



EAST TENNESSEE STATE
UNIVERSITY

Clemmer College

Department of Counseling and Human Services

COUN 5825 Developmental Psychopathology for Counselors

Catalog Description:

This course addresses the dangers of psychological labeling and pathologizing clients while also teaching professional processes for diagnosis, using the DSM, case conceptualization, and therapeutic treatment planning. Common diagnoses applied to children, adolescents, and adults are considered from both individual and systemic perspectives.

Relationship of Course to College and Program Philosophy and Goals:

This is a course that places the content of child, adolescent, and adult psychopathology and abnormal psychology in a developmental context and presents diagnosis within the framework of a growth orientation. An emphasis is placed on the importance of the person who is suffering from psychopathology rather than merely addressing the precise descriptions of clinical problems. A collaborative team approach to diagnosis and learning is used as well as a heavy reliance on video presentations and other technology integrated in classroom exercises, out-of-class assignments, and the final examination.

Course Pre-requisite(s): None.

Major Course Topics: Diagnosis; pathology; case conceptualization, treatment planning; adaptive reorientation therapy; mental health disorders; substance abuse disorders; social and cultural implications and considerations in diagnosis; suicide assessment; treatment approaches effective in working with particular diagnoses

Main Course Goals:

1. Development of a framework from which functional and dysfunctional behavior may be understood.
2. Distinguishing Organic from Psychological Disorders.
3. An overview of factors in developmental psychopathology that impact counseling and clinical practice.
4. A conceptual framework which integrates personality theory, systems theory, and counseling theory with social, biological, and developmental aspects of functional and dysfunctional behavior and human motivation.
5. Process and planning for developing initial treatment plans that take into account both the diagnosis and the person suffering [given the accuracy of the diagnosis], so that the connections between diagnosis and treatment allow for integrative formulations.

6. A detailed understanding and working knowledge of the *DSM-V* (2013) as one tool used for formal psychiatric diagnosis.
7. A broader view of psychopathology and diagnosis that enables them to appreciate the limitations of *DSM-V* (2013) and that fosters a conceptualization of the whole individual with a familial and social context.

Learning Objectives:

At the completion of this course, the candidate is expected to be able to:

- define diagnosis, pathology, and health (CMH C.4)
- describe the etiology, diagnostic processes and nomenclature, treatment, referral, and prevention of mental and emotional disorders (CMH C.2; C.4)
- identify legal and ethical issues in diagnosis and treatment planning
- demonstrate principles of bio-psycho-social assessment (interviews, mental status exam, symptom inventories, etc. and case conceptualization (CCSA D.5; G.1; CMH C.7; G.1; G.2; H.1; H.2; MFC G.1)
- demonstrates appropriate timing and use and of the DSM and other diagnostic criteria in establishing a multi-axial diagnosis and treatment plan (CMH K.1; K.2; K.5; L.1; L.2; L.3)
- apply multicultural competencies to case conceptualization, diagnosis, treatment and referral (CMH D.2; K.4)
- identify interventions that may enhance individual and family functioning (MFC C.2; CMH E.3)
- describe the influence of multiple factors (trauma, psychopharmacology, mental health and wellness, etc.) that may affect personal, social, and academic/career functioning of individuals and families including those that impede and those that enhance functioning (SC.G.1; CMH C.8; MFC G.3)
- assess and manage suicide risk (CMH D.6; SC D.4; MFC D.4)
- explain basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications (CMH G.3)

Student Learning Outcomes:

Course Competencies: Students will demonstrate an ability to:

1. Present an integrated picture of normal development and functional behavior (CMH C.4) – **Student Assessment #1.**
2. Present an integrated picture of developmental psychopathology.
3. Delineate *DSM-V* (2013) criteria for each disorder reviewed, accurately apply *DSM-V* (2013) criteria to individual cases, and proficiently use the *DSM-V* (2013) as the basis for diagnostic formulation.
4. Differentiate between organic and psychological disorders.
5. Build a psycho-socio-biological clinical formulation that goes beyond the *DSM-V* (2013) and includes intra-psychic, interpersonal, and contextual features.

