**CHAMINADE UNIVERSITY OF HONOLULU**

# PSY 524 Abnormal Psychology

# Spring Graduate 2021 (SE21)

Class Time: TH 5:30 pm – 9:30 pm

Location: Online (Zoom link: https://chaminade.zoom.us/j/94466106595)

**Instructor:** DarrenIwamoto, Ed.D., LMHC

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Office Hours: M & TH 4:00 pm – 5:20 pm and by appointment

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| **Texts:** | 1. *Comer, R. & Comer, J. (2018) Abnormal Psychology 10th Edition New York: Worth Publishers ISBN: 978-1319066949*
2. *Pomeroy, E. (2015) The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis, Second Edition* Cengage Learning ISBN: 978-1-285-74888-7
3. American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC, American Psychiatric Association Publishing, 2013.
 |

**Recommended Readings and Learning Materials**

**Barnett, J. E., Baker, E. K., Elman, N. S., & Schoener, G. R. (2007). In pursuit of wellness: The self-care imperative. *Professional Psychology: Research and Practice*, 38(6), 603-612.**

Brand, B., Loewenstein, R., & Speigel, D. (2014). Dispelling myths about dissociative identity

 disorder treatment: An empirically based approach. *Psychiatry, 77*(2), 169-189.

Brunelle, N., Bertrand, K., Landry, M., Flores-Anranda, J., Patenande, C. & Brochu, S. (2015).

Recovery from substance use: Drug dependent people’s experiences with sources that motivate them to change. *Drugs: Education, Prevention & Policy, 22*(3), 301-307.

Choi, H. (2018). Family Systemic approaches for borderline personality disorder in acute adult

mental health care settings. *Australian & New Zealand Journal of Family Therapy, 39*(2), 155-173.

Debrah, A., Buabeng, K., Donnir, G., & Akwo, I. (2018). A caregiver perspective of

complementary and alternative medicine use among patients with schizophrenia and bipolar disorders. *International Journal of Mental Health, 47*(4), 298-310.

Foote, B., & Orden, K. (2016). Adapting dialectical behavior therapy for the treatment of

 dissociative identity disorder. *American Journal of Psychotherapy, 70*(4), 343-364.

Harrow, M., & Jobe, T. (2013). Does long-term treatment of schizophrenia with antipsychotic

 medications facilitate recovery? *Schizophrenia Bulletin, 39*(5), 962-965.

Hilbert, A., Pike, K., Goldschmidt, A. Wilfley, D. Fairburn, C., Dobrn, F., et al. (2014). Risk factors

across the eating disorders. *Psychiatry Research, 220*(1-2), 500-506. Doi:http://dx.doi.org/10.1016?j.psychres.2014.05.054

Hoffart, A., Hedley, L., Svanoe, K., & Sexton, H. (2016). Cognitive and guided mastery therapies

 for panic disorder. *Clinical Psychology & Psychotherapy, 23*(1), 1-13.

Lang, J., Bliese, P., & Lang, J.W. (2011). Work gets unfair for the depressed: Cross-lagged

relations between organizational justice perceptions and depressive symptoms. *Journal of Applied Psychology, 96*(3), 602-618.

Langhinrich-Rohling, J., Snarr, J., Smith-Slep, A., Heyman, R., & Foran, H. (2011). Risk for suicidal

ideation in the US Air Force: An ecological perspective. *Journal of Clinical and Consulting Psychology, 79*(5), 600-612.

Link, M., Jankowski, K., Wichniak, A., Jarema, M., & Wykes, T. (2019). Effects of cognitive

remediation therapy versus other interventions on cognitive functioning in schizophrenia inpatients. *Neuropsychological Rehabilitation, 29*(3), 477-488.

Myrick, A., Green, E. (2012). Incorporating play therapy into evidence-based treatment with

children affected by obsessive compulsive disorder. *International Journal of Play Therapy, 21*(2), 74-86.

