



Course Syllabus
Multicultural Psychopathology
F650
Fall Semester, 2019
Wednesday 4:10-7:10 PM

This course is taught using team-based collaborative learning: When groups of people who share a social and cultural context work together to learn, a culture or community of learning develops with everyone's participation supporting a collective effort to learn something new (Bichindaritz & Marling, 2006; Brown & Campione, 1994; Duncan & Barber-Freeman, 2008; Lave & Wenger, 1998). The shared objective, combined with the diversity of expertise offered by each member of the group and sharing what is learned while learning how to learn, all play a significant role in a learning community. Diversity of thought and experience does not hinder a learning community; the learning community actually benefits from the variety of experiences of its members, making it a more supportive learning environment to women and minorities.

<https://implicit.harvard.edu/implicit/>
<https://implicit.harvard.edu/implicit/user/pimh/selectastudy.html>

Instructor:
E-mail address:
Telephone:

Office:
Office hours:
Audio Call In:
Video Conferencing:

Course Description: Multicultural Psychopathology is designed to provide an overview of contemporary perspectives on child and adult psychological disorders. The role of culture, ethnicity, gender, and social class in symptom formation and symptom progression is examined. The course reviews the fundamentals of diagnosis utilizing the *DSM-5* diagnostic system and the ICD-10 codes. The *pre-requisites* for this course are admittance to the counseling program, Counseling 615, or permission from the instructor.

Course Objectives: Objectives for this course were developed to meet the clinical mental health counseling program 2016 core standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Upon completion of this course, students will be able to identify, utilize, and explain:

1. The etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (*CMHC C.2.b.*).
2. The stigma of mental illness, including possible stigma experienced by the consumer and the consumer's family (*CMHC C.2.e.*).
3. The diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and the *International Classification of Diseases* (ICD). (*CMHC C.2.d.*)
4. The role of culture, ethnicity, gender, and social class in symptom formation, progression of mental illness, and clinical application of the DSM-5 diagnostic system (*CMHC C.2.j.*).
5. The impact of crisis and trauma on individuals with mental health diagnoses (*CMHC C.2.f.*).
6. The neurobiological, medical foundation, and etiology of addiction and co-occurring disorders and the potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders (*f.3.d., CMHC 1.d., CMHC 2.e.*).
7. The classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (*CMHC C.2.h.*).
8. Developmentally relevant counseling treatment or intervention plans (*f.5.h.*).
9. A systems approach to conceptualizing clients (*f.5.b.*)
10. Suicide prevention models and strategies (*f.5.l.*).
11. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (*CMHC c.1.c.*)
12. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (*CMHC c.3.a.*)

Please note: All topics in this course are taught from a multicultural perspective, which emphasizes the differing experiences, cultures, histories, and perspectives of peoples from a variety of cultural, ethnic, gender, and social class backgrounds.

Methods of Instruction: Methods of instruction include but are not limited to: lecture, small and large group discussion, guest speakers, videos, and computerized/internet instruction.

Required Texts:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <http://dx.doi.org/10.1176/appi.books.9780890425596.910646>

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: American Psychological Association.

Kilgus, M., Maxmen, J.S., & Ward, N.G. (2016). *Essential psychopathology & its treatment* (4th ed.). New York, NY: W.W. Norton & Company.

Sinacola, R. S., & Peters-Strickland, T. S. (2019). *Basic psychopharmacology for counselors and psychotherapists* (3rd ed.). Boston, MA: Pearson.

Choose one of the following books for the Adverse Childhood Experiences assignment:

- Blow, C. (2015). *Fire shut up in my bones*. New York, NY: Houghton Mifflin Harcourt.
- Kim, E. (2002). *Ten thousand sorrows*. New York, NY: Doubleday.
- Noah, T. (2016). *Born a crime: Stories from a South African childhood*. New York: NY Spiegel & Grau.

Recommended Texts:

- Jongsma, A. E., Peterson, L. M., & McInnis, W. P. (2014). *The adolescent psychotherapy treatment planner* (5th ed.). Hoboken, NJ: Wiley.
- Jongsma, A. E., & Peterson, L.M. (2015). *The complete adult psychotherapy treatment planner* (5th ed.). Hoboken, NJ: Wiley.

Assigned Readings:

- Arboleda-Flórez, J., & Stuart, H. (2012). From sin to science: Fighting the stigmatization of mental illnesses. *Canadian Journal Of Psychiatry*, 57(8), 457-463.
- Bains, M.K., Scott, S., Kellett, S. & Saxon, D. (2014). Group psychoeducative cognitive-behaviour therapy for mixed anxiety and depression with older adults. *Aging & Mental Health*, 18(8), 1057-1065. doi: 10.1080/13607863.2014.908459
- Beck, A. T., Rector, N. A., Stolar, N., & Grant, P. (2009). Overview of schizophrenia. In *Schizophrenia: Cognitive theory, research, and therapy* (pp. 1-29). New York, NY: Guilford Press.
- Berg, S.H. (2006). Everyday sexism and posttraumatic stress disorder in women: A correlational Study. *Violence Against Women*, 12(10), 970-988. doi: 10.1177/1077801206293082
- Bhugra D. (2006). Severe mental illness across cultures. *Acta Psychiatrica Scand* 113 (Suppl. 429): 17–23. doi: 10.1111/j.1600-0447.2005.00712.x
- Chesler, P. (2005). *Women and madness*. New York, NY: Palgrave Macmillan.
- Chu, J., Goldblum, P., Floyd, R., & Bongar, B. (2010). The cultural theory and model of suicide. *Applied and Preventive Psychology*, 14, 25-40. doi:10.1016/j.appsy.2011.11.001
- Chu, J., Floyd, R., Diep, H., Pardo, S., Goldblum, P., & Bongar, B. (2013). A tool for the culturally competent assessment of suicide: The cultural assessment of risk for suicide (CARS) measure. *Psychological Assessments*, 25(2), 424-434. doi:10.1037/a0031264
- Corradi, R.B. (2015) The psychodynamics of borderline psychopathology. *Bulletin of the Menniger Clinic*, 79(3), 203-231. doi: 10.1521/bumc.2015.79.3.203
- Corrigan, P. W. (2016). *Principles and practices of psychiatric rehabilitation*. New York, NY: Guilford Press.
- Eisenberg, M. E., Wall, M., & Neumark-Sztainer, D. (2012). Muscle-enhancing behaviors among adolescent girls and boys. *Pediatrics*, 160(12), 1019-1026. doi: 10.1542/peds.2012-0095
- Frese, F., Knight, E. L., & Saks, E. (2009). Recovery from schizophrenia: With views of psychiatrists, psychologists, and others diagnosed with this disorder. *Schizophrenia Bulletin*, 35(2), 370-380. doi:10.1093/schbul/sbn175
- Gone, J. P., & Alcanterra, C. (2007). Identifying effective mental health interventions for American Indians and Alaska Natives: A review of the literature. *Cultural Diversity and Ethnic Minority Psychology*, 13(4), 356-363. doi: 10.1037/1099-9809.13.4.356

- Ingram, R. E., Atchley, R. A., & Segal, Z. V. (2011). Depression: An overview of a public health problem. In *Vulnerability to depression: From cognitive neuroscience to prevention and treatment*. (pp. 1-21). New York, NY: Guilford Publications.
- Matošić, A., Marušić, S., Vidrih, B., Kovak-Mufić, A., & Cicin-Šain, L. (2016). Neurobiological bases of alcohol addiction. *Acta Clinica Croatica*, 55(1), 134-150.
- Mazzeo, S. E., & Bulik, C. M. (2009). Environmental and genetic risk factors for eating disorders: What the clinician needs to know. *Child and Adolescent Psychiatric Clinics of North America*, 18(1), 67–82. doi:10.1016/j.chc.2008.07.003
- Morantz, C. (2006). CDC releases guidelines on identifying and referring persons with fetal alcohol syndrome. *American Family Physician*, 73, 917-922.
- Morrison, J. (2007). The diagnostic method. In *Diagnosis made easier: Principles and techniques for mental health clinicians* (pp. 14-22). New York, NY: Guilford Press.
- Pardini, D., & Frick, P. J. (2013). Multiple developmental pathways to Conduct Disorder: Current conceptualizations and clinical implications. *Journal Of The Canadian Academy Of Child & Adolescent Psychiatry*, 22(1), 20-25.
- Pottinger, A. M. (2015). The use of trauma counseling for children with attention-deficit hyperactivity disorder. *International Journal for the Advancement of Counselling*, 37(1), 17–27. doi:10.1007/s10447-014-9222-3
- Priester, M. A., Browne, T., Iachini, A., Clone, S., DeHart, D., & Seay, K. D. (2015). Treatment access barriers and disparities among individuals with co-occurring mental health and substance use disorders: An integrative literature review. *Journal Of Substance Abuse Treatment*, 61, 47-59. doi:10.1016/j.jsat.2015.09.006
- Ryan, S., & Ferguson, D. L. (2006). The person behind the face of fetal alcohol spectrum disorder: Student experiences and family and professionals' perspectives on FASD. *Rural Special Education Quarterly*, 25(1), 32-40.
- Rutter, M., Moffitt, T., & Caspi, A. (2006). Gene–environment interplay and psychopathology: multiple varieties but real effects. *Journal of Child Psychology & Psychiatry*, 47, 226-261.
- Segal, D. L., & Coolidge, F. L. (2007). Structured and semistructured interviews for differential diagnosis: Issues and applications. In M. Hersen, S. M. Turner, D. C. Beidel (Eds.), *Adult psychopathology and diagnosis* (5th ed.) (pp. 78-100). Hoboken, NJ: John Wiley & Sons Inc.
- Schmidt, U., Holsboer, F., & Rein, T. (2011). Epigenetic aspects of posttraumatic stress disorder. *Disease Markers*, 30, 77-87. doi: 10.3233/DMA-2011-0749
- Wexler, L., White, J., & Trainor, B. (2015). Why an alternative to suicide prevention gatekeeper training is needed for rural Indigenous communities: Presenting an empowering community storytelling approach. *Critical Public Health*, 25(2), 205-217. doi: [10.1080/09581596.2014.904039](https://doi.org/10.1080/09581596.2014.904039)
- Zauderer, C., & Ganzer, C. A. (2015). Seasonal affective disorder: An Overview. *Mental Health Practice*, 18(9), 21-24.

