

451 01 Advanced Sem in Clinical and Abnormal Psychology Karlin

Syllabus, class schedule and assignment due dates for 830:451:01

Planned class schedule appears in this document after the syllabus. Due date list appears after that. Just scroll down.

830: 451 Advanced Seminar in Clinical and Abnormal Psych

Dr. R. Karlin Fall, 2021 Online

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Office hours: Tuesdays and Thursdays 2:30 – 3:00 (starting 9/9) and ba.

SYLLABUS OVERVIEW OF THE COURSE

There is no textbook. Grading is based on attendance, classroom interaction, summaries, student presentations and a final paper. Please note that attendance at all classes is expected.

This is an advanced seminar. It is explicitly for psych majors planning on graduate school in psychology, social work, medicine, law or a related profession. Preference given to seniors, although juniors who have taken abnormal psychology and quantitative methods may be admitted. The course has always been meant to be rigorous and demanding – kind of like a graduate clinical course (light). It is meant to be enlightening in several ways for those willing to stay with it. However, staying with it has traditionally meant doing a lot of work. This is a tough course, but past students have indicated that the work had been worth it, given what they learned about our field.

TRIGGER WARNING ABOUT TAKING THIS COURSE.

There is a problem with teaching this course to people who are thinking about the entering the helping professions. While there are therapy techniques that have specific effects on specific problems (e.g., extinction-based procedures for anxiety disorders), many more largely depend on “nonspecific effects. That is, I think the data convincingly tell us that many of the techniques and medications used for psychiatric/psychological conditions are well structured placebos.

However, graduate training in counselling, clinical psychology and social work usually involves learning a theory about how people function and practicing the techniques prescribed by that theory.[i] Unless you are accustomed to holding opposing views in your mind, the notion that much of what you will learn to do in graduate school has only nonspecific effects

can make learning the requisite theory and practice more difficult.

On the other hand, in the long run such a view may be very helpful. It allows for an understanding about which of our techniques is, in fact, evidence based and suggests maximizing the nonspecific effects of all techniques. It also suggests that we use the techniques best suited to our specific patients. Finally, it suggests the use of simpler techniques as opposed to more complex or ornate ones.

CENTRAL ISSUES IN THIS COURSE

I am both a Psychology professor and a psychotherapist. As a therapist, my primary concern is maximizing the positive impact of my interactions with patients.^[1] In that context, my theories about why and how they get better are relevant only in that they prescribe and proscribe specific therapeutic interventions. On the other hand, as a professor I am primarily interested in theory: how and why do psychotherapeutic interventions work? That includes being interested in which patients' problems are or are not amenable to my interventions because of the inherent nature of those interventions and of the patient's problems.

We are going to ask questions starting with "How do we understand the history of psychotherapy?" Then we will ask such questions as "To what degree is psychotherapy an endeavour based on empirical science? "Does psychotherapy work?" "For which conditions does it work?" "Which techniques are useful in which situations?" "For which patients?" "Why?" "Should health insurance cover treatment?" and "How do we understand, account for and even use placebo effects?" We will also ask "Under what conditions can psychotherapy harm patients?"

THE FORMAT OF THIS ONLINE SEMINAR

The question of how best to run a seminar online has not been settled. I first taught this seminar online in the spring of 2020. We did zoom meetings from March on. My experience was that 2 or 3 students voluntarily contributed to the discussion. I had to call on anyone else to get their views. After a few classes like that, I asked my students whether they might prefer to take turns talking. I would talk/lecture some of the time and they could ask questions as needed. Alternatively, students would do presentations during some classes and everyone else in the class, including me, could ask questions. That is what we did, and it seemed to work well.

We did this again last spring for the whole semester, and it seemed to work well. I lectured on the phenomenology of various forms of psychopathology and how to help people change their behavior and experience. Because it was a small group, students could ask questions. Also, the student presentations went very well. Sometimes we even got into a full class discussion (as a seminar is really meant to do). So, I will plan to go with the “professor talking and student presentations” format. That is what is embodied in the class schedule. We will see how it goes, with the option to change formats if it doesn’t go well.

PSYCHOLOGICAL DISORDERS: A THEME

In many cases we are dealing with chronic syndromes. Throughout the course we will use common sense and an understanding of the normal in order to understand the abnormal. We will also assume that the symptoms of almost all “disorders” tell patients lies. That is, the symptoms of chronic disorders encourage each patient to do precisely what will make the patient feel worse in the medium and long run.

