

SYLLABUS AND CLASS SCHEDULE

830:452:02 Advanced Sem in Clinical and Abnormal Psychology

**Dr. R. Karlin Spring, 2022
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Planned class schedule including due dates for assignments appear at the end of the syllabus. Just keep scrolling down.

Phone or text 609-947-5493

Class hours: M/W 2-3:20. Meeting virtual until Jan 30. Then Lucy Stone Hall B 232

Office hours: Right after class or ba. If you are tied up right after class, PLEASE call or text to set up times.

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.

If you are thinking about the entering the helping professions, there is a problem with taking this course. While there are therapy techniques that have specific effects on specific problems (e.g., extinction-based procedures for anxiety disorders), many 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 (in part) learning a theory about how people function and practicing the techniques prescribed by that theory. 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 mostly 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 are, 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. Next, it encourages us to watch expert practitioners to see how they actually get top notch results. Finally, it suggests the importance of common sense and 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 how and why 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 patients' 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 endeavor 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 can also ask "Under what conditions can psychotherapy harm patients?"

THE FORMAT OF THIS SEMINAR

It makes a real difference in a seminar whether or not we will routinely be meeting in person. I hope we can. As you know, remote learning is (all too often) an oxymoron. But how best to run this seminar depends to some degree on whether we have to meet online as we will for the first two weeks of the semester.

Our focus is on psychopathology and the clinical process. But unlike the graduate seminar I can't have you see patients and discuss them. Assuming we will be meeting in person, we will try to create situations in the classroom that resemble what the clinical situation is like. I will talk about patients with specific disorders. You will also see films of such patients or those filmed while pretending to be such patients. Some of the time, we will then role play them and their treatment in class. Then we can discuss what you have learned about such people and what it was like dealing with one of them.

If we must meet online, several constraints must be taken into account. I have taught this seminar online since spring of 2020. My experience then 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 semester. Again, 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, if we are to be largely online, I will plan to go with the “professor talking and student presentations” format.

If we are largely in-person I will ask for a higher level of direct participation. Group discussion will accompany lectures, at least some of the time. We will also engage in role plays in which students will portray patients with specific disorders. Each student group (see below) will have one type of patient to portray with planned assignments in the class schedule.

PSYCHOLOGICAL DISORDERS: A THEME

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 syndromes tell patients lies. Most psychological syndromes are chronic. These chronic disorders have “symptoms” that encourage each patient to do precisely what will make the syndrome’s effects worse in the medium and long run. We will explore this notion across several types of disorders.

REQUIRED BOOKS

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

Frank, J. (1963) *Persuasion and healing: A comparative study of psychotherapy*. New York: Schoken (NOTE: This is the single authored book by Frank. It is not the dual authored Frank and Frank book published in 1993. Please obtain the single authored version.)

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

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

Two other (paperback) books will be required for your group presentations. They are shown in the class presentation part of the class schedule below.

If there are any additional, unexpected assignments, they will be announced in class and/or the Canvas website. Although class announcements should show up in your

email. But I have not found Rutgers connect to be perfect, so please check the announcements page on the website at least once/week.

SOME CLASS ACTIVITIES

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. However, I have my descriptions of psychopathology less effective than film portrayals.

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. Early in the course, 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 of their time (Al Ellis, Fritz Perls and Carl Rogers) treated a single patient (Gloria) in the early 1960s. I will show the Rogers part of *Three approaches to psychotherapy* films in our first class. Please watch the other two segments at home (Perls and Ellis). We will view some segments of all three part of the film and discuss them in class. You may have seen this film before, but so have I, lots of times. I was still learning new things from the film when I last taught this class.

The lectures I put together are usually interspersed with film clips. We will use the patients in those clips to model the personas you will role play. Toward the end of the semester. I hope we will have time to watch other expert therapists deal with other patients.

Some of the classes (in-person) may involve role play. Different groups are assigned different syndromes. Look up info from your Intro to Abnormal Psych text or similar source on the type of patients/syndromes you may be asked to portray.

SUMMARIES

You will be reading books by Jerome Frank and Irving Kirsch. The chapters in each should be briefly summarized.

The Frank book is less technical than Kirsch. One page summary for each 2 chapters of Frank will suffice. Summaries for the first half of the Frank book are due February 16. The second half summaries are due on March 7th.

Please do a full page summary for each of the 7 chapters of the Kirsch book. Chapters 1, 2 & 3 are due on March 28th, chapters 4-7 are due on April 20. 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 the summary is due. For full credit, please include a copy of my return email with your finished assignment.