(All assigned readings are in the dated File Folders under Session Resources on Blackboard, or available on the web.

Recommended Movies:

- Brackett, C. (Producer). (1945). *The lost weekend*. [Motion Picture]. United States: Paramount Pictures. [Alcoholism]

- Brazer, B. (Producer). (2001). *A beautiful mind*. [Motion Picture]. United States: Universal Pictures. [Schizophrenia]
- Hallstrom, L. (Producer). (1993). *What's eating Gilbert Grape?* [Motion Picture]. United States: Paramount Pictures. [Eating Disorders]
- Levinson, B. (Director). (1988). *Rain man*. United States: United Artists. [Autism Spectrum Disorder]
- Pohlad, B. (2015). *Love and mercy*. . [Motion Picture]. United States: Lionsgate. [Schizoaffective Disorder]
- Scott, R. (Producer). (2003). *Matchstick men*. [Motion Picture]. United States: Warner Brothers. [Obsessive Compulsive Disorder]

Course Evaluation: Students will be evaluated based on five criteria: class participation, and four written papers.

Class Participation: Class attendance and class participation: Be ready to begin promptly at 4:10 PM. Students are expected to come to class prepared, *with assignments turned in before arrival*. Attending class, reading assignments, and participating in class discussions are all expectations for this course. *Speaking out and sharing perspectives enriches the class experience.*

Each student's participation will be assessed each week. One of the primary goals of the course is for students to be comfortable and confident in their ability to discuss the course topics; therefore, participation makes up a large part of the final grade for this reason. The attendance and participation rubric (shown below) will be used weekly to assess attendance, participation, and reflection.

Each student must complete one personal reflection every week. A reflection describes a personal reaction to what was learned each week. Students share in reflections how they were affected by the week's topic, how the topic relates to other topics learned in previous courses or in other situations, or how the information might apply to a future job. These posts are at least 100 words but no longer than 300 and can be written in first person. No citations or references are needed. **Reflections for each week are due on Blackboard by Thursday at 4:00 PM, Alaska Standard Time.**

If missing class is unavoidable, I must be notified before the class session. Absence does not relieve a student from the responsibility of completing all assignments before the due date, or for comprehending the material presented during the class session. For any missed class, students are expected to answer the discussion question posted on Blackboard that addresses the material covered in class that day. This assignment is due at the start of the next class session. Excessive absences may result in the student receiving a grade of "Incomplete" for the course.

Be mindful that all personal information shared in class must remain confidential.

Written papers: Students will be expected to complete five papers throughout the semester: (a) the service learning reaction paper, (b) the paper addressing *Fire Shut up in My Bones*, (c) the interview, (d) the case study outline, and (e) the case study. All papers are to be typed, double-spaced, and include references where applicable. Papers are expected to be well-written, well thought out, and grammatically correct. Unless otherwise stated, writing should conform to APA style, including citations and references. *Please submit all papers through the Assignment tab on Blackboard in "doc" or "docx" format. Papers sent in for editing need to go to my university e-mail address: slrenes@alaska.edu.*

Service Learning Project and Reaction Paper: Students will complete a service learning group project with no more than two other students in this class. Service learning is a form of experiential education in which students engage in activities that address human and community needs together with structured opportunities for reflection designed to achieve desired learning outcomes. Students will complete an 8-10 page reaction paper following completion of a service-learning project.

There are six identified hallmarks of high quality service learning projects:

* *integrated learning* (the academic purpose of the project is clearly identified);

- * *community service* (the project helps develop community and student assets);
- * *collaborative development and management* (partners work together to plan, implement, and evaluate the project);
- * *engagement and a sense of community responsibility* (critical reflection takes place on the need to engage in local, regional, and international social and political systems);
- * *contemplation*, (critical reflection that leads to a synthesis of knowledge of self, academic topics, and society);
- * *evaluation and disclosure* (analysis and interpretation of the results of the project takes place to determine the learning that occurred).

The reflection paper needs to address:

- * when and where the project took place,
- * the individual(s) who helped set up the project,
- * integrated learning – (the academic purpose of the project is clearly identified). *In other words, what project did you develop and how did you use information from the class to determine how best to address this group?*
- * community service (the project helps develop community and student assets). *In other words, what assets did you hope to develop in the people you worked with and what assets did you hope to develop in yourself?*
- * collaborative development and management (partners work together to plan, implement, and evaluate the project). *In other words, what specifically took place in the process of collaborating, including planning, implementing, and evaluating the project?*
- * engagement and a sense of community responsibility (critical reflection takes place on the need to engage in local, regional, and international social and political systems); *In other words, what do you see as your role in these systems as they relate to this profession? You can also describe how they relate to you personally if you like.*
- * contemplation (critical reflection that leads to a synthesis of knowledge of self, academic topics, and society). *In other words, what did you learn about the topic you addressed, how did learning and sharing that information affect or impact you and how do you think the information affected or impacted the group you worked with?*
- * evaluation and disclosure (analysis and interpretation of the results of the project takes place to determine the learning that occurred). *In other words, what learning occurred in yourself, the group you presented to, the other group members, and the agency you worked with?*