REQUIRED BOOKS

Please obtain these three books. They are relatively inexpensive and are available at the bookstore and at Amazon or similar websites.

Kirsch, I. (2010). *The emperor's new drugs: Exploding the antidepressant myth.* New York: Basic Books.

Woolfolk, R. (1998). *The cure of souls: Science, values, and psychotherapy.* New Lexington Press Social and Behavioral Science Series. San Francisco: Jossey-Bass.

Yalom, I. (1990, paper, 1999) *Loves executioner and other tales of psychotherapy.* New York: Basic Books.

At least two other (paperback) books will be required for your group presentations. The books for the first set of presentations appear in the class schedule below. I am still thinking about the last of the three books for presentation 2. Those books will be announced shortly.

ARTICLES

I have copied several papers from my grad clinical course into the Resources section on the Sakai website. You will be covering only a few of those papers. I thought some students in this seminar might be interested in

some of the other papers, so I left them on the website.

If there are any additional, unexpected assignments, they will be announced in class and/or the sakai website. Although class announcements should show up in your email, check the announcements on the website at least once/week.

FILMS

One very important way to understand what happens in psychotherapy is to look at and listen to real clinicians working with real patients. Some of these films are not easily accessible outside graduate clinical psychology programs or without expensive memberships. But we will take advantage of what is available and view some of them during class. This will cost us some class time, but I can't find an alternative that is equally effective.

Some films involve the interaction of expert clinicians with one or two patients. Various schools of therapy prescribe and proscribe different behaviors for therapists. Most of this is based on the developmental personality theories of those who founded systems of therapy. We will discuss these theories and theorists.

We will begin the term with THE classic psychotherapy film. *Three approaches to psychotherapy*. In this film three of the worlds most respected psychotherapists (Ellis, Perls and Rogers) treated a single patient (Gloria) in the early 1960s. I will show the *Three approaches to psychotherapy* films in class and discuss it with you. You may have seen this before, but so have I, lots of times. I was still learning new things from the films when I last taught this class.

The lectures I put together are usually interspersed with film clips. Toward the end of the semester. I hope we will have time to watch other expert therapists deal with other patients.

SUMMARIES

You will be reading books and articles, listening to lectures and viewing movies. several them should be briefly summarized. Please note the due dates for the assignments. Please use Microsoft Word or a compatible program to create your summaries

If something, illness and so on, prevents you from handing in an

assignment on time, please notify me by email at least 2 hours before class. I will respond with an email. For full credit, please include a copy of my return email with your finished assignment.

Each page of assigned summaries is worth 5 points. Almost all lectures, articles, book chapters, movies, and so on can be summarized in one typed page using a 12-point font and double spacing.). In the required books, each assigned chapter will be summarized in one page. It has been suggested that the summaries are essentially a dramatic device to strongly encourage you to keep up with the readings and lectures. This view seems reasonable.

A total about 120 - 140 points will result from summaries. Late summaries lose 1 point for each class late (2 points/week). If something comes up that prevents you from keeping up, email me and request a week's delay before the summary is due. I will routinely ok it up to three times during the semester. If I ok it, include a copy of that permission with your late summary for full credit. But please keep up. It is hard to get the most out of class if you haven't read and summarized the assigned material.

STUDENT PRESENTATIONS

Early in the semester, we will form teams. I will ask each team to do two power point presentations for the class. Each group will outline and comment on half a book written for the intelligent laymen.

The first presentation involves three books on dealing with children. They are:

Faber, A. & Mazlich, E. (2012). *How to talk so kids will listen and listen so kids will talk.* NY: Scribner

Karp, H. (2004). *The happiest toddler on the block.* NY: Bantam

Kazdin, A & Rotella, C. (2008). *The Kazdin Method for parenting of the defiant child.* NY: Mariner

The second presentation will be about conflict in long-term interpersonal relationships and will center on heterosexual couples. I'm less sure about one of these books[2], but the three books will probably be:

Gottman, J. & Silver, N. (1999). *The seven principles for making marriage work.* NY: Random House

Spring, J & Spring, M. (1997). *After the affair: Healing the pain and rebuilding trust when a partner has been unfaithful*. NY: Harper

Weiner-Davis, M. (1998). *Getting through to the man you love*. NY: Saint Martin's Press

All the books for both presentations are relatively easy reading. Each presentation is worth 60 points total. Grades are given to the group as a whole. A=60, A- =55, B+= 51, B= 48, C+=42, C=36, D=15, F=0. In previous years most student-teams presentation grades have fallen in the A to B- range. Each group gets a single grade that applies for all students in the group. If two or more people in a group find someone is “free riding,” please let me know so that I can discuss it with them.

