

Psychopathology COUN 527

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Office Hours: By Appointment

As you grow within the program, each of you will develop your own iteration of a theoretical approach, which you will use to help make sense of your clients' worlds. As you develop your own understanding of the shared experiences and universality of the human experience, as well as your understanding of the richness of diversity within those experiences, these theories will guide both the development of your therapeutic relationships and your interventions. In this class you will develop your diagnostic skills and deepen your understanding of the development and expression of mental health concerns. Diagnostic skills are comprised of a complex set of principles and guidelines and are supported by a firm grasp of case conceptualization and hypothesis building.

In this course we will consider the DSM-IV-TR, not as a tool to *define* or even *describe* our clients but as a way of *communicating* to other helping professionals a synopsis of the ways our clients' struggles manifest themselves in their daily lives. Together we will work to build the skills necessary to accurately capture our clients' symptoms and to convey diagnoses reliably. As importantly, we will build key treatment planning skills in designing effective interventions.

As an emerging mental health provider, it will be important for you to think critically about diagnostics within the context of our society and our profession and you are encouraged to do so. It is also important that you leave this course with the capacity to "speak this language" to other mental health providers, such as clinical and school psychologists, neuropsychologists, and psychiatrists. These skills will provide you with some of the tools essential to providing needed advocacy for your clients as you work in concert with other professionals.

Course Objectives: Students in this course will gain practice in diagnostic skills, case conceptualization, and treatment planning. Students will gain insight into the dynamics of life span development, gender and culture in drawing diagnostic conclusions. Successful students will demonstrate proficiency in the following areas and all CACREP required skills:

- working knowledge of the diagnostic process, including differential diagnosis, and the use of diagnostic tools such as the DSM-IV-TR
- ability to discern and make use of pertinent diagnostic information from a case study, assessment, or intake
- ability to formulate an accurate multi-axial diagnosis and communicate diagnosis to third-party payers
- working knowledge of the diagnostic criteria for mental and/or emotional disorders
- an understanding of the relevance and potential biases of commonly used diagnostic tools as they apply to diverse populations
- ability to identify and make use of resources for case conceptualization and intervention
- working collaboratively in group diagnostic and treatment teams

Required Reading:

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC.

AND

Ingram, B. L. (2012). *Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client*. Hoboken, N.J.: John Wiley and Sons.

Required Elements of this course

Team Participation: Successful participation in your diagnostic teams means that you are contributing actively and productively in team discussions around diagnosis of cases and treatment plan development. Active and productive participation also means that you are contributing equally in discussions and decision-making, encouraging the participation of fellow team members and showing respect for the thoughts and ideas expressed by members of your team.

Class Preparation: It is essential that you come to class prepared. Coming prepared means that you have completed the readings and that you have considered the meaning and implications of the material. Preparation means you have an answer ready for the week's opening question or case (listed on your syllabus). **Not all of the intro cases are clear-cut and not all contain enough information to arrive at a diagnosis.** Bring to class your best attempt at a diagnosis or list your "rule-outs." Some of the intro "cases" are questions for you to consider before coming to class. Please write out your responses to the intro cases and questions and be prepared to turn these answers in.

Final and Midterm Exams: Tests will be comprised of an objective and applied component. The applied section will be comprised of case studies in the form of client intakes that require both diagnosis and treatment planning.

Quizzes: We will also have a series of quizzes & activities that are ungraded.

Evaluation

Course Element	Percent	Points
Participation and Class Activities	15	75
Intro Cases and Questions	20	100
Diagnostic Cases	25	125
Midterm Exam	20	100
Final Exam	20	100
Total	100%	500

Class Schedule

Date	Topic & Required Readings
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- 1/11/12 **“Disorder as Social Construct; Diagnosis as Communication Tool
or
How to Cure Thousands of Mental Retardation in a Single Day”**

Required Reading: Spiegel, A. (2003). Dictionary of Disorder: How One Man Revolutionized Psychiatry. The New Yorker, January 3, 2003.

Intro Question: Consider the Spiegel article. Consider how Spiegel’s approach to creating the DSM influenced the way that we think of mental illness. What thoughts, ideas or concerns are raised for you?

- 1/18/12 **The Diagnostic Process:** Assessment, Diagnosis, Case Conceptualization, Treatment & Prognosis

Intro Question: Janelle has come to you to talk about concerns she has about her shifting relationship with her husband, Lane. Lane is staying out after his shift ends and they argue frequently when he returns home. Janelle has taken a sabbatical from her job to care for their 3 year-old daughter who has been diagnosed with leukemia, and she says, “The days get really long and lonely while Lane is at work and my friends are all working, too. It has been really hard to accept Sabrina’s cancer.” Janelle would like to get out of the house and do something for herself, but with their income cut in half she is no longer able to do the things she once did. Develop the plausible problem titles and at least one conceptualization title using the standards described in the Ingram text (Chapter 3).

Read: DSM pages xxiii-38; Chapters 1-3 in Ingram; Expanded GAF, a reading provided for you (critical reading, please)

Disorders Normally Diagnosed in Childhood

- 1/25/12 **Pervasive Developmental Disorders & Attention, Learning & Others Diagnosed in Childhood**

Intro Case: For the last 3 months Samantha has refused to speak at school. Samantha has no trouble expressing herself at home and has no stuttering or other abnormality to her speech or tone. Samantha’s Diagnosis is/are: (Please use the diagnosis justification format.) Include a plausible problem statement and a treatment goal using the standards outlined in the Ingram text.

