



## SYLLABUS

**EDSR 6319 Psychopathology**  
**SEMESTER: Fall 2024**

**PROFESSOR:** [Dr. Samuel Garcia, LPC-S](#)

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**OFFICE HOURS:** Wednesday 4:30 p.m.-9:30 p.m. & Saturday 08:00-1:00 p.m.

**PLEASE CALL or EMAIL TO MAKE AN APPOINTMENT FOR IN-PERSON APPOINTMENTS:**

**Master of Education Counseling Program:** [Clinical Mental Health Counseling](#)  
[School Counseling](#)

**Program Coordinator:** [Mrs. Ronda Hayes, CSC, LPCS](#)

**Chair of the Education Department:** [Dr. Bradley Carpenter](#)

**Dean of College of Education and Professional Studies:** [Dr. Barbara Tucker](#)

**Provost:** [Dr. Bernardo Canteñes](#)

**President:** [Dr. Carlos Hernandez](#)

### **Required Text:**

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders: DSM-5 TR* (5<sup>th</sup> ed. Revision). Washington, DC: American Psychiatric Association.  
[ISBN -13: 978-0890425763]

### **Recommended Texts:**

American Psychological Association. (2019). *Publication manual of the American Psychological Association* (7<sup>th</sup> ed.). Washington, DC: American Psychological Association.  
[ISBN-13: 978-1433832161]

**Recommended Website: (Drugs.com)**

SSRIs - <https://www.drugs.com/drug-class/ssri-antidepressants.html>  
SNRIs - <https://www.drugs.com/drug-class/ssnri-antidepressants.html>  
Anti-Psychotics - <https://www.drugs.com/drug-class/atypical-antipsychotics.html>  
Anxiolytics - <https://www.drugs.com/drug-class/anxiolytics-sedatives-and-hypnotics.html>  
MAOs - <https://www.drugs.com/drug-class/monoamine-oxidase-inhibitors.html>  
Tricyclics - <https://www.drugs.com/drug-class/tricyclic-antidepressants.html>  
Anti-Seizure - <https://www.drugs.com/condition/seizures.html>  
Anti-Insomnia - <https://www.drugs.com/condition/insomnia.html>

**Course Prerequisites:**

*None.*

**Course Purpose:**

This course will investigate abnormal behavior as defined by the *Diagnostic and Statistical Manual of Mental Disorders*. Topics include disorders of infancy, childhood, and adolescence; delirium, dementia, and amnesic and other cognitive disorders; substance-related disorders; schizophrenia and other psychotic disorders; mood disorders; anxiety disorders; somatoform disorders; factitious disorders; dissociative disorders; sexual and gender identity disorders; eating disorders; sleep disorders; impulse-control disorders; adjustment disorders; personality disorders; and problems of cultural diversity and ethnic differences.

**Course Description:**

This course will investigate abnormal behavior as defined by the Diagnostic and Statistical Manual of Mental Disorders.

**Prerequisites:** None

**Course Objectives:** After successful completion of the course, students will be able:

1. To recognize and classify the foundational structure of the Diagnostic and Statistical Manual of Mental Health Disorders.
2. To analyze, assess, and synthesize how to use the DSM in clinical practice.
3. To associate and indicate signs and symptoms of mental health disorders.
4. To demonstrate critical thinking for evaluating “typical” and “atypical” behavior.
5. Identify and demonstrate a foundational understanding of diagnostic criteria for diagnosing, distinguishing comorbidity and differential diagnosis, modifier function, ICD 10 comprehension, and application.
6. To distinguish and connect the basic principles of treatment planning and evaluate how to develop a treatment plan that reflects an accurate understanding of the client’s problems, as

well as the client's strengths.

7. To ascertain key client clinical elements and disclose relevant information in a collaborative process with other clinical professionals as part of a treatment team.
8. To appraise and analyze issues of ethics, race, gender, age, social bias, and culture influence the diagnostic process and demonstrate an effective understanding of these individual client characteristics.
9. To recognize and classify the various groups of psychotropic medications and demonstrate skills in categorizing according to diagnostic presentations.

## **Learning Objectives/Outcomes for the Course**

This course is designed to meet **CACREP Core Standards (RESEARCH AND PROGRAM EVALUATION)**. The following standards are covered in this course.

### **Common Core**

- 2.F.1.c: counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- 2. F.1.1: self-care strategies appropriate to the counselor's role
- 2. F.3.c: theories of normal and abnormal personality development
- 2.F.3.d: theories and etiology of addictions and addictive behaviors
  
- 2. F.3.e: biological, neurological, and physiological factors that affect human development, functioning, and behavior
- 2. F.3.f: systemic and environmental factors that affect human development, functioning, and behavior
- 2. F.3.g: effects of crisis, disasters, and trauma on diverse individuals across the lifespan 2.F.5.g: essential interviewing, counseling, and case conceptualization skills
- 2. F.5.h: developmentally relevant counseling treatment or intervention plans
- 2. F.5.l: suicide prevention models and strategies
- 2. F.5.m: crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- 2. F.7.c: procedures for assessing the risk of aggression or danger to others, self-inflicted harm, or suicide
- 2. F.7.e: use of assessments for diagnostic and intervention planning purposes
- 2. F.8.b: identification of evidence-based counseling practices

### **Clinical Mental Health Counseling**

- 5.C.1.a. History and development of clinical mental health counseling
- 5. C.1.b. Theories and models related to clinical mental health counseling
- 5. C.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- 5. C.1.d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- 5. C.1.e. psychological tests and assessments specific to clinical mental health counseling

- 5.C.2.b: knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders
- 5. C.2.e: potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders.
- 5.C.2.d: diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
- 5.C.2.e: potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders 5.C.2.f: impact of crisis and trauma on individuals with mental health diagnoses 5.C.2.g: impact of biological and neurological mechanisms on mental health
- 5. C.2.h: classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- 5.C.2.j: cultural factors relevant to clinical mental health counseling 5.C.2.l: legal and ethical considerations specific to clinical mental health counseling
- 5. C.3.a: intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management 5.C.3.b: techniques and interventions for the prevention and treatment of a broad range of mental health issues.

### **School Counseling**

- 5.G.2.e: school counselor roles and responsibilities in the school emergency management plans, and crises, disasters, and trauma
- 5. G.2.g: characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
- 5.G.2.i: signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs

***Student Learning Objective:*** Counseling and guidance graduate students will demonstrate understanding and knowledge of quantitative and/or qualitative research designs.

### **TEXES Competencies**

**Texas Education Agency (TEA) Standards**—This course is designed to meet the following TEA Standards:

#### **Standard I. Learner-Centered Knowledge**

- (6) environmental, social, and cultural factors that affect learners' development and the relevance of those factors to guidance and counseling programs.
- (8) legal and ethical standards, practices, and issues.
- (9) the characteristics and educational needs of special populations.

#### **Standard II. Learner-Centered Skills**

- (3) counsel individuals and small groups using appropriate counseling theories and techniques in response to students' needs.
- (4) consult with parents/guardians, teachers, administrators, and other individuals as appropriate to enhance their work with students
- (5) coordinate resources for students within the school and community

### **Standard III. Learner-Centered Process**

- 3) use both preventive and intervening strategies to address the concerns of learners and to help them clarify problems and situations, set goals, explore options, and implement change.
- (4) implement effective referral procedures to facilitate the use of special programs and services.