- a. demonstrate principles of bio-psycho-social assessment (interviews, mental status exam, symptom inventories, etc., and case conceptualization (CCSA D.5; G.1; CMH C.7; G.1; G.2; H.1; H.2; MFC G1; G2) – **Student Assessment #3.**
 - b. demonstrates appropriate use of the DSM and other diagnostic criteria in establishing *a DSM-5 diagnosis* and treatment plan (CMH K.1; K.2; L.1; L.2) - **Student Assessment #3.**
 - c. describe the etiology, diagnostic processes and nomenclature, treatment, referral, and prevention of mental and emotional disorders (CMH C.2; C.4) - **Student Assessment #2.**
 - d. apply multicultural competencies to case conceptualization, diagnosis, treatment and referral (CMH D.2; K.4) - **Student Assessment #2.**
 - e. describe the influence of multiple factors that may affect personal, social, and academic/career functioning including those that impede and those that enhance functioning (SC.G.1; CMH C.8; MFC G1) - **Student Assessment #2.**
 - f. explain basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications (CMH G.3; MFC G3) - **Student Assessment #2.**
 - g. apply multicultural competencies to case conceptualization, diagnosis, treatment and referral (CMH D.2; K.4) - **Student Assessment #2.**
 - h. identify legal and ethical issues in diagnosis and treatment planning- **Student Assessment #3.**
6. identify interventions that may enhance individual and family functioning (MFC C.2; CMH E.3) - **Student Assessment #3.**
 7. assess and manage suicide risk (CMH D.6; SC D.4) - - **Student Assessment #3.**

Text(s) and/or Required Readings:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.) (*DSM V*). Washington, DC: Author. [Lent to you by the department]

*Jamison, K. R. (1995). *An unquiet mind: Memoir of moods and madness*. New York, NY: Vintage.

Rasmussen, P. R. (2010). *The quest to feel good*. New York, NY: Routledge.

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- #*Brown, L. S. (1991b). Not outside the range: One feminist perspective on psychic trauma. *American Imago*, 48, 119-133.
- #*Brown, L. S. (1992a). Feminist critique of personality disorders. In L. S. Brown & M. Ballou (Eds.), *Personality and psychopathology: Feminist reappraisals* (pp. 206-228). New York, NY: Guilford.
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- #*Landrine, H. (1989). The politics of personality disorder. *Psychology of Women Quarterly*, 13, 325-339.
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- #White, M. (2007). *Maps of narrative practice*. New York, NY: Norton.
- #*Williams, J. B. W., & Spitzer, R. L. (1983). The issue of sex bias in *DSM-III*. *American Psychologist*, 38, 790-798.
- #*Worell, J., & Remer, P. (1992). *Feminist perspectives in therapy*. New York, NY: Wiley.
- # Indicates a text or article related to culture and gender sensitivity in psychopathology.
- * Indicates a classic text or article in the field.

Methods of Instruction:

The class will be divided into learning teams, and the teams will study course materials and *DSM-V* (2013) together as well as using **D2L** technology (introduced in class) to develop treatment alternatives and possibilities. The class will be delivered in lectures, discussions, student presentations, and case conceptualizations and assessments. There is a lot of reading assigned in a short period of time assigned in this course. This is because there is a lot to cover in general, and I want students to have alternative perspectives to the prevailing beliefs about psychopathology. For some of the readings, I will not know whether you have read them or not. We will cover only about half of the *DSM-V*. There is much more content on D2L than we will have time to cover; you may want to look at it

and see what you want to keep. I do, however, want to discuss Jamison (1995) & Rasmussen (2010) in class, and it is important that these books are read: We will split up the chapters in the Rasmussen book so that each student will only be responsible for part of it.

Course Requirements:

Student Assessment #1: Students will define the terms *mental health* (“healthy/functional”) and *mental illness* (“abnormal/pathological”) in relation to the work they expect to do as counselors. They will explain the relationship of mental health to mental illness from their professional perspective, and they will apply it to a brief case. This assignment will not be calculated as part of the final grade, but it must be passed at 80% competency in order to complete the course. The assessment may be re-taken until passed or until December 5, 2019 at 4:00 PM.

