



Foundations of Psychotherapy I

The University of Toledo
Department of Psychology
PSY 6/7360

Instructors: Matthew Tull, Ph.D.; Wesley Bullock, Ph.D.; Sarah Francis, Ph.D.; Joni Mihura, Ph.D.

Email: matthew.tull@utoledo.edu;
wesley.bullock@utoledo.edu;
sarah.francis@utoledo.edu;
joni.mihura@utoledo.edu

Office Hours: By appointment

Office Location: UH5040C (Tull); UH1430 (Francis); UH1420 (Bullock); UH1067 (Mihura)

Instructor Phone: 419-530-4302 (Tull); 419-530-2771 (Francis); 419-530-2719 (Bullock); 419-530-2716 (Mihura)

Class Location: Remote

Class Day/Time: Wed 10:30 PM – 1:10 PM

Credit Hours: 3

TA: Kayla Scamaldo

TA Email:

Kayla.Scamaldo@rockets.utoledo.edu

SPECIAL COURSE EXPECTATIONS DURING COVID-19

It's important to note that based on the unpredictability of the COVID-19 virus things can change at any time so please be patient and understanding as we move through the semester. We also ask that you keep us informed of concerns you may have about class, completing course work/assignments in a timely manner, and/or health concerns related to COVID.

This course will be offered remotely. Each week prior to the class time, you will receive an invite to attend the class remotely through Zoom, Webex, or another web-based teleconferencing service. As with an in-person class, you are expected to attend class on-time and in its entirety. If you are experiencing any technical difficulties, please contact the instructor and teaching assistant as soon as possible.

CATALOG/COURSE DESCRIPTION

This course is designed to provide a basis for the attainment of the profession-wide competency of intervention, with a specific focus on preparing students to develop competence in evidence-based interventions consistent with the scope of Health Service Psychology. This course will present an overview of psychopathology and various classification models of the major disorder areas, as well as provide an introduction to the major theories of psychology and the principles underlying behavioral and cognitive therapy.

PURPOSE AND GOALS

The purpose of this course is to expose students pursuing doctoral degrees in professional psychology to the current body of knowledge in the areas psychopathology and intervention, broadly defined. The psychopathology content covered in this course will present students with

categorical and dimensional models of diagnosis including DSM and ICD diagnostic codes, the psychodynamic diagnostic manual (PDM), Research Domain Criteria (RDoC), and the Hierarchical Taxonomy of Psychopathology (HiTOP). The Theories of Psychology content will provide students with an advanced analysis of major traditional and modern systems and theories of human personality and individual differences. Students will also be introduced to basic theoretical principles underlying behavioral and cognitive therapy.

The goals of this course are to:

- Provide students with a broad foundational understanding of psychopathology and a range of categorical and dimensional models for understanding clinical presentation and diagnosis.
- Provide students with a broad foundational understanding of the major theories underlying current conceptualizations of psychopathology.

MAJOR COURSE TOPICS

The psychopathology content of this course is represented in (a) the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5, 2013), (b) the International Classification of Disease, 10th Edition, clinical modification (ICD-10-CM), (c) the psychodynamic diagnostic manual (PDM), (d) the Research Domain Criteria (RDoC), and (e) the Hierarchical Taxonomy of Psychopathology (HiTOP).

The theories of psychology content of this course is represented in (a) the scientific bases of contemporary theories of research regarding major psychological disorders; (b) the history of diagnostic classification and socio-cultural implications of mental disorders; (c) professional, ethical, and cultural issues related to psychopathology and its treatment; (d) major traditional and modern systems and theories of human personality and individual differences; (e) philosophical orientations of personality theorists; and (f) principles underlying behavioral and cognitive theory.