Pagsberg, A. (2012). Schizophrenia spectrum and other psychotic disorders. *European Child*

 *Adolescent Psychiatry, 22*(Suppl I): S3-S9.

**Posluns, K., & Gall, T. (2020). Dear mental health practitioners, take care of yourself: A literature review on self-care. *International Journal for the Advancement of Counseling*, 42(1), 1-20.**

Rennert, L, Denis, C., Peer, K., Lynch, Gelernter, J, & Kranzler, H. (2014). *DSM-5* gambling

disorder: Prevalence and characteristics in a substance use disorder sample. *Experimental Clinical Psychopharmacology, 22,* 50-56.

Takeshima, M., & Oka, T. (2015). *DSM-5* defined ‘mixed features’ and Benazzi’s mixed

depression: Which is practically useful to discriminate bipolar disorder from unipolar depression in patients with depression? *Psychiatry & Clinical Neurosciences, 69*(2), 109-116.

Waye, M., & Cheng, H. (2018). Genetics and epigenetics of autism: A review. *Psychiatry &*

 *Clinical Neurosciences, 72*(4), 228-244.

**Catalog Course Description**

This course provides the study of psychological disorders with an emphasis on DSM-5 categories. Biological and environmental determinants of abnormal behavior, symptomatology, assessment, and intervention strategies are also covered in course material. The course focuses on understanding psychological disorders relative to the counseling context, with special emphasis given to the DSM-5 diagnostic process through the format of case studies.

**MSCP Program Learning Outcomes (PLO)**

1. Students will identify core counseling theories, principles, concepts, techniques and facts.

2. Students will demonstrate the ability to facilitate the counseling process with clients.

3. Students will identify the relationship between adaptation and change and the counseling process.

**Program Linking Statement**

This course develops and assesses the skills and competencies for the MSCP program core student learning outcomes of 1) Students will identify core counseling, theories, principles, concepts, techniques, and facts, and 2) Students will demonstrate the ability to facilitate the counseling process with clients, and 3) Students will identify the relationship between adaptation and change and the counseling process.

**It is imperative that students keep all syllabi from all courses taken while in the MSCP program to facilitate the application process for licensing, certification, doctorate school applications, etc.**

**Course Description**

This course provides the study of psychological disorders with an emphasis on DSM-V categories. Biological and environmental determinants of abnormal behavior, symptomatology, assessment, and intervention strategies are also covered in this class. The course focuses on understanding psychological disorders and practical implementation of this knowledge in the counseling context; special emphasis will be given to DSM-V diagnostic process as well as advocating for strength based mental health.

***\*\*It is imperative that students keep all syllabi from all courses taken while in the MSCP program to facilitate the application process for licensing, certification, doctorate school application, etc.***

**Articulation of Characteristics and Values**

PSY 524 Abnormal Psychology is guided by the Marianist Educational Value of Educate for Adaptation and Change. Father Chaminade said, “new times call for new methods.” This could not be truer for the field of Psychology, in particular, Abnormal Psychology. Abnormal Psychology seeks to identify and understand why we do what we do and think what we think. This value guides this course through its focus on the additional development of:

1. Flexible thinking;
2. Being respectful of differences;
3. Critical thinking; and
4. Open-mindedness.

This will be found in our weekly discussions and in the final paper and presentation.

**Class structure**

The student learning outcomes will be accomplished via the integration of theory, review of current literature, anecdotal accounts, and the completion of diagnostic case studies. Furthermore, students will be encouraged to display critical thinking regarding research/current mental health trends, as well as best-practices within the counseling context.