Fire Shut up in My Bones: After reading this book, complete an 8-10 page paper that includes the following sections. *First*, clearly describe the risk factors Mr. Blow experienced that made it more likely he could have suffered from a mental disorder as a child, an adolescent, and/or as an adult. In your description be sure to include the specific mental disorders that his experiences might have put him at risk to develop citing the literature to back up what you discuss. *Next*, describe what protective factors were present in Mr. Blow's life that could have prevented him from developing a mental disorder, again citing sources to back up what you discuss. *Last*, reflect on what Mr. Blow's book taught you about risk and protective factors, resiliency, poverty, and any other elements of the book that relate to Cross-Cultural Psychopathology. Cite sources and list references as needed. This paper is worth 55 points toward your final grade. [The references posted under Course Resources on Blackboard might help you begin this assignment.] *I have added some other books that students can choose from.*

Interviews: Students will complete one 90-minute Intake/Diagnostic Interview Role Play with a classmate who will play the part of a person seeking services at intake at a mental health center. The classmate will present with the disorder of his or her choice (which will not be disclosed

until after the interview). Following the interviews, please discuss with your partner the parts of the interviewing process that stood out to both of you, as this collaboration will increase your learning. Then, write a five to seven page reaction paper describing: (a) your thoughts on doing the diagnostic interview, including what you did correctly and what areas you missed, and (b) what you learned from this role-play that you believe will inform you as a professional conducting an intake interview. The interview paper is worth 50 points toward your final grade. This paper can be written in first person.

Case Study: Students will have the opportunity to practice diagnostic skills by completing a case study describing a fictional client that you create. The case study is to provide (1) **Clinical Presentation**, including the (a) chief complaint, (b) history of present illness (c) past psychiatric history, (d) past medical history, (e) family history, (f) developmental history/social history (include culture, ethnicity, gender, and social class here), (g) mental status exam, and (h) collateral information; (2) **Impairment in Functioning** including stigma experienced by the client and/or the client's family; (3) **DSM-5 Diagnosis** including the full name of the diagnosis, associated DSM-5 and **ICD-10 codes**, and specifiers, as appropriate; (4) **Epidemiology**; (5) **Etiology and Pathogenesis**; (6) **Natural Course Without Treatment**; (7) **Evidence Based Treatment Options** including (a) counseling interventions, strategies or techniques for use with clients dealing with the particular mental health issue, (b) appropriate wellness activities and interventions that may help the client coping with the particular mental health issue, and (c) potential psychopharmacological interventions including the brand name and generic name of the medication(s), specific dosages, and dosing schedule; (8) **Clinical Course with Management and Treatment**; (9) **Systems-Based Practice Issues**; and (10) **Legal, Ethical, and Cultural Challenges**. The paper is to be **15-20 pages** in length (not including references or title page), and include at least **15 references**. The Case Study is worth 125 points toward your final grade. Two examples of case studies following this format are posted on Blackboard under Course Resources. The examples do not include all that I have asked you to include here, so be aware of all the case study requirements. *Be sure to look at the Rubric for the Case Study prior to writing the outline and the paper.*

Case Study Outline: An outline for the case study, including references, is part of the final paper assignment and needs to include enough detail to show you have gathered information for each section. The Case Study outline is worth 20 points toward your final grade.

Suggested disorders for the case study:

Alcohol Abuse and Dependence	Post-Traumatic Stress Disorder	Schizophrenia
Substance Abuse and Dependence	Obsessive Compulsive Disorder	
Major Depression	Eating Disorders	
Borderline Personality Disorder	Anxiety Disorders	

Please see me if you have a different disorder you wish to use for the case study.

The client portrayed in the interview and the client used for the case study need to describe different psychopathologies.

Grading: Your course grade will be determined on a point system as follows:

		<u>Grading Scale</u>	
Attendance and Participation	105 points		
Service Learning Reaction Paper	45 points	372 points and up (93%)	A
Charles Blow Reaction Paper	55 points	320 points to 371 (80%)	B
Interviews	50 points	280 points to 319 (70%)	C
Case Study Outline	20 points	240 points to 279 (60%)	D
Case Study	<u>125 points</u>	Less than 240 points	F
Total	400 points		

Disability Services: Students with a physical or learning disability, who may need academic accommodations, should contact Mary Matthews in the Disability Services office. UAF Disability Services is located within the Center for Health and Counseling in the Whitaker Building on the corner of Yukon Drive and North Chandalar (Room 208). The accessible entrance is located on North Chandalar Drive. UAF Disability Services can be contacted by telephone (474-5655) or e-mail (uaf-disabilityservices@alaska.edu). Once documentation of your disability is received, Disability Services will contact me regarding the necessary accommodations.

Support Services: Writing support services are available on the UAF Campus in the Writing Center, located in 801 Gruening, UAF, 907-474-5314, and on the UAA Campus at the Reading/Writing Center, located in 118 Sally Monserud Hall, UAA, 907-786-6918. Note: to access this Center at UAA, students must register in the English Department (907-786-4355) at a rate of \$12 per semester. Students who are not on the UAF campus should contact the Center for Distance Education for details regarding support services that are available by distance.