TERM PAPER

The required book by Yalom (*Love's executioner*) is specifically for the term paper. It comprises a series of cases in which Yalom was the therapist. Yalom is a well-known and highly respected therapist. In mid November, I will briefly discuss the title case, “Love's executioner,” in class. Also, a model answer for this case will be posted on the website. Please do not write about this case in your term paper.

For your term paper, you should choose two of the other eight cases in the book. You are to analyze, not summarize, these cases. Take each case apart. For example, Yalom always starts by telling you how hopeless or difficult the patient is. What other aspect of the case looks like a literary device? Similarly, is there clear evidence of a countertransference? What effects might Yalom's feelings have on his interaction with the patient?

Again, each essay is to be a response to Yalom's cases, not a simple summary. Each of your analyses should be a response to what Yalom has written. Ask and answer a series of questions. What did Yalom do? Why? What did he do right in your view? Why was it right? What did he do that was wrong in your view? Why was it wrong? Was Yalom defensive? What about countertransference? What would you have done if the person had been your patient? Can you think of another school of therapy that would have offered a better approach? What would someone from that school have done?

Your term paper should be 15-20 pages long (12 point, double spaced) including any necessary bibliography.

For the term paper, 200 points are possible. The term paper involves 2

essays each worth up to 100 points. On each essay:
A=100, A- =93, B+= 88, B= 84, B- = 80 C+=75, C=70, D=35, F=0.

If you are graduating this semester, the term paper is due on the last day of class 12/9. PLEASE LET ME KNOW SO THAT I CAN GRADE YOUR PAPER ASAP. If you are not graduating this semester, you have a little more time, until 11:59 PM on 12/13 to turn in your term paper.

GRADING: There will be three major sources of points: class participation, summaries, the two presentations and the term paper. The term paper will be worth 200 points, the presentations 120 points and the summaries will be worth about 120-140 points in total.

This is an advanced seminar. Please remember that class attendance is required. If you cannot attend class, please let me know at least 2 hours ahead of time. A maximum of 4 missed classes during the semester will be automatically excused.

If you routinely miss class, especially without letting me know, it will have a negative effect on your final grade. Points will be summed across the summaries, presentations and the term paper. We will discuss curves and so on in class.

FEEDBACK ON PACE

Occasionally, I will ask you whether we are going too fast, too slow, or about right. If more than 1/3 of the class says too fast, I will slow down. If more than 2/3 of the class says we are going too slowly, I will speed up. [\[RK1\]](#) If I forget to ask, please remind me.

PLANNED CLASS SCHEDULE: 830:451:01 F21

Date, activity and assignments. Note that this is a tentative schedule, especially from November on.

9/2, Class business: Films, brief lecture and discussion: The origins of psychotherapy as a talking cure. Psychotherapy – brief history of “the talking cure” from Mesmer through modern cognitive behavior therapy.

Watch film *Three approaches to psychotherapy, I. Part 1, Rogers*.

NOTE: all three parts of *Three Psychotherapists* are available at <https://www.youtube.com/watch?v=NFT89grAUOI&t=190s>

The first section, Rogers and Gloria, starts at about 3 minutes into the film and ends about 46 minutes in. We will watch the film during our first class. As you watch the film, ask: What would you have said to Gloria about being honest with her daughter about her love life? Does Rogers and his theory miss something? If we have time, please come back to class in 45 minutes. We will discuss Roger's work with Gloria after you watch the film.

Assigned: Please watch the third session (Ellis and Gloria) before our next class at home. It starts at 1hr 16 minutes into the film and goes on for a little under half an hour. At the very end of the movie (not in the online film) Gloria is asked by the moderator who was the best therapist, Gloria compares Perls and Rogers. She doesn't mention Ellis. What did Ellis do wrong?

9/7 NO CLASS

9/9 Film and discussion: Watch second session, Perls and Gloria. It starts about 46 minutes into the film and goes on for half an hour. We will watch minutes 50-52, the first two minutes of the interview, at least twice more. Try to guess why I might think it so important. Hint: What happens in the first few minutes of the film that leads to Perls calling Gloria a phony? What occasioned his saying that? Is he right? Aside from whether he is right, is it a "therapeutic" thing to say to her. Consider its effects. Is he demonstrating his approach, or would he have said this in ordinary therapy?

