

PSYC 428
Psychotic Disorders Seminar
Winter 2024

Instructor:

Office hours: To be announced

Accommodations Advisor

Contact psyc.accom@queensu.ca for accommodations/considerations

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. 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.

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 (25%)

After the first week, short quizzes will be posted to OnQ. The goal of these quizzes is to check your acquisition and synthesis of the knowledge in the slides. The quizzes will have three to five questions each week. Your lowest quiz grade will be removed, leaving a total of 10 quizzes worth 2.5 points each contributing to your final mark.

Quizzes will be posted Wednesday following the lecture and will be due prior to the next class. Late quizzes will be penalized 0.5 point per day late.

2. Class Participation (30%)

- (a) Students are expected to be able to formulate and ask questions of their peers' presentations and the instructor's lecture material. (10%)
- (b) Most classes will include a guided discussion of the required readings. Each student is expected to make verbal contributions to several of the articles throughout the term. Students will **post 2** questions on OnQ 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 new research questions, health care policy, and/or personal recovery for those with psychosis. (10% in-class participation, 10% for printed questions) ****You are expected to have read all articles prior to the class during which they are presented to enhance your participation.***

Grading Rubric, Section 2

	Needs Improvement	Developing	Accomplished	Exemplary
Questions of peers	Very infrequently asks questions; Comments do not reflect familiarity with topics (0-3 Points)	Infrequently makes comments; Comments are responsive but do not stir further discussion (4-6 points)	Makes comments regularly; Comments reflect a good understanding of the topic and occasionally generate further discussion (7-8 points)	Makes comments regularly that reflect deeper understanding of the material; makes links among and between reading topics; Comments contribute to overall discussion (9-10 points)
Discussion of Papers	Makes very few comments; Surface level details of papers; Simply agrees with comments from others (0-3 points)	Infrequent comments; Comments focus on smaller details of a paper (4-6 points)	Makes comments regularly; Integrates findings across papers (7-8 points)	Frequently demonstrates a deep understanding of papers; Is able to integrate papers within and between classes; Comments reflect an appreciation for the history, contemporary, and future of our

				understanding of psychopathology (9-10 points)
Written Questions	Questions are rephrasing of what is already explained in the article (0-3 points)	Questions reframe general topics covered in the paper but would not distinctly advance knowledge (4-6 points)	Questions reflect a deeper understanding of the topic and propose thoughts that are likely to be novel. (7-8 points)	Questions are innovative and not only reflect a deep understanding of the paper but the field in general, possibly integrating with other course readings or linking policy, practice, and research. (9-10 points)

3. Examining Original Data from Popular Media Reports (15%)

- A. In teams of 3, 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 and present it to the class. These lectures should be about 10 minutes and students can use slides or any other methods for presenting their case. Allocation of the presentation time should be equal among the group (i.e., about 3 minutes each).

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.

- B. Additionally, each student will provide their own interpretation of *another group'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. (5%)

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.

4. Journal Club (15%)

In groups of two to three students, teams will give a 15 minute presentation on an assigned journal article, followed by 15 minutes of questions from students and the professor.

Students should develop slides and/or other props for their presentation. The professor will provide the specific articles for assignment, based on a draw. Students can request non-preferred dates if they are not able to attend class that day or have a reasonable scheduling conflict.

Grading will be based on the comprehensiveness and synthesis of the content (5%), clarity of the presentation (5%), and ability to answer questions succinctly and accurately (5%).

All students should be prepared to ask questions of their peers, which will contribute to their credit toward class participation.

5. Reflections on Experiential Assignments (15%)

Behavioural assignments will be posted each week. 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 three of the assignments** of your choice in a 200-300 word summary. All three reflections are due before the final class.

Land Acknowledgement

Let us acknowledge that Queen's University rests on traditional Anishinaabe and Haudenosaunee territory. To acknowledge this traditional territory is to recognize its longer history, one predating the establishment of the earliest European colonies. It is also to acknowledge this territory's significance for the Indigenous Peoples who lived, and continue to live, upon it and whose practices and spiritualities are tied to the land and continue to develop in relationship to the territory and its other inhabitants today. Indigenous communities in Kingston/Katarokwi continue to reflect the area's Anishinaabe and Haudenosaunee roots. There is also a significant Métis community and First Peoples from other Nations across Turtle Island present here today. To read more about the history of the land, see the [Queen's Encyclopedia](#) and to learn more about land acknowledgements, see the [Office of Indigenous Initiatives](#).

