

PREFACE

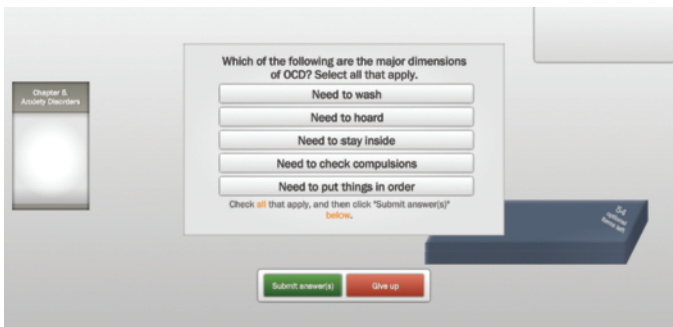


McGraw-Hill Connect Abnormal Psychology

Abnormal Psychology is available to instructors and students in traditional print format as well as online within McGraw-Hill's Connect **Abnormal Psychology**, an integrated assignment and assessment platform. Connect **Abnormal Psychology's** online tools make managing assignments easier for instructors—and make learning and studying more motivating and efficient for students.

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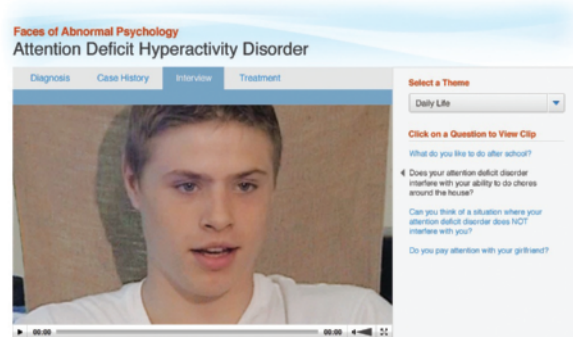
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New *Faces: Interactive*

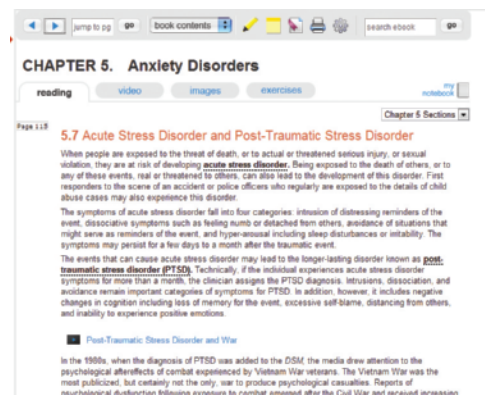
Faces: Interactive is a unique digital learning environment, now available exclusively through Connect, which has been significantly updated as an assignable and assessable database to provide students with an opportunity to observe real patients through a series of case studies on 12 different psychological disorders. The disorders include Attention-Deficit/Hyperactivity Disorder, Bipolar Disorder, Borderline Personality Disorder, Bulimia Nervosa, Dysthymic Disorder, Major Depression, Obsessive-Compulsive Disorder, Panic Disorder with Agoraphobia, Paranoid Schizophrenia, Post-Traumatic Stress Disorder,

Tourette's Syndrome, and Substance Abuse. Each case study takes students through four stages of a patient's experience: diagnosis, case history, interview, and treatment. Students are able to explore the diagnostic processes, improve their understanding of clinical practice, and gain experience documenting their findings in a case study report project. After using *Faces: Interactive*, students will have a wealth of information about, and a humanistic outlook on, these disorders. These modules are available <http://via/> in



Integrated eBook

A fully loaded eBook allows students to review **Abnormal Psychology** anytime and anywhere. They can highlight, take notes, and quickly search for key terms and phrases.



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Instructors can easily deliver assignments and tests online, and students can practice skills that fulfill learning objectives at their own pace and on their own schedule.

Real-time Reports

These printable, exportable reports show how well each student (or section) is performing on each course segment. Instructors can use this feature to spot problem areas before they crop up on an exam.

Accessible Storytelling Approach and Empirically Supported Research

The seventh edition of *Abnormal Psychology* focuses on providing an accurate, understandable, concise, and up-to-date view of this rapidly evolving field. In particular, we have taken a thorough look at the literature and synthesized the information to provide the most relevant theories and research for you to study. We have added new features to give you an appreciation for the ethical issues that confront mental health professionals and the current controversies in the field around changes in the diagnostic system. “**You Be the Judge**” presents you with controversial ethical questions specific to the content of the chapter. “**Towards the DSM-5**” boxes summarize the most recent DSM-5 proposed revisions. We have also revised each chapter based on

principles of what is called “evidence-based treatment.” These features will give you a contemporary view of the field as it is now and will also provide you with a solid basis for understanding how this ever-changing field continues to progress.