Also, personality theory, autobiography and psychotherapy "schools."

1. Assigned: Three 1-page summaries; 1 page for each of the three films: Rogers, Perls and Ellis. Due: 9/14

Assigned: Geraerts et al article on the memory wars. One page summary due 9/28.

2. Assigned: Kirsch, I (2010) *The emperor's new drugs: Exploding the antidepressant myth*. Summaries of Chapters 1-7. Please place in your drop box a one-page summary for each chapter, 7 pages in all. These are due before class on 10/5.

NOTE ABOUT HANDING IN SUMMARIES:

At the top of each page of your summary, specify the topic being summarized (e.g., Gloria – Rogers), the date of submission and your name. Place each summary in your drop box on the sakai website.

To avoid missing a deadline, check for changes in Announcements. (I will email you with changes. However, sometimes those emails seem to head for the galactic internet and wind up in another solar system. So, please read through any new announcements at least once/week.)

Again, please remember to place all summaries in your drop box on the class Sakai website with 1.) the title of what is summarized along with 2.) your name and 3.) the date you submitted the summary (e.g., Roger's film, Your Name, 9/13/21).

9/16: NO CLASS

9/21 Lecture Anxiety disorders 1: RUN!! Real safety. When exposure does and doesn't work: Acute and post-traumatic stress disorders. Barlow and simple phobias. PTSD has myriad complications (even without dealing with complex grief problems). A soldier's problem - what happens when you are the one who creates the trauma instead of the one who is traumatized? Panic with and without agoraphobia.

9/23 Lecture: Anxiety disorders: Part 2: Anxiety disorders not easily treated with exposure: GAD and Social anxiety disorders. Also, not so ordinary stress responding: OCD. OCD can have purely physical roots, or not.

9/28: Lecture: Somatoform disorders: Freud's early cases were "hysterias". These are now called somatoform disorders.

We'll begin with a lengthy discussion of pain disorders and their treatment. Then we will go on to somatoform disorders as puzzles. My own early (1967) case of a woman diagnosed with pseudocyesis (false pregnancy). The mind has effects on the body, but the body has far stronger effects on the mind. New Jersey and autoimmune disorders. Why do people have somatic symptoms as opposed to other stress related reactions. Illness anxiety disorder (care seeking or care avoidant). How can you realistically reduce anxiety? Boutique or other trusted doctors. The problem of detecting functional neurological disorders: glove anaesthesia vs carpal tunnel

syndrome. Alzheimer's worries: forgetting your keys vs. forgetting what your keys are for. Underdiagnosis: delirium.

IMPORTANT: Group formation for presentations (6 groups, 2 presentations for each group, 3-4 people/group)

Assigned: Presentations below due in drop box 24 hours prior to class on 10/14 (Groups 1 & 2), 10/19 (Groups 3 & 4) & 10/21 (Groups 5 and 6). Don't rely on others to put your group's presentation in a drop box. Please put your group's full PowerPoint in YOUR drop box.

Presentations: We will listen to 2 groups/day. Groups 1 and 2 first, then 3 & 4, then 5 & 6. Each group takes the first or second half of one of the books below and prepares a presentation about it. These are "self-help" books on raising children. For sympathetic grading, presentations should be placed in your drop box at least 24 hours before you present in class to give me a chance to review them.

Group 1: Chapters 1-8 of Karp, H. (2004) *The happiest toddler on the block*. NY: Bantam.

Group 2: Chapters 9-14 of Karp, H. (2004). *The happiest toddler on the block*. NY: Bantam

Group 3: Chapters 1-3 of Faber, A. & Mazlich, E. (2012). *How to talk so kids will listen and listen so kids will talk*. NY: Scribner

Group 4: Chapters 4-7 of Faber, A. & Mazlich, E. (2012). *How to talk so kids will listen and listen so kids will talk*. NY: Scribner

Group 5: Intro and Chapters 1-5 of Kazdin, A & Rotella, C. (2008) *The Kazdin Method for parenting of the defiant child*. NY: Mariner

Group 6: Intro and Chapters 6-11 of Kazdin, A & Rotella, C. (2008) *The Kazdin Method for parenting of the defiant child*. NY: Mariner

NOTE: If you are assigned to Group 3 or 4 (presentation on 10/19) and are celebrating Milad un Nabi, please let me know asap so I can switch you to another group.

