# PSYCHOPATHOLOGY
## PC 322-3
## Spring 2020

Loren Townsend, Ph.D.
ltownsend@lpts.edu

## 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

| *By the end of the semester, students will:* | *Student Learning Outcomes (SLO) & MFT Competency Domain (C:)* | Signature Assignment/Assessment |
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| 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<br><br>**Competencies: 2.3.1** | Attendance<br>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.<br><br>**Competencies: 2.3.1** | Attendance<br>Diagnostic Evaluations<br>Summaries |
| Be able demonstrate broad knowledge of major categories of mental illness and how these are organized in the DSM 5. | **SLO 1:** able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.<br><br>**Competencies: 2.3.1** | Final Examination |

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| 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 1:** able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.<br><br>**Competencies: 2.3.1, 5.1.1, 5.2.2** | Diagnostic Evaluations & Summaries<br>Final Exam |
| Be able to complete an individual clinical assessment appropriately using the DSM 5 classification system in a family therapy context that incorporates a systemic and multicultural/multi-contextual frame for assessment. | **SLO 1:** able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.<br>**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<br>**Competencies: 2.2.3, 2.3.1, 2.3.6, 2.3.8, 9.0.1, 9.0.2** | Diagnostic Evaluations & Summaries |
| Be able to conduct risk assessment and referral needs. | **SLO 1:** be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.<br>**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 orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.<br>**Competencies: 2.3.1, 2.3.5** | Diagnostic Evaluations & Summaries |
| Demonstrate the 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.<br>**Competencies: 8.0.2,** | Diagnostic Evaluations & Summaries |

**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:

| Assignment | Details | Due Date |
|---|---|---|
| *Reading is Fundamental*! **This course requires substantial reading.  Focus most of your energy on Castonguay et al and Russo et al. The DSM-5 is a reference text.  You will need to understand and use the ICD 10 codes and the diagnostic criteria found in the DSM-5.  You will need to know how to use these to complete assignments for this class, case studies for the course of the MFT Program and for your work in Practicum. Bring any questions about DSM-5 and its use to class.** | | |
| *Diagnostic Evaluations (40% of grade)*<br><br>Review the *Writing a Professional Clinical Report* in Appendix B.  **Be sure and use those principles for writing your Mental Status and Clinical Assessment reports**. | | |
| ➢ Mental Status Exam (10%) | 1. Use the *Mental Status Exam Guide* in Appendix C complete a mental status examination of a client (if you have no clients, use a volunteer). *Be sure to protect the identity of your client—do not use names or other identifiers.*<br>2. Write a summary of your Mental Status Exam. NO MORE THAN 3 DOUBLE-SPACED PAGES. | 2/24 |
| ➢ Individual Clinical Assessment 1 (15%) | 1. Use the *Guide for Writing Individual Clinical Assessments for PC 3223 (*Appendix A) to complete an individual clinical assessment of a client. *Be sure to protect the identity of your client—do not use names or other identifiers.*<br>2. Write a summary of your clinical assessment. NO MORE THAN 5 DOUBLE-SPACED PAGES. | 3/09 |
| ➢ Individual Clinical Assessment 2 (25%) | Same as Clinical Assessment 1 | 4/20 |

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| **Midterm Content Examination (25% of grade)** | <mark>4/06</mark> |
| **Final _Comprehensive_ Content Examination (25% of grade)** | <mark>5/11-15</mark> |
| **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 grade as per seminary policy.** | |

## _Required Texts and Reading:_

Anderson, E.R. & Mayes, L.C. (2010). Race/ethnicity and internalizing disorders in youth: A review. _Clinical Psychology Review_, Ap. 2010, Vol. 30 (3) pp. 338-348. **(CAMS)**

Alverez, K. et al. (2019). Race/ethnicity, nativity, and lifetime risk of mental disorders in adults. _Social Psychiatry & Psychiatric Epidemiology._ May 2019, Vol. 54 (5), pp. 553-565. **CAMS)**.

Castonguay, L. G. and Oltmanns,T. F. (eds). (2013). _Psychopathology: From science to clinical practice._ NY: Guilford.

