



SCHOOL OF COUNSELING

COUN 600 DEVELOPMENTAL PSYCHOPATHOLOGY–RISK AND RESILIENCE

Term/Credits

Spring 2023 Term 2
3 semester hours

Instructor

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Vision: The vision of the School of Counseling is to inspire global training of transformational leaders and social justice advocates who use counseling as an instrument of healing.

Mission: The mission of the Clinical Mental Health Counseling program is to teach and train graduates for community practice as competent, culturally sensitive, ethical, and morally sound professional counselors prepared to provide diagnosis and treatment of mental disorders and to effectively facilitate flourishing and personal transformation. Clinical Mental Health Counseling graduates are prepared to serve in their communities as advocates for social justice, and as service-oriented facilitators of mental health and wellness with a focus on the respect, dignity, and diversity of the person.

NOTE: KEEP A HARD COPY SYLLABUS! Many states require that students submit a copy of each course syllabus in order to document the completed educational content needed for licensure. Each syllabus submitted must be for the same course year in which the course was taken.

I. COURSE DESCRIPTION

COUN 600 Developmental Psychopathology–Risk and Resilience introduces students to the concept of developmental psychopathology along the continuum of stress, distress, and disorder with focus on behavioral, experiential, and relational manifestations of mental health. This course reinforces the comparative distinctions between normative and psychopathological developmental pathways from infancy through adulthood. The current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) is used for classifying psychopathology as necessary for diagnosis, conceptualization, and treatment of mental disorders. A variety of perspectives on psychopathology are presented to form an integrative and systemic context for diagnostic considerations. Emphasis is placed on understanding biological, psycho-social, spiritual, religious, and cultural domains, along with the factors of risk and human resilience in the development of psychological disorders. Students will be able to develop an understanding of clients' personal and interpersonal strengths and vulnerabilities through this comprehensive model of developmental psychopathology.

II. COURSE OBJECTIVES

| # | Course Objectives | Measures of Outcome | SOC Program Objectives CACREP Standards* |
|----|---|---|--|
| 1. | Analyze the role of biological, psycho-social, spiritual, religious, and cultural domains in clients' personal and interpersonal strengths and vulnerabilities in the development of resiliency, risk, and psychopathology. | <p>Mod#1 Discussion: Vulnerabilities and Resiliencies</p> <p>Mod#2 Discussion: Personality Disorders: A Developmental Perspective</p> <p>Mod#2 Assignment: Reflection: Concepts of Vulnerability</p> <p>Mod#4 Discussion: New Insights about Feeding and Eating Disorders</p> <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#5 Discussion: Depressive Disorders</p> <p>Mod#5 Assignment: Practice Case Conceptualization Part 2</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> <p>Mod#6 Assignment: Practice Case Conceptualization Part 3</p> <p>Mod#7: Assignment: Final Project: Case Conceptualization</p> | <p>SOC: 3, 4, 5</p> <p>CACREP Section 2: F.3.b-f, i. F. 5.b.</p> <p>Section 5: A.1.e A.2.b, c., e. C.1.d. C.2.d., g.</p> |
| 2. | Analyze the social and | Mod#2 Discussion: | SOC: 1, 2, 4, 5 |

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| | <p>cultural diversity factors that influence the counselor's and the client's perspective of the conceptualization process of the client's resiliency, risk, and psychopathology.</p> | <p>Personality Disorders: A Developmental Perspective</p> <p>Mod#3 Discussion: First Impressions</p> <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> <p>Mod#5 Discussion: Depressive Disorders</p> <p>Mod#5 Assignment: Practice Case Conceptualization Part 2</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> <p>Mod#6 Assignment: Practice Case Conceptualization Part 3</p> <p>Mod#7: Assignment: Final Project: Case Conceptualization</p> | <p>CACREP Section 2: F.2.a., c., d., g.</p> |
| <p>3.</p> | <p>Appraise developmental milestones and their impact on the growth, maintenance, and loss of resilience, risk, and psychopathologies.</p> | <p>Mod#2 Assignment: Reflection: Concepts of Vulnerability</p> <p>Mod#4 Discussion: New Insights about Feeding and Eating Disorders</p> <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> | <p>SOC: 4</p> <p>CACREP Section 2: F. 3.a., b., c., d., e., f.</p> |

