



Master of Arts in Counseling

Course Syllabus

Course Information

COUN527 - PSYCHOPATHOLOGY
Spring 2017
3 Semester Hours

Location/Date/Time

Room: SB003
Wednesday, 12:30 - 3:10

INSTRUCTOR'S INFORMATION:

Cheree Hammond, PhD

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Office Phone: 540.432.4228
Office Hours: by appointment

COURSE DESCRIPTION:

While each of you will develop your own iteration of a theoretical approach for making sense of your client's world, which will guide both the development of your therapeutic relationship and your interventions, each of you will also need to have honed your diagnostic skills and deepened 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 5, 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 the clients' daily lives. Together we will work to build the skills necessary to accurately capture our client's symptoms and to convey diagnoses reliably. As importantly, we will build key treatment planning skills in designing effective interventions.

COURSE GOALS AND OBJECTIVES: (Addressing CACREP 2016 Standards) 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:

1. Working knowledge of the diagnostic process, including differential diagnosis, and the use of diagnostic tools such as the DSM 5 and ICD. (5.C.2.d.)
2. Ability to discern pertinent diagnostic information from a case study, assessment, or intake (2.F.7.l.; 5.C.3.a.)
3. A working knowledge of the diagnostic criteria for mental and/or emotional disorders (2.F.2.d.)
4. Ability to identify and make use of resources for intervention as related to principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (5.C.1.c.)
5. A working knowledge of etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (5.C.2.b.)
6. Ability to work collaboratively in group diagnostic and treatment teams to create developmentally relevant counseling treatment or intervention plans and to develop measurable outcomes for clients (2.F.5.h. & i.)
7. An understanding of the impact of biological and neurological mechanisms on mental health (5.C.2.g.)

8. An exploration of the classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (5.C.2.h.)
9. An understanding of culturally relevant diagnostic processes (2.F.2.h.)

Syllabus Disclaimer:

This syllabus is not a contract. The instructor reserves the right to alter the course requirements, schedule, and/or assignments based on new materials, class discussions, or other legitimate objectives. Students will be given notice of relevant changes in class or via e-mail.

Technology:

- Please do bring your iPads, we will often use them in class activities.
- Cell phones are to be turned off during class time.

- Students using laptop computers for note taking are asked to refrain from surfing the net and/or managing email during class time. When the class is engaged in interactive conversation (e.g. large or small group discussion) laptop computers should be closed so as to remove the relational barrier they create.

REQUIRED TEXTS AND OTHER RESOURCES:

- **Required Reading:**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: APA.

Readings as assigned; *Availability on Moodle*

- **Recommended Reading:**

Ingman, B.L., (2011). *Clinical Case Formulations: Matching the integrative treatment plan to the client*. Hoboken, NJ: John Wiley & Sons, Inc.

Course Requirements and Procedures:

Attendance Policy: Due to the interactive nature of this training experience, students are **required** to attend and actively participate in **ALL** class sessions. Attendance and active participation are necessary for mastery of course material. Class work will build upon weekly assignments. Please make a commitment to attend every class punctually. If you know you will be absent, please let me know at the beginning of the semester or a class period in advance. If an emergency arises, please call or email me and let me know you will not be in class.

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 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."

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, much like what you would see in the field, that require both diagnosis and treatment planning.

SCHEDULE AND TOPICS:

Course Schedule

Date	Subject	Reading/Assignments Due
1/11/17	<p>Disorder as Social Construct; Diagnosis as Communication Tool or “How to Cure Thousands of Cognitive Impairments in a Single Day”</p>	<p>Read: New Yorker article (available on Moodle)</p>
1/18/17	<p>The Diagnostic Process Intro Question: Consider the strengths and drawbacks of using a problem-oriented method in developing treatment interventions formulate a paragraph or two summarizing your thoughts.</p>	<p>Read: Hammond, <i>Making Sense of the DSM</i>; Hammond, <i>Eight Steps to Diagnosis</i>, & <i>The Justification Process</i> Ingram Article, (available on Moodle)</p>
1/25/17	<p>The Autism Spectrum & Other Neurodevelopmental Disorders Intro Case: Billy is a 13 year-old who 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 has had a physical that has excluded another medical cause for his tics and he takes no medications. Billy’s diagnosis is/are: Note: <i>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.</i></p>	<p>Read: DSM 5 pages 31-86; Hammond, <i>Treatment Planning</i>; Neurodevelopmental Pivot Table (both available on Moodle)</p>

