

**PSYC 428**  
**Psychotic Disorders Seminar**  
**Fall 2020**

**Instructor:**

Dr. Christopher Bowie  
Email: bowiec@queensu.ca  
Office hours: Virtual, to be determined

**Location & Time**

All lectures will be posted for viewing asynchronously, but it is highly recommended that you watch them on schedule so that your assignments are informed by their content.

**Weekly Schedule:**

**Monday:** Quiz from previous week due at 11:59 Eastern Standard Time

**Tuesday:** Readings assigned

**Wednesday:** Course lecture posted

**Friday:** Professor Bowie and Mr. Foster respond to questions in forum and available for live chat

**Required Readings**

There is no textbook for this class.

You will be given citations for required readings that you can access through the library or a link provided by the instructor.

**Course Description**

This seminar will provide students with an in-depth understanding of research in psychotic disorders such as schizophrenia. Topics will include neurocognitive dysfunction and its relationship to disability, pharmacological and psychological treatment, and assessment of symptoms across the lifespan. Emphasis is placed on readings, critical review of original research articles, and conceptualizing directions for future study.

**Course Format**

The professor will post lecture slides each week. The length of the presentations will vary, depending on the depth of the topic. These slides will be supplemented with directed learning opportunities, where students will be either provided with, or asked to access, additional resources to facilitate learning.

**Lived Experience Support**

We are very lucky to have a person with lived experience joining Professor Bowie to co-facilitate the class. Christopher Foster is a person with years of experience guest lecturing and breaking down barriers with his talks about the stigma of psychosis. He will join Professor Bowie to provide his lived experience perspective as a supplement to lectures and in responding to students' questions.

## **Learning Objectives**

*Objective 1.* Students will recognize the signs and symptoms of psychotic disorders that differentiate them from other behaviours and other mental disorders

*Objective 2.* Students will be able to explain how neuropsychological models account for symptoms of psychosis

*Objective 3.* Students will debate the efficacy of various forms of treatment for psychotic disorders

*Objective 4.* Students will be able to interpret emerging scientific literature in order to critique studies examining the causes and treatments for psychotic disorders

## **Assessment of Competency**

### **1. Quizzes (30%)**

Each week, after the first week, a short quiz will accompany lecture slides. The goal of these quizzes is to check your acquisition and synthesis of the knowledge in the slides. The quizzes will have four to seven questions each week. Your lowest quiz grade will be removed, leaving a total of 10 quizzes worth 3 points each contributing to your final mark.

Late quizzes will be penalized 1 point per day late.

### **2. Examining Original Data from Popular Media Reports (20%)**

Students will identify a popular press article that cites a scientific report on schizophrenia/psychosis.

They will retrieve the original data article that was cited and discuss in class the degree to which the media representation of the issue is supported by the data in the paper.

Students will develop a short lecture, record it, and submit it for class review. These lectures should be about 5 minutes and students can use slides or any other methods for presenting their case.

Grading will be based on the critique of the article (5%) and a re-interpretation of the findings (5%) based on a more accurate interpretation of the data, each during the oral presentation.

Additionally, each student will provide their own interpretation of another student's media selection in the form of a one page maximum\* (single-spaced\*, 1 inch margins\*, 12-point font\*) "Letter to the Editor" requesting further consideration of the issues in future work. (10%)

\*violation of any parameters will result in the letter being returned without a grade

Letters to the editor should be written in a professional tone, point out factual errors, and provide concrete reasons why the editor should be compelled to take action based on your suggestions. You should strive to make sure your letter is not simply a written version of a student's presentation. Incorporate your own thinking.

### **3. Forum discussion of weekly readings (20%)**

Each student is expected to make contributions to forum discussions of the articles throughout the term. Students will **post** 2 questions to the forum prior to the start of each class, starting in class 2. These questions should build on the readings by asking how future work can advance either new research questions, health care policy, personal recovery for those with psychosis.

### **4. Writing Assignments (15%)**

- (a) Three writing assignments (five points each) will be assigned throughout the term. These tasks will require you to **briefly** (usually one to two double spaced pages) respond to one or more specific questions that will be assigned two classes ahead of time by the professor.

### **5. Reflections on Experiential Assignments (15%)**

Three behavioural assignments will be posted. These assignments are meant for you to engage in a situation or role-play that is intended to give you a closer look at what life with symptoms of psychosis is like. You will submit your reflection on the assignment in a 200-300 word summary. Although your specific reflection will be confidential, the Dr. Bowie and Mr. Foster will post their impression of the experience of the class in general.