Erving, Christy L. (2019). Is the Black-White mental health paradox consistent across gender and psychiatric disorder? _American Journal of Epidemiology_, 2019, Vol. 188 (2), p. 314-322. ( **CAMS).**

Preston, J. and Johnson, J. (2015). _Clinical Psychopharmacology made ridiculously simple, 8th ed._ Miami: MedMaster Inc.

Russo, J.A., Coker, J.K. & King, J.H. (eds). (2017). _DSM-5 and family systems._ NY: Springer Publishing Company.

Rodgerson, 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.

## _Essential References and Required Reading From:_

American Psychiatric Association. (2013). _The diagnostic and statistical manual of mental disorders._ Washington, DC: The American Psychiatric Association.

## _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.

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**

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

| Date | Reading | Lecture and Discussion |
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| 2/10 | Session 1:<br> -Castonguay, Ch. 1<br> - Townsend CAMS<br> -Rodgerson CAMS<br> -DSM 5, pp. 1-24; 733-759<br><br>Session 2:<br> Lecture and discussion | Session 1<br> Introduction to Psychopathology<br> Psychopathology & Cultural Problematics<br> Diagnosis—Systemic, multicultural,<br> contextual, theological framework<br> Process of Diagnosis & use of DSM 5<br> Medical science and theology<br>Session 2<br> Neurobiological Foundations |
| 2/17 | Session 1: Lecture and discussion<br>Session 2:<br> DSM 5, pp. 749-759; 833-837<br> Erving, Christy L. (2019) CAMS<br> Alverez, et al.(2019) CAMS | Session 1: Neurobiological Foundations  continued<br><br>Session 2:<br> Culture, race, gender, intersectionality<br> Mental Status Exam<br> Clinical Interviewing<br> Inventories & measures<br> Writing Assessment Reports |
| 2/24 | Session 1 & 2:<br> Castonguay, Ch. 3<br> DSM 5, 222-226<br> Russo, Ch. 5113-134<br> Anderson (2010) CAMS | Session 1: Generalized Anxiety Disorder<br><br>Session 2:  Social Anxiety Disorder<br><br><mark>Due: Mental Status Report</mark> |
| 3/2 | Session 1:<br> Castonguay, Ch. 4<br> DSM 5, 208-221<br>Session 2:<br> Clinical Applications | Session 1: Panic & Phobias<br><br>Session 2: Clinical Concerns—Assessment procedures, report writing, legal and ethical, etc. |
| 3/09 | Session 1:<br> Castonguay, Ch. 5<br> DSM-5, 235-36<br> Russo, Ch. 6<br>Session 2:<br> Castonguay, Ch. 6<br> DSM 5,.271-280<br> Russo, Ch. 7 | Session 1: Obsessive Compulsive Disorder<br><br>Session 2: Posttraumatic Stress Disorder<br><mark>Due: Clinical Assessment 1</mark> |
| 3/16 | Research and Study | |
| 3/23 | Session 1:<br> DSM-5, 591-643<br> Russo, Ch. 1<br>Session 2<br> DSM-5<br> Russo, Ch. 17 | Session 1 &2: Neurodevelopmental disorders |

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| 3/30 | Session 1&2<br>　　Castonguay, Ch. 2<br>　　DSM 5, 160-171<br>　　Russo, Ch. 4 | Session 1 & 2: Depressive Disorders |
| 4/06 | Session 1:<br>　　Castonguay, Ch. 10<br>　　DSM 5, 123-139<br>　　Russo, Ch 3<br>Session 2:<br>　　Castonguay, Ch. 7<br>　　DSM 5, 338-350<br>　　Russo, Ch. 10 | Session 1: Bipolar Disorders (I and II)<br><br>Session 2: Feeding and Eating Disorders<br>**Due: Midterm exam taken in the library any time this week** |
| 4/13 | Session 1 & 2<br>　　Castonguay, Ch. 11-12<br>　　DSM 5, 99-122<br>　　Russo, Ch. 2 | Session 1 & 2: Schizophrenia & Psychosis Spectrum |
| 4/20 | Session 1<br>　　Castonguay, Ch. 8<br>　　DSM 5, 483-587<br>　　Russo, Ch. 16<br>Session 2<br>　　Craighead, et al Ch. 18<br>　　DSM-5 361-442<br>　　Russo, Ch. 12 | Session 1: Substance-Related & Addictive Disorders<br><br>Session 2: Sleep Disorders<br><br>**Due: Clinical Assessment 2** |
| 4/27 | Session 1:<br>　　DSM 5,<br>　　Russo Ch. 15<br><br>Session 2:<br>　　Castonguay, Ch. 9;<br>　　DSM 5, 645-684<br>　　Russo, Ch. 18 | Session 1: Disruptive, Impulse-Control & Conduct Disorders<br><br>Session 2: Personality Disorders |
| 5/4 | Session 1: Sexual Disorders, DSM-5 pp. 423-450; 685-705)<br><br>Session 2: Conclusion: Integrating pastoral and theological concerns in diagnosis | Session 1: Sexual Dysfunction & Paraphilias<br><br>Session 2: Class Discussion<br>**Due: Clinical Assessment 3** |
| 5/11-14 | **Due: Final comprehensive exam on computers in library** | |

