**Department of Psychology**

**USC** Dornsife College of Letters, Arts & Sciences

**PSYC 361: Introduction to Clinical Psychology**

**Units: 4**

**Fall 2022, T Th 10:00 am to 11:50 am, Taper Hall of Humanities 118**

**Gerald C. Davison, Ph. D., Professor of Psychology**

**Office Hours: Tuesdays, SGM-902,** 2:00 to 3:00 and by appointment

**Contact Info:** gdaviso@usc.edu

|  |
| --- |
|  |

**Course Description**

This course will provide an introduction to both the scientific and applied aspects of clinical psychology. A central focus will be on the dialectics of science and practice, that is, the dynamic interplay of the basic and the applied, the ways that scientific theorizing and research form the foundation for effective and responsible applied activities, and the ways that applied work provides material to be examined in a scientific fashion. We shall examine the principal paradigms in clinical psychology and allied professions such as psychiatry and social work; diagnosis and assessment; psychological intervention; ethical issues in research and practice; and emerging sub-disciplines such as health psychology and forensic psychology.

There are many career paths available to those with a doctoral degree in clinical psychology. Academic clinical psychology, the path I chose, is one such option. I will be able to tell students a great deal about this kind of career. I have worked as well in the more applied realm, and here too there are many opportunities I will discuss that are available to clinical psychologists.

There are important ethical and political implications in what clinical psychologists do – what they choose to research, what assessment and therapeutic procedures they develop and employ, and what goals they help their clients work towards. Throughout the course, social, political, philosophical, and ethical considerations will provide a broad context for our study.

One of the leitmotifs of the course will be the role of paradigms and personal biases in the conduct of scientific investigations and in clinical work such as psychological assessment and intervention. Increasingly mentioned in the popular press is the aphorism that if the only tool you have is a hammer, the more you tend to treat everything as if it were a nail. This folksy observation actually reflects some important thinking in a branch of philosophy called epistemology, the study of how we know what we know. If that sounds confusing, it will become less so as the semester unfolds.

My lectures, our class discussions, and the readings will complement and, I hope, enrich each other. ***I strongly advise against enrolling in this course unless you are prepared to keep up with the readings (about 6 hours a week outside of class), attend class faithfully, pay close attention in class, and study hard.*** ***I cannot emphasize this too much.*** Like other areas of psychology, clinical psychology is intellectually demanding, but being smart is not enough. You have to hunker down and take this course seriously. I can promise that you will come away from this course with a deep understanding of the field of clinical psychology, but this can happen only if you commit to it as much as I will. If you want to learn more about me, you can check my Wikipedia page at <http://en.wikipedia.org/wiki/Gerald_Davison>

**Learning Objectives**

Simply put, I hope students will learn what is going on in clinical psychology as an applied scientific enterprise; that they will come to understand the basics of psychological assessment and especially intervention; and that they will appreciate the broad social context for the past, present, and future of the field of clinical psychology.

**Prerequisite(s):** PSYC 100 or its equivalent, or permission of instructor.

**Recommended Preparation**

I will assume that students have not forgotten everything they learned in an introductory psychology course. However, especially motivated upper-level students who have not taken an introductory psychology course may enroll in this course after obtaining my approval.

**Some Comments on Trigger Warnings and the Emotional Content of the Course**

The very nature of this course entails consideration of the human condition that is usually not part of ordinary social discourse. In recent years the question has been raised about the need to provide “trigger warnings” before mentioning something that might be upsetting to some people. This issue has been a subject of sometimes heated debate in higher education circles, and I’m sure you have encountered the issue yourself. I have decided against consistently providing any such warnings in advance of discussing sensitive topics. I have several reasons for this. First, as just stated, the very subject matter of clinical psychology is impossible to engage seriously without dealing with emotionally laden issues. Furthermore, some of the students enrolling in this course are considering a career in mental health; I believe it would be a disservice particularly to such students to convey a tentativeness about addressing some challenging issues. In a friendly, supportive and respectful vein, I suggest that those who don’t feel capable of such study at this time are best served by not enrolling in this course; a career in mental health may not be right for them. Third, what little controlled research there is on the topic does not confirm the widely held belief that trigger warnings are advisable; they may either have little effect or even make things worse. If you’re interested, at the end of this syllabus is a report of such research from the Association for Psychological Science, a major professional organization of scientifically oriented psychologists like myself.