Plagiarism. Plagiarism is representing someone else's ideas and work as your own. Plagiarism includes not only copying verbatim, but also rephrasing the ideas of another without properly acknowledging the source. As they prepare and submit work to meet course requirements, whether a draft or a final version of a paper or project, students must take great care to distinguish their own ideas and language from information derived from sources. Sources include published primary and secondary materials, electronic media, and information and opinions gained directly from other people.

Policy on Discrimination, Harassment, and Violence. The University of Alaska Board of Regents has clearly stated in BOR Policy that discrimination, harassment and violence will not be tolerated on any campus of the University of Alaska. If you believe you are experiencing discrimination or any form of harassment including sexual harassment/misconduct/assault, you are encouraged to report that behavior. If you report to a faculty member or any university employee, they must notify the UAF Title IX Coordinator about the basic facts of the incident. Your choices for reporting include: 1) You may access confidential counseling by contacting the UAF Health & Counseling Center at 474-7043; 2) You may access support and file a Title IX report by contacting the UAF Title IX Coordinator at 474-6600; 3) You may file a criminal complaint by contacting the University Police Department at 474-7721.

Class Schedule, Required Readings, Assignment Due Dates

Additional work may be assigned to meet course requirements.

Date	Class Content	Readings	Assignments Due	CACREP 2016 Standards
8.31.16	*Introduction to the Course *Conception of Psychopathology * http://www.ted.com/talks/elyn_saks_seeing_mental_illness.html	Kilgus et al. (2016). Ch. 1 Sinacola & Peters-Strickland. (2011): Ch. 1 & 2		CMHC C.2.b., CMHC C.2.d.
9.7.16	*Stigma vs. Relief from a Diagnosis *Culture and Mental Disorders *Gender and Mental Disorders *Discussion of Service Learning Project and Reaction Paper http://www.psychiatry.org/psychiatrists/cultural-competency/treating-diverse-patient-populations	Arboleda-Flórez & Stuart. (2012). From sin to science... Berg, S.H. (2006). Everyday... Chesler, P. (2005). Women and madness Bhugra. (2006). Severe mental... Corrigan, P. (2016). Stigma... Gone & Alcanterra. (2007). Identifying effective mental...		CMHC C.2.e., CMHC C.2.j.
9.14.16	*Introduction to DSM-5 *Cultural Formulation *Adverse Childhood Experiences *Michael Vigil – Enduring Neurobiological Effects of Abuse and Neglect	DSM-5. Introduction. Use of the Manual. Cultural Formulation.		CMHC C.2.d, CMHC C.2.j.
9.21.16	*Systems-Based Practice *Interviewing/Assessing/Diagnosing *Use of Mental Status Exam	Kilgus et al. (2016). Ch. 2 & 7 Sinacola & Peters-Strickland. (2011): Ch. 4 Segal & Coolidge. (2007). Structured and semistructured interviews ... Morrison, J. (2007). The diagnostic method		CMHC c.3.a
9.28.16	*Substance Use Disorders	Kilgus et al. (2016). Ch. 13 Sinacola & Peters-Strickland. (2011): Ch. 13 DSM-5. Substance-Related and Addictive Disorders. Matošić et al. (2016). Neurobiological bases... Priester et al. (2015). Treatment access barriers... Optional: The lost weekend.		f.3.d., CMHC 1.d., CMHC 2.e.
10.5.16	*Suicide	Chu et al. (2010). A cultural theory... Chu et al. (2013). A tool for... Wexler et al. (2015) Why an alternative to suicide....	Charles Blow Reaction Paper	f.5.l, CMHC C.2.f., CMHC C.2.j.
10.12.16	*Schizophrenia and the Psychosis Spectrum http://www.ted.com/talks/elyn_saks_seeing_mental_illness.html	Kilgus et al. (2016). Ch. 12 Sinacola & Peters-Strickland. (2011): Ch. 8 DSM-5. Schizophrenia Spectrum and Other Psychotic Disorders. Beck et al. (2009) Overview... Frese et al. (2009). Recovery.. Optional: A beautiful mind.		CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h
10.19.16	*Depression *Seasonal Affective Disorder	Kilgus et al. (2016). Ch. 13 Sinacola & Peters-Strickland. (2011): Ch.5 DSM-5. Depressive Disorders. Ingram et al. (2011). Depression... Zauderer & Ganzer. (2015). Seasonal affective disorder...		CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h
10.26.16	*Bipolar Disorder *Discussion of Case Study Outline	Kilgus et al. (2016). Ch. 7 & 13 Sinacola & Peters-Strickland. (2011): Ch. 6 DSM-5. Bipolar and Related Disorders.		CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h, CMHC c.3.a, c.1.c

