School of Theology and Ministry
Seattle University
901 12th Avenue, PO Box 222000
Seattle, WA 98122-1090

Winter Quarter 2014

COURSE INFORMATION
STMC 571 Psychopathology
Tuesdays, 1:30pm-4:20pm
Classroom: HUNT 110
Prerequisites: -

INSTRUCTOR
Rev. Clinton McNair, Ph.D.
Office: HUNT 220
Office Hours: By appointment
Office Phone: 206-269-2592
Kristin at: hovaguik@seattleu.edu
SU Email: mcnairc@seattleu.edu

TEXTS & MATERIALS:

Required Texts:

American Psychiatric Association, (2013), *Diagnostic and statistical manual of mental disorders*, (5th edition) (DSM-5), Washington, DC

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:

*****Sue, D., Sue, D., Sue, D., & Sue, S. (2013). *Understanding Abnormal Behavior*, (10th Ed), Belmont, CA: Wadsworth/Cengage. ISBN: 978-1-111-83459-3.
***please note that if you did not take an abnormal psychology class before entering the program (or if your class was more than five years ago), you MUST read the assigned chapters. Do NOT buy earlier editions of this text!**

Assigned Articles (list below)

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. 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 and OUTCOMES

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.

MARPT Students Will:

• Develop an identity of a relationship and pastoral therapist.
- Reflect on self-as-a-therapist, committing to ongoing growth, implementing self-awareness, and use of self in clinical practice.

• Learn skills and theory necessary for competent, effective practice as a relationship and pastoral therapist.
- Demonstrate ability to produce written documentation and oral presentation for purpose of clinical practice, adhering to APA written guidelines where assigned.

• Demonstrate intention to approach relationship and pastoral therapy with openness to the presence of diversity.

• Integrate theological education, psychological and systems theories, and spiritual formation with supervised clinical experience.
- Understand and reflect on clients' spiritual/faith assumptions and practices, and balance knowledge of relationship and pastoral therapy within client/system's spiritual dimensions.

Course Outline

Date	Topic	DSM Reading	Gray Text	Article Reading	Optional Readings	Due/Devotion	Movie Presentation
1	Syllabus review Course Goals What is Abnormal Psychology History of Psychopathology						
2	Introduction to DSM-V; Use of Manual, Introduction to Diagnosis	pp. 5-25	1, 2	Webb Bradshaw Meyerstein	Sue, 1 & 2 Newton (article)		
3	Neurodevelopmental Disorders; Schizophrenia Spectrum and other Psychotic Disorders	pp. 31-122	6 Be ReadingKehoe	Carson Penner	Sue, 12		The Soloist
4	(Mood Disorders); Bipolar and Related Disorders, Depressive Disorders	pp. 123-188	7	Sorajjakool	Sue, 8		Little Miss Sunshine
5	Anxiety Disorders; O-C & Related Disorders; Eating & Sleep Disorders	pp. 189-234, 329-354, 361-422	8, 11	Baker Meinsenholder	Sue, 5 & 6 Harris (article)		As Good as it Gets; Jacob's Ladder
6	Somatic Symptom & Related Disorders; Trauma- & Stressor-Related Disorders; Personality Disorders;	pp. 309-328, 265-290, 645-684	9, 12		Sue 15 Gallagher (article)		Black Swan
7	Dissociative Disorders; Disruptive, Impulse-control, & Conduct Disorders; Substance-Related & Addictive Disorders; Medication-Induced Movement Disorder, other Adverse Effects of Meds	pp. 291-308,461-480,481-590,709-715	10, 4	Rosik	Sue, 7 & 13		Lars & the Real Girl
8	Neurocognitive Disorders Sexual Dysfunctions & Gender Dysphoria; Other Mental Disorders	pp. 591-644, 423-450, 451-460,707-708	We will discuss Kehoe		Sue, 14		The Sessions
9	Paraphilic Disorders;	pp. 685-706,	3		Sue, 16		Temple Gradin;
10	Physical Disorders Course Wrap-Up					Clinical Case Write up DUE—Hardcopy W/rubric & Send participation points	

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 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 1/4 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; 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 Clinton 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			
Key features of DX shown			
Time limit			
Handout given to class			
Movie Clips Relate			
Team Works Cohesively			

3. Kehoe Book Review (25 Points)

Students will read the assigned Kehoe text. Students will write an APA-style (no abstract), two page, double spaced (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 and/or differences do you have with the way Kehoe sees pastoral counseling?
- What spiritual concepts would you add to the discussion?

Book Review (25 points)
Please give Clinton 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 (25 Points)

The clinical case write up is an important part of being a relationship and pastoral therapist. 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, relationship and pastoral therapists 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 a diagnosis. Students are expected to review the symptoms associated with the disorder and associate each with criteria from DSM-V 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. 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.

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.

WRITING CENTER:

Seattle University
WRITING CENTER
established 1987
Lemieux Library, second floor | (206) 296-6239 | www.seattleu.edu/writingcenter

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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.

Required and Optional Additional Readings **(must be logged into SU's database system to access links below. If clicking on the link doesn't work, try to cut and paste the link into your browser):**

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=ATLA0000793013&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=ATLA0001695759&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=ATLA0001568733&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=ATLA0001563975&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=ATLA0000878249&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=ATLA0001710207&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=ATLA0001563580&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=ATLA0001764886&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=ATLA0001568736&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=ATLA0001538749&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=ATLA0001678255&site=ehost-live

Webb, M. (2009). Towards a theology of Mental Illness:
http://www.spu.edu/depts/csfd/documents/Weter2009TowardaTheologyofMentalIllnessMarciaWebb_000.pdf