**Required Reading**

We will be reading the following textbook**: Bernstein, D.A., Teachman, B.A., Olatunji, B.O., & Lilienfeld, S. O. (2021). *Introduction to Clinical Psychology: Bridging Science and Practice. 9th edition.* Cambridge, UK: Cambridge University Press.**

**Lectures and Assigned Readings**

Before each class meeting I will be posting my Powerpoints on Blackboard so that you can have a good sense of what I’ll be talking about. What we discuss in class will relate to the readings, but ***by and large, my lectures will not entail a review of the textbook*.** To be sure, I will often refer to the readings during class, enough so that it will behoove you to have done the readings before the lecture – the approximate number of pages each week is indicated by brackets for your convenience; readings are lighter in the first third of the course -- and to have the textbook at hand during our class meetings. With some of the chapters, I will make specific comments and elaborations, emphasizing some sections that I believe are particularly important or controversial. But ***I strongly advise you not to adopt the mindset that I will be going over the textbook in class*.** A corollary of this well-intentioned caution is that, if you want to do well in the course or even just pass it, you should attend all the classes. The three non-cumulative probably multiple-choice examinations (more on exams below) will cover both the readings and the lectures, and it is very unlikely that a satisfactory grade can be earned without both attending class and doing the readings with care and focus.

**Examinations**

Each of the three examinations will cover about 1/3 of the course. In other words, the exams are not cumulative. The dates and times are indicated in the course schedule below. The lower score on your first and second exam will be dropped. The score on the final exam will count for everyone. Thus, the course grade will be calculated on the basis of two exams: Either of the first two exams plus the final exam. There won’t be make-up exams – if you have to miss an exam for medical reasons, the other two will constitute your grade for the course. There won’t be extra credit opportunities. Please do not request one. By not making the three exams cumulative and by dropping the lower score of the first two exam, I am creating the opportunity for all students to do well.

Please do not make any travel plans that interfere with your taking any of the exams. This applies especially to the final exam.

The course grade will be computed as follows:

Exam 1 or Exam 2: 50 points

Exam 3: 50 points

**Total: 100 points**

**Study Guide**

The authors of the textbook have created for instructors Powerpoint outlines of each chapter of the textbook. I find that these Powerpoints provide material that would be helpful to students, so I have obtained permission from the textbook authors and from the publisher to provide you with these chapter outlines. Along with my lecture Powerpoints, you will basically have a study guide.

**Grading**

I will be assigning grades according to a predetermined set of cut-offs about which I have consulted widely both within USC and outside of USC. The following cut-offs represent a strong consensus and is furthermore what I have myself used in the past:

A: 93-100%

A-: 90-92%

B+: 87-89%

B: 83-86%

B-:80-82

C+: 77-79%

C: 73-76%

C-: 70-72%

D+: 67-69%

D: 60-66%

F: 59 and below

What this means is that the performance of your fellow students will not affect your own grades. I hope that the resulting distribution of grades will be heavier on the upside than on the downside. This has been the case every time I have taught this course. It’s up to each of you.

**Course Schedule**

**Week 1. August 23, 25. Introduction and Overview; DSM-5 Mental Disorders**

Psychology Charts: DSM-5 List of Mental Disorders and DSM-5 Personality Disorders. For next week too. [These tables are in Content section of the Blackboard site for this course.]

**Week 2. August 30, September 1. Basics of Clinical Assessment and Diagnosis**

BTOL (Bernstein, Teachman, Olatunji, & Lilienfeld). Chapter 1, only case study pp. 1-2; Chapter 3. Basic Features of Clinical Assessment, Classification, and Diagnosis [39]

**Week 3. September 6, 8. Overview of Psychological Interventions**

BTOL. Chapter 6. Basic Features of Clinical Intervention [30]

**Week 4. September 13, 15. Paradigms of Psychological Interventions I**

BTOL, Chapter 8, Psychoanalytic, Psychodynamic, and Humanistic Psychotherapies [36]

#### <https://www.youtube.com/watch?v=yTHM2o3dvao> (6 mins)

#### <https://www.youtube.com/watch?v=oS_L8efaJ-E> (4 mins)

#### Fritz Perls at <https://www.youtube.com/watch?v=it0j6FIxIog> (< 1 hour)

Carl Rogers at <https://www.youtube.com/watch?v=ee1bU4XuUyg> (<1 hour)

