

Clinical Psychopathology
PSY 5316
Spring 2022

Class: Tuesday: 2:00-4:45pm; Room 919
Instructor: Alisha Wray, Ph.D.
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Office: *Office Hours:* T: By appointment

Course Description

Welcome to Psychology 5316, Clinical Psychopathology! This graduate course is designed to give students an overview of current nosology, diagnostic criteria, and contemporary conceptualizations for adult psychopathology, as well as the scientific and conceptual foundations for diagnosing and treating behavioral disorders. Course content corresponds to the classification of psychological disorders in the *DSM-5*. This course is intended to promote critical thinking concerning the social and political implications of defining psychopathology, the empirical research concerning diagnostic criteria from various levels of analysis (such as cognitive, behavioral, biological, interpersonal and cultural), as well as the impact that these considerations can have on choosing and conducting treatments. Major psychological disorders discussed will include mood disorders, anxiety disorders, trauma-related disorders, schizophrenia, substance use disorders, eating disorders, and personality disorders. We will also discuss select transdiagnostic approaches to understanding psychopathology.

Course Content:

This course will focus primarily on mood disorders, anxiety disorders and psychotic disorders, substance abuse, eating disorders, and select personality disorders. In the interests of time some disorders that are reviewed in other courses in our department (childhood psychopathology, neurological disorders) will not be discussed.

Class Format. Our class is a seminar, and it meets once weekly for 2.5 hours. This is intentional, allowing time for extended discussion of topics. Most classes will include a brief, informal, instructor-led overview of the topic, video demonstrations of psychopathology, case vignettes, and an extended discussion of the content and implications of the readings for the day (led by the Discussion Leaders for that day with participation from me). It is essential that you complete the readings prior to each class for which they are assigned and come ready to discuss questions you have about the content. Class is designed to help you deepen your understanding of the material, not to introduce the material for the first time. Part of your grade depends on your consistent ability to participate thoughtfully in our exchanges and make intellectual contributions based on the literature you have read for class.

Discussion of psychopathology can bring up reactions from your own personal and professional experiences that can contribute to rich discussion. Please be mindful of your own comfort level related to personal disclosure in this professional setting and to maintain client privacy by properly deidentifying material. Certain topics may be sensitive in nature (e.g., weeks we cover

posttraumatic stress, self-harm behavior) and may be raised intermittently in discussion throughout the course.

Course Structure and Grading

Grades will be based on the following:

- Exam(s) (50%; 25% each)
 - Exam 1: There will be a take-home examination that will utilize a short essay-based format. The first exam will be designed to assess your ability to integrate material from readings and class discussions covered to date. Highest scores will be given to students who cite multiple readings in their responses as a demonstration of their ability to accurately integrate course material. Exams will be distributed by Tuesday, 2/22/22 and must be **personally** turned in (hard copy) by 2:00 PM by Tuesday, 3/1/22.
 - Exam 2: The final exam will be a take-home examination that is designed to assess your case conceptualization skills and to apply the content from the course to a clinical situation. You will be provided a vignette and will be tasked with writing a case conceptualization and treatment plan based on the data in the vignette. Highest scores will go to students who also cite multiple readings from class as well as supplemental material (e.g., treatment manuals, empirical papers) in their case conceptualization as a demonstration of their ability to consult the literature to guide their diagnostic impressions and treatment plan. Final exams will be distributed by the last day of class (5/3/22) and must be turned in (electronic copy) by 9:00 AM on Monday, 5/9/22.
- Presentation of course reading, facilitation of discussion, and thought papers (30% = 15% for each presentation/thought paper)
 - For two different classes during the semester you will be required to serve as a discussion leader for the class. Each class will have 1-2 discussion leaders. The job of discussion leader is to share, along with the instructor, the primary responsibility for reviewing, presenting, teaching and evoking discussion about the articles assigned for the day. As a discussion leader, you should focus on summarizing the main information and ideas from the readings and facilitate class discussion including identifying key points from the readings, discussing bio-psycho-social etiological factors identified in the readings, generating at least five class discussion questions, and supplementing with activities, clinical examples, etc. as needed to highlight critical points. This is not intended to be a detailed review of the articles, but rather a drawing out of discussion among your peers of the key findings. You will be given approximately 45 minutes of dedicated class time to present and facilitate discussion.
 - You will also write a thought paper covering the readings for the classes where you serve as the discussion leader. You will receive one grade for both your paper and your leadership of the class discussion. A electronic copy of your thought papers should be emailed to me NO LATER THAN 9 am the Monday prior to the class in which you will serve as the Discussion Leader. Thought papers should be 2 double-spaced pages in APA 7th Edition formatting. The purpose of the thought paper is for you to demonstrate your ability to think critically and independently about the topic of adult psychopathology, as well as