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| | | <p>Mod#5 Discussion: Depressive Disorders</p> <p>Mod#5 Assignment: Practice Case Conceptualization Part 2</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> <p>Mod#6 Assignment: Practice Case Conceptualization Part 3</p> | |
| 4. | Evaluate addictions and substance use disorders that may mimic and coexist with a variety of medical and psychological disorders. | <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> | <p>SOC:4</p> <p>CACREP Section 5: A.2.b</p> |
| 5. | Evaluate crisis and trauma symptoms that may mimic and coexist with a variety of medical and psychological disorders. | <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> | <p>SOC: 2, 3, 4</p> <p>CACREP Section 5: A.1.c. C.2.b, c., e.</p> |
| 6. | Evaluate strengths and vulnerabilities, resiliencies and risks associated with psychopathology and the ability to achieve wellness. | <p>Mod#4 Discussion: New Insights about Feeding and Eating Disorders</p> <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> <p>Mod#5 Discussion: Depressive Disorders</p> | <p>SOC: 2, 3, 4</p> <p>CACREP Section 2: F.3.c., e., f., i.</p> <p>Section 5: A.2.c., f.; C.1.d; C.2.g, j.</p> |

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| | | <p>Mod#5 Assignment: Practice Case Conceptualization Part 2</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> <p>Mod#6 Assignment: Practice Case Conceptualization Part 3</p> <p>Mod#7 Discussion: Family Recovery</p> <p>Mod#7: Assignment: Final Project: Case Conceptualization</p> | |
| 7. | Demonstrate competency in developing comprehensive case conceptualization of clients' strengths and vulnerabilities, resiliencies and risks that develop into psychopathology. | <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> <p>Mod#5 Discussion: Depressive Disorders</p> <p>Mod#5 Assignment: Practice Case Conceptualization Part 2</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> <p>Mod#6 Assignment: Practice Case Conceptualization Part 3</p> <p>Mod#7: Assignment: Final Project: Case Conceptualization</p> <p>Mod#8 Discussion: Case Conceptualization and Professional Growth</p> | <p>SOC: 1, 2, 3, 4, 5</p> <p>CACREP Section 2: F.2.g F.3.e., f., i.</p> <p>Section 5: A.2.e., f. C.1.c</p> |

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| 8. | Develop case conceptualizations informed by the Catholic-Christian meta-model that identify clients' personal and interpersonal resiliencies and risks, strengths and vulnerabilities when classifying and explaining psychopathologies from a clinical standpoint. | <p>Mod#4 Assignment: Reflection: The Case of Matthew</p> <p>Mod#4 Assignment: Practice Case Conceptualization Part 1</p> <p>Mod#5 Discussion: Depressive Disorders</p> <p>Mod#5 Assignment: Practice Case Conceptualization Part 2</p> <p>Mod#6 Discussion: Trauma and Resiliency</p> <p>Mod#6 Assignment: Practice Case Conceptualization Part 3</p> <p>Mod#7: Assignment: Final Project: Case Conceptualization</p> <p>Mod#8 Discussion: Case Conceptualization and Professional Growth</p> | <p>SOC: 1, 2, 3, 4, 5</p> <p>CACREP Section 2: F.5.b, g,</p> <p>Section 5: C.1.c</p> |
| 9. | Develop a vision of suffering and meaning informed by the Catholic-Christian meta-model that recognizes redemptive suffering and transcendent meaning in the midst of a person's life. | <p>Mod #5 Practice Case Conceptualization: Part 2</p> <p>Mod #6 Practice Case Conceptualization: Part 3</p> <p>Mod #6 Discussion: Trauma and Resiliency</p> <p>Mod #7 Assignment: Final Project: Case Conceptualization</p> | <p>SOC: 1, 2, 3, 4, 5</p> <p>CACREP Section 2: F.5.b, g,</p> <p>Section 5: C.1.c</p> |
| KPI | #9 Demonstrate counseling competence in crisis intervention, trauma informed approaches, and community-based strategies. | 80% of students will achieve a Proficient score or above on the COUN 600 Graded Discussion: Trauma and Resiliency assignment rubric. [Knowledge] | Section 5.C.2.f. impact of crisis and trauma on individuals with mental health diagnoses |

*SOC = School of Counseling Program Objectives, listed below; CACREP = Council for Accreditation of Counseling and Related Educational Programs standards, Section 2, eight common core areas of all entry-level counselor education graduates, and Section 5, entry-level specialty area, Clinical Mental Health Counseling

Program Objectives

Graduates of the DMU School of Counseling Clinical Mental Health Counseling program will be able to:

1. Exhibit a vibrant professional counselor identity with the foundational knowledge and skills of the profession.
2. Enter the client's life narrative with compassion and respect.
3. Develop person-centered, comprehensive case conceptualization for effective treatment planning.
4. Employ basic social and behavioral sciences, a habit of evidential reasoning, and the multiple roles of professional counseling to promote human flourishing.
5. Embody a vision of the flourishing person that inspires them, as professional counselors, and their clients to have courage to trust, hope and love.