Statement on Equity, Diversity, and Inclusivity

This class will contain content that addresses issues of EDII frankly and with respect. One of my roles as instructor is to emulate respectful and inclusive behaviour. This does not mean that all of my words and actions will always be received by everyone the same way and I will be monitoring how my behaviour affects others as we continue to work toward inclusive teaching and learning. Every member of this class is asked to show respect for every other member and to recognize that the process of engaging with challenging topics will necessitate respectful disagreement that should not transfer to exclusion or personal attacks.

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

Grade	Numerical Course Average (Range)
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 working with students with disabilities to remove barriers to their academic goals. Queen's Student Accessibility Services (QSAS), students with disabilities, instructors, and faculty staff work together to provide and implement academic accommodations designed to allow students with disabilities equitable access to all course material (including in-class as well as exams). If you are a student currently experiencing barriers to your academics due to disability related reasons, and you would like to understand whether academic accommodations could support the removal of those barriers, please visit the [QSAS website](#) to learn more about academic accommodations or start the registration process with QSAS by clicking **Access Ventus** button at [Ventus | Accessibility Services | Queen's \(queensu.ca\)](#)

VENTUS is an online portal that connects students, instructors, Queen's Student Accessibility Services, the Exam's Office and other support services in the process to request, assess, and implement academic accommodations.

To learn more go to: <https://www.queensu.ca/ventus-support/students/visual-guide-ventus-students>

Academic Consideration for Students in Extenuating Circumstances

Academic Consideration is a process for the University community to provide a compassionate response to assist students experiencing unforeseen, short-term extenuating circumstances that may impact or impede a student's ability to complete their academics. This may include but is not limited to,

- **Short term Physical or Mental Illness or Injury (stomach flu, anxiety/depression, mononucleosis, concussion, broken bones, surgery, medical treatments, etc.)**
- **Traumatic Event/Confidential (Bereavement, serious injury, illness or required treatment for a significant other/family member or a traumatic event such as divorce, sexual assault, social injustice, etc.)**
- **Requirements by Law or Public Health Authorities (court dates, jury duty, requirements to isolate, etc.)**
- **Significant Event (varsity athletic event, distinguished event, serving in the Reserve Forces, etc.)**

Queen's University is committed to providing academic consideration to students experiencing extenuating circumstances. For more information, please see the [Senate Policy on Academic Consideration for Students in Extenuating Circumstances](#).

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. For more information, undergraduate students in the Faculty of Arts and Sciences should consult the Faculty's webpage on [Academic Consideration in Extenuating Circumstances](#) and submit a request via the [Academic Consideration Request Portal](#). Students in other Faculties and Schools who are enrolled in this course should refer to the protocol for their home Faculty.

Students are encouraged to submit requests as soon as the need becomes apparent and to contact their instructor and/or course coordinator as soon as possible once academic consideration has been granted. Any delay in contact may limit the options available for academic consideration.

For more information on the Academic Consideration process, what is and is not an extenuating circumstance, and to submit an Academic Consideration request, please see the Faculty of Arts and Science's [Academic Consideration website](#). ASO courses include links to information on **Academic Consideration** on your **Course Homepage** in onQ.

Please see the Teaching Team page for contact information for your instructor and TA(s), where relevant.

Queen's Policy Statement on Academic Integrity

Queen's University is dedicated to creating a scholarly community free to explore a range of ideas, to build and advance knowledge, and to share the ideas and knowledge that emerge from a range of intellectual pursuits. Queen's students, faculty, administrators and staff therefore all have responsibilities for supporting and upholding the fundamental values of academic integrity. Academic integrity is constituted by the five core fundamental values of honesty, trust, fairness, respect and responsibility and by the quality of courage. These values and qualities 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.

The following statements from "The Fundamental Values of Academic Integrity" (2nd edition), developed by the International Center for Academic Integrity (ICAI), contextualize these values and qualities:

1. **Honesty** Academic communities of integrity advance the quest for truth and knowledge through intellectual and personal honesty in learning, teaching, research, and service.

