

COURSE APPROVAL DOCUMENT
Southeast Missouri State University

Department: Psychology

Course No. PD541

Title of Course: Clinical Psychopathology

Date: August 1, 2015
Please check: X New
 Revision

I. Catalog Description (Credit Hours of Course): The course discussed theories or normality and techniques used to assess psychopathology, as well as the meaning of symptoms, signs, and syndromes (2)

II. Co- or Prerequisite(s):

III. Purposes or Objectives of the Course (optional):

- 1) Understand theories about normality found in the mental health area.
- 2) Acquire skills needed to develop a complete mental health history and mental status exam.
- 3) Understand use of the Diagnostic and Statistical Manual of Mental Disorders.

Add additional Objectives as needed

IV. Student Learning Outcomes (Minimum of 3):

- 1) The student will explain theories of normality found in the mental health area.
- 2) The student will describe the use of the DSM-V to make clinical diagnoses.
- 3) The student will describe how mental health history and mental status exams are conducted.

Add additional SLOs as needed

V. Optional departmental/college requirements:

- A.
- B.

VI. Course Content or Outline (Indicate number of class hours per unit or section):

- A. See syllabus attached.
- B.
- C.

Please Attach copy of class syllabus and schedule as an example

Signature: _____
 Chair

Date: _____

Signature: _____
 Dean

Date: _____

**PONCE HEALTH SCIENCES UNIVERSITY
CLINICAL PSYCHOLOGY PSY.D. PROGRAM**

SYLLABUS

COURSE TITLE	Fundamental of Clinical Psychopathology
CODING	PSY 541
CREDIT HOURS	2 credits
CONTACT HOURS	30
PREREQUISITE	None
PROFESSOR	Job Description: Psychopathology and Integration Practicum
TEACHING ASSISTANT	
OFFICE HOURS	
EMAIL ADDRESS	
SEMESTER	

COURSE DESCRIPTION:

This course provides the foundation for the rich sequence of courses on psychopathological conditions in children, adolescents, adults and the elderly. It starts with a presentation and analysis of the theories about normality found within the literature and implicit within many psychometric scales and instruments. It follows with an analysis of the experience of stress, loss, trauma, dissociation and other non-pathological human experiences that reflect the borderline between normalcy and psychopathology. It concentrates on the techniques utilized to assess psychopathology within clinical settings with special and detailed attention to the Mental Status Evaluation. The main concepts utilized in the field of psychopathology will be explained. The student will learn the meaning of symptoms, signs and syndromes as these relate to normal and abnormal dynamics of both organic and psychological nature. The course ends with an exploration of the Adjustment Disorders, of DSM-V “V” codes, of the DSM V culture-bound syndromes (e.g. nervous breakdown) and of the milder forms of psychological dysfunction. Students will be introduced to the ICD-9 system of classification.

SPECIFIC OBJECTIVE

The student will integrate the theoretical foundation of the principal elements of psychopathology, in addition to learn to identify and explore symptoms and signs of the mental status.

The specific aims include:

- Understand the theories about normality founded in the mental health area.
- Know and learn the use of the Diagnostic and Statistical Manual of Mental Disorders (DMS-IV-TR).
- Acquire skills to develop a complete mental health history.
- Develop clinical assessment skills of the mental status.

COURSE OUTLINE

Unit 1:

Upon term of this unit, the student should acquire information about the theoretical bases of the normality concept related to mental health.

- a. Review basic concepts and controversies of normality related to mental health
- b. Describe differences among statistical, clinical, and cultural concept of normality
- c. Know psychological theories about normality (Freud, Jung, Adler, Rogers, cognitives theorists, Alvizu-Miranda)

Assigned reading:

- Kaplan, H. & Sadock, B. (2007). Synopsis of Psychiatry.
- Schultz, D. & Schutz, E. (2008). Theories of Personality.

Suggested readings:

- Berrios, G. (2008). Historia de los Síntomas de los Trastornos Mentales. La Psicopatología descriptiva desde el siglo XIX.
- Farrone, S.V., Tsuang, M.T. & Tsuang, D.W. (1999). Genetics of Mental Disorders.

Unit 2:

Upon term of this unit, the student should obtain skills to identify signs and symptoms that comprise different mental disorders according to DMS-IV-TR.

- Learn the advantages and limitations of using a diagnostic system like the DSM-IV.
- Use the DSM in identifying specific signs and symptoms that comprise a syndrome or disorder.
- Learn the five axes of the DSM-IV for evaluating patients.

