

STMC 571 Psychopathology
Master of Arts in Pastoral Counseling (MAPC)
School of Theology & Ministry, Seattle University
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Seattle, WA 98122-1090

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TEXT & MATERIALS:

Required Text:

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

Barlow, D. H., & Durand, V. M (2009). *Abnormal Psychology: An Interactive Approach*, 5th Ed.
Belmont CA: Wadsworth (Cengage Learning)

Other optional and required readings may be assigned.

The organizing theme of Seattle University's graduate programs in Pastoral Counseling can be summarized by the following mission statement: "Preparing students for high quality work in multiple settings by providing solid theological, psychological, and clinical education/training." To this end, this course is designed to meet the core content, coursework equivalency requirement in the area of "counseling groups" in the mental health counselor education and licensing guidelines for Washington State. (WAC 246-809-221, last updated 7/8/09)

COURSE DESCRIPTION:

This course presents an understanding of what is considered to be pathological and why, currently and historically. The current categories of pathological conditions are described, both experientially and according to DSM IV-TR. An integrative and holistic, multicultural perspective is used, considering cognition, emotion, and behavior, including biological, psychological, social, and spiritual elements. Assessment and treatment of these conditions is introduced.

Students will learn how to use the DSM, the specific terminology and disorders covered in the DSM, as well as a more inclusive understanding of psychopathology and a broader perspective on how "pathology" is defined by different cultures, societies, and times.

COURSE OBJECTIVES:

This class provides an in-depth exploration of psychopathological disorders from a biopsychosocial perspective. The DSM-IV-TR is used as the organizing format for course content, with special attention paid to the understanding of etiology, diagnosis and treatment, and cultural influences in the definition of pathology.

MAPC Students will:

- Demonstrate intention to approach psychopathology with openness to the presence of diversity
 - Integrate a biopsychosocial model of the person with theories of psychopathology;
- Demonstrate ability to assist and facilitate growth toward mental and/or spiritual, emotional, interpersonal, behavioral health and wholeness and/or maturity. Students will understand and reflect with clients' spiritual/faith assumptions and practices and will balance knowledge of psychopathology within client/system's spiritual dimensions.
 - Consider issues of culture, gender, and diversity with regard to DSM nomenclature;
 - Assess and integrate worldview and theological issues relevant to the discipline of psychopathology
- Demonstrate ability to produce written documentation and oral presentation for purpose of clinical practice. Students will orally present their work to others for guidance and professional development. Students will adhere to APA written guidelines.
- Students will consult the professional literature regarding best-practice of psychopathology.
 - Review concepts relevant to diagnosis as described in the DSM-IV-TR; familiarize themselves to a five-axis descriptive approach to diagnosis, as well as the multiple categories of diagnosis currently utilized in the mental health professions;
- Students will reflect on self-as-a-therapist, committing to ongoing growth, implementing self-awareness, and use of self in clinical practice.
- Demonstrate in clinical practice the capacity to draw on spiritual/theological and psychological/behavioral insights and principles.
 - Review research related to the etiology, differential diagnosis, and treatment of mental disorder in keeping with a clinical scientist model;
- Make good use of lecture, supervision, and consultation regarding psychopathology.

COURSE REQUIREMENTS

1.	Class interaction	35 points
2.	Article Review & Oral Presentation	25 points
3.	<u>Clinical Case Write Up</u>	<u>40 points</u>
	Total	100 points

Notice: A 5% deduction per day is assessed to late work. No work will be accepted after the last due date on the agenda. An incomplete grade will be assigned only in the case of a health emergency.

COURSE ASSIGNMENTS:

1. Attendance & Class Interaction (35 points)

Attendance and class interaction count for a substantial portion of the grade; I value your presence and your participation in the class activities! Students are expected to be on time for class and not to leave early.

Each person is expected to contribute to the class individually, and in large and small groupings. Contributions should show that the student has carefully prepared for the class by reading and thinking about relevant materials. You may be asked to present on your thoughts about reading or the group process. Please be prepared to share your intellect and spiritual self in class. Work shared in class does not

have to be “perfect”; rather you are graded on your willingness to share your thoughts and ideas. You will also be graded on your effort to offer others in the class constructive feedback regarding what they share.

For class sessions where there is assigned reading, students are expected to bring one question or discussion comment to class (preferably written on an index card) for contemplation in-group discussion. Comments/questions should be based on the readings or issues relevant to the issues being discussed.

