

# PSY 503 Abnormal Psychology and Developmental Psychopathology COURSE SYLLABUS: Spring 2016

Instructor: Dr. Valerie Weed

Office Location:

**Office Hours:** Thursday 7-8 PM

Office Phone: Office Fax:

University Email Address: Valerie.Weed@tamuc.edu

Preferred Form of Communication: email Communication Response Time: 24-48 hours

#### **COURSE INFORMATION**

#### Materials - Textbooks, Readings, Supplementary Readings

## Textbook(s) Required

Craighead, W. E., Miklowitz, D. J., & Craighead, L. W. (2013). Psychopathology: History, diagnosis, and empirical foundations (Second Edition). Hoboken, N.J: John Wiley & Sons.

American Psychiatric Association. (2013) Diagnostic and statistical manual of mental disorders. (5th ed.) Washington, DC: Author. [DSM-5]

#### **Optional**

Cahalan, S. (2013). Brain on fire: My month of madness. Simon & Schuster, New York

## **Course Description**

The course is oriented to the social-biological origins and dynamics of psychopathology in adults and children including developmental disorders. This course will consist of lecture, discussion groups, student presentations, and other active learning exercises. Since much of the time will be spent in discussion, it is critical that students read assigned material before class so that all students will be able to participate in the learning process.

## **Course Objectives**

- 1. The student will understand and use the DSM-5, recognizing and articulating both the advantages and the limits of such a system by reviewing and diagnosing case studies.
- 2. The student will be an active and engaged participant in discussions by analyzing and evaluating information presented within the textbook, external readings/resources, presentations, and class activities.
- 3. The student will identify, define, and describe the basic forms of psychopathology as they are currently understood, addressing etiology, biology, behavior, cognition, affect, and diagnostic criteria, as each is pertinent to a given condition through a presentation of the review of relevant research.
- 4. The student will describe a fundamental psychological approach to the assessment of psychopathological conditions, with biosocial qualifications as needed through case studies and class discussions.
- 5. The student will describe and analyze the basic models and evidenced based practices currently involved in treatment of persons manifesting the several forms of psychopathology discussed through weekly student presentations.
- 6. Students will also gain knowledge of biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social—emotional functioning and mental health via research of current literature and practical resources.

#### **Links to NASP Model 10 Domains of Practice**

2.4: Interventions and Mental Health Services to Develop Social and Life Skills: You will gain knowledge of biological, cultural, developmental, and social influences on behavior and mental health, behavioral and emotional impacts on learning and life skills, and evidence-based strategies to promote social—emotional functioning and mental health.

## **CMHC Learning Objectives**

- C2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders
- C4. Knows the disease concept and etiology of addiction and co-occurring disorders
- G1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans

- G2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and pyschoeducational and personality assessments
- H2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management
- K1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- K2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care
- K3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders
- K5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event
- L1. Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments
- L2. Is able to conceptualize an accurate diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals

# **COURSE REQUIREMENTS**

# **Course Activities & Assignments:**

# Clinical Symptoms Investigations (10 pts each)

Three times during the semester (see schedule) you will be given case studies to diagnose for homework. An example will be provided in the class and CSI #1 will be a practice trial that will allow you to gain feedback on your clinical considerations as well as writing. The other one will be graded according to the rubric below. Within your diagnostic paragraph(s), include a brief rationale for the diagnosis you gave. As part of the rationale include a list of the symptoms you positively endorsed for the diagnosis you gave. You should also explain why you didn't give a diagnosis if you were considering it. It is possible that a case may have more than one diagnosis. It is also possible that a case may not need to be diagnosed with anything. You will be graded on accuracy of diagnosis (and your rationale can be used to argue any grey areas). All CSIs will be due at 11:59 pm on Ecollege the day of class. You can work with each other, but your submitted assignment must be actually written by just you (you each have to write the assignment on your own).

Criterion	Points
Introductory Sentence	1 0
Discussion of symptomology and evidence of symptoms provided through documentation of assessment results, interview, or self report; including discussion of diagnoses considered but not assigned	5 4 3 2 1 0
Concluding Sentence	1 0
Diagnostic label including correct code	3 2 1 0

#### Midterm Exam (50 pts)

Each student will complete a written mid-term exam. The format of the exams will include multiple choice questions, short answer, and essays. The midterm is a take home exam, therefore it will be an open book exam and open note; you may consult course materials and readings.