Read: DSM 39-133; and Ingram CHs 4 & 5

Note: We will not focus on the diagnosis of cognitive impairments or learning disorders in class since these tend to be diagnosed through assessment by clinical psychologists. However, they are important to understand, so please familiarize yourself with these diagnoses and their classification systems.

2/01/12 **Conduct & Impulse Control Disorders**

Intro Case: Billy is a 13 year-old who refuses to go to school saying, "I am sick of getting the crap knocked out of me every day and made fun of by kids and teachers." Billy has experienced gradually increasing motor tics for the past two years. These tics include eye-blinking, facial grimacing, head jerking, and involuntary shrugging. For about a year Billy has produced involuntary vocalizations that have progressed from squeaks to barking. More recently Billy's vocalizations have included obscenities.

Billy's diagnosis is/are: (Please use the diagnosis justification format.)
Please include a problem statement and an intervention goal.

Read: Ingram CHs 6 & 9; Cummings, Davis & Campbell (20000)
(critical reading, please)

Disorders of Mood, Anxiety and Daily Living

2/08/12 **Mood Disorders**

Intro Case: Lucinda, a 40 year-old woman, was recently diagnosed with systemic lupus and has been depressed for the last month. She has lost 12 pounds from her already slim frame. She reports that she sleeps and eats poorly and has lost interest in life. She reports feeling "worthless, helpless, and a burden to everyone." She frequently thinks of death and even suicide. Lucinda's husband reports that her thinking has slowed considerably and that she has difficulty concentrating. Lucinda's diagnosis is/are: (Please use the diagnosis justification format.) Include a matching problem title, hypothesis and a treatment goal.

Read: DSM pages 345-428; Ingram 7 & 8 (these are important and complex, so please read carefully);

2/15/12 **Anxiety Disorders**

Intro Case: Anita is a 21 year-old woman who refuses to go out to eat with her boyfriend because she is afraid of eating in front of other people. She has no fears of getting fat, however, and has no fears about food contaminants or choking.

Anita's diagnosis is/are: (Please use the diagnosis justification format.)
Please include a treatment goal with three sub-goals/milestones.

Read: DSM pages 429-484; Ingram CH's 10-12

2/22/12 **Mid-Term Exam** (Read Ingram CH's 13-15 for the exam)

2/29/12 **Medical & Adjustment**

Intro Question: In making a diagnosis of an adjustment disorder what key information must you have?

Read: DSM 181-190 & 679-684

3/07/12 **Spring Break**

3/14/12 **Eating, Sleeping & Intimacy**

Intro Case: Christie is a 15 year-old girl who periodically awakens in the middle of the night screaming, with rapid breathing and heart rate. After several seconds, Christie becomes oriented, calms down and is able to go back to sleep. At the breakfast table the next morning she is able to recall her dream and describe it to her mother.

Christie's diagnosis is/are:

Read: DSM pages 535-661;

Psychosis

3/21/12 **Schizophrenia & Other Psychotic Disorders**

Intro Case: *Seven years ago Ella, age 37, met criteria for Schizophrenia, Paranoid Type. She had a full remission with no further symptoms. She has now developed a delusion that the FBI is targeting her in an investigation of drug-money laundering. She has no mood symptoms and the delusion does not markedly interfere with her functioning. Can she receive a diagnosis of Brief Psychotic Disorder? Explain.*

Read: DSM pages 297-343

3/28/12 **Dissociative, Factitious & Somatoform**

Intro Case: Bruce, 31, complains of occasionally feeling detached or separated from his body as if he was in a dream. During those times he hears a voice calling his name and saying things he can't understand. What diagnosis should be considered?

Read: DSM pages 485-533

4/04/12 **Substance Abuse Disorders & Co-Occurring Disorders**

Intro Case: Derik is a 51 year-old man who was admitted in an acutely psychotic condition to a psychiatric hospital. He has auditory hallucinations and is extremely paranoid with delusions that the devil is after him. He has no previous psychiatric history. His parents report that Derik's friends told them that he smoked some type of cigarette several days before he became psychotic. Derik's parents thought that the friend said the cigarettes were "dusted." Derik's urine contained no detectable drugs.

Derik's diagnosis is/are:

Read: DSM pages 191-295

4/11/12 **Case Formulation and Treatment Planning Class Activity**

Axis II

4/18/12 **Disorders of Personality**

Intro Question: Describe the differences between a person presenting with symptoms consistent with OCD and the person who presents with traits consistent with Obsessive-Compulsive Personality Disorder. Please also describe differences you would likely see in your case formulation and treatment planning. (2 Paragraphs)

Read: DSM pages 685-729; Review Ingram CH's 10 & 13.

4/25/12 **Final Exam:** comprised of a "case file" needing diagnosis, case conceptualization, and treatment plan.

Academic Integrity:

The EMU faculty and staff care about the integrity of their own work and the work of their students. They create assignments that promote interpretative thinking and work intentionally with students during the learning process. Honesty, trust, fairness, respect, and responsibility are characteristics of a community that is active in loving mercy, doing justice, and walking humbly before God. EMU defines plagiarism as occurring when a person presents as one's own someone else's language, ideas, or other original (not common-knowledge) material without acknowledging its source. (Taken from EMU's Academic Integrity statement, 2010).

I am here to support you through this sometimes challenging course. If you find that you are struggling with some aspect of the material or how to apply it, please talk with me.

Disability Support:

If you have received services in the past related to a learning disability or attention deficit disorder or experience some other difficulty, such as a hearing loss or visual impairments, and feel these experiences may challenge your ability to be successful in this course, please make an appointment to speak with me or with the Coordinator of Student Disability Support Services in the Academic Support Center, Roselawn Ground Floor, 432-4233.

Your Notes: