

**SCHOOL OF PSYCHOLOGY**

**MSc Experimental Psychology**

**CLINICAL PSYCHOLOGY and MENTAL HEALTH**

**926C8**

**SPRING Term 2017**

**Module Convenor: Michael Morgan**

NOTE: This document concerns the structure and content of the module. If you have questions about procedures, please consult the School of Psychology Administration Office in Pev1 2A13 or email [psychology@sussex.ac.uk](mailto:psychology@sussex.ac.uk)

## MODULE INFORMATION & REQUIREMENTS

### Module Structure, Aims and Objectives

#### Contact Hours and Teaching Methods

18 Lectures 60 minutes

9 seminars 2 hours

#### Module Aims and Objectives:

The broad aim of this module is to provide an introduction to the main diagnostic categories of psychological disorders, the major theories of causation and approaches to treatment, and to encourage you to appreciate the links between theory and treatment of those disorders (from cognitive, behavioural and biological perspectives). Theory and treatment of anxiety, phobias, depression, schizophrenic and dementia, are discussed within a psychological framework.

#### Objectives:

By the end of the module, if you have attended the lectures, and covered the material provided in tutorials, you should have

- knowledge of the major diagnostic categories of psychological disorders, and the distinctions between them.
- an understanding of the major theories of causation of and current treatments for those disorders.
- through seminar work, an awareness of the relationship between theory and practice in clinical psychology.
- through seminar work, developed your critical evaluation of psychological studies, your ability to extract and summarise relevant material from original texts, and your oral presentation and essay writing skills.

**Summary of Module Content and Structure:** The lectures will introduce the student to the most common psychological disorders. In the introductory lecture we will consider the classification system used for mental illness, and the different approaches that people have used in studying mental illness. The lecture series will continue with a look at specific topics that include the most common psychological disorders: schizophrenia, anxiety disorders, stress-related disorders, addiction, depression, and dementia. Lectures will be delivered by: Michael Morgan, Renee Harvey, Adhip Rawal, Claire Lancaster, Samantha Cartwright-Hatton; Clara Strauss, Kathryn Greenwood and Mark Hayward. The seminars on this module will support assessed coursework, and are designed to increase the students' understanding, through evaluation of case histories and research publications, of mental health problems and their underlying causes. As a general framework, we will compare and contrast key theories of causation, namely, social, biomedical and cognitive models, and how these have influenced approaches to treatment. The seminars will be based on research issues - encouraging critical evaluation of research in relation to both treatments and major theories of causation. The workshops will be student-led and provide an opportunity to discuss seminar material or to watch documentary material on key topics.

## General Texts for the module

There are a large number of general textbooks available - some are held in the main Library. Classics include *Abnormal Psychology* by Rosenhan & Seligman (Norton, 3rd edition), *Abnormal Psychology* by Davison & Neale (Wiley, 8th edition), or Nolen-Hoeksema, S. *Abnormal Psychology* (Boston: McGraw-Hill). Graham Davey's new 2014 textbook *Psychopathology: Research, Assessment & Treatment in Clinical Psychology*, Wiley (Second Edition) is also an excellent alternative. All are good, rounded texts and all cover largely the same material. The Wiley series in Clinical Psychology has a number of interesting titles relevant to this module, and the published study guide by Andy Field, *Clinical Psychology* (Exeter: Crucial) is worth considering as a basic guide.

There is a reference copy in the main Library of the *Diagnostic and Statistical Manual of Mental Disorders*. The definitions used for categories of psychological disorders in this module are drawn from this major diagnostic text, adopted universally as an encyclopedia of psychological disorders. For each disorder, it provides specific and operational diagnostic criteria to guide practitioners and researchers. The assessment is based on a multidimensional system that considers the symptoms, psychosocial history and functional capabilities of the individual; it guides diagnosis, treatment and prognostic evaluation.

