

**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**

<b><u>By the end of the semester, students will:</u></b>	<b><u>Student Learning Outcomes (SLO) &amp; MFT Competencies (C:)</u></b>	Signature Assignment/Assessment
Understand the rationale, research and process for how major child and adult mental disorders are organized by psychiatrists and psychologists.	<b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards <b>C: 2.1.2:</b> Understand major behavioral health disorders... <b>C: 2.1.5...</b> 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.	<b>SLO 4:</b> 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. <b>C: 2.1.6</b> Understand strengths and limits of diagnosis in multicultural context... <b>C: 2.2.5</b> Consider physical & organic problems... <b>C:2.3.1...</b> Diagnose...systemically and contextually <b>C: 2.4.3...</b> Evaluate accuracy and cultural relevance of...diagnosis	Attendance Diagnostic Evaluations Summaries Family Therapy, Education & Care Plans

<p>Be able demonstrate broad knowledge of major categories of mental illness and how these are organized in the DSM 5.</p>	<p><b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.  <b>C: 2.1.2:</b> Understand major behavioral health disorders...  <b>C:2.1.5</b> ... Understand current models of assessment...</p>	<p>Final Examination</p>
<p>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.</p>	<p><b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.   <b>C: 2.1.4</b>...assessment instruments  <b>C: 5.3.7</b> Practice within defined scope of practice and competence</p>	<p>Diagnostic Evaluations &amp; Summaries  Family Therapy, Education and Care Plans  Final Exam</p>
<p>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</p>	<p><b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.  <b>SLO 4:</b> 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  <b>C: 2.2.2</b>...systematically integrate client report, observations...test results...to guide assessment process  <b>C: 2.2.3</b> Develop hypotheses re: relational patterns and extra-therapeutic factors  <b>C: 2.3.1</b> Diagnose ...systemically and contextually  <b>C: 2.3.6</b>...Assess family...using a genogram or other instruments</p>	<p>Diagnostic Evaluations &amp; Summaries</p>
<p>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.</p>	<p><b>SLO 1:</b> be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.  <b>SLO 4:</b> will be able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual</p>	<p>Diagnostic Evaluations &amp; Summaries</p>

	orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems. <b>C: 1.2.3</b> Recognize issues that...suggest referral for specialized evaluation...care <b>C: 2.1.2</b> Understand major behavioral health disorders... <b>C: 2.2.4</b> Consider the influence of treatment on...relationships <b>C: 2.2.5</b> Consider physical & organic problems...	
Demonstrate their ability to discuss ethical and critical pastoral and theological issues related to mental illness and diagnosis	<b>SLO 5:</b> able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy. <b>C: 5.2.2</b> ...Recognize ethical dilemmas...	Theological Reflection Paper
<p><b>Multicultural Therapy Definition:</b> 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 &amp; Sue 2008)</p> <p><b>Evidence-based Practice Definition:</b> 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).</p>		

**Assignments:**

Assignment	Details	Due Date
<b>Diagnostic Evaluation Summaries (25% of grade)</b>  In no more than three pages, write the results of a diagnostic evaluation with a client. Be sure to:	First Evaluation: <ul style="list-style-type: none"> <li>• Mental Status Exam</li> </ul>	2/24
	Evaluation and Diagnosis 1 <ul style="list-style-type: none"> <li>• Interview observations</li> <li>• Mental Status Exam</li> </ul>	

