

PASTORAL DIAGNOSIS AND PSYCHOPATHOLOGY

PC 322-3

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Course Description:

This course introduces students to current research, theory and clinical practices related to multicultural assessment of psychopathology in a systemic and critical theological framework. This course will: (1) examine intrapersonal, systemic, biomedical, social and spiritual frameworks for understanding non-normative human behavior and its treatment; and (2) examine how psychiatric diagnosis interacts with oppression, discrimination and trauma, as well as racial, cultural, sexual and ethnic differences. Students will be introduced to assessment tools and practices appropriate to DSM 5 diagnosis and its use in Marriage and Family Therapy and pastoral counseling.

Objectives and Expected Student Learning Outcomes

<u>By the end of the semester, students will:</u>	<u>Student Learning Outcomes (SLO) & MFT Competencies (C:)</u>	Assignment/Assessment
Understand the rationale, research and process for how major child and adult mental disorders are organized by psychiatrists and psychologists.	SLO 2(1) ...entry level professional competence to construct and manage treatment... C: 2.1.2: Understand major behavioral health disorders... C: 2.1.5 ...Understand current models of assessment...	Attendance Class Presentation (Rubric) Final Examination
Understand and appropriate in clinical practice contemporary theories of how intrapsychic factors, interpersonal systems, medical/biology, gender and cultural norms, and systems of power contribute to how psychiatric diagnosis is organized and used.	SLO 2(2) ...multicultural approach to therapy...attention to religious, cultural, racial...differences C: 2.1.6 Understand strengths and limits of diagnosis in multicultural context... C: 2.2.5 Consider physical & organic problems... C:2.3.1 ...Diagnose...systemically and contextually C: 2.4.3 ...Evaluate accuracy and cultural relevance of...diagnosis	Attendance Class Presentation (Rubric) Diagnostic Evaluations and Summaries (Rubric)
Be able demonstrate broad knowledge of major categories of mental illness and how these are organized in the DSM 5.	SLO 2(1) ...entry level professional competence to construct and manage treatment... C: 2.1.2: Understand major behavioral health disorders... C:2.1.5 ...Understand current models of assessment...	Final Examination

Be able to demonstrate basic competency and awareness of MFT scope of practice in identifying and using appropriate assessment tools related to the DSM 5 and clinical diagnosis.	SLO 2(1) ...entry level professional competence to construct and manage treatment... C: 2.1.4 ...assessment instruments C: 5.3.7 Practice within defined scope of practice and competence	Diagnostic Evaluations & Summaries (Rubric) Final Exam
Be able to complete a clinical assessment appropriately using the DSM 5 classification system in a family therapy context that incorporates both a systemic clinical or postmodern frame for assessment	SLO 2(1) ...entry level professional competence to construct and manage treatment... SLO 2(2) ...multicultural approach to therapy...attention to religious, cultural, racial...differences C: 2.2.2 ...systematically integrate client report, observations...test results...to guide assessment process C: 2.2.3 Develop hypotheses re: relational patterns and extra-therapeutic factors C: 2.3.1 Diagnose ...systemically and contextually C: 2.3.6 ...Assess family...using a genogram or other instruments	Diagnostic Evaluations & Summaries (Rubric)
Be able to summarize the results of assessment in clinical records with appropriate attention to risk assessment, referral, systemic implications and communal/contextual factors, and implications for treatment.	SLO 2(1) ...entry level professional competence to construct and manage treatment... SLO 2(2) ...multicultural approach to therapy...attention to religious, cultural, racial...differences C: 1.2.3 Recognize issues that...suggest referral for specialized evaluation...care C: 2.1.2 Understand major behavioral health disorders... C: 2.2.4 Consider the influence of treatment on...relationships C: 2.2.5 Consider physical & organic problems...	Diagnostic Evaluations & Summaries (Rubric)
Demonstrate their ability to discuss ethical and critical pastoral and theological issues related to mental illness and diagnosis	SLO 4(1) ...write a final theological integration statement... C: 5.2.2 ...Recognize ethical dilemmas...	Book/Article Discussions & Summary Paper (Rubric)

Assignments:

1. **Attendance.** Regular attendance is expected. Missed classes will be managed on an individual basis by the professor. Missed classes will affect the final grade.