## Assessment

### Coursework

During the module you should complete ONE essay. The essay should be no longer than 2000 words and should be developed from the topics covered in your seminars. Note that the essay title MUST be agreed by the convenor BEFORE beginning work on the essay; titles should relate to material covered in the seminar on this topic. Reading should not be based exclusively on the seminar material - you should expect to use additional references to produce a satisfactory answer. The module convenor will mark the essay using criteria set out in the psychology MSc marking scheme. The coursework contribution from your essay is 15%. If you fail to submit an essay, you will forfeit 15% of the marks on this module.

Assessments deadlines and methods of submission can be found on your assessment timetable via Sussex Direct.

Information on the following can be found at the link below:

- Submitting your work
- Missing a deadline
- Late penalties
- Exceptional circumstances
- Exams
- Help with managing your studies and competing your work
- Assessment Criteria

<http://www.sussex.ac.uk/psychology/internal/students/examinationsandassessment>

### E-submission

From 2016/17, Masters and MRes students taking PG year modules will usually be asked to submit assessments electronically where assessments are text-based, for example, an essay. Your Sussex Direct - Assessment Deadlines & Exam Timetable will give all assessment details, including whether the assessment is to be submitted via e-submission through Sussex Direct or via a different method. Feedback for all e-submission assessments will also be provided electronically.

Please refer to the frequently asked questions available on the following webpage for further information:

<http://www.sussex.ac.uk/tel/submission/students/esubmission>  
<http://www.sussex.ac.uk/tel/submission/students/faqs>  
[www.sussex.ac.uk/adqe/standards/examsandassessment/esubmission](http://www.sussex.ac.uk/adqe/standards/examsandassessment/esubmission)

## **Examination**

The unseen examination contributes 85% of your final grade on this module. The examination paper is divided into two sections. The first section comprises multiple choice questions, which are drawn from the entire lecture series. You should attempt every question. The second section comprises essay questions from which you must select and answer two. Material covered in the lectures and seminars may be represented within the essay section. You should make time to look at the sample paper on the University of Sussex Direct web pages.

*Examination times, dates and locations are displayed on Sussex Direct. Rubrics are displayed on the notice board on the landing near the Psychology School Office.*

A variety of assessment modes are used to develop and test different types of knowledge, skills and aptitudes. The assessment modes have been approved to test the course and module learning outcomes. Written submissions usually form an integral part of assessment at all levels. Written submissions include essays, reports, logs etc as appropriate to the module and the skills that you are being expected to develop. Examinations usually focus more on your ability to use your knowledge of the subject, rather than simply testing your memory for facts. Feedback is provided to support you in future assessments.

Unseen examinations are typically used to assess your level of knowledge and/or understanding of the discipline without the support of textbooks, notes or internet resources, unless these have been specifically permitted by the examination rubric. For students registered with the Student Support Unit an alternative mode may be approved as a Reasonable adjustment with the Student Support Unit.

However, when, in accordance with the academic judgement of the School, where an unseen exam has been approved for a module to assess competence standards, learning outcomes and any accreditation requirements, an alternative mode may not be approved as a Reasonable Adjustment for a student registered with the Student Support Unit. If you have any concerns, please discuss these with the Student Support Unit, who will liaise with the school.

## **Attendance, Absence and Engagement**

You are expected to be 'in attendance' at the University for the full duration of the published term dates for your course of study. That means you should be regularly attending lectures, seminars, labs etc. and committing time to your studies to be in a position to comply with academic and administrative expectations.

The university has an 80% attendance policy in place, so it's really important that you let us know if you are ill or cannot attend classes so that we can register this as a notified absence.

If you are unable to attend your seminars or workshops, you need to send an email to [psychologyabsence@sussex.ac.uk](mailto:psychologyabsence@sussex.ac.uk) setting out the following information:

- Seminar(s) / workshop(s) that you will be absent from (list all of them)
- Tutor name
- Brief reason for absence

Please see the following link for further information:

<http://www.sussex.ac.uk/psychology/internal/students/attendance>

## Student Evaluation

The module convenor will create opportunities for you to provide feedback (online, on paper, and/or in person) on your experience of the module during the term. In addition, you will be asked to complete an online course evaluation questionnaire at the end of every term, and this will provide an opportunity for you to comment on each module as well as the course overall.