to practice communicating your thoughts and reactions on paper in a persuasive and scholarly manner. Please do not simply include what you have read or heard in class in your thought papers. Please attempt to identify an aspect of the readings you found intriguing then integrate the assigned readings, course material, and additional scientific literature. Papers that focus exclusively on the content of the readings or class discussions without including your own individual, unique perspective, incorporating assigned readings, and integrating and at least three additional peer-reviewed articles on the topic will not be graded as highly as those that include such content. Thought papers should end with five questions that you will be able to bring to the class discussion, emerging from your paper and your references for any additional articles you cited (questions do not have to be within the 2-page limit). Each co-facilitation and discussion thought paper is worth 15% of your grade.

- Clinical presentation (15%)
 - Each student will be required to present a clinical presentation on a disorder of their choosing. Each student will choose a disorder not yet covered in the course but of personal interest (e.g., Somatization disorder, Neurocognitive disorder). The student is responsible for providing an overview of the disorder (e.g., DSM-5 diagnostic criteria, prevalence rates, risk factors), providing a clinical demonstration (e.g., video, published case study or vignette, training case), introducing a contemporary, and evidence-based conceptual model of the etiology of the disorder that highlights bio-psycho-social etiological factors, and discussing clinical and multicultural implications. The case conceptualization should utilize evidence-based theoretical perspectives similar to those presented in class. A 30-minute presentation of the case will be required; specific dates for each students' class presentation TBD. Handouts and other media to facilitate discussion are encouraged. The topic must be approved by the instructor by Exam 1.
- Attendance and class participation (5%)
 - Students are expected to (1) arrive to class on time and prepared (i.e., having read required readings for the day including the relevant DSM-5 pages noted in the syllabus); (2) take notes during class; (3) be attentive and participate in discussions; (4) ask questions concerning material about which they are confused; (5) discuss any relevant case material in a HIPAA-compliant manner; and (6) refrain from sharing the details of case material discussed in class outside of class. Cell phone use and non-class related use of technology is strongly discouraged and will negatively impact your participation grade.
 - As part of your participation grade, you will be asked in class to participate in activities related to a case vignette designed to help you apply the material you are learning in class. The quality of participation in this activity and resultant class discussion will contribute to your class participation grade.
 - Attendance: During this unprecedented time of a global pandemic, class attendance must be approached differently from the way it would in a

standard semester. If you are sick or have any symptoms (even if they are slight) that might relate to COVID-19, please stay home to protect yourself, your classmates, and your professors. As your instructor, I will expect that you work with me to enable you to receive any necessary course content (including classroom lectures) and complete any assignments, quizzes, or exams that you may miss due to being sick or having COVID-19-related symptoms. I also expect you to notify me prior to class if you will be missing for COVID-19 or any other health-related reason. If you are well, have no symptoms, and are not required to remain at home for any COVID-19 or other health-related reason, you should attend class and abide by all of the University's health protocols. Attendance during this time may take many forms due to the various course formats being offered this spring. Importantly, Baylor's Health Services department on the Waco campus no longer provides notes to 'excuse' students from missed classes. Please do not ask Health Services for such documentation.

- Illness: If you feel ill, or display any of the symptoms of COVID-19, follow university guidance and please notify your instructor. See the following link for more information: <https://www.baylor.edu/coronavirus/>.
- Behavior disruptive to the learning of other students during class sessions will not be tolerated. Students engaging in such disruptive behavior may be asked to leave that class session and be given an unexcused absence.