## 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**
Excerpted from the Faculty Handbook

**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.  More discussion about inclusive language can be accessed from the Academic Support Center and from the section of the LPTS web site with information for current students.

**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 more information, see the Policy for Academic Honesty in the Student Handbook.

**Special Accommodations**

Students requiring accommodations for a documented physical or learning disability should be in contact with the Director of the Academic Support Center 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.

**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.

**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.

# Individual Diagnostic Assessment for PC 3223
Maximum: 5 pages double-spaced (Do not respond to gray sections)

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**I: Identifying Information/Description of Client**

A. Provide a one paragraph description of the client family presented. Include ages, ethnic and gender information, vocational or educational information and any other outstanding features that will help provide a picture of the context for treatment of the case.

B. Indicate how many sessions you have had with each member of the system at the time of this write-up.

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**II: Presenting Problem**

A. Provide a short, concise paragraph stating what the individual/couple/family perceived as the motivating factor bringing them to therapy. What is the problem? What does the client want to change?

B. Client's voice is central.

C. Presenting Problem should be closely related to the outcome goals set in IV below.

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**III: Clinical Assessment**

A. ***Very Briefly*** Describe the systemic framework that inform your assessment, including:
1. The theoretical model(s) that guide your assessment.
2. Relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors.
3. How these interact with assessment and diagnosis and your own social location as an observer/evaluator context.

B. Individual Assessment and Screening. Identify and summarize results of individual assessment. Use the following subheadings:
1. Interview Observations (how the client appeared and interacted in session) and mental status report (use mental status guide)
2. Relevant social, psychological, educational, vocational, spiritual history; history of the problem.
3. Client Strengths and Resources.
4. General Screening tools (report scores and briefly interpret data for screening tools administered at intake)
5. Second-level individual assessment tools to assess specific problems (e.g depression, trauma., substance abuse, etc.-- report score and briefly interpret data).
6. Any assessment of individual risk screening and safety planning

C. Systemic Assessment. Briefly summarize your observations about the client's relational location, intergenerational context, interactional dynamics and intersectionality that may influence the client and the presenting problem.

D. Spiritual/Theological Observations.

E. Provide a brief, summary of your overall conclusion—what is the problem? How is the problem best understood in the context of your observations? Do you see any patterns related to how the problem is maintained? Any observations about exceptions to the problem? Any observations about how individual issues and systemic issues interact?

F. DSM 5/ICD 10 diagnosis (use name and ID 10 code). The assessment above must include data that demonstrates how the client's symptoms qualify for any diagnosis you give; that is, any diagnosis you make must be justified by concrete observations reported in B-E above.

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**IV: Treatment Planning and Summary of Treatment to Date**

A. Refer to III. A above. Be sure that your treatment plan and treatment summary are consistent with the theoretical model you have chosen and shows clear attention to:
1. the systemic framework for all individual, family, couple, and child assessments,
2. relevant cultural, family, gender, religious and spiritual, racial, socioeconomic contextual factors,
3. how these interact with assessment and diagnosis and your own social location as an observer/evaluator context

B. State your treatment plan for this client.
1. Write one or two specific, ***observable and measurable client outcome goals*** ("at the end of therapy…").
2. Be sure outcome goals are consistent with client Presenting Problem.
3. Briefly describe your planned interventions.