2. **Final Exam.** The final will consist of a computerized examination taken in the library the week of finals. It will consist of multiple choice and responses to vignettes similar to the Exit Exam and the AMFTRB license exam. The exam will cover basic course content and application of procedures learned in class and through assignments.
3. **Class Discussion Leadership.** The subject matter of this class is integrated best by reading, class discussion, and demonstrations. Class members will work in dyads to formulate a 30 minute discussion related to assigned class topics. The leading dyad should read assigned material carefully and identify the most important issues for class discussion. See rubric for expectations and grading standards.
4. **Three Diagnostic Evaluations and Summaries (Due March 27, April 10, May 8).** Class members will use the diagnostic write-up framework (Clinical Assessment Form and Rubric) presented in class to complete three diagnostic summaries during the semester. The final step in the diagnostic evaluation is to use the Clinical Assessment form to complete the highlighted sections of the standard MFT Program case study (see below). Diagnostic summaries should reflect: (1) multicultural, systemic, and contextual framework of MFT practice; (2) appropriate assessment tools discussed in class; (3) appropriate clinical judgments about observations from client report and therapist observation. Consult professor for any needed clarification. Conclude your evaluations with a short statement of recommendations for treatment plan (or how the assessment will influence and guide the treatment plan). **Turn in both the Clinical Assessment form and the Case Study with appropriate (highlighted) section completed.**

Evaluation 1 & 2: When possible, students will write a diagnostic summary of a client seen through practicum. Use pseudonyms to preserve client confidentiality. Students should select their most confusing or difficult cases. Cases should be dissimilar when possible.

Evaluation 3: Select one of the following movies/television shows and write a diagnostic assessment of the primary protagonist, assuming that the protagonist has come to you for therapy. Be clear about **why** the protagonist came to you and by whom they were referred (if they did not come on their own accord). Use what you see in the protagonists' life to imagine what you would see and hear in a diagnostic session. Be sure to attend to 1-3 above. Select from: A Beautiful Mind, Girl Interrupted, episodes of Mr. Monk, episodes of Doc Martin, Catch Me if You Can, Fatal Attraction, an alternative approved by the professor.

5. **Critical Book/Article Discussion and Summaries (Due April 3 & May 8).** Class members will divide into four groups for online discussion of the following:

Oates, W. E. (1970). *When religion gets sick*. Philadelphia: Westminster Press. (Note that this text is available only in the library and on a CD used with permission from the Wayne E. Oates Institute, which will be provided by the professor.)

Mackenna, C. (2013). Some theological, psychoanalytic and cultural reflections on the practice of christian deliverance ministry in the light of clinical and pastoral

experience. In C. H. Cook (Ed.), *Spirituality, theology and mental health* (pp. 75-93). London: SCM Press.

Students will meet “virtually” using the Forum page of CAMS to carry on a chapter-by-chapter discussion of the selected text. Typically, groups will discuss one chapter per week.

Critical Book Discussion Evaluation—the final product for evaluation will be:

- a. Digital record of the forum that shows participation of all students;
- b. A final 3-5 page reflection paper that summarizes what you learned from the book, from discussion and how what you learned relates to your practice as a pastorally-informed MFT. See rubric for evaluation details.

Required Texts and Reading:

- Craighead, W.E.; Miklowitz, D. J. & Craighead, L.W. (2013). *Psychopathology: history, diagnosis and empirical foundations*. New York: Wiley.
- American Psychiatric Association. (2013). *The diagnostic and statistical manual of mental disorders*. Washington, DC: The American Psychiatric Association.
- Oates, W. E. (1970). *When religion gets sick*. Philadelphia: Westminster Press.
- Mackenna, C. (2013). Some theological, psychoanalytic and cultural reflections on the practice of christian deliverance ministry in the light of clinical and pastoral experience. In C. H. Cook (Ed.), *Spirituality, theology and mental health* (pp. 75-93). London: SCM Press.
- Podmore, S. D. (2013). My god, my god, why have you forsaken me? Between consolation and desolation. In C. H. Cook (Ed.), *Spirituality, theology and mental health*. London: SCM Press.
- Townsend, L. L. (2013). Best practices: Rethinking pastoral diagnosis. *Sacred Spaces: The e-journal of the American Association of Pastoral Counselors*, 5, 66-101.

Other Helpful Texts

- Jordan, M. (1988). *Taking on the gods: The task of the pastoral counselor*. Nashville, TN: Abingdon.
- Josephson, A. & Peteet, J. (2003). *Handbook of spirituality and worldview in clinical practice*. Arlington, VA: American Psychiatric Pub.
- L'Abate, L. *Family assessment: A psychological approach*. Thousand Oaks, CA: Sage.
- Oates, W. E. (1987). *Behind the masks: Personality disorders in religious behavior*. Philadelphia: Westminster Press.
- Pruyser, P. (1976). *The minister as diagnostician*. Philadelphia: Westminster Press.
- Rigazio-DiGilio, et.al. (2005). *Community genogram: Using individual, family and cultural narratives with clients*. New York: Teachers College Press.
- Roth, A. & Fonagy, P. (2005). *What works for whom?* NY: Guildford Press.
- Ryan, C. E., Epstein, N. B., Keitner, G.I., Miller, I.W., Bishop, D.S. (2005). *Evaluating and treating families: the McMaster approach*. NY: Routledge.