### **Standard IV. Learner-Centered Equity and Excellence for All Learners**

- (1) understand learner differences, including those related to cultural background, gender, ethnicity, and learning styles, and know ways to create and maintain a positive school environment that is responsive to all learners.
- (2) advocate for a school environment in which diversity is acknowledged and respected, resulting in positive interactions across cultures.
- (3) facilitate learning and achievement for all students, including special populations, by promoting a cooperative, inclusive, and purposeful learning environment.

### **Standard V. Learner-Centered Communications**

- (3) support responsive interventions by effectively communicating with parents/guardians, teachers, administrators, and community members.
- (4) facilitate learners' access to community resources.
- (8) work effectively as a team member to promote positive change for individuals, groups, and the school community.

### **Standard VI. Learner-Centered Professional Development**

- (3) Counseling students strive toward the highest level of professionalism by adhering to and modeling professional, ethical, and legal standards.
- (4) Counseling students will learn how to apply research-based practice to improve the school guidance and counseling program.

## **TExES Competencies**

### **Competencies covered throughout this program:**

***Competency 001 (Human Development)***

The school counselor understands the processes of human development and applies this knowledge to provide a developmental guidance program, including counseling services that meet the needs of all students.

***Competency 002 (Student Diversity)***

The school counselor understands human diversity and applies this knowledge to ensure that the developmental guidance and counseling program is responsive to all students.

***Competency 003 (Factors Affecting Students)***

The school counselor understands factors that may affect students' development and school achievement and applies this knowledge to promote students' ability to achieve their potential.

***Competency 004 (Program Management)***

The school counselor understands how to plan, implement, and evaluate a developmental guidance program, including counseling services that promote all students' success.

***Competency 006 (Counseling)***

The school counselor understands how to provide effective counseling services to individuals and small groups.

***Competency 007 (Assessment)***

The school counselor understands the principles of assessment and can use assessment results to identify students' strengths and needs, monitor progress, and engage in planning to promote school success.

***Competency 009 (Collaboration with Others in the School and Community)***

The school counselor understands how to work collaboratively with other professionals and with community members to promote positive change and facilitate student learning.

***Competency 010 (Professionalism)***

The school counselor understands and complies with ethical, legal, and professional standards relevant to the profession.

**Alignment of Course Objectives to National and State Standards**

\*The table below should include alignment to standards relevant to the program. The columns below are used as examples. \*Please keep in mind that candidates in initial programs must demonstrate competence in the 4 categories of the In TASC standards.

**COURSE OBJECTIVES PROGRAM (SLOs)**

<p>Students will demonstrate understanding of counselor roles during a crisis, disaster, or other trauma-causing event, including impact of violence on children, by appropriately responding to a case study, including formulation of appropriate responses to multiple victim/survivor scenarios.</p>	<p>Counseling graduate students will demonstrate knowledge, techniques, and interventions for prevention and treatment to work with diverse populations in various settings.</p>	<p><b>Learner Centered Knowledge</b>  (6) environmental, social, and cultural factors that affect learners' development and the relevance of those factors to guidance and counseling programs.</p>	<p>F8A</p>
<p>Students will differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events, and will demonstrate the ability to use</p>	<p>Counseling graduate students will demonstrate proficiency in the Counseling for Accreditation of Counseling and Related Educational Programs (CACREP)</p>	<p><b>Learner Centered Skills</b>  (3) counsel individuals and small groups using appropriate counseling theories and techniques in</p>	<p>2.F.3.G: EFFECTS OF CRISIS, DISASTERS, AND TRAUMA ON DIVERSE INDIVIDUALS ACROSS THE LIFESPAN  2.F.5.G: ESSENTIAL INTERVIEWING, COUNSELING, AND CASE CONCEPTUALIZATION SKILLS</p>
<p>psychological first aid, by appropriately responding to a case study which</p>	<p>core counseling areas, including Theories,</p>	<p>response to students' needs.</p>	<p>2.F.5.L: CRISIS INTERVENTION, TRAUMA-INFORMED, AND COMMUNITY-BASED STRATEGIES, SUCH AS PSYCHOLOGICAL FIRST AID</p>

<p>includes evaluation and appropriate responses to multiple victim/survivor scenarios.</p>	<p>Career, Ethics, Group Counseling, Practice, and Research.</p>		
<p>Students will demonstrate understanding of the diagnostic process and treatment planning by providing accurate diagnosis; appropriate treatment objectives, planning, and intervention strategies; appropriate use of medical and adjunctive services; placement criteria and referral services within the continuum of care; and preferred clinician characteristics for multiple case studies designed to reflect a variety mental and emotional disorders as described in the DSM. Assessment will be based on</p>	<p>Counseling graduate students will demonstrate knowledge, techniques, and interventions for prevention and treatment to work with diverse populations in various settings.</p>	<p><b>Learner-Centered Professional Development</b> (3) Counseling students strive toward the highest level of professionalism by adhering to and modeling professional, ethical, and legal standards.</p>	<p>2.F.3.C: THEORIES OF NORMAL AND ABNORMAL PERSONALITY DEVELOPMENT 2.F.5.H: DEVELOPMENTALLY RELEVANT COUNSELING TREATMENT OR INTERVENTION PLANS 2.F.7.E: USE OF ASSESSMENTS FOR DIAGNOSTIC AND INTERVENTION PLANNING PURPOSES</p>



responses to multiple case studies and the mid-term and final examinations.			
Students will differentially describe counselor characteristics and behaviors that influence helping processes across multiple case studies and the final project, which are designed to reflect a variety of DSM diagnostic categories.	Counseling graduate students will demonstrate knowledge, techniques, and interventions for prevention and treatment to work with diverse populations in various settings.	<b>Learner Equity and Excellence for All Learners</b>  (1) understand learner differences, including those related to cultural background, gender, ethnicity, and learning styles, and know ways to create and maintain a positive school environment that is responsive to all learners.	2.F.3.D: THEORIES AND ETIOLOGY OF ADDICTIONS AND ADDICTIVE BEHAVIORS  2.F.3.E: BIOLOGICAL, NEUROLOGICAL, AND PHYSIOLOGICAL FACTORS THAT AFFECT HUMAN DEVELOPMENT, FUNCTIONING, AND BEHAVIOR  2.F.3.F: SYSTEMIC AND ENVIRONMENTAL FACTORS THAT AFFECT HUMAN DEVELOPMENT, FUNCTIONING, AND BEHAVIOR
Students will demonstrate principles of biopsychosocial case conceptualization and treatment planning as assessed by evaluation of responses to multiple case studies and the final project.	COUNSELING GRADUATE STUDENTS WILL DEMONSTRATE KNOWLEDGE, TECHNIQUES, AND INTERVENTIONS FOR PREVENTION AND TREATMENT TO WORK WITH DIVERSE POPULATIONS IN VARIOUS SETTINGS.	<b>Learner Equity and Excellence for All Learners</b>  (9) Counseling students will learn how to use counseling-related research techniques and practices to address student needs.	2.F.5.H: DEVELOPMENTALLY RELEVANT COUNSELING TREATMENT OR INTERVENTION PLANS  2.F.7.E: USE OF ASSESSMENTS FOR DIAGNOSTIC AND INTERVENTION PLANNING PURPOSES
Students will identify appropriate	Counseling graduate students will	<b>Learner-Centered</b>	2.F.5.H: DEVELOPMENTALLY RELEVANT COUNSELING TREATMENT OR INTERVENTION PLANS