III. COURSE TEXTBOOKS AND MATERIALS

A. Required

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C.: American Psychiatric Association (Available free - digitally DMU Library) <https://dsm-psychiatryonline-org.divinemercy.idm.oclc.org/doi/book/10.1176/appi.books.9780890425596>
(DSM-5-TR is also an acceptable version of the DSM-5 and is available free through the DMU library digitally - <https://dsm-psychiatryonline-org.divinemercy.idm.oclc.org/doi/book/10.1176/appi.books.9780890425787>)

Barnhill, John W. (2014). *DSM-5 Clinical cases*. Washington, D.C.: American Psychiatric Publishing, A Division of American Psychiatric Association. [e-book through the DMU Library]

Dreikurs, R., & Soltz, V. (1964; 1991). *Children: The challenge*. New York, NY: Plume

First, Michael B., (2014). *DSM-5 handbook of differential diagnosis*. Arlington, Va.: American Psychiatric Publishing.

Ingram, R., & Price, J. M. (Eds.). (2010). *Vulnerability to Psychopathology: Risk across a lifespan* (2nd ed). New York, NY: Guilford Press.

Terr, L. (1994). *Unchained memories: True stories of traumatic memories, lost and found*. New York, NY: Basic Books.

Required readings will be assigned in each module / week and are listed in the Class Schedule and Assignments and Reference List.

B. Recommended

There are no recommended textbooks for this course.

IV. COURSE REQUIREMENTS

A. Class Attendance and Participation

1. The DMU CMHC program is delivered to students primarily in an online, asynchronous modality; however, portions of this program require synchronous interaction, and additional in-person residency attendance.
2. Attendance in the online classroom is required. Students must post as directed in the online classroom each week. Assignments must be posted on or before due dates.

B. Assigned Readings

1. Readings must be read as assigned on the reading schedule in order for the class to “be on the same page” and to facilitate discussions.
2. Additional readings may be given out in class to be read for the next class.

C. Discussions: Participation in asynchronous discussions with your course colleagues is required. Discussion activities include crafting a thoughtful and scholarly response to a prompt, including the personal application of the information to the role of the professional counselor, and responding to at least two colleagues’ posting. Each discussion assignment is worth 40 points.

- i. 16 points Main Idea of Post (Mastery) – Shows superior knowledge and understanding of course material related to the question asked or topic of the discussion. Seamlessly integrates assigned readings and resources related to the topic. Demonstrates a depth of thought or high level of critical thinking.
- ii. 12 points Personal Application (Mastery) – Initial post demonstrates a superior synthesis and personal reaction or analysis of the topic being discussed. Personal application is reflective and substantive.
- iii. 8 points Responses to Colleagues’ Posts (Mastery) – Responses show a strong understanding of colleagues’ posts; clear and succinct response. Integrates assigned readings and resources related to the topic into the response. Brings a new dimension to the learning of the community.
- iv. 4 points Grammar: Coherent Logical (Mastery) – Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

D. Reflection Essay Assignments are assigned in Module 1 (due in Module 2) and Module 3. In Module 1, students reflect on the concept of vulnerability as it relates to the

development over time of psychopathology and personality disorders; and in Module 3, students reflect on a client's readiness to change as presented in a demonstration video and determine questions they would ask to support their counseling efforts. Each reflection essay is worth 70 points.

- i. 35 points Main Idea (Mastery) - Provides a thoughtful and thorough reflection addressing all of the questions presented in the assignment. Clearly ties the reflection to the concepts presented in the course. Reflection demonstrates deep thinking on the topic.
 - ii. 28 points Personal Application (Mastery) - Reflective essay demonstrates a superior introspection and competence in applying the concepts to the personal self and the personhood of the counselor. Personal application illustrates a high level of critical reflection and is substantive in content.
 - iii. 7 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.
- E. **Practice Case Conceptualizations** are assigned in Modules 4, 5, and 6. Students view a demonstration video of a counselor and client meeting. They then develop an integrated analysis of the client from the optic of the Catholic-Christian meta-model of the person. Students write an essay summarizing their analysis. Each practice assignment is worth 80 points and submitted in three distinct parts:

In Part 1 of the assignment (due in Module 4), students complete the first section of the Basic Case Study Conceptualization Guide: *1. Relevant Background* section analyzing and summarizing the client's narrative context and referral reason and presenting concerns. In Part 2 of the assignment (due in Module 5), students address the second section of the Basic Case Study Conceptualization Guide (BCSCG) *2. Person Narrative Formulation* and add this information to their case conceptualization. Finally, in Part 3 of the assignment (due in Module 6), students address the third section of the Basic Case Study Conceptualization Guide: *3. Assessment*. They assess the client's risk and resiliency, levels of personal flourishing, and identify and discuss areas related to the case conceptualization for which no or limited information was available. Students include questions they would ask to help gain this information and explain why these are important considerations.