11.2.16	*Anxiety Disorders	Kilgus et al. (2016). Ch. 14 Sinacola & Peters-Strickland. (2011): Ch. 7 DSM-5. Anxiety disorders. Bains et al. (2014). Group psychoeducation...	Case Study Outline	CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h
11.9.16	*Personality Disorders *Discussion of Case Study	Kilgus et al. (2016). Ch. 24 Sinacola & Peters-Strickland. (2011): Ch. 12 DSM-5. Personality Disorders. Optional: Matchstick men	Interviews	CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h., CMHC c.3.a, CMHC c.1.c
11.16.16	*Obsessive-Compulsive and Related Disorders *Post Traumatic Stress Disorder *Eating Disorders	Kilgus et al. (2016). Ch. 15, 16, & 20 DSM-5. Obsessive-Compulsive and Related Disorders DSM-5. Trauma and Stress Related Disorders Mazzeo & Bulik, (2009). Environmental and genetic risk factors... Eisenberg et al. (2012). Muscle – enhancing... Schmidt et al. (2011). Epigenetic aspects of post traumatic... Optional: What's eating Gilbert Grape	Service Learning Project	CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h
11.23.16	*Attention Deficit Hyperactivity Disorder *Conduct Disorder *Oppositional Defiant Disorder *Discussion of Case Study	Kilgus et al. (2016). pp. 656-664 DSM-5. Neurodevelopment Disorders (pp. 59-66) Sinacola & Peters-Strickland. (2011): Ch. 9 Pardini & Frick (2013). Multiple developmental pathways... Pottinger (2015). The use of trauma counseling...		CMHC C.2.b., f.5.b, CMHC C.2.d., f.5.h, CMHC C.2.h
11.30.16	*Autism Spectrum Disorders *Fetal Alcohol Spectrum Disorders *Speaker will address Fetal Alcohol Spectrum Disorders	DSM-5. Neurodevelopment Disorders (pp. 50-59) Morantz. (2006). CDC releases guidelines.... Ryan & Ferguson. (2006). The person behind the face.....	Case Study	f.5.b, f.5.h, CMHC C.2.b. CMHC C.2.d., CMHC C.2.f., CMHC C.2.h., CMHC C.2.j.
12.7.16			Case Study Reviews	

Specific Assignments Meeting CACREP Requirements

Week of Instruction	Evaluation Component	CACREP 2016 Standard Assessed
Week One	Introduction of Students/ Overview of Course Discussion Question: addresses the history and current understanding of psychopathology and diagnosis.	CMHC C.2.b., CMHC C.2.d.
Week Two	Discussion Question #1: addresses the experience of stigma and the experience of relief that often occur as the result of receiving a diagnosis. Discussion Question #2: addresses the role of culture, ethnicity, gender, and social class in symptom formation, progression of mental illness, and clinical application of the DSM-5 diagnostic system.	CMHC C.2.e CMHC C.2.j.
Week Three	Discussion Question #1: introduces the DSM-5, and continues the conversation about diagnosis, theories, and models of counseling. Discussion Question #2: addresses the role of culture as it relates to the clinical application of the DSM-5 diagnostic system.	CMHC C.2.d CMHC C.2.j.

Week Four	<p>Discussion Question #1: addresses intake interview for treatment planning and caseload management.</p> <p>Discussion Question #2: addresses the mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management.</p>	<p>CMHC c.3.a</p> <p>CMHC c.3.a</p>
Week Five	<p>Discussion Question #1: addresses the neurobiological, medical foundation, and etiology of addiction and co-occurring disorders.</p> <p>Discussion Question: addresses the potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders.</p>	<p>f.3.d., CMHC 1.d., CMHC 2.e</p> <p>f.3.d., CMHC 1.d., CMHC 2.e</p>
Week Six	<p>Guest Lecture: Suicide and Suicide Prevention</p> <p>Discussion Question: addressing the Charles Blow Reaction Paper.</p>	<p>f.5.l</p> <p>CMHC C.2.f., CMHC C.2.j.</p>
Week Seven	<p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention of disorders in the Schizophrenia and Psychosis Spectrum.</p> <p>Discussion Question #2: addresses the diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the <i>International Classification of Diseases (ICD)</i> for disorders in the Schizophrenia and Psychosis Spectrum.</p> <p>Lecture: addresses the classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation for disorders in the Schizophrenia and Psychosis Spectrum; and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p>CMHC C.2.b.</p> <p>CMHC C.2.d.</p> <p>f.5.b, f.5.h, CMHC C.2.h</p>
Week Eight	<p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for Depression and Seasonal Affective Disorder.</p> <p>Discussion Question #2: addresses the diagnostic process for Depression and Seasonal Affective Disorder.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for appropriate medical referral for Depression and Seasonal Affective Disorder and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p>CMHC C.2.b.</p> <p>CMHC C.2.d.,</p> <p>f.5.h, f.5.b, CMHC C.2.h</p>
Week Nine	<p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for Bipolar Disorder.</p> <p>Discussion Question #2: addresses the diagnostic process for Bipolar Disorder.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for Bipolar Disorder and appropriate medical referral and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p>CMHC C.2.b.</p> <p>CMHC C.2.d.,</p> <p>f.5.h, f.5.b, CMHC C.2.h</p>
Week Ten	Case Study Outline	<p>CMHC C.2.b.</p> <p>CMHC C.2.d.,</p>