Each page of assigned summaries is worth 10 points. Summaries should use a 12-point font and double spacing and be in a Microsoft word compatible format.) It has been suggested that the summaries are essentially a dramatic device to strongly encourage you to keep up with the readings. That view seems reasonable.

A total 130 points will result from summaries. Late summaries lose 2 point for each week late. 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 that once 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 don't read and summarize the assigned material.

HANDING IN SUMMARIES:

Please email your summaries to me at rakarlin@psych.rutgers.edu. Summaries should be handed in together. That is, hand in all three pages for the first half of the Frank book together. Same for the second half and the two halves of the Kirsch book.

At the top of each page of your summary, specify the topic being summarized, the date of submission and your name (e.g., Frank – 1st half, 2/16/22, Your Name). Summaries earn 10 points/page. As just noted, 2 points/week are subtracted for each late summary (e.g., 3 summaries, one week late = $-2 \times 3 = -6$).

If there are changes in required dates or any other aspect of the course, I will put them in Announcements. That should result in Canvas emailing you with the announcement. However, sometimes those emails seem to head for the galactic internet and wind up in some nebula far, far away. So, please check the Announcement tab at least once/week.

STUDENT TEAM PRESENTATIONS

Early in the semester, we will form presentation groups. Each presentation group will be assigned two books. As the first part of its presentation, each group will summarize the first or second half of the book. Each group's presentation should be planned to take about twenty-five minutes altogether. Thus, each student in a three person group will have 7 to 8 minutes for their presentation. Please practice ahead of time to be sure you are fairly close to (but not going beyond) the 8 minute mark. Grades will be lowered for too long or too short presentations.

After the two groups summarize the book, the students in the two groups will lead a 20 minute or so discussion about whether and why they agree or disagree with their author. For example, you might ask "What are the empirical bases for their views?" "Does this accord with common sense?" "Is this practical?" The class and I may also ask questions.

Thus, for example, the first part of the two presentations about the Gottman and Silver book should let us know what the seven principles of marriage are and how they can be implemented according to the authors. The 20 minutes of later discussion might ask other questions. Just for example, what is the role of romantic love in the Gottman & Silver formulation? The same question might be asked about the Weiner-Davis book. Another question might concern the time period. These books were all written about 25 years ago. Are they still relevant and/or helpful with 2020s relationships?

The Gottman and Silver and Weiner-Davis books concern long-term interpersonal relationships and center on heterosexual couples. The Tavis book is more general.

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

Tavis, C. (1989, 2017). *Anger: The misunderstood emotion*. NY: Touchstone

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

The second 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

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, B- = 45, 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.

ATTENDANCE

This is an advanced seminar. Please remember that class attendance and participation is required. Attendance and participation will account for 25% of your grade.

If you cannot attend class, please send me an email at least 2 hours ahead of class telling me why. I will email back an automatic "excused" up to 4 times during the semester. More than that requires a good reason each time.

Hopefully, some of our in-person classes will involve role playing so you can see therapy with simulated patients in class and critique it. The details of this will be discussed in class.

TERM PAPER -

You will be writing a 25-30 page paper that involves analyzing two of the cases from the Yalom book. Detailed instructions and a model for your essays will be available in early March.

GRADING

There will be four major sources of points: class participation, summaries, the two presentations and the term paper. Attendance and participation is worth 25% of your grade. The term paper will be worth 200 points, the presentations 120 points and the summaries will be worth 130 points in total. Points will be summed across the attendance, 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. If I forget to ask, please remind me.

PLANNED CLASS SCHEDULE: 830:452:02 Spring, 2022

Date, activity and assignments. Note this schedule is fairly certain for only the first couple of weeks of (online) class. The seminar beyond that point will depend on the degree to which we can plan on being in person on a regular basis.

1/19 Class business: Films, brief lecture and discussion: Psychotherapy – brief history of “the talking cure” from Mesmer through modern cognitive behavior therapy. Watch the first section of the film *Three approaches to psychotherapy, I. Part 1, Rogers*. <https://www.youtube.com/watch?v=NFT89grAUOI>

The first section, Rogers and Gloria, starts at about 3 minutes into the film and ends about 46 minutes in. It is the classic psychotherapy session, with a wonderful warm accepting therapist and a patient enjoying the process. We will watch the film during our first class.