#### Case Study Role Play (50 pts)

During one week you and partner will present your interview experience and case study for class discussion. You and your partner will both be assigned a mental health disorder (For example, someone assigned Major Depressive

Disorder). You will be required to study the symptoms of your assigned "case" to share during an intake interview. You will **NOT** share your assigned disorder with your partner (For example, you do not tell them you are

experiencing Major Depressive Disorder, but you discuss various symptoms and signs related your assigned case during a mock intake interview). The objective of the assignment is to 1) learn more about the symptoms related to your disorder and 2) better develop interviewing and intake skills. Therefore, each person will take turns playing the client and the therapist/evaluator. You will use an Intake Interview form provided by me and interview each other in class (see course schedule for intake interview dates).

Once you have completed the interview, you will talk with the class in a conversational tone for about **15-20 minutes**. The presentation format will be similar to group supervision where you are sharing the information with your peers, be sure to include the following areas:

- 1. Age, gender, family structure, brief family history
- 2. Summary of Interview
- 3. Primary diagnoses to consider based on interview
- 4. Brief review of 1 good research study (1 paragraph), which helped guide your recommendations for an evidenced-based treatment. Choose an experimental study (either single-case research design or group
- design) in which they examined a type of treatment for the diagnosis you considered.
- 5. Discuss your recommendation for treatment based on the information from the interview.

In a cheap folder, turn in your report (written in the style of a psychological report an example will be on eCollege), the interview form, and the article the day of your presentation.

RUBRIC	
Excellent (Scale 45-50)	Great analysis of interview; Includes all 5 areas of content in handout and report; Shows strong critical thinking; well written and organized; no or very few grammatical or spelling errors.
Good/Acceptable (Scale 40-44)	Good or some analysis of interview; Includes 4 areas of content in handout and report; Shows some elements of critical thinking, however not to great depth; clearly written and organized with few grammatical or spelling errors
Poor (Scale 39-0)	Exclusive focus on description of content covered in the interview in handout and report; Includes 3 or less areas of content; Shows little to no critical thinking, analysis or reflection; readable, but grammatical, spelling, or organizational problems detract from quality of the handout

#### Final Project: Research Poster (100 pts)

For your research poster topic you may choose to explore any DSM disorder from a list provided the first day of class. The poster should focus on the Definition, Etiology, Developmental Psychopathology Conceptualization (i.e. risks, promotive factors, timing), and Treatment or Interventions available for the disorder you have chosen. You must submit your chosen topic by the 2nd day of class. You will also provide an electronic 1-2 page handout with the information from your poster that includes your references to share with classmates via doc sharing.

- I. Follow these guidelines for section headings on you poster. Use the 6th edition of the APA manual. The goal of the review is to organize, integrate, and evaluate previous research (empirical, qualitative, and theoretical) on one of the topics above in order to provide a particular problem or issue. The poster should have the following sections:
- A. Introduction & Statement of Problem
  - 1. In your introduction, accurately delineate the research topic.
  - 2. Why are you doing the poster? The purpose of this poster is to learn more about X.
- B. Definition of Disorder
- C. Development of Disorder
  - 1. Etiology onset, prevalence
  - 2. Risk Factors
  - 3. Proposed Pathway of Development
- D. Interventions and/or Treatments
- E. References

The majority of your information may come from the DSM, however the poster should incorporate at least 2 research articles focused on the treatment of the disorder—that should be relatively recent (2000 and later). In addition to articles you may use empirically based books (other than your textbook), which focus on the treatment of mental disorders. Your poster should be written in APA style. To complete this assignment successfully you will need to become proficient in using search databases (such as PsychInfo, Web of Science, and Medline) and interlibrary loan procedures for getting journal articles. Please consult with me or with the reference librarian to learn more about these resources.

Posters will be presented the last week of class, students may choose to print the poster in a banner format from Kinkos or they may print and post individuals PowerPoint slides to a Tri-Fold Presenter Board. Templates will be provided in class.

