

# PSYCHOPATHOLOGY

## PC 3223

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### **Course Description:**

This course introduces students to current research, theory and clinical practices related to multicultural assessment of psychopathology in a systemic and critical theological framework. This course will: (1) examine intrapersonal, systemic, biomedical, social and spiritual frameworks for understanding non-normative human behavior and its treatment; and (2) examine how psychiatric diagnosis interacts with oppression, discrimination and trauma, as well as racial, cultural, sexual and ethnic differences. Students will be introduced to assessment tools and practices appropriate to DSM 5 diagnosis and its use in Marriage and Family Therapy and pastoral counseling.

### **Objectives and Expected Student Learning Outcomes**

<b><u>By the end of the semester, students will:</u></b>	<b><u>Student Learning Outcomes (SLO) &amp; MFT Competencies (C:)</u></b>	<b>Signature Assignment/Assessment</b>
Understand the rationale, research and process for how major child and adult mental disorders are organized by psychiatrists and psychologists.	<b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards <b>C: 2.1.2:</b> Understand major behavioral health disorders... <b>C: 2.1.5:</b> ...Understand current models of assessment...	Attendance Class Presentation (Rubric) Final Examination
Understand and appropriate in clinical practice contemporary theories of how intrapsychic factors, interpersonal systems, medical/biology, gender and cultural norms, and systems of power contribute to how psychiatric diagnosis is organized and used.	<b>SLO 4:</b> able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems. <b>C: 2.1.6</b> Understand strengths and limits of diagnosis in multicultural context... <b>C: 2.2.5</b> Consider physical & organic problems... <b>C:2.3.1</b> ...Diagnose...systemically and contextually <b>C: 2.4.3</b> ...Evaluate accuracy and cultural relevance of...diagnosis	Attendance Class Presentation (Rubric) Diagnostic Evaluations and Summaries (Rubric)

Be able demonstrate broad knowledge of major categories of mental illness and how these are organized in the DSM 5.	<b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. <b>C: 2.1.2:</b> Understand major behavioral health disorders... <b>C:2.1.5</b> ...Understand current models of assessment...	Final Examination
Be able to demonstrate basic competency and awareness of MFT scope of practice in identifying and using appropriate assessment tools related to the DSM 5 and clinical diagnosis.	<b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards.  <b>C: 2.1.4</b> ...assessment instruments <b>C: 5.3.7</b> Practice within defined scope of practice and competence	Diagnostic Evaluations & Summaries (Rubric) Final Exam
Be able to complete a clinical assessment appropriately using the DSM 5 classification system in a family therapy context that incorporates both a systemic clinical or postmodern frame for assessment	<b>SLO 1:</b> able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. <b>SLO 4:</b> able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems <b>C: 2.2.2</b> ...systematically integrate client report, observations...test results...to guide assessment process <b>C: 2.2.3</b> Develop hypotheses re: relational patterns and extra-therapeutic factors <b>C: 2.3.1</b> Diagnose ...systemically and contextually <b>C: 2.3.6</b> ...Assess family...using a genogram or other instruments	Diagnostic Evaluations & Summaries (Rubric)
Be able to summarize the results of assessment in clinical records with appropriate attention to risk assessment, referral, systemic implications and communal/contextual factors, and implications for treatment.	<b>SLO 1:</b> be able to conduct multicultural, evidence-based therapy with individuals, couples and families that meets entry-level professional standards. <b>SLO 4:</b> will be able to use a multicultural approach to Marriage and Family Therapy that attends appropriately to religious, cultural, racial, economic, gender, and sexual	Diagnostic Evaluations & Summaries (Rubric)

