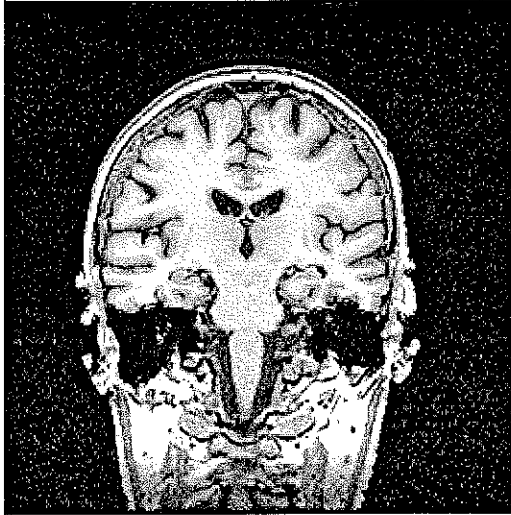


Visit the Psychology Handbook @ [www. http://www.scar.utoronto.ca/~lifesci/psych-handbook/](http://www.scar.utoronto.ca/~lifesci/psych-handbook/)

## *Current Topics in*



# Abnormal Psychology

**PSYD33**

Thursday 3-5

Room: TBA

Professor K. K. Zakzanis

Office: S wing-564

E-mail: [zakzanis@utsc.utoronto.ca](mailto:zakzanis@utsc.utoronto.ca)

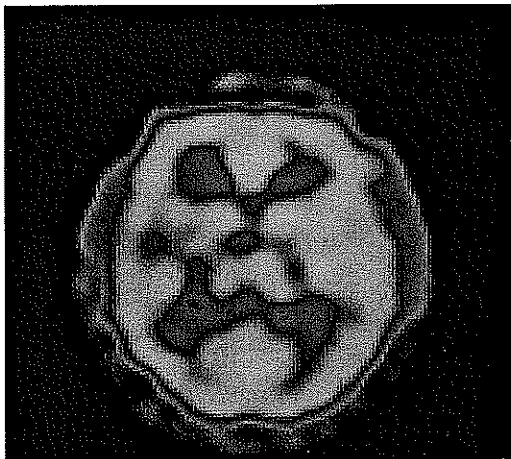
Telephone: 287 7424

Fax: 287 7642

Office Hours: Thursday 1:30-2:30 or by appointment

*Prerequisites:* PSYB32 plus one C- Level half-course in PSY

Note: It is strongly recommended that each student has completed successfully PSYB07 (Data Analysis In Psychology) before taking this course.



### *Required Readings:*

Naugle, R., Cullum, C. M., & Bigler, E. (1998). Introduction to clinical neuropsychology: A casebook. Austin, TX: Pro-Ed.

### *Recommended Readings:*

Lezak, M. D. (1994). *Neuropsychological assessment* [3<sup>rd</sup>. Edition]. New York: Oxford University Press.

Zakzanis, K. K., Leach, L., & Kaplan, E. (1999).  
*Neuropsychological differential diagnosis*. Lisse, The  
Netherlands: Swets and Zeitlinger.

### *Synopsis of "Current Topics in Abnormal Psychology"*

Dementia and neuropsychiatric disease are acquired syndromes of intellectual impairment produced by brain dysfunction. Its prevalence is rapidly increasing, and adequate care of the burgeoning population of demented and psychiatrically ill individuals requires a knowledgeable approach to diagnosis and management. The purpose of this course is to teach students to evaluate research related to the neuropsychological profile, treatment, and locus of neuroanatomical deficit in patients with dementia and neuropsychiatric disease. We will first review the methods of assessment to measure "abnormality" used by neuropsychologists, neurologists, and psychiatrists in their clinical evaluation of patients with dementia and neuropsychiatric disease. We will then review the main disorders included in a differential diagnosis in neurologic settings (i.e., Alzheimer's disease, fronto-temporal dementia & Parkinson's disease) and psychiatric clinics (i.e., schizophrenia & major depressive disorder). Along the way, we will spend a great deal of time learning about the illogical inaccuracies of statistical significance testing and develop skills in effect size analyses and meta-analysis. Students will evaluate a body of research with their newly acquired statistical skills in terms of a review paper for a specific disorder to be selected by the student from a list of disorders to be provided by the instructor.

### *Basis of Evaluation:*

#### **Review paper [50%]**

A review paper will be handed in on the last day of class with no exceptions. The paper is to be either a quantitative or qualitative review of a disorder to be selected by each student from a list to be provided by the instructor. Students may ask permission to complete a review paper in a different area if permission is granted from the instructor.