- i. 40 points Main Idea (Mastery) - Thorough response to the assigned prompts regarding the client's background and spiritual life narrative. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client). Is substantive and scholarly and includes a thoughtful discussion of the client as viewed through the lens of the meta-model.
- ii. 32 points Personal Application (Mastery) - Essay demonstrates a superior understanding of the client's life narrative in light of the CCMMP. Personal application illustrates a high level of critical reflection with respect to the integration of the CCMMP with counseling practice.

- iii. 8 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

F. **Final Project: Case Conceptualization** is introduced in Module 4 and due in Module 7. For this final project students will develop a basic case conceptualization, which will incorporate the Basic Case Study Conceptualization Guide Narrative Clinical Formulation and be presented in a narrated PowerPoint. The case conceptualization will focus on one of the disorders addressed in the course. Students will choose a case to focus on from one of the five video counseling sessions and use the readings in the course to inform their final project. Students will review the Final Project Guidelines located in the resources to get an overview and detailed instructions for completing this project. This assignment is worth 300 points total: 260 points for the narrated PowerPoint and 40 points for the review of and response to their colleagues' presentations.

Narrated PowerPoint

- i. 130 points Main Idea (Mastery) – Thorough response to the assigned prompts regarding clinical assessment of client vulnerability, resiliency, and symptomology related to a diagnosis that demonstrates critical thinking. Selected theory supports the conceptualization and demonstrates critical and professional thinking. Questions developed will provide further insight into the client and demonstrate strategic and creative thinking. Goes beyond what is required in some meaningful way. Substantive and scholarly (makes connections to the literature-more than 4 references utilized). The case conceptualization clearly integrates the CCMMP in its view of the client and includes a thorough discussion of the client as viewed through this lens. Presentation clearly demonstrates critical thinking, is visually appealing, and well organized. Narration is clear and engaging.
- ii. 104 points Personal Application (Mastery) – In-depth understanding of the personal application of developing a clinical mental health case conceptualization. Clearly demonstrates substantive personal and professional insight into the client as viewed through the lens of the CCMMP. Presentation and narration demonstrate an in-depth understanding of the client.
- iii. 26 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); at least four scholarly and current (within the last 10 years) resources on the topic were used; proper APA citations with no more than one error.

Discussion Response to Colleagues' Presentations

- i. 36 points Main Idea (Mastery) – Responses show a strong understanding of colleague's presentation; clear and succinct response. Integrates multiple assigned readings, assessment resources (as appropriate), and/or media resources

related to the topic in an original or advanced way. Brings a new dimension to the learning of the community. Responds to at least two colleagues.

- ii. 4 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than one error.

V. GRADING

The following scale is used by the School of Counseling as the established criteria for grading assignments.

Final course grade for passing is 86%, B.

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|-------------|------------|------------|------------|------------|------------|------------|
| A | A- | B+ | B | B- | C+ | C |
| 940 to 1000 | 920 to 939 | 900 to 919 | 860 to 899 | 840 to 859 | 820 to 839 | 780 to 819 |
| C- | D+ | D | D- | F | W | I |
| 760 to 779 | 740 to 759 | 700 to 739 | 680 to 699 | 0 to 679 | Withdrawal | Incomplete |

| | Requirement | Items | Item Points | Total Points | Hours |
|----------|---------------------------------|--------------|--------------------|---------------------|---------------|
| | Assigned Readings | | | | 52.00 |
| 1 | Readings (see Class Schedule) | 17 | | | 43.87 |
| 2 | Viewing course media | 16 | | | 8.13 |
| | Written Assignments | | | 1000 | 90.83 |
| 1 | Discussions | 8 | 40 | 320 | 36.83 |
| 2 | Reflection | 1 | 70 | 140 | 16.00 |
| 3 | Practice Case Conceptualization | 3 | 80 | 240 | 18.00 |
| 4 | Final Project | 2 | 260 / 40 | 300 | 20.00 |
| | | | Totals | 1000 | 142.83 |

VI. SCHOOL OF COUNSELING POLICIES (Please review your Program Handbook for all policies. These are only listed to highlight key policies for this course)

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| METHODS OF INSTRUCTION |
| The SOC CMHC program curriculum is delivered mostly online with both asynchronous and synchronous components. The following methods of instruction may be employed: |