## **Grading:**

All components of this course will receive numerical percentage marks. The final grade you receive for the course will be derived by converting your numerical course average to a letter grade according to Queen's Official Grade Conversion Scale:

***Queen's Official Grade Conversion Scale***

<b>Grade</b>	<b>Numerical Course Average (Range)</b>
A+	90-100
A	85-89
A-	80-84
B+	77-79
B	73-76
B-	70-72
C+	67-69
C	63-66
C-	60-62
D+	57-59
D	53-56
D-	50-52
F	49 and below

## **Accommodations for Disabilities**

Queen's University is committed to achieving full accessibility for people with disabilities. Part of this commitment includes arranging academic accommodations for students with disabilities to ensure they have an equitable opportunity to participate in all of their academic activities. The Senate Policy for Accommodations for Students with Disabilities was approved at Senate in November 2016 (see

<https://www.queensu.ca/secretariat/sites/webpublish.queensu.ca.uslclwww/files/files/policies/senateandtrustees/ACADACCOMMPOLICY2016.pdf>). If you are a student with a disability and think you may need academic accommodations, you are strongly encouraged to contact the Queen's Student Accessibility Services (QSAS) and register as early as possible. For more information, including important deadlines, please visit the QSAS website at: <http://www.queensu.ca/studentwellness/accessibility-services/>

## **Statement on Academic Integrity**

Please note the University's policy on Academic Integrity  
<https://www.queensu.ca/artsci/students-at-queens/academic-integrity>

The following statement on academic integrity builds on a definition approved by Senate and is designed to make students aware of the importance of the concept and the potential consequences of departing from the core values of academic integrity. It is highly recommended that this statement be included on all course syllabi. Instructors may also consider including this statement with each assignment.

Queen's students, faculty, administrators and staff all have responsibilities for upholding the fundamental values of academic integrity; honesty, trust, fairness, respect, responsibility and courage (see [www.academicintegrity.org](http://www.academicintegrity.org)). These values are central to the building, nurturing and sustaining of an academic community in which all members of the community will thrive. Adherence to the values expressed through academic integrity forms a foundation for the "freedom of inquiry and exchange of ideas" essential to the intellectual life of the University (see the Senate Report on Principles and Priorities <http://www.queensu.ca/secretariat/policies/senate/report-principles-and-priorities>).

Students are responsible for familiarizing themselves with the regulations concerning academic integrity and for ensuring that their assignments and their behaviour conform to the principles of academic integrity. Information on academic integrity is available in the Arts and Science Calendar (see Academic Regulation 1 <http://www.queensu.ca/artsci/academic-calendars/regulations/academic-regulations/regulation-1>), on the Arts and Science website (see <https://www.queensu.ca/artsci/students-at-queens/academic-integrity>), and from the instructor of this course. Departures from academic integrity include plagiarism, use of unauthorized materials, facilitation, forgery and falsification, and are antithetical to the development of an academic community at Queen's. Given the seriousness of these matters, actions which contravene the regulation on academic integrity carry sanctions that can range from a warning or the loss of grades on an assignment to the failure of a course to a requirement to withdraw from the university.

## **Technology**

The statement below outlines general course technology requirements. If your course requires specific software or hardware, the Technology Requirements statement can help further define what available resources the students have access to. For example, if you require students to participate in synchronous sessions, they may need access to a webcam and headset.

Students should be encouraged when possible to work with the most recent versions of software including web browsers, Java, Flash and Adobe Reader.

### **Academic Consideration for Students with Extenuating Circumstances**

Queen's University is committed to providing academic consideration to students experiencing extenuating circumstances that are beyond their control and are interfering with their ability to complete academic requirements related to a course for a short period of time. The Senate Policy on Academic Consideration for Students in Extenuating Circumstances is available at <http://www.queensu.ca/secretariat/sites/webpublish.queensu.ca.uslclwww/files/files/policies/senateandtrustees/Academic%20Considerations%20for%20Extenuating%20Circumstances%20Policy%20Final.pdf>

Each Faculty has developed a protocol to provide a consistent and equitable approach in dealing with requests for academic consideration for students facing extenuating circumstances. Arts and Science undergraduate students can find the Faculty of Arts and Science protocol and the portal where a request can be submitted at: <http://www.queensu.ca/artsci/accommodations>. Students in other Faculties and Schools who are enrolled in this course should refer to the protocol for their home Faculty.

#### **Web Browsers**

onQ performs best when using the most recent version of the web browsers, Chrome or Firefox. Safari and Edge are strongly discouraged as these web browsers are known to cause issues with onQ.