<p>approaches to clinical evaluation, including diagnostic interviews, mental status examinations, symptom inventories, and other assessments, across a variety of DSM</p>	<p>demonstrate knowledge, techniques, and interventions for prevention and treatment to work with diverse</p>	<p><b>Professional Development</b>  (3) Counseling students strive toward the highest level of professionalism by</p>	<p>2.F.5.K: SUICIDE PREVENTION MODELS AND STRATEGIES  2.F.7.C: PROCEDURES FOR ASSESSING RISK OF AGGRESSION OR DANGER TO</p>	
<p>categories and diagnoses. Assessment will be based on selection of appropriate evaluation strategies and measures on multiple quiz case studies and the final project.</p>	<p>populations in various settings.</p>		<p>adhering to and modeling professional, ethical, and legal standards.  (4) Counseling students will learn how to apply research-based practice to improve the school guidance and counseling program.</p>	<p>OTHERS, SELF-INFLICTED HARM, OR SUICIDE</p>
<p>Students will identify appropriate uses of a variety of psychotropic medications, including indications and contraindications, as well as demonstrate understanding of appropriate medical referral, as related to a variety of DSM categories and diagnoses. Assessment will be based on</p>	<p>Counseling graduate students will demonstrate knowledge and proficiency in assessment and testing to inform treatment planning with diverse clients.</p>	<p><b>Learner-Centered Professional Development</b>  (4) Counseling students will learn how to apply research-based practice to improve the school guidance and counseling program.</p>	<p>2.F.3.D: THEORIES AND ETIOLOGY OF ADDICTIONS AND ADDICTIVE BEHAVIORS  2.F.3.E: BIOLOGICAL, NEUROLOGICAL, AND PHYSIOLOGICAL FACTORS THAT AFFECT HUMAN DEVELOPMENT, FUNCTIONING, AND BEHAVIOR</p>	

multiple quiz case studies and the final project.			
Students will learn about designs used in abnormal behavior research and clinical mental health program evaluation.	Counseling graduate students will demonstrate knowledge, techniques, and interventions for prevention and	<b>Learner Centered Skills</b>  (9) Counseling students will learn how to use counseling-related	2.F.3.C: THEORIES OF NORMAL AND ABNORMAL PERSONALITY DEVELOPMENT  2.F.5.H: DEVELOPMENTALLY RELEVANT COUNSELING TREATMENT OR INTERVENTION PLANS
	treatment to work with diverse populations in various settings.	research techniques and practices to address student needs.	2.F.8.B: IDENTIFICATION OF EVIDENCE-BASED COUNSELING PRACTICES
Students will demonstrate understanding of co- occurring substance abuse disorders and their impact on psychological and medical disorders through responses to multiple case studies reflecting a wide range of DSM categories and diagnoses.	Counseling graduate students will demonstrate knowledge, techniques, and interventions for prevention and treatment to work with diverse populations in various settings.	<b>Learner Centered Skills</b>  (9) Counseling students will learn how to use counseling-related research techniques and practices to address student needs.	2.F.3.D: THEORIES AND ETIOLOGY OF ADDICTIONS AND ADDICTIVE BEHAVIORS  2.F.3.E: BIOLOGICAL, NEUROLOGICAL, AND PHYSIOLOGICAL FACTORS THAT AFFECT HUMAN DEVELOPMENT, FUNCTIONING, AND BEHAVIOR  2.F.3.F: SYSTEMIC AND ENVIRONMENTAL FACTORS THAT AFFECT HUMAN DEVELOPMENT, FUNCTIONING, AND BEHAVIOR

### Counseling Program Marketable Skills:

Upon successful completion of the Counseling Program, the candidates for the degree of Master of Education in Counseling will possess the following marketable skills:

1. The Master of Education Counseling student will demonstrate analytical and critical thinking skills.
2. The Master of Education Counseling student will demonstrate empathy and listening skills.
3. The Master of Education Counseling student will demonstrate deductive and inductive cognitive skills.

Marketable Skills Dissemination Strategy: The marketable skills are included in the course syllabi for the Master of Education in Counseling. The faculty present and discuss these skills online or in class with students. Each marketable skill includes consideration of the cultural influences on an

individual's worldview perspective. This cultural focus is reflected and emphasized in all courses. The analytical and critical thinking skills and the deductive and inductive cognitive skills are considered foundational in all graduate counseling courses. Group Counseling (EDUC 7315) emphasizes the essential communication skills and therapeutic interventions of active listening, reflecting feelings, and demonstrating authentic empathy.

### **Americans with Disabilities Act (ADA):**

Sul Ross State University is committed to equal access in compliance with the Americans with Disabilities Act of 1973. It is the student's responsibility to initiate a request for accessibility services. Students seeking accessibility services must contact the Student Services Specialist for the specific Campus. PLEASE SEE BELOW FOR TECHNOLOGY ASSISTANCE.

### **Student Support Services:**

Student Support Services provides students with the tools and resources they need to achieve academic success and remove all learning obstacles, including advising tutoring, and workshops. Tutors are available at the three sites, Uvalde, Del Rio, and Eagle Pass during the fall, spring, and summer semesters. These tutors help in mathematics, English, History, and PowerPoint presentations. Tutors' schedules are posted on bulletin boards around campus as well as **ONLINE**. Tutors are available by appointment or on a walk-in basis.

Student center computers are equipped with Grammarly (<https://www.grammarly.com/>), a software program that helps students achieve academic goals and improve their writing in essays, reports, theses, dissertations, and college entrance applications. Grammarly automatically detects grammar, spelling, punctuation, word choice, and style mistakes in your writing.

Please go to: <http://www.sulross.edu/page/1568/student-services> to speak to a support service representative or visit the student center.

Student Services Specialists are:

Del Rio – (830) 703-4816

Eagle Pass – (830) 758-5037

Uvalde- (830) 279-3027

### **Technology Requirements:**

**Hardware Requirements:** The following minimum hardware and software requirements are necessary to access an online class through SRSU-RGC's current version of Blackboard. Be sure to check your course syllabus and discuss technology needs with your professor as early in the class as possible.

**System Requirements:** The following minimum hardware and software requirements are necessary to access an online class through SRSU-RGC's current version of Blackboard. Individual instructors may have additional requirements for specific classes. Be sure to check your course syllabus and discuss technology needs with your instructor as early in the class as possible.