	<p>orientation diversity in client systems, client-therapist systems, supervisory systems, and broader social systems.</p> <p><b>C: 1.2.3</b> Recognize issues that...suggest referral for specialized evaluation...care</p> <p><b>C: 2.1.2</b> Understand major behavioral health disorders...</p> <p><b>C: 2.2.4</b> Consider the influence of treatment on...relationships</p> <p><b>C: 2.2.5</b> Consider physical &amp; organic problems...</p>	
Demonstrate their ability to discuss ethical and critical pastoral and theological issues related to mental illness and diagnosis	<p><b>SLO 5:</b> able to use a theologically informed and clinically appropriate framework to integrate religious and spiritual factors into the practice of Marriage and Family Therapy.</p> <p><b>C: 5.2.2</b>...Recognize ethical dilemmas...</p>	Book/Article Discussions & Summary Paper (Rubric)
<p><b>Multicultural Therapy Definition:</b> Multicultural Therapy, according to D. W. Sue and Torino (2005, p 3) “..can be defined as both a helping role and process that uses modalities and defines goals consistent with the life experiences and cultural values of clients, recognizes client identities to include individual, group, and universal dimensions, advocates the use of universal and culture-specific strategies and roles in the healing process, and balances the importance of individualism and collectivism in the assessment, diagnosis, and treatment of client and client systems.” Multicultural competence as a therapist includes: (1) therapist awareness of personal assumptions, values and biases, (2) understanding the worldview of diverse clients, and (3) facility with appropriate strategies and interventions consistent with the life experiences and values of culturally different clients. (Sue &amp; Sue 2008)</p>		
<p><b>Evidence-based Practice Definition:</b> EBP is a “...practice-friendly approach to using research to enhance family therapy” (Gehard, 2010, 133). This approach looks to research to help clinicians make decisions in therapy about care for individual clients, couples and families. Evidence-based practice will (1) look to research for information about what treatments are most effective for specific problems, (2) critically examine that research for its validity and applicability to specific cases, and (3) evaluate how effective a selected method is for specific clients, couples and families (for example, using the ORS/SRS).</p>		

## Class Policies

### *Grading: Grade Scale and Philosophy*

A	96.6-100
A-	93.6-96.5
B+	90.6-93.5
B	87.6-90.5
C	85.6-87.5
C+	83.6-85.5
C	81.6-83.5

C-	79.6-81.5
D	70.6-79.5
F	Below 70.6

Individuals admitted to graduate study are expected to perform consistently and well in academic work. This is translated into grades in the following way:

1. Basic mastery of the body of knowledge at a level expected in graduate study will earn scores in the B to B+ range.
2. Grades of A- are granted for work which demonstrates
  - basic mastery of the body of knowledge, and
  - independent thought about the subject matter.
3. Grades of A are granted for work which demonstrates
  - mastery of the required body of knowledge,
  - independent thought about the subject matter, and
  - creative/integrative use of the material, exceptional writing which integrates the material into a student's own system of thought, and/or exceptionally well done or articulate research.

### **Seminary Policies**

**SEMINARY POLICIES** – See Student Handbook for policies on use of inclusive language, academic honesty, citation, attendance, and special accommodations. (NOTE FOR COAMFTE: These policies are normally inserted but removed due to space limitations for the self-study.)

#### **Assignments:**

1. **Attendance.** Regular attendance is expected. Missed classes will be managed on an individual basis by the professor. Missed classes will affect the final grade.
2. **Final Exam (25%).** The final will consist of a computerized examination taken in the library the week of finals. It will consist of multiple choice and responses to vignettes similar to the Exit Exam and the AMFTRB license exam. The exam will cover basic course content and application of procedures learned in class and through assignments.
3. **Class Discussion Leadership (10%).** The subject matter of this class is integrated best by reading, class discussion, and demonstrations. Class members will work in dyads to formulate a 30 minute discussion related to assigned class topics. The leading dyad should read assigned material carefully and identify the most important issues for class discussion. See rubric for expectations and grading standards.
4. **Three Diagnostic Evaluations and Summaries (45% [15% per summary]--Due March 26, April 9, May 7).** Class members will use the diagnostic write-up framework (Clinical Assessment Form and Rubric) presented in class to complete three diagnostic

summaries during the semester. The final step in the diagnostic evaluation is to use the Clinical Assessment form to complete the highlighted sections of the standard MFT Program case study (see below). Diagnostic summaries should reflect: (1) multicultural, systemic, and contextual framework of MFT practice; (2) appropriate assessment tools discussed in class; (3) appropriate clinical judgments about observations from client report and therapist observation. Consult professor for any needed clarification. Conclude your evaluations with a short statement of recommendations for treatment plan (or how the assessment will influence and guide the treatment plan). **Turn in both the Clinical Assessment form and the Case Study with appropriate (highlighted) section completed.**

Evaluation 1 & 2: When possible, students will write a diagnostic summary of a client seen through practicum. Use pseudonyms to preserve client confidentiality. Students should select their most confusing or difficult cases. Cases should be dissimilar when possible.

