

PSY 736: PSYCHOPATHOLOGY
Fall 2025
Tuesdays 10:00a-12:45p: CHB B425B

BASIC COURSE INFORMATION

Instructor

Stephen D. Benning, Ph.D.
stephen.benning@unlv.edu
CBC B339
Office hours: Tuesdays 9:00a-10:00a and by appointment

Textbook and Readings

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
Additional readings will be provided throughout the semester online on WebCampus.

LEARNING OBJECTIVES

In this class, you'll learn *how* to think about psychopathology. As you can tell, this course has a lot of bases to cover, and I want you to be trained in a number of psychodiagnostically relevant areas, as well as covering the history of psychopathology and its diversity of presentations.

To achieve these goals, you'll dig into the criteria for many of the most important mental disorders in American nosological practice. However, what's even more important from my perspective is that you're able to be judicious consumers of the criteria, able to know how to size up the strengths and weaknesses of any diagnostic system you use so that you can give the best possible services to your clients and patients.

To that end, we will take a look at ways of contextualizing psychopathology throughout the history of psychology, as well as the ways in which different systems of thought conceptualize psychodiagnostically relevant constructs. We'll examine how psychopathology is organized to help you think about how to conduct differential diagnosis, and we'll take a deep look at the DSM-5's criteria for identifying mental disorders. For each of the major disorders, we'll examine features within and without an individual that are associated with the disorder – and which of these are substantive correlates or incidental conceptual riders along.

At this level, I believe that focused collegial discussion and case study review are the best tools for letting you learn about the material. Read all the DSM-5 material before class **and bring your DSM-5 to each class** so that we can use class time to a) go over case studies applying those criteria and b) discuss how the readings flesh out the psychopathologies we'll cover in a given week. The assigned readings should be considered background material for us to use as a springboard to talk about issues that are raised about psychopathology. Readings will come both from the DSM-5 and from articles posted on WebCampus or e-mailed around.

Core Competencies to Develop

1. Perform accurate differential diagnoses.
2. Recognize the hierarchical organization of psychopathology.

3. Recall prevalences, ages of incidence, and typical courses of major psychopathologies.
4. Explain how affective, biological, cognitive, developmental, and social factors are associated with various psychopathologies.

APA Competencies

1. *Scientific Knowledge and Methods*: The course readings (and quizzes and exams thereon) provide scientific knowledge of psychopathology across affective, biological, cognitive, developmental, and social lenses of analysis.
2. *Individual and Cultural Diversity*: DSM-5 discusses these factors in its text, as do the in-class and exam case studies. Tripathi et al. (2019) addresses historical cultural formulations of psychopathology in light of four diagnoses of questionable or worse validity, Williams et al. (2018) considers how racial trauma could be captured through the DSM-5, and Iacovino et al. (2014) analyzes how specific demographic features account for racial differences in paranoid personality disorder symptoms.
3. *Research/Evaluation*: The specific aims page provides experience with framing this.
4. *Teaching*: The DSM-5 update presentation gives oral teaching practice in addition to summarizing important information in a written handout.

COURSE WORK

To make sure you keep up with your readings, there will be multiple choice quizzes over the major points of each reading starting the second week of class. These will be given on WebCampus and will be open until the start of each class period. You may consult your readings as you complete them; they're meant to make sure you've taken in the readings before class. Each quiz will be worth 1.25% of your grade; the lowest one will be dropped. Many readings have affective, biological, cognitive, developmental, or social content that will help verify your attainment of graduate-level discipline-specific knowledge in these areas. *You must achieve at least an 80% score across readings assessing these areas to pass this course*; students who do not must complete remediation by retaking quizzes for those readings until achieving at least 80% across readings in each necessary area.

You'll also have three exams over the material presented in class, each of which will be worth 20% of your grade. These are designed to measure your ability to reason about psychopathology as you would in the midst of a psychodiagnostic interview. You'll be asked to recall criteria of key mental disorders, perform differential diagnoses among them and related conditions, recall important temporal features of the disorders, and identify relevant correlates of each disorder. These exams will be completed without reference to your books, readings, other notes, peers, or other memorial aids; they're meant to assess what you've assimilated *in your head* about these concepts. However, *they will be given on WebCampus*.