Letter course grades associated with this course are in accordance with those outlined in Baylor University's Faculty Handbook.

<u>Letter Grade</u>	<u>Course Grade</u>
A	93-100
A-	90-92
B+	88-89
B	83-87
B-	80-82
C+	78-79
C	73-77
C-	70-72
D	60-69
F	0-59

Please note that you will receive the letter grade associated with your exact point total. Extra points (even if it is only 1 point) will not be given. Please do not ask for special considerations.

If a clinical psychology graduate student receives a letter grade lower than a B in a clinical psychology course, the course must be remediated until an acceptable level of performance is achieved by the end of the subsequent semester. Remediation may or may not result in a change of grade for that course.

Required Readings

References for required readings are listed at the end of the syllabus; all readings will be made available to you electronically on Box. These readings represent both articles regarding

psychopathology conceptualizations in the field as well as current research and critique. There is a lot of reading in this class, and it will require a consistent effort on your part to keep up and be an active participant in class discussions. You may find some of these readings very challenging but do not be discouraged. Your task is to extract implications and questions from the readings rather than remember every detail in them. We will use our class time together to explore the implications of the articles. I am much more interested in your synthesis of the questions they raise (critical thinking) than remembering every small detail about them. Specific areas to be covered in this course include: (1) the nosological perspective of the Diagnostic and Statistical Manual of Mental Disorders (DSM), (2) alternative perspectives to the DSM, (3) theoretical and perspectives on the etiology of psychopathology, (4) diagnosis of clients' presenting problems using the DSM, and (5) treatment implications for these diagnoses.

Late Assignments

A late assignment will be penalized 10% of the total possible course points per day it is turned in late (including weekends and breaks). An assignment turned in after class, but on the same date as when the assignment was due, will still receive a 10% late penalty.

Academic Integrity

Plagiarism or any form of cheating involves a breach of student-teacher trust. This means that any work submitted under your name is expected to be your own, neither composed by anyone else as a whole or in part, nor handed over to another person for complete or partial revision. Be sure to document all ideas that are not your own. Instances of plagiarism or any other act of academic dishonesty will be reported to the Honor Council and may result in failure of the course. Not understanding plagiarism is not an excuse. I expect you, as a Baylor student, to be intimately familiar with the Honor Code at: <http://www.baylor.edu/honorcode/>

Academic Success

I believe every student who has been admitted to Baylor can be successful and I want to partner with you to help you thrive academically. Be sure to take advantage of the many resources available for academic success, including coming to see me during my office hours. Students who regularly utilize the great resources in the Paul L. Foster Success Center (<http://www.baylor.edu/successcenter/>) are among my most successful students. If your academic performance in this class is substandard, I will submit an Academic Progress Report to the Success Center so that the team of coordinated care professionals can ensure that you get the help you need.

Importantly, Baylor's Health Services department on the Waco campus no longer provides notes to "excuse" students from missed classes. Please do not ask Health Services for such documentation.

Students Needing Accommodations

Any student who needs academic accommodations related to a documented disability should inform me immediately at the beginning of the semester. You are required to obtain appropriate documentation and information regarding accommodations from the Office of Access and

Learning Accommodation (OALA). Contact Information: (254) 710-3605 - Paul L. Foster Success Center, 1st floor on the East Wing of Sid Richardson.

Diversity, Equity and Inclusion

I would like to acknowledge that we are all individuals with multiple sociocultural identities that intersect and shape our worldview through the lens of privilege and oppression. My commitment to you as your instructor is to respect, value, and celebrate individual differences in beliefs, values, and identity, and to view those differences as an enhancement to the learning process. I also strive to minimize systemic forces of oppression within the classroom such as ableism, classism, racism, sexism, transphobia, and heterosexism in efforts to create a safe learning environment for all of us. I ask that you also join me in this commitment to foster respect for one another, enhance solidarity, and build community.

