



PSY 210- Abnormal Psychology
Mercer County Community College
Spring 2009

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Office Hours:

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

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Required Textbook:

Durand, V.M., Barlow, D.H. (2006). *Essentials of Abnormal Psychology* (4th Ed.). Belmont, CA: Wadsworth Publishers.

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 of 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 be 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.

Analytical 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 2ND. 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 space below to keep track of your cumulative points from the exams, paper, writing assignments and extra credit.

EXAM 1 _____/75 pts.

EXAM 2 _____/75 pts.

EXAM 3 _____/75 pts.

FLASHCARDS EXAM 1 _____ pts.

FLASHCARDS EXAM 2 _____ pts.

FLASHCARDS EXAM 3 _____ pts.

Total Points _____

Total Points _____

Total Exam Points	/225 points
Case Summary	/50 points
Film Critique	/ 25 points
Total Flash Card Points (extra credit)	/ 12 points
Journal Review (extra credit)	/ 10 points
Attendance Bonus (extra credit)	Points
TOTAL EARNED POINTS	/300 points

The final grades can be computed as follows:

<u>Points</u>	<u>Letter Grade</u>	<u>Percentage</u>
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:

Week of:	Course material	Exam period	Assignment Due Dates
January 20 th	Ch.1-Abnormal Psychology in Historical Context		
January 27 th	Ch.3- Clinical Assessment, Diagnosis and Research Methods		
February 3 rd	Ch.4-Anxiety Disorders	<u>Exam 1</u> February 26 th (Ch.1, 3 and 4)	
March 3 rd	Ch. 6- Mood Disorders		
March 16-22nd	SPRING BREAK	COLLEGE CLOSED!	
March 24 th	Ch. 5- Somatoform and Dissociative Disorders		
April 2 nd	Ch.11-Personality Disorders	<u>Exam 2</u> April 9 th (Ch. 5, 6 and 11)	
April 9 th	Ch. 9- Sexual and Gender Identity Disorders		
April 16 th	Ch.12-Schizophrenia and related psychotic disorders		
			April 23 rd Case Summary Due
May 7 th	Final class meeting!!	<u>Exam 3</u> May 7 th (Ch.9 and 12)	
	May 4-11 th (Testing Center)	<u>Exam 4</u> OPTIONAL cumulative make-up exam	

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

<p>PSY 210 Abnormal Psychology</p>	<p style="text-align: center;">“LATE PASS”</p> <p>Name: _____</p> <p>Assignment : _____</p> <p>Original Assignment Due Date: _____</p> <p>Date submitted: _____</p>
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Analytical 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, 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 viewpoint. 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 February 12th

- 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 March 31st

- **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 April 21st

Ψ 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 I disorder?

Due April 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- (25 Points) Due November 27th

You will review a 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).

The first page is to be completed in the multi-axial diagnosis format provided below. The remaining pages are to be a discussion of how you determined the diagnoses. It is often helpful to organize the latter pages by axis (see below). This discussion is to include the signs/symptoms of each diagnosis you assign, as well as a complete discussion of differential diagnoses. 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. You DO NOT need to include diagnostic Numbers.

Multi-axial Diagnosis Format

Axis I: Clinical Disorders

Other Disorders That May Be a Focus of Clinical Attention

Axis II: Personality Disorders

Mental Retardation

Axis III: General Medical Conditions

Axis IV: Psychosocial and Environmental Problems

Axis V: Global Assessment of Functioning

Multi-axial Diagnosis Pointers

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.

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.

In the instance that diagnostic criteria are minimally met for two similar disorders and one diagnosis appears relatively clear but there remains a question about which diagnosis fits best, you can identify the most likely diagnosis on one line and list the

second possibility on the next line followed by the term “Rule Out” in parentheses. This indicates some diagnostic certainty for the former diagnosis with a suggestion to monitor for the possibility of the latter diagnosis.

If there is insufficient information to make any diagnosis on any axis, enter “Diagnosis Deferred” on the line. 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”.

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

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.

Case Study Assignment (25 points)

Due date: April 23rd

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.