The clinical student committee noted that our students have relatively few opportunities to gain experience in grant writing. I aim to rectify that with this course. The [Research Domain Criteria \(RDoC\) initiative from the National Institute of Mental Health](#) is the primary lens through which the premier granting agency in the field views psychopathology. You will prepare the specific aims page of a grant analogous to the research strategy of an [F31 advanced predoctoral fellowship](#) that would be submitted to the [Division of Translational Research](#). It requires a [1 page narrative](#) in 12 point font with single spacing and 0.5" margins detailing the significance of the research problem along with the approach you would take (as detailed [at this link](#)). You'll need at least 10 references to adequately address the significance

of the study and to justify your approach (as a professional note, 80-150 are typical for a grant of this nature). This proposal is meant to spark a thesis or dissertation project in your lab; it's also worth 10% of your final grade. You may consult with anyone else about the topic and have them look over or proof your writing, but the concepts and ideas must be your own.

Finally, the DSM-5 was outdated the moment it was published. Your last assignment will entail updating what's known about a group of psychopathologies of your choosing. This is your opportunity to delve into cutting-edge research and expand what's known about a group of disorders (or a specific one within a group, if enough research exists on it). In a one-page (front and back) handout and a 15-20 minute PowerPoint presentation, you'll summarize on average 3 references that were published in 2013 or afterward that detail each of the affective, biological, cognitive, developmental, and social concomitants of a disorder or group of disorders (15 references total). It's possible that a reference might count for a couple of these sections, in which case its relevant content should be summarized in each section. *You must demonstrate passing levels of discipline-specific knowledge in each section to pass this course*; students who do not must complete remediation by summarizing an additional three articles in that section for the chosen disorder. Here are notes about the presentation sections.

1. The affective literature must focus on basic emotions (e.g., anxiety, anger, withdrawal), not on co-occurring clinical symptoms or disorders (e.g., anxiety disorders, mood disorders).
2. It's tempting to just list brain regions or biological measures associated with the condition but not provide the deeper psychological meaning of those regions or measures. Always tie the brain regions or physiological measures you might discuss with important behaviors or pieces of the clinical picture.
3. In the cognitive literature, refer to clinical tests or neuropsychological measures only to the extent that they highlight deeper cognitive processes that are influenced in the condition of interest. For instance, reduced functioning on a clinical test of memory might inform about problems a person with a condition might experience in encoding, maintenance, or retrieval of information.
4. The developmental literature should not just address the course of psychopathology. It must tie into basic developmental processes and how they might go awry in a particular psychopathology. For instance, ritualistic behavior rises in children until around age 4 and then decreases after around age 7, but the decrease either does not happen or is less pronounced for children who develop OCD.
5. Social structures, group functions, larger ecological systems, and smaller family or peer dynamics are all reasonable targets for the social literature as long as basic social processes are presented and their disruptions made evident in the condition.

We'll schedule who'll take which disorders by the first week of class on WebCampus; after that, you're free to ask people for feedback about your work before the final presentation, but the conceptual lifting must be your own. This assignment represents 15% of your final grade *and will be submitted online* on Tuesday right before the week's class starts.

GRADING

Here is the rubric that tells you what percent of your grade will come from which sources:
20% for each exam (60% total)
1.25% for each quiz (15% total; 1 dropped)

15% for the DSM-5 update (10% presentation, 5% asking questions online)
10% for your grant specific aims

And here's how the grading scheme breaks down:

93.00%-100% = A; 90.00%-92.99% = A-
87.00%-89.99% = B+, 83.00%-86.99% = B, 80.00%-82.99% = B-
77.00%-79.99% = C+, 73.00%-76.99% = C, 70.00%-72.99% = C-
67.00%-69.99% = D+, 63.00%-66.99% = D, 60.00%-62.99% = D-
<60.00% = F

An A represents a deep understanding of psychopathology that would characterize the best preparation for future work in clinical psychology. An A- indicates a solid understanding of psychopathology that is more than sufficient for subsequent work. A B+ signifies a good foundation in psychopathology that will suffice for clinical work. A B indicates an adequate level of knowledge of psychopathology for future work that may need shoring up in the future. A B- represents a minimal level of competency in psychopathology, and anything lower than that indicates a lack of basic competency such that the course would need to be repeated.

COURSE SCHEDULE

[A] = affective, [B] = biological, [C] = cognitive, [D] = developmental, [S] = social

| Date | Topic and DSM disorders | Additional readings | Assignment |
|----------|---|---|-------------------------|
| 08/26/25 | History, classification; intellectual disability, specific learning disorders, communication disorders, "other specified" disorders RDoC : What is it? | Clark et al. (2017) First & Wakefield (2013) Tripathi et al. (2019) [S] Greenspan (2017) Wieland & Zitman (2016) | <i>DSM update topic</i> |
| 09/02/25 | Organization of psychopathology; dissociative disorders RDoC : Crosswalk with HiTOP | Caspi et al. (2014) [A,B,C] Forbes et al. (2025) Kotov et al. (2021) [A,B,D] Lyssenko et al. (2018) | |
| 09/09/25 | Internalizing: Fear (phobias, panic, separation anxiety, OCD) RDoC : Negative Valence, Arousal, & Sensorimotor Systems | Bögels et al. (2013) [S] Clark & Watson (1991) [A] De Caluwé et al. (2020) [D] Lang et al. (2016) [B] | |
| 09/16/25 | Internalizing: Stress-related distress (GAD, PTSD) RDoC : Negative/Positive Valence & Arousal Systems, Cognitive Control | Kessler et al. (2017) [S] Shapiro et al. (2020) [A,C] Williams et al. (2018) [S] Yehuda et al. (2015) [B] | <i>Grant topic</i> |
| 09/23/25 | Internalizing: Dysphoric distress (MDD, persistent depressive disorder) RDoC : Positive Valence/Arousal Systems | Benning & Ait Oumeziane (2017) [A,B] Heininga & Kuppens (2021) [A] McLaughlin & Nolen-Hoeksema (2011) [C,D] | |
| 09/30/25 | | | EXAM 1 |
| 10/07/25 | Bipolar disorders RDoC : Positive Valence Systems, Social Processes | Alloy et al. (2015) [A,S] Angst & Grobler (2015) [B,S] Siegel et al. (2015) [D,S] | |
| 10/14/25 | Thought disorders (schizophrenia spectrum, mood disorders with psychotic features) and neurocognitive disorders RDoC : Cognitive/Positive Valence Systems | Bora & Pantelis (2015) [C] Sachdev et al. (2014) [C] Seidman & Mirsky (2017) [C,D] Strauss et al. (2016) [A] | |
| 10/21/25 | Thought disorders (schizotypal PD) and detachment (schizoid and avoidant PDs; autism) RDoC : Social Processes, Sensorimotor | Clements et al. (2018) [A,B] Debbané & Barrantes-Vidal (2015) [D] Lampe (2016) [A,C,D,S] Uljarević et al. (2022) [D] | |
| 10/28/25 | Disinhibited externalizing (substance use disorders, gambling disorder) RDoC : Negative Valence/Cognitive Systems | Belcher et al. (2014) [A,B] Chamberlain et al. (2017) [C] Reed et al. (2022) Xiang et al. (2025) [C] | |
| 11/04/25 | | | EXAM 2 |
| 11/11/25 | Antagonistic externalizing (ADHD, ODD, IED, conduct disorder, antisocial PD) RDoC : Cognitive Systems, Social Processes | Raine (2018) [B,D,S] Roberts et al. (2017) [C] Scott et al. (2016) [S] | |
| 11/18/25 | Antagonistic externalizing (narcissistic, histrionic, borderline, paranoid PDs) RDoC : Positive/Negative Valence & Cognitive Systems, Social Processes | Conway et al. (2018) [A,D] Iacovino et al. (2014) [S] Kaufman et al. (2018) [A,D,S] Ritzl et al. (2018) [A,C] | |
| 11/25/25 | Bodily functions (Eating/feeding/elimination disorders, sleep/wake disorders) RDoC : Cognitive/Arousal Systems | Christensen & Haynos (2020) [A,S] Hertenstein et al. (2019) Kennedy et al. (2018) [C,D] | |
| 12/02/25 | Body and culture (Somatic symptom and sexual/paraphilic/gender disorders) RDoC : Positive Valence/Arousal Systems | Beech et al. (2016) Parish et al. (2021) [A,B,C,S] Toussaint et al. (2016) [A,C] | |
| 12/09/25 | | | EXAM 3 10:10-12:10 |

READING LIST

- Angst, J., & Grobler, C. (2015). Unipolar mania: A necessary diagnostic concept. *European Archives of Psychiatry and Clinical Neuroscience*, 265(4), 273–280.
<https://doi.org/10.1007/s00406-015-0577-1>
- Beech, A. R., Miner, M. H., & Thornton, D. (2016). Paraphilias in the DSM-5. *Annual Review of Clinical Psychology*, 12(1), 383–406. <https://doi.org/10.1146/annurev-clinpsy-021815-093330>
- Belcher, A. M., Volkow, N. D., Moeller, F. G., & Ferré, S. (2014). Personality traits and vulnerability or resilience to substance use disorders. *Trends in Cognitive Sciences*, 18(4), 211–217. <https://doi.org/10.1016/j.tics.2014.01.010>
- Benning, S. D., & Oumeziane, B. A. (2017). Reduced positive emotion and underarousal are uniquely associated with subclinical depression symptoms: Evidence from psychophysiology, self-report, and symptom clusters. *Psychophysiology*, 54(7), 1010–1030. <https://doi.org/10.1111/psyp.12853>
- Bögels, S. M., Knappe, S., & Clark, L. A. (2013). Adult separation anxiety disorder in DSM-5. *Clinical Psychology Review*, 33(5), 663–674.
<https://doi.org/10.1016/j.cpr.2013.03.006>
- Bora, E., & Pantelis, C. (2015). Meta-analysis of cognitive impairment in first-episode bipolar disorder: Comparison with first-episode schizophrenia and healthy controls. *Schizophrenia Bulletin*, 41(5), 1095–1104. <https://doi.org/10.1093/schbul/sbu198>
- Caspi, A., Houts, R. M., Belsky, D. W., Goldman-Mellor, S. J., Harrington, H., Israel, S., Meier, M. H., Ramrakha, S., Shalev, I., Poulton, R., & Moffitt, T. E. (2014). The p factor: One general psychopathology factor in the structure of psychiatric disorders? *Clinical Psychological Science*, 2(2), 119–137.
<https://doi.org/10.1177/2167702613497473>
- Chamberlain, S. R., Stochl, J., Redden, S. A., Odlaug, B. L., & Grant, J. E. (2017). Latent class analysis of gambling subtypes and impulsive/compulsive associations: Time to rethink diagnostic boundaries for gambling disorder? *Addictive Behaviors*, 72, 79–85.
<https://doi.org/10.1016/j.addbeh.2017.03.020>
- Christensen, K. A., & Haynos, A. F. (2020). A theoretical review of interpersonal emotion regulation in eating disorders: Enhancing knowledge by bridging interpersonal and affective dysfunction. *Journal of Eating Disorders*, 8(1), 21.
<https://doi.org/10.1186/s40337-020-00298-0>
- Clark, L. A., Cuthbert, B., Lewis-Fernández, R., Narrow, W. E., & Reed, G. M. (2017). Three approaches to understanding and classifying mental disorder: ICD-11, DSM-5, and the National Institute of Mental Health's Research Domain Criteria (RDoC). *Psychological Science in the Public Interest*, 18(2), 72–145.
<https://doi.org/10.1177/1529100617727266>
- Clark, L. A., & Watson, D. (1991). Tripartite model of anxiety and depression: Psychometric evidence and taxonomic implications. *Journal of Abnormal Psychology*, 100(3), 316–336. <https://doi.org/10.1037/0021-843X.100.3.316>
- Clements, C. C., Zoltowski, A. R., Yankowitz, L. D., Yerys, B. E., Schultz, R. T., & Herrington, J. D. (2018). Evaluation of the social motivation hypothesis of autism: A systematic review and meta-analysis. *JAMA Psychiatry*, 75(8), 797–808.
<https://doi.org/10.1001/jamapsychiatry.2018.1100>
- Conway, C. C., Hopwood, C. J., Morey, L. C., & Skodol, A. E. (2018). Borderline personality disorder is equally trait-like and state-like over ten years in adult psychiatric patients. *Journal of Abnormal Psychology*, 127(6), 590–601.
<https://doi.org/10.1037/abn0000364>

- De Caluwé, E., Vergauwe, J., Decuyper, M., Bogaerts, S., Rettew, D. C., & De Clercq, B. (2020). The relation between normative rituals/routines and obsessive-compulsive symptoms at a young age: A systematic review. *Developmental Review*, 56, 100913. <https://doi.org/10.1016/j.dr.2020.100913>
- Debbané, M., & Barrantes-Vidal, N. (2015). Schizotypy from a developmental perspective. *Schizophrenia Bulletin*, 41(suppl_2), S386–S395. <https://doi.org/10.1093/schbul/sbu175>
- First, M. B., & Wakefield, J. C. (2013). Diagnostic criteria as dysfunction indicators: Bridging the chasm between the definition of mental disorder and diagnostic criteria for specific disorders. *The Canadian Journal of Psychiatry*, 58(12), 663–669. <https://doi.org/10.1177/070674371305801203>
- Forbes, M. K., Baillie, A., Batterham, P. J., Cascar, A., Kotov, R., Krueger, R. F., Markon, K. E., Mewton, L., Pellicano, E., Roberts, M., Rodriguez-Seijas, C., Sunderland, M., Watson, D., Watts, A. L., Wright, A. G. C., & Clark, L. A. (2025). Reconstructing psychopathology: A data-driven reorganization of the symptoms in the diagnostic and statistical manual of mental disorders. *Clinical Psychological Science*, 13(3), 462–488. <https://doi.org/10.1177/21677026241268345>
- Greenspan, S. (2017). Borderline intellectual functioning: An update. *Current Opinion in Psychiatry*, 30(2), 113–122. <https://doi.org/10.1097/YCO.0000000000000317>
- Heininga, V. E., & Kuppens, P. (2021). Psychopathology and positive emotions in daily life. *Current Opinion in Behavioral Sciences*, 39, 10–18. <https://doi.org/10.1016/j.cobeha.2020.11.005>
- Hertenstein, E., Feige, B., Gmeiner, T., Kienzler, C., Spiegelhalder, K., Johann, A., Jansson-Fröjmark, M., Palagini, L., Rücker, G., Riemann, D., & Baglioni, C. (2019). Insomnia as a predictor of mental disorders: A systematic review and meta-analysis. *Sleep Medicine Reviews*, 43, 96–105. <https://doi.org/10.1016/j.smrv.2018.10.006>
- Iacovino, J. M., Jackson, J. J., & Oltmanns, T. F. (2014). The relative impact of socioeconomic status and childhood trauma on Black-White differences in paranoid personality disorder symptoms. *Journal of Abnormal Psychology*, 123(1), 225–230. <https://doi.org/10.1037/a0035258>
- Kaufman, S. B., Weiss, B., Miller, J. D., & Campbell, W. K. (2018). Clinical correlates of vulnerable and grandiose narcissism: A personality perspective. *Journal of Personality Disorders*, 1-S10. https://doi.org/10.1521/pedi_2018_32_384
- Kennedy, G. A., Wick, M. R., & Keel, P. K. (2018). Eating disorders in children: Is avoidant-restrictive food intake disorder a feeding disorder or an eating disorder and what are the implications for treatment? *F1000Research*, 7, 88. <https://doi.org/10.12688/f1000research.13110.1>
- Kessler, R. C., Aguilar-Gaxiola, S., Alonso, J., Benjet, C., Bromet, E. J., Cardoso, G., Degenhardt, L., de Girolamo, G., Dinolova, R. V., Ferry, F., Florescu, S., Gureje, O., Haro, J. M., Huang, Y., Karam, E. G., Kawakami, N., Lee, S., Lepine, J.-P., Levinson, D., ... Koenen, K. C. (2017). Trauma and PTSD in the WHO World Mental Health Surveys. *European Journal of Psychotraumatology*, 8(sup5), 1353383. <https://doi.org/10.1080/20008198.2017.1353383>
- Kotov, R., Krueger, R. F., Watson, D., Cicero, D. C., Conway, C. C., DeYoung, C. G., Eaton, N. R., Forbes, M. K., Hallquist, M. N., Latzman, R. D., Mullins-Sweatt, S. N., Ruggero, C. J., Simms, L. J., Waldman, I. D., Waszczuk, M. A., & Wright, A. G. C. (2021). The Hierarchical Taxonomy of Psychopathology (HiTOP): A quantitative nosology based on consensus of evidence. *Annual Review of Clinical Psychology*, 17(1), 83–108. <https://doi.org/10.1146/annurev-clinpsy-081219-093304>

