PSYCHOPATHOLOGY  
PC 322-3  
Spring 2017

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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 theologically framework. This course will: (1) examine intrapersonal, systemic, neurobiological, biological, 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**

<table>
<thead>
<tr>
<th>By the end of the semester, students will:</th>
<th>Student Learning Outcomes (SLO) &amp; MFT Competencies (C:)</th>
<th>Signature Assignment/Assessment</th>
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</thead>
</table>
| Understand the rationale, research and process for how major child and adult mental disorders are organized by psychiatrists and psychologists. | SLO 1: able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards  
C: 2.1.2: Understand major behavioral health disorders…  
C: 2.1.5…Understand current models of assessment… | Attendance  
Mid-term and 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 4: able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.  
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  
Diagnostic Evaluations  
Summaries  
Family Therapy, Education & Care Plans |
<table>
<thead>
<tr>
<th>Task</th>
<th>SLO 1: able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.</th>
<th>Final Examination</th>
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</thead>
<tbody>
<tr>
<td>Be able to demonstrate broad knowledge of major categories of mental illness and how these are organized in the DSM 5.</td>
<td>C: 2.1.2: Understand major behavioral health disorders… C:2.1.5 …Understand current models of assessment…</td>
<td>Final Examination</td>
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<tr>
<td>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.</td>
<td>SLO 1: able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. C: 2.1.4…assessment instruments C: 5.3.7 Practice within defined scope of practice and competence</td>
<td>Diagnostic Evaluations &amp; Summaries</td>
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<tr>
<td>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</td>
<td>SLO 1: able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. SLO 4: able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems 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</td>
<td>Diagnostic Evaluations &amp; Summaries</td>
</tr>
<tr>
<td>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.</td>
<td>SLO 1: be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. SLO 4: will be able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual</td>
<td>Diagnostic Evaluations &amp; Summaries</td>
</tr>
</tbody>
</table>
orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.
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...

Demonstrate their ability to discuss ethical and critical pastoral and theological issues related to mental illness and diagnosis

SLO 5: able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.
C: 5.2.2...Recognize ethical dilemmas...

Multicultural Therapy Definition: Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) “...can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.” Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue & Sue 2008)

Evidence-based Practice Definition: EBP is a “…practice-friendly approach to using research to enhance family therapy” (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).

Assignments:

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Details</th>
<th>Due Date</th>
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</table>
| Diagnostic Evaluation Summaries (25% of grade) | First Evaluation:
- Mental Status Exam | 2/22 |
| | Evaluation and Diagnosis 1
- Interview observations
- Mental Status Exam | 3/8 |
1. Protect confidentiality as per program policies. Include elements described with each assignment.

2. Pay careful attention to clinical logic. That is, presenting problem, interview observations, mental status, clinical measures should work together to provide a clinical picture that justifies any DSM 5 diagnosis. A reader not familiar with the case should be able to read your report and see adequate justification for any diagnosis you make.

3. Attend to multicultural concerns and issues.

4. Attend to necessary safety plans and mandatory reporting

5. Address any ethical concerns arising from assessment.

6. **When reporting diagnosis, use ICD 10 codes.**

   Be sure to use the Case Study Rubric, Individual Assessment Section (CAMS) to structure your report. Remember this is a professional, clinical report and not an essay.
<table>
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<tr>
<th>Psycho-education Project (25% of grade)</th>
<th>Choose from the following diagnoses:</th>
<th>5/3</th>
</tr>
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</table>
| In this assignment, students will assume that they have been asked by a local social service agency to draft a proposal. You are asked to develop a three-hour psycho-educational workshop that you would present to several families in which one member has been diagnosed with _________ (see list to the right). The agency’s goal is to help the families better understand the diagnosis and prepare them understand what kinds of therapeutic support may be helpful for them in the future. You must: | • Generalized Anxiety Disorder  
• Post-Traumatic Stress Disorder  
• Major Depressive Disorder  
• Bipolar Disorder  
• Schizophrenia  
• ADHD |  |
| • Develop a set of outcome goals for the workshop;  
• Provide an outline for the program;  
• Provide a set of PowerPoint slides or handouts to be used in the workshop. Be sure to address  
  o current understanding of the disorder’s causes, manifestations, prognosis and effects on individuals and families,  
  o what families can expect in the immediate future for managing the manifestations of the disorder,  
  o any safety plans that might be necessary,  
  o what research shows to be best options for future therapeutic intervention,  
  o resources available in the community to help the individual and family manage the illness.  
• Provide a summary sheet to be distributed to families at the end of the workshop to help them understand therapeutic options |  |
| 3. State two realistic treatment goals for the family that speak to their presenting problem/request and provides a framework of hope for the family. |  |

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<tr>
<th>Theological/Ethical/Justice Reflection (10% of grade)</th>
<th>Mar. 1</th>
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<tbody>
<tr>
<td>Attend at least 2 sessions of the Black Church Studies Consultation (February 24-25) on Mass Incarceration (excluding lunch or breakfast…). In a 5 page paper discuss:</td>
<td></td>
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<tr>
<td>1. Your theological/ethical/justice reflections on what you heard and experienced,</td>
<td></td>
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</tbody>
</table>
2. Your reflections/conclusions about how and where issues of mass incarceration intersect with the professional practice of diagnosis, and

3. Any impact what you learned in the consultation may have on your understanding of your sense of self or practice as a minister/family therapist.

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<tr>
<th>Midterm Content Examination (20% of grade)</th>
<th>Due week of 3/22</th>
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<tbody>
<tr>
<td>Final Comprehensive Content Examination (20% of grade)</td>
<td>Taken the week of finals</td>
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</table>

Regular attendance and participation in class is required. Participants are expected to be on time. Conflicts with scheduling clients or other avoidable schedule conflicts are not acceptable reasons to be late or miss class. Each class session accounts for one week of class, leaving little room for absences, excused or unexcused. Unexcused absences will affect class grades.

Required Texts and Reading:


Essential References and Required Reading From:


Other Helpful Texts

## Schedule

*Schedule may be adjusted based on progress through material during the semester*

<table>
<thead>
<tr>
<th>Date</th>
<th>Reading</th>
<th>Lecture and Discussion</th>
</tr>
</thead>
</table>
| 2/8  | Session 1:  
   - Castonguay, Ch. 1  
   - Townsend (2013)  
   - DSM 5, pp. 1-24; 733-759  
   - Greenberg Book of Woe, ch 1, 2, 4  
   - Session 2: Lecture  
   | Session 1  
   - Introduction to Psychopathology  
   - Psychopathology & Cultural Problematics  
   - Diagnosis—Systemic, multicultural, contextual, theological framework  
   - Process of Diagnosis & use of DSM 5  
   - Medical science and theology  
   - Session 2  
   - Neurobiological Foundations  
|  
| 2/15 | Session 1: Lecture  
   | Session 1: Neurobiology continued  
   | Session 2:  
   - Mental Status Exam  
   - Clinical Interviewing  
   - Inventories & cross-cutting measures  
   - Writing Assessment Reports  
| 2/22 | Session 1 & 2: Castonguay, Ch. 3; DSM 5, pp. 222-226  
   | Session 1: Generalized Anxiety Disorder  
   | Session 2: Social Anxiety Disorder  
   | **Due:** Mental Status Report  
| 3/1 | Session 1: Castonguay, Ch. 4; DSM 5, pp. 208-221  
   | Session 1: Panic & Phobias  
   | Session 2: Clinical Applications  
   | Session 2: Clinical Concerns—Assessment procedures, report writing, legal and ethical, etc.  
   | **Due:** Mass Incarceration Paper  
| 3/8  | Session 1: DSM-5 591-643  
   | Session 1: Neurocognitive disorders: Guest speaker, Kent Hicks  
   | Session 2: DSM-5 361-442  
   | Session 2: Sleep Disorders  
   | Guest speaker, Kent Hicks  
   | **Due:** Evaluation and Diagnosis 1  
| 3/15 | Research and Study  
   |  
| 3/22 | Session 1: Castonguay, Ch. 5, DSM-5, pp. 235-26  
   | Session 1: Obsessive Compulsive Disorder  
   | Session 2: Castonguay, Ch. 6; DSM 5, pp.271-280  
   | Session 2: Posttraumatic Stress Disorder  
   | **Due:** Midterm exam taken in the library any time this week  
| 3/29 | Session 1: Castonguay, Ch. 2; DSM 5 pp.160-171  
   | Session 1 & 2: Depressive Disorders  
   |  

Class Policies

**Grading: Grade Scale and Philosophy**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
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<tbody>
<tr>
<td>A</td>
<td>96.6-100</td>
</tr>
<tr>
<td>A-</td>
<td>93.6-96.5</td>
</tr>
<tr>
<td>B+</td>
<td>90.6-93.5</td>
</tr>
<tr>
<td>B</td>
<td>87.6-90.5</td>
</tr>
<tr>
<td>C</td>
<td>85.6-87.5</td>
</tr>
<tr>
<td>C+</td>
<td>83.6-85.5</td>
</tr>
<tr>
<td>C</td>
<td>81.6-83.5</td>
</tr>
<tr>
<td>C-</td>
<td>79.6-81.5</td>
</tr>
<tr>
<td>D</td>
<td>70.6-79.5</td>
</tr>
<tr>
<td>F</td>
<td>Below 70.6</td>
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</table>

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:
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.