A number of changes in teaching practice have been influenced by student feedback. For example, the structure and content of seminars has been shaped by past responses to end of module questionnaires. Some adjustment in the balance of lectures given on the different key topics has been made in response to specific feedback.

We review and update the module content annually, and are keen to receive constructive feedback from any of you with views on the module content, organization, or structure, via the questionnaires, or from individual students during student feedback sessions.

## Module Contact Information

- **Convenor:** Dr Michael John Morgan, School of Psychology. You are welcome to direct queries concerning the module to Michael Morgan during his *student feedback sessions* (**Mondays, Thursdays, 1.00 - 2.00pm**), room 1C6 Pevensey 1, by phone (extn 7202) or by e-mail [m.j.morgan@sussex.ac.uk](mailto:m.j.morgan@sussex.ac.uk)

Students may use the student feedback sessions (without appointment) to discuss or ask about *anything* module-related

## Teaching and Learning

**Lectures** There will be two lectures per week for the first nine weeks of term; please see Sussex Direct for times and locations. To avoid disruption to the majority, please try to arrive at Least 5 minutes before the start time of the lecture. **All lecture power-points and handouts will be available on Sussex Direct for the date of the lecture.**

**Seminars**. You have a timetabled seminar slot for this module - see Sussex Direct. Seminars will last for two hours and there will be nine tutorials across the term. Please see the weekly schedule overleaf (page 7) for details. Please see your timetable in Sussex Direct for details of *when* and *where* your seminars will be held. **Please note that the tutor will keep a record of attendance.**

**Independent study**. Lectures, seminars and video presentations are there to support and guide your independent Learning. Not everything you will need or want to know will be covered in the lectures, seminars or suggested readings. You need to become familiar with the material you are guided towards, but you also need to learn to 'manipulate' that material: apply it to new domains, compare and contrast across topics, synthesize it, evaluate it, consider its relevance to issues of interest to you, supplement it, etc. This can only be done by being interested and working hard because you want to; independent study is study you engage in outside of formal contact hours with faculty - it does not have to be solitary, however, so think about setting up working groups with friends and other students on the module.

**As with other Sussex modules, lecture and seminar attendance is compulsory. Any information covered in them may be used in the examination.**

## Seminar Schedule

Week	Lecture Topics & dates	Lecturers (Jubilee LT)	Seminar Topics & tutors (Silverstone SB 317)
1	Issues in Classification, Diagnosis, and Research into Psychological Disorders Jan 31st  How are Psychological Disorders Treated? Feb 2nd	Samantha Cartwright-Hatton  Samantha Cartwright-Hatton	No seminar
2	Personality Disorders Feb 7th  Developmental Psychopathology Feb 9th	Renee Harvey  Bonamy Oliver	Defining Abnormality Feb 7 <sup>th</sup> Michael Morgan
3	Anxiety Disorders: Social Anxiety Feb 14th  Anxiety Disorders: Children Feb 16th	Samantha Cartwright-Hatton  Samantha Cartwright-Hatton	No seminar
4	Anxiety Disorders: OCD 1 Feb 21st  Anxiety Disorders: OCD 2 Feb 23rd	Clara Strauss  Clara Strauss	Anxiety Disorders: Social/Child Feb 21 <sup>st</sup> TBA
5	What is depression? Feb 28th  How does depression come about & how can we treat it? Mar 2nd	Adhip Rawal  Adhip Rawal	Anxiety Disorders: OCD Feb 28 <sup>th</sup> Tamara Leeuwerek
6	Addiction: Psychological Treatments Mar 7th Addiction: Pharmacological Treatments Mar 9th	Michael Morgan  Michael Morgan	Depression March 7 <sup>th</sup> Adhip Rawal
7	Dementia: Behaviour & Risk Factors Mar 14th  Dementia: Pathology Mar 16	Claire Lancaster  Claire Lancaster	Addiction March 14 <sup>th</sup> Michael Morgan
8	Dementia: Diagnosis & treatment Mar 21st  Schizophrenia: Diagnosis & Social Factors Mar 23rd	Rebecca Atkinson  Mark Hayward	Dementia March 21 <sup>st</sup> Rebecca Atkinson
9	Schizophrenia: Biological & Cognitive Factors Mar 28th  Schizophrenia: CBT as a treatment Mar 30th	Mark Hayward  Kathy Greenwood	Schizophrenia March 28 <sup>th</sup> TBA
10	No Lecture		No seminar
11	No Lecture		Discussion of Essay Plans April 26 <sup>th</sup> Michael Morgan
12	No Lecture		Preparing for the exam May 3 <sup>rd</sup> Michael Morgan Essay submission deadline