**Student Learning Outcomes (SLO)**

By the end of this course, students will be able to explain:

1. The relationship between the past and present in the field of abnormal psychology; incorporating culture, societal and cross-cultural factors in abnormal behavior (PLO #1)
2. Psychological models of abnormality, etiology, epidemiological, and socio-cultural factors affecting development of abnormality (PLO #1)
3. Purpose and the methodology of assessment, diagnosis, treatment, and the scientific method (PLO #1)
4. The characteristics of anxiety states, moods, problems of mind and body, psychosis, and life-span issues prevalent in a counseling setting (PLO #2)
5. Legal and ethical issues related to identification and treatment of abnormal behavior from a cross cultural perspective (PLO #1)
6. Genesis of abnormal behavior based on biological, behavioral, cognitive, psychodynamic, humanistic/existential and socio-cultural models (PLO #1)
7. Abnormal psychology in the context of school counseling, mental health counseling, and marriage and family counseling (PLO #2)
8. DSM-V use in diagnosis, treatment, and outcome variables and application to counseling (PLO #2)
9. The scientific method and research relative to their application in the field of abnormal psychology (PLO #1)
10. The relationship between the Marianist Educational Value of Adaptation and change, diagnosing, treatment planning, and the counseling process (PLO #3)

**Assessments/Assignments**

**Final Examination** (Assessment for SLO 1, 2, 3, 4, 5, 6, 8, 9, 10) (100 multiple-choice questions worth 2 points each = 200 points)

The final examination will focus on chapters 1 through 19 in Abnormal Psychology by Comer & Comer. Please note that Canvas will shut down the Final Exam at 11:59 pm on the last day of the class, as specified in Canvas, regardless of how far you are into the exam. Subsequently, please plan ahead and give yourself ample time so this does not become an issue for you.

**Journal Article Review Presentation and Participation** (Assessment for SLO 1, 2, 3, 7, 9) (20 points per week = 180 points)

*Journal Article Review Presentation (10 points)* – Each student will locate a peer-reviewed journal article from Chaminade University’s EBSCOHost database (<https://lib.chaminade.edu/>) that is related to the DSM-V classifications being discussed during the respective week. It is recommended that you find an article that speaks to best practice approaches for treatment, but you are not limited to this. Each week, you will present to the class in the respective Canvas Discussion Forum the following information about your chosen article:

* A summary of the article
* A brief explanation of how it applies to the DSM-V classification being discussed that week
* What were the major findings from that article?
* Do you agree or disagree with the findings? Why?
* What were the limitations of the article and do those limitations compromise the generalizability of it? Why?

All of the prompts must be answered with enough breadth and depth to support your thoughts. There is no minimum or maximum word count. Quality is valued more than quantity. Please submit your responses directly into the Discussion thread in Canvas. Do not submit your response as an attachment within the respective discussion thread.

In order to receive full credit, you must submit a PDF copy of the peer-reviewed journal article that you reviewed.

You may use an article from your Recommended Learning Materials list for this assignment. If you use an article from the Required Learning Materials list then you do not need to attach a PDF copy of that article. You will need to state in your presentation that the article is from the Required Learning Materials list.

*Participation Requirement (10 points)* **-** Participation (responses to your peers) is very important as it contributes positively to the overall learning of the class. Participation is reviewed for both quantity and quality. For example, "I agree” or “I don’t agree” without elaboration or explanation does not constitute participation because it does not add new information to the discussion. In order to earn full participation points, your responses must be related to the journal article review presentation and include new ideas, personal perspectives, and/or Socratic questions that deepens the conversation. For full participation credit you are required to contribute a total of two substantive responses each week.

*Following are guidelines for weekly discussion response grades:*

* + - *Excellent* = The posting and comments are accurate, original, relevant, well supported, teaches us something new or offers a new perspective, and is ***well written***.  Grade of 10 indicate substantial learning presence to the course and the stimulation of additional thought about the issue under discussion.
		- *Above Average* = The posting and comments lack at least one of the above qualities but is above average in quality.  Grade of 7 here indicate that the comments make reasonable contributions to our understanding of the issue being discussed.
		- *Average* = The posting and comments lack 2 or 3 of the required qualities. Comments which are based upon personal opinion or personal experience often fall within this category. These comments typically receive a grade of 5. (Note: some discussion postings will specifically ask for personal opinion or experience and, thus, do not fall into this category). These postings may not fully address the discussion question at hand.
		- *Minimal* = The posting and comments present little or no new information or does not contribute to the overall discussion board. Postings may not be complete and/or are poorly written. However, grade of 3 here indicate that the comments may provide some social presence to a collegial atmosphere.
		- *Unacceptable* = The posting or comments add no value or meaningless value to the discussion, are poorly written, or do not address the question at hand. Grade of 1 will be provided.