Schedule
(Student led discussion underlined & italicized)

Date	Reading	Be prepared to discuss Assignments due
2/13/14	-Craighead et al (2013), Ch. 1 - Townsend (2013) -DSM 5, pp. 1-24; 733-759 http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2288576/ http://www.psychiatry.org/practice/dsm/dsm5/online-assessment-measures#Level1	Lecture and discussion: A: Introductory to Psychopathology B: Developmental Psychopathology C: Psychopathology & Cultural Problematics D: Diagnosis for MFTs—Systemic, multicultural, contextual, and theological framework (or, how we will approach psychopathology and the diagnostic task this semester) E. Process of Diagnosis & use of DSM 5 F. Intro to Assessment Tools
2/20/14	-Craighead et al (2013), Ch 2 & 3 -DSM 5, pp. 31-86	A: Guest speaker: Problems of childhood, Guest, McCray Ashby, M.D. A: Neurodevelopmental Disorders B: <u>Obsessive-Compulsive Disorder</u>
2/27/14	-Craighead et al (2013), Ch 4 -Be prepared to discuss corresponding sections of DSM-5	A: Mental Status Exam and other basic tools B: Writing Assessment Reports C: <u>Generalized Anxiety Disorder</u>
3/6/14	-Craighead et al (2013), Ch 5 & 6 -Be prepared to discuss corresponding sections of DSM-5	A: <u>Social Anxiety Disorder</u> B: <u>Panic Disorder</u> C: Pastoral & MFT Contexts for Diagnosis & Reports
3/13/14	-Craighead et al (2013), Ch 7 -DSM-5 591-643 -Be prepared to discuss corresponding sections of DSM-5	A: Posttraumatic Stress Disorder B: Neurocognitive disorders: Guest, Kent Hicks B: Religious issues in psychopathology C: Book discussion (Oates, 1970) due
3/20/14	Research and Study	
3/27/14	-Craighead et al (2013), Ch 8 & 9 -Be prepared to discuss corresponding sections of DSM-5 -Podmore, 2013	A: <u>Major Depressive Disorder</u> B: <u>Persistent Depressive Disorder</u> C: Diagnostic Summary 1 Due
4/3/14	-Craighead et al (2013), Ch 10 -Be prepared to discuss corresponding sections of DSM-5	A: <u>Bipolar Disorder</u> B: MFT Practice Issues C: Visit to University Hospital
4/10/14	-Craighead et al (2013), Ch 11 -Be prepared to discuss corresponding sections of DSM-5	A: <u>Schizophrenia & Psychosis Spectrum</u> B: Guest, Stephanie Hall, M.D.— C: Diagnostic Summary 2 Due
4/17/14	-Craighead et al (2013), Ch 12 & 13 -Be prepared to discuss corresponding sections of DSM-5	A: <u>Bulimia & Binge Eating</u> B: <u>Anorexia Nervosa</u>
4/24/14	-Craighead et al (2013), Ch 14 -Be prepared to discuss corresponding sections of DSM-5	A: <u>Borderline Personality Disorder</u> B: Article discussion (Mackenna) Due
5/1/14	-Craighead et al (2013), Ch 15 & 16 -Be prepared to discuss corresponding sections of DSM-5	A: <u>Alcohol Use Disorder</u> B: <u>Psychopathy</u>
5/8/14	-Craighead et al (2013), Ch 17 -Be prepared to discuss corresponding sections of DSM-5	A: Sexual Dysfunction B: Guest Speaker: TBD C: Diagnostic Summary 3 Due
5/13-14	Final exam on computers in library	

Formats and Rubrics for Course

1. **!!!See CAMS for Clinical Assessment Form and Clinical Assessment Rubric!!!**
2. **See CAMS for MAMFT SENIOR INTEGRATION EXPERIENCE CASE STUDY FORMAT**
3. **Discussion Leadership Rubric**

Dimension	Excellent A Level	Acceptable B Level	Unacceptable C & below
Discussion leaders cover the central material of associated class reading.			
Discussion leaders show evidence of careful reading of assigned reading.			
Discussion leaders show evidence of advanced planning for discussion.			
Discussion leaders engage the class in appropriate and topic-centered discussion.			
Discussion leaders use audio-visual and handout supplements when appropriate.			
Grade for presentation:			

4. Online Book Discussion Grading Rubric

Dimension	Excellent A Level	Acceptable B Level	Unacceptable C & below
1: All posts are completed within the timeline outlined by the syllabus.			
2: Posts show good understanding of reading or class discussion content and use ideas and language from reading or discussion.			
3: Posts demonstrate critical thinking and evaluation of reading—deliberate attention to pros and cons of an argument, where student agrees or disagrees (and why), and alternatives that need to be considered			
4: Posts and questions show creativity and originality. That is, posts provide more than accurate reflection of reading or discussion. Posts include evidence of the student thinking her or his own thoughts about the material by asking questions, wondering “what if” or challenging from their own particular experience or social location.			