C. State your contract with the client.
D. Attend to research and evidence-based practice in goal setting and treatment planning.
E. Evaluate the effectiveness of your strategy to date using data from ORS/SRS and other client report.

**V: Theological Reflection**
A. Describe theological, spiritual and faith issues integral to this client's self-presentation.
B. Describe how your own value system, personal belief system, personal faith and faith tradition interact with or inform your work with this person.
C. Describe how your theological/spiritual thinking/reflection about this case has influenced your interaction with the client, *diagnosis,* and understanding of the case,
D. Provide a brief theological statement about how you see what you are doing to be healing and or helpful.

**VI: Use of Self**

Awareness of issues such as countertransference, transference, triangles, differentiation, enmeshment, the place and importance of therapist-client relationship and interaction should be evident throughout the case study. Use this section to make direct comments about specific or outstanding issues important to your case presentation and any specific concerns or actions related to therapist self-care.

THE MENTAL STATUS EXAMINATION
Adapted from University of Chicago

I.      Appearance (Observed)
        • Possible descriptors: Gait, posture, clothes, grooming

II.     Behavior (Observed)
        • Possible descriptors: Mannerisms, gestures, psychomotor activity, expression, eye contact, ability to follow commands/requests, compulsions

III.    Attitude (Observed)
        • Possible descriptors: Cooperative, hostile, open, secretive, evasive, suspicious, apathetic, easily distracted, focused, defensive

IV.     Mood (Inquired and observed) A sustained state of inner feeling
        • Possible questions/observations for client:
          o  "How are your spirits?"
          o  "How are you feeling?"
          o  "Have you been discouraged/depressed/low/blue lately?"
          o  "Have you been energized/elated/high/out of control lately?"
          o  "Have you been angry/irritable/edgy lately?"

V.      Affect (Observed) An observed expression of inner feeling.
        • Possible descriptors:
          o  Appropriateness to situation: Consistency with mood, congruency with thought content.
          o  Fluctuations: Labile, even
          o  Range: Broad, restricted
          o  Intensity: Blunted, flat, normal intensity
          o  Quality: Sad, angry, hostile, indifferent, euthymic, dysphoric, detached, elated, euphoric, anxious, animated, irritable.

VI.     Level of Consciousness (Observed)
        • Possible descriptors: Vigilant, alert, drowsy, lethargic, stuporous, asleep, comatose, confused, fluctuating.

VII.    Orientation (Inquired or observation)
        • Possible questions or observe client's awareness of:
          o  "What is your full name?"
          o  "Where are we at (floor, building, city, county, and state)?"
          o  "What is the full date today (date, month, year, day of the week, and season)?"
          o  "How would you describe what we are here to do?"

VIII.   Attention (Inquired/Observed)
        • Possible observations:
          o  Attention appropriate to situation and conversation
          o  Able/unable to concentrate in interview

   o Distractibility

IX. Speech and Language (Observed)
- Quantity. Possible descriptors: Talkative, spontaneous, expansive, paucity, poverty
- Rate. Possible descriptors: Fast, slow, normal, pressured
- Volume (Tone). Possible descriptors: Loud, soft, monotone, weak, strong.
- Fluency and Rhythm. Possible descriptors: Slurred, clear, with appropriately placed inflections, hesitant, with good articulation, aphasic.

X. Thought Processes or Thought Form (Inquired/Observed). Includes logic, relevance, organization, flow and coherence of thought in response to general questioning during the interview.
- Possible descriptors: Linear, goal-directed, circumstantial, tangential, loose associations, incoherent, evasive, racing, blocking, perseveration, neologisms.