Matrix for Assessment #1:

Is able to successfully define mental health	up to 5 points
Is able to successfully define mental illness	up to 5 points
Is able to explain the relationship between mental health and mental illness	up to 5 points
Is able to apply the definitions to a video of a dramatized case	up to 5 points

Total Possible Points = 20 (passing = 16 – 20 points)

Student Assessment #2*: Learning teams will be assigned a presentation on either Trauma/Stressor Related Disorders; Disruptive, Impulse-Control, & Conduct Disorders; or Substance-Related & Addictive Disorders. Each team will have up to one-half hour to make their presentation in class. In addition, the group must prepare a paper, written in APA style, that addresses the following topics:

1. Introduction and Overview
 - A. Define the disorder as a group (what you believe it is), listing three references that informed your position.
 - B. Define the disorder according to the *DSM-5*, including any known etiology, gender prevalence, or prognosis. Is there anything that will prevent this disorder?
 - C. List and define the specific diagnoses covered within your disorder.
 - D. Explain basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications in relation

- to this disorder (reference Physician's Desk Reference).
- E. Describe the influence of multiple factors associated with the disorder that may affect personal, social, and academic/career functioning, including those that impede and those that enhance functioning
 - F. Provide a transition statement that tells the reader what you are going to cover in the rest of the paper.
2. Use Rasmussen's Approach to Understanding and Treating Psychopathology.
 - A. Explain how his model would see the diagnoses.
 - B. Explain how the model would approach treatment.
 3. Case Conceptualization: Find a case (if you cannot find one of your own, I will provide one for you):
 - A. Describe the person
 - B. Describe the problem
 - C. Provide a Diagnosis (*DSM-V*)
 - D. Discuss Bio-psycho-social Assessment
 - E. Discuss Bio-psycho-social Treatment
 - F. Apply multicultural competencies to case conceptualization, diagnosis, treatment (and referral, if necessary).
 4. Summary and Conclusion.
 5. References in APA style.

Student Assessment #2 is worth up to 100 points: Group members should put their initials, indicating each part of the paper the individual(s) contributed. The presentations will be conducted on December 5, 2019. The papers are due in the dropbox on the D2L site at 12:00 Noon on the same day, December 5, 2019

****Example of paraphrase: *DSM-5* Diagnostic Criteria for Narcissistic Personality Disorder (301.81)**

Actual:

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. requires excessive admiration

5. has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
6. is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7. lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviors or attitudes

Paraphrase:

DSM Description of the Narcissistic Personality Disorder

Individuals with this personality disorder are characterized by a unremitting pattern of self-centeredness and grandiosity. More specifically, they have an exaggerated sense of their own abilities and achievements. They may have a constant need for attention, affirmation and praise. Typically, they believe they are unique or special and should only associate with others of the same status. They are likely to have persistent fantasies about attaining success and power. These individuals can exploit others for personal gain. A sense of entitlement and the expectation of special treatment is common. They may come across as snobbish or arrogant. They appear to be incapable of showing empathy for others. Not uncommonly, they can be envious or think that others are envious of them.

Assessment #2 is due on December 5, 2019 at noon in the D2L Dropbox (See schedule below).

Student Assessment #3*: Learning teams will also be used to prepare for a final examination, a test held during finals week. For the final test, students will be presented with a video of a diagnostic interview and asked to write a *DSM-V* diagnostic report in class on the case - 100 points possible. See grading matrix below. **Assessment #3 will be conducted on December 12, 2019 in class.**

Assessment #3 – Grading Matrix

<u>Evaluation Criteria</u>	<u>Possible Points</u>
1. Is able to complete an accurate DSM-V diagnosis	15
2. Is able to justify & explain the diagnosis based on the <i>DSM-V</i>	10
3. Is able to conceptualize the case in relation to the data provided on the basis of a model of therapeutic intervention	25
4. Is able to consider perspectives & information based on ethnicity, culture, race, creed, gender, sexual/	25