METHODS OF INSTRUCTION

- Synchronous Instruction: students and faculty will engage in “real-time” using a variety of technology such as chat rooms, web-based conferencing, telephone and during in-person residencies.
- Asynchronous Instruction: student-centered, student-managed facilitation of exchanging information and instructional materials outside of the constraints of “real-time” meetings between students and faculty.
- Reading assignments
- Lecture
- Academic Class Discussion
- Video/Audio Material: students are required to review video material as assigned.
- Demonstration of Skills
- Role Play
- Written Assignments/Papers
- Research Activities
- Quizzes, examinations, and assessment of student learning
- Learning Activities: students are required to engage in critical thinking activities.
- Group Work
- Presentations
- Residencies: Residencies are embedded in three courses across the program.
- Interactive Multimedia
- Clinical Placement in Practicum and Internship courses only.

ACADEMIC INTEGRITY

“Integrity” is a character quality of holding ourselves to strong moral principles and simply maintaining honesty. Academic integrity is synonymous with academic honesty. Academic honesty is expected of all students at DMU in all papers, examinations, transcripts, record keeping, and documentation of clinical experience. Possible sanctions for academic dishonesty include, but are not limited to: grade penalties including course failure, loss of registration privileges, disqualification and dismissal from the institution.

Academic integrity entails a respect and reverence for knowledge as a human good and for the whole academic process, by which that knowledge is pursued and transmitted. Specifically, it entails honesty in all of one’s academic dealings. Students at DMU therefore, shall not engage in or tolerate acts of academic dishonesty. These acts include, but are not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act or attempt to commit an act designed to give unfair academic advantage to the student (such as, but not limited to, submission of essentially the same written assignment for two courses without the prior permission of the instructor, providing false or misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment).

LATE ASSIGNMENT ACCEPTANCE POLICY

In an effort to develop high professional standards, no late work **without deductions** will be accepted unless prior arrangements have been made with the instructor. All requests and approvals for extensions must be documented via email at least one week prior to the due date for the work. Outside of this, no late work will be accepted **without deductions** unless the circumstances are dire and unusual.

If you miss an online course meeting or session of a residency, you must notify the instructor as soon as possible and you are responsible for finding out from the course schedule/syllabus, or a classmate what material was covered and what homework was assigned. You cannot submit assignments late because you missed the online course meeting or session of a residency when the assignment was given or when the assignment was due.

Online assigned work is due at 11:59 pm Eastern USA Time or at the beginning of the session of a residency on the date due. Primary discussion posts are due Saturdays at 3:00 pm Eastern USA Time.

- Assignments: (quiz, vignette, recordings, papers, etc.): No make-ups, no late work accepted **without deductions** unless pre-arranged as noted above.
- Exams: Make-ups only when scheduled/approved in advance.
- Discussion posts: If primary discussion posts (due on Saturdays at 3:00 pm Eastern USA Time) are submitted after the due date, they will receive the 10% per day late deduction for up to four days. No discussion responses will be graded after their due date (Monday, 11:59 pm Eastern USA Time).

Please see the M.S in Counseling Clinical Mental Health Counseling Program Student Program Handbook for more details.

STUDENTS WITH SPECIAL NEEDS

If you are a student who has or thinks you may have special needs, you are encouraged to contact the Disability Support Services, located in the Enrollment Services Office (DSS@divinemercury.edu, ext. 114), regarding accommodations. This office welcomes the opportunity to talk with students about their individual situation so students can make an informed decision about whether or not to seek accommodations. In compliance with the Americans with Disabilities Act (ADA) the University is committed to providing reasonable accommodation to any student who has a disability. Any student who has a documented disability must provide supporting documentation to the Disability Support Services at the beginning of the first semester. Once documentation is complete, the student should inform the instructor directly during the first week of classes about accommodations made for each class.

SYLLABUS CHANGE POLICY

This syllabus is a guide for the course and is subject to change with advanced notice.

VII. CLASS SCHEDULE AND ASSIGNMENTS

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C.: American Psychiatric Association [e-book through the DMU Library]

Barnhill, John W. (2014). *DSM-5 Clinical cases*. Washington, D.C.: American Psychiatric Publishing, A Division of American Psychiatric Association. [e-book through the DMU Library]

Dreikurs, R., & Soltz, V. (1964; 1991). *Children: The challenge*. New York, NY: Plume

First, Michael B., (2014). *DSM-5 handbook of differential diagnosis*. Arlington, Va.: American Psychiatric Publishing.