## Seminar: Week 2 Defining Abnormality

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**ALL STUDENTS please read the Seminar PAPER**

Posted on the STUDY DIRECT module website.

### Reading:

Davey GCL (2014) Psychopathology: Research, Assessment & Treatment in Clinical Psychology. Wiley. Second Edition. Chapter 2 pp 37-43.

Frances AJ & Widiger T (2012) Psychiatric diagnosis: Lessons from the DSM-IV past and cautions for the DSM-5 future. Annual Review of Clinical Psychology, 8, 109-130.



## Seminar: Week 4

### Anxiety Disorders: Social/Child

ALL STUDENTS please read the SEMINAR PAPER posted on the STUDY DIRECT module website

ADDITIONAL papers are online or in textbooks and journals in the Main Library. ADDITIONAL papers provide suggested readings for anyone writing the essay

#### Child anxiety

Core: Chapter Three (Childhood Disorders p68-78), from Field, M., & Cartwright-Hatton, S. (2015) Essential Abnormal and Clinical Psychology.

#### Additional:

- Silverman, W. & Field, A. (2011) *Anxiety Disorders in Children and Adolescents*. Every chapter in this book contains a review of a separate area of child anxiety by a world-leading expert. Read any chapters that interest you.
- There is very little published telling you 'what to do' with anxious children. But you may find the following interesting:

Cartwright-Hatton, S. (2010) *Timid to Tiger: A treatment manual for parenting the anxious child*.

Stallard, P. (2002) *Think Good Feel Good: A Cognitive Therapy Workbook for Children*.

#### Social anxiety

Core: Chapter Eight (Social Anxiety p199-218), from Field, M., & Cartwright-Hatton, S., (2015) Essential Abnormal and Clinical Psychology.

#### Additional

- NICE Guideline for the Treatment of Social Anxiety Disorder. <http://guidance.nice.org.uk/CG159>
- Clark, D. (2011) *Cognitive Therapy of Anxiety Disorders: Science and Practice*.
- Clark, D. M., & Wells, A. (1995). A Cognitive Model of Social Phobia. In R. G. Heimberg & M. R. Liebowitz (Eds.), *Social Phobia: Diagnosis, Assessment, and Treatment*. New York: The Guilford Press.
- Schultz, L. T., & Heimberg, R. G. (2008). Attentional focus in social anxiety disorder: Potential for interactive processes. *Clinical psychology review*, 28(7), 1206-1221.
- Brozovich, F., & Heimberg, R. G. (2008). An analysis of post-event processing in social anxiety disorder. *Clinical Psychology Review*, 28(6), 891-903.
- "Quiet". Susan Cain.

#### The big issues

Core: Chapter One (The Big Issues), from Field, M., & Cartwright-Hatton, S., (2015) Essential Abnormal and Clinical Psychology.

Additional:

Simmons, J. P., Nelson, L. D., & Simonsohn, U. (2011). False-positive psychology: Undisclosed flexibility in data collection and analysis allows presenting anything as significant. *Psychological Science*, 22(11): 1359–1366. (A very entertaining read that illustrates how easy it is to produce flawed research that appears to be ‘true’, and some of the things you should look out for in order to judge the quality of research.)

[www.theguardian.com/commentisfree/2012/feb/10/diagnostic-manual-mental-illness](http://www.theguardian.com/commentisfree/2012/feb/10/diagnostic-manual-mental-illness) (Richard Bentall and Nick Craddock debate the value of a diagnostic approach to psychological disorders, with a focus on *DSM-5*.)