Assigned reading:

- American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR).

Suggested reading:

- Kaplan, H. & Sadock, B. (2007). Synopsis of Psychiatry.

Unit 3 (two sessions)

Upon complete these units, the student should be able to complete a mental health history as a register and assessment modality of mental health functioning.

Objectives:

- Learn the content and process for obtaining a complete mental health history including the identifying data; chief complaint; history of the present illness; past psychological history; medications (psychiatric and non psychiatric); general medical history; review of systems; substance abuse history; family history; and personal and social history.
- Recognize the importance of historical data from multiple sources (family members, community mental health resources, old records, etc.).
- Acquire skills to successfully write a history of mental health considering its legal nature.

Assigned reading:

- Wiger, D. (2010). The Clinical Documentation Sourcebook: The Complete paperwork Resource for your Mental Health Practice.
- Kaplan, H. & Sadock, B. (2007). Synopsis of Psychiatry.

Suggested readings:

- Goldman, H.H. (2000). Review of General Psychiatry, 5th McGraw-Hill. Companies.
- Miller, T.W. (1996). Theory and assessment of stressful life events.

Unit 4 (five sessions):

Upon complete these units, the student should gain skills to develop a detailed assessment of the mental status.

Objectives:

- Understand the components of the mental status examination including: factual area (e.g., general appearance, attitude, behaviour, motor activity), cognitive area (e.g., state of consciousness, orientation, registration, attention, concentration, recent and remote memory, calculations, capacity to read and write, judgement), and higher mental functions (e.g., speech, affect, mood; thought processes, thought content, perception, sensorium).
- Recognize for each category of the mental status exam, the common abnormalities and their most common causes.
- Acquire skills to explore and report the mental status as part of mental health history.

Assigned readings:

- Burgess, W. (2011). Mental Status Examination.

- Kaplan, H. & Sadock, B. (1998). Synopsis of Psychiatry.

Suggested readings:

- Goldman, H.H. (2000). Review of General Psychiatry, 5th McGraw-Hill. Companies.

Unit 5:

Upon complete this unit, the student should recognize and identify signs and symptoms of mental status through practice experiences.

- Develop techniques of assessment the mental status through of evaluation of a Standardized Patient with mental disorder.
- Acquire skills to report mental health history and progress notes (SOAP model) of mental health patients.
- Know and obtain experience in the use of measures designed to assess of the cognitive area.

Assigned readings:

- Burgess, W. (2011). Mental Status Examination.
- Kaplan, H. & Sadock, B. (2007). Synopsis of Psychiatry.

Suggested readings:

- Goldman, H.H. (2000). Review of General Psychiatry, 5th McGraw-Hill. Companies.

TEACHING STRATEGIES AND ACTIVITIES

1. Lectures
2. Case presentations and analysis
3. Group discussions of practical exercises
4. Class discussion of readings

RESOURCES

1. Library resources
2. Audiovisual media
3. Standardized Patient
4. Demonstration of basic assessment processes pertaining to mental status evaluation and development of mental health history

STUDENT'S EVALUATION CRITERIA AND GRADING SYSTEM

1. A mid term examination equivalent to 40% of the grade.
2. A final examination equivalent of 30% of the grade. The student should develop the chief complaint and a complete mental status of a Standardized Patient interviewed in the classroom.
3. Upon final of course, a Mental Health History will be presented equivalent to 20% of the grade.
4. Attendance and participation will be required. All of these requirements will yield 10% of the grade.

OTHER IMPORTANT INFORMATION

Diversity Statement

Diversity relates to the acknowledgement of the human condition in all manifestations; its similarities and differences. Diversity seeks to understand different biopsychosocial experiences. It strives towards the human values of equality, respect, and acceptance, within a multicultural world whose boundaries have been overshadowed by technology and globalization. Diversity is the antithesis to oppression in all its manifestations (e.g. sexism, racism, exploitation) and to discrimination in any form, including discrimination due to sexual orientation, physical (dis) Abilities, socioeconomic status, worldviews, places of origin, cultural orientation, primary language, or to any other human characteristic, preference or state.

The notion of diversity is central to the study of human behavior. It requires the development of self-awareness of prejudiced attitudes. It includes understanding of differences in worldviews associated to the psycho-cultural and psycho-economic background of recipients of psychological services. Our training

program promotes the awareness of subtle and “invisible” prejudice (e.g. homophobia) acquired during formative years.