2/01/17	<p align="center">Conduct & Impulse Control Disorders (Externalizing Disorders)</p> <p>Intro Case: <i>Emma has had a fascination with fire for several months. Initially she began setting fire to small objects in the privacy of her own room but now she sometimes goes to the park or junkyard at night and sets fires. She has been collecting matches and lighters in a small box she keeps hidden under her bed, takes out and examines frequently. When asked why she sets these fires, Emma reports that she feels a pressure in her chest that goes away when she sets fires. Emma is noticeably overweight and her mother reports that she is often the victim of bullying at school.</i> <i>Emma's Diagnosis is:</i> <i>Please also write two problem statements and accompanying goals for Emma</i></p>	<p>Read: DSM 5 461-480; Conduct and Related Disorders Pivot Table (available on Moodle)</p>
2/08/17	<p align="center">Anxiety Disorders</p> <p>Intro Case: <i>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.</i> <i>Anita's diagnosis is/are:</i> <i>Please also include a problem statement and goal</i></p>	<p>Read: DSM 5 pages 189-264; Anxiety Disorders Pivot Table (available on Moodle)</p>
2/15/17	<p align="center">BiPolar and Depressive Disorders Midterm Distributed</p> <p>Intro Case: <i>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</i></p>	<p>Read: DSM 5 pages 123-188 (these are important and complex, so please read carefully); Ingram Article, <i>Where Does the "Core Clinical Hypotheses" Model Fit Among Models of Integrative Psychotherapy?</i> BiPolar & Related Disorders Pivot Table; Depressive Disorders Pivot Table (all available on Moodle)</p>

	<p><i>thinking has slowed considerably and that she has difficulty concentrating. Lucinda's diagnosis is/are:</i></p> <p><i>(Outside research is recommended for this diagnosis)</i></p>	
2/22/17	Substance Abuse & Personality	<p>Read: DSM pages 481-589; 645-684; SubstancePivot Table; Personality Disorders Pivot Table Pivot Table (available on Moodle)</p>
3/1/17	<p>Schizophrenia & Other Psychotic Disorders Midterm Due Intro Case: <i>Evaluating her chart you see that 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.</i></p>	<p>Read: DSM 5 pages 297-343; Schizophrenia & Other....Pivot Table (available on Moodle)</p>
3/8/17	SPRING BREAK	
3/15/17	Medical & Adjustment	<p>Read: DSM pages 265-290</p>
3/22/17	<p>Eating, Sleeping & Intimacy Intro Case: <i>Christie, a 15 year-old girl, periodically awakens in the middle of the night screaming, with rapid breathing and elevated 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. Christine experiences about one such incident per week and this has been on-going for 3 months. Christie's diagnosis is/are:</i></p>	<p>Read: DSM pages 329-355;361-450; 685-706; Eating Disorders Pivot Table; Sleep Disorders Pivot Table; Intimacy Pivot Table Pivot Table (all available on Moodle)</p>
3/29/17	Dissociative, Factitious & Somatoform Disorders	<p>Read: DSM pages 291-328; Relevant Pivot Tables</p>

4/05/17	<p>Case Formulation & Treatment Planning: Advanced Diagnostic Interviewing Assignment: Develop a character that you can play in a role play for someone else to diagnose. Your character should meet the full criteria for a DSM diagnosis we have covered—avoid learning disorders or cognitive impairments, for example. Please type it up and have it ready to turn in at the opening of class. (Include a character description, presenting problem and a justification)</p>	
4/12/17	<p>Case Formulation & Treatment Planning: Class DXTX Activity Assignment: We will continue our diagnostic activity of last week</p>	
4/19/17	<p>Cultural Considerations in Diagnosis & Treatment Planning Assignment: Find and read one article that discusses unique cultural considerations for diagnosis or treatment planning. (For instance an article on depression in Latina women). Write a paragraph summarizing the article and clip it to a copy of the article. Come prepared to share what you learned, no more than 5 minutes per student. I would like to keep these articles, so if you find an article you want to keep, be sure to print two copies. (You may need to use the ILL system to find an article that interests you, so please do not wait until the last minute to start this assignment.)</p> <p style="text-align: center;">Final Exam Distributed</p>	<p>Read: DSM pages 685-729</p>
4/26/17	<p>Final Exam Due: Capstone Day</p>	<p>Hand in the original printed exam stapled to your responses</p>

Please Note: The above schedule and procedures for this course are subject to change in the event of extenuating circumstances.