In writing the seventh edition, we have significantly sharpened the focus of each chapter to provide you with as vibrant a picture as possible of this remarkable field in psychology. If you’ve seen a previous edition, you will notice a distinct change that, while still focused on “talking to the student,” does so in a way that reflects the learning style of today’s students. We realize that students take many credit hours and that each course (particularly in psychology) seems to be getting increasingly demanding. Therefore, we want you to be able to grasp the material in the least amount of time, but with similar depth as students found in our previous editions.

You Be the Judge

Prescribing Psychiatric Medications to Children

Research on human participants of any age requires that investigators adhere strictly to the APA Ethical Guidelines. In the case of children, however, the issues shift considerably given that they are “vulnerable populations.” This means that they may be at increased risk for abuse and exploitation. Consequently, for decades, researchers avoided conducting studies to test the efficacy of psychotherapeutic medications on children to avoid exposing them to unnecessary harm during research trials. With no conclusive data about effectiveness, safety, and pharmacological action on which to base treatment recommendations, psychiatrists treated their pediatric patients using so-called “off-label” prescriptions which had not received U.S. Food and Drug Administration (FDA) approval.

The practice of prescribing these off-label medications for disorders is widespread in the U.S., but because of the problems of conducting research on children, these prescriptions are often targeted toward this population. The FDA has no authority to regulate the way in which physicians practice medicine, so they must make their own decisions about whether or not to prescribe an off-label medication to a child. In the process, physicians must balance the potential benefits with the risks of the medication. With few studies of the safety and efficacy of the medications, physicians must rely on their own experience (Spette & Arnold, 2007).

Children may therefore be at greater risk of side effects than other populations about whom extensive data exists. The situation was brought to light in a dramatic manner in 2003 when the FDA received reports showing an association between SSRI use in adolescents and a heightened risk of self-harm and suicidal thoughts. By 2007, these medications received “black box” warnings from the FDA that applied not only to children and adolescents, but also to young adults. Because the FDA did not have extensive data on the use of these medications for young people, they used the information they had at their disposal to make this ruling. There is now considerably more information about these medications present, suggesting that antidepressants may, in fact, reduce suicide risks in this population, a risk that decreases steadily with length of treatment (Dudley, Goldney, & Hadzi-Pavlovic, 2010).

Q: *You be the judge:* Should researchers conduct more research on psychopharmacological treatments on children? Do the risks of side effects that may occur during this research justify these investigations? Furthermore, if researchers discover that a medication has harmful side effects, how should prescribing health professionals weigh these against possible benefits?

Toward the DSM-5: Schizophrenia Dimensions

The DSM-5 authors are suggesting a major change in their approach to diagnosing schizophrenia. As we mentioned at the beginning of the chapter, it is likely that they will eliminate the types of schizophrenia. Instead, clinicians will assign a diagnosis of schizophrenia to which they will add a rating of the individual’s symptoms along a set of dimensions, as Table 9.3 shows.

Using this system, then, clinicians will rate each individual whom they diagnose with schizophrenia on each dimension. A rating of two or higher will be sufficient to determine that the individual fits a Criterion A diagnostic indicator. Clinicians will base their ratings on the individual’s behavior within the past month. As of now, the diagnostic criteria for schizophrenia will not change other than to remove the stipulation that a client needs only one symptom from Category A if the delusions are bizarre or hallucinations consist of a voice keeping up a running commentary or two or more voices talking with each other.

By eliminating the subtypes of schizophrenia, the DSM-5 authors are hoping to improve both the diagnostic reliability and validity of the system, but also allow researchers and clinicians to have a more quantifiable basis for research on the disorder’s causes as well as for treatment planning. For example, a clinician evaluating the results of cognitive behavioral therapy could use the ratings of hallucination and delusion severity to determine whether the intervention is reducing the specific symptoms toward which they are targeting treatment.

The DSM-5 authors also decided to include cognitive impairment as a dimension, given the importance of cognitive deficits in current understandings of the individual’s ability to carry out social and occupational activities and to carry out the tasks involved in everyday living. Recognizing the importance of cognitive symptoms as central to the disorder, the DSM-5 authors are considering whether or not to require that clinicians conduct a neuropsychological assessment as part of the diagnostic process (Reichenberg, 2010).

The DSM-5 authors also plan to include ratings of depression and mania for all psychotic disorders. Schizoaffective disorder as a separate entity will most likely eventually disappear as a diagnosis, because evidence continues to accumulate showing that it should not be a separate category.