**Case Studies** (Assessment for SLO 2, 3, 4, 5, 6, 7, 8) (10 points per week \* 8 weeks = 80 points)

During weeks 2 through 9, each student will be completing a series of case studies. All of the case studies are located in The Clinical Assessment Workbook (2nd Ed). For each case study the minimum response for each respective case will include:

* ICD-10 Code (F or G Code)
* DSM-V Diagnosis
* V or Z Code if applicable
* Justification of diagnosis based on diagnostic criteria. Must show behavioral examples of diagnostic criteria, not just reiterating the criteria noted in the DSM-V.
* You **do not** have to answer the prompts associated to each case study in the workbook

**Counseling & the Media** (Assessment for SLO 2, 3, 8) (50 points – paper = 50 points)

Written Report

For this paper you are going to utilize popular media to identify a client in need. This paper will include the following:

1. Identify a character from a movie or book;
2. Diagnose that character with a psychological disorder from the DSM-V;
3. Explain why you feel the character should be diagnosed with that psychology disorder (use the DSM-V criteria);
4. Identify a counseling theory that would best meet the need for the character. Use best practice data to support your rationale;
5. Develop a minimum of two treatment goals for the character; and
6. Based on the counseling theory you will utilize, describe a 10-week counseling program that you would implement to assist this character.
	1. For each week you will state the following:
		1. Goal for the session
		2. What techniques will you utilize to achieve your session goal?
		3. What are your expected results from the session?

*Assignment Characteristics for the Counseling & the Media Paper:*

Pedagogical Method - Experiential learning: Students will identify a character from a movie or book, diagnose that character, identify an applicable counseling theoretical approach, develop a treatment plan, and conceptualize a 10-week counseling program for that individual.

X Factor Element – Finding Happiness: Students will develop a deeper understanding on an abnormal psychology issue that they are interested in. They will discover the feeling of empowerment as they develop their skills diagnosing, treatment planning, and the development of counseling program. This will have an influence on their sense of being a student (academic), person (self-concept), and as a professional (opening their mind to differential diagnosing and treatment options).

Student Ideas – Long-Term Project: This assignment is introduced early in the semester and the concepts and themes learned throughout this course will be implemented in the delivery of this paper.

**Grading**

Total possible points = 375 points

A = 337 (90%) – 375 (100%)

B = 300 (80%) – 336 (89%)

C = 0 (0%) - 299 (79%)

The instructor will determine the final grade for all students based on the above Grading Scale.  The instructor will enforce the following class policies:

*All assignments will be due in Canvas by 11:59 pm on the due date as specified in this syllabus.*

*Journal Article Review and Presentation will be allowed to be submitted up to one week late with a 50% point deduction. Journal Article Participation will not be accepted after the due date specified in Canvas. The reason is because the Presentation and Participation assignments are designed to engage the class with your thoughts and feelings about the topics being covered for that week. Once the class has moved on to the next topic, late submissions will not be read by your peers. The Presentation and Participation adds value and depth to the class discussion during its respective week and that is why no exceptions, regardless of the reason provided, will be accepted.*

 *The Case Study and the Counseling & the Media paper will be accepted late up until the last day of class. If submitted late, regardless of reason and/or how late it is submitted, will be given a 50% point deduction.*

*The Final Exam due date has been set for the last day of class. Subsequently, no extensions past 11:59 pm on the last day of the class, regardless of reason, will be given.*

Attendance

It is expected that you will attend class and/or be active on Canvas weekly. Regarding in-person classes, if you feel ill please do not come to your in-person class. Your grade will not be affected by this. Health and safety for you and your peers are very important. Please let your instructor know in advance to the start of class if you are unable to attend.