XI. Thought Content (Inquired/Observed)
- Possible questions/observations for client:
  - "What do you think about when you are sad/angry?"
  - "What's been on your mind lately?"
  - "Do you find yourself ruminating about things?"
  - "Are there thoughts or images that you have a really difficult time getting out of your head?"
  - "Are you worried/scared/frightened about something or other?"
  - "Do you have personal beliefs that are not shared by others?" (Delusions are fixed, false, unshared beliefs.)
  - "Do you ever feel detached/removed/changed/different from others around you?"
  - "Do things seem unnatural/unreal to you?"
  - "Do you think someone or some group intend to harm you in some way?"
  - [In response to something the client says] "What do you think they meant by that?"
  - "Does it ever seem like people are stealing your thoughts, or perhaps inserting thoughts into your head? Does it ever seem like your own thoughts are broadcast out loud?"
  - "Do you ever see (visual), hear (auditory), smell (olfactory), taste (gustatory), and feel (tactile) things that are not really there, such as voices or visions?" (Hallucinations are false perceptions)
  - "Do you sometimes misinterpret real things that are around you, such as muffled noises or shadows?" (Illusions are misinterpreted perceptions)

XII. Memory (Inquired and observed)
- Recent Memory – Possible observations/questions for client:
  - "What is my name?"
  - "What time was your appointment with me for today?"
- Remote Memory – Possible observations/questions for client:
  - "Where were you on 9/11?
  - "What were the dates of your graduation from high school, college, graduate school?"

13

- o "When and where did you get married?"
- Immediate Memory (also see XIII.-A. above) and New Learning
  - o "I am going to ask you to remember three words (color, object, animal – e.g., blue, table, and horse) and I will ask you to repeat them to me in 5 minutes. Please repeat them now after me: blue, table, and horse." – 5 minutes elapse – "What were those three words I asked you to remember?" [Monitor accuracy of response, awareness of whether responses are correct, tendency to confabulate or substitute other words, ability to correct themselves with category clue and multiple choice].

XIII. Insight and Judgment (Inquired/Observed)
- Possible questions/observations for client:
  - o "What brings you here today?"
  - o "What seems to be the problem?"
  - o "What do you think is causing your problems?"
  - o "How do you understand your problems?"
  - o "How would you describe your role in this situation?"
  - o "Do you think that these thoughts, moods, perceptions, are abnormal?"
  - o "How do you plan to get help for this problem?"
  - o "What will you do when _____ occurs?"
  - o "How will you manage if _____ happens?"
  - o 'If you found a stamped, addressed envelope on the street, what would you do with it?"
  - o "If you were in a movie theater and smelled smoke, what would you do?"

XIV. Intellectual (Inquired/Observed)
- Information and Vocabulary:  Observe general knowledge, social awareness, vocabulary appropriate to educational level, ability to abstract, ability to generalize appropriately, ability to see similarities and differences

XV. Suicidality and Homicidality
- Suicidality – Possible questions/observations for client:
  - o "Do you ever feel that life isn't worth living? Or that you would just as soon be dead?"
  - o "Have you ever thought of doing away with yourself? If so, how?"
  - o "What would happen after you were dead?"
- Homicidality – Possible questions/observations for client:
  - o "Do you think about hurting others or getting even with people who have wronged you?"
  - o 'Have you had desires to hurt others? If so, how?"


Adapted from the University of Chicago: http://psychclerk.bsd.uchicago.edu/mse.pdf

Appendix B

MFT Competency Domains

<u>Competency Domain 1-- Foundations of Treatment:</u> Knowledge of system concepts, skills to establish therapeutic relationships.

<u>Competency Domain 2--Clinical Assessment and Diagnosis:</u> Skills related to activities focused on the identification of the problems and concerns to be addressed in therapy.

<u>Competency Domain 3--Treatment Planning and Case Management:</u> Skills related to treatment planning with client/client family, managing case from intake to termination including referral and safety planning.

<u>Competency Domain 4--Therapeutic Interventions:</u> Skills used to ameliorate clinical problems and help client/client families with desired changes.

<u>Competency Domain 5--Legal Issues, Ethics, and Professional Standards:</u> All aspects of therapy that involve statutes, regulations, principles, values, and mores of MFTs.

<u>Competency Domain 6--Research Application:</u> Use of current MFT and behavioral health research to inform evidence-based clinical practice.

<u>Competency Domain 7--Self of Therapist:</u> Awareness and management of personal reactions to clients and treatment process and how these impact observation, intervention and clinical outcomes.

<u>Competency Domain 8--Theological and Spiritual Integration:</u> Attending to pastoral, theological and spiritual dimensions of therapy and therapist-client interactions.

<u>Competency Domain 9-- Multi-contextual engagement:</u> Ability to integrate multicultural considerations and social engagement into treatment.