	<p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for the Anxiety Disorders.</p> <p>Discussion Question #2: addresses the diagnostic process for the Anxiety Disorders.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for the Anxiety Disorders and appropriate medical referral and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p><i>f.5.h, f.5.b, CMHC C.2.h</i></p>
Week Eleven	<p>Interviews</p> <p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for the Personality Disorders.</p> <p>Discussion Question #2: addresses the diagnostic process for the Personality Disorders.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for the Personality Disorders and appropriate medical referral and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p><i>CMHC C.2.b.</i></p> <p><i>CMHC C.2.d.,</i></p> <p><i>f.5.h, f.5.b, CMHC C.2.h</i></p>
Week Twelve	<p>Service Learning Project</p> <p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for Obsessive-Compulsive and Related Disorders, Post Traumatic Stress Disorder, and Eating Disorders.</p> <p>Discussion Question #2: addresses the diagnostic process for Obsessive-Compulsive and Related Disorders, Post Traumatic Stress Disorder, and Eating Disorders disorders.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for Obsessive-Compulsive and Related Disorders, Post Traumatic Stress Disorder, and Eating Disorders and appropriate medical referral and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p><i>CMHC C.2.b.</i></p> <p><i>CMHC C.2.d.,</i></p> <p><i>f.5.h, f.5.b, CMHC C.2.h</i></p>
Week Thirteen	<p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder.</p> <p>Discussion Question #2: addresses the diagnostic process for Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for Attention Deficit Hyperactivity Disorder, Conduct Disorder, and Oppositional Defiant Disorder and appropriate medical referral and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p>	<p><i>CMHC C.2.b.</i></p> <p><i>CMHC C.2.d.,</i></p> <p><i>f.5.h, f.5.b, CMHC C.2.h</i></p>
Week Fourteen	<p>Case Study (Key Assignment)</p>	<p><i>CMHC C.2.b, CMHC C.2.d, CMHC C.2.f, CMHC C.2.h, CMHC C.2.j, f.5.b, f.5.h</i></p> <p><i>CMHC C.2.d.,</i></p>

	<p>Discussion Question #1: addresses the etiology, nomenclature, treatment, referral, and prevention for the Autism Spectrum Disorder.</p> <p>Discussion Question #2: addresses the diagnostic process for the Autism Spectrum Disorder.</p> <p>Lecture: addresses commonly prescribed psychopharmacological medications for the Autism Spectrum Disorder and appropriate medical referral and developmentally relevant counseling treatment or intervention plans including a systems approach to conceptualizing clients.</p> <p>Lecture: Fetal Alcohol Spectrum Disorders</p>	<p><i>f.5.h, f.5.b, CMHC C.2.h</i></p> <p><i>f.5.h, f.5.b, CMHC C.2.h</i></p>
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Course Rubrics

Attendance and Participation

	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
ATTENDANCE	Is often late for class and leaves early without prior arrangement.	Misses no more than one class without prior arrangement. Is never late and does not leave early without prior arrangement.	Attends all classes. No missed classes without prior arrangement.	Attends all classes. No missed classes without prior arrangement. Engages other students before and after class and during breaks.
LARGE GROUP PARTICIPATION	Does not ask questions or make comments that indicate familiarity with class topics.	Rarely asks questions or makes comments that indicate familiarity with the class topics.	Occasionally asks questions or makes comments that indicate reflection and familiarity with the class topics.	Regularly asks questions or makes observations that indicate reflection and familiarity with the class topics.
SMALL GROUP PARTICIPATION	Does not participate actively in small groups.	Rarely participates actively in small groups.	Participates in small groups.	Actively participates in small groups and is adequately prepared to discuss the class topics.
BLACKBOARD PARTICIPATION	Does not open Blackboard to access information.	Rarely opens Blackboard to access information.	Regularly uses Blackboard to enhance the classroom experience.	Actively uses Blackboard to enhance the classroom experience.

Papers and Critiques

	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
CLARITY	The paper is incomprehensible even after repeated readings.	Most of the paper is comprehensible, but some passages require interpretation by the reader. Some passages have poor organization.	The paper is comprehensible, but there are a few passages that are difficult to understand. The organization is generally good.	The paper is easy to understand; it is concise and well organized.
GRAMMAR	The paper has many grammatical errors. The errors interfere with comprehension.	The paper has a number of major grammatical errors. Some of the errors interfere with comprehension.	The paper has a few major grammatical errors, but the errors do not significantly interfere with comprehension.	The paper has no major grammatical errors.
AUDIENCE	There is little evidence of writing for scholar/practitioners; much of the paper includes colloquial expressions, use of first person, etc.	Many parts of the paper include colloquial expressions, the use of first person, etc.	The paper is generally written for scholar/practitioners, but it includes some colloquial expressions, the use of first person, etc.	The paper is written for scholar/practitioners.
COMPLETENESS	The paper does not address all the areas required by the assignment.	The paper addresses most of the areas required by the assignment.	The paper addresses all of the areas required by the assignment.	The paper addresses all of the areas required by the assignment in an engaging manner.
CONCISENESS	The paper presents a significant amount of irrelevant information.	The paper contains some irrelevant information.	The paper contains irrelevant information but the information does not significantly compromise the paper.	The paper has no irrelevant information.
APA FORMATTING	The paper has many departures from the APA Publication Manual, 6 th Edition.	The paper has some departures from the APA Publication Manual.	The paper has a small number of departures from the APA Publication Manual.	The paper is written in accordance with the APA Publication Manual.