Attendance Policy

After three absences for a three credit course, or two absences for a two credit course, the student will automatically be dropped from the class unless the professor recommends otherwise. The complete institutional attendance policy is included in the Appendix.

Honour Code Reminder

Any violation of the ethical dispositions of our institution or program will be automatically referred to the corresponding authorities. For the present course, plagiarism may lead to obtaining a grade of “0” on the plagiarized work and this would most probably lead to a failing grade in the course. Students found to violate this policy may be referred to the institutional Promotions Committee with a recommendation of dismissal from the program. The complete plagiarism policy is included in the Appendix.

Note

This syllabus is a guide and is subject to change according to circumstances that may arise during the semester. Students are responsible for all announced changes in the syllabus.

REQUIRED TEXTBOOKS

American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders, 4th.ed (DSM-IV-TR)*. Washington, DC: American Psychiatric Association.

Kaplan, H. & Sadock, B. (2007). *Synopsis of Psychiatry*. Baltimore: Lippincott Williams and Wilkins. Philadelphia. USA.

BIBLIOGRAPHY

Berrios, G. (2008). *Historia de los Síntomas de los Trastornos Mentales. La Psicopatología descriptiva desde el siglo XIX*. Fondo de la Cultura Económica. Mexico.

Burgess, W. (2011). *Mental Status Examination*. Library of Congress Cataloging In-Publication Data.

Farrone, S.V., Tsuang, M.T. & Tsuang, D.W. (1999). *Genetics of Mental Disorders*. New York: Guilford Publications, Inc.

Goldman, H.H. (2000). *Review of General Psychiatry, 5th McGraw-Hill*. Companies.

Miller, T.W. (1996). *Theory and assessment of stressful life events*. Madison: International Universities Press, Inc.

Schultz, D. & Schutz, E. (2008). *Theories of Personality, 9th Edition*. Wadworth Publishing.

Sauber, R. (1997). *Managed Mental Healthcare. Major Diagnostic and Treatment Approaches*. Pennsylvania: Brunner Mazel, Inc.

Wiger, D. (2010). *The Clinical Documentation Sourcebook: The Complete paperwork Resource for your Mental Health Practice, 4th Edition*. Willey.

World Health Organization: *The ICD-10 (1992) Classification of Mental and Behavioral Disorders. Clinical descriptions and diagnostic guideline*. World Health Organization.

APPENDIX

INSTITUTIONAL ATTENDANCE POLICY

Attendance at lectures and laboratory exercises is mandatory unless excused because of illness or by previous authorization of the professor in charge of the course. Each department will decide the relative weight to be given to the attendance in calculating the final grade.

Attendance to clinical activities involving patients, patient models, and similar types of activities is considered part of the students' professional responsibility and is mandatory. Absence may be excused after the student consults with the respective department chairperson. Three unexcused absences may adversely affect the final grade for a course.

Incomplete work due to illness or other serious circumstances during the course will be handled according to departmental policies, which must be provided to the students in writing at the beginning of each term. Faculty are not obligated to repeat lecture/laboratory topics that were presented at scheduled times and dates.

PROGRAM POLICY ON ACADEMIC HONESTY AND PLAGIARISM

There are different ways in which a student may incur in one of the various forms of academic dishonesty. Lack of knowledge does not justify academic dishonesty as common sense usually helps to prevent potentially problematic situations. In case of doubt, the standards of academic honesty call for the student to ask the professor or advisor. The most frequent form of academic dishonesty is plagiarism. According to the Random House Webster's college Dictionary plagiarism is: *"the unauthorized use of the language and thoughts of another author and the representation of them as one's own. 2. something used and represented in this manner"*.

Our faculty recognizes that plagiarism in any of its forms and/or manifestation is a serious offense both in the academic and the professional world. Some of the acts that constitute plagiarism are:

- a. Using words or thoughts of authors without giving due credit.
- b. Presenting work done for one course to fulfill the requirements of another course (self-plagiarism).
- c. Taking credit for phrases or ideas of other authors to produce a collage of ideas that have not been created by the student.
- d. Not using quotation marks to identify the exact words of an author.
- e. Taking information from Internet without citing the source.
- f. Buying papers from the Internet or from other sources.
- g. Using another student's paper or clinical report to satisfy course requirements.

Each professor will evaluate alleged cases of academic dishonesty and will proceed to deal with each case according to institutional policies and procedures.