

MFTH 7400 Psychopathology and Psychopharmacology
Spring 2013
Valdosta State University
Department of Marriage and Family Therapy
Tuesdays, 1:00-3:45 p.m.

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Office Hours: Tues. 4-6 pm & Wed. 12-4 pm, by
appointment

Course Description

This course examines the psychological, biological, and medical issues in the practice of MFT, and provides an introduction to pharmacology. Emphasis will be placed on DSM-IV diagnostics within a systemic context. Students will learn practical approaches for collaboration with other mental health professionals.

- The objective of this course is to introduce you to the standardized nomenclature and diagnostic classification system of mental disorders used in the United States. The DSM-IV-TR (2000)—the most recent revision put out by APA—will serve as our guide. During the semester, we will be looking at how the psychiatric world understands the variety of mental illness categories. We will get acquainted with the symptoms and impairments diagnosticians look for in the people they place into these categories. To discover what symptoms a patient is exhibiting, you will become thoroughly acquainted with the names of disorders and what they typically look like.
- In addition, in this course you will learn the medication categories and some of the major medications that are used in the treatment of the various illnesses. We will talk about the culture of medication: How we view pharmacology, what we expect from medication, and the meanings we give to medication. We will be examining our attitudes about medication and the attitudes of people who are prescribed medication.
- Most importantly, throughout the semester, we will be looking at diagnostic classification and pharmacology from a systemic point of view. We will also be considering the ways in which social and cultural discourses frame our understandings of these diagnostic categories. You will be asked to think clearly from a systems perspective about the strengths, weaknesses, usefulness, and hindrances of psychiatric nosology. You will also be required to think about the context that is formed by the relationships between the pharmacology, insurance, and mental illness industries. As you live out your careers as practitioners of systemically informed therapy, teachers, and researchers, you may choose not to adopt diagnostic metaphors to explain people's behaviors. However, most of the world does. Given this, your rejection of them cannot be flippant, whimsical, or based on hubris. It behooves you to carefully think through what underpins your decision and to be able to articulate this. To help you do this, part

of the course will be devoted to understanding diagnostic categories as metaphor and the relationship between description and explanation.

Student Learning Outcomes (SLOs):

1. Practice from a culturally sensitive lens.
2. Practice from a systemic lens.
3. Be prepared to obtain entry-level employment in mental health agencies.
4. Claim the professional identity of Marriage and Family

Syllabi Specific Learning Objectives linked to SLOs:

Upon successful completion of this course students will:

1. Accurately apply DSM-IV diagnostic criteria to client symptomology. (Student Learning Outcomes: 3)
2. Consider the limitations of the DSM-IV and potential hazards of diagnosis. (Student Learning Outcomes: 3, 4)
3. Cultivate an awareness of systemic factors, including cultural and gender discourses that may contribute to etiology or onset, maintenance, exacerbation, reduction, and resolution of mental health disorders. (Student Learning Outcomes: 1, 2, 4)
4. Demonstrate familiarity with the major classes of psychotropic medications. (Student Learning Outcomes: 2, 3)
5. Develop a pragmatic and integrative stance towards the use of the DSM-IV and psychotropic medications in clinical practice. (Student Learning Outcomes: 2, 3, 4)

Assignments for this course linked to SLOs

Diagnostic Practice	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies
Group Presentation	SLO 1: Practice from a culturally sensitive lens SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies SLO 4: Claim the professional identity of Marriage and Family Therapist.
Exam I	SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies
Exam II	SLO 2: Practice from a systemic lens SLO 3: Be prepared to obtain entry-level employment in mental health agencies

Use of Grading Rubrics:

A grading rubric will be used for all major assignments. When a rubric is not included in your syllabus or on the web-based learning portal for this class, the *MFT Program Academic Assignment Evaluation Tool* will be used for papers, posters, or presentations. For written exams, the *MFT Exam Evaluation Tool* will be used. Both rubrics can be found and downloaded on the *Resources for Students* page of the MFT website.

Access Office for Students with Disabilities

Students with disabilities who are experiencing barriers in this course may contact the Access Office for assistance in determining and implementing reasonable accommodations. The Access Office is located in Farber Hall – South, 1500 N. Patterson Street, Valdosta, GA 31698-0280. The phone numbers are: 229-245-2498 (V/VP), 229-219-1348 (TTY), and 229-245-3788 (Fax). For more information, please visit <http://www.valdosta.edu/access> or email: access@valdosta.edu. Also, please discuss this need with the instructor at the time of the first class.

Student Success Center

The Student Success Center (SSC) at Valdosta State University is located in Langdale Residence Hall and is available to all students. They provide free professional academic advising, peer tutoring in core curriculum courses, and campus job information in one location. We strongly encourage students to make use of their services. You can reach them at 229-333-7570 or email them at ssc@valdosta.edu.

Respect for Diversity

In order to thrive and excel, a culture must hone the rights, safety, dignity, and well-being of all members no matter their race, gender, religion, sexual orientation, socioeconomic status, national origin, religious beliefs, or physical or cognitive ability. The concept of diversity encompasses acceptance and respect in understanding that each individual is unique. To the extent possible and appropriate, this course will explore these differences in a safe, positive, and supportive environment.

Required Texts

1. American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders-IV-TR*. Washington, DC: American Psychiatric Association.

OR

American Psychiatric Association. (2000). *Quick reference to the diagnostic criteria from DSM-IV-TR*. Washington, DC: American Psychiatric Association.

2. Danner, C.C., Robinson, B.E., Striepe, M.I., & Rhodes, P.F.Y. (2007). Running from the demon: Culturally specific group therapy for depressed Hmong women in a family medicine residency clinic. *Women & Therapy, 30*(1/2), 151-176.
3. Harper, D.J. (2011). Social inequality and the diagnosis of paranoia. *Health Sociology Review, 20*(4), 423-436.
4. Kendell, R.E. (1991). Relationship between the DSM-IV and the ICD-10. *Journal of Abnormal Psychology, 100*(3), 297-301.
5. Morrison, J.R. (2007). *Diagnosis made easier: Principles and techniques for mental health clinicians*. New York: The Guilford Press.
6. Patterson, J., Albala, A.A., McCahill, M.E., & Edwards, T.M. (2009). *The therapist's guide to psychopharmacology: Working with patients, families, and physicians to optimize care (Rev. ed.)*. New York: The Guilford Press.
7. Tavris, C. (1992). Misdiagnosing the mind. Why women are "sick" but men have "problems". In C. Tavris, *Mismeasure of women: Why women are not the better sex, the inferior sex, or the opposite sex*. New York: Touchstone Books.
8. White, M. (1987). Family therapy and schizophrenia: Addressing the 'In-the-corner' lifestyle. In M. White, 1989. *Selected Papers*, Adelaide, Dulwich Centre.

Recommended Texts

1. Physicians' Desk Reference. (2009). *PDR drug guide for mental health professionals (3rd ed.)*. Montvale, NJ: PDR Network.
2. Allport, G. W. (Ed.). (1965). Letters from Jenny. New York: Harcourt, Brace & World.
3. Barnes, M., & Berke, J. (1971). Mary Barnes: Two accounts of a journey through madness. New York: Harcourt Brace Jovanovich.
4. Bateson, G. (Ed.). (1961). Perceval's narrative: A patient's account of his psychosis 1830-1832. Stanford, CA: Stanford University Press.
5. Cardinal M. (1983). The words to say it. Cambridge, MA: Van Vactor and Goodheart.
6. Dell, P. F. (1980). Researching the family theories of schizophrenia: An exercise in epistemological confusion. Family Process, 19(4), 321-335.

7. Foucault, M. (1965). Madness and civilization: A history of insanity in the age of reason. New York: Vintage Books.
8. Kaysen, S. (1993). Girl, interrupted. New York: Random House.
9. Lessing, D. (1962). The golden notebook. New York: Bantam Books.
10. McCutchen, H. (19XX). Making us crazy.
11. North, C. (1987). Welcome silence: My triumph over schizophrenia. New York: Simon and Schuster.
12. Percy, W. (1980). The second coming. New York: Washington Square Press.
13. Peele, S. (1989). Diseasing of America: Addiction treatment out of control. Boston: Houghton Mifflin.
14. Plath, S. (1981). The bell jar. New York: Bantam Books.
15. Podvoll, E. M. (1986). Intelligence running wild: Psychosis and recovery. Boulder, CO: Shambhala.
16. Podvoll, E. M. (1990). The seduction of madness. New York: Harper Collins.
17. Sacks, O. (1985). The man who mistook his wife for a hat and other clinical stories. New York: Summit Books.
18. Schiller, L., & Bennett, A. (1990). The quiet room. New York: Warner Books.
19. Smith, J. (1999). Where the roots reach for water: A personal & natural history of melancholia. New York: North Point Press.

*Readings may be added, changed, or substituted.

Recommended Videos

20. The Snake Pit
21. Don Juan de Marco
22. One Flew Over the Cuckoos Nest
23. Awakenings
24. I Never Promised You a Rose Garden
25. Francis
26. Ordinary People
27. Birdie
28. The Fisher King
29. The Three Faces of Eve
30. Benny and Joon
31. Days of Wine and Roses
32. Sheila Levine is Dead and Living in New York

33. Girl, Interrupted and The Quiet Room are also available on audio cassette
 34. Rainman

Assignments & Grading Scale

1. Attendance & Participation	5
2. In-Class Activity: Diagnostic Practice (exploring cross-cultural, societal, and gender discourses influencing psychiatric nosology and diagnosis)	15
3. Group Presentation	30
4. Exam I	50
5. Exam II	50

TOTAL: 150 pts
 Bonus +5 pts

Student Opinion of Instruction (SOIs)

A = 90%-100%

B = 80%-89%

C = 70%-79%

D = 60%-69%

F = 50-59%

List of Assignments

1. Attendance & Participation – 5 pts

Do not ask me for permission to miss class. The decision is always yours. When you know that you will miss class, I always appreciate the professional courtesy of advance notice. However you will be assigned an attendance and participation grade based on your **timely and consistent attendance**. Therefore, missing more than 2 classes (excluding emergency situations) may result in a full letter grade deduction. A student who misses more than 20% of the scheduled classes of a course will be subject to receive a failing grade in the course.

2. In Class Activities: Diagnostic Practice - Role Plays & Case Studies – 15 pts

There will be weekly in class activities where you will work in groups using role plays and clinical vignettes to practice the clinical process of making differential diagnoses. On some occasions, we will work together as a class. These role plays and vignettes will provide the opportunity to explore cross-cultural, societal, and gender discourses that influence the meanings created around mental health diagnoses, as well as the process of diagnosis. Your grade will be based on your engagement in these in-class activities, ability to facilitate diagnostic interviews and ask clinical questions, and accurate diagnosis of the mock case. You will be provided with a worksheet each week to record your hypotheses, questions, and multiaxial diagnosis. You will turn this in at the end of each class period.

3. Group Presentation – 30 pts

In groups of 3, students will be making a 30-40 minute PowerPoint presentation in class discussing a DSM diagnosis. This presentation must:

- (a) **Briefly summarize** the information in the DSM-IV and include signs and symptoms, differential diagnoses, etiology, gender, cultural features, course, and prognosis.
- (b) Include a review of the literature on systemic ideas, methods, and models used in the treatment of the disorder.
- (c) List the chemical and trade names of psychopharmacologic treatments commonly prescribed for the disorder.
- (d) Summarize the systemic (family, couple, relational) treatments found for the chosen disorder.
- (e) In addition, students may note things that they found interesting, helpful, surprising, and things that are either particularly congruent or incongruent with their ideas about treatment. Students are invited to incorporate stories, short video clips, or short role plays to illustrate the concepts/interventions found in their research.
- (f) Provide a hardcopy of references. A minimum of 10 references must be used for this assignment.
- (g) Turn-in a hardcopy outline of your presentation (not simply a hardcopy of ppt slides).

- Attention Deficit Hyperactivity Disorder: _____
- Autistic Disorder: _____
- Oppositional Defiant Disorder: _____
- Major Depressive Disorder: _____
- Bipolar Disorder: _____
- Generalized Anxiety Disorder: _____
- Post-Traumatic Stress Disorder: _____
- Obsessive Compulsive Disorder: _____
- Schizophrenia: _____
- Schizoaffective Disorder: _____
- Paranoid Personality Disorder: _____
- Dementia - Alzheimer's Type: _____
- Adjustment Disorder: _____
- Dissociative Identity Disorder: _____
- Borderline Personality Disorder: _____
- Bulimia or Anorexia: _____
- Alcohol Dependence: _____
- Gender Identity Disorder: _____
- Others: _____

4. Exam I (Midterm) – 50 pts

You will be given a closed-book midterm in class. This exam may combine multiple choice, matching, true/ false, case study, short answer, or other formats. (If there is a case study, you will be able to use your DSM).

5. Exam II (Final) – 50 pts

You will be given a closed-book final in class. This exam may combine multiple choice, matching, true/ false, case study, short answer, or other formats. (If there is a case study, you will be able to use your DSM). The final exam is not comprehensive and will cover material from the midterm on.

A Note About Assignments & Grading

All assignments are expected to be turned in on time, no later than 15 minutes after class begins on the day the assignment is due. **Group presentations and exams will not be rescheduled for unexcused absences.** *Please do not ask me to make exceptions to grading policies. In fairness to those students who meet the requirements and time parameters as defined in the syllabus, I am unlikely to make exceptions.*

All written work must adhere to APA style. Per APA style, all written work should include a cover sheet and references.

Poor writing, organization, and clarity will significantly reduce your grade.

The grade of "A" is reserved for work that is outstanding. A grade of "B" reflects fully sufficient and adequate work. A "C" reflects below average graduate-level work, indicating inadequacy in some aspects combined with adequacy in other domains. The grade of "D" will be given to work that is insufficient in many dimensions. The grade of "F" will be given to work that is insufficient in most dimensions.

Academic Integrity

I expect that all students are aware of VSU's policies regarding academic dishonesty and plagiarism. All students are expected to do their own work and to uphold a high standard of academic ethics. Cheating involves violation of integrity and the Academic Code of Ethics.

Examples include, but are not limited to the following:

- **Using unauthorized notes on an exam, test, or class exercise.**
- Taking or procuring or attempting to take or procure an unauthorized copy of a test, exam.
- Copying from another student's exam, test, or class exercise.
- Communicating with others during an exam, test, or exercise.
- Taking or modifying an instructor's grade book.
- **Plagiarizing on a paper or class exercise.**
 - 1) Using another writer's exact words without using quotation marks and giving a complete citation, which indicates the source of the quotation such that your reader could locate that quotation in its original context. As a rule of thumb, taking a passage of eight or more words without providing a citation is a violation of federal copyright laws.

- 2) Paraphrasing another writer's words and presenting the revised version as your own work.
- 3) Presenting another's ideas as your own—even if you use totally different words to express those ideas.

Whether the student involved is an active participant in the above, or the passive agent to the above makes no difference. In other words, assisting with and allowing the above to occur is also a violation of the Academic Code of Ethics.

The act of student cheating dishonors the student, the student's peers, the faculty, and the entire academic enterprise. According to the departmental policy on cheating, "faculty feel strongly that academic cheating violates the integrity of the classroom environment." **Also, as outlined in the VSU Student Handbook, students who cheat will receive "a grade of "F" in the course."** Also, the instructor may decide that further action is warranted, and the case "may be referred to the Dean of Students where [more severe] official charges may be drawn up."

Students should consult with the instructor if there are any questions regarding academic honesty or dishonesty.

A Note About the Course

Throughout the course I would like for us to find the balance between understanding people and their life situations from a systems perspective and understanding that the Medical Model and psychopathological language may be a part of their story. It is important for us to learn and understand this language in order to have thoughtful conversations with psychiatrists, psychologists, social workers, school psychologists, medical doctors and in some cases our clients. In other words, I would like for us to learn a new language that will help in our interactions with clinicians and clients and maintain a constant filter of our thoughts and ideas through our systemic lens.

I encourage you to use each other as a resource. Create opportunities to discuss the readings with your classmates outside of class. Bring your thoughts, curiosities, and questions—especially your questions—to class.

Be prepared to ask questions of your classmates that promote discussion of the reading. Excellent areas to explore include:

- ☀ What did you and your classmates find new, interesting, helpful, surprising, disagreeable, curious, upsetting, or reassuring in the reading?
- ☀ What did you learn about how to promote appropriate collaboration between you and helpers from other disciplines?
- ☀ How have you and your classmates responded to the reading? What values and beliefs are reflected in these responses? How do people in the class differ in their responses? How are we similar?

- ☀ If the author comes from another discipline, how does his or her perspective fit or lack fit with a systemic family therapy perspective? Given the epistemological perspective of this discipline, how does this make sense?

Library

Students are expected to be proficient in using the library system to obtain resources for papers. If you are unfamiliar or need a refresher you can schedule a consultation. Consultations are designed for in-depth or difficult research beyond what is typically possible at the Reference Desk. It provides VSU students, faculty, and staff with the opportunity to work one-on-one with a member of Odum Library's Reference team. During a consultation, you have opportunities for uninterrupted, focused sessions, training in advanced search techniques for specific electronic databases, in-depth discussion of your specific research needs, learning how and where to access appropriate databases, building skills in interpreting citations, and exploring various options for obtaining library materials. To make an appointment with a Reference Librarian phone (229) 333-7149 or <http://www.valdosta.edu/library/forms/consult.php>

A Note About Electronic Devices

Please put your cell phones on silent mode or vibrate mode to reduce the distraction to your classmates and instructor. Do not view text messages during class. If you need to view a text message or a missed call, please step out of the classroom to handle your personal business. If you are anticipating the need to take a call during the class period, please talk to me before class about how to monitor your communication device.

Weekly Topics & Reading Schedule

Schedule Subject to Change

Date	Weekly Topics & Reading Schedule
Week 1: Jan. 8	<p>Introduction to Psychopathology & Psychopharmacology Syllabus Review Review of Texts Sign-up for Group Presentations Pop Quiz History of Classification Systems, Multiaxial Assessment, V-Codes, Global Assessment of Functioning, Diagnostic terms Readings:</p> <ul style="list-style-type: none"> • Kendell, R.E. (1991). Relationship between the DSM-IV and the ICD-10 • DSM-IV-TR Multiaxial Assessment, V-Codes, Global Assessment of Functioning (GAF)
Week 2: Jan. 15	<p>Psychopharmacology and MFT Brief overview of the brain Neurotransmitter functions Introduction to psychotropic drugs Basics of diagnosis Readings:</p> <ul style="list-style-type: none"> • Patterson, Albala, McCahill, & Edwards (pp.1-28) • Tavis, C. (1992). Misdiagnosing the Mind. Why Women are "Sick" but Men have "Problems"

	<ul style="list-style-type: none"> • Morrison, Chs. 1 & 2
Week 3: Jan. 22	<p>Diagnostic Method Readings:</p> <ul style="list-style-type: none"> • Morrison, Chs. 3-7 <p>Group Presentation 1:</p>
Week 4: Jan. 29	Video
Week 5: Feb. 5	<p>Understanding the Client as a Whole Physical Illness and Mental Health Mental Status Exam Readings:</p> <ul style="list-style-type: none"> • Morrison, Chs. 8-10 • DSM-IV-TR Mental Status Exam <p>Group Presentation 2:</p>
Week 6: Feb. 12	<p>Mood Disorders Readings:</p> <ul style="list-style-type: none"> • Morrison, Ch.11 • Patterson et al., Ch.3 • Danner, C.C., Robinson, B.E., Striepe, M.I., & Rhodes, P.F.Y. (2007). Running from the demon: Culturally specific group therapy for depressed Hmong women in a family medicine residency clinic. • DSM-IV-TR Mood Disorders <p>Group Presentation 3:</p>
Week 7: Feb. 19	<p>Anxiety Disorders, Stress Readings:</p> <ul style="list-style-type: none"> • Morrison, Ch. 12 • Patterson et al., Ch.4 • DSM-IV-TR Anxiety Disorders <p>Group Presentation 4:</p>
Week 8: Feb. 26	No Class – Lobby Day (Warner & Mercer U.)
***Feb. 28	Last day to withdraw online
Week 9: Mar. 5	<p>*****Midterm Exam*****</p> <p>Brief Lecture: Delirium, Dementia, & Other Cognitive Disorders Readings:</p> <ul style="list-style-type: none"> • Morrison, Ch.14 • Patterson et al., Ch.6 • DSM-IV-TR Dementia & Other Cognitive Disorders
Week 10: Mar. 12	<p>Schizophrenia & Other Psychoses Readings:</p> <ul style="list-style-type: none"> • Morrison, Ch. 13 • Patterson et al., Ch. 5 • White, M. (1987). Family therapy & schizophrenia

	<ul style="list-style-type: none"> • Harper, D.J. (2011). Social inequality & the diagnosis of paranoia • DSM-IV-TR Schizophrenia & Other Psychoses <p>Group Presentation 5:</p>
Week 11: Mar. 19	No Class – Spring Break
Week 12: Mar. 26	<p>Childhood Onset Disorders: ADHD & Autism Spectrum Disorders</p> <p>Readings:</p> <ul style="list-style-type: none"> • Patterson et al., p.184 – 190 • DSM-IV-TR ADHD & Autism Spectrum Disorders • Articles on Blackboard <p>Group Presentation 6:</p>
Week 13: April 2	<p>Eating Disorders, Sleep Disorders, & Somatoform Disorders</p> <p>Readings:</p> <ul style="list-style-type: none"> • Morrison, Ch.7 • Patterson et al., P. 168 – 170, 172 – 177 • DSM-IV-TR Eating Disorders, Sleep Disorders, & Somatoform Disorders <p>Group Presentation 7: Riece & Lindsay</p>
Week 14: April 9	<p>Substance Related Disorders, Personality Disorders, & Gender Identity Disorder</p> <p>Balancing Medical Model & Systemic Thought</p> <p>Readings:</p> <ul style="list-style-type: none"> • Morrison, Ch.15 & 16 • Patterson et al., Ch. 7 & pp. 197-202 • DSM-IV-TR Substance Related Disorders, Personality Disorders, & Gender Identity Disorder • Keith, D. (2003). Biometaphorical psychiatry: Family therapy and the poetics of experience. In P. Prosky & D.V. Keith (Eds.), <i>Family therapy as an alternative to medication: An appraisal of pharmland.</i> <p>Group Presentation 8:</p>
Week 15: April 16	<p>Adjustment Disorders, Factitious Disorders, & Dissociative Disorders</p> <p>Balancing Medical Model & Systemic Thought</p> <p>Readings:</p> <ul style="list-style-type: none"> • DSM-IV-TR Adjustment Disorder, Factitious Disorder, & Dissociative Disorders • Schaefer, P. (2003). Medicating the ghost and the machine. In P. Prosky & D.V. Keith (Eds.), <i>Family therapy as an alternative to medication: An appraisal of pharmland.</i> <p>Group Presentation 9: Liz, Donteia, & Jennifer</p>
Week 16: April 23	Final Exam