Evaluation 3: Select one of the following movies/television shows and write a diagnostic assessment of the primary protagonist, assuming that the protagonist has come to you for therapy. Be clear about **why** the protagonist came to you and by whom they were referred (if they did not come on their own accord). Use what you see in the protagonists' life to imagine what you would see and hear in a diagnostic session. Be sure to attend to 1-3 above. Select from: A Beautiful Mind, Girl Interrupted, episodes of Mr. Monk, episodes of Doc Martin, Catch Me if You Can, Fatal Attraction, an alternative approved by the professor.

5. **Two Critical Book/Article Discussion and Summaries (20%--[10% each] Due April 2 & April 30).** Class members will divide into four groups for online discussion of the following:

- Oates, W. E. (1970). *When religion gets sick*. Philadelphia: Westminster Press. (Note that this text is available only in the library and on a CD used with permission from the Wayne E. Oates Institute, which will be provided by the professor.)
- Mackenna, C. (2013). Some theological, psychoanalytic and cultural reflections on the practice of christian deliverance ministry in the light of clinical and pastoral experience. In C. H. Cook (Ed.), *Spirituality, theology and mental health* (pp. 75-93). London: SCM Press.

Students will meet “virtually” using the Forum page of CAMS to carry on a chapter-by-chapter discussion of the selected text. Typically, groups will discuss one chapter per week. Each student will write a 1-2 page summary of what she or he learned by the book discussion.

**Critical Book Discussion Evaluation—the final product for evaluation will be:**

- a. Digital record of the forum that shows participation of all students;
- b. A final 3-5 page reflection paper that summarizes what you learned from the book, from discussion and how what you learned relates to your practice as a pastorally-informed MFT. See rubric for evaluation details.

### **Required Texts and Reading:**

- Craighead, W.E.; Miklowitz, D. J. & Craighead, L.W. (2013). *Psychopathology: history, diagnosis and empirical foundations*. New York: Wiley.
- American Psychiatric Association. (2013). *The diagnostic and statistical manual of mental disorders*. Washington, DC: The American Psychiatric Association.
- Oates, W. E. (1970). *When religion gets sick*. Philadelphia: Westminster Press.
- Mackenna, C. (2013). Some theological, psychoanalytic and cultural reflections on the practice of christian deliverance ministry in the light of clinical and pastoral experience. In C. H. Cook (Ed.), *Spirituality, theology and mental health* (pp. 75-93). London: SCM Press.
- Podmore, S. D. (2013). My god, my god, why have you forsaken me? Between consolation and desolation. In C. H. Cook (Ed.), *Spirituality, theology and mental health*. London: SCM Press.
- Townsend, L. L. (2013). Best practices: Rethinking pastoral diagnosis. *Sacred Spaces: The e-journal of the American Association of Pastoral Counselors*, 5, 66-101.

### **Other Helpful Texts**

- Jordan, M. (1988). *Taking on the gods: The task of the pastoral counselor*. Nashville, TN: Abingdon.
- Josephson, A. & Peteet, J. (2003). *Handbook of spirituality and worldview in clinical practice*. Arlington, VA: American Psychiatric Pub.
- L'Abate, L. *Family assessment: A psychological approach*. Thousand Oaks, CA: Sage.
- Oates, W. E. (1987). *Behind the masks: Personality disorders in religious behavior*. Philadelphia: Westminster Press.
- Pruyser, P. (1976). *The minister as diagnostician*. Philadelphia: Westminster Press.
- Rigazio-DiGilio, et.al. (2005). *Community genogram: Using individual, family and cultural narratives with clients*. New York: Teachers College Press.
- Roth, A. & Fonagy, P. (2005). *What works for whom?* NY: Guildford Press.
- Ryan, C. E., Epstein, N. B., Keitner, G.I., Miller, I.W., Bishop, D.S. (2005). *Evaluating and treating families: the McMaster approach*. NY: Routledge.

## **Psychopathology and Pastoral Diagnosis Comprehensive Rubric**

**Assessment Rubric:** (Note to COAMFTE: Rubrics for assessing SLOs and Marriage and Family Therapy core competencies have been removed to meet self-study space limits. See SIE rubric which is used for all case studies in the MFT Program and see 1 sample comprehensive course rubric Bookmarks. All rubrics can be provided upon request.)