Assigned: Please watch the rest of the film (Gloria with Fritz Perls and Al Ellis) at home before our next class on 1/24

1/24 & 1/26 Discussion: In the 1/24 class there will be discussion on *Three psychotherapists* Open a window to the url so you can watch portions of it easily

(<https://www.youtube.com/watch?v=NFT89grAUOI>). Review portions in class and ask some questions Here are examples of such questions .

Rogers -How old is Pammy? Does it matter? What along with the lie, might make Gloria so guilty? Perls -. Early in their session, Perls says that Gloria is a phony. That obviously offends her. Why would he say that? Is it true? Whatever your answer, please be prepared to back it up. Ellis - 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; he is not in the running. What did Ellis do wrong? What could he have done to make it better.

Also, Lecture:. The origins of psychotherapy. Then, personality theory, autobiography and psychotherapy "schools." Also, the current crisis in psychotherapy and psychiatric medication.

Assigned: Frank, J. (1963) *Persuasion and healing: A comparative study of psychotherapy*. New York: Schoken

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

Please start reading the Frank book. Summaries of first half of the Frank book. Chapters 1&2, 3&4, 5&6 due 2/16. (One page summaries of 2 chapters). Frank second half summaries (Chapters 7&8, 9&10, 11&12) are due 3/7

1/31 & 2/2 Lecture Anxiety disorders Part 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). 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. 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.

Group 1 role plays patients with anxiety disorders. Class critiques.

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

2/7: 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 and delirium.

2/9 Lecture: Dissociative disorders. Lesions in memory and a not- so-brief history of the memory wars. 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=wRBZ0Kjisl4> (Times retro)

Assigned: Get ready for presentations

2/14 & 2/16: Lecture: Affective disorders and suicide. The phenomenology of depression (Hint: it is not, basically, sadness.) Sherwin Nuland and ECT. 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.

Group 2 role plays patients with unipolar affective disorders.

Group 3 role plays patients with bipolar affective disorder or serious concerns about committing suicide.

Note: First half of the Frank book summaries due 2/16.

2/21 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.) Finally, Lazarus, Ellis, Beck and the cognitive revolution.

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 relationships and child rearing by well respected experts.

Presentations are due in my email 24 hours prior to class to give me time to look them over. That is 2/22 (Groups 1 & 2), 2/27 (Groups 3 & 4) & 3/1 (Groups 5 and 6). Don't

rely on others to put your group's presentation in an email. Send me a copy yourself, even if you are sure its redundant.

2/23 Groups 1 and 2: First and second halves of Gottman, J. & Silver, N. (1999). *The seven principles for making marriage work*. NY: Random House.

2/28 Groups 3 and 4: First and second halves of Weiner-Davis, M. (1998). *Getting through to the man you love*. NY: Saint Martin's Press

3/2 Groups 5 and 6: First and second halves of Tavis (1989). *Anger: The misunderstood emotion*. NY: Touchstone.

3/7 and 3/9 Lecture: Schizophrenia and how and why to hate it.

Note: Summaries of the second half of the Frank book due Monday, 3/7. Start reading the Kirsch book. Summaries of Kirsch chapters 1, 2 and 3 are due by March 28th. Second half, Chapters 4-7, are due by April 20th.

Brief discussion of the Term paper

3/14 and 3/16 NO CLASS SPRING BREAK.

NOTE: The schedule from 3/21 on is more tentative than the one for the earlier part of the course.

3/21 Class discussion of Jerome Frank book. Are placebos enough? How can we maximize placebo effects?

3/23 and 3/28 Lecture Personality disorders: Working with ego dystonic vs ego syntonic syndromes.

Kirsch first half summaries due 3/28.

Group 4 role plays Category A and C personality disorder patients

Group 5 role plays Category B personality disorder patients.

3/30 Lecture: Drugs and drug addiction: The war on drugs: the stupidest, clearly racist, and most pointless of our many wars. Motivational interviewing and how to help people who want to get past an addiction.

Group 6 role plays drug addicted patients

4/4 Lecture: Overweight Americans, weight loss and eating disorders. (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.)

Assigned: Prepare for presentations

4/6 and 4/11 Lecture: Autism, Alzheimer's Parkinson's and other brain diseases.

PLEASE FINISH READING AND SUMMARIZING THE KIRSCH BOOK. .

Presentations 2

4/13 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

4/18 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

4/20 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

Summaries of 2nd half of Kirsch book due on 4/20

4/25 Discussion of Kirsch book. Are placebos enough?

4/27 Watching some expert therapy (unless we have loose ends to clear up).

5/2 Last class. Wrap up. Class discussion. Suggestions for changes invited.

5/9 Final Paper due.