Participation points will be awarded using the following rubric:

A/A-

- Consistent and willing participation in class discussions and group work.
- Clear evidence of reading *both* the text readings and other professional literature.
- Bringing thought-provoking discussion question to class.

B+/B/B-

- Willing participation in class discussions and group work.
- Clear evidence of having engaged the professional literature through the text readings.
- Bringing a question to class.
- Missing one class or arriving late or leaving early to class.

C+/C/C-

- Inconsistent participation in class and group projects.
- Limited evidence of having read the required readings for class.
- Missing more than one class or consistently arriving late or leaving early.

2. Article Review & Oral Presentation (25 Points)

Students will find an article from a peer-reviewed, mental health journal (past 5 years, preferred) related to psychopathology. Once you find an article, please send an email to the class so we know that one is “taken”. Write a one page (no APA required) description as a handout for the class during your oral presentation. You will NOT be able to summarize everything in the article. Simply pick out the most important points. What is critical for pastoral counselors to know about this issue? Give facts, statistics, recommendations, interventions, etc. You will present a 10-15 minute presentation on the date assigned. Again, you may not be able to describe the WHOLE article in 10 minutes (15 minutes with questions)—you may not be able to summarize your whole handout. Please streamline by picking out the most important points.

**Article Review and Presentation Rubric (25 points).
Please give Christie a copy of handout and attach this rubric.**

	Exceed Expectation	Meets Expectation	Below Expectation
Clear, concise summary of article (may use bullets) Not too wordy and not too brief			
Clear speaking voice and pace.			
Clear handout. State facts, give descriptions of constructs			
Time limit			
Handout given to class			
Total			

3. Clinical Case Write Up (40 Points)

During the quarter, students will receive information about a clinical case. Students shall write a 3 to 4 page, typewritten paper describing the relevant elements of the client’s history and presenting problem, leading to the five-axis diagnosis. Students are expected to review the symptoms associated with the disorder and associate each with criteria from DSM-IV-TR disorders. Papers will be graded based upon the student’s ability to provide an adequate conceptual basis for the diagnosis across all axes as described by the DSM-IV-TR. Grading will also be based upon awareness of any necessary cultural mores and behaviors, as well as relevant gender considerations, in the process of diagnosis, as appropriate for the vignette. It is not expected that students will need to provide a reference list for these papers. *Papers which exceed the page limit will receive a grade reduction.*

The following rubric will be used to grade the assignment:

Clinical Case Write Up Rubric—Please attach to your paper

	A-range	B-range	C-range
Client ID			
Date			
Demographics (gender, DOB, socio-economic, race/ethnicity)			
Presenting Problem/Reason for Referral			
Mental Status			
History: <ul style="list-style-type: none"> • Family • Social/Cultural • Religious/Spiritual • Psychological • Medical 			
Dynamic Formulation of the Problem			
DSM-IV-TR (5 Axis)			
Recommendations			
Professionalism of Written Presentation			

Comments:

Course Outline

Date	Topic	DSM Reading	Barlow & Durand Reading	Article Presentation
1 1/6	Syllabus review			
2 1/13	Introduction to DSM-IV-TR;	pp. xxiii-38	1-4	
3 1/20	Psychotic Disorders; Schizophrenia	pp. 297-343	13	
4 1/27	Mood Disorders; Substance Related Disorders	pp. 191-295; 345-428	7, 11	
5 2/3	Anxiety Disorders; Eating & Sleep Disorders	pp. 429-484; 583-596	5, 8	
6 2/10	Somatoform Disorders; Personality Disorders;	pp. 485-512; 685-730	6, 12	
7 2/17	Dissociative Disorders; Cognitive Disorders; Adjustment Disorders	pp. 519-534; 135-180; 679-684	15	
8 2/24	Sexual & Gender, Other Disorders	pp. 513-518; 535-582; 663-678; 731-744	10	
9 3/3	Developmental Disorders	39-134	14	
10 3/10	Physical Disorders Course Wrap-Up		9	

ACADEMIC HONESTY

The School of Theology and Ministry strictly adheres to the Academic Policy concerning Academic Honesty as published in the Seattle University Student Handbook.

DISABILITY SUPPORT SERVICES:

If you have, or think you may have, a disability (including an “invisible disability” such as a learning disability, a chronic health problem, or a mental health condition) that interferes with your performance as a student in this class, you are encouraged to discuss your needs and arrange support services and/or accommodations through Disabilities Services staff in the Learning Center, Loyola 100, 206-296-5740.