**Academic Honesty**

Academic honesty is an essential aspect of all learning, scholarship, and research. It is one of the values regarded most highly by academic communities throughout the world. Violations of the principle of academic honesty are extremely serious and will not be tolerated.

Students are responsible for promoting academic honesty at Chaminade by not participating in any act of dishonesty and by reporting any incidence of academic dishonesty to an instructor or to a University official. Academic dishonesty may include theft of records or examinations, alteration of grades, and plagiarism.

Questions of academic dishonesty in a particular class are first reviewed by the instructor, who must make a report with recommendations to the Dean of the Academic Division. Punishment for academic dishonesty will be determined by the instructor and the Dean of the Academic Division and may range from an 'F' grade for the work in question to an 'F' for the course to suspension or dismissal from the University.

**Course Approach:**

We will be utilizing an online seminar approach; thus, we will be incorporating class discussions via our online format in Canvas and/or Zoom. Students must complete the readings prior to posting any discussion material; otherwise, the discussions will not be informed ones. Due to the nature of the material we are discussing, there is likely to be some lively discussion and some disagreement on issues. In addition, some people may feel uncomfortable or upset by some of the material. As such, we want to make sure to follow these ground rules:

* Acknowledge that people in our culture have different experiences based on race, ethnicity, class, sex, age, and sexuality.
* Think psychologically about the issues we tackle and be prepared to critically analyze your own opinions and beliefs.
* Agree that this course should be a place where no one is made to feel embarrassed or ashamed. Disrespectful behavior will not be tolerated. No attacks that might be deemed personal should be made on the discussion boards. However, healthy discussion and debate is welcome and encouraged. We do not have to agree with one another, but we must be able to discuss our differences in a respectful manner.

In terms of general participation, students are responsible for all material posted each week. This course will require a fair amount of reading and video viewing, so do make sure to plan your study time wisely. Prior to any class discussions, students are expected to have engaged the material such that they are prepared with questions and reflections. This allows for more coherent participation in the course discussions. Although specific readings and videos will be assigned for each week, students are encouraged to consider and discuss comparisons and disparities among the readings and videos.

**Course Website Address (Canvas):**  <https://chaminade.instructure.com/>

**Hardware Requirements:** Canvas is accessible from both PC and Mac computers with a reliable internet connection.  You will also need to be able to access audio and video files.  Subsequently, you should have access to speakers or headphones that allow you to hear the audio.

**Software Requirements:**  You will need to have some ability to listen to audio in an mp3 format, watch videos in mp4 format, stream online videos, and read .pdf files. There are a number of free software online that can be downloaded for free.  If you need assistance with locating software please feel free to contact me or Chaminade Help Desk at helpdesk@chaminade.edu or (808) 735-4855.

**ACA Ethical guidelines for Self-Care and Self-Monitoring**

Given the 1) long-standing issue of problematic self-care and self-monitoring in the field of counseling, clinical psychology, and psychotherapy, 2) chronic stress demonstrated by many students in the current Covid-19 ever-changing, and uncertain environment, 3) fact that there appears there will be numerous stressed out clients as a result of the Covid 19 ever-changing, and uncertain environment, and 4) fact that the ACA requires self-care and self-monitoring as part of their ethical guidelines, all courses will include and address the following ACA guidelines in all of their syllabi. These guidelines also apply to all faculty and staff teaching in the MSCP program.

**ACA 2014 Code of Ethics**

**Section C Professional Responsibility**

**Introduction**

… counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

**C.2.g. Impairment**

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired.  They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

<https://www.counseling.org/Resources/aca-code-of-ethics.pdf>

Scientific Method Definitions

The **METHODS OF SCIENCE** are only tools, tools that we use to obtain knowledge about phenomena.