2. **Trust** Academic communities of integrity both foster and rely upon climates of mutual trust. Climates of trust encourage and support the free exchange of ideas which in turn allows scholarly inquiry to reach its fullest potential.
3. **Fairness** Academic communities of integrity establish clear and transparent expectations, standards, and practices to support fairness in the interactions of students, faculty, and administrators.
4. **Respect** Academic communities of integrity value the interactive, cooperative, participatory nature of learning. They honor, value, and consider diverse opinions and ideas.
5. **Responsibility** Academic communities of integrity rest upon foundations of personal accountability coupled with the willingness of individuals and groups to lead by example, uphold mutually agreed-upon standards, and take action when they encounter wrongdoing.
6. **Courage** To develop and sustain communities of integrity, it takes more than simply believing in the fundamental values. Translating the values from talking points into action -- standing up for them in the face of pressure and adversity — requires determination, commitment, and courage.

Students are responsible for familiarizing themselves with and adhering to the Senate [regulations](#) concerning academic integrity, along with [Faculty or School](#) specific information. Departures from academic integrity include, but are not limited to, plagiarism, use of unauthorized materials, facilitation, forgery and falsification. Actions which contravene the regulation on academic integrity carry sanctions that can range from a warning, to loss of grades on an assignment, to failure of a course, to requirement to withdraw from the university.

Class Schedule:

Note: The following schedule is subject to change.

Date	Topic	Readings & Assignments
Week 1	Psychosis: Introduction to the Concept and History	----
Week 2	Delusions, Negative Symptoms, & Thought Disorder	<i>Reading:</i> 1. Tandon, R., Nasrallah, H. A., & Keshavan, M. S. (2009). Schizophrenia, "just the facts" 4. Clinical features and conceptualization. <i>Schizophrenia research, 110</i> (1-3), 1-23. 2. Corlett, P. R., Krystal, J. H., Taylor, J. R., & Fletcher, P. C. (2009). Why do delusions persist?. <i>Frontiers in human neuroscience, 3</i> , 12.
Week 3	Hallucinations & Social Factors in the Development of Psychosis	<i>Reading:</i> 1. Larøi, F., & Woodward, T. S. (2007). Hallucinations from a cognitive perspective. <i>Harvard review of psychiatry, 15</i> (3), 109-117. 2. Ford, J. M., Morris, S. E., Hoffman, R. E., Sommer, I., Waters, F., McCarthy-Jones, S., ... & Cuthbert, B. N. (2014). Studying hallucinations within the NIMH RDoC framework. <i>Schizophrenia bulletin, 40</i> (Suppl_4), S295-S304. 3. Bentall, R. P., de Sousa, P., Varese, F., Wickham, S., Sitko, K., Haarmans, M., & Read, J. (2014). From adversity to psychosis: pathways and mechanisms from specific adversities to specific symptoms. <i>Social psychiatry and</i>

Week 4	Cognition as the Core Feature of Schizophrenia	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Green, M. F., Horan, W. P., & Lee, J. (2019). Nonsocial and social cognition in schizophrenia: current evidence and future directions. <i>World Psychiatry, 18</i>(2), 146-161. 2. Bowie, C. R., Reichenberg, A., Patterson, T. L., Heaton, R. K., & 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.
Week 5	Cognitive Enhancement	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Bowie, C. R., Bell, M. D., Fiszdon, J. M., Johannesen, J. K., Lindenmayer, J. P., McGurk, S. R., ... & Ueland, T. (2020). Cognitive remediation for schizophrenia: An expert working group white paper on core techniques. <i>Schizophrenia research, 215</i>, 49-53. 2. Best, M. W., Milanovic, M., Iftene, F., & 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.
Week 6	Cultural & Diversity Topics	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Pilling, M., Howison, M., Frederick, T., Ross, L., Bellamy, C. D., Davidson, L., ... & 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. *Journal Club 1 2. Weisman de Mamani, A., & 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. *Journal Club 2 3. Maura, J., & 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.