GRADING CRITERIA AND OTHER POLICIES:

Participation and activities	45 points	15%
Class reading, intro cases, multicultural article & Questions	55 points (5 points each)	18%
Midterm Exam	100 points	33%
Final Exam	100 points	33%

A	279-300	B	246-265	C	222-240
A-	267-278	B-	240-246		

Note: I am committed to helping to support each and every one of you to master the content of this sometimes challenging course. If you find that you are struggling with some aspect of the material or how to apply it, please make an appointment to talk with me right away. Most questions can be cleared up quickly in a short one-to-one instructions session. Please don't struggle in silence!

Meeting your competency requirement: You may select your midterm or final exam to serve as your diagnostic and treatment planning competency. You will receive feedback on your midterm and final. For your competency, you will need to make changes in accordance with your feedback, have those changes approved by me, and then place both your original exam and your final approved changes in your portfolio. Please contact me if you have questions.

The Master of Arts in Counseling faculty support students in actively engaging their academic and applied work throughout their training, valuing this as a core professionalism skill. An A and B track is offered in most classes allowing students to complete assignments and reading commensurate with that grade. Students who complete work for a designated grade are not assured that grade as their work is assessed for competence and completeness by the grading professor. Students should be aware that graduate university policy allows two C grades before being dismissed from the program and insufficient completion of the B track requirements may increase their chances of receiving a lower grade.

Grading Scale (based on percentage)

A	90 - 100
B	80 - 89
C	70 - 79

- **Writing Guidelines:**

Writing will be a factor in evaluation: EMU has adopted a set of writing guidelines for graduate programs that include four sets of criteria: content, structure, conventions and style (see below). It is expected that graduates will be able to write at least a "good" level with 60% writing at an "excellent" level. All written work must conform to APA writing style standards.

- **Academic Integrity Policy (AIP):**

Good academic work must be based on honesty. The attempt of any student to present as his/her own work, that which he or she has not produced, is regarded by the faculty and administration as a serious offense. Students are considered to have cheated, for example, if they copy the work of another, or use unauthorized notes or aides during an examination or turn in their own paper or an assignment written, in whole or in part, by someone else. Students are guilty of plagiarism, intentionally or not, if they copy material from books, magazines, or other sources without identifying and acknowledging those sources or if they paraphrase ideas from such sources without acknowledging them. Students guilty of, or assisting others in cheating or plagiarism on any assignment, quiz, or examination may receive a grade of F for the course involved and a report of this incident will be filed in the dean's office. Repeated violations will invoke a disciplinary process.

- **Turnitin:**

Students are accountable for the integrity of the work they submit. Thus, you should be familiar with EMU's Academic Integrity Policy (see above) in order to meet the academic expectations concerning appropriate documentation of sources. In addition, EMU is using Turnitin, a learning

tool and plagiarism prevention system. For more information about or to watch a demo of Turnitin, please see: http://turnitin.com/en_us/features/demos.

- **Moodle:**

Moodle is the online learning platform that EMU has chosen to provide to faculty, administrators and students. Students will have access to course information within Moodle for any class they are registered for in a given term. The amount of time a student has access to information before and after the class is somewhat dependent on the access given to students by the individual faculty member. However, please note that courses are not in Moodle permanently – after two years the class is no longer accessible. Please be sure to download resources from Moodle that you wish to have ongoing access to.

- **Academic Support Center**

If you have a physical, psychological, medical or learning disability that may impact your work in this course, it is your responsibility to contact Office of Academic Access on the third floor of the Hartzler library, 540-432-4233. They will work with you to establish eligibility and to coordinate reasonable accommodations. All information and documentation is treated confidentially. <http://emu.edu/academics/access/>

Please refer to the Student Handbook, which can be found at <http://www.emu.edu/studentlife/student-handbook/> for additional policies, information, and resources available to you.

- **Institutional Review Board:**

All research conducted by or on EMU faculty, staff or students must be reviewed by the Institutional Review Board to assure participant safety: <http://www.emu.edu/irb/>.

“The Federal Office of Human Research Protection defines research as follows:

Research means a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge. Activities which meet this definition constitute research for purposes of this policy, whether or not they are conducted or supported under a program which is considered research for other purposes. For example, some demonstration and service programs may include research activities.