- Lampe, L. (2016). Avoidant personality disorder as a social anxiety phenotype: Risk factors, associations and treatment. *Current Opinion in Psychiatry*, 29(1), 64. <https://doi.org/10.1097/YCO.0000000000000211>
- Lang, P. J., McTeague, L. M., & Bradley, M. M. (2016). RDoC, DSM, and the reflex physiology of fear: A biodimensional analysis of the anxiety disorders spectrum. *Psychophysiology*, 53(3), 336–347. <https://doi.org/10.1111/psyp.12462>
- Lyssenko, L., Schmahl, C., Bockhacker, L., Vonderlin, R., Bohus, M., & Kleindienst, N. (2018). Dissociation in psychiatric disorders: A meta-analysis of studies using the Dissociative Experiences Scale. *American Journal of Psychiatry*, 175(1), 37–46. <https://doi.org/10.1176/appi.ajp.2017.17010025>
- McLaughlin, K. A., & Nolen-Hoeksema, S. (2011). Rumination as a transdiagnostic factor in depression and anxiety. *Behaviour Research and Therapy*, 49(3), 186–193. <https://doi.org/10.1016/j.brat.2010.12.006>
- Parish, S. J., Cottler-Casanova, S., Clayton, A. H., McCabe, M. P., Coleman, E., & Reed, G. M. (2021). The evolution of the female sexual disorder/dysfunction definitions, nomenclature, and classifications: A review of DSM, ICSM, ISSWSH, and ICD. *Sexual Medicine Reviews*, 9(1), 36–56. <https://doi.org/10.1016/j.sxmr.2020.05.001>
- Raine, A. (2018). Antisocial personality as a neurodevelopmental disorder. *Annual Review of Clinical Psychology*, 14(1), 259–289. <https://doi.org/10.1146/annurev-clinpsy-050817-084819>
- Reed, G. M., First, M. B., Billieux, J., Cloitre, M., Briken, P., Achab, S., Brewin, C. R., King, D. L., Kraus, S. W., & Bryant, R. A. (2022). Emerging experience with selected new categories in the ICD-11: Complex PTSD, prolonged grief disorder, gaming disorder, and compulsive sexual behaviour disorder. *World Psychiatry*, 21(2), 189–213. <https://doi.org/10.1002/wps.20960>
- Ritzl, A., Csukly, G., Balázs, K., & Égerházi, A. (2018). Facial emotion recognition deficits and alexithymia in borderline, narcissistic, and histrionic personality disorders. *Psychiatry Research*, 270, 154–159. <https://doi.org/10.1016/j.psychres.2018.09.017>
- Roberts, B. A., Martel, M. M., & Nigg, J. T. (2017). Are there executive dysfunction subtypes within ADHD? *Journal of Attention Disorders*, 21(4), 284–293. <https://doi.org/10.1177/1087054713510349>
- Sachdev, P. S., Blacker, D., Blazer, D. G., Ganguli, M., Jeste, D. V., Paulsen, J. S., & Petersen, R. C. (2014). Classifying neurocognitive disorders: The DSM-5 approach. *Nature Reviews Neurology*, 10(11), 634–642. <https://doi.org/10.1038/nrneurol.2014.181>
- Scott, K. M., Lim, C. C. W., Hwang, I., Adamowski, T., Al-Hamzawi, A., Bromet, E., Bunting, B., Ferrand, M. P., Florescu, S., Gureje, O., Hinkov, H., Hu, C., Karam, E., Lee, S., Posada-Villa, J., Stein, D., Tachimori, H., Viana, M. C., Xavier, M., & Kessler, R. C. (2016). The cross-national epidemiology of DSM-IV intermittent explosive disorder. *Psychological Medicine*, 46(15), 3161–3172. <https://doi.org/10.1017/S0033291716001859>
- Seidman, L. J., & Mirsky, A. F. (2017). Evolving notions of schizophrenia as a developmental neurocognitive disorder. *Journal of the International Neuropsychological Society*, 23(9–10), 881–892. <https://doi.org/10.1017/S1355617717001114>
- Shapiro, M. O., Short, N. A., Morabito, D., & Schmidt, N. B. (2020). Prospective associations between intolerance of uncertainty and psychopathology. *Personality and Individual Differences*, 166, 110210. <https://doi.org/10.1016/j.paid.2020.110210>
- Siegel, R. S., Freeman, A. J., La Greca, A. M., & Youngstrom, E. A. (2015). Peer relationship difficulties in adolescents with bipolar disorder. *Child & Youth Care Forum*, 44(3), 355–375. <https://doi.org/10.1007/s10566-014-9291-9>