	<b>Minimum</b>	<b>Recommend</b>
<b>Operating System</b>	Windows 7 or higher Mac OSX 10.8 or higher	Windows 10 Mac OS 10.12
<b>Processor</b>	1 GHz processor	2 GHz or faster processor
<b>Memory</b>	512 MB of RAM	2 GB of RAM or higher
<b>Monitor Resolution</b>	1024 x 768	1024 x 768 or higher
<b>Free Hard Disk Space</b>	5 GB of free disk space	20 GB or higher of free space
<b>Internet Connection</b>	Broadband (high-speed) Internet connection with a consistent minimum speed of 1.5 Mbps	Broadband (high-speed) Internet connection with a speed of 4 Mbps or higher
<b>Internet Browser</b>	FireFox	FireFox
<b>Java</b>	Java is required to use Blackboard. <a href="#">Visit our Java support page for information about troubleshooting Java.</a>	
<b>Macromedia Flash Player</b>	Flash may be required to play videos within the Blackboard system. <a href="#">You can download Flash from the Adobe website.</a>	

**Students are required to have regular, reliable access to a computer with a stable broadband Internet connection.** Any system older than 4 years may not have the processing power to work with our current version of Blackboard and its components.

All SRSU-RGC networked computers are configured to use Blackboard and will have software needed to complete online coursework. If additional software is needed on a SRSU-RGC lab computer, please contact the administrator of the lab for assistance.

If your computer is publicly accessed off campus or is loaned to you, you may be prohibited from downloading files or software.

The first step to see if your computer is set up for Blackboard is to check your browser compatibility. We strongly recommend Blackboard students use the latest version of [Mozilla Firefox](#) for Windows or Mac because it is the most compatible with our current Blackboard system.

<b>Browser Downloads</b>	<b>PC</b>	<b>Mac</b>
Mozilla Firefox	<a href="#">Download</a>	<a href="#">Download</a>
Safari	<a href="#">Download</a>	<a href="#">Download</a>
Google Chrome	<a href="#">Download</a>	<a href="#">Download</a>

**Generally, it is a good idea to have multiple browsers installed on your system for a couple of reasons.** First, you always want a plan B. If you are trying to perform time-sensitive tasks in Blackboard, you don't want to waste time troubleshooting your browser or downloading a new browser. Having multiple browsers already installed allows you to quickly switch to a different browser when you have a browser-related issue.

Second, it helps to rule out browser-related issues. If you are having problems in one browser and not another, then you know there is something going on with your browser or its settings. If you are having the same problem in multiple browsers, then you'll know that it is either a system issue or something related to Blackboard.

**Additional Software and Plug-ins:** Most of the materials you will be accessing in Blackboard will consist of web pages, Microsoft documents or Adobe Acrobat files. However, instructors may choose to upload content in a variety of formats. Below you will find a list of common file types that may be used in Blackboard. The software required to view these files is given and links to downloadable versions of the software have been provided if available.

<b>Application Downloads File Extension</b>		<b>PC</b>	<b>Mac</b>
Adobe Acrobat Reader	.pdf	<a href="#">Download</a>	<a href="#">Download</a>
Microsoft Office	.doc • .docx .ppt • .pptx .xls • .xlsx .rtf • .txt	<a href="#">Download</a>	<a href="#">Download</a>

<b>Microsoft Office Viewer</b>			
Word Viewer	.doc • .docx	<a href="#">Download</a>	n/a
PowerPoint Viewer	.ppt • .pptx	<a href="#">Download</a>	n/a
Excel Viewer	.xls • .xlsx	<a href="#">Download</a>	n/a

<b>Video Players</b>	<b>Common File Extensions</b>	<b>PC</b>	<b>Mac</b>
Macromedia Shockwave Player	.fla • .swa • .swf	<a href="#">Download</a>	<a href="#">Download</a>
QuickTime	.mov • .qt	<a href="#">Download</a>	<a href="#">Download</a>
Media Player Classic	.avi • .vlc • .wmv	<a href="#">Download</a>	n/a
VLC Media Player	.avi • .vlc • .wmv	<a href="#">Download</a>	<a href="#">Download</a>

<b>Additional Software</b>	<b>PC</b>	<b>Mac</b>
Microsoft Security Essentials	<a href="#">Download</a>	n/a
Ad-Aware Spyware Removal	<a href="#">Download</a>	n/a
Spybot Search and Destroy	<a href="#">Download</a>	n/a

### **Technical Skills**

Technical Skills Required: Students will be required to interact through a virtual media real-time technological program Enhance-video Streaming through Zoom. Moreover, students will be required to know how to send and receive emails; how to cut and paste information; how to post and download

assignments onto and from Blackboard; how to access videos and post comments on discussion boards; how to take exams through Blackboard and how to access Collaborate Ultra Real-time or Zoom feature. Students will also be required to access their generated grade points to measure their progress in the course. PLEASE REVIEW Introductory Videos to refresh your understanding of how to access and navigate through these blackboard features. Other Technological Devices/Equipment: Student computers MUST be equipped with fully functional speakers, microphones, and video cameras.

D. Select the “Blackboard Orientation” feature under the “Orientation” Submenu.

Students can access the Blackboard orientation video clips designed to help students navigate and use Blackboard while taking graduate coursework. Students can access the videos by:

- E. Going to the Blackboard main page.
- F. Access the “Student Resources” located at the red top left block of the Blackboard Log-in Page.
- G. Orientation and “How to” videos are available to help the student navigate and through Blackboard.

Blackboard Representatives: (888)837-6055 24 hrs. Monday-Sunday  
Tim Parsons (432-837-8525): [tim.parsons@sulross.edu](mailto:tim.parsons@sulross.edu)  
Estella Vega (432-837-8247): [estellav@sulross.edu](mailto:estellav@sulross.edu)

**Enhanced Video Streaming:** As your instructor, I place heavy emphasis on Individual class participation. There will be sixteen graded collaborative meetings, and they have a total value of 100 points. The interactive component of this course is critical. It will enhance your reasoning skills, which is very important to the counseling process. Your participation will facilitate others enhancing his or her reasoning skills by drawing from your rich experience(s). The intercultural experiences of students add tremendously to everyone’s learning in class. Our live online streaming interaction will provide us the opportunity to review the week’s theme of instruction and will also help to alleviate any issues or answer any questions that often arise when taking online coursework. I will ask many open-ended questions to elicit responses. Students will be required to participate in every classroom session.

Collaborate Ultra is a web-based system used for real-time connection. You can access the Collaborate Ultra feature by:

1. Log into Blackboard.
2. Select the Course number and name.
3. View your Menu on the left-hand side of the main course page.
4. Select “Zoom” under the “Assignment” Sub Menu.
5. Turn on the video by depressing the Camera icon and do the same for the microphone when speaking ONLY.

Frequent “Lost connection” is NOT acceptable, and the student will be required to go to the computer lab located at the closest SRSU-RGC university site for the remainder of the semester after two class periods of lost connectivity difficulties. Such disconnection issues interrupt the class dynamics and

will not be accepted. Each student is encouraged to take his or her computer hardware to the IT department to assess compatibility before classes begin to ensure standards for connectivity are acceptable. Students are also encouraged to provide the IT representative with the type of home internet service provider and specifications to determine if acceptable for Collaborate ultra-connectivity. It is also recommended that your home network usage be limited to your use to prevent slowing the home network connectivity. For example, make sure others including yourself, disconnect Wi-Fi from cell phones and other programs that slow home network connection.