[www.thementalelf.net/](http://www.thementalelf.net/) (This website provides very useful summaries of mental health research, including studies of treatments for psychological disorders. The summaries are brief and appropriately critical, and are a good way to ‘dip into’ a topic before you turn to look at articles published in scientific journals.)

## Treatment

Core: Field and Cartwright-Hatton: *Essential Abnormal and Clinical Psychology*. Chapter Two – How are Psychological Disorders Treated?

## Additional

*Code of Ethics and Conduct*. (2009 (August)). British Psychological Society. Important reading for anyone considering a career as a psychologist.

Wilson, P., Rush, R., Hussey, S., Puckering, C., Sim, F., Allely, C., et al. (2012). How evidence-based is an 'evidence-based parenting program'? A PRISMA systematic review and meta-analysis of Triple P. *BMC Medicine*, 10(1), 130. This is a systematic review of the research published about the Triple P Parenting Programme. This is a very critical paper, and highlights the many difficulties of doing research on psychological interventions.

Bennett-Levy, J., Richards, D., Farrand, P., Christensen, H., Griffiths, K., Kavanagh, D. Williams, C. (2010). *Oxford Guide to Low Intensity CBT Interventions*. Oxford: Oxford University Press. This book will give you an idea to how basic CBT works, in the reality of the NHS.

## Seminar: Week 5 Anxiety Disorders (OCD)

**ALL STUDENTS please read the Seminar PAPER**

posted on the STUDY DIRECT module website.

ADDITIONAL papers are online or in textbooks and journals in the Main Library. ADDITIONAL papers provide suggested readings for anyone writing their essay on this topic

### **Seminar READING:**

- Clark, D. a. (2005). Focus on “cognition” in cognitive behavior therapy for OCD: is it really necessary? *Cognitive Behaviour Therapy*, 34(3), 131-9.  
<https://doi.org/10.1080/16506070510041194>

### **Suggestions for Seminar discussion:**

1. How do cognitive and behavioural theories of OCD help to explain the condition? What are the limitations, if any, with cognitive and behavioural theories of OCD in explaining all aspects of the condition?
2. Critically review empirical evidence supporting and not supporting cognitive and behavioural theories of OCD. What are the gaps in the empirical literature in relation to these theories?
3. Why do so many people with OCD fail to benefit from cognitive behaviour therapy? How might theory help us to improve clinical outcomes?

### **Additional Reading**

- Abramowitz, J. S. (2006). The Psychological Treatment of Obsessive-Compulsive Disorder. *Canadian Journal of Psychiatry*, 51, 407-416.
- Craske, M. G., Kircanski, K., Zelikowsky, M., Mystkowski, J., Chowdhury, N., & Baker, A. (2008). Optimizing inhibitory learning during exposure therapy. *Behaviour Research and Therapy*, 46, 5-27. <https://doi.org/10.1016/j.brat.2007.10.003>
- Craske, M. G., Treanor, M., Conway, C. C., Zbozinek, T., & Vervliet, B. (2014). Maximizing exposure therapy: An inhibitory learning approach. *Behaviour Research and Therapy*, 58, 10-23. <https://doi.org/10.1016/j.brat.2014.04.006>
- Obsessive Compulsive Cognitions Working Group. (2005). Psychometric validation of the obsessive belief questionnaire and interpretation of intrusions inventory—Part 2: Factor analyses and testing of a brief version. *Behaviour Research and Therapy*, 43(11), 1527-1542. <https://doi.org/10.1016/j.brat.2004.07.010>

- Öst, L.-G., Havnen, A., Hansen, B., & Kvale, G. (2015). Cognitive behavioral treatments of obsessive-compulsive disorder. A systematic review and meta-analysis of studies published 1993-2014. *Clinical Psychology Review*, 40, 156-169. <https://doi.org/10.1016/j.cpr.2015.06.003>
- Salkovskis, P. M. (1999). Understanding and treating obsessive—compulsive disorder. *Behaviour Research and Therapy*, 37, S29-S52. [https://doi.org/10.1016/S0005-7967\(99\)00049-2](https://doi.org/10.1016/S0005-7967(99)00049-2)
- Whittal, M. L., Robichaud, M., Thordarson, D. S., & McLean, P. D. (2008). Group and individual treatment of obsessive-compulsive disorder using cognitive therapy and exposure plus response prevention: a 2-year follow-up of two randomized trials. *Journal of Consulting and Clinical Psychology*, 76(6), 1003-14. <https://doi.org/10.1037/a0013076>