STUDENT LEARNING OUTCOMES

- I. In the area of Psychopathology, the student is expected to
 - a. Understand, reflect upon, articulate, and integrate the signs and symptoms of mental illness, and other forms of psychological and behavioral dysfunction.
 - b. Understand, reflect upon, articulate, and integrate categorical (e.g., the DSM-5, ICD-10-CM, PDM) and dimensional (e.g., RDoC, HiTOP) nosological systems for the classification and diagnosis of psychological disorders.
 - c. Understand, reflect upon, articulate, and integrate the complex factors that contribute to psychological and behavioral dysfunction, including neurobiological, developmental, psychological, and socio-cultural issues.
 - d. Understand, reflect upon, articulate, and integrate different conceptual approaches to the etiology of psychopathology.

- II. In the area of Theories of Psychology, the student is expected to
 - a. Understand, reflect upon, articulate, and integrate the basic tenets, principles, and historical and cultural perspectives of the major personality systems.
 - b. Understand, reflect upon, articulate, and integrate the development of healthy personality and pathological personality from different theoretical viewpoints.
 - c. Understand, reflect upon, articulate, and integrate the major theories of

personality for the practice of clinical psychology in terms of therapy and assessment as well as their place in health service psychology.

- d. Understand, reflect upon, articulate, and integrate the historical context of cognitive behavior therapy and its influence on third-wave behavioral therapies.

PREREQUISITES AND CO-REQUISITES

Students entering this graduate course will be concurrently enrolled in graduate courses in Assessment I and Foundations of Clinical Practice I.

UNIVERSITY POLICIES

All students at the University of Toledo are expected to read, understand, and follow the academic policies that govern their attendance at the University. These policies include, but are not limited to, academic dishonesty, academic forgiveness, adding and dropping a course, grades and grading, and the missed class policy. Please use the following URL to read a comprehensive list of academic policies that pertain to you in this class and throughout your academic journey: <http://www.utoledo.edu/policies/academic/undergraduate/> If you have any questions after reading through the policies, please let the instructors know.

Policy Statement on Non-Discrimination on the Basis of Disability (ADA)

The University is an equal opportunity educational institution. Please read [The University's Policy Statement on Nondiscrimination on the Basis of Disability Americans with Disability Act Compliance](#). Students can find this policy along with other university policies listed by audience on the [University Policy webpage](http://www.utoledo.edu/policies/audience.html/#students) (<http://www.utoledo.edu/policies/audience.html/#students>).

Academic Accommodations

The University of Toledo embraces the inclusion of students with disabilities. We are committed to ensuring equal opportunity and seamless access for full participation in all courses. For students who have an accommodations memo from Student Disability Services, I invite you to correspond with me as soon as possible so that we can communicate confidentially about implementing accommodations in this course. For students who have not established affiliation with Student Disability Services and are experiencing disability access barriers or are interested in a referral to healthcare resources for a potential disability or would like information regarding eligibility for academic accommodations, please contact the [Student Disability Services Office](#) (<http://www.utoledo.edu/offices/student-disability-services/>) by calling 419.530.4981 or sending an email to StudentDisability@utoledo.edu.

Academic Dishonesty

Consistent with University Policy, academic dishonesty will not be tolerated. Students are responsible for knowing what constitutes academic dishonesty. If students are uncertain about what constitutes plagiarism or cheating they should seek the instructor's advice. Examples of academic dishonesty include, but are not limited to: 1) Plagiarizing or representing the words, ideas or information of another person as one's own and not offering proper documentation; 2) Giving or receiving, prior to an examination, any unauthorized information concerning the content of that examination; 3) Referring to or displaying any unauthorized materials inside or outside of the examination room during the course of an examination; 4) Communicating during an examination in any manner with any unauthorized person concerning the examination or any part of it; 5) Giving or receiving substantive aid during the course of an examination; 6) Commencing an examination before the stipulated time or continuing to work on an

examination after the announced conclusion of the examination period; 7) Taking, converting, concealing, defacing, damaging or destroying any property related to the preparation or completion of assignments, research or examination; 8) Submitting the same written work to fulfill the requirements for more than one course. The full University policy on academic dishonesty may be found at <http://www.utoledo.edu/dl/students/dishonesty.html>