Ingram, R., & Price, J. M. (Eds.). (2010). *Vulnerability to Psychopathology: Risk across a lifespan* (2nd ed). New York, NY: Guilford Press.

Terr, L. (1994). *Unchained memories: True stories of traumatic memories, lost and found*. New York, NY: Basic Books.

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|--|---|--|---|
| 1 | Strengths and Vulnerabilities, Resiliencies and Risks Across the Lifespan (<i>How did I get into this mess and when did it start?</i>) | SOC Ingram, R., & Price, J. M. (Eds.). (2010). | Syllabus <i>Vulnerability to Psychopathology: Risk across a lifespan</i> <ul style="list-style-type: none">• Chapter 1, “Understanding Psychopathology: The Role of Vulnerability” (pp. 3-17)• Chapter 2, “The Nature of Child and Adolescent Vulnerability: | Discussion: Vulnerabilities and Resiliencies Reflective Essay: Concepts of Vulnerability (due Tuesday of Module 2) |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|---|---|--------------------|
| | | <p data-bbox="548 541 724 611">McInerney, D. (2013).</p> <p data-bbox="548 722 781 758">Rak, C. F. (2002).</p> <p data-bbox="548 869 764 938">Titus, C.S. et. al. (2016).</p> <p data-bbox="548 1125 748 1194"><i>Welcome to the Course</i></p> <p data-bbox="548 1381 732 1556">American Psychological Association (Producer). (2012).</p> | <p data-bbox="828 176 1123 499">History and Definitions” (pp. 18-38) <ul style="list-style-type: none"> <li data-bbox="828 285 1123 499">● Chapter 3, “The Nature of Adult Vulnerability: History and Definitions” (pp. 39-53) </p> <p data-bbox="828 541 1105 684">Poised strength. In R. Cessario, C. S. Titus, & P. C. Vitz (Eds.) (pp. 201–224).</p> <p data-bbox="828 726 1114 831">Heroes in the nursery: Three case studies in resilience. 247-260</p> <p data-bbox="828 873 1068 1083"><i>Theological and Philosophical Premises for a Catholic Christian Meta-Model of the Person</i></p> <p data-bbox="828 1125 1081 1335">This introductory video addresses the narrative arc of the course: Why Developmental Psychopathology?</p> <p data-bbox="828 1377 1130 1566"><i>A widowed homemaker seeks counseling for depression (session 1 of 6)</i> [streaming video].</p> | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|--|--|--|--|
| 2 | Personality Disorders (<i>Is this mess really me?</i>) | <p>Barnhill, John W. (2014).</p> <p>Dreikurs, R. (1964).</p> <p>Ingram, R., & Price, J. M. (Eds.). (2010).</p> <p>Terr, L. (1994).</p> <p>Hall, T. W., Fujikawa, A., Halcrow, S. R.,</p> <p>Guildford Press. (1995).</p> | <p>DSM-5 <i>Clinical cases</i>.</p> <ul style="list-style-type: none"> ● Case 18.6: Painful Suicidality <p><i>Children: The Challenge</i>.</p> <ul style="list-style-type: none"> ● Chapter 1, “Our Present Dilemma” (pp. 3-11) ● Chapter 2, “Understanding the Child” (pp. 12-35) <p><i>Vulnerability to Psychopathology: Risk across a lifespan</i> (2nded).</p> <ul style="list-style-type: none"> ● Chapter 4, “Developmental Pathways to Personality Disorders” (pp. 57-108) <p><i>Unchained memories: True stories of traumatic memories, lost and found</i>.</p> <ul style="list-style-type: none"> ● Chapter 5, “The Two Miss Americas of 1958 and Her Sister” (pp. 120-151) <p>Attachment to God and implicit spirituality: Clarifying correspondence and compensation models</p> <p><i>Treating borderline personality disorder</i>.</p> | <p>Discussion: Personality Disorders: A Developmental Perspective</p> <p>Reflective Essay: Concepts of Vulnerability due</p> |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|--------|--------------------|--------------------|
| | | | [streaming video]. | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|--|---|---|---|
| 3 | Addiction and Substance Use (<i>What is this mess doing to me?</i>) | Barnhill, John W. (2014). Ingram, R., & Price, J. M. (Eds.). (2010). Terr, L. (1994). | DSM-5 <i>Clinical cases</i> . <ul style="list-style-type: none"> Case 16.1: A “Typical” Alcoholic” <i>Vulnerability to Psychopathology: Risk across a lifespan</i> (2 nd ed). <ul style="list-style-type: none"> Chapter 5, “Vulnerability to Substance Use Disorders in Childhood and Adolescence” (pp. 113-140) Chapter 6, “Vulnerability to Substance Use Disorders in Adulthood” (pp. 141-175) Chapter 7, “Vulnerability to Substance Abuse Disorders across the Lifespan” (pp. 176-185) <i>Unchained memories: True stories of traumatic memories, lost and found</i> . <ul style="list-style-type: none"> Chapter 3, “A Drunken Woman at | Discussion: First Impressions Assignment: Reflective Essay: The Case of Paul |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|--|--|--------------------|