9/30 Lecture: Dissociative disorders. Lesions in memory and a not- so-brief history of the memory wars. The Karlin and Orne and Geraerts et al. articles. (Slides on Geraerts article in resources.) Blaming someone outside

the therapy dyad often does harm, not good. Dissociative Identity Disorder: Problems with this diagnosis. The possibility of 3 personalities vs. the impossibility of 16 personalities. Factitious disorder and malingering. Malingering in the forensic context. Harm from psychotherapy?!

Films: Brief excerpts from *The Three Faces of Eve* and *Sybil* including:

<https://www.youtube.com/watch?v=zhOnrNjCnIY> (Eve)

<https://www.youtube.com/watch?v=4IfUBM097hE> (Sybil's alters)

<https://www.youtube.com/watch?v=OUJZh8Eaork> Sybil's trauma

<https://www.youtube.com/watch?v=wRBZ0KjisI4> (Times retro)

10/5 Lecture: The rise of CBT. BT as the alternative to psychodynamic psychotherapy and client centered therapy. They were the enemy. How could we prove we were doing better? The beginning of outcome research. The two basic behavioral techniques: unreinforced exposure to a feared stimulus and shaping (teaching a pigeon to bowl.)

Then, Ellis, Beck and the cognitive revolution. Beck was a fine if frustrated clinician. After 2 years of psychoanalysis, all his patients' problems centered on closely held silly ideas. Is that central to psychopathology or a product of Beck's therapy. In terms of schools of therapy, he was on our side, against psychoanalytic and client centered therapy. so....

10/7 & 10/12: Lecture: Affective disorders and suicide. The phenomenology of depression (Hint: it is not, basically, sadness.) Sherwin Nuland and ECT. Views at odds with your textbook: RCTs and the fight for and against orthodoxy. Outcome research on antidepressants: As usual money does not talk, it screams. Bipolar disorder. Visions of mania. The work of Edwin Shneidman. Psychological autopsy and psychache. Changes in older male suicide during the last 40 years. If it can be discussed it may well be able to be managed. If it can't be discussed, perhaps not.

10/14, 10/19 and 10/21 Presentations: Groups 1 & 2 first, then 3 & 4, then 5 & 6.

Assigned: Woolfolk, R. (2015) *The cure of souls*. Summaries of Chapters 1-8 due before class on 11/30. One page for each chapter.

NOTE: The schedule from 11/2 on is more tentative than the one for the earlier part of the course.

10/26 and 10/28 Lecture: Schizophrenia. One page summary due on 11/4

11/2 and 11/4 Personality disorders. One page summary due 11/11

11/9 & 11/11 Lecture: Autism, Alzheimer's Parkinson's and other brain diseases. One page summary due 11/18

Brief discussion of the Term paper.

11/16, 11/18 and 11/23. Student presentations: 11/16 Groups 1 & 2; 11/18 Groups 3&4; 11/23 Groups 5 & 6. (See announcement for specific topics.)

11/25 NO CLASS

11/30 Lecture and Discussion: Woolfolk book. What does it mean for the field? How should we choose and train people to be effective at rhetoric? Summaries of Woolfolk book (Chapters 1-8, one page/chapter) due before class.

12/2 Lecture: Drugs and drug addiction: The war on drugs: the stupidest, most clearly racist, and pointless of our many wars. Motivational interviewing and how to help people who want to get past an addiction. Slides with video links will be online. No summary due.

12/7 Lecture: Overweight Americans, weight loss and eating disorders. Slides with video links will be online. No summary due (Trigger warning. I'm going to say that diets don't work for those with more than 20 or so pounds to lose, especially after your early 20s. If this topic upsets you, skip this class and just go through the slides.)

12/9 Last class. Wrap up. Final Paper due for those graduating this semester.

Class discussion. Suggestions for changes invited. Term paper due today if you are graduating this fall.

12/16 Final papers due by 11:59 PM

[1] I regard my patients as patients, not clients. The Hippocratic Oath has always struck me as an appropriate oath for psychotherapists. However, while

some aspects of the doctor-patient model are useful, I think conceptualizing the relationship as guest and host is also helpful.

[\[2\]](#) As I'm still uncertain, alternative suggestions are invited. In that vein, I would like to substitute a book about conflict and its resolution in one or more forms of more diverse relationships.