The **SCIENTIFIC METHOD** is a set of assumptions and rules about collecting and evaluating data. The explicitly stated assumptions and rules enable a standard, systematic method of investigation that is designed to reduce bias as much as possible. Central to the scientific method is the collection of data, which allows investigators to put their ideas to an empirical test, outside of or apart from their personal biases. In essence, stripped of all its glamour, scientific inquiry is nothing more **THAN A WAY OF LIMITING FALSE CONCLUSIONS ABOUT NATURAL EVENTS.**

Knowledge of which the credibility of a profession is based must be objective and verifiable (testable) rather than subjective and untestable.

**SCIENCE** is a mode of controlled inquiry to develop an objective, effective, and credible way of knowing.

The assumptions one makes regarding the basic qualities of human nature (that is, cognitive, affective, behavioral, and physiological processes) affect how one conceptualizes human behavior.

The two basic functions of scientific approach are 1) advance knowledge, to make discoveries, and to learn facts in order to improve some aspect of the world, and 2) to establish relations among events, develop theories, and this helps professionals to make predictions of future events.

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| *The above quotes were taken directly from:* |  | Research Design And Counseling |
|  |  | Heppner, Kivlighan, and Wampold |

A **THEORY** is a large body of interconnected propositions about how some portion of the world operates; a **HYPOTHESIS** is a smaller body of propositions. **HYPOTHESES** are smaller versions of theories. Some are derived or born from theories. Others begin as researchers’ hunches and develop into theories.

The **PHILOSOPHY OF SCIENCE** decrees we can only falsify, not verify (prove), theories because we can never be sure that any given theory provides the best explanation for a set of observations.

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| *The above quotes were taken directly from:* |  | Research Method In Social Relations |
|  |  | Kidder |

**THEORIES** are not themselves directly proved or disproved by research. Even **HYPOTHESES** cannot be proved or disproved directly. Rather, research may either support or fail to support a particular hypothesis derived from a theory.

Scientific research has four general goals: (1) to describe behavior, (2) to predict behavior, (3) to determine the causes of behavior, and (4) to understand or explain behavior.

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| *The above quotes were taken directly from:* |  | Methods In Behavioral Research |
|  |  | Cozby |

In order to verify the reliability and validity of scientific research it is important to replicate the results. It is the preponderance of evidence that establishes/supports the theory.

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| *The above quotes were taken directly from:* | <http://allpsych.com/researchmethods/replication.html> |

**Disability Access**

If you need individual accommodations to meet course outcomes because of a documented disability, please speak with me to discuss your needs as soon as possible so that we can ensure your full participation in class and fair assessment of your work. Students with special needs who meet criteria for the Americans with Disabilities Act (ADA) provisions must provide written documentation of the need for accommodations from Kōkua ʻIke: Center for Student Learning by the end of week three of the class, in order for instructors to plan accordingly. If a student would like to determine if they meet the criteria for accommodations, they should contact the Kōkua ʻIke Coordinator at (808) 739-8305 for further information (ada@chaminade.edu).

**Title IX Compliance**

Chaminade University of Honolulu recognizes the inherent dignity of all individuals and promotes respect for all people. Sexual misconduct, physical and/or psychological abuse will NOT be tolerated at CUH. If you have been the victim of sexual misconduct, physical and/or psychological abuse, we encourage you to report this matter promptly. As a faculty member, I am interested in promoting a safe and healthy environment, and should I learn of any sexual misconduct, physical and/or psychological abuse, I must report the matter to the Title IX Coordinator. If you or someone you know has been harassed or assaulted, you can find the appropriate resources by visiting Campus Ministry, the Dean of Students Office, the Counseling Center, or the Office for Compliance and Personnel Services.