Class Presentations

	Unsatisfactory	Basic	Proficient	Distinguished
KNOWLEDGE OF MATERIAL	The presenters appear to lack a basic understanding of the topic.	The presenters have a basic understanding of the topic.	The presenters have a very good understanding of the topic.	The presenters have an excellent understanding of the topic and include extra information in the presentation.
AUDIENCE ENGAGEMENT	The audience is not engaged and appears bored during the presentation.	The audience is minimally engaged, paying attention at times and not paying attention at other times.	The audience is engaged throughout the presentation.	The audience is actively engaged and appears to enjoy the presentation.
PRESENTER PARTICIPATION	Some members of the presentation team do not appear to participate.	All members of the presentation team participate, but some are not as involved as others.	All member of the presentation team participate equally.	All members of the presentation team present equally and the members appear to work as a team.
USE OF TEACHING TOOLS	Only one teaching tool is used.	More than one teaching tool is used but there is a lack of cohesion between the two tools.	Two or more teaching tools are used together effectively.	Two or more teaching tools are used together with a high level of audience response.

Additional Resources

ADHD

- Barkley, R. (1998). *Attention deficit hyperactivity disorder: A Handbook for diagnosis and treatment*. New York, NY: Guilford.
- Hallowell, E., & Ratey, J. (1994). *Driven to distraction: Recognizing and coping with attention deficit disorder from childhood through adulthood*. New York, NY: Simon & Schuster.

Anxiety

- Chansky, T. (2000). *Freeing your child from obsessive-compulsive disorder*. New York, NY: Three Rivers Press.
- Shannon, J. (2012). *The shyness and social anxiety workbook for teens: CBT and ACT skills to help you build social confidence*. New York, NY: Instant Help.
- Wilard, C. (2014). *Mindfulness for teen anxiety: A workbook for overcoming anxiety at home, at school, and everywhere else*. New York, NY: Instant Help Series. [Anxiety]

Aspergers Syndrome

- Haddon, M. (2004). *The curious incident of the dog in the night-time*. New York, NY: Random House.
- Robison, J. E. (2007). *Look me in the eye: My life with asperger's*. New York, NY: Three Rivers Press.

Autism Spectrum Disorders

- Grandin, T. (2006). *Thinking in pictures: My life with autism*. New York, NY: Vintage Books.
- Solomon, A. (2013). *Far from the tree: Parents, children and the search for identity*. New York, NY: Scribner.

Bipolar Disorder

- Behrman, A. (2002). *Electroboy*. New York, NY: Random House.
- Emerson, J. (2007). *The madness of Mary Lincoln*. Carbondale, IL: Southern Illinois University.
- Redfield Jamison, K. (1996). *An unquiet mind: A memoir of moods and madness*. New York, NY: Vintage Books.

Conduct Disorder

- Loman, R. (2009). *The anger workbook for teens: Activities to help you deal with anger and frustration*. New York, NY: An Instant Help Series.

Depression

- Bloomfield, H. H., & McWilliams, P. (1994). *How to heal depression*. Los Angeles, CA: Prelude Press.
- Schab, L. (2008). *Beyond the blues: A workbook to help teens overcome depression*. NY: An Instant Help Series.
- Sega, Z. (2012). *Mindfulness-Based Cognitive Therapy for depression*. New York, NY: Guilford Press.
- Styron, W. (1992). *Darkness visible: A memoir of madness*. New York, NY: Random House.

Gender Identity

Morris, J. (2006). *Conundrum*. New York, NY: New York Review of Books.

Obsessive Compulsive Disorder

Wilensky, A. (1999). *Passing for normal: A memoir of compulsion*. New York, NY: Broadway Books.

Personality Disorders

Linehan, M. (1993). *Cognitive-Behavioral treatment of borderline personality disorder*. New York, NY: Guilford Press.

McWilliams, N. (2011). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York, NY: Guilford Press. [Personality Disorders]

PTSD

Drucker, C., & Martsof, D. (2006). *Counseling survivors of childhood sexual abuse*. New York, NY: Sage.

Palmer, L. (2012). *The PTSD workbook for teens: Simple, effective skills for healing trauma*. New York, NY: Instant Help Book. [PTSD]

Schizophrenia

Nasar, S. (1998). *A beautiful mind*. New York, NY: Touchstone.

Saks, E.R. (2007). *The center cannot hold: My journey through madness*. New York, NY: Hyperion.

Self-Injury

Shapiro, L. (2008). *Stopping the pain: A workbook for teens who cut and self injure*. New York, NY: An Instant Help Book.

Substance Abuse

Hayes, S. & Levin, M. (2012). *Mindfulness and acceptance for addictive behaviors: Applying contextual CBT to substance abuse and behavioral addictions*. New York, NY: Context Press.

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

Van Dijk, S. & Guindon, K. (2010). *The bi-polar workbook for teens: DBT skills to help you control mood swings*. New York, NY: An Instant Help. [Bi-polar Disorder]