## Seminar: Week 6 Depression

ALL STUDENTS please read the SEMINAR PAPER

posted on the STUDY DIRECT module website

ADDITIONAL papers are online or in textbooks and journals in the Main Library.  
ADDITIONAL papers provide suggested readings for anyone writing their essay on this topic

Seminar READING: Teasdale (1999). Emotional processing, three modes of mind and the prevention of relapse in depression. *Behaviour Research and Therapy*, 37, S53-S77.

Suggestions for Seminar discussion:

- What is effective and ineffective emotional processing according to this framework and how does it relate to depression?
- What are the therapeutic implications of this paper?

### ADDITIONAL READING

- Teasdale et al (1995). How does cognitive therapy prevent depressive relapse and why should attentional control (mindfulness) training help? *Behaviour Research & Therapy*, 33, 25-39.
- Ma & Teasdale (2004). Mindfulness-based Cognitive Therapy for depression: Replication and exploration of differential relapse prevention effects. *Journal of Consulting and Clinical Psychology*, 72, 31-40.
- Segal et al (2006). Cognitive reactivity to sad mood provocation and the prediction of depressive relapse. *Archives of General Psychiatry*, 63, 749-755.
- Farb et al (2010). Minding one's emotions: Mindfulness training alters the neural expression of sadness. *Emotion*, 10, 25-33.
- Feldman et al. (2009). Change in emotional processing during a dialectical behavior therapy-based skills group for major depressive disorder. *Behaviour Research & Therapy*, 47, 316-321.
- Reck et al. (2004). Interactive regulation of affect in postpartum depressed mothers and their infants: An overview. *Psychopathology*, 37, 272-280.

Guide questions to consider in preparing this topic for an exam/essay:

- In what ways has psychological theory and/or research added to our understanding and treatment of depression?

## Seminar: Week 7 Addiction

**ALL STUDENTS** please read the **SEMINAR PAPER**

posted on the STUDY DIRECT module website

ADDITIONAL papers are online or in textbooks and journals in the Main Library. ADDITIONAL papers provide suggested readings for anyone writing the essay

**Seminar READING: Carroll, KM & Rounsaville BJ (2007) A Perfect Platform: Combining Contingency Management with Medications for Drug Abuse. Am J Drug Alcohol Abuse 33(3); 343-365.**

**Suggestions for Seminar discussion:**

- What are the important research questions in this area?
- How does this paper evaluate theoretical developments in this area?
- Is it limited in theoretical outlook?
- How might alternative models argue and alternative perspective to this paper?

### **ADDITIONAL READING**

- Carroll, KM & Onken, LS (2005) Behavioral Therapies for Drug Abuse. Am J Psychiatry 162;1452-1460
- Gossop M, Marsden J, Stewart D, Kidd T (2003) The National Treatment Outcome Research Study (NTORS): 4-5 year follow-up results. Addiction 98: 291-303.
- Waldron HB, Kaminer Y (2004) On the learning curve: the emerging evidence supporting cognitive-behavioral therapies for adolescent substance abuse. Addiction 99 Sup 2:93-105.
- Hyman, S (2005) Addiction: a disease of Learning and memory. Am J Psychiatry, 162; 1414-1422
- Volkow et al (2002), role of dopamine in drug reinforcement and addiction in humans: results from imaging studies. Behavioural pharmacology 13: 355-366
- Altman, J, Everitt, BJ, Glautier, S, Markou, A, Nutt, D, Oretti, R, Phillips, GD & Robbins, TW (1996). The biological, social and clinical bases of drug-addiction - commentary and debate. Psychopharmacology, 125, 285-345

**GUIDE Questions for preparing this topic for an exam/essay:**

- Are psychological interventions alone likely to be sufficient for treating addiction?