**Marianist Educational Values**

***Chaminade University is a Catholic, Marianist University. The five characteristics of a Marianist education are:***

1. **Educate for Formation in Faith**

Catholic Universities affirm an intricate relationship between reason and faith. As important as discursive and logical formulations and critical thinking are, they are not able to capture all that can be and ought to be learned. Intellectual rigor coupled with respectful humility provide a more profound preparation for both career and life. Intellectual rigor characterizes the pursuit of all that can be learned. Respectful humility reminds people of faith that they need to learn from those who are of other faiths and cultures, as well as from those who may have no religious faith at all.

1. **Provide an Excellent Education**

In the Marianist approach to education, “excellence” includes the whole person, not just the technician or rhetorician. Marianist universities educate whole persons, developing

their physical, psychological, intellectual, moral, spiritual and social qualities. Faculty and students attend to fundamental moral attitudes, develop their personal talents and acquire skills that will help them learn all their lives. The Marianist approach to education links theory and practice, liberal and professional education. Our age has been deeply shaped by science and technology. Most recently, information and educational technologies have changed the way faculty and students research and teach. At Marianist Universities, two goals are pursued simultaneously: an appropriate use of information technology for learning, and the enhancement of interaction between students and teachers. As Catholic, Marianist Universities seek to embrace diverse peoples and understand diverse cultures, convinced that ultimately, when such people come together, one of the highest purposes of education is realized: a human community that respects every individual within it.

1. **Educate in Family Spirit**

Known for their strong sense of community, Marianists have traditionally spoken of this sense as “family spirit.” Marianist educational experience fosters the development of a community characterized by a sense of family spirit that accepts each person with loving respect, and draws everyone in the university into the challenge of community building. Family spirit also

enables Marianist universities to challenge their students, faculty and staff to excellence and maturity, because the acceptance and love of a community gives its members the courage to risk failure and the joy of sharing success.

1. **Educate for Service, Justice, and Peace**

The Marianist approach to higher education is deeply committed to the common good. The intellectual life itself is undertaken as a form of service in the interest of justice and peace, and the university curriculum is designed to connect the classroom with the wider world. In addition, Marianist universities extend a special concern for the poor and marginalized and promote the dignity, rights and responsibilities of all people.

1. **Educate for Adaptation to Change**

In the midst of rapid social and technological change, Marianist universities readily adapt and change their methods and structures so that the wisdom of their educational philosophy and spirituality may be transmitted even more fully. “New times call for new methods,” Father Chaminade often repeated. The Marianist university faces the future confidently, on the one hand knowing that it draws on a rich educational philosophy, and on the other fully aware for thatphilosophy to remain vibrant in changing times, adaptations need to be made.

***Selected from* Characteristics of Marianist Universities: A Resource Paper*, Published in 1999 by Chaminade University of Honolulu, St. Mary’s University and University of Dayton***

Each of these characteristics is integrated, to varying degrees, in this course.

**Tentative Course Schedule**

*AP = Comer, R. & Comer, J. (2018) Abnormal Psychology 10th Edition New York: Worth Publishers ISBN: 978-1319066949*

*CA = Pomeroy, E. (2015) The Clinical Assessment Workbook: Balancing Strengths and Differential Diagnosis, Second Edition* Cengage Learning ISBN: 978-1-285-74888-7

DSM = American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Washington, DC, American Psychiatric Association Publishing, 2013.

