

COURSE APPROVAL DOCUMENT
Southeast Missouri State University

Department: Psychology

Course No. PD645

Title of Course: Mood and Anxiety Disorders

Date: August 1, 2015

Please check: X New
 Revision

I. Catalog Description (Credit Hours of Course): Mood and anxiety disorders are discussed in depth, including theoretical explanations. Clinical manifestations, differential diagnosis, and somatic and psychological treatments are emphasized. (3)

II. Co- or Prerequisite(s):

III. Purposes or Objectives of the Course (optional):

- 1) Students will understand the etiology of mood and anxiety disorders.
- 2) Students will understand clinical manifestations and differential diagnosis of mood and anxiety disorders.
- 3) Students will understand major treatment approaches for mood and anxiety disorders.

Add additional Objectives as needed

IV. Student Learning Outcomes (Minimum of 3):

- 1) The student will describe common signs and symptoms, differential diagnosis, prognosis, and complications of mood and anxiety disorders.
- 2) The student will describe how mood and anxiety disorders present in children, adults, and the elderly.
- 3) The student will describe neurobiological, genetic, psychological and environmental etiologies of mood and anxiety disorders.

Add additional SLOs as needed

V. Optional departmental/college requirements:

- A.
- B.

VI. Course Content or Outline (Indicate number of class hours per unit or section):

- A. See syllabus attached.
- B.
- C.

Please Attach copy of class syllabus and schedule as an example

Signature: _____
 Chair

Date: _____

Signature: _____
 Dean

Date: _____

**PONCE HEALTH SCIENCES UNIVERSITY
CLINICAL PSYCHOLOGY PSY.D. PROGRAM**

SYLLABUS

COURSE TITLE	Mood and Anxiety Disorders
CODING	PSY 645
CREDIT HOURS	3 credits
CONTACT HOURS	45
PREREQUISITE	PSY 541
PROFESSOR	Job Description: Psychopathology and Integration Practicum
TEACHING ASSISTANT	
OFFICE HOURS	
EMAIL ADDRESS	
SEMESTER	

COURSE DESCRIPTION

This course focuses on the different types of mood/affective disorders including depression, mania, anger and its multiple clinical and syndromal manifestations. It provides the student with an organized clinical frame of reference to diagnose and differentiate these conditions and the theoretical background necessary to understand its etiology and clinical course. Implications for psychodiagnosis and treatment will be explored. The major theories explaining depression and some of the other affective disorders will be introduced including Beck Cognitive Theory, Freud's conceptualization of mourning, attachment theories of depression, Learned Helplessness paradigm from Learning theories and others.

The role of anxiety in our lives will provide the foundation for the analysis of the more disturbing anxiety-related syndromes that frequently presents in clinical practice. Generalized Anxiety Disorder, Phobias, Panic Attacks, PTSD, Obsessive Compulsive Disorders, Somatoform disorder and other Anxiety-related syndromes will be explored throughout the course. Clinical manifestations, differential diagnosis and the somatic and psychological treatment approaches to these syndromes will be emphasized. The Neurophysiology of anxiety will be explored together with the somatic interventions utilized to control it.

GENERAL OBJECTIVES:

The student will develop a general understanding of mood and anxiety disorders with emphasis on etiology, clinical manifestation, diagnosis and main treatment approaches.

SPECIFIC OBJECTIVES

- I. Learn neurobiological, genetic, psychological and environmental etiologies of mood and anxiety disorders.
- II. Learn the epidemiology, clinical features, course and psychiatric comorbidity of mood and anxiety disorders.
- III. State the common signs and symptoms, differential diagnosis (including general medical and substance-induced disorders), prognosis and complications of mood and anxiety disorders.
- IV. Compare and contrast clinical features of mood and anxiety disorders in children, adults and the elderly.
- V. Discuss the identification and management of suicide risk in general medical settings.

REQUIREMENTS AND NORMS:

Attendance and participation in class discussions will be evaluated. Absence affects negatively group discussions since in many instances the course dynamics imply activities that require the presence of everyone. The professor will take 3 points for each absence. Excused absences is defined as an absence that involves an illness of self or close relative, events of nature, or life threatening situations. These must be justified in an affirmative manner through official documents.

Lack of punctuality also affects the dynamics of the group. Three delays are to be considered as one absence.

Readings of the assigned material are necessary and compulsory.

Assignments have to be handed on time to the professor according to the previously established date. A point deduction will be made from the final grade for each day of delay.

The professor will take into consideration the students participation in class and their level of involvement in group discussions.

Plagiarism (i.e. ..., using someone else's words or ideas without proper acknowledgement) is considered a violation of the Honor Code and APA Ethical Code.

An additional document will be discussed and signed in class regarding the Policy on Plagiarism.

COURSE OUTLINE

- I. Introduction of the course, presentation of the syllabus and discussion of objectives of the course.
Readings for next meeting:
Sadock & Sadock (2003). Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry. (Ninth Edition).

- II. History of affective disorders
 - A. Epidemiology
 - B. Etiology
 - C. Risk factors
 - D. Biological bases
 - E. Psychological theories
 - F. Psychosocial factorsReadings for next meeting:
Sadock & Sadock (2003). Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry. (Ninth Edition).

- III. Clinical features: Depressive episodes, Manic episodes
Readings for next meeting:
American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

- IV. Major Depressive Disorder, Dysthymic Disorder
(Epidemiology, clinical features, differential diagnosis, comorbidity, psychosocial aspects, course and prognosis).
Readings for next meeting:
American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

- V. Bipolar Disorder I and II, Cyclothymic Disorder
(Epidemiology, clinical features, differential diagnosis, comorbidity, psychosocial aspects, course and prognosis).
Readings for next meeting:
American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

- VI. Mood disorders due to a general medical condition. Substance induced mood disorder.
(Epidemiology, clinical features, differential diagnosis, comorbidity, psychosocial aspects, course and prognosis).
Readings for next meeting:
American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

- VII. History of anxiety disorders

- A. Epidemiology
- B. Etiology
- C. Risk factors
- D. Biological bases
- E. Psychological theories
- F. Psychosocial factors

Readings for next meeting:

Sadock & Sadock (2003). Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry. (Ninth Edition).

VIII. Normal Anxiety and pathological anxiety

Adaptive functions of Anxiety

Stress, conflict and anxiety

Readings for next meeting:

Sadock & Sadock (2003). Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry. (Ninth Edition).

IX. General Anxiety Disorder

- A. Psychological theories
- B. Behavioral theories
- C. Existential theories
- D. Biological theories

Readings for next meeting:

Sadock & Sadock (2003). Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry. (Ninth Edition).

X. Panic Disorder and Agoraphobia

- A. Epidemiology
- B. Etiology
- C. Genetic factors
- D. Psychosocial factors

Readings for next meeting:

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

XI. Specific Phobia, Social Phobia

- A. Epidemiology
- B. Etiology
- C. Genetic factors
- D. Psychosocial factors

Readings for next meeting:

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

XII. Obsessive Compulsive Disorder

- A. Epidemiology
- B. Etiology
- C. Genetic factors
- D. Psychosocial factors

Readings for next meeting:

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

XIII. Intervention models for treatment

- A. Psychosocial therapies
- B. Cognitive therapy
- C. Interpersonal therapy
- D. Behavior therapy

- E. Family Therapy
- F. Hospitalization

XIV. Psychopharmacology treatment. Case presentation and discussion.

XV. Final examination

STUDENT'S EVALUATION CRITERIA AND GRADING SYSTEM:

- 1. Midterm examination equivalent to 40% of grade
- 2. Final examination equivalent to 40% of grade
- 3. Class participation equivalent to 20% of grade

TEACHING STRATEGIES AND ACTIVITIES

- 1. Lectures
- 2. Audiovisual resources
- 3. Case discussion

RESOURCES

- 1. Audiovisual aids
- 2. Assigned readings from journals
- 3. Vignettes

OTHER IMPORTANT INFORMATION

Diversity Statement

Diversity relates to the acknowledgement of the human condition in all manifestations; its similarities and differences. Diversity seeks to understand different biopsychosocial experiences. It strives towards the human values of equality, respect, and acceptance, within a multicultural world whose boundaries have been overshadowed by technology and globalization. Diversity is the antithesis to oppression in all its manifestations (e.g. sexism, racism, exploitation) and to discrimination in any form, including discrimination due to sexual orientation, physical (dis) Abilities, socioeconomic status, worldviews, places of origin, cultural orientation, primary language, or to any other human characteristic, preference or state.

The notion of diversity is central to the study of human behavior. It requires the development of self-awareness of prejudiced attitudes. It includes understanding of differences in worldviews associated to the psycho-cultural and psycho-economic background of recipients of psychological services. Our training program promotes the awareness of subtle and “invisible” prejudice (e.g. homophobia) acquired during formative years.