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 put 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

At the time of his admission to a private psychiatric hospital, Sonny Ford was a 24-year-old single Latino male who lived with his adoptive parents. Sonny had been referred for hospital admission by his outpatient psychotherapist. Over the past 2 years, Sonny had struggled with symptoms such as concentration difficulties, anxiety, and obsessional thinking. More significantly, within the year prior to his admission, Sonny began to experience paranoid and delusional thoughts that had become quite persistent. These difficulties began after Sonny smoked marijuana. While experiencing the effects of marijuana, Sonny believed that his mind had gone "numb." From that time on, Sonny believed that the marijuana had permanently "warped" his brain. He became increasingly distressed and frustrated over his inability to get others to agree that marijuana had this effect on him. More recently, Sonny had developed concerns that the police and FBI were "out to get him." In addition, he had begun to feel that certain television shows had special importance to him and important information was embedded in these programs directed specifically at him. Sonny believed that these messages coming to him through the television were sent to remind him that he was at risk for some sort of plot by the authorities. Sonny also heard voices in his head. Although he could not make out what they were saying, Sonny perceived the voices as "angry" and "critical."

Over the past few months, Sonny's symptoms had worsened to the point that they were interfering substantially with his attendance at work as a state office janitor. Because of these factors and the lack of improvement in outpatient counseling, Sonny was referred to this inpatient hospital.

At the intake evaluation for his inpatient admission, Sonny's emotions were restricted. Although appearing tense and anxious, Sonny's face was mostly immobile for the duration of the interview. He engaged in very little eye contact with the interviewer and his body movements were agitated and restless, as evidenced by rocking movements of

his legs and body. His speech was hesitant and deliberate, and he often answered the interviewer's questions with brief and empty replies. For example, when the interviewer asked "what difficulties are you having that you would like help for?" Sonny replied, "I think it was the marijuana."

Clinical History

Sonny was adopted at birth, and no records were available about medical or psychiatric history of his family origin. Sonny was raised in a household of four: in addition to his parents, he had a sister 4 years older who had also been adopted. He could recall very few memories from his early childhood. However, Sonny said that throughout his life he had always been a loner who, to this day, never had any friends. Sonny's parents, who were present at the time of his admission to the hospital, confirmed that Sonny had always been frustrated by social interactions and added that their son had always been hypertensive to real or perceived criticism during his school years. Sonny was very attached to his father and, for many years, experienced considerable distress and loneliness when he was separated from the family's home or his father for extended periods. Whereas Sonny described his father as "a very accepting person" he claimed that his mother was "excessively critical and not accepting of me as a person." Sonny also claimed that his mother was an alcoholic, a statement that was not supported by either of his parents.

When Sonny was 16, he realized that he was homosexual. Although his father had been accepting Sonny reported that his mother had been very unaccepting of his homosexuality and often referred to him with pejorative labels, such as "fag." While Sonny accepted his sexual orientation, he said that being gay had caused him many troubles one of which was loneliness. Many of Sonny's persistent and obsessive thoughts focused on the possibility of contracting the HIV virus from having unprotected sex on one occasion. Sonny's fears of having HIV had not been quieted by the fact that the person with whom he had sex with was HIV negative or by the fact that all of his recent HIV tests were also negative.

Despite lifelong difficulties with social adjustment, Sonny had been able to meet most of the demands and responsibilities of adolescence. Following his graduation from high school (with a C+ average), sonny decided to attend a local college to take introductory courses. This decision was strongly influenced by his apprehension of moving out of his parent's house to attend school away from his immediate community. However, it was during his freshman year that Sonny had smoked the marijuana that he believed permanently damaged his brain. Following the incident, Sonny dropped out of college due to the worsening of behaviors. Sonny enrolled at a second college for only one semester before dropping out again, because of his inability to cope with sitting in crowded classrooms and completing assignments and tests on time.

Sonny has held his current position as a janitor for the last 18 months, in part because this position allows him to work alone and does not require extensive social interaction.

Extra Credit Paper

Submission deadline no later than May 1st

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 concise 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 ☺