STMC 571 Psychopathology
Master of Arts in Pastoral Counseling (MAPC)
School of Theology & Ministry, Seattle University
901 12th Ave, PO Box 222000
Seattle, WA 98122-1090
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TEXTS & MATERIALS:

Required Texts:

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

Gray, S.W. (2011). *Competency-based assessments*. Hoboken, NJ: Wiley. ISBN: 978-0-4710-50528-1

Kehoe, N. (2009). *Wrestling with our inner angels: Faith, mental illness, and the journey to wholeness*. San Francisco, CA: Jossey-Bass, A Wiley Imprint. ISBN: 978-0-470-45541-8

Assigned Articles (list below)

Recommended:

*****Barlow, D. H., & Durand, V. M (2009). *Abnormal psychology: An integrative approach*, 5th Ed. Belmont CA: Wadsworth (Cengage Learning).
***please note that if you did not take an abnormal psychology class before entering the program (or if your class was more than seven years ago), you MUST read the assigned chapters.**

Gilbert, B. W. (1998). *The pastoral care of depression: A guidebook*. Binghampton, NY: The Haworth Pastoral Press.

Assigned Articles (list below)

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 bio-psycho-social-spiritual 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 cultural influences in the definition of pathology.

MAPC Students will:

- Demonstrate intention to approach psychopathology with openness to the presence of diversity
    - Integrate a bio-psycho-social 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 Outline

Date	Topic	DSM Reading	Required Text	Article Reading	Optional Text	Due	Movie Presentation
1 1/4	Syllabus review Course Goals What is Abnormal Psychology History of Psychopathology						
2 1/11	Introduction to DSM-IV-TR Introduction to Diagnosis	pp. xxiii-38	1, 2	Bradshaw Meyerstein	1-4 Newton		
3 1/18	Psychotic Disorders; Schizophrenia	pp. 297-343	6 Be Reading Kehoe	Carson Penner	13		Jupiter's Wife; The Soloist
4 1/25	Mood Disorders; Substance Related Disorders	pp. 191-295; 345-428	7	Sorajjakool	7, 11		Mary & Max; Little Miss Sunshine
5 2/1	Anxiety Disorders; Eating & Sleep Disorders	pp. 429-484; 583-596	8, 11	Baker Meinsenholder	5, 8 Harris		As Good as it Gets; Off the Map; The Avaitor
6 2/8	Somatoform Disorders; Personality Disorders;	pp. 485-512; 685-730	9, 12		6, 12 Gallagher		Jupiter's Wife; Black Swan
7 2/15	Dissociative Disorders; Cognitive Disorders; Adjustment Disorders	pp. 519-534; 135-180; 679-684	10, 4	Rosik	15		Lars & the Real Girl
8 2/22	Sexual & Gender, Other Disorders	pp. 513-518; 535-582; 663-678; 731-744	We will discuss Kehoe		10	Kehoe Reflection Due	
9 2/29	Developmental Disorders	39-134	3		14		Temple Gradin; Rainman
10 3/7	Physical Disorders Course Wrap-Up				9	Clinical Case Write up DUE	

COURSE REQUIREMENTS

1.	Class interaction	25 points
2.	Movie Clip Presentation	25 points
3.	Kehoe Reflection	25 points
4.	Clinical Case Write Up	25 points
	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 (25 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.*

Please email me chart below with a self-rating on the day of the last class. Final responsibility for the engagement grade is determined by the instructor.

In addition to the scale below, 6 points of the total 100 points will be reduced for each unexcused absence. Three (3) points will be deducted for each time you arrive late or leave early.