#### **Internet Speed**

While wired internet connection is encouraged, we recognize that students may be relying on a wireless connection. A minimum download speed of 10 Mbps and up to 20 Mbps for multimedia is recommended. To test your internet speed, <https://www.speedtest.net/>

For technology support ranging from setting up your device, issues with onQ to installing software, contact ITS Support Centre <https://www.queensu.ca/its/itsc>

## Class Schedule:

*Note:* The following schedule is subject to change.

<b>Date</b>	<b>Topic</b>	<b>Readings &amp; Assignments</b>
Week 1 Sep 7-11	Psychosis: Introduction to the Concept and History	----
Week 2 Sep 14-18	Delusions, Negative Symptoms, & Thought Disorder	<i>Reading:</i>  <ol style="list-style-type: none"><li>1. Tandon, R., Nasrallah, H. A., &amp; Keshavan, M. S. (2009). Schizophrenia, "just the facts" 4. Clinical features and conceptualization. <i>Schizophrenia research, 110</i>(1-3), 1-23.</li><li>2. Corlett, P. R., Krystal, J. H., Taylor, J. R., &amp; Fletcher, P. C. (2009). Why do delusions persist?. <i>Frontiers in human neuroscience, 3</i>, 12.</li><li>3. Bortolotti et al (shared in OnQ)</li></ol>
Week 3 Sep 21-25	Hallucinations & Social Factors in the Development of Psychosis	<i>Reading:</i>  <ol style="list-style-type: none"><li>1. Larøi, F., &amp; Woodward, T. S. (2007). Hallucinations from a cognitive perspective. <i>Harvard review of psychiatry, 15</i>(3), 109-117.</li><li>2. Ford, J. M., Morris, S. E., Hoffman, R. E., Sommer, I., Waters, F., McCarthy-Jones, S., ... &amp; Cuthbert, B. N. (2014). Studying hallucinations within the NIMH RDoC framework. <i>Schizophrenia bulletin, 40</i>(Suppl_4), S295-S304.</li><li>3. Bentall, R. P., de Sousa, P., Varese, F., Wickham, S., Sitko, K., Haarmans, M., &amp; Read, J. (2014). From adversity to psychosis: pathways and mechanisms from specific adversities to specific symptoms. <i>Social psychiatry and</i></li></ol> <p style="text-align: center;"><b>Experiential Assignment 1 Due</b></p>

<p>Week 4 Sep 28- Oct 2</p>	<p>Cognition as the Core Feature of Schizophrenia</p>	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>Green, M. F., Horan, W. P., &amp; Lee, J. (2019). Nonsocial and social cognition in schizophrenia: current evidence and future directions. <i>World Psychiatry, 18</i>(2), 146-161.</li> <li>Bowie, C. R., Reichenberg, A., Patterson, T. L., Heaton, R. K., &amp; Harvey, P. D. (2006). Determinants of real-world functional performance in schizophrenia subjects: correlations with cognition, functional capacity, and symptoms. <i>American Journal of Psychiatry, 163</i>(3), 418-425.</li> </ol> <p style="text-align: center;"><b>Writing Assignment 1 Due</b></p>
<p>Week 5 Oct 5-9</p>	<p>Cognitive Enhancement</p>	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>Bowie, C. R., Bell, M. D., Fiszdon, J. M., Johannesen, J. K., Lindenmayer, J. P., McGurk, S. R., ... &amp; Ueland, T. (2020). Cognitive remediation for schizophrenia: An expert working group white paper on core techniques. <i>Schizophrenia research, 215</i>, 49-53.</li> <li>Best, M. W., Milanovic, M., Iftene, F., &amp; Bowie, C. R. (2019). A randomized controlled trial of executive functioning training compared with perceptual training for schizophrenia Spectrum disorders: effects on neurophysiology, neurocognition, and functioning. <i>American Journal of Psychiatry, 176</i>(4), 297-306.</li> </ol>
<p>Week 6 Oct 12-16</p>	<p>Cultural &amp; Diversity Topics</p>	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>Pilling, M., Howison, M., Frederick, T., Ross, L., Bellamy, C. D., Davidson, L., ... &amp; Kidd, S. A. (2017). Fragmented inclusion: Community participation and lesbian, gay, bisexual, trans, and queer people with diagnoses of schizophrenia and bipolar disorder. <i>American Journal of Orthopsychiatry, 87</i>(5), 606.</li> <li>Weisman de Mamani, A., &amp; Suro, G. (2016). The effect of a culturally informed therapy on self-conscious emotions and burden in caregivers of patients with schizophrenia: A randomized clinical trial. <i>Psychotherapy, 53</i>(1), 57.</li> <li>Maura, J., &amp; de Mamani, A. W. (2017). Mental health disparities, treatment engagement, and attrition among racial/ethnic minorities with severe mental illness: A review. <i>Journal of Clinical Psychology in Medical Settings, 24</i>(3-4), 187-210.</li> </ol> <p style="text-align: center;"><b>Experiential Assignment 2 Due</b></p>

Oct 19-23	Medication Treatments	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>1. Manschreck, T. C., &amp; Boshes, R. A. (2007). The CATIE schizophrenia trial: results, impact, controversy. <i>Harvard review of psychiatry</i>, 15(5), 245-258.</li> <li>2. Wunderink, L., Nieboer, R. M., Wiersma, D., Sytema, S., &amp; Nienhuis, F. J. (2013). Recovery in remitted first-episode psychosis at 7 years of follow-up of an early dose reduction/discontinuation or maintenance treatment strategy: long-term follow-up of a 2-year randomized clinical trial. <i>JAMA psychiatry</i>, 70(9), 913-920.</li> <li>3. Gaebel, W., Riesbeck, M., Wölwer, W., Klimke, A., Eickhoff, M., von Wilmsdorff, M., ... &amp; Sauer, H. (2016). Predictors for symptom re-exacerbation after targeted stepwise drug discontinuation in first-episode schizophrenia: results of the first-episode study within the German research network on schizophrenia. <i>Schizophrenia research</i>, 170(1), 168-176.</li> </ol> <p style="text-align: center;"><b>Media Presentations Due</b></p>
<i>Reading Week Oct 26-30</i>		
Week 8	Challenging Issues and “Antipsychiatry”	<p><i>Reading:</i></p> <p><b>Please read in the following order:</b></p> <ol style="list-style-type: none"> <li>1. Szasz, T. (1993). Crazy talk: Thought disorder or psychiatric arrogance?. <i>British Journal of Medical Psychology</i>, 66(1), 61-67.</li> <li>2. Bentall, R. P., &amp; Pilgrim, D. (1993). Thomas Szasz, crazy talk and the myth of mental illness. <i>British journal of medical psychology</i>, 66(1), 69-76.</li> </ol>
Week 9	The Hearing Voices Movement	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>1. Corstens, D., Longden, E., McCarthy-Jones, S., Waddingham, R., &amp; Thomas, N. (2014). Emerging perspectives from the hearing voices movement: implications for research and practice. <i>Schizophrenia bulletin</i>, 40(Suppl_4), S285-S294.</li> <li>2. Leamy, M., Bird, V., Le Boutillier, C., Williams, J., &amp; Slade, M. (2011). Conceptual framework for personal recovery in mental health: systematic review and narrative synthesis. <i>The British Journal of Psychiatry</i>, 199(6), 445-452.</li> </ol> <p style="text-align: center;"><b>Writing Assignment 2 Due</b></p>

Week 10	Social Cognition	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>1. Grant, N., Lawrence, M., Preti, A., Wykes, T., &amp; Cella, M. (2017). Social cognition interventions for people with schizophrenia: a systematic review focussing on methodological quality and intervention modality. <i>Clinical Psychology Review, 56</i>, 55-64.</li> <li>2. Grossman M. &amp; Bowie C.R. Money Talks: The influence of extrinsic motivators on social cognition in early episode psychosis (Posted to OnQ).</li> </ol>
Week 11	Innovative Treatments	<p><i>Reading:</i></p> <ol style="list-style-type: none"> <li>1. Menon, M., Balzan, R. P., Harper, K., Kumar, D., Andersen, D., Moritz, S., &amp; Woodward, T. S. (2017). Psychosocial approaches in the treatment of psychosis: Cognitive Behavior Therapy for psychosis (CBTp) and Metacognitive Training (MCT). <i>Clinical schizophrenia &amp; related psychoses, 11</i>(3), 156-163</li> <li>2. Craig, T. K., Rus-Calafell, M., Ward, T., Leff, J. P., Huckvale, M., Howarth, E., ... &amp; Garety, P. A. (2018). AVATAR therapy for auditory verbal hallucinations in people with psychosis: a single-blind, randomised controlled trial. <i>The Lancet Psychiatry, 5</i>(1), 31-40.</li> </ol> <p style="text-align: center;"><b>Writing Assignment 3 Due</b></p>
Week 12	Phenomenology of Psychosis, Stigma, and Recovery	<ol style="list-style-type: none"> <li>1. Link, B. G., &amp; Phelan, J. C. (2001). Conceptualizing stigma. <i>Annual review of Sociology, 27</i>(1), 363-385.</li> </ol> <p style="text-align: center;"><b>Letter to the Editor Due</b></p>