Resources Related to Sexual or Gender-based Violence and Harassment

The University of Toledo cares greatly about the health and well-being of our students, staff, and faculty, and takes all sexual or gender-based violence and harassment very seriously. If you have experienced sexual assault, sexual harassment, intimate partner violence, and/or stalking and want a confidential place to obtain support and information, please contact the Center for Student Advocacy and Wellness on the main campus in Health and Human Services Room 3017. You can call 419.530.2497 during regular business hours and 419.530.3431 for 24-hour assistance from a trained advocate. In-person, walk-in appointments are also available Monday-Thursday from 8:30 a.m. to 5 p.m. The Center for Student Advocacy and Wellness provides free and confidential advocacy and counseling services to students, faculty and staff. The YWCA H.O.P.E. Center also can be accessed as an off-campus confidential resource at 419.241.7273. Faculty, teaching assistants, and other university employees are mandated reporters of any incidents of sexual or gender-based violence or harassment. Thus, any disclosures of sexual or gender-based violence or harassment on or off campus made to faculty or teaching assistants, or other university employees must be forwarded to the Title IX Coordinator. The Title IX Office will then contact you regarding your rights, your option to participate in the investigation, interim safety measures and/or academic accommodations, and the need to proceed with an investigation (even if none is requested). Your participation in the process is voluntary. You may call 419.530.3152 to file a complaint or visit the following website for more information and resources: <http://www.utoledo.edu/title-ix/>. Policies relating to Title IX can be found at: <http://www.utoledo.edu/title-ix/policies.html>.

COURSE EXPECTATIONS AND GUIDELINES

Major Assignments

Discussion and class participation (30%). Each student will begin with a participation grade of A and points will be deducted as participation does not occur. Students will be evaluated on the student's contribution to the class discussion and on the quality of their comments and questions. Each student must prepare 2-3 discussion questions based on that week's assigned reading for each class period, and send these to the instructor no less than 2 hours before class the day they are due. These questions should not be yes/no questions, but instead should be substantive and include a brief synthesis of the points made in the reading and a larger focus on original and critical responses. Such questions might expand on points made in the readings, connect the readings with concepts discussed in class, or integrate current events or personal examples into the readings. Questions will be evaluated based on effort, analytical depth, and a comprehensive understanding of readings. If a student is not present for discussion a score of 0 discussion points will be awarded. If discussion questions are turned in late, one point will be deducted each day.

In addition, a student will be randomly assigned to briefly summarize each of the reading each week. Thus, it is necessary to be prepared to give a brief (approximately 5 min) overview of all of the assigned readings.

Reflection/reaction papers (30%). **Every other week beginning with the 2nd week,** students will write a reflection or reaction paper that will incorporate elements from the current week's reading with elements from the previous week's reading. No page limit is specified for these reaction papers. Instructors will provide written responses to students evaluating the extent to which the student has demonstrated understanding of the readings and class discussion and to what degree students are able to think critically, communicate at an advanced level, and integrate the reading material with their understanding of clinical practice applications. The content of these papers should include your own insights and learning about the specific theory and/or therapy that include (a) new concepts or ways of thinking and/or (b) professional insights. You will be graded according to (a) your ability to clearly and concisely state the key concepts and (b) clearly convey newly-learned concepts and/or professional insights that you find interesting and helpful.

Two Essay Exams (20% each for a total of 40%). Each section of this course (1. Psychopathology and 2. Theories of Psychology) will require the successful completion of an essay exam. You will be presented with a series of questions from different course lectures. For each question, you will be expected to provide an answer that is no more than 2 pages, double-spaced and in at least 10-point font. For each exam, you must provide your own, original work; however, you can use any or all of the primary and supplemental readings to assist you in formulating and supporting your essay questions.

Letter Grades

Grade	Percent Equivalent
A	92-100
A-	90-91
B+	88-89
B	82-87
B-	80-81
C+	78-79
C	72-77
C-	70-71
D+	68-69
D	62-67
D-	60-61
F	≤59%

Attendance Policy

Attendance is mandatory. Students who miss class will lose weekly discussion and class participation points possible for that day. Students who miss a class on the day their reaction paper is due must submit the reaction paper before the class meets in order to earn full credit.