10: I attended all classes, and was *fully* prepared (completed 95-100% of the readings) for each class meeting, and *regularly* participated in class activities, discussions, and small group work.
9: I attended all classes, and was *mostly* prepared (did 90%+ of the readings) for each class meeting, and *regularly* participated in class activities, discussions, and small group work.
7: I attended all classes, and was *minimally* prepared (did about 75%+ of the readings) for each class meeting, and *minimally* participated in class activities, discussions, and small group work.
5: I attended all classes, and was *minimally* prepared (did 50%+ the readings) for each class meeting, and *minimally* participated in class activities, discussions, and small group work.
1: I basically checked out.

My self-rating:

2. Movie Clip Presentation & Handout (25 Points)

Students will work in teams of two or three to find a movie that has a theme of a specific psychopathology (see list below; any of the Axis I or II diagnoses we study this quarter). Teams will prepare a two-to-three page handout, and offer a brief (15-20 minute) presentation to be presented on date assigned.

For the handout, teams will write a brief synopsis (no more than 1/2 of page) of the film. They will also relate academic information about a topic learned in psychopathology to the movie (2 to 2 & 1/2 pages). The handout MUST include additional information from three peer-reviewed, recent journal articles (short, bulleted points OK; references in APA style). For example, if the team is looking at Major Depressive Disorder, they may find certain risk factors that lead to depression. The handout would indicate these risk factors and give concrete, specific examples of how the risk is seen in the film. For the presentation, the teams will be expected to summarize (you may not be able to share everything) the handout AND show at least two brief clips from the movie that relate to the information provided in the handout. Listeners should walk away from the presentation with a better understanding of the lived experience of having the disorder/diagnosis.

Movie Rubric (25 points).
Please give Christie a copy of handout and attach this rubric.

	Exceed Expectation	Meets Expectation	Below Expectation
Clear, concise summary of movie and diagnosis. Not too wordy and not too brief			
Clear speaking voice and pace.			
Clear handout. State facts, give descriptions			
Time limit			
Handout given to class			
Movie Clips Relate			
Team Works Cohesively			

3. Kehoe Book Review (20 Points)

Students will read the assigned Kehoe text. Students will write a two page (max) paper reflecting on the thoughts and beliefs regarding diagnosis and spirituality (please offer NO summary of the text). The goal of this project is for students to be thoughtful and reflective. Consider these questions, along with YOUR thoughts regarding spirituality/pastoral counseling that came about in the text:

- How is your system of religion or spirituality represented (or not) in the text?
- What similarities do you have with the way Kehoe sees pastoral counseling?
- What differences do you have with the way Kehoe sees pastoral counseling?
- How would you apply themes in the book?
- What spiritual concepts would you add to the discussion?

Book Review (25 points).
Please give Christie a copy of paper and attach this rubric.

	Exceed Expectation	Meets Expectation	Below Expectation
Organized, clear paper			
Answers above questions			
Thoughtful and reflective by considering points not addressed above			
No summary of text			
Page Limit			

4. Clinical Case Write Up (20 Points)

The clinical case write up is an important part of being a pastoral counselor. When collaborating in teams, it is impossible to summarize/share everything that has happened during the initial assessment and treatment. For most counseling professionals, time is of the essence. Offering more information is not better, rather write ups should be relevant, specific, and concise so busy professionals have pertinent information without access to every detail. Additionally, pastoral counselors need to offer a conceptualization of their clients so that they may receive feedback from other professionals (e.g., supervisors or other invested professions with whom there is a release of information). The clinical case write up is an organized way to present specifics about a client, while still leaving room for discussion/feedback.

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.*

Please use the following template:

Comprehensive Pastoral-Clinical Assessment

Name of Therapist:

Pseudonym of Client:

Evaluation Date/Date of Current Report: mm/dd/yyyy

Admit Date:

[Date that you started working with this cl. If cl was transferred to your case load, record here the date that cl started receiving counseling services from your agency/institution and the date that you started working with the cl.]

Client: Jane E. Doe or client's case number

[Change the name of your client to protect their anonymity. In the remainder of the report refer to her/him by their anonymous name such as Jane Doe. You can shorten their name in subsequent paragraphs using one of more of the following conventions: Ms. Doe, Jane D., Jane, J., client, or cl. When you discuss the case in class, do not use his/her legal name.]