The IRB requires all researchers submitting proposals to complete the online researcher training provided by NIH (the website requires the establishment of a no-cost account). This training covers basic concepts, principles, and issues related to the protection of research participants. When training is successfully completed, the researcher will receive a certificate. This certificate should be saved (as an image or pdf file) and kept on file – proof of training is required when submitting an IRB proposal.”

- **Graduate Writing Center:**

Please take advantage of the free individual tutoring from graduate student tutors (see <http://www.emu.edu/writing-program/> for more information). To make an appointment, please access ASC Tutoring through the myEMU portal: <https://emu.mywconline.com/index.php>. See Academic Program Coordinator for more information about available services and tutoring times.

- **Course Extensions and Outstanding Grades:**

For fall and spring semesters, all coursework is due by the end of the semester. If a student will not be able to complete a course on time, the student must submit a request one week before the end of the semester for an extension (up to 6 months), by emailing the instructor, academic advisor and the Academic Program Coordinator. If the request is granted the student will receive an "I (incomplete) for the course which will later be replaced by a final grade when the work has been turned in on the agreed upon date. If the request for an extension is denied, the student will receive a grade for the work that has been completed up until the time the course was expected to have been completed. If no work has been submitted, the final grade will be an F (or W under unusual circumstances and with permission of the Program Director). Extensions will be given only for legitimate and unusual situations. Extensions are contracted by the student with the program for up to a maximum of 6 months after the deadline for the course work.

PLEASE NOTE: If the outstanding course work is received within the first 6 weeks of the extension, no grade reduction will be imposed; after 6 weeks any outstanding coursework will be reduced by ½ letter grade. If the extension deadline is not met, the student will receive a final grade based on the work completed.

Academic Program Policies:

<http://emu.edu/graduate-and-professional-studies/graduate-student-handbook.pdf>

<http://www.emu.edu/catalog/graduate/graduate-professional-policies.pdf>

● **Title IX:**

The following policy applies to any incidents that occur (on or off campus) while you are a student registered at EMU. It does not apply if you are talking about incidents that happened prior your enrollment at EMU. It is important for you to know that all faculty members are required to report known or alleged incidents of sexual violence (including sexual assault, domestic/relationship violence, stalking). That means that faculty cannot keep information about sexual violence confidential if you share that information with them. For example, if you inform a faculty member of an issue of sexual harassment, sexual assault, or discrimination he/she will keep the information as private as he/she can, but is required to bring it to the attention of the institution's Title IX Coordinator. If you would like to talk to this office directly, Marcy Engle, Title IX Coordinator, can be reached at 540-432-4148 or marcy.engle@emu.edu. Additionally, you can also report incidents or complaints through our online portal at <http://emu.edu/safecampus/>. You may report, confidentially, incidents of sexual violence if you speak to Counseling Services counselors, Campus Ministries' pastors, and Health Services personnel providing clinical care. These individuals, as well as the Title IX Coordinator can provide you with information on both internal and external support resources.

RECOMMENDED READING

ADHD: Barkley, R. (1998). *Attention deficit hyperactivity disorder: A Handbook for diagnosis and treatment*. NY: Guilford.

Hallowell, E. & Ratey, J. (1994). *Driven to distraction: Recognizing and coping with attention deficit disorder from childhood through adulthood*. NY: Simon & Schuster.

Autism:

Gutstein, S. (2000). *Autism Aspergers: Solving the relationship puzzle: A new developmental program that opens the door to lifelong social and emotional growth*. NY: Future Horizons.

Heinrichs, R. (2003). *Perfect targets: Asperger syndrome and bullying*. Shawnee Mission, KS: Autism Asperger Publishing.

Solomon, A. (2013). *Far from the tree: Parents, children and the search for identity*. NY: Scribner.

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ADHD:

- Barkley, R. (2013). *Taking charge of ADHD, 3rd edition: The complete authoritative guide for parents*. New York, NY: Guilford Press.
- Barkley, R. (2014). *Attention deficit hyperactivity disorder: A handbook for diagnosis and treatment, 4th Edition*. New York, NY: Guilford Press.