Week 7	Medication Treatments	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Manschreck, T. C., & Boshes, R. A. (2007). The CATIE schizophrenia trial: results, impact, controversy. <i>Harvard review of psychiatry</i>, 15(5), 245-258. 2. Wunderink, L., Nieboer, R. M., Wiersma, D., Sytema, S., & 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. *Journal Club 3 <p style="text-align: center;">Media Presentations</p>
Week 8	Challenging Issues and “Antipsychiatry”	<p><i>Reading:</i></p> <p>Please read in the following order:</p> <ol style="list-style-type: none"> 1. Szasz, T. (1993). Crazy talk: Thought disorder or psychiatric arrogance?. <i>British Journal of Medical Psychology</i>, 66(1), 61-67. 2. Bentall, R. P., & Pilgrim, D. (1993). Thomas Szasz, crazy talk and the myth of mental illness. <i>British journal of medical psychology</i>, 66(1), 69-76. <p style="text-align: center;">Media Presentations</p>
Week 9	The Hearing Voices Movement	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Corstens, D., Longden, E., McCarthy-Jones, S., Waddingham, R., & Thomas, N. (2014). Emerging perspectives from the hearing voices movement: implications for research and practice. <i>Schizophrenia bulletin</i>, 40(Suppl_4), S285-S294. 2. Jones, N., Marino, C.K. and Hansen, M.C., 2016. The Hearing Voices Movement in the United States: Findings from a national survey of group facilitators. <i>Psychosis</i>, 8(2), pp.106-117. *Journal Club 4 3. Rosen, C., McCarthy-Jones, S., Jones, N., Chase, K.A. and Sharma, R.P., 2018. Negative voice-content as a full

		mediator of a relation between childhood adversity and distress ensuing from hearing voices. <i>Schizophrenia research</i> , 199, pp.361-366. *Journal Club 5
Week 10	Social Cognition	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Grant, N., Lawrence, M., Preti, A., Wykes, T., & Cella, M. (2017). Social cognition interventions for people with schizophrenia: a systematic review focussing on methodological quality and intervention modality. <i>Clinical Psychology Review</i>, 56, 55-64. 2. Vohs, J.L., Lysaker, P.H., Francis, M.M., Hamm, J., Buck, K.D., Olesek, K., Outcalt, J., Dimaggio, G., Leonhardt, B., Liffick, E. and Mehdiyoun, N., 2014. Metacognition, social cognition, and symptoms in patients with first episode and prolonged psychoses. <i>Schizophrenia Research</i>, 153(1-3), pp.54-59. *Journal Club 6 3. Grossman, M.J. and Bowie, C.R., 2021. Money talks: The influence of extrinsic motivators on social cognition in early episode psychosis. <i>Schizophrenia Research</i>, 233, pp.52-59. *Journal Club 7
Week 11	Innovative Treatments	<p><i>Reading:</i></p> <ol style="list-style-type: none"> 1. Menon, M., Balzan, R. P., Harper, K., Kumar, D., Andersen, D., Moritz, S., & Woodward, T. S. (2017). Psychosocial approaches in the treatment of psychosis: Cognitive Behavior Therapy for psychosis (CBTp) and Metacognitive Training (MCT). <i>Clinical schizophrenia & related psychoses</i>, 11(3), 156-163 2. Craig, T. K., Rus-Calafell, M., Ward, T., Leff, J. P., Huckvale, M., Howarth, E., ... & Garety, P. A. (2018). AVATAR therapy for auditory verbal hallucinations in people with psychosis: a single-blind, randomised controlled trial. <i>The Lancet Psychiatry</i>, 5(1), 31-40. *Journal Club 8 3. Kopelovich, S.L., Stiles, B., Monroe-DeVita, M., Hardy, K., Hallgren, K. and Turkington, D., 2021. Psychosis REACH: Effects of a Brief CBT-Informed Training for Family and Caregivers of Individuals With Psychosis. <i>Psychiatric Services</i>, pp.appi-ps. *Journal Club 9

		<p>4. Nahum, M., Lee, H., Fisher, M., Green, M.F., Hooker, C.I., Ventura, J., Jordan, J.T., Rose, A., Kim, S.J., Haut, K.M. and Merzenich, M.M., 2021. Online social cognition training in schizophrenia: a double-blind, randomized, controlled multi-site clinical trial. <i>Schizophrenia bulletin</i>, 47(1), pp.108-117. *Journal Club 10</p>
Week 12	Phenomenology of Psychosis, Stigma, and Recovery	<p>1. Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. <i>Annual review of Sociology</i>, 27(1), 363-385.</p> <p style="text-align: center;">Letter to the Editor Due</p>