Required Textbook(s)

N/A

Required Reading(s)

*Readings are subject to change. Students will be notified of any change to required readings in advance by the instructor. Required readings will be provided through Blackboard.

Psychopathology

- Abramowitz, J. S. (2018). Presidential address: are the obsessive-compulsive related disorders related to obsessive-compulsive disorder? A critical look at DSM-5's new category. *Behavior Therapy, 49*, 1-11.
- Achenbach, T. M. (2015). Transdiagnostic heterogeneity, hierarchical dimensional models, and societal, cultural, and individual differences in the developmental understanding of psychopathology. *European Child and Adolescent Psychiatry, 24*, 1419-1422.
- Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review, 31*, 934-948.
- Angold, A., & Costello, E. J. (2009). Nosology and measurement in child and adolescent psychiatry. *Journal of Child Psychology and Psychiatry, 50*, 9-15.
- Barkley, R. A. (2016). Sluggish cognitive tempo: A (misnamed) second attention disorder? *Journal of the American Academy of Child & Adolescent Psychiatry, 55*(3), 157-158.
- Barlow, D. H., Ellard, K. K., Sauer-Zavala, S., Bullis, J. R., & Carl, J. R. (2014). The origins of neuroticism. *Perspectives on Psychological Science, 9*, 481-496.
- Becker, S., Leopold, D. R., Burns, G. L., Jarrett, M. A., Langberg, J. M., Marshall, S. A., McBurnett, K., Waschbusch, D. A., & Willcutt, E. G. (2016). The internal, external, and diagnostic validity of sluggish cognitive tempo: A meta-analysis and critical review. *Journal of the American Academy of Child and Adolescent Psychiatry, 55*(3), 163-178.
- Beesdo-Baum, K., Knappe, S., Asselmann, E., Zimmermann, P., Bruckl, T., Hofler, M., Behrendt, S., Lieb, R., & Wittchen, H. U. (2015). The 'early developmental stages of psychopathology (EDSP) study': a 20-year review of methods and findings. *Social Psychiatry and Psychiatric Epidemiology, 50*, 851-866.
- Behar, E., DiMarco, I. D., Hekler, E. B., Mohlman, J., & Staples, A. M. (2009). Current theoretical models of generalized anxiety disorder (GAD): Conceptual review and treatment implications. *Journal of Anxiety Disorders, 23*(8), 1011-1023.
- Carleton, R. N. (2016). Into the unknown: A review and synthesis of contemporary models involving uncertainty. *Journal of Anxiety Disorders, 39*, 30-43.
- Cosci, F., & Fava, G. A. (2016). The clinical inadequacy of the DSM-5 classification of somatic symptom and related disorders: An alternative trans-diagnostic model. *CNS Spectrums, 21*, 310-317.
- Craske, M.G., Rauch, S.L., Ursano, R., Prenoveau, J., Pine, D.S., & Zinbarg, R.E. (2009). What is an anxiety disorder? *Depression and Anxiety, 26*, 1066-1085.
- Cuthbert, B. N., & Insel, T. R. (2013). Toward the future of psychiatric diagnosis: the seven pillars of RDoC. *BMC Medicine, 11*, 126.
- Deacon, B. J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. *Clinical Psychology Review, 33*, 846-861.
- Derefinko, K. J., & Widiger, T. A. (2016). Antisocial personality disorder. In *The medical basis of psychiatry* (pp. 229-245). Springer, New York, NY.
- Evans, C. M., & Simms, L. J. (2018). Assessing inter-model continuity between the Section II and Section III conceptualizations of borderline personality disorder in DSM-5. *Personality Disorders: Theory, Research, and Treatment, 9*, 290-296.
- First, M. B., Reed, G. M., Hyman, S. E., & Saxena, S. (2015). The development of the ICD-11 clinical descriptions and diagnostic guidelines for mental and behavioural disorders. *World Psychiatry, 14*, 82-90.