IT Technologist for each campus are (PLEASE CALL BLACKBOARD REPRESENTATIVES ABOVE for Blackboard issues):

Del Rio - (830)703-4818  
Eagle Pass - (830) 758-5010  
Uvalde – (830) 279-3045

In consideration of the current advanced mobile technology, it is imperative that students make necessary arrangements to access collaborate at the designated time. Students are not allowed to drive a vehicle or engage in an activity where safety is compromised and exposes the student into a dangerous situation.

Students with Disabilities: It is the policy of the University of Sul Ross State University-Rio Grande College to create inclusive learning environments. If there are aspects of the instruction or design of any course that result in barriers to your inclusion or to an accurate assessment of achievement-such as time-limited exams, inaccessible web content, or the use of non-captioned videos, etc. - Please notify the instructor as soon as possible. For information about SRSU-RGC disability support services, please contact

Student Service Specialist: (830) 279-3003

### **Diversity:**

Discussion and activities will include issues of diversity as they relate to specific learning objectives. All students will be encouraged to introduce topics they deem applicable to the content and process of the course, particularly those that enhance students' awareness of diversity and multicultural understanding.

### **Scholastic Misconduct:**

As with all University courses, instructors expect students to be engaged in learning the course content. Scholastic dishonesty seriously compromises this learning and is not tolerated. The penalty for scholastic dishonesty in this class depends on the circumstances. Penalties could range from consultation with the instructor and receiving a zero (0) on the assignment in question, to failing the course and facing the University charges of academic misconduct.

### **Etiquette Expectations:**



Graduate students are expected to take responsibility for their academic work. Everyone will make sure to understand the content and process of syllabi. The professor may help, and your advisor may offer you direction; however, the student must demonstrate initiative and maturity to pursue understanding actively.

Students are to communicate questions or statements as directed by the professor. Etiquette considerations will include speech tone, language, and expression that is respectful and clear to minimize ambiguity; moreover, the presentation of questions or statements will not consist of any defamatory, sarcastic, degrading, or disrespectful tones, whether in person, telephonically, teleconferenced, enhanced video streaming, email or any other modes of communication.

Culture often influences an individual's mode of gaining understanding and disseminating meaning. Therefore, individuals must consider primary language, speaking style, inappropriate terms, the distance between parties, eye contact, inappropriate body language (Example: finger-pointing, etc.), and disabilities that may hinder effective communication.

### **Attendance, Introduction, and Participation:**

Regular participation is a required aspect of this course. Your first module will be to submit a five-minute recorded introduction of yourself. In the discussion board labeled **DB 1**. This will be a great time to get to know each other since we will be spending significant time sharing each other's lens through which course content is viewed. Points of Introduction must include the following and not to exceed five minutes:

- o Full name.
- o Place of Birth.
- o Place raised
- o Describe the family or culture that best describes you.
- o Your interest in your undergraduate degree.
- o Rationale for entering the counseling program.
- o What do you hope to accomplish with Counseling training?
- o How do you conclude this to be important?

Your Discussion Board Entry (DB 1) has a value of 100 points.

### **Virtual Participation:**

As your instructor, **I place heavy emphasis on Individual class participation.** The interactive component of this course is critical. This is an Asynchronous class, meaning we will not meet regularly as in Synchronous classes. Your active, reflective, and timely participation in your discussion boards and assignment completion will determine the degree of your participation. Your input will facilitate others to enhance their reasoning skills by drawing from your rich experience(s). The intercultural experiences of students add tremendously to everyone's learning in class. Please feel free to contact me anytime if you run into any difficulties.

### **Late Work:**

Assignments must be turned in weekly. Students will work on completing and submitting a minimum of two modules per week.

**Grading/Feedback:**

Most grading is technologically driven, and grades are posted immediately. However, some quizzes require professor review and grading. In cases where grading is not instantaneous, I will complete all grading weekly. This will provide ample time for students to review their outcomes. Students are welcome to contact me anytime to schedule a time to meet virtually to address any questions. In the event I do not answer the phone, please leave a message so that I may return your call, I respond to all my calls within 24 hours.

<b>Sub Sections</b>	<b>Point Scale</b>	<b>Grade</b>
<b>Discussion Board Entries</b>	120 Potential Points each	Participation grades will be added and divided by 16 for an average grade.
<b>Diagnosis Video &amp; Professor Presentation</b>		
<b>Case Studies (14)</b>	120 Potential Points Each	All case study grades will be added and divided by 14 for an average grade.
<b>Film Character Diagnosis Paper</b>	100 Potential Points Each	See Rubric
<b>Psychotropic Medication Analyses Paper</b>	100 Potential Points Each	See Rubric
<b>Research Paper</b>	100 Potential Points	100-point value potential.

**A= 90-100**  
**B= 80 - 89**  
**C= 70 - 79**  
**D= 60 – 69**  
**F= <60**  
 \*\*\*\*\*  
**The subtotal for the (6) subsections will be divided by 6 for a final grade.**

**Enhanced Collaborate Streaming and Participation:**

This course is Asynchronous and does require students to attend. Consequently, students are required to demonstrate a higher level of responsibility and maturity to complete class assignments on time and gain the developmental skills necessary to care for clients experiencing mental health problems. As your instructor, I place heavy emphasis on Individual class participation. The interactive component of this course is critical; it will enhance your reasoning skills, which is very important to the counseling process. A student’s participation will facilitate others enhancing his or her reasoning skills by drawing from other student’s rich experience(s). The intercultural experiences of students add tremendously to everyone’s learning in class.

**Since attendance is not required, I will upload a video for each diagnosis and a recording that will require each student to watch and write a 3-paragraph reflection. Watching the diagnosis video and my presentation will help to solidify your understanding of the diagnosis specifics.**

**Please use the video reflection video rubric to write your reflection and upload your paper accordingly.**

**Case Studies:**

All students are expected to complete **14 Diagnosis Case Studies**. Using the *DSM-5tr*, you will be expected to provide a brief diagnostic formulation, narrative, and rationale for each case you are given by the instructor. Each Case Study Diagnosis is worth **120 points** possibly toward your final grade in the course. You are free to consult and discuss the cases with class members. You will be provided with samples of the appropriate style and format for submitting the Case Study Diagnoses. These samples will be posted on Blackboard for your review and consideration.

<b>Competency Level</b>	<b>Advanced (25)</b>	<b>Novice (10)</b>	<b>Student (5)</b>	<b>Unacceptable (0)</b>
<b>1. Competency 1:</b>  Historical Background information: age, gender, work, health, status, family mental health history, family and social relationships, drug alcohol history, life difficulties, goals, and coping skills and weaknesses.	Student is able to identify 90% of all background information offered in the case narrative.	Student is able to identify 70% of all background information offered in the case narrative.	Student is able to identify 50% of all background information offered in the case narrative.	Student is able to identify below 40% of all background information offered in the case narrative.
<b>2. Competency2:</b>  Describes the problem or symptoms that the client presented. Describes physical, feelings, and perceptions related to the symptoms.	Student is able to identify 90% of all background information offered in the case narrative.	Student is able to identify 70% of all background information offered in the case narrative.	Student is able to identify 50% of all background information offered in the case narrative.	Student is able to identify below 40% of all background information offered in the case narrative.
<b>3. Competency 3</b>  Includes any screening or diagnostic assessments outcomes or psychotropic or other forms of medications in use if present.	Student is able to identify 90% of all background information offered in the case narrative	Student is able to identify 70% of all background information offered in the case narrative.	Student is able to identify 50% of all background information offered in the case narrative.	Student is able to identify below 40% of all background information offered in the case narrative.
<b>4. Competency 4</b>  Provides Primary diagnosis with modifiers, differential diagnosis, ICD9 and ICD 10	Student is able to identify 90% of all background information offered in the case narrative.	Student is able to identify 70% of all background information offered in the case narrative.	Student is able to identify 50% of all background information offered in the case narrative.	Student is able to identify below 40% of all background information offered in the case narrative.

**Psychotropic Medication Analysis Paper:**

Counseling encompasses the use of evidence-based counseling approaches in conjunction with other therapeutic regimens. Clients are often under a medical doctor’s care for the management of psychotropic medications. Consequently, medications often impact a client’s thoughts and emotional

state in various ways. In consideration of a counseling client’s care, it may become necessary to consult with a medical provider, such as a psychiatrist, regarding the overall care of the mutual client. Psychotropic medications often modulate neurotransmitters and/or hormones and other intrinsic biological mechanisms that shape emotions and behaviors. Students are required to become familiar with psychotropic medications and their effects; even though, counselors DO NOT prescribe medications.

Students will be required to observe the videos under the “Resources” tab and write a **1-page paper** for each of the three (3) medications for each category of medication type/ that includes both Brand and generic names. Information will include the category of medication. For example, *Selective Serotonin Reuptake Inhibitor (SSRI)*. Students will be required to write the uses and misuses of each medication. The paper will include the neuroanatomical area and neurotransmitter or neurohormone stimulated by its use. Last, Students will write about the side effects often seen with use and adverse effects that might warrant discontinuance of use.

The assignment has a **100-point** potential value.

<b>Psychotropic Medication Analyses Paper</b>				
<b>Competency Level</b>	<b>Advanced (25)</b>	<b>Novice (10)</b>	<b>Student (5)</b>	<b>Unacceptable (0)</b>
<b>Competency 1:</b> Medication Brand and Generic Names and Category of Medication	Accurately lists both Brand and Generic Names of medication and indicates medication category.	Accurately identifies (1) name and category of medication	Accurately identifies (1) name of medication	Unable to name medication nor category
<b>Competency 2:</b> Use and Misuses	Accurately identifies more than (2) clinically significant mental health issues relevant to its uses and at least (2) misuses.	Accurately identifies at least two (2) clinically significant mental health issues relevant to its uses and at least (1) misuse.	Accurately identifies at least (1) clinically significant mental health issue relevant to its uses, and unable to name misuses.	Considerable difficulty identifying clinically significant mental health issues and/or cannot discern what is significant and what is not.
<b>Competency 3:</b> Neuroanatomical Focal Point and Neurochemical	Accurately identifies the focal anatomical feature and at least (2) adjoining features.	Accurately identifies the focal anatomical feature and at least (1) adjoining feature.	Accurately identifies the focal anatomical feature.	Does not accurately identify the focal anatomical feature nor adjoining feature.
<b>Competency 4</b> Side Effects and Adverse Effects	Student can identify at least (3) side effects and (3) adverse reactions	Student can identify at least (2) side effects and (2) adverse reactions	Student can identify at least (1) side effect and (1) adverse reaction.	Does not accurately identify side effects or adverse effects.

**Scholarly Research Paper:**

Students are expected to write a scholarly research paper on the topic of **Substance Abuse** and directly related to the study of Neuroscience and Counseling. Since writing a scholarly research paper is a highly demanding semester-long process, there will be components of the paper due at various intervals during the semester. **The following is the sequence of research segment assignments due:**

- First:** Topic, Title, and Research Question
- Second:** Draft Reference List
- Third:** Draft Paper (Not Mandatory)
- Four:** Final Draft

The final draft of the scholarly research paper is due on the last day of class for a maximum opportunity of **100 points**.

**TOPICS THAT CAN BE USED:**

- The Neurological Implications on the Ventral Medial Prefrontal Cortex in Alcoholism
- The Neurological Implications on the Orbitofrontal Cortex in Alcoholism
- The Neurological Implications on the Basal Ganglia in Alcoholism

Scholarly Research Papers typically consist of about **8 pages of content**, a minimum of 12 empirical references reviewed in the body of the paper, and a cover page for a total of 10 pages. An abstract is not necessary. **Students must adhere to the guidelines outlined in the *Publication Manual of the American Psychological Association* (7<sup>th</sup> ed.). Research papers not written in exact APA format will be returned ungraded.** In addition to the required student workbook and the APA manual, you may find these three websites helpful with APA style (6<sup>th</sup> ed.) and format:

<http://owl.english.purdue.edu/owl/resource/560/01/>  
<http://www.apastyle.org/elecref.html>

All research papers must review the scientific literature related to the selected topic. Emphasis should be placed on the empirical literature found in professional journals. Begin your research immediately. It is safe to assume that very little, if any, information will exist in the junior college library, and only a rare few of your related journal articles will be in *full-text* format on the various library databases. You can expect to have to rely on interlibrary loan (online through SRSU) for most of your reference materials.

Students are only allowed to search the *PsychInfo* database available through SRSU (Alpine) via the library web page: <https://library.sulross.edu>. No other databases are acceptable or appropriate for graduate students in Psychopathology. This activity can be done from the computer labs or your own home or office. Never conduct a “Google” search for a Scholarly Research Paper. You should consider Internet searches (e.g., Google, Yahoo, Excite) to be unscholarly and not acceptable for this research paper. I do not want to see any references to Internet sites in this scholarly paper. However, nearly all your database searching will be online. In your Reference list, you do not need to include the web link for a full-text article, just simply reference the source as a professional journal article (see APA Style Manual). The reference list must include a minimum of 20 sources, with at least 15

empirical sources from professional journals. These will most likely have to be ordered through Interlibrary Loan as it is highly unlikely that you will find many of your empirical articles in full-text format on the PsychInfo database. (Refer to the “Library Resources” content area on the class Blackboard site.)

Your topic must be highly relevant to our geographic location and service population. You will not write papers on general psychopathology concepts such as depression, schizophrenia, and anxiety disorder. Instead, your focus and research question must be highly refined for our corner of the world and our unique clientele. You are encouraged to use headings and subheadings as an organizational schema for the paper. You are also encouraged to write with a co-author and to work closely with the instructor as the two of you research and write your co-authored Scholarly Research Paper.

The final draft of the Scholarly Research Paper is due on the last day of the semester as indicated in the syllabus. Please remember to have at least five other people thoroughly and critically proofread your Scholarly Research Paper before submitting it to the instructor. Scholarly Research Papers will be evaluated based on:

- Readability
- APA style
- Organization
- Empirical Support
- Originality and Interest
- Topic/Title/Research Question
- Comprehensive Reference List

Keep in mind that you have a great opportunity to have a well-written scholarly paper, one that is a unique contribution to the literature, published in professional counseling journals.