<p>1. Protect confidentiality as per program policies. Include elements described with each assignment.</p> <p>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.</p> <p>3. Attend to multicultural concerns and issues.</p> <p>4. Attend to necessary safety plans and mandatory reporting</p> <p>5. Address any ethical concerns arising from assessment.</p> <p><b>6. When reporting diagnosis, use BOTH DSM codes and ICD 10 codes.</b></p>	<ul style="list-style-type: none"> <li>• Cross-Cutting Measures</li> <li>• Preliminary Diagnosis</li> <li>• Immediate safety or other intervention needed</li> </ul>	
	<p>Evaluation and Diagnosis 2</p> <ul style="list-style-type: none"> <li>• Interview observations</li> <li>• Mental Status Exam</li> <li>• Cross-Cutting Measures</li> <li>• Other measures</li> <li>• Preliminary Diagnosis</li> <li>• Immediate safety or other intervention needed</li> </ul>	
	<p>Evaluation and Diagnosis 3</p> <ul style="list-style-type: none"> <li>• Interview observations</li> <li>• Mental Status Exam</li> <li>• Cross-Cutting Measures</li> <li>• Other measures</li> <li>• Preliminary Diagnosis</li> <li>• Immediate safety or other intervention needed</li> </ul>	
	<p>Evaluation and Diagnosis 4</p> <ul style="list-style-type: none"> <li>• Interview observations</li> <li>• Mental Status Exam</li> <li>• Cross-Cutting Measures</li> <li>• Other measures</li> <li>• Preliminary Diagnosis</li> <li>• Immediate safety or other intervention needed</li> </ul>	
	<p>Diagnosis of Post-Traumatic Stress Disorder in family member</p>	
<p><b>Family Education and Family Care/Therapy Plans (25% of grade)</b></p> <p>In this assignment, students will examine how an individual family member’s diagnosis of a mental disorder is integrated into family therapy and family care. For this assignment assume that your client family arrives in your office with a family member diagnosed with the assigned mental</p>	<p>Diagnosis of Major Depressive Disorder in family member</p>	

<p>disorder. The family is seeking help to understand and cope with this new diagnosis.</p> <p>In a 3-5 page paper:</p> <ol style="list-style-type: none"> <li>1. Develop an educational outline to help you help the family understand the nature, progression and treatment of the disorder;</li> <li>2. Describe any necessary safety plans that might be necessary to work with this family in therapy; and</li> <li>3. State two realistic treatment goals for the family speak to their presenting problem/request and provides a framework of hope for the family.</li> </ol>	<p>Diagnosis of Bipolar Disorder or Schizophrenia in family member</p>	
<p><b>Theological Reflection Paper (10% of grade)</b></p> <p>In a 5 page paper describe:</p> <ol style="list-style-type: none"> <li>1. Your theological understanding of mental illness. Draw on your own religious tradition, scripture, and theological studies to describe what you believe theologically about mental illness and mental health.</li> <li>2. Your pastoral position for working with persons diagnosed with mental illness. Be sure to include consideration of life in community, spiritual development, your pastoral actions and responsibilities.</li> </ol>	<p>Student choice: Diagnosis of _____ in family member</p>	
<p><b>Midterm Content Examination (20% of grade)</b></p>		
<p><b>Final Content Examination (comprehensive) (20% of grade)</b></p>		
<p><b><i>Student Exam Options: (1) Students may opt to take both mid-term and final. The grades of these two exams will be averaged for a total of 40% of the final semester grade. (2) Students may take only the final comprehensive exam for 40% of the final grade.</i></b></p>		
<p><b>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 to class. Each class session accounts for one week of class, leaving little room for absences, excused or unexcused. Unexcused absences will affect class grades.</b></p>		

**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.
- Rodgers, T. E. (2012). Apophatic attending: an essential for pastoral diagnosis. *The Journal of Pastoral Care and Counseling*, 66 (1), 1-8.
- 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. & Petzet, 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.
- 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.
- Oates, W. E. (1970). *When religion gets sick*. Philadelphia: Westminster Press.
- Oates, W. E. (1987). *Behind the masks: Personality disorders in religious behavior*. Philadelphia: Westminster 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.
- 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