#### **Proposal [10%]**

A proposal is due on September 27. The proposal should include an outline on why you have chosen to do a quantitative (e.g., you found a good number of research studies that meet inclusion criteria), or qualitative (e.g., your topic is composed of single case studies) review paper. The proposal should outline your search (e.g., MEDLINE, Keywords), and briefly describe your topic of study.

#### **Presentation [40%]**

Students are required to present their topic area to the class. Each presentation will last approximately 40 minutes with five minutes of discussion/questioning to follow.

*Lecture Dates and Topics:*

*September 1: Introduction*

Brief Presentation on the Measurement of  
Abnormality

*Readings: Chapter 1 Neuropsychological Assessment*

*September 20: Neuropsychological Assessment: principles and  
test measures*

*Readings: Chapter 2 Neuroimaging and Neuropsychology*

*September 27: Neuroimaging and Neuropsychology: the principles*

*Readings: Chapters 3 Cerebrovascular Disease, Chapter 4  
Mass Lesions, and Chapter 5 Dementia*

*October 4: The Neuropsychology of Dementia: Case Studies*

*Readings: Chapter 6 Traumatic Brain Injury, Chapter 10  
Neuropsychiatric Disorders, and Chapter 11 Functional  
Disorders*

*October 11: The Neuropsychology of Neuropsychiatric Disease:  
Case Studies*

*Readings:*

*Zakzanis, K. K. (1998). Brain is related to behavior  
( $p < .05$ ). *Journal of Clinical and Experimental  
Neuropsychology* 20, 419-427.*

*Zakzanis, K. K. (in press). Statistics to tell the truth, the  
whole truth and nothing but the truth. *Archives of Clinical  
Neuropsychology,**

*October 18 Presenters 1.*

*2.*

*3.*

*October 25 Presenters 4.*

*5.*

6.

*November 1 Presenters* 7.

8.

9.

*November 8 Presenters* 10.

11.

12.

*November 15 Presenters* 13.

14.

15.

*November 22 Presenters* 16.

17.

18.

*November 29: Presenters* 19.

20.

21.

*Paper due...Absolutely no exceptions*

## **List of Possible Topics for Presentation/Paper**

### **DISORDERS**

**Alzheimer's disease**  
**Fronto-temporal dementia**  
**Semantic dementia**  
**Primary progressive aphasia**  
**Dementia with Lewy Bodies (Lewy Body Dementia)**  
**Pick's disease**  
**Vascular dementia**  
**Posterior Cortical Atrophy**  
**Parkinson's disease**  
**Huntington's disease**  
**Progressive Supranuclear Palsy**  
**Wilson's disease**  
**Spicocerebellar degenerations**  
**Corticobasal degeneration**  
**Idiopathic basal ganglia calcification**  
**Hydrocephalus**  
**Multiple Sclerosis**  
**Human Immunodeficiency Virus (HIV)**  
**Binswanger's disease**  
**Wernicke-Korsakoff's syndrome**  
**Toxic and metabolic encephalopathies**  
**Systemic illness (e.g., renal failure)**  
**Drug intoxications (MDMA)**  
**Industrial dementias (e.g., heavy metal exposures)**  
**Major depressive disorder**  
**Schizophrenia**  
**Bipolar disorder**  
**Focal neurological symptoms (amnesia, apraxia, neglect, aphasia, agraphia, alexia)**  
**Lyme disease**  
**Reversible dementias**  
**Delirium**  
**Dementia Pugilistica ("Punch Drunk Syndrome")**

### **IMAGING MODALITIES**

**Computed axial tomography (CT)**  
**Magnetic Resonance Imaging (MRI)**  
**Single Photon Emission Computed Tomography (SPECT)**  
**Positron Emission Tomography (PET)**  
**Functional Magnetic Resonance Imaging (fMRI)**  
**Electroencephalogram (EEG)**  
**Magnecephalogram (MEG)**

## **NEUROPSYCHOLOGICAL MEASURES**

**Executive measures**

**Visuospatial measures**

**Memory measures**

**Attention measures**

**Measures of General Intelligence**

**Mood and Personality measures**

**“The Neurological Examination”**

**\*NOTE: Students with a disability/health consideration are encouraged to approach me and/or the AccessAbility Services Office @287-7560. They can also drop by the office, S302B, inside the Resource Centre. The Coordinator is available by appointment to assess specific needs, provide referrals and arrange appropriate accommodations.**