to the California Youth Authority for committing "lewd and lascivious acts" with a 6-year-old girl. As a teenager he faced charges of armed robbery and auto theft. A habitual truant, he was suspended from high school at 17 with F's in five academic subjects and F's in five categories of "citizenship." That same year he married for the first time.
Often knocked unconscious in fights, he was comatose twice, briefly at 16 and for over a week at 20. A computed tomography brain scan revealed "abnormally enlarged sulci and slightly enlarged ventricles." A neuropsychological battery showed "damage to the right frontal lobe." Hank married seven times. He beat each of his wives, sometimes badly. Most of the marriages lasted no more than a few months. One wife described him as "dominant" and said "he's got to be in control." Another, who had had clumps of hair yanked from her head, called him "a Jekyll and Hyde." Yet another said he was "vicious." When she told him she wanted out, he took revenge by beating her parents. His first marriage ended when he beat his wife with a hammer. When she left him, she replaced his mother in his central fantasy. They had married 5 days after the birth of a baby daughter and a custody battle ensued. In spite of his lengthy record of assaults, thefts, and parole violations, Hank won.

When he was 23, Hank went on a crime spree that eventually covered five states. Stealing license plates and cars, holding up bars and drugstores, he eluded capture until caught and convicted for the armed robbery of a motel. Sent to prison for 5 years to life, he molested his 6-year-old daughter for the first time during a conjugal visit.
He was 30, and his divorce from his fifth wife had not been finalized when he moved in with Jody. By the time they met, Hank had been arrested on 23 separate occasions. The following summer Hank was fired from his job as a driver. He had been fired often, and it was an event that usually left him sexually impotent.

Shortly before his final arrest, Hank, a gun enthusiast, owned a semiautomatic assault rifle, an automatic pistol, two revolvers, and a derringer. He was working as a bartender. A co-worker described him as a ladies' man and said that women called him at work at all hours. After hanging up, he would rate them. For his crimes, he eventually received multiple death sentences. Five years after his arrest, he now awaits execution.

Grading criteria for the case summary assignment:

5 points: Student provided the correct diagnosis(es) for each axis, including principle, deferred and/or differential. Each diagnosis or lack of a diagnosis was clearly justified based on current clinical criteria. Student clearly identifies and insightfully analyzes important features of the symptoms/behaviors demonstrated by "client" to support diagnosis(es). Student develops ideas cogently and organizes them logically. There are few or no errors in mechanics, usage, grammar, or spelling. The content presented is exceptional and presents a very comprehensive clinical picture of the case summary.

4 Points: The student provided one inaccurate diagnosis, or provided justification for the diagnosis that was not concise or lacked important analysis of symptomatology. The paper is grammatically correct, and has more than 4 spelling errors. The student provides personal insight, but less of a thorough analysis of the content. The content presented is very good and presents a comprehensive clinical picture of the case summary.

3 Points: The student provided 2 inaccurate diagnoses or provided little justification of diagnoses presented or lack of analysis of symptomatology. The paper contains multiple grammatical errors and/or more than 4 spelling errors. The content presented is marginal and does not present a comprehensive clinical picture of the case summary.

2 Points: The student provided 2 or more inaccurate diagnoses or provided little or no justification of diagnoses presented or lack of analysis of symptomatology. The content presented is below average and does not present a comprehensive clinical picture of the case summary. The writing quality of the assignment was below average.

1 Point: Student proved no correct diagnosis(es) or provided no justification of diagnoses presented or lack of analysis of symptomatology. The content presented is well below average and no evidence of comprehension of the case summary is demonstrated. Writing quality is well below average.

Extra Credit Paper

Submission deadline no later than **December 9th**

INSTRUCTIONS FOR PAPER:

This is an extra credit paper worth **10 points** toward your total final grade. Your paper should be a summary of a selected article that you choose from a reputable source related to the topic of behavior. Acceptable sources would include articles of at least 4 pages, but no longer than 12 pages from a scholarly, peer-reviewed journal. The article must be published from 2000 to the present.