Included below is a general outline of the format and content of the Scholarly Research Paper. If this description does not make sense to you, please consult with the instructor.

### **A. Introduction**

In this beginning section of the paper, you pull the reader in. Get the reader interested in your topic. You will state the purpose of your paper and/or your research question. You should discuss the relevance and importance of this topic to the field of counseling. Why is this topic or research important or of value? Give a general overview of how the paper is laid out. Tell the reader what you intend to do in this paper. (**Caution:** Never use the first person in a Scholarly Research Paper. Never say, “I” or “me” or anything similar. Say things like, “The purpose of this research paper is to . . .”)

### **B. Review of Related Research**

This is the most important section of the Scholarly Research Paper. This is the “meat-and-potatoes.” This section should be divided into various subheadings, depending on your topic, to facilitate smooth and easy reading. You will decide on your subheadings based on your topic and how you want to present the studies. Organize this section in a logical format such as reviewing the more general (or least related) research first and working down to the most specific (and most closely

related) research. You must review and discuss each study (at least 15 empirical articles). When reviewing a study always present and discuss the following factors for each of the 15 studies: purpose of research, methods employed, results and findings, interpretation of findings/researcher’s conclusions, and criticisms and limitations of the study. Throughout this section of the paper, you will need to periodically summarize your findings, and tie them back into your thesis statement.

Many students propose topics and research questions that are original. This is referred to as “original research,” and it means that you are exploring a topic or research question that has not been thoroughly investigated. This is great! You will need to “extrapolate” from research studies that are closely related to your topic, and then draw conclusions from those findings. You will still need to thoroughly review at least 15 empirical studies.

**C. Conclusion or Discussion**

In this section, you will pull it all together. Synthesize and integrate the important points from your Review of Related Research. From this section, the reader gets to know what you found concisely and straightforwardly. Reiterate the relevance of this research to the field of counseling and discuss the implications of your findings to counseling. Also, include a discussion on further (or future) research that is needed in this area (your topic).

**D. Summary**

This section is basically like an abstract but is included at the end of the Scholarly Research Paper. In 2 or 3 paragraphs, summarize precisely and concisely your purpose, findings, and your conclusions.

**E. References**

Include all references in appropriate APA format. Remember that everything cited in the body of the paper must be included in your References, and every reference citation in your References must be cited in the body of your paper.

Criteria	Superior (25 pts.)	Sufficient (20 pts.)	Minimal (10 pts.)	Unacceptable (0 pts.)
<b>Depth of Reflection</b> ___ points	Response demonstrates an in-depth reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are insightful and well supported. Clear, detailed examples are provided, as applicable.	Response demonstrates a general reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are supported. Appropriate examples are provided, as applicable.	Response demonstrates a minimal reflection on, and personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are unsupported or supported with flawed arguments. Examples, when applicable, are not provided or are irrelevant to the assignment.	Response demonstrates a lack of reflection on, or personalization of, the theories, concepts, and/or strategies presented in the course materials to date. Viewpoints and interpretations are missing, inappropriate, and/or unsupported. Examples, when applicable, are not provided.
<b>Required Components</b> ___ points	Response includes all components and meets or exceeds all requirements indicated in the instructions. Each question or part of the assignment is addressed thoroughly. All attachments and/or additional documents are included, as required.	Response includes all components and meets all requirements indicated in the instructions. Each question or part of the assignment is addressed. All attachments and/or additional documents are included, as required.	Response is missing some components and/or does not fully meet the requirements indicated in the instructions. Some questions or parts of the assignment are not addressed. Some attachments and additional documents, if required, are missing or unsuitable for the purpose of the assignment.	Response excludes essential components and/or does not address the requirements indicated in the instructions. Many parts of the assignment are addressed minimally, inadequately, and/or not at all.

<b>Structure</b> ___ points	Writing is clear, concise, and well organized with excellent sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than three spelling, grammar, or syntax errors per page of writing.	Writing is mostly clear, concise, and well organized with good sentence/paragraph construction. Thoughts are expressed in a coherent and logical manner. There are no more than five spelling, grammar, or syntax errors per page of writing.	Writing is unclear and/or disorganized. Thoughts are not expressed in a logical manner. There are more than five spelling, grammar, or syntax errors per page of writing.	Writing is unclear and disorganized. Thoughts ramble and make little sense. There are numerous spelling, grammar, or syntax errors throughout the response.
<b>Evidence and Practice</b> ___ points	Response shows strong evidence of synthesis of ideas presented and insights gained throughout the entire course. The implications of these insights for the respondent's overall teaching practice are thoroughly detailed, as applicable.	Response shows evidence of synthesis of ideas presented and insights gained throughout the entire course. The implications of these insights for the respondent's overall teaching practice are presented, as applicable.	Response shows little evidence of synthesis of ideas presented and insights gained throughout the entire course. Few implications of these insights for the respondent's overall teaching practice are presented, as applicable.	Response shows no evidence of synthesis of ideas presented and insights gained throughout the entire course. No implications for the respondent's overall teaching practice are presented, as applicable.

### PROPOSED COURSE OUTLINE

DATE	TOPIC, ASSIGNMENT DUE AND READINGS
<b>Module 1</b> <b>Semester</b> <b>Starts</b> <b>August 26</b>	<p><b>Introduction:</b></p> <p><b>Activities:</b> Watch Professor Introduction Recording and Introduce each other by recording yourself using Blackboard Collaborate Ultra and uploading your recording in the Discussion Board (DB 1).</p>
<b>Module 2</b>	<p><b>Reading Assignment: Neurodevelopmental Disorders (Pgs. 35-99)</b></p> <ul style="list-style-type: none"> <li>*Intellectual disabilities</li> <li>*Communication disorders</li> <li>*Autism spectrum disorder</li> <li>*Attention-deficit/hyperactivity disorder</li> <li>*Specific learning disorders</li> <li>*Motor disorders</li> <li>*Motor disorders</li> <li>*Tic disorders</li> </ul>
<b>Module 3</b>	<p><b>Reading Assignment: Schizophrenia Spectrum and Other Psychotic Disorders (Pgs. 101 -138)</b></p> <ul style="list-style-type: none"> <li>*Schizotypal Disorder</li> <li>*Delusional Disorder</li> <li>*Brief Psychotic Disorder</li> <li>*Schizophreniform</li> <li>*Schizophrenia</li> <li>*Schizoaffective Disorder</li> <li>*Substance/Medication-Induced Psychotic Disorder</li> <li>*Bipolar type</li> </ul>