- Friedman, M. J. (2013). Finalizing PTSD in DSM-5: Getting here from there and where to go next. *Journal of Traumatic Stress, 26*, 548-556.
- Friedman, M. J., Kilpatrick, D. G., Schnurr, P. P., & Weathers, F. W. (2016). Correcting misconceptions about the diagnostic criteria for posttraumatic stress disorder in DSM-5. *JAMA Psychiatry, 73*, 753-754.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152-1168.
- Heimberg, R. G., Hofmann, S. G., Liebowitz, M. R., Schneier, F. R., Smits, J. A., Stein, M. B., ... & Craske, M. G. (2014). Social anxiety disorder in DSM-5. *Depression and Anxiety, 31*, 472-479.
- Hopwood, C. J., Thomas, K. M., Markon, K. E., Wright, A. G., & Krueger, R. F. (2012). DSM-5 personality traits and DSM-IV personality disorders. *Journal of Abnormal Psychology, 121*, 424.
- Insel, T. R., Cuthbert, B. N., Garvey, M. A., Heinszen, R. K., & Pine, D. S. (2010). Research Domain Criteria (RDoC): Toward a New Classification Framework for Research on Mental Disorders. *American Journal of Psychiatry, 167*.
- Ioannidis, J. P. A. (2015). Research and theories on the etiology of mental diseases: Doomed to failure? *Psychological Inquiry, 26*, 239-243.
- Kendler, K. S. (2013). A history of the DSM-5 Scientific Review Committee. *Psychological Medicine, 43*, 1793-1800.
- Kinderman, P. (2009). Understanding and addressing psychological and social problems: The mediating psychological processes model. *International Journal of Social Psychology, 55*(5), 464-470.
- Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., Bagby, R. M., & ... Zimmerman, M. (2017). The Hierarchical Taxonomy of Psychopathology (HiTOP): A dimensional alternative to traditional nosologies. *Journal of Abnormal Psychology, 126*, 454-477.
- Krueger, R. F., & Piasecki, T. M. (2002). Toward a dimensional and psychometrically-informed approach to conceptualizing psychopathology. *Behaviour Research and Therapy, 40*(5), 485-499.
- Leichsenring, F., Leibing, E., Kruse, J., New, A. S., & Leweke, F. (2011). Borderline personality disorder. *The Lancet, 377*(9759), 74-84.
- Lilienfeld, S. O. (2014). The Research Domain Criteria (RDoC): An analysis of methodological and conceptual challenges. *Behaviour Research and Therapy, 62*, 129-139.
- Linehan, M.M. (1993). *Cognitive-behavioral treatment of borderline personality disorder: Chapter 1*. New York, NY: Guilford Press.
- Molerio, C. (2018). Perspectives on research, practice, and clinical training in a globalized world. *Frontiers in Psychiatry, 9*, 366.
- Musser, E. D., & Raiker, J. S. (2019). Attention-deficit/hyperactivity disorder: An integrated developmental psychopathology and research domain criteria (RDoC) approach. *Comprehensive Psychiatry, 90*, 65-72.
- Nigg, J. T. (2015). Editorial: The shape of nosology to come in developmental psychopathology. *Journal of Child Psychology and Psychiatry, 56*(4), 397-399.
- Phillips, J., et al. (2012). The six most essential questions in psychiatric diagnosis: A pluralogue part 1: Conceptual and definitional issues in psychiatric diagnosis. *Philosophy, Ethics, and Humanities in Medicine, 7*, 3.