Quality	Overall Presentation	Definitions	Developmental	Literature	Overall
Level	(20 points)	(20 points)	Psychopathology	Review Discussion	Presentation
			Conceptualization	(20 points)	(20 points)
			(20 points)		
Outstanding	Exceptional poster	Clearly defined	Clearly conceptualized	Thoroughly and	Includes a complete
	from beginning to	the disorder or	problem from a	concisely discusses	reference page. No
(19-20)	end. Interesting topic	problem area and	developmental	the important and	formatting or APA
	and creative approach.	clearly identifies	psychopathology	recent literature on	citation errors on
	Outstanding intro and	any strengths	perspective (risks,	your topic including	the reference page
	conclusion. All	and limitations	promotive factors,	detailed review or 2	or in-text citations
	sections of the poster	of your	timing) articulating	or more key studies.	on the poster.
	are represented	definition	how the disorder or		
			problem area emerges		
Good	Solid poster from	Clearly defined	Clear conceptualization	Thorough, concise,	Includes reference
	beginning to end.	the disorder or	but missing a few	and recent review;	page, some APA
(18)	Well-presented. Good	problem area but	details. Still shows	missing one or two	formatting or
	intro and conclusion.	does not fully	understanding of key	details in the	citation errors either
	Some sections of the	consider limits.	constructs of dev. psych	discussion.	in text or in the
	poster are represented,		approach.		references
	only missing one or				
	two.	D 6 1.1			3.6 to 1. 4 D.4
Adequate	Good poster from	Defined the	Describes a	A few omissions in	Multiple APA
	beginning to end.	disorder or	developmental	describing the	formatting or
(17)	Intro and conclusion	problem area but	perspective but missing	studies. Draws some	citation errors in the
	could use some minor	lacks specificity	details or shows lapses	connections between	text and references
	adjustments. Multiple	and does not	in understanding key	studies but may lack	page.
	sections of the poster	fully consider	constructs.	some logical	
	are missing.	limits of the definition.		connection in the discussion.	
Inadequate	Unacceptable	Unclear	Vague	Several omissions in	Several distracting
inadequate	scholarly writing;	definition of	conceptualization,	study descriptions	APA
(1.10)	contains several lapses	disorder or	missing major details,	and critique. Unclear	formatting/citation
(1- 16)	in organization	missing a few	and/or major lapses in	connections between	errors.
	iii organization	major details	understanding key	chosen studies and	Citors.
	Dootson manda	including not	constructs.	the topic.	N C
	Poster needs	considering	constructs.	the topic.	No references or
	substantial revisions.	limitations.			citations included
		minutations.			on the poster.

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#### Participation (10 pts)

Thoughtful, critical analysis of course content is essential to your development as a clinician. I want you to think deeply and critically about the ideas we will be addressing in this course and share them in class.

10 points	8-9 Points	5-7 Points	0-4 Points
Attends all classes* from start to finish; Strong idea generator and/or facilitator in class activities	Absent*, Late to, or Left Early from 1 class; Actively contributes to activities and group dynamics	Absent*, Late to, or Left Early from 2 classes; Often passive in class activities but makes some contributions	Absent*, Late to, or Left Early from more than 2 classes; Often not engaged in activities and/or distracts from group process

<sup>\*</sup>Absences may be excused by the instructor in special circumstances. Excused absences should be minimized. An excessive number of excused absences could result in an incomplete grade for this class. Please be proactive in discussing "special circumstances" for excused absences with me. Do NOT assume that absences will be automatically excused. (See more information regarding attendance below).

#### **Extra Credit**

# Brain on Fire Autobiographical Review (20 pts)

The goal of this assignment is obtain a different perspective of the biological, psychological, social, and environmental influences in mental illness and it's development. You will read Brain on Fire and then write a paper (2-3 pages) that discussing the following (a) what does the book reveal about our way of thinking about mental illness? (b) what does the story suggest about the relationship between psychology and neurology and what you have learned about psychopathology in this course? (c) how did your thoughts, feelings, and opinions change throughout the story?

RUBRIC	
Excellent	Great analysis of and reflection on content covered in the book; Includes
(Scale 19-20)	all 3 areas of reflection; Shows strong critical thinking; well written and
	organized; no or very few grammatical or spelling errors
Good/Acceptable	Good some analysis of and reflection on content learned in the book;
(Scale 17-18)	Includes 2 areas of reflection; Shows some elements of critical thinking,
	however not to great depth; clearly written and organized with few
	grammatical or spelling errors
Poor	Exclusive focus on description of content covered in the book; Includes 1
(Scale 16-0)	or less areas of reflection; Shows little to no critical thinking, analysis or
	reflection; readable, but grammatical, spelling, or organizational problems
	detract from quality of the paper

#### GRADING

Final grades will be calculated based on the total number of points obtained for the assignments.