Anxiety:

- Chansky, T. (2000). *Freeing your child from obsessive-compulsive disorder*. NY: Three Rivers Press.
- Lebowitz, E. (2013). *Treating childhood and adolescent anxiety: A guide for caregivers*.
- March, J. (1998). *OCD in children and adolescents: a cognitive-behavioral treatment manual*. NY: Guilford Press.
- Semple, R. (2011). *Mindfulness-Based Cognitive Therapy for anxious children: A manual for treating childhood anxiety*.
- Shannon, J. (2012). *The shyness and social anxiety workbook for teens: CBT and ACT skills to help you build social confidence*. NY: Instant Help.
- Schwartz, J. (1997). *Brain lock: Free yourself from obsessive-compulsive behavior*. NY: Harper Perennial.
- Orsillo, S. et al. (2011). *The mindful way though anxiety: Break free from chronic worry and reclaim your life*.
- Sisemore, T. (2010). *Free from OCD: A workbook for teens with Obsessive-Compulsive Disorder*. NY: An Instant Help Book.
- Wilard, C. (2014). *Mindfulness for teen anxiety: A workbook for overcoming anxiety at home, at school, and everywhere else*. NY: Instant Help Series.

Conduct Disorders:

- Carr, A. (2001). *What works with children and adolescents?: A critical review of psychological interventions with children, adolescents and their families*. London: Routledge.
- Loman, R. (2009). *The anger workbook for teens: Activities to help you deal with anger and frustration*. NY: An Instant Help Series.

Depression & Mood:

- Gilbert, P. (2007). *Psychotherapy and counseling for depression*. NY: Sage.
- Schab, L. (2013). *The self-esteem workbook for teens: Activities to help you build confidence and achieve your goals*. NY: An Instant Help Book.
- Schab, L. (2008). *Beyond the blues: A workbook to help teens overcome depression*. NY: An Instant Help Series.
- Sega, Z. et al. (2012). *Mindfulness-Based Cognitive Therapy for depression*. NY: Guilford.
- Shapiro, L. (2008). *Stopping the pain: A workbook for teens who cut and self injure*. NY: An Instant Help Book.

Solomon, A. (2002). *The noontday demon: An atlas of depression*. NY: Scribner.
Van Dijk, S. & Guindon, K. (2010). *The bi-polar workbook for teens: DBT skills to help you control mood swings*. NY: An Instant Help.

Diagnostics:

Benjamin, L. (1996). *Interpersonal diagnosis and treatment of personality disorders*. NY: Guilford.
Morris, J. (2014). *The DSM 5 made easy*. NY: Guilford.
Morris, J. (2014). *Diagnostics made easier*. 2nd Ed. NY: Guilford.
Halstead, R. (2007). *Assessment of client core issues*. NY: American Counseling Association.

Eating Disorders:

Jacobson, M. & Foy-Tomay, M. (2010). *Finding your voice through creativity: The art and journaling workbook for disordered eating*. Gruze Books.
Nelson, T. (2008). *What's eating you?: A workbook for teens with anorexia, bulimia, and other eating disorders*. NY: An Instant Help Book.

Personality Disorders:

Linehan, M. (1993). *Cognitive-Behavioral treatment of borderline personality disorder*. NY: Guilford.
McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. NY: Guilford.

PTSD:

Drucker, C. & Martsof, D. (2006). *Counseling survivors of childhood sexual abuse*. NY: Sage.
Palmer, L. (2012). *The PTSD workbook for teens: Simple, effective skills for healing trauma*. NY: Instant Help Book.

Psychosis:

Kingdon, D. (2008). *Cognitive therapy of schizophrenia*. NY: Guilford Press.
Wright, N. (2014). *Treating psychosis: A clinician's guide to integrating Acceptance and Commitment Therapy, Compassion-Focused Therapy and Mindfulness Approaches within the Cognitive Behavioral Tradition*. New Harbinger Publications.
Solomon, A. (2012). *Far from the Tree: Parents, Children, and the Search for Identity*. New York, NY: Simon & Schuster.

Substance Abuse:

Hayes, S. & Levin, M. (2012). *Mindfulness and acceptance for addictive behaviors: Applying contextual CBT to substance abuse and behavioral addictions*. NY: Context Press.
Mate, G. (2010). *In the realm of Hungry Ghosts: Close encounters with addiction*. Berkley, CA: North Atlantic Books.

Sorbel, L. (2011). *Group therapy for substance use disorders: A motivational cognitive-behavioral approach*. NY: Guilford.

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