Request for Reasonable Accommodations

Students in need of accommodation based on the impact of a disability should contact the professor privately to discuss the specific need. Students with documented disabilities should contact the Academic Deanship Office to coordinate reasonable accommodations.

Attendance Policy

After three absences for a 3 credit course, or 2 absences for a 2 credit course, the student will automatically be dropped from the class unless the professor recommends otherwise. The complete institutional attendance policy is included in the Appendix.

Honor Code Reminder

Any violation of the ethical dispositions of our institution or program will be automatically referred to the corresponding authorities. For the present course, plagiarism may lead to obtaining a grade of “0” on the plagiarized work and this would most probably lead to a failing grade in the course. Students found to violate this policy may be referred to the institutional Promotions Committee with a recommendation of dismissal from the program. The complete plagiarism policy is included in the Appendix.

Note

This syllabus is a guide and is subject to change according to circumstances that may arise during the semester. Students are responsible for all announced changes in the syllabus.

TEXTBOOK

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition Text Revised, Washington, DC: American Psychiatric Association.

Sadock & Sadock (2003). *Kaplan & Sadock's Synopsis of Psychiatry, Behavioral Sciences/Clinical Psychiatry*. (Ninth Edition).

BIBLIOGRAPHY

- Alden, L., & Taylor, C. (2004). Interpersonal processes in social phobia. *Clinical Psychology Review*, 24, 857-882.
- Bernal, G. y Bonilla, J. (2003). *La Depresión: Estudios Psicológicos en Puerto Rico y Cuba*. Publicaciones Puertorriqueñas: San Juan.
- Bonilla, J., Bernal, G., Santos, A., y Santos, D. (2004). A revised Spanish version of the Beck Depression Inventory: Psychometric properties with a Puerto Rican sample of college students. *Journal of Clinical Psychology*, 60, 119-130.
- McNally, R. (2003). Progress and controversy in the study of post traumatic stress disorder. *Annual Review of Psychology*, 54, 229-252.
- Santos, A., & Bernal, G. (2001). Stressful life events and depression symptoms in three Puerto Rican samples (In Spanish). *International Journal of Clinical and Health Psychology*, 1, 475-494.
- Santos, A., Bonilla, J., & Bernal, G. (2003). Stress and depressive symptomatology in Puerto Rican samples (In Spanish). In G. Bernal y J. Bonilla (Eds.), *La depresión: Estudios psicológicos en Puerto Rico y Cuba* (pp. 165-183). San Juan, Puerto Rico: Publicaciones Puertorriqueñas.

APPENDIX

INSTITUTIONAL ATTENDANCE POLICY

Attendance at lectures and laboratory exercises is mandatory unless excused because of illness or by previous authorization of the professor in charge of the course. Each department will decide the relative weight to be given to the attendance in calculating the final grade.

Attendance to clinical activities involving patients, patient models, and similar types of activities is considered part of the students' professional responsibility and is mandatory. Absence may be excused after the student consults with the respective department chairperson. Three unexcused absences may adversely affect the final grade for a course.

Incomplete work due to illness or other serious circumstances during the course will be handled according to departmental policies, which must be provided to the students in writing at the beginning of each term. Faculty are not obligated to repeat lecture/laboratory topics that were presented at scheduled times and dates.

PROGRAM POLICY ON ACADEMIC HONESTY AND PLAGIARISM

There are different ways in which a student may incur in one of the various forms of academic dishonesty. Lack of knowledge does not justify academic dishonesty as common sense usually helps to prevent potentially problematic situations. In case of doubt, the standards of academic honesty call for the student to ask the professor or advisor. The most frequent form of academic dishonesty is plagiarism. According to the Random House Webster's college Dictionary plagiarism is: 1. "the unauthorized use of the language and thoughts of another author and the representation of them as one's own. 2. something used and represented in this manner".

Our faculty recognizes that plagiarism in any of its forms and/or manifestation is a serious offense both in the academic and the professional world. Some of the acts that constitute plagiarism are:

- a. using words or thoughts of authors without giving due credit.
- b. presenting work done for one course to fulfill the requirements of another course (self-plagiarism).
- c. taking credit for phrases or ideas of other authors to produce a collage of ideas that have not been created by the student.
- d. not using quotation marks to identify the exact words of an author.
- e. taking information from Internet without citing the source.
- f. buying papers from the Internet or from other sources.
- g. Using another student's paper or clinical report to satisfy course requirements.

Each professor will evaluate alleged cases of academic dishonesty and will proceed to deal with each case according to institutional policies and procedures.