Assignment	<b>Points Possible</b>
Case Studies (10 x 2 pts)	20
Research Poster	100
Applied Case Study	50
Midterm	50
Participation	10
Total Points Possible	230

Final grades in this course will be based on the following scale:

A = 90%-100%

B = 80% - 89%

C = 70% - 79%

D = 60% - 69%

F = 59% or Below

<u>Late Work</u>: It is very important that you complete every assignment. You may submit late assignments to me with no penalty <u>if</u> you have a documented University excuse (death in the family, serious accident/injury, or medical emergency). If you do not have a documented University excuse however, <u>points will be deducted for each day the assignment is late</u>. This means that if you will not be in class, your assignment is still due at the end of the class period noted so you will need to find a way to get me your assignment prior to the end of class (e.g., email). The number of points deducted for each day the assignment is late is equal to one letter grade. For example, if an assignment is worth 100 points and it is submitted a day late, the maximum number of points you can earn is 89.

#### **Guidelines for Written Work**

Papers should be typed and double-spaced, using APA style when citing sources within text as well as in preparing the reference list. Refer to the publication manual for specific guidelines

American Psychological Association. (2009). Publication manual of the American Psychological Association (6th ed.) Washington, D.C.: Author

#### **Assessments**

Grade explanation by assessment type (percentage or points toward final grade)

# **TECHNOLOGY REQUIREMENTS**

The following information has been provided to assist you in preparing to use technology successfully in this course.

- Internet access/connection high speed recommended (not dial-up)
- Word Processor (i.e. MS Word or Word Perfect)
- Additionally, the following hardware and software are necessary to use eCollege:

Our campus is optimized to work in a Microsoft Windows environment. This means our courses work best if you are using a Windows operating system (XP or newer) and a recent version of Microsoft Internet Explorer (6.0, 7.0, or 8.0).

Your courses will also work with Macintosh OS X along with a recent version of Safari 2.0 or better. Along with Internet Explorer and Safari, eCollege also supports the Firefox browser (3.0) on both Windows and Mac operating systems.

It is strongly recommended that you perform a "Browser Test" prior to the start of your course. To launch a browser test, login in to eCollege, click on the 'myCourses' tab, and then select the "Browser Test" link under Support Services.

<u>eCollege Access and Log in Information:</u> This course will be facilitated using eCollege, the Learning Management System used by Texas A&M University-Commerce. To get started with the course, go to: https://leo.tamuc.edu. You will need your CWID and password to log in to the course. If you do not know your CWID or have forgotten your password, contact Technology Services at 903.468.6000 or helpdesk@tamu-commerce.edu.

# COURSE AND UNIVERSITY PROCEDURES

## **Course Specific Procedures**

#### Attendance, Tardiness, & Leaving Class Early

Students are expected to attend class as scheduled. Attendance is mandatory and excused absences may be allowed in extreme circumstances. However, the instructor will consider this on a case-by-case basis. If you do have to be absent from class due to extreme circumstances please be prepared to provide adequate documentation upon

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your return to class. In addition to attendance, being prompt for class is important. Students that are excessively late can be disruptive to the learning of other students. Please make an effort to be in class on time. Any student who is late 30 minutes or more will be counted as absent. You are more than welcomed to come to class if you are late but the same penalties for being absent will apply. Finally, leaving class early can be a major distraction for the instructor and your classmates. If you have to leave early for class please inform the instructor at the start of class but this does not guarantee full credit for assignments to be done in class on that day. Also, leaving class early can have similar consequences as coming to class late.

#### **Professional Conduct**

Students are expected to conduct themselves as mature and responsible adults while enrolled in this course. Be cognizant that side conversations in class can be distracting to the instructor and your classmates. Please show respect for others when they speak. Behavior meant to demean or belittle a class member will not be tolerated. Also, student behavior that interferes with an instructor's ability to conduct a class or other students' opportunity to learn is unacceptable and disruptive and will not be tolerated in any instructional forum at TAMUC. Students engaging in unacceptable behavior will be directed to leave the classroom and the instructor will seek the assistance from the proper authorities (e.g. Chair of Psychology, Counseling, & Special Education, Dean's Office). Finally, please turn off all phones or put them on silent. Laptops are permitted in class but should be used to enhance learning. Students should not use them for checking email or posting messages on Facebook, Twitter, or other social networks (the same with cell phones). If students are found to be using laptops or cell phones for purposes not related to class the instructor will ask the student to reframe from using their laptops/cell phones during class.