**Week 5. September 20, 22. Paradigms of Psychological Interventions II**

BTOL, Chapter 9. Cognitive, Behavioral, and Acceptance -Based Therapies [37]

Albert Ellis at <https://www.youtube.com/watch?v=tcq4RMzSyng> (<1 hour)

Aaron T. Beck at [https://www.youtube.com/watch?v=orPPdMvaNGA&ab\_channel=BeckInstituteforCognitiveBehaviorTherapy](https://urldefense.com/v3/__https%3A/www.youtube.com/watch?v=orPPdMvaNGA&ab_channel=BeckInstituteforCognitiveBehaviorTherapy__;!!LIr3w8kk_Xxm!o9GCq5LAnRAvBSPHZcbRWuN1zonybcbSJWZX8Ezj4fatgINAmrDFEiPlqh8oTZYq-Saub-2dO5eNzLtKAQ$) (5 minutes)

**Week 6. September 27, 29. Paradigms continued; First Exam**

**First exam, Thursday, September 29, 10:00 am to 11:30 am, THH 118. Covers material through September 22, Paradigms of Psychological Interventions II.**

#### Week 7. October 4, 6

**~~February 22, 24~~**

~~T/P, Chapter 4. Research Methods in Clinical Psychology [33]~~

BTOL, Chapter 5. Testing in Clinical Psychology [43]

**Week 8. October 11 (October 13 is a recess day)**

BTOL, Chapter 4. Interviewing and Observation in Clinical Psychology [40]

#### Week 8

Dates-March 8, 10-T/P, Chapter 6. The Assessment Interview; and

Chapter 8. Personality Assessment [ 61]

#### Week 9

Dates-March 15, 17-SPRING RECESS. T/P, Chapter 7. The Assessment of Intelligence; and Chapter 9. Behavioral Assessment [46]

#### Week 7. October 4, 6. Psychological Testing

BTOL, Chapter 5. Testing in Clinical Psychology [43]

**Week 8. October 11. Interviewing and Behavioral Assessment (October 13 is a wellness day)**

BTOL, Chapter 4. Interviewing and Observation in Clinical Psychology [40]

**Week 9. October 18, 20. Youth and Older Adults**

BTOL, Chapter 11, Clinical Psychology for Youth and Older Adults [43]

**Week 10. October 25, 27. Continuation of Youth and Older Adults; Second Exam**

**Second exam, Thursday, October 27, 10:00 to 11:30 am, THH 118. Covers material through October 25, Clinical Psychology for Youth and Older Adults.**

**Week 11. November 1, 3. Group and Couples; Behavioral Medicine/Health Psychology**

BTOL, Chapter 10. Delivering Mental Health Services [26]

BTOL, Chapter 12. Clinical Psychology, Health, and Well-Being [23]

#### Week 12, November 8, 10. Clinical Neuropsychology

BTOL, Chapter 13. Clinical Neuropsychology [29]

#### Week 13, November 15, 17 Research on Clinical Interventions

BTOL, Chapter 7. Research on Clinical Interventions [30]

**Week 14. November 22.** **(no class November 25, Thanksgiving)**

BTOL, Chapter 14, Forensic Psychology [28]

**Week 15, November 29, December 1**

BTOL, Chapter 1. What is Clinical Psychology? [29]

BTOL, Chapter 2. Clinical Psychology’s Past, Present, and Future [32]

**FINAL EXAM: THURSDAY, DECEMBER 8, 9:00 TO 11:30 AM, THH 118. ;.,Covers material from November 1 through December 1.**

**Academic Conduct**

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences.  Other forms of academic dishonesty are equally unacceptable.

Discrimination, sexual assault, and harassment are not tolerated by the university.  You are encouraged to report any incidents to the *Office of Equity and Diversity* <http://equity.usc.edu/>. This is important for the safety of the whole USC community.  Another member of the university community – such as a friend, classmate, advisor, or faculty member – can help initiate the report, or can initiate the report on behalf of another person.  Problems that are not related to sexual assault or harassment can be reported to the Office of Conduct, Accountability, and Professionalism at <https://policy.usc.edu/conduct-violations/>.