<p>affectional orientation, age, socio-economic status, and ability.</p> <p>5. Is able to develop and tailor a treatment plan based on theory and the treatment's appropriateness for the problems related to the diagnosis; can identify interventions that may enhance individual/family functioning; <u>and can demonstrate suicide assessment, management, & interventions, if warranted</u></p>	25
Total Points Possible	100

[Either Assignment of 1 or 2 can be replaced by attending the Adlerian workshop, featuring Dr. Paul Rasmussen on Saturday, October 5th. See instructor for details.]

Grading Criteria: (200 possible points)

A	=	187 – 200
A-	=	180 – 186
B+	=	174 – 179
B	=	167 – 173
B-	=	160 – 166
C+	=	154 – 159
C	=	147 – 153

Less than 147 points is failing

Attendance

In general, students are expected to attend and actively participate in all class meetings. It is impossible to do well in this course and miss multiple classes. Whether you attend or not, however, *is not* something you have to handle through the instructor: you are responsible for when you are here and when you are not. No permission or excuse is necessary. You will, however, be part of a learning team. It will be important to keep them informed of when you will be missing class. **Missing more than one class or lack of participation will result in a lowered grade for the course.**

Academic Misconduct Policy

East Tennessee State University is committed to developing the intellect and moral character of its candidates. To that end, all instances of plagiarism, cheating, and other forms of academic misconduct shall be punished in accord with Tennessee Board of Regents Policy. Any knowledge of conduct of this nature should be reported to the proper authorities. Penalties for academic misconduct, either directly or indirectly through participation or assistance, will vary with the seriousness of the offense and may include, but are not limited to: a grade of F on the work in question, a grade of F for the course, reprimand, probation, suspension, and expulsion. For a second academic misconduct offense, the penalty is permanent expulsion.

Accommodations

It is the policy of ETSU to accommodate candidates with disabilities, pursuant to federal law, state law and the University's commitment to equal educational opportunities. Any candidate with a disability who needs accommodations, for example arrangement for examinations or seating placement, should inform the instructor at the beginning of the course. Faculty accommodation forms are provided to eligible candidates by Disability Services. Disability Services is located in the D.P. Culp Center, Room 326, telephone 439-8346. <http://www.etsu.edu/students/disable/>

Course Schedule

- Class 1:** Overview of Instructor's perspectives on course. Feedback from students.
Aug 29 Accessing D2L for course. (1) The "healthy" personality: normal individual and family development; (2) Rasmussen on "The Realities of Life" (3) Understanding the tasks of life and their relation to motivation, growth, and psychopathology; Neurosis: a useful, but discarded, entry into understanding psychological disorders; Adler on Neurosis: Life and its unhappiness; and (4) The language of emotional unrest: loneliness or sadness vs. depression; fear and a desire for control versus anxiety; withdrawal from contact versus psychosis or dissociative disorders; a desire for instant gratification versus substance abuse; substance substitution for self-esteem versus eating disorders, etc. **Establishment of three (3) learning teams.**
- Class 2:** (1) Holistic diagnosis: a demonstration of lifestyle assessment. (2) Introduction to Rasmussen on Emotions and Meaning. **For the next class: Read "Distinguishing Organic from Psychogenic Disorders" in "Notes on Psychopathology" in the content section.**
Sept 05
- Class 3:** (1) Re-considering the healthy personality: What do you think now?
Sept 12 (2) Psychological masquerades: ideas from Taylor's (1990) book. (3) Case Conceptualization: The Process. (4) Introduction to *DSM V* (books loaned to students). Working in Learning Groups. Conceptualizing Treatment: Bio-psychosocial; systemic; integrative and humanistic.
- Class 4:** **Assessment #1 (non-graded): Distinguishing the healthy personality.**
Sept 19 (1) From *DSM-IV* to *DSM-V*. (2) Practicing a full diagnostic profile. Adaptive Reorientation Therapy. **Everyone reads *DSM-V*, pp. 5 – 25. For the next class: Read "Dreikurs' Four Goals" in "Mistaken Goals" of the content section.**
- Class 5:** Psychopathologies assigned to children (when attention and power become pathological): Attention Deficit Disorder, Conduct Disorder, & Oppositional Defiant Disorder. Intellectual Disability. Autism spectrum disorder. Adolescent development and the brain. Adolescent development in Lesbian/Gay/Bisexual/Transgendered Youth. Substance Abuse in Adolescence. Suicide in Adolescence. Eating Disorders and male delinquency & dominant culture.
Sept 26