| | | McMillen, S. (n.d). Arenaza, J. & Payne, H. (2017). American Psychological Association (Producer). (2012). | the Side of the Road” (pp. 61-95) Rat park. <i>Implications of rat park</i> [Video file]. <i>Assessing alcohol use and readiness to change</i> [streaming video]. | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|---|--|---|--|
| 4 | Feeding and Eating Disorders (Why do I feel so bad, guilty when I eat?) | Ingram, R., & Price, J. M. (Eds.). (2010). DeYoung, R. K. (2009). | <i>Vulnerability to Psychopathology: Risk across a lifespan</i> (2 nd ed). <ul style="list-style-type: none"> • Chapter 17, “Vulnerability to Eating Disorders in Childhood and Adolescence” (pp. 425-453) • Chapter 18, “Vulnerability to Eating Disorders in Adulthood” (pp. 454-488) • Chapter 19, “Vulnerability to Eating Disorders across the Lifespan” (pp. 489-494) Gluttony: Feeding your face and starving your heart. In <i>Glittering vices: A new look at</i> | Discussion: Insights about Feeding and Eating Disorders Reflective Essay: The Case of Paul Assignment: Practice Case Conceptualization Part 1 Looking Ahead: Final Project: Case Conceptualization (due Tuesday of Module/Week 7) |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|--------|--|--------------------|
| | | | <p><i>the seven deadly sins and their remedies</i> (pp. 139–156).</p> <p>Hardman, R. K., Berrett, M. E., & Richards, P. S. (2003). Spirituality and ten false beliefs and pursuits of women with eating disorders: Implications for Counselors. 67-78</p> <p>Divine Mercy University Basic Case Study Conceptualization Guide COUN 600</p> <p>Vyvlecka, F. (2017) Final Project Guidelines</p> <p>Arenaza, J. (2017). <i>Understanding addictions and eating disorders</i> [Video file].</p> <p>Sabey, L., & Blair, R. (2015). <i>Anorexia: What parents and therapists need to know.</i> [streaming video].</p> <p>American Psychological Association (Producer). (2012). <i>Narrative therapy for bulimia (session 1 of 6)</i> [streaming video].</p> <p>Final Project Case Conceptualization Video Options</p> <p>Governors State University. (2000). <i>Working with eating disorders: A cognitive behavioral approach</i> [01:39:56] View section 00:17:20 – 01:01:15.</p> | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|--|--|--------------------|
| | | American Psychological Association (Producer). (2012). | <i>Cognitive therapy for a client with depression</i> [streaming video]. | |
| | | American Psychological Association (Producer). (2012). | <i>Counseling psychotherapy session for depression and gay male identity concerns</i> [streaming video]. | |
| | | American Psychological Association (Producer). (2012). | <i>Cross-addiction and relapse threats in recovery (session 1 of 6)</i> [streaming video]. | |
| | | American Psychological Association (Producer). (2012). | <i>Exposure therapy for anxiety disorders (session 1 of 6)</i> [streaming video]. | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|--|---|--|---|
| 5 | Depressive Disorders (This mess feels so overwhelming and hopeless.) | Barnhill, John W. (2014). Ingram, R., & Price, J. M. (Eds.). (2010). | DSM-5 <i>Clinical cases</i> . <ul style="list-style-type: none"> Case 4.2: Postpartum Sadness <i>Vulnerability to Psychopathology: Risk across a lifespan</i> (2 nd ed). <ul style="list-style-type: none"> Chapter 8, “Vulnerability to Depression in Childhood and Adolescence” (pp. 189-247) | Discussions: Case Study – Postpartum Depression Assignment: Practice Case Conceptualization Part 2 Looking Ahead: Final Project: Case Conceptualization (due Tuesday of Module/Week 7) |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|--|---|--------------------|
| | | Vitz, P. (2015). | <ul style="list-style-type: none"> ● Chapter 9, “Vulnerability to Depression in Adulthood” (pp. 248-281) ● Chapter 10, “Vulnerability to Depression across the Lifespan” (pp. 282-287) <p><i>Suffering can have great meaning</i> [Video file].</p> | |
| | | Payne, H., Titus, C. S., McWhorter, M., & Klewicki, L. (2016). | <i>Understanding the person in front of you: Scenario 6: A person suffering from trauma</i> [Video file]. | |