Your paper must be typed, double-spaced and **one page only**. The font size should be either 10 or 12 point. You should include your name and section number on the back of the paper only. Please do not submit your paper in a plastic binder or folder.

The title of your article should not be included at the top of the paper or in the body of the paper. The title of the article should only appear in the reference at the bottom of your paper. **The first sentence of your paper should include the author of the article you are summarizing and the date of the publication.** Examples of how you may start include: As Aronson (2002) discovered that…or Aronson (2002) suggests in his article…or Aronson (2002) states that…found that…etc.

The bottom of your paper should include the reference: author (last name, first initial). If there is more than one author, all the authors must be named in the reference, but not the body of the paper.) The body of the paper can say, Aronson et al. (2002)…). An example of the APA (American Psychological Association) method that your paper should follow to cite your reference, looks like this:

Murray, B. (2000). Teaching students how to learn. *Monitor on Psychology*, Vol. 31 (8), pp. 64-68.

The reference should be single spaced and the second line should be indented.

The summary that you write should not be an opinion paper or personal feelings paper. You need to read an article and then summarize the article in your own words. Try not to use direct quotes. If you do, be sure to follow the APA format for direct quotes, do not copy directly from the article. You will be limited to ONE direct quote ONLY should you elect to do so. Your job will be to rewrite what you read…in other words, paraphrase.

Your paper will be graded on the selection of your article, the content, the organization of your paper, and the clarity and coherence of your writing. Spelling, grammar, punctuation, style, all count in the evaluation.

Grading Criteria:

An "A" level paper will receive 7-10 points:
The student uses a scholarly, peer-reviewed article to summarize that is about 4-12 pages in length on a topic clearly related to psychology. The student makes a copy of the article and reads it several times, making comments in the margin and highlighting important sections of the article. The student has full understanding of the article and captures the essence of the article in a clear and concise one page summary. The student manages to address what the article is about, and if it is about an experiment, the student explains the author's hypothesis and if it was supported. If the student is summarizing an experimental research article, the student relies on the Introduction, Methods, Results and Discussion sections to write the summary. It is not necessary for the student to understand the statistics used in the Results section, but the student must report whether the findings support the hypothesis and what the implications are for the research.
The paper has less than two spelling errors and is grammatically correct, captures the essence of the article and is clearly written. The APA format is followed and the reference is properly cited.

A "B" level paper will receive 4-6 points:
The student selects a topic clearly related to psychology but uses a more readable, less scholarly article to summarize such as Psychology Today, Time Magazine or Newsweek. The student follows the same procedure as above, and writes a clear and consise summary that captures the essence of the article. The paper is grammatically correct, and has more than 4 spelling errors. The student follows APA format and the reference is appropriately cited.

A "C" level paper will receive 1-3 points:
The student submits a paper that meets the requirements of the assignment. The student has done a satisfactory job with the assignment, but the paper is not as clearly written as an "A" or "B" level paper and/or may have cited the reference improperly.

No points will be awarded for a paper that falls below a C level of work.

ONE MORE THING!
What to do if class is cancelled

In the event that class is cancelled you will be required to watch a video on a topic related to a current psychological concept. These are streaming videos can be accessed through **Annenberg CPB Videos.** This website is an archive of streaming videos that are "on demand" so students can watch from any computer with an internet connection.

This is a free service that requires registration before accessing the video archives. Follow the link below to register. If class is cancelled I will send a class-wide email through the MCCC email system to notify students of the cancellation. In this email I will provide the link and/or title of the required video. A class discussion will occur in the following class and this information will appear on the next exam.

http://www.learner.org/view_programs/view.programs.html

And, of course, ENJOY the day off ☺

Please cut and staple the "late pass" to the late assignment before submission.

PSY 210 Abnormal Psychology		"LATE PASS" Name: _____ Assignment : _____ Original Assignment Due Date: _____ Date submitted: _____