Identifying Information:

[Age (DOB), gender, race, ethnic/national background if significant to identity, education, military service and % disabled if applicable, marital status, work status, etc.]

Presenting Problem / Reason for Referral:

[This is how the cl "sees" and understands their problems, symptoms, and complaints. What do they say is going on and who or what is the cause? List the major symptoms and other problems here and, if possible, rank them in decreasing order of clinical significance.]

Mental Status at Time of Evaluation:

[Description of cl's appearance, behavior, speech, etc. Include narrative summary of Mental Status Exam results. You can include here any relevant, balanced first impressions and/or clinically significant countertransferences that you experienced sitting with your cl during the evaluation process. Do not speculate at this point, just the facts!]

History:

[You can combine any or all of the following sub-sections as long as all relevant histories are included in the report. Choose only the data that are necessary and sufficient for the pastoral-clinical purposes of a comprehensive evaluation of this nature—you are not being asked to write their complete biography here!]

- **Family**—description of relevant dynamics of extended family system and cl's role and experience of being a member of his/her family, family myths/values, family traumas, etc. History of mental disorders or addictions in cl's family? Suicide, homicide, or incarceration? Family violence, neglect, abuse of any kind?
- **Social/Cultural**—description of relevant dynamics of cl's racial and ethnic background, description of relevant dynamics of cl's cultural and socio-economic environment. You can include cl's spiritual/religious history here or in the following section.
- **Psychological**—description of relevant dynamics of cl's personal development and significant relationships from childhood to present, traumas, clinically significant losses, suicide attempts, prominent defense mechanisms, cognitive distortions, etc. Include summary of cl's psychosexual development and history if relevant to the presenting problem or referral. Summarize cl's strengths and resources.
- **Medical/Psychiatric**—description of relevant medical and/or psychiatric problems, hospitalizations, disabilities, and previous/current inpatient or outpatient mental health treatment. List of clinically relevant medications currently prescribed and their dosages. Assess past and current history of alcohol, drug, and/or prescription medication abuse or dependence. If substance abuse/dependence is one of the presenting problems for treatment, record in objective

measures the extent of his/her abuse or dependence (i.e., number of standard drinks and/or the amount of money spent/week on alcohol or drugs at cl's highest level of use). As regards the clinical assessment of alcohol use, one "standard drink" is defined as 12 oz of beer, 5 oz of wine, or 1½ oz of 80 proof liquor straight-up or mixed with other non-alcoholic liquids. If cl is currently in active recovery, summarize cl's recovery history (i.e., last drink/use, amount of time spent in out or in-patient treatment, current participation in 12 step fellowships—# of meeting/month, and whether or not cl continues active involvement with a 12 step sponsor).

Spiritual / Religious Assessment:

In summary form, include all relevant information needed for an understanding of the spiritual, religious, and pastoral dynamics of your cl. Note any spiritual/religious connections with cl's current psychosocial problems. Note cl's spiritual/religious resources, strengths, and supports. Use language that secular mental health professionals would understand.

Dynamic Formulation of the Problem: [Using psychodynamic, cognitive-behavioral, and/or family systems theories summarizes your clinical impressions, assessment, and analysis of cl's clinical-pastoral problems. How do you "understand" what is happening psychologically, socially, and spiritually with/to you cl? What are the clinically significant cognitive, emotional/affective, and/or behavioral elements of your cl's personality and relational style? In non-technical language, name cl's current and/or characterological distress, impairment, or increased risks of suffering. What lens do you use to put it all together into one integrated picture—psychological theory, scriptural story, metaphoric image, etc.? Any clinical speculations must be connected with the facts of the case.