## **Support Systems**

A number of USC’s schools provide support for students who need help with scholarly writing.  Check with your advisor or program staff to find out more.  Students whose primary language is not English can avail themselves of the services at the *American Language Institute* at[https: ali.usc.edu](http://dornsife.usc.edu/ali). ALI sponsors courses and workshops specifically for international students.  *The Office of Disability Services and Programs* provides certification for students with disabilities and helps arrange the relevant accommodations: https://dsp.usc.edu/

**--------------------------------------------------------------------------------------------------------------------------------**

**The Following News Release Contains Potentially Disturbing Content: Trigger Warnings Fail to Help and May Even Harm**

June 9, 2020

***Summary: New research suggests that trigger warnings have little or no benefit in cushioning the blow of potentially disturbing content and, in some cases, may make things worse.***

For some, traumatic events leave deep psychological scars that can resurface many years later as renewed emotional pain or unwanted memories. In an effort to spare survivors reminders of past trauma, some institutions and individuals provide so-called trigger warnings, alerts that an upcoming program or text may contain unsettling content. Recently, however, a growing body of research has called into question the effectiveness of trigger warnings.

A new study published in the journal *Clinical Psychological Science* shines additional light on this ongoing debate and finds that trigger warnings offer little to no help in avoiding painful memories and perhaps are even harmful for the survivors of past emotional trauma.

“Specifically, we found that trigger warnings did not help trauma survivors brace themselves to face potentially upsetting content,” said Payton Jones, a researcher at Harvard University and lead author on the study. “In some cases, they made things worse.”

Worryingly, the researchers discovered that trigger warnings seem to increase the extent to which people see trauma as central to their identity, which can worsen the impact of posttraumatic stress disorder (PTSD) in the long run.

In academic settings, a trigger warning is typically an alert given by a teacher or professor that upcoming content or course materials may be distressing to individuals who have experienced certain traumatic life events. Such warnings are intended to give students the opportunity to step outside of the lecture hall or to overlook certain passages in reading assignments. According to a 2016 survey conducted by National Public Radio, about half of professors said they have used a trigger warning in advance of introducing potentially difficult material.

“Over the past decade, there has been extensive debate on the appropriateness of trigger warnings, particularly in academic environments, where they have been accused of promoting censorship,” Jones said. “Other critics have suggested the trigger warnings may create an unrealistic bubble, free from negative thoughts, which would not prepare students for life beyond academia.”

Until recently, much of this debate was based on conjecture with little scientific research to back up claims either way.

To improve the body of research on this topic, Jones and his colleagues conducted a randomized experiment among two groups of people who had experienced a serious trauma in the past.

Both groups read a series of literature passages. One group received trigger warnings prior to distressing passages while the other did not. Participants rated their emotions after reading each passage and also completed a series of questionnaires at the end.

Overall, the researchers found little statistical differences in the reactions of both groups. Neither seemed to be spared the emotional impact of reading the text. Whether trigger warnings are explicitly harmful was less clear, though Jones and his colleagues did find evidence that trigger warnings increased the belief that their trauma is an essential part of a survivor’s life story, which research has shown is countertherapeutic.

“I was surprised that something so small—a few trigger warnings in a short experiment—could influence the way someone views their trauma,” noted Jones. “In our culture, I think we overemphasize how important trauma should be in a person’s life. Trigger warnings are one example of this.”

The debate about trigger warnings has raged over the past decade, yet until very recently there was no science or research to inform the practice. “Science is perhaps the most powerful tool we have available for finding the truth. Why did no one think to use it earlier?” Jones concluded.

---------------------------------------------------------------------------------------------

*Clinical Psychological Science* publishes advances in clinical science and provides a venue for cutting-edge research across a wide range of conceptual views, approaches, and topics. For a copy of this article, “Helping or Harming? The Effect of Trigger Warnings on Individuals With Trauma Histories,” and access to other research in Psychological Science, contact news@psychologicalscience.org. Jones, P. J., et al. (2020) Helping or Harming? The Effect of Trigger Warnings on Individuals With Trauma Histories. *Clinical Psychological Science*, <https://doi.org/10.1177/2167702620921341>

PSYC361 Fall 2022/Syllabus Final 8-6-22