Although not there yet, the DSM-5 authors believe that clinicians will eventually diagnose schizophrenia as a “spectrum” disorder. This would mean, potentially, that even diagnoses long in use in psychiatry would disappear, including schizophreniform disorder, schizoaffective disorder, and the two personality disorders associated with schizophrenic-like symptoms. As we mentioned in the chapter, the DSM-5 authors will almost certainly decide to diagnose catatonia not as a type of schizophrenia, but as an associated condition with other psychiatric disorders and/or general medical conditions. They also will be eliminating shared psychotic disorder in the interests of reducing the number of different disorders within the overall category.

If carried out, these changes in the DSM-5 will represent a hybrid between the old categorization system and the newer, dimensional approach. By including severity ratings rather than subtypes, they are making it possible for clinicians and researchers to track individuals over time in a quantifiable fashion.

How Will You Study “Abnormal” Human Behavior?

The field of abnormal psychology covers the full spectrum of human behavior throughout the life span. From infancy through later adulthood, the process of development propels us through a vast range of experiences. Some of these experiences, invariably, include encounters with distressing emotions, behaviors, inner experiences, and interactions with other people. There is no sharp dividing line between “normal” and “abnormal,” as you will learn in this book, nor do people spend their entire lives in one or the other of these realms.

Abnormal psychology is particularly fascinating because it reflects so many possible variations in human behavior, particularly as these evolve over time in an individual’s life. Learning about abnormal psychology can be a goal for you in and of itself, but you more than likely will find yourself drawn to its practical applications as a basis for learning how to help others. Whether or not you decide to enter a helping profession, however, you will find knowledge of this field useful in whatever profession you decide to pursue as well as your everyday life.

Clinical Perspectives on Psychological Disorders

The subtitle of this seventh edition, *Clinical Perspectives on Psychological Disorders*, reflects the emphasis in each of the prior editions on the experience of clients and clinicians in their efforts to facilitate each individual’s maximum functioning. We present an actual case study at the beginning of each chapter that typifies the disorders in that chapter. At the end of the chapter, we return to the case study with the outcome of a prescribed treatment on the basis of the best available evidence. Throughout the chapter, we translate the symptoms of each disorder into terms that capture the core essence of the disorder. Our philosophy is that students should be able to appreciate the fundamental nature of each disorder without necessarily having to memorize diagnostic criteria. In that way, students can gain a basic understanding that will serve them well regardless of their ultimate professional goals.

The Biopsychosocial Approach

An understanding of psychological disorders requires an integrative approach, particularly as researchers begin to understand increasingly the connections among the multiple dimensions that influence people throughout life.

We are adopting the *biopsychosocial* approach—incorporating biological, psychological, and sociocultural contributions to psychological disorders. Neuroscience research is increasingly becoming relevant to the understanding of psychopathology, but at the same time, so are issues related to social context including diversity of social class, race, and ethnicity. These factors combine in complex ways, and throughout the book, we explain how they apply to particular psychological disorders.

The Life-Span Approach

Individuals grow and change throughout life, and we feel that it is essential to capture the developmental dimension in helping students understand the evolution of psychological disorders over time. Therefore, we have incorporated research and theories that provide relevant understandings of how the disorders that we cover emerge and modulate from childhood through adulthood. We also emphasize the interactive and reciprocal effects of “nature” (genetics) and “nurture” (the environment) as contributors to psychological disorders.

The Human Experience of Psychological Disorders

Above all, the study of abnormal psychology is the study of profoundly human experiences. To this end, we have developed a biographical feature entitled “**Real Stories.**” You will read narratives from the actual experiences of celebrities, sports figures, politicians, authors, musicians and artists ranging from Beethoven to Herschel Walker. Each Real Story is written to provide insight into the particular disorder covered within the chapter. By reading these fascinating biographical pieces, you will come away with a more in-depth personal perspective to use in understanding the nature of the disorder.

The Scientist-Practitioner Framework

We have developed this text using a scientist-practitioner framework. In other words, you will read about research informed by clinical practice. We present research on theories and treatments for each of the disorders based on the principles of “evidence-based practice.” This means that the approaches that we describe are tested through extensive research informed by clinical practice. Many researchers in the field of abnormal psychology also treat clients in their own private offices, hospitals, or group practices. As a result, they approach their work in the lab with the knowledge that their findings can ultimately provide real help to real people.

Chapter-by-Chapter Changes

One major change you will notice is in the order of authors. After many years of teaching, research, and writing, the new first author (Professor Whitbourne) is bringing her classroom style into the writing of this text. Professor Whitbourne also writes a popular *Psychology Today* blog called “Fulfillment at Any Age,” and she has adapted the material in the previous editions to reflect the empirically informed but accessible reading style that has contributed to the success of this blog.

In addition, we added a research assistant to the team who brings a more youthful and contemporary perspective to particular features within the text. An advanced clinical psychology graduate student at American University at the time of this writing, Jennifer O’Brien wrote the “Real Story” features and the case studies that begin and end each chapter. Changing any identifiable details, she brought her work into these cases from her practicums at a college counseling center, a Veterans Administration Hospital, a judicial court system, and a women’s therapy clinic. In addition to her outstanding academic credentials, Jennifer happens to be Professor Whitbourne’s younger daughter. She is a member of Psi Chi, APAGS (the APA Graduate Student association), and the recipient of an outstanding undergraduate teaching assistant award. Her dissertation research, on the therapeutic alliance, will provide new insights into understanding this fundamental component of effective psychotherapy. She currently works as a researcher at the Veterans Administration Medical Center in Jamaica Plain, Boston, MA.

We have added two particularly exciting features to the Seventh Edition found in most chapters:

- **“Toward the DSM-5”** This boxed feature summarizes the current state of the DSM-5 proposals as of mid-2012, when the DSM-5 is close to its final form. In addition to this boxed feature, we discuss the DSM-5 within the chapters where we think the changes are of importance for understanding contemporary views of the disorder.
- **“You Be the Judge”** The ethical issues that psychologists grapple with are an integral part of research and practice. In these boxed features, we highlight a specific aspect of one of the disorders that we discuss in the chapter and present a question for you to answer. You will be the judge in deciding which position you want to take, after we inform you of both sides of the issue at stake.

To make it easier for previous users of the text to see what’s changed, a summary of the most important revisions to each chapter follows.

CHAPTER 1: Overview to Understanding Abnormal Behavior

- Reduced length of sections on history of abnormal psychology
- Clarified the biopsychosocial perspective section
- Added a section on Behavioral Genetics
- Expanded the discussion of the developmental perspective

CHAPTER 2: Classification and Treatment Plans

- Tightened the description of the DSM-IV-TR
- Added a section on the International Classification of Diseases (ICD) system
- Provided greater focus on evidence-based practice

CHAPTER 3: Assessment

- Provided up-to-date information on the WAIS-IV and its use in assessment
- Greatly expanded the section on neuropsychological assessment including computerized testing
- Updated and expanded treatment of brain imaging methods
- Retained projective testing but with less focus on detailed interpretation of projective test data

CHAPTER 4: Theoretical Perspectives

- Retained the classic psychodynamic theories, but with updates from current research
- Expanded greatly the discussion of biological theories, and moved these to the beginning of the chapter
- Provided more detail on the cognitive-behavioral perspective to use as a basis for subsequent chapters that rely heavily on treatment based on this perspective



CHAPTERS 5-14: Anxiety Disorders to Eating and Impulse-Control Disorders

- Where appropriate, incorporated information about how DSM-5 will change conceptualization of these disorders, including what will be accepted changes in terminology
- Expanded the coverage of biological theories, including studies on genetics, epigenetics, and neuroimaging
- Completely updated treatment sections, giving emphasis to those approaches to treatment recommended through Evidence-Based Practice.
- Included newer therapies including mindfulness/meditation, relaxation, and Acceptance and Commitment Therapy

- Revised tables and figures to provide more readily accessible pedagogy

CHAPTER 15: Ethical and Legal Issues

- Expanded the discussion of APA's Ethics Code, including a table that summarizes its most important features
- Updated the cases with newer information, including a section on Kendra's Law
- Revised the section on forensic psychology, including examples from relevant case law



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Support Materials

The following ancillaries are available to accompany *Abnormal Psychology*, Seventh Edition. Please contact your McGraw-Hill sales representative for details concerning policies, prices, and availability, as some restrictions may apply.

For the Instructor

The password-protected instructor side of the Online Learning Center at www.mhhe.com/whitbourne7e contains the Instructor's Manual, Test Bank files, PowerPoint slides, Image Gallery, and other valuable material to help you design and enhance your course. Ask your local McGraw-Hill representative for your password.

The **Instructor's Manual** provides many tools useful for teaching the seventh edition. For each chapter, the Instructor's Manual includes an overview of the chapter, teaching objectives, suggestions and resources for lecture topics, classroom activities, and essay questions designed to help students develop ideas for independent projects and papers.

The **Test Bank** contains over 2,000 testing items. All testing items are classified as conceptual or applied, and referenced to the appropriate learning objective. All test questions are compatible with EZTest, McGraw-Hill's Computerized Test Bank program, which runs on both Macintosh and Windows computers and includes an editing feature that enables instructors to import their own questions, scramble items, and modify questions to create their own tests.

The **PowerPoint Presentations** are the key points of each chapter and contain key illustrations, graphs, and tables for instructors to use during their lectures.