- Regier, D. A., et al. (2013). DSM-5 Field Trials in the United States and Canada, part II: Test-retest reliability of selected categorical diagnoses. *American Journal of Psychiatry*, *170*, 59-70.
- Reininghaus, U., et al. (2016). Evaluation of the validity and utility of a transdiagnostic psychosis dimension encompassing schizophrenia and bipolar disorder. *The British Journal of Psychiatry*, *209* (2) 107-113.
- Rosen, G. M., & Lillienfeld, S. O. (2008). Posttraumatic stress disorder: An empirical evaluation of core assumptions. *Clinical Psychology Review*, *28*, 837-868.
- Rosenman, S., Korten, A., Medway, J., & Evans, M. (2003). Dimensional vs. categorical diagnosis in psychosis. *Acta Psychiatrica Scandinavica*, *107*, 378-384.
- Singh, S. P., Harley, L., & Suhail, K. (2013). Cultural specificity of emotional overinvolvement: As systematic review. *Schizophrenia Bulletin*, *39*, 449-463.
- Tannock, R. (2013). Rethinking ADHD and LD in DSM-5: Proposed Changes in Diagnostic Criteria. *Journal of Learning Disabilities*.*46*(1), 5–25.
- Waugh, M. H., Hopwood, C. J., Krueger, R. F., Morey, L. C., Pincus, A. L., & Wright, A. G. (2017). Psychological assessment with the DSM–5 Alternative Model for Personality Disorders: Tradition and innovation. *Professional Psychology: Research and Practice*, *48*, 79-89.
- Wills, C. D. (2014). DSM-5 and neurodevelopmental and other disorders of childhood and adolescence. *Journal of American Academy of Psychiatry, Law*, *42*, 165-172.
- Wilson, M. (1993). DSM-III and the transformation of American psychiatry: a history. *The American Journal of Psychiatry*, *150*, 399.
- Wright, A. G., Thomas, K. M., Hopwood, C. J., Markon, K. E., Pincus, A. L., & Krueger, R. F. (2012). The hierarchical structure of DSM-5 pathological personality traits. *Journal of Abnormal Psychology*, *121*(4), 951.

Theories of Psychology

- Beck, A. T., & Haigh, E. A. (2014). Advances in cognitive theory and therapy: the generic cognitive model. *Annual Review of Clinical Psychology*, *10*, 1-24.
- Bintzler, J. (1978). Diagnosis and treatment of borderline personality organization. *Clinical Social Work Journal*, *6* (2), 100-107.
- Bouton, M. E., Mineka, S., & Barlow, D. H. (2001). A modern learning theory perspective on the etiology of panic disorder. *Psychological Review*, *108*(1), 4.
- Braslow, M. D., Guerrettaz, J., Arkin, R. M., & Oleson, K. C. (2012). Self-doubt. *Social & Personality Psychology Compass*, *6*(6), 470-482.
- Bruhn, A. R., & Last, J. (1982). Earliest childhood memories: Four theoretical perspectives. *Journal of Personality Assessment*, *46*, 119-127.
- Cantor, N. (1990). From thought to behavior: "Having" and "doing" in the study of personality and cognition. *American Psychologist*, *45*, 735-750.
- Carlo, G., Knight, G. P., Roesch, S. C., Opal, D., & Davis, A. (2014). Personality across cultures: A critical analysis of Big Five research and current directions. In F. L. Leong, L. Comas-Díaz, G. C. Nagayama Hall, V. C. McLoyd, J. E. Trimble (Eds.) , *APA handbook of multicultural psychology, Vol. 1: Theory and research* (pp. 285-298). Washington, DC US: American Psychological Association.
- Cote, J., & Levine, C. (1988). On critiquing the identity status paradigm: A rejoinder to Waterman. *Developmental Review*, *8*, 209-218.
- Csikszentmihalyi, M. (1999). If we are so rich, why aren't we happy? *American Psychologist*, *54*, 821-827.
- Erdelyi, M. H. (2001). Defense processes can be conscious or unconscious. *American Psychologist*, *56*, 761-762.