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| **Day** | **Topic** | **Readings & Assignments Due** |
| Week 1 | IntroductionsReview Course SyllabusChapter 1 IntroductionChapter 20 Other Conditions That May Be a Focus of Clinical AttentionVideo - Out of Sight: The Rise and Fall of the Asylum—Madness(Films-on-Demand) | CA = Chapter 1 & 20AP = Chapters 1, 2, 3, 4, & 19 |
| Week 2 | Video – The BridgeChapter 5 Depressive DisordersVideo – This Could be Why You Are Depressed or AnxiousChapter 6 Anxiety Disorders | CA = Chapters 5 & 6AP = Chapters 5, 7, 8, & 9**Journal Article Review Presentation:** Depressive Disorders, Anxiety Disorders **Weekly Case Studies** |
| Week 3 | Video - What It's Like To Live With Dissociative Identity Disorder (DID) (YouTube link)Chapter 9 Dissociative DisordersVideo – Somatic Symptom Disorder – Causes, Symptoms, Diagnosis, Treatment, and PathologyChapter 10 Somatic Symptom and Related Disorders | CA = Chapters 9 & 10AP = Chapters 6 & 10**Journal Article Review Presentation:** Dissociative Disorders, Somatic Symptom and Related Disorders **Participation** for Week 2 Presentations**Weekly Case Studies** |
| Week 4 | Video – Tools to Treat OCDChapter 7 Obsessive-Compulsive and Related DisordersVideo – The Effect of Trauma on the Brain and How It Affects BehaviorsChapter 8 Trauma and Stressor-Related Disorders | CA = Chapters 7 & 8AP = Chapters 5 & 6**Journal Article Review Presentation:** Obsessive-Compulsive and Related Disorders, Trauma and Stressor-Related Disorders **Participation** for Week 3 Presentations**Weekly Case Studies** |
| Week 5 | Video – Disruptive, Impulse Control, and Conduct DisordersChapter 15 Disruptive, Impulse-Control, and Conduct DisordersVideo – How Isolation Fuels Opioid AddictionChapter 16 Substance-Related and Addictive Disorders | CA = Chapters 15 & 16AP = Chapters 12 & 17**Journal Article Review Presentation:** Disruptive, Impulse-Control, and Conduct Disorders, Substance-Related and Addictive Disorders **Participation** for Week 4 Presentations**Weekly Case Studies** |
| Week 6 | Video – My Experience with SchizophreniaChapter 3 Schizophrenia Spectrum and Other Psychotic DisordersVideo – The Medicated ChildChapter 4 Bipolar and Related DisordersVideo – Narcissist, Psychopath, or SociopathChapter 18 Personality Disorders | CA = Chapters 3, 4, & 18AP = Chapters 7, 14, 15, & 16**Journal Article Review Presentation:** Schizophrenia Spectrum and Other Psychotic Disorders, Bipolar and Related Disorders, Personality Disorders **Participation** for Week 5 Presentations**Weekly Case Studies** |
| Week 7 | Video – Eating Disorders From the Inside OutChapter 11 Feeding, Eating, and Elimination DisordersVideo – Exploring Sleep DisordersChapter 12 Sleep-Wake Disorders | CA = Chapters 11 & 12AP = Chapter 11**Journal Article Review Presentation:** Feeding, Eating, and Elimination, Sleep-Wake Disorders **Participation** for Week 6 Presentations**Weekly Case Studies** |
| Week 8 | Video – Sexual DisordersChapter 13 Sexual Dysfunctions DisordersVideo – Growing Up With Gender DysphoriaVideo – Becoming Me: The Gender Within (Films on Demand)Chapter 14 Gender DysphoriaChapter 19 Paraphilic Disorders | CA = Chapters 13, 14, & 19AP = Chapter 13**Journal Article Review Presentation:** Sexual Dysfunctions, Gender Dysphoria, Paraphilic Disorders**Participation** for Week 7 Presentations**Weekly Case Studies** |
| Week 9 | Video – Autism – What We Know and What We Don’t Know YetChapter 2 Neurodevelopmental DisordersVideo – What Can Babies Tell Us About Alzheimer’s?Chapter 17 Neurocognitive Disorders | CA = Chapters 2 & 17AP = Chapter 18**Journal Article Review Presentation:** Neurodevelopmental Disorders, Neurocognitive Disorders**Participation** for Week 8 Presentations**Weekly Case Studies****Counseling & the Media Paper** |
| Week 10 | Final Examination | **Participation** for Week 9 Presentations**Final Examination** |