5: Posts demonstrate effective writing and communication skills. Posts are well organized, well expressed, and use appropriate grammar and syntax.			
6. Posts engage other participants in discussion, demonstrated by questions, replies and discussion of others' thoughts.			
7. Posts show consideration and respect for each participant's input, comments and conclusions.			
8. Summary demonstrates depth of thought about the book and the online discussion.			
9. Summary paper demonstrates critical evaluation of both the book and the online discussion.			
10. Summary paper describes how the book contributed to understanding the book and its application to clinical practice (or describes why this did not happen).			
11. Summary paper describes how the online discussion contributed (or not) to understanding the author's thought and clinical applications.			
12. Summary paper is coherent, well constructed, well-written, and generally free of grammatical and proofreading errors.			

Class Policies

Grading: Grade Scale and Philosophy

A	96.6-100
A-	93.6-96.5
B+	90.6-93.5
B	87.6-90.5
C	85.6-87.5
C+	83.6-85.5
C	81.6-83.5
C-	79.6-81.5
D	70.6-79.5
F	Below 70.6

Individuals admitted to graduate study are expected to perform consistently and well in academic work. This is translated into grades in the following way:

1. Basic mastery of the body of knowledge at a level expected in graduate study will earn scores in the B to B+ range.

2. Grades of A- are granted for work which demonstrates

- basic mastery of the body of knowledge, and
- independent thought about the subject matter.

3. Grades of A are granted for work which demonstrates

- mastery of the required body of knowledge,
- independent thought about the subject matter, and
- creative/integrative use of the material, exceptional writing which integrates the material into a student's own system of thought, and/or exceptionally well done or articulate research.

Seminary Policies

1. Use of Inclusive Language

In accordance with seminary policy, students are to use inclusive language in class discussions and in written and oral communication by using language representative of the whole human community in respect to gender, sexual orientation, ethnicity, age, and physical and intellectual capacities. Direct quotations from theological texts and translations of the Bible do not have to be altered to conform to this policy. In your own writing, however, when referring to God, you are encouraged to use a variety of images and metaphors, reflecting the richness of the Bible's images for God. See for further assistance, <http://www.lpts.edu/academics/academic-resources/academic-support-center/online-writing-lab/avoiding-gender-bias>.

2. Academic Honesty

All work turned in to the instructors is expected to be the work of the student whose name appears on the assignment. Any borrowing of the ideas or the words of others must be acknowledged by quotation marks (where appropriate) and by citation of author and source. Use of another's language or ideas from online resources is included in this policy, and must be attributed to author and source of the work being cited. Failure to do so constitutes plagiarism, and may result in failure of the course. Two occurrences of plagiarism may result in dismissal from the Seminary. Students unfamiliar with issues related to academic honesty can find help from the staff in the Academic Support Center. For the Seminary policy, see The Code of Student Conduct, 6.11; the Student Handbook, p. 19.

3. Special Accommodations

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center (kmapes@lpts.edu) during the first two weeks of a semester (or before the semester begins) and should speak with the instructor as soon as possible to arrange appropriate adjustments. Students with environmental or other sensitivities that may affect their learning are also encouraged to speak with the instructor.

4. Citation Policy

Citations in your papers should follow Seminary standards, which are based on these guides:

American Psychological Association. *Publication Manual of the American Psychological Association*. 6th ed. Washington, DC: American Psychological Association, 2010.

Turabian, Kate L., Wayne C. Booth, Gregory G. Colomb, and Joseph M. Williams. *A Manual for Writers of Research Papers, Theses, and Dissertations: Chicago Style for Students and Researchers*. 8th ed. Chicago: University of Chicago Press, 2013.

The Chicago Manual of Style. 16th ed. Chicago: University of Chicago Press, 2010.

Copies of these guides are available at the library and in the Academic Support Center.

5. Attendance Policy

According to the Seminary catalog, students are expected to attend class meetings regularly. In case of illness or emergency, students are asked to notify the instructor of their planned absence from class, either prior to the session or within 24 hours of the class session. Six or more absences (1/4 of the course) may result in a low or failing grade in the course.