Office of Equity and Title IX

Civil Rights Policy and Sexual and Interpersonal Misconduct Policy

Baylor University does not tolerate unlawful harassment or discrimination on the basis of sex, gender, race, color, disability, national origin, ancestry, age (over 40), citizenship, genetic information or the refusal to submit to a genetic test, past, current, or prospective service in the uniformed services, or any other characteristic protected under applicable federal, Texas, or local law (collectively referred to as Protected Characteristics).

If you or someone you know would like help related to an experience involving:

1. Sexual or gender-based harassment, sexual assault, sexual exploitation, stalking, intimate partner violence, or retaliation for reporting one of these types of prohibited conduct, please visit www.baylor.edu/titleix, or contact us at (254) 710-8454, or TitleIX_Coordinator@baylor.edu.
2. Harassment (excluding those issues listed in #1) or adverse action based on Protected Characteristics, please visit www.baylor.edu/equity, or contact us at (254) 710-7100 or Equity@baylor.edu.

The Office of Equity and Title IX understands the sensitive nature of these situations and can provide information about available on- and off-campus resources, such as counseling and psychological services, medical treatment, academic support, university housing, advocacy services, and other forms of assistance that may be available. Staff members at the office can also explain your rights and procedural options. You will not be required to share your experience. **If you or someone you know feels unsafe or may be in imminent danger, please call the Baylor Police Department (254-710-2222) or Waco Police Department (9-1-1) immediately.**

Except for Confidential Resources, all University Employees are designated Responsible Employees and thereby mandatory reporters of potential sexual and interpersonal misconduct

violations. Confidential Resources who do not have to report include those working in the Counseling Center, Health Center and the University Chaplain, Dr. Burt Burleson.

Date	Topic	Readings Covered
January 18 *(2)_____	Week 1: Introduction, Diagnosis, & Concept of a Mental Disorder	Hayes et al. (1996); Kendler (2012); Lehman et al., (2017); Lilienfeld & Treadway (2019); Maddux et al. (2020)* ¹ ; Tranel et al., (2020)* ²
January 25 *(1)_____	Week 2: Mood Disorders: Part I (DSM p 155-188)	Alloy et al. 2020 (Wray) Beck & Bredemeir 2016 (Wray) Hames et al., (2013)*; Sudak et al., (2014)*
February 1 *(1)_____	Week 3: Mood Disorders: Part II (DSM p 123-154)	Johnson et al., (2013) (Wray) Alloy et al., (2015)*
February 8 *(1)_____	Week 4: Anxiety Disorders (DSM p 189-234)	Zinbarg et al., (2015) (Wray) Behar et al., (2009)*; Crask et al., (2014) *
February 15 *(1)_____	Week 5: Obsessive & Compulsive Related Disorders (DSM p 235-264)	Abromowitz & Siqueland (2015) (Wray) Abramowitz & Jacoby (2015) (Wray) Dozier & Ayers (2017)* Fang & Wilhelm (2015)*
February 22 *(1)_____ **Exam 1 distributed	Week 6: Trauma & Stressor Related Disorders (DSM p 265-290)	Zoellner et al., (2020) (Wray) McNally (2015) p.206-221 only (Wray) Foa & McLean (2016)*
March 1 *(1)_____ **Exam 1 due	Week 7: Eating Disorders (DSM p 329-354)	Culbert et al., (2015) (Wray) Steiger et al., (2015) (Wray) Cooper & Grave (2017)*
March 8	NO CLASS – SPRING BREAK	
March 15 *(1)_____	Week 8: Schizophrenia Spectrum Disorders (DSM p 87-122)	Azis et al. (2020) (Wray) Steel & Smith (2013) (Wray) Barber, (2012)* Birchwood & Meaden (2013)*
March 22 *(1)_____	Week 9: Substance Use Disorders Part I (DSM p 483-589)	Skewes & Gonzales (2012) (Wray) Berridge (2016)* Petry et al. (2018)*
March 29 *(1)_____	Week 10: Substance Use Disorders Part II	Slidrecht et al., (2019) (Wray) Shuckit (2006) (Wray) Hendershot et al., (2011)*; Moos (2011)*
April 5 *(1)_____	Week 11: Personality Disorders (DSM p 645-684)	Crego & Widiger (2020) (Wray) Crowell et al., (2009) (Wray) Raine et al (2018)*
April 12 *(1)_____	Week 12: Transdiagnostic Approaches	Dangleish et al., (2020) (Wray) Newby et al., (2015) (Wray) Hayes (2016)* Norcross et al., (2011)*
April 19 *(1)_____	Week 13: Multicultural Considerations	Bredstrom (2019) (Wray); Soto et al., (2018) (Wray) Torres et al., (2018)* O'Keefe.et al. (2018)*
April 26	Week 14: Clinical presentations	1 - 4 (30 min each): 1 _____; 2 _____ 3 _____; 4 _____
May 3 *Exam 2 distributed	Week 15: Clinical presentations	5 - 7 (30 min each): 5 _____; 6 _____; 7 _____
<i>Note.</i> Course schedule is subject to change. Students are responsible for changes announced in class.		