- Strauss, G. P., Vertinski, M., Vogel, S. J., Ringdahl, E. N., & Allen, D. N. (2016). Negative symptoms in bipolar disorder and schizophrenia: A psychometric evaluation of the brief negative symptom scale across diagnostic categories. *Schizophrenia Research*, 170(2), 285–289. <https://doi.org/10.1016/j.schres.2015.12.014>
- Toussaint, A., Murray, A. M., Voigt, K., Herzog, A., Gierk, B., Kroenke, K., Rief, W., Henningsen, P., & Löwe, B. (2016). Development and validation of the Somatic Symptom Disorder–B Criteria Scale (SSD-12). *Psychosomatic Medicine*, 78(1), 5. <https://doi.org/10.1097/PSY.0000000000000240>
- Tripathi, S., Messias, E., Spollen, J., & Salomon, R. M. (2019). Modern-day relics of psychiatry. *The Journal of Nervous and Mental Disease*, 207(9), 701–704. <https://doi.org/10.1097/NMD.0000000000001059>
- Uljarević, M., Frazier, T. W., Jo, B., Billingham, W. D., Cooper, M. N., Youngstrom, E. A., Scahill, L., & Hardan, A. Y. (2022). Big data approach to characterize restricted and repetitive behaviors in autism. *Journal of the American Academy of Child & Adolescent Psychiatry*, 61(3), 446–457. <https://doi.org/10.1016/j.jaac.2021.08.006>
- Wieland, J., & Zitman, F. G. (2016). It is time to bring borderline intellectual functioning back into the main fold of classification systems. *BJPsych Bulletin*, 40(4), 204–206. <https://doi.org/10.1192/pb.bp.115.051490>
- Williams, M. T., Metzger, I. W., Leins, C., & DeLapp, C. (2018). Assessing racial trauma within a DSM–5 framework: The UConn Racial/Ethnic Stress & Trauma Survey. *Practice Innovations*, 3(4), 242–260. <https://doi.org/10.1037/pri0000076>
- Xiang, Y., Dorst, K., & Gershman, S. J. (2025). On the robustness and provenance of the Gambler’s Fallacy. *Psychological Science*, 36(6), 451–464. <https://doi.org/10.1177/09567976251344570>
- Yehuda, R., Hoge, C. W., McFarlane, A. C., Vermetten, E., Lanius, R. A., Nievergelt, C. M., Hobfoll, S. E., Koenen, K. C., Neylan, T. C., & Hyman, S. E. (2015). Post-traumatic stress disorder. *Nature Reviews Disease Primers*, 1, 15057. <https://doi.org/10.1038/nrdp.2015.57>

POLICIES

SPECIFIC COURSE POLICIES

Make-up Examinations and Presentations

Make-up examinations will only be offered in cases where an approved situation interferes with your ability to attend class. However, if you know you will be absent from class during an examination or your presentation day you may reschedule with Dr. Benning. Examinations will typically be rescheduled one or two days after the scheduled date. Presentations will be rescheduled as time permits. In order to reschedule, you will need to contact Dr. Benning as soon as you learn of your conflict. Appropriate absences might include participation in official professional activities (e.g., conference attendance), observance of a religious holiday, or an urgent appointment that cannot otherwise be rescheduled.

Plagiarism

At this level of training, you are expected to be well socialized in proper citation practices and the use of only your own intellectual work. Should you fail to cite others' scholarly influences on your work, you will receive a 0 on the assignment on which it occurred and an automatic F in the course. Similarly, reuse of others' work in this course will earn a 0 on the assignment, an F in the course, and contact with your mentor and director of clinical training to arrange for the next steps.

Use of Generative Artificial Intelligence

The use of generative artificial intelligence, or [generative AI](#), for work in this course is strictly prohibited. [Generative AI](#) is a technology that creates material from an existing corpus of material based on a user's prompts. This corpus is [nearly always never fully documented](#) (being considered a trade secret), the authors of works in the corpus [rarely give consent for their work to be used](#) in that way, and contributions of particular parts of the corpus are [almost never cited](#). Generative AI companies also typically [maintain the right](#) to use the prompts and other information that users submit as part of that corpus. Furthermore, generative AI can confabulate whole [research study results](#) and [references](#), [legal cases](#) and [citations](#), and [potentially incorrect image features](#).

UNIVERSITY POLICIES

Please visit [this link](#) to access university policies for students in courses:
<https://www.unlv.edu/policies/students>