## Seminar: Week 8 Dementia

**ALL STUDENTS please read the SEMINAR PAPER**

posted on the STUDY DIRECT module website

ADDITIONAL papers are onLine or in textbooks and journals in the Main Library. ADDITIONAL papers provide suggested readings for anyone writing the essay

**SEMINAR READING:** O'Brien & Burns (2011) Clinical Practice with anti-dementia drugs: a revised (second) consensus statement from the BAP. J Psychopharm, 25, 997-1019

### Suggestions for Seminar discussion:

- What options are available to treat dementia?
- What would be a measure of efficacy of treatment?
- How useful are the findings from mouse models for clinical practice?
- How does the paper extend your knowledge of dementia?
- What approaches exist to 'treat' cognitive deficits?

### **ADDITIONAL READING**

- Banerjee, S (2010) Living well with dementia - development of the national dementia strategy for England. Int. J. Geriatric Psychiatry, 25, 917-922
- Clare, L & Woods, R (2004) Cognitive training and cognitive rehabilitation for people with early-stage Alzheimer's disease: a review. Neuropsychol Rehabilitation, 14, 385-401
- Cummings JL et al (2008) Behavioural effects of current Alzheimer's disease treatments: a descriptive review. Alzheimer's and Dementia, 4, 49-60
- Zahs, KR & Ashe, KH (2010) 'Too much good news' - are Alzheimer mouse models trying to tell us how to prevent, not cure, Alzheimer's disease? Trends in Neurosciences 33 381-389
- Szekely, CA et al (2007) Prevention of Alzheimer's disease. Int Rev Psychiatry, 19, 693-706
- Jack et al (2010) Hypothetical model of dynamic biomarkers of the Alzheimer's pathological cascade. Neurology, 12, 119-125

**Guide questions to consider in preparing this topic for an exam/essay:**

- What constitutes 'effective' treatment for dementia?
- How far can disorders like dementia be 'treated' with psychological therapies?
- Do psychological treatments change the underlying biology?
- What treatment approach would you invest in, were you in charge of a research budget?



## Seminar: Week 9 Schizophrenia

**ALL STUDENTS please read the SEMINAR PAPER**

posted on the STUDY DIRECT module website

ADDITIONAL papers are onLine or in textbooks and journals in the Main Library. ADDITIONAL papers provide suggested readings for anyone writing the essay

**SEMINAR READING: Wykes T, Steel C, Everitt B, et al. (2008) Cognitive behavior therapy for schizophrenia: Effect sizes, clinical models, and methodological rigor. Schizophr bulletin, 34 523-537**

**Suggestions for Seminar discussion:**

- What are the questions that this paper is asking?
- What are the methods used to evaluate the questions?
- Are their conclusions soundly based on their results?
- How can evidence for the efficacy of CBT in schizophrenia be reconciled with the evidence of a biological basis for schizophrenia?

### **ADDITIONAL READING**

- Cooke, Michael A.; Peters, Emmanuelle R.; Greenwood, Kathryn E.; et al (2007). Insight in psychosis: influence of cognitive ability and self-esteem Br J of Psychiatry, 191, 234-237
- Stone JM, Raffin M, Morrison P, et al. (2010) The biological basis of antipsychotic response in schizophrenia. Journal of psychopharmacology, 24 953-964
- Tarrier, N., Wykes, T. (2004). Is there evidence that Cognitive Behaviour Therapy is an effective treatment for schizophrenia? A cautious or cautionary tale? Behaviour Research and Therapy, 42, 1377-1401.
- Walker, E., Kestler, L., Bollini, A., Hochman, K. M. (2003). Schizophrenia: etiology and module. Annual Review of psychology, 55, 401-430.

Guide questions to consider when preparing this topic for essay/exam:

- What do we know about the balance of biological and psychological factors in schizophrenia?
- How far can disorders like schizophrenia be 'treated' with psychological therapies?
- Do psychological treatments change the underlying biology?

**Seminar: Week 11  
Discussion of  
Essay Plans**

Please bring along your essay plans to discuss

**Seminar: Week 12  
Preparing for the Exam**