References

Week 1:

- Maddux et al., (2020). Conceptions of Psychopathology: A Social Constructionist Perspective. In S. J. E. Maddox and B. A. Winstead (Eds.). *Psychopathology: Foundations for a Contemporary Understanding* (pp. 3-18). New York, NY, US: Routledge/Taylor & Francis Group.
- 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. In S. C. Hayes, S. C. Hayes (Eds.). *The act in context: The canonical papers of Steven C. Hayes* (pp. 171-203). New York, NY, US: Routledge/Taylor & Francis Group.
- Kendler, K. S. (2012). Levels of explanation in psychiatric and substance use disorders: Implications for the development of an etiologically based nosology. *Molecular Psychiatry*, *17*, 11-21.
- Lehman, B. J., David, D. M., & Gruber, J. A. (2017). Rethinking the biopsychosocial model of health: Understanding health as a dynamic system. *Social and Personality Psychology Compass*, *11*, e12282.
- Lilienfeld, S. O., & Treadway, M. T. (2016). Clashing diagnostic approaches: DSM-ICD versus RDoC. *Annual Review of Clinical Psychology*, *12*, 435-463.
- Tranel et al., (2020). Psychopathology: A Neurobiological Perspective. In S. J. E. Maddox and B. A. Winstead (Eds.). *Psychopathology: Foundations for a Contemporary Understanding* (pp. 3-18). New York, NY, US: Routledge/Taylor & Francis Group.

Week 2:

- Alloy, L. B. et al., (2020). Depressive Disorders and Bipolar and Related Disorders. In S. J. E. Maddox and B. A. Winstead (Eds.). *Psychopathology: Foundations for a Contemporary Understanding* (pp. 201-246). New York, NY, US: Routledge/Taylor & Francis Group.
- Beck, A., & Bredemeier, K. (2016). A Unified Model of Depression: Integrating Clinical, Cognitive, Biological, and Evolutionary Perspectives. *Clinical Psychological Science* *4*, (4) 596–619.
- Hames, J. L., Hagan, C. R., & Joiner, T. E. (2013). Interpersonal processes in depression. *Annual Review of Clinical Psychology*, *9*, 355-377.
- Sudak, D. M., Majeed, M. H., & Youngman, B. (2014). Behavioral Activation: A Strategy to Enhance Treatment Response. *Journal of Psychiatric Practice*, *20*, 269-275.

Week 3:

Alloy, L. B., Nusslock, R., & Boland, E. M. (2015). The development and course of bipolar spectrum disorders: An integrated reward and circadian rhythm dysregulation model. *Annual Review of Clinical Psychology, 11*, 213-250.

Johnson, S. L., Applebaum, A. J., & Otto, M. W. (2013) Bipolar Disorder. In Castonguey & Oltmanns (Eds). *Psychopathology: From science to clinical practice*. (pp. 319-343.) New York: Guilford.

Week 4:

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*, 1011-1023

Craske, M.G., Treanor, M., Conway, C., Abozinek, T., Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behavior Research and Therapy, 58*, 10-23.

Zinbarg, R. E., Anand, D., Lee, J. K., Kendall, A. D., & Nunez, M. (2015). Generalized Anxiety Disorder, Panic Disorder, Social Anxiety Disorder, & Specific Phobias. In Blaney, P. H., Krueger, R. F., & Millon, T. (Eds.) , *The Oxford Textbook of Psychopathology Third Edition* (pp. 133-162). New York, NY, US: Routledge/Taylor & Francis Group.

Week 5:

Abramowitz, J. S., & Siqueland, M. R. (2015) Obsessive and Compulsive Disorder. In Castonguey & Oltmanns (Eds). *Psychopathology: From science to clinical practice*. (pp. 143-171.) New York: Guilford.

Abramowitz, J. S., & Jacoby, R. J. (2015). Obsessive-compulsive and related disorders: A critical review of the new diagnostic class. *Annual Review of Clinical Psychology, 11*, 165–186.

Dozier, M. E., & Ayers, C. R. (2017). The Etiology of Hoarding Disorder: A Review. *Psychopathology, 50*, 291–296.

Fang, A. & Wilhelm, S. (2015) Clinical Features, Cognitive Biases, and Treatment of Body Dysmorphic Disorder. *Annual Reviews of Clinical Psychology, 11*, 187-212.

Week 6:

Foa, E. B., & McLean, C. P. (2016). The efficacy of exposure therapy for anxiety-related disorders and its underlying mechanisms: The case of OCD and PTSD. *Annual Review of Clinical Psychology, 12*, 1–28.

McNally, R. J. (2015). Posttraumatic Stress Disorder and Dissociative Disorders. In Blaney, P. H., Krueger, R. F., & Millon, T. (Eds.), *The Oxford Textbook of Psychopathology Third Edition* (pp. 133-162). New York, NY, US: Routledge/Taylor & Francis Group.

Zoellner, L.A., Graham, B., & Bedard-Gilligan, M. A., (2020). Trauma and Stressor Related Disorders. In S. J. E. Maddox and B. A Winstead (Eds.). *Psychopathology: Foundations for a Contemporary Understanding* (pp. 173-200). New York, NY, US: Routledge/Taylor & Francis Group.

Week 7:

Cooper, Z., & Dalle Grave, R. (2017). Eating disorders: Transdiagnostic theory and treatment. In S. G. Hofmann & G. J. G. Asmundson (Eds.), *The science of cognitive behavioral therapy*. (pp. 337–357). Elsevier Academic Press.

Culbert, K. M., Racine, S. E., & Klump, K. L. (2015). Research review: What we have learned about the causes of eating disorders—A synthesis of sociocultural, psychological, and biological research. *Journal of Child Psychology and Psychiatry, 56*(11), 1141–1164.

Steiger, H., Coelho, J. S., Thaler, L., Van Den Eynde, F. (2015). Eating Disorders. In Blaney, P. H., Krueger, R. F., & Millon, T. (Eds.), *The Oxford Textbook of Psychopathology Third Edition* (pp. 133-162). New York, NY, US: Routledge/Taylor & Francis Group.

Week 8:

Azis, M. et al., (2020). Schizophrenia Spectrum and Other Psychotic Disorders. In S. J. E. Maddox and B. A Winstead (Eds.). *Psychopathology: Foundations for a Contemporary Understanding* (pp. 247-280). New York, NY, US: Routledge/Taylor & Francis Group.

Barber, M. E. (2012). Recovery as the new medical model for psychiatry. *Psychiatric Services, 63*, 277-279.

Birchwood, M., & Meaden, A. (2013). Cognitive therapy for reducing distress and harmful compliance with command hallucinations. In C. Steel (Ed.), *CBT for Schizophrenia: Evidence-based Interventions and Future Directions*. (pp. 13–34). Wiley Blackwell.

Steel C., & Smith, B. (2013). Cognitive Behavioral Therapy for Psychosis: An Introduction. In C. Steel (Ed.), *CBT for Schizophrenia: Evidence-based Interventions and Future Directions*. (pp. 1–12). Wiley Blackwell.