#### Leo Mail and eCollege

All Students should activate and regularly check their Leo Mail (e-mail account) and eCollege accounts associated with this class. All assignments will be turned in on eCollege (when applicable) unless otherwise instructed to do something differently by the instructor of this course. All class communication will be done through Leo Mail/eCollge. **I WILL NOT** send communication about the class to personal email accounts. When emailing please put the Course Number in the Subject Line of the Email, for example PSY 503: Question about Midterm. All emails will be returned in 24-48 hours unless I notify you otherwise.

#### Academic Integrity

All students are expected to conform to the Texas A&M University-Commerce's Code of Student Conducted Procedures as it relates to academic integrity. This states in part that all instances of cheating, fabrication and plagiarism are prohibited and will be reported. Any student who assists in any form of dishonesty is equally as guilty as the student who accepts such assistance. Any work submitted to me with your name alone on it should represent your work alone. Even in the event you are assigned group projects

each student is still expected to complete their own part of the assignment. To the extent that others contribute ideas, suggestions, they must be directly credited by name (and fully cited as appropriate). Disciplinary action will be taken against any student found in violation of the Code, which may include failure of the given assignment, failure in the course, and possible expulsion from the University.

#### **University Procedures**

#### **Students with Disabilities**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

Office of Student Disability Resources and Services Texas A&M University-Commerce Phone (903) 886-5150 or (903) 886-5835, StudentDisabilityServices@tamuc.edu Gee Library, Room 132 Fax (903) 468-8148

## Student Conduct

All students enrolled at the University shall follow the tenets of common decency and acceptable behavior conducive to a positive learning environment. A&M-Commerce will comply in the classroom, and in online courses, with all federal and state laws prohibiting discrimination and related retaliation on the basis of race, color, religion, sex, national origin, disability, age, genetic information or veteran status. Further, an environment free from discrimination on the basis of sexual orientation, gender identity, or gender expression will be maintained.

# Non-smoking Policy

Procedure 34.05.99.R1 now prohibits the use of vapor/electronic cigarettes, smokeless tobacco, snuff and chewing tobacco inside and adjacent to any building owned, leased, or operated by A&M – Commerce

#### **Nondiscrimination Notice**

Texas A&M University-Commerce will comply in the classroom, and in online courses, with all federal and state laws prohibiting discrimination and related retaliation on the basis of race, color, religion, sex, national origin, disability, age, genetic information or veteran status. Further, an environment free from discrimination on the basis of sexual orientation, gender identity, or gender expression will be maintained.

# **COURSE OUTLINE / CALENDAR**

# **Spring 2016 Course Schedule PSY 503 (Subject to Change)**

Introduction to Course and DSM-5 5,Developmental Psychopathology, Evidence Based Interventions (EBIs), Assessment: Mental Status Exam & Clinical Interview Examples  1/21 Nassessment: Mental Status Exam & Clinical Interview Examples  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism) Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  2/4 Disruptive, Impulse-Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  2/25 Anxiety Disorders  3/3 Anxiety Disorders  Obsessive Compulsive  Obsessive Compulsive  Obsessive Compulsive Observations & 2  Craighead et al., Chapter 1 & 2 2  Scavenger Hunt  Mental Status Exam & Clinical Interview Examples  Assign Case Study  Presentations & Poster Topics  CSI Example  CSI # 1  assigned  CSI # 1  assigned  CSI # 1  DSM-5 (pp. 31-66)  DSM-5 (pp. 31-66)  DSM-5 (pp. 31-66)  DSM-5 (pp. 31-66)  DSM-5 (461-480)  CSI # 1 due  CSI # 1  Assigned  CSI # 2  Assigned  CSI # 3  C	Date	Topic	Readings	In-Class	Assignments
Course and DSM- 5,Developmental Psychopathology,  Evidence Based Interventions (EBIs),  Assessment: Mental Status Exam & Clinical Interviews  Exam & Clinical Interviews  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse- Control, and Conduct Disorders (Depression, Bipolar and Related Disorders  2/18  Anxiety Disorders  Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222- 226, 202-208)  Craighead et al. Chapter 3 & Compulsive Disorders & Dosm-5 (pp. 242-247, 338-  Craighead et al. Chapter 3 & Compulsive Disorders & Dosm-5 (pp. 242-247, 338-				Activities	Due
5,Developmental Psychopathology,  Evidence Based Interventions (EBIs),  Assessment: Mental Status Exam & Clinical Interview Examples  Assign Case Study  Presentations & Poster Topics  Assign Case Study  Presentations & Poster Topics  CSI Example  1/28 Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse-Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  2/18 Anxiety Disorders  3/3 Anxiety Disorders  Obsessive Compulsive Disorders & Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222-226, 202-208)  Compulsive Disorders & DSM-5 (pp. 242-247, 338-  DSM-5 (pp. 242-247, 338-					
Psychopathology, Evidence Based Interventions (EBIs), Assessment: Mental Status Exam & Clinical Interviews Examples  Assign Case Study Presentations & Poster Topics  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism) Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism) DSM-5 (pp. 31-66)  Disruptive, Impulse-Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive 3/10 Obsessive Compulsive 3/10 DSM-5 (pp. 242-247, 338-			& 2	_	
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Evidence Based Interventions (EBIs),		Psychopathology,	DSM-5 (Preface and Section I		
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Assessment: Mental Status Exam & Clinical Interviews  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  DSM-5 (pp. 31-66)  Disruptive, Impulse- Control, and Conduct Disorders (Depression, Bipolar and Related Disorders (Dosessive Compulsive  Obsessive Compulsive  Jimulse- Conduct Disorders (Craighead et al. Chapter 4 DSM-5 (pp. 242-247, 338- Disorders & DSM-5 (pp. 242-247, 338-	1/21				
Mental Status Exam & Clinical Interviews  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse- Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  Z/28  Anxiety Disorders  Obsessive Compulsive 3/10  Obsessive Compulsive 3/10  Disorders & DSM-5 (pp. 123-188)  Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222- 226, 202-208)  Craighead et al. Chapter 3 & CSI #2 Assigned  CSI #2 DSM-5 (pp. 247-251, 222- 226, 202-208)  CSI #2 DSM-5 (pp. 247-251, 222- 226, 202-208)  Craighead et al. Chapter 3 & CSI #2 DSM-5 (pp. 242-247, 338-	_,	(EBIs),		Examples	
Exam & Clinical Interviews  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disorders (ID, LD, ADHD, Autism)  Disruptive, Autism)  Disruptive, Impulse-Control, and Conduct Disorders (IDepression, Bipolar and Related Disorders)  2/18  Anxiety Disorders  Obsessive Compulsive  Obsessive Compulsive  Jin 13 & 14  CSI # 1  Assigned  CSI #1 due  CSI #2  Assigned  CSI #2  Assigned  CSI #2  Assigned  CSI #2  CSI #2  CSI #2  CSI #2  CSI #2  Assigned  CSI #2  CSI		Assessment:		Assign Case	
Interviews  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse-Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  2/18  Anxiety Disorders  Obsessive Compulsive  Obsessive Compulsive  3/10  Neurodevelopmen tal, 13 & 14  DSM-5 (pp. 31-66)  Mash & Barkley Chapters 2, 11, 13 & 14  (Esollege)  CSI #1  CSI #1  assigned  CSI #1 due  CSI #2  Assigned  CSI #2  Assigned  CSI #2  Assigned  CSI #2  Assigned  CSI #2  CSI #2  CSI #2  Assigned  CSI #2  CSI #2  CSI #2  Assigned  CSI #2 due  Craighead et al. Chapter 4  DSM-5 (pp. 123-188)  CSI #2 due		Mental Status		Study	
Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse-Control, and Conduct Disorders  (Depression, Bipolar and Related Disorders)  2/18  Anxiety Disorders  Obsessive Compulsive Toisorders & Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222-226, 202-208)  Obsessive Compulsive Toisorders & Craighead et al. Chapter 3 & CSI #2 August 247-251, 222-226, 202-208)  Obsessive Compulsive Toisorders & DSM-5 (pp. 242-247, 338-		Exam & Clinical			
Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse-Control, and Conduct Disorders  (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222-226, 202-208)  Obsessive Compulsive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222-226, 202-208)  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned  Obsessive Craighead et al. Chapter 3 & CSI #2 Assigned		Interviews		Presentations &	
1/28       tal Disorders (ID, LD, ADHD, Autism)       11, 13 & 14       CSI # 1 assigned         2/4       Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)       Mash & Barkley Chapters 2, 11, 13 & 14       CSI # 1 due         2/11       Disruptive, Autism)       DSM-5 (pp. 31-66)       CSI #1 due         2/11       Disruptive, Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)       DSM-5 (461-480)       CSI #2 Assigned         2/18       Anxiety Disorders       DSM-5 (pp. 123-188)       CSI #2 due         3/3       CSI #2 due       CSI #2 due         Obsessive Compulsive Disorders & DSM-5 (pp. 247-251, 222-226, 202-208)       Craighead et al. Chapter 3 & CSI #2 Assigned         3/10       Disorders & DSM-5 (pp. 242-247, 338-				Poster Topics	
CSI # 1   assigned   Autism   DSM-5 (pp. 31-66)   assigned		Neurodevelopmen	Mash & Barkley Chapters 2,	CSI Example	
Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  DSM-5 (pp. 31-66)  Disruptive, Impulse-Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  2/18  Anxiety Disorders  Obsessive Compulsive Toilor and Compulsive Disorders & DSM-5 (pp. 123-188)  Obsessive Compulsive Toilor and Compulsive Disorders & DSM-5 (pp. 247-251, 222-226, 202-208)  Obsessive Compulsive Toilor and Conduct Disorders & DSM-5 (pp. 242-247, 338-	1/28	tal Disorders	11, 13 & 14		
Neurodevelopmen tal Disorders (ID, LD, ADHD, Autism)  Disruptive, Impulse-Control, and Conduct Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive  Obsessive Compulsive  All Disorders & DSM-5 (pp. 123-188)  Nash & Barkley Chapter 3 (Ecollege)  CSI #1 due  CSI #1 due  CSI #1 due  CSI #1 due  CSI #2 Assigned  CSI #2 Assigned  CSI #2 Assigned  CSI #2 due  CSI #2 due	1/20	(ID, LD, ADHD,		CSI # 1	
tal Disorders (ID, LD, ADHD, Autism)  DSM-5 (pp. 31-66)  Disruptive, Impulse-Control, and Conduct Disorders  Mood Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive  Jin 13 & 14  DSM-5 (pp. 31-66)  Mash & Barkley Chapter 3 (Ecollege)  Craighead et al. Chapter 8,9 & 10  CSI #2  Assigned  CSI #2  CSI #2  Assigned  CSI #2  CSI #2  Assigned  Craighead et al. Chapter 4  DSM-5 (pp. 123-188)  CCSI #2 due  CSI #2 due  CSI #2 due		,		assigned	
2/11 (ID, LD, ADHD, Autism) DSM-5 (pp. 31-66)  2/11 Disruptive, Impulse- (Ecollege) Control, and Conduct Disorders  2/18 Mood Disorders (Depression, Bipolar and Related Disorders)  2/25 Anxiety Disorders  Obsessive Compulsive Compulsive Control, and (Ecollege) Craighead et al. Chapter 8,9 CSI #2 Assigned  CSI #2 Assigned  CSI #2 Assigned  CSI #2 Assigned  CSI #2 due  CSI #2 due  CSI #2 due  CSI #2 due		· ·	I		
Autism) DSM-5 (pp. 31-66)  Disruptive, Impulse- Control, and Conduct Disorders  Mood Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Craighead et al. Chapter 4 DSM-5 (pp. 123-188)  CSI #1 due  CSI #1 due  CSI #1 due  CSI #1 due  CSI #2 Assigned  CSI #2 Assigned  CSI #2 Assigned  CSI #2 due  CSI #2 due  CSI #2 due  CSI #2 due	2/4		11, 13 & 14		
Disruptive, Impulse- Control, and Conduct Disorders  2/18  Mash & Barkley Chapter 3 (Ecollege)  DSM-5 (461-480)  Craighead et al. Chapter 8,9 (Depression, Bipolar and Related Disorders)  DSM-5 (pp. 123-188)  CSI #1 due  CSI #2  Assigned  CSI #2 due	2/4	=			
Impulse- Control, and Conduct Disorders  Mood Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive Jisorders &  DSM-5 (461-480)  Craighead et al. Chapter 8,9 & 10  CSI #2 Assigned  CSI #2 CSI #2 Assigned  CSI #2 due  CSI #2 due					
Control, and Conduct Disorders  Mood Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive  Jin Disorders (Depression, Bipolar and Related Disorders)  Craighead et al. Chapter 4 DSM-5 (pp. 123-188)  CSI #2 Assigned  CSI #2 Assigned  CSI #2 due  CSI #2 due  CSI #2 due  CSI #2 due		• •	· · ·		CSI #1 due
Conduct Disorders  Mood Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Compulsive Tobsessive Compulsive Tobsessive Conduct Disorders  DSM-5 (461-480)  Craighead et al. Chapter 8,9 Assigned  CSI #2 Assigned  CSI #2 Assigned  CSI #2 due	2/11	•	(Ecollege)		
Mood Disorders (Depression, Bipolar and Related Disorders)  Anxiety Disorders  Obsessive Craighead et al. Chapter 4 Compulsive Jisorders & DSM-5 (pp. 123-188)  Craighead et al. Chapter 4 DSM-5 (pp. 247-251, 222-226, 202-208)  Craighead et al. Chapter 3 & Compulsive Tompulsive Tompulsiv	_,	-	501.5 (101.100)		
2/18   (Depression, Bipolar and Related Disorders)   DSM-5 (pp. 123-188)     2/25     CSI #2 due     3/3   Anxiety Disorders   Craighead et al. Chapter 4   DSM-5 (pp. 247-251, 222-226, 202-208)     Obsessive Craighead et al. Chapter 3 & Compulsive   7   Disorders & DSM- 5 (pp. 242-247, 338-				007 #0	
Bipolar and Related Disorders   DSM-5 (pp. 123-188)					
DSM-5 (pp. 123-188)   CSI #2 due	2/18		& 10	Assigned	
CSI #2 due   CSI #2 due   Anxiety Disorders   Craighead et al. Chapter 4   DSM-5 (pp. 247-251, 222-226, 202-208)   Obsessive   Craighead et al. Chapter 3 & Compulsive   7   Disorders & DSM- 5 (pp. 242-247, 338-	_	•	DCM F (== 122 100)		
Anxiety Disorders	2/25	Related Disorders)	DSM-3 (pp. 123-166)		CST #2 due
3/3 DSM-5 (pp. 247-251, 222- 226, 202-208)  Obsessive Craighead et al. Chapter 3 & Compulsive 7  3/10 Disorders & DSM- 5 (pp. 242-247, 338-	2/23	Anviety Disorders	Craighead et al Chanter 1		CSI #Z due
226, 202-208)  Obsessive Craighead et al. Chapter 3 & Compulsive 7  3/10 Disorders & DSM- 5 (pp. 242-247, 338-	3/3	Allkiety Disorders			
Obsessive Craighead et al. Chapter 3 & Compulsive 7 3/10 Disorders & DSM- 5 (pp. 242-247, 338-	3/3		, , ,		
Compulsive 7 3/10 Disorders & DSM- 5 (pp. 242-247, 338-		Ohsessive			
3/10 Disorders & DSM- 5 (pp. 242-247, 338-					
, , , , , , , , , , , , , , , , , , , ,	3/10		·		
Trauma 354)	3,10		1		
Related Disorders			331)		
3/17 Midterm – Opens Thurs, 3/17 at 8 am and closes at 3/17 at 11:59 pm on Ecollege	3/17		hurs, 3/17 at 8 am and closes	at 3/17 at 11:59	nm on Ecollege
	3/24		• •	•	•

3/31	Feeding, Eating, & Sleep Disorders	Craighead et al. Chapter 12 & 13 DSM- 5 (pp. 242-247, 338- 354)		Poster References Due on Ecollege	
4/7	Substance Abuse and Sexual Dysfunctions	Craighead et al. Chapter 15 & 17 DSM- 5 (pp. 423-443, 481- 503)	Student Presentations		
4/14	Personality Disorders	Craighead et al. Chapter 14  Mash & Barkley Chapter 18 (Ecollege)  DSM- 5 (pp. 645-694)	Student Presentations		
4/21	Psychosis & Schizophrenia	Craighead et al. Chapter 11  DSM - 5 (pp. 87-123)	Student Presentations	Autobiography Reflection Due on Ecollege  Brain on Fire Due on Ecollege	
•				Electronic Handouts for Poster Due on Ecollege by 4/25 at 11:59 pm	
4/28	Final Project: Research Poster Presentations				
5/6	Last day of Spring classes				