Neurodevelopmental disorders (*DSM-V*, pp. 31-86). **For the next class: Read DSM-V (2013), pp. 123-154.**

- Class 6:**
Oct 03 Bipolar and Related Disorders. Distinguishing depressive mood from major depressions. Unipolar, Bi-polar, Dysthymia, Cyclothymia revisited. Interventions and psychopharmacology. Suicide and its prevention. **For the next class: Read Jamison (1995); DSM-V (2013), pp. 87-122; pp. 155-188.**
- Class 7:**
Oct 10 Discussion: Jamison (1995); Depressive Disorders. Depression as the “common cold” of mental illness. Biological, social, cognitive, behavioral aspects of depression. Types of depression as an indication of purpose and cognitive process. Depression as a loss of voice. Review of therapeutic assessment processes. Psycho-pharmaceuticals. Video presentation and diagnosis/treatment planning in learning teams. Suicide, suicide assessment, and suicide prevention. Crisis Interventions with depressed, anxious people, or delusional people. Stress > Anxiety > Anger > Depression Cycle. Introduction to Schizophrenia.
- Class 8:**
Oct 17 Schizophrenia Spectrum & Other Psychotic Disorders. The experience of “full retreat”: saying “no” to the demands and tasks of life. Superiority and inferiority dynamics in psychosis. Cognitive circularity in schizophrenia. Video presentation and diagnosis/treatment planning in learning teams. Parts of Nasar (1998) reviewed. Treatment options and plans with psychosis and schizophrenia. Preparing to watch *A Beautiful Mind*. **For the next class: Read DSM-V (2013), pp. 189-264. Start on Rasmussen (2010) for three classes from now.**
- Class 9:**
Oct 24 *A Beautiful Mind* shown. **I am out of town.** Movie with Study Guide is shown in class. **For the next class: Read DSM-V (2013), pp. 87-122.**
- Class 10:**
Oct 31 Anxiety Disorders. Obsessive-Compulsive and Related Disorders. When fear becomes excessive. Biological, social, cognitive, behavioral aspects of anxiety. Anxiety as a reflection of avoidance and retreat. Psycho-pharmaceuticals. Video presentation and diagnosis/treatment planning in learning teams. Working with anxiety disorders: From shaking to relaxation and self-soothing. **For the next class: Read Rasmussen (2010).**
- Class 11:**
Nov 07 Discussion: Rasmussen (2010). Adaptive Reorientation Therapy revisited. **For the next class: Read DSM-V (2013), pp. 645-684; 715-727; & 749-759.**
- Class 12:**
Nov 14 Applications of Adaptive Reorientation Therapy to clinical disorders. Lifestyle Assessment and Adaptive Reorientation Therapy.
- Class 13:**
Nov 21 Introduction to Personality Disorders: Gender, Culture, and Race: Abuse, and Trauma. Clinical indications and transformations. Personality Disorders: Cluster A, Cluster B, and Cluster C. When working with long-term, more difficult clients.

Nov 28 **Happy Thanksgiving**

Class 14: **Assessment 2: Class Group Presentations:** Presentation on Trauma- & Stressor-Related Disorders (Learning Group #). Presentation on Disruptive, Impulse-Control, & Conduct Disorders (Learning Group #). Presentation on Substance-Related & Addictive Disorders (Learning Group #). **Assignment #2 (Paper) is due today by noon.**

Dec 5

Class 15: **Assessment #3: Final Examination.**

Dec 12

SAMPLE