DSM-IV-TR Diagnoses (provisional):

Axis I	xxx.xx	Mental Disorder Classification IA
	xxx.xx	Mental Disorder Classification IB
Axis II	xxx.xx	Mental Disorder Classification IIA
Axis III	(see Medical/Psychiatric History above)	
Axis IV	(descriptive phrases OK, whole sentences not necessary here)	
Axis V	GAF (current) = xx	

Recommendations and Treatment Plan:

What clinical and/or pastoral interventions, experiences, or treatments would you recommend for this cl? Provide here a sketch of the treatment goals associated with each problem and the specific interventions, exercises, homework, spiritual practices, and/or readings that you will employ to empower your cl to improve their psychosocial functioning and/or reduce their distress/impairment in order to meet their treatment goals.

In your professional opinion, based on the facts of the case and your clinical training, what are the probable immediate and future course, extent, and outcome prognoses of cl's particular disorders and problems? If known, include a brief listing of the good and the bad prognostic indicators/facts of the case.

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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, soc-economic, race/ethnicity)			
Presenting Problem/Reason for Referral			
Mental Status			
History: • Family • Social/Cultural • Religious/Spiritual • Psychological • Medical			
Dynamic Formulation of the Problem			
DSM-IV-TR (5 Axis)			
Recommendations			
Professionalism of Written Presentation			

Comments:

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.
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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.

Additional Readings:

Baker, M., & Gorsuch, R. (1982). Trait anxiety and intrinsic-extrinsic religiousness. *Journal for the Scientific Study of Religion*, *21*(2), 119-122. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00

00793013&site=ehost-live

Bradshaw, M., Ellison, C., & Flannelly, K. (2008). Prayer, God imagery, and symptoms of psychopathology. *Journal for the Scientific Study of Religion*, *47*(4), 644-659. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00

01695759&site=ehost-live

Carson, M. (2006). Loving, discernment, and distance: pastoral care in schizophrenia. *Journal of Pastoral Care & Counseling*, *60*(3), 227-239. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00

01568733&site=ehost-live

Harris, J., Schoneman, S., & Carrera, S. (2005). Preferred prayer styles and anxiety control. *Journal of Religion and Health*, *44*(4), 403-412. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001563975&site=ehost-live

Gallagher, R., Manierre, A., & Castelli, C. (1994). From the Valley of the Shadow of Death : A Group Model for Borderline Patients. *Journal of Pastoral Care*, *48*(1), 45-53. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00000878249&site=ehost-live

Meisenhelder, J., & Marcum, J. (2009). Terrorism, post-traumatic stress, coping strategies, and spiritual outcomes. *Journal of Religion and Health*, *48*(1), 46-57. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001710207&site=ehost-live

Meyerstein, I. (2004). A Jewish spiritual perspective on psychopathology and psychotherapy: a clinician's view. *Journal of Religion and Health*, *43*(4), 329-341. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001563580&site=ehost-live

Newton, A., & McIntosh, D. (2010). Specific religious beliefs in a cognitive appraisal model of stress and coping. *International Journal for the Psychology of Religion*, *20*(1), 39-58. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001764886&site=ehost-live

Penner, C. (2006). I had a hammer: reflections on ministry in an acute schizophrenia ward. *Journal of Pastoral Care & Counseling*, *60*(3), 241-245. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001568736&site=ehost-live

Rosik, C. (2003). Critical issues in the dissociative disorders field: six perspectives from religiously sensitive practitioners. *Journal of Psychology & Theology*, *31*(2), 113-128. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001538749&site=ehost-live

Sorajjakool, S., Aja, V., Chilson, B., Ramírez-Johnson, J., & Earll, A. (2008). Disconnection, depression, and spirituality: a study of the role of spirituality and meaning in the lives of individuals with severe depression. *Pastoral Psychology*, *56*(5), 521-532. Retrieved from ATLA Religion Database with ATLASerials database.

http://proxy.seattleu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=rfh&AN=ATLA00001678255&site=ehost-live