RESPECT FOR DIVERSITY:

In order to thrive and excel, a culture must honor the rights, safety, dignity, and well being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical and cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment.

Recommended Readings:

Andreasen, N. C. (1997). Linking mind and brain in the study of mental illness: A project for a scientific psychopathology. *Science*, 275, 1586-1593.

Argyle, N. (1988). The nature of cognitions in panic disorder. *Behaviour Research and Theory*, 26, 261-264.

Barr, C. E. Mednick, S. A., & Munck-Jorgenson, P. (1990). Maternal influenza and schizophrenic births. *Archives of General Psychiatry*, 47, 869-874.

Bauer, M. S., & Whybrow, P.C. (1993). Validity of rapid cycling as a modifier for bipolar disorder in *DSM-IV*. *Depression*, 1, 11-19.

Benes, F. M. (1995). Is there a neuroanatomic basis for schizophrenia? An old question revisited. *The Neuroscientist*, 1, 104-115.

Cantor, N., Smith, E. E., French, R. D., & Mezzich, J. (1980). Psychiatric diagnosis as prototype categorization. *Journal of Abnormal Psychology*, 84, 181-193.

Clark, L. A.; Livesley, W. J.; Morey, L. (1997). Personality disorder assessment: The challenge of construct validity. *Journal of Personality Disorders*, 11(3), 205-231.

- Davis, K. L., Kahn, R. S., Ko, G., Davidson, M. (1991). Dopamine in schizophrenia: A review and reconceptualization. *American Journal of Psychiatry*, 143, 96-98.
- Eifert, G. H., Zvolensky, M. J., & Lejuez, C. W. (2000). Heart focused anxiety and chest pain: A conceptual and clinical review. *Clinical Psychology: Science and Practice*, 47, 403-417.
- Fairburn, C. G. et al. (1993). Psychotherapy and bulimia nervosa. *Archives of General Psychiatry*, 50, 419-428.
- Garfinkel, B. D., Carlson, G. A., & Weller, E. B. (Eds.) (1990). *Psychiatric disorders in children and adolescents*. Philadelphia: W. B. Saunders.
- Gerstley, L. J., Alterman, A. I., McLellan, A. T., & Woody, G. E. (1990). Antisocial personality disorder in patients with substance abuse disorders: A problematic diagnosis. *American Journal of Psychiatry*, 147, 173-178.
- Hser, Y. I., Anglin, M.D., & Powers, K. (1993). A 24-year follow-up of California narcotics addicts. *Archives of General Psychiatry*, 37, 1041-1046.
- Hsu, L. K. G. (1990). *Eating disorders*. New York: Guilford Press.
- Hughs, J. R., Oliveto, A. H., Helzer, J. E., Higgins, S. T., & Bickel, W. K. (1992). Should caffeine abuse, dependence or withdrawal be added to DSM-IV and ICD-10? *American Journal of Psychiatry*, 149, 33-40.
- Kellner, R. (1987). Hypochondriasis and somatization. *Journal of the American Medical Association*, 258, 433-437.
- Jenike, M. A. (1993). Augmentation strategies for treatment-resistant obsessive-compulsive disorder. *Harvard Review of Psychiatry*, 1, 17-26.
- Linehan, M. M. (1993). *Cognitive Behavioral Therapy for Borderline Personality Disorder*. New York: Guilford Press.
- Mednick, S. A., Huttunen, M. O., & Machon, R. A. (1994). Prenatal influenza infections and adult schizophrenia. *Schizophrenia Bulletin*, 20, 263-307.

- Millon, T., Blaney, P.H., & Davis, R. D. (1999). *Oxford Textbook of Psychopathology*. New York: Oxford University Press.
- Newman, C. F., Leahy, R. L., Beck, A. T., Reilly-Harrington, N. A & Gyulai, L.. (2002). *Bipolar Disorder: A Cognitive Therapy Approach*. Washington, D. C.: American Psychological Association.
- Ogata, S. N., Silk, K. R., Goodrich, S., Lohr, N. E., Westen, D., & Hill, E. M. (1990a). Childhood sexual and physical abuse in adult patients with borderline personality disorder. *American Journal of Psychiatry*, *147*, 1008-1013.
- Swinson, R. P., Soulios, C., Cox, B. J., & Kuch, K. (1992). Brief treatment of emergency room patients with panic attacks. *American Journal of Psychiatry*, *149*, 944-946.