<i>Schedule may be adjusted based on progress through material during the semester</i>		
<i>Date</i>	<i>Reading</i>	<i>Lecture and Discussion</i>
2/10	Session 1: Craighead, Ch. 1 - Townsend (2013) -DSM 5, pp. 1-24; 733-759:  Session 2: Lecture	Session 1 Introduction to Psychopathology Psychopathology & Cultural Problematics Diagnosis—Systemic, multicultural, contextual, theological framework Process of Diagnosis & use of DSM 5  Session 2 Neurobiological Foundations
2/17	Session 1: Lecture	Session 1: Neurobiology continued  Session 2: Mental Status Exam Clinical Interviewing Inventories & cross-cutting measures Writing Assessment Reports
2/24	Session 1: DSM 5, pp. 31-86  Session 2: Craighead, Ch. 3; DSM 5, pp. 235-264	Session 1: Neurodevelopmental Disorders  Session 2: Obsessive Compulsive Disorder  <b>Due: Mental Status Report</b>
3/2	Session 1: Craighead, Ch. 4; DSM 5, pp. 222-226  Session 2: Craighead, Ch. 5; DSM 5. pp. 202-208	Session 1: Generalized Anxiety Disorder  Session 2: Social Anxiety Disorder  <b>Due: Evaluation and Diagnosis 1</b>
3/9	Session 1: Craighead, Ch. 6; DSM 5, pp. 208-221  Session 2: Clinical Applications	Session 1: Panic Disorder  Session 2: Clinical Concerns—Assessment procedures, report writing, legal and ethical, etc.
3/16	Research and Study	
3/21- 3/25		<b>Due: Midterm exam option may be taken in the library</b>
3/23	Session 1: Craighead. Ch. 7; DSM 5, pp.271-280  Session 2: DSM-5 591-643	Session 1: Posttraumatic Stress Disorder  Session 2: Neurocognitive disorders: Guest speaker, Kent Hicks  <b>Due: Diagnosis and Evaluation 2</b>
3/30	Session 1: Craighead, Ch. 8; DSM 5 pp.160-168  Session 2: Craighead, Ch.9; DSM 5 pp. 168-171	Session 1: Major Depressive Disorder  Session 2: Persistent Depressive Disorder

		<b>Due: Family Education/Care Plan--PTSD</b>
4/6	Session 1: Craighead, Ch. 10; DSM 5 pp. 123-139  Session 2: Craighead, Ch. 11; DSM 5 pp. 99-122	Session 1: Bipolar Disorders (I and II)  Session 2: Schizophrenia & Psychosis Spectrum  <b>Due: Diagnosis and Evaluation 3</b>
4/13	Session 1: Craighead, Ch. 12; DSM 5 pp. 345-350  Session 2: Craighead Ch.13; DSM 5 pp. 338-345	Session 1: Bulimia & Binge Eating  Session 2: Anorexia Nervosa  <b>Due: Family Education/Care Plan—Major Depressive Disorder</b>
4/20	Session 1: Craighead, Ch. 14; DSM 5 pp. 663-666  Session 2: Craighead, Ch. 15; DSM 5 pp. 490-497	Session 1: Borderline Personality Disorder  Session 2: Alcohol Use Disorder  <b>Due: Family Education/Care Plan—Bipolar Disorder or Schizophrenia</b>
4/27	Session 1: Craighead, Ch. 16; DSM 5 pp. 645-684  Session 2: Craighead, Ch. 17; DSM 5 pp. 423-450 (peruse DSM 5 pp. 685-6, 694-5, 695-7)	Session 1: Personality Disorders  Session 2: Sexual Dysfunction  <b>Due: Diagnosis and Evaluation 4</b>
5/4	Session 1: Craighead, Ch. 18; DSM 5 pp. 361-422  Session 2: Conclusion: Integrating pastoral and theological concerns in diagnosis	Session 1: Sleep Disorders  Session 2: Class discussion  <b>Due: Family Education/Care Plan—Student Choice</b>
5/13		<b>Due: Final comprehensive exam on computers in library</b>

### 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](mailto: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..