- Grunbaum, A. (2007). The reception of my Freud-critique in the psychoanalytic literature. *Psychoanalytic Psychology, 24*(3), 545-576.
- Hayes, S. C., Wilson, K. G., Gifford, E. V., Follette, V. M., & Strosahl, K. (1996). Experiential avoidance and behavioral disorders: A functional dimensional approach to diagnosis and treatment. *Journal of Consulting and Clinical Psychology, 64*, 1152.
- Jayawickreme, E., & Di Stefano, P. (2012). How Can We Study Heroism? Integrating Persons, Situations and Communities. *Political Psychology, 33*(1), 165-178.
- Larocco, S. (2014). Ideology, affect, semiotics: Towards a non-personal theory of personality. *Integrative Psychological & Behavioral Science, 48*(2), 129-142.
- Lucas, R. E., & Donnellan, M. B. (2009). Editorial: If the person–situation debate is really over, why does it still generate so much negative affect? *Journal of Research in Personality, 43*, 146-149.
- McAdams, D., & Pals, J. (2006). A new big five: Fundamental principles for an integrative science of personality. *American Psychologist, 61*(3), 204-217.
- McNulty, J. K., & Fincham, F. D. (2012). Beyond positive psychology? Toward a contextual view of psychological processes and well-being. *American Psychologist, 67*(2), 101-110.
- Matsumoto, D., Yoo, S., & Fontaine, J. (2009). Hypocrisy or maturity? Culture and context differentiation. *European Journal of Personality, 23*(3), 251-264. doi:10.1002/per.716.
- Mischel, W. & Shoda, Y. (1995). A cognitive-affective system theory of personality: Reconceptualizing situations, dispositions, dynamics, and invariance in personality structure. *Psychological Review, 102*, 246-268.
- Mineka, S., & Zinbarg, R. (2006). A contemporary learning theory perspective on the etiology of anxiety disorders: It's not what you thought it was. *American Psychologist, 61*, 10.-26
- Nachman, G. (2009). Clinical implications of synchronicity and related phenomena. *Psychiatric Annals, 39*, 297-308.
- Seligman, M. E., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist, 55*, 5-14.
- Skinner, B. F. (1987). Whatever happened to psychology as the science of behavior? *American Psychologist, 42*, 780-786.
- Smith, W. B. (2007). Karen Horney and psychotherapy in the 21st century. *Clinical Social Work Journal, 35*(1), 57-66.
- Tolin, D. F. (2016). Oh, Behave!: The behavioral system and how it can go wrong. In *Doing CBT* (pp. 21-50). New York: Guilford Press.
- Tolin, D. F. (2016). Stinkin' thinkin': The cognitive system and how it can go wrong. In *Doing CBT* (pp. 51-80). New York: Guilford Press. Washington, DC: American Psychological Association.
- Watson, J. B. (1994). Psychology as the behaviorist views it. *Psychological Review, 101*, 248-253.
- Ziegler, A., Fidelman, M., Reutlinger, M., Vialle, W., & Stoeger, H. (2010). Implicit personality theories on the modifiability and stability of the action repertoire as a meaningful framework for individual motivation: A cross-cultural study. *High Ability Studies, 21*(2), 147-163.
- Zettler, I., & Hilbig, B. E. (2010). Honesty-humility and a person-situation interaction at work. *European Journal of Personality, 24*(7), 569-582.

COURSE SCHEDULE

Week	Date	Section 1: Psychopathology	Instructor
1	8/19	Categorical and Dimensional Models of Psychopathology – I	Tull
2	8/26	Categorical and Dimensional Models of Psychopathology – II	Tull
3	9/2	Etiological models of psychopathology - neurobiological, developmental, psychological, and socio-cultural	Francis
4	9/9	Nosological considerations for anxiety disorders/HPA axis/phobias/panic disorder/GAD/OCD/PTSD	Tull
5	9/16	Nosological considerations for Affective Disorders/Depression/PDD/Bipolar	Bullock
6	9/23	Nosological considerations for Dissociative Disorders and Somatic Symptom Disorders; Eating disorders	Bullock
7	9/30	Nosological considerations for Schizophrenia Spectrum and Psychotic Symptom Disorders	Bullock
8	10/7	Nosological considerations for child psychopathology and ADHD	Francis
9	10/14	Nosological considerations for Personality Disorders	Tull
		Section 2: Theories of psychology	
10	10/21	History of Personality Psychology and Cross-Cultural Approaches to Personality	Bullock
11	10/28	Psychodynamic Perspectives	Mihura
12	11/4	Trait Perspectives and Social-Behavioristic Perspectives	Bullock
13	11/11	Humanistic/Existential Perspectives and Cognitive Perspectives	Bullock
14	11/18	Basic principles of cognitive and behavioral theory	Tull
	11/25	THANKSGIVING BREAK – NO CLASS	