| | | American Psychological Association (Producer). (2012). | <i>Counseling psychotherapy session for depression and gay male identity concerns</i> [streaming video]. | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|---|--|---|---|
| 6 | Anxiety Disorders (This mess feels so out of control, I’m in a panic) | Ingram, R., & Price, J. M. (Eds.). (2010). | <p><i>Vulnerability to Psychopathology: Risk across a lifespan</i> (2nded).</p> <ul style="list-style-type: none"> ● Chapter 11, “Vulnerability to Anxiety Disorders in Childhood and Adolescence” (pp. 291-333) ● Chapter 12, | <p>Discussion: Trauma and Resiliency</p> <p>Assignment: Practice Case Conceptualization, Part 3</p> <p>Looking Ahead: Final Project: Case Conceptualization (due</p> |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|---|--|---------------------------|
| | | <p>Terr, L. (1994).</p> <p>Post Traumatic Growth Research Group, University of North Carolina, Charlotte. (2014).</p> <p>Payne, H., Titus, C. S., McWhorter, M., & Klewicki, L. (2016).</p> <p>American Psychological Association (Producer). (2012).</p> | <p>“Vulnerability to Anxiety Disorders in Adulthood” (pp. 334-356)</p> <ul style="list-style-type: none"> • Chapter 13, “Vulnerability to Anxiety Disorders across the Lifespan” (pp. 357-360) <p><i>Unchained memories: True stories of traumatic memories, lost and found.</i></p> <ul style="list-style-type: none"> • Chapter 4, “The Silver at the Surface of the Water” (pp. 96-119) <p><i>What is PTG?</i> Retrieved from https://ptgi.uncc.edu/what-is-ptg/</p> <p><i>Understanding the person in front of you: Scenario 4: A person feeling anxious</i> [Video file].</p> <p><i>Exposure therapy for anxiety disorders (session 1 of 6)</i> [streaming video].</p> | Tuesday of Module/Week 7) |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|--|--|---|------------------------------------|
| 7 | Schizophrenia Spectrum and Other Psychotic | Ingram, R., & Price, J. M. (Eds.). (2010). | <i>Vulnerability to Psychopathology: Risk across a lifespan</i> | Discussion: Family Recovery |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|---|--|---|--|
| | Disorders (What is happening to me? Am I losing my mind? I am so scared.) | <p>Corrigan, P. W. (2002).</p> <p>Shean, G. D. (2013).</p> <p>Divine Mercy University</p> <p>Vyvlecka, F. (2017)</p> | <p>(2nded).</p> <ul style="list-style-type: none"> ● Chapter 14, “Vulnerability to Schizophrenia in Childhood and Adolescence” (pp. 363-388) ● Chapter 15, “Vulnerability to Schizophrenia in Adulthood” (pp. 389-416) ● Chapter 16, “Vulnerability to Schizophrenia across the Lifespan” (pp. 417-422) <p>Empowerment and serious mental illness: Treatment partnerships and community opportunities. <i>Psychiatric Quarterly</i>, 73(3), 217–228</p> <p>Empirically based psychosocial therapies for schizophrenia: The disconnection between science and practice. <i>Schizophrenia Research and Treatment</i>, 2013, 1–8.</p> <p>Basic Case Study Conceptualization Guide COUN 600</p> <p>Final Project Guidelines</p> | <p>Final Project: Case Conceptualization (due by Tuesday)</p> |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|-------|-------------------------------------|--|--------------------|
| | | Aquarius Health Care Media. (2008). | <i>Adolescent onset schizophrenia: 1 in 100 young people.</i> [video streaming]. | |

| Module Week | Topic | Author | Reading | Graded Assignments |
|-------------|---|-----------------------------------|---|--|
| 8 | Tempered Desire: Freedom for the Good (How do I present the person in this mess?) | Terr, L. (1994). Yalom, I. | <i>Unchained memories: True stories of traumatic memories, lost and found.</i> <ul style="list-style-type: none"> Select one additional reading from the book. <i>Live Case Consultation</i> [video streaming]. | Discussion 1: Final Project - Case Conceptualization Narrated PowerPoint Discussion 2: Case Conceptualization and Professional Growth |

VIII. REFERENCE LIST

Required Reading:

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- American Psychological Association (Producer). (2012). *Cognitive therapy for a client with depression* [streaming video]. Retrieved from PsycTHERAPY database. [46:04 min.] <http://psyctherapy.apa.org.divinemercury.idm.oclc.org/view/2088804>
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