Week 9:

Berridge, K. C., & Robinson, T. E. (2016). Liking, wanting, and the incentive-sensitization theory of addiction. *American Psychologist*, *71*, 670–679.

Petry, N. M., Zajac, K., & Ginley, M. K. (2018). Behavioral Addictions as Mental Disorders: To Be or Not to Be. *Annual Reviews of Clinical Psychology*, *14*, 399-423.

Skewes, M. C., & Gonzalez, V. M. (2013). The biopsychosocial model of addiction. In P. M. Miller (Ed.), *Principles of addiction. Vol. 1. Comprehensive addictive behaviors and disorders* (pp. 61-70). San Diego, CA: Academic Press.

Week 10:

Hendershot, C. S., Witkiewitz, K., George, W., & Marlatt, G. A. (2011). Relapse prevention for addictive behaviors. *Substance Abuse Treatment, Prevention, And Policy*, *6*, 1-17.

Moos, R. H. (2011). Processes that promote recovery from addictive disorders. In J. F. Kelly & W. L. White (Eds.), *Addiction recovery management: Theory, research and practice*. (pp. 45–66).

Schuckit, M. A. (2006). Comorbidity between substance use disorders and psychiatric conditions. *Addiction*, *101*(Suppl 1), 76-88.

Sliedrecht, W., Waart, R., Witkiewitz, K., & Roozen, H. G. (2019). Alcohol use disorder relapse factors: A systematic review. *Psychiatric Research*, *278*, 97-115.

Week 11:

Crego, C. & Widiger, T. A. (2020). Personality Disorders. In S. J. E. Maddox and B. A. Winstead (Eds.). *Psychopathology: Foundations for a Contemporary Understanding* (pp. 281-304). New York, NY, US: Routledge/Taylor & Francis Group.

Crowell, S. E., Beauchaine, T. P., & Linehan, M. M. (2009). A biosocial developmental model of borderline personality: Elaborating and extending Linehan's theory. *Psychological Bulletin*, *135*, 495-510.

Raine, A. (2018). Antisocial Personality as a Neurodevelopmental Disorder. *Annual Review of Clinical Psychology*, *14*, 259–289.

Week 12:

Dalgleish, T., Black, M., Johnston, D., & Bevan, A. (2020). Transdiagnostic approaches to mental health problems: Current status and future directions. *Journal of Consulting and Clinical Psychology*, *88*(3), 179–195. <https://doi.org/10.1037/ccp0000482>

Hofmann, S. G., & Hayes, S. C. (2019). The Future of Intervention Science: Process-Based Therapy. *Clinical Psychological Science*, *7*(1), 37–50.

Newby, J. M., McKinnon, A., Kuyken, W., Gilbody, S., & Dalgleish, T. (2015). Systematic review and meta-analysis of transdiagnostic psychological treatments for anxiety and depressive disorders in adulthood. *Clinical Psychology Review, 40*, 91-110.

Norcross, J. C., Krebs, P. M., & Prochanska, J. O. (2011). Stages of change. *Journal of Clinical Psychology: In Session, 67*, 143-154.

Week 13:

Bredström, A. (2019). Culture and Context in Mental Health Diagnosing: Scrutinizing the DSM-5 Revision. *Journal of Medical Humanities, 40*, 347-363.

O'Keefe, V. M., Tucker, R. P., Cole, A. B., Hollingsworth, D. W., & Wingate, L. R. (2018). Understanding indigenous suicide through a theoretical lens: A review of general, culturally-based, and indigenous frameworks. *Transcultural psychiatry, 55*(6), 775-799.

Soto, A., et al., (2018). Cultural adaptations and therapist multicultural competence: Two meta - analytic reviews. *Journal of Clinical Psychology, 74*, 1907-1923.

Torres, S. A., Santiago, C. D., Walts, K. K., & Richards, M. H. (2018). Immigration Policy, Practices, and Procedures: The Impact on the Mental Health of Mexican and Central American Youth and Families. *American Psychologist*. Advanced Online Publication.