	<ul style="list-style-type: none"> <li>*Depressive type</li> <li>*Substance/Medication-Induced Psychotic Disorder</li> <li>*Psychotic Disorder Due to Another Medical Condition</li> <li>*Catatonia</li> <li>*Psychotic Disorder Due to Another Medical Condition</li> <li>*Catatonia</li> </ul> <p><b>Case Study#1 Neurodevelopmental Disorder - Carlos</b></p>
<b>Module 3</b>	<p><b>Reading Assignment: Bipolar and Related Disorders (Pgs. 139 – 169)</b></p> <ul style="list-style-type: none"> <li>*Bipolar I</li> <li>*Bipolar II</li> <li>*Cyclothymic Disorder</li> <li>*Substance/Medication-Induced Bipolar and Related Disorder</li> <li>*Bipolar and Related Disorder Due to Another Medical Condition</li> </ul> <p><b>Case Study #2 Schizophrenia Spectrum &amp; Other Psychotic Disorders – Kevin Foster</b></p>
<b>Module 4</b>	<p><b>Reading Assignment: Depressive Disorders (Pgs. 177 – 210)</b></p> <ul style="list-style-type: none"> <li>*Disruptive Mood Dysregulation Disorder</li> <li>*Major Depressive Disorder</li> <li>*Persistent Depressive Disorder (Dysthymia)</li> <li>*Premenstrual Dysphoric Disorder</li> <li>*Substance/Medication-Induced Depressive Disorder</li> <li>*Depressive Disorder Due to Another Medical Condition</li> </ul> <p><b>Case Study #3 Bipolar and Related Disorders – Mr. Hill</b></p>
<b>Module 5</b>	<p><b>Reading Assignment: Anxiety Disorders (Pgs. 215-261)</b></p> <ul style="list-style-type: none"> <li>*Separation Anxiety Disorder</li> <li>*Selective Mutism</li> <li>*Specific Phobia</li> <li>*Social Anxiety Disorder (Social Phobia)</li> <li>*Panic Disorder</li> </ul>

	<ul style="list-style-type: none"> <li>*Agoraphobia</li> <li>* Generalized Anxiety Disorder</li> <li>*Substance/Medication-Induced Anxiety disorder</li> <li>*Anxiety Disorder Due to Another Medical Condition</li> </ul> <p><b>Case Study #4 Depressive Disorders - Andrew Quinn</b></p>
<b>Module 6</b>	<p><b>Reading Assignment: Obsessive Compulsive Disorder (Pgs. 263 – 294)</b></p> <ul style="list-style-type: none"> <li>* Obsessive Compulsive Disorder</li> <li>* Body Dysmorphic Disorder</li> <li>* Hoarding Disorder</li> <li>* Trichotillomania (Hair Pulling) Disorder</li> <li>* Excoriation (Skin Picking) Disorder</li> <li>* Substance/Medication-Induced Obsessive-Compulsive Disorder</li> <li>* Obsessive-Compulsive and Related Disorder Due to Another Medical Condition</li> </ul> <p><b>Case Study #5 Anxiety -Maria Greco</b>  <b>Research Topic, Title Page, Research Question Due</b></p>
<b>Module 7</b>	<p><b>Reading Assignment: Trauma- and Stressor-Related Disorders (Pgs. 295 – 328)</b></p> <ul style="list-style-type: none"> <li>*Reactive Attachment Disorder</li> <li>*Disinhibited Social Engagement Disorder</li> <li>*<b>Posttraumatic Stress Disorder</b></li> <li>*Acute Stress Disorder</li> <li>*Adjustment Disorder</li> <li>*Prolonged Greif Disorder</li> <li>*Other Specified Trauma- and Stressor-Related Disorder</li> <li>*Unspecified Trauma- and Stressor-Related Disorder</li> </ul> <p><b>Case Study #6 Obsessive-Compulsive and Related Disorders – Vincent Mancini</b></p>
<b>Module 8</b>	<p><b>Reading Assignment: Dissociative Disorders (Pgs. 329 – 348)</b></p> <ul style="list-style-type: none"> <li>* Dissociative Identity Disorder</li> <li>* Dissociative Amnesia</li> <li>* Depersonalization/Derealization Disorder</li> <li>* Other Specified Dissociative Disorder</li> <li>* Unspecified Dissociative Disorder</li> </ul> <p><b>Case Study #7 Trauma Stressor Related Disorders – Eric Reynolds</b></p>

<p><b>Module 9</b></p>	<p><b>Reading Assignment: Somatic Symptom and Related Disorders (Pgs. 349 – 370)</b></p> <ul style="list-style-type: none"> <li>* Somatic Symptom Disorder</li> <li>* Illness Anxiety Disorder</li> <li>* Functional Neurological Symptom Disorder (Conversion Disorder)</li> <li>* Psychological Factors Affecting Other Medical Conditions</li> <li>* Factitious Disorder</li> <li>* Other Specified Somatic Symptom and Related Disorder</li> <li>* Unspecified Somatic Symptom and Related Disorder</li> </ul> <p><b>Reading Assignment: Sleep Wake Disorders (Pgs. 407 – 476)</b></p> <ul style="list-style-type: none"> <li>* Insomnia Disorder</li> <li>* Hypersomnolence Disorder</li> <li>* Narcolepsy</li> <li>* Breathing Related Sleep Disorders</li> <li>* Sleep Related Hypoventilation</li> <li>* Circadian Rhythm Sleep-Wake Disorders</li> <li>* Parasomnias</li> <li>* Nightmare Disorder</li> <li>* Rapid Eye Movement Sleep Behavior Disorder</li> <li>* Substance /Medication- Induced Sleep Disorder</li> <li>* Other Specified Insomnia Disorder</li> <li>* Unspecified Insomnia Disorder</li> </ul> <p><b>Case Study #8 Dissociative Disorders - Jason Vaughn</b></p>
<p><b>Module 10</b></p>	<p><b>Reading Assignment: Feeding and Eating disorders (Pgs. 371 – 397)</b></p> <ul style="list-style-type: none"> <li>* Pica</li> <li>* Rumination Disorder</li> <li>* Avoidant/Restrictive Food Intake Disorder</li> <li>* Anorexia Nervosa</li> <li>* Bulimia Nervosa</li> <li>* Binge-Eating Disorder</li> <li>* Other Specified Feeding or Eating Disorder</li> <li>* Unspecified Feeding or eating disorder</li> </ul> <p><b>Reading Assignment: Elimination disorders (Pgs. 399 – 405)</b></p> <ul style="list-style-type: none"> <li>*Enuresis</li> <li>*Encopresis</li> <li>*Other Specified Elimination Disorder</li> </ul>

	<p><b>Film Character Diagnosis Paper Due</b></p> <p><b>Collaborate Meeting:</b> Tuesday, 7:00 p.m.</p>
<b>Module 11</b>	<p><b>Reading Assignment: Sexual Dysfunction (Pgs. 477 – 509).</b></p> <ul style="list-style-type: none"> <li>*Delayed Ejaculation</li> <li>*Erectile Disorder</li> <li>*Female Orgasmic Disorder</li> <li>*Female Sexual Interest /Arousal Disorder</li> <li>*Genito-Pelvic Pain/Penetration Disorder</li> <li>*Male Hypoactive Sexual Desire Disorder</li> <li>*Premature Ejaculation</li> <li>*Other Specified Sexual Dysfunction</li> <li>*Unspecified Sexual Dysfunction</li> </ul> <p><b>Reading Assignment: Gender Dysphoria (Pgs. 511 - 520)</b></p> <ul style="list-style-type: none"> <li>*Gender Dysphoria</li> <li>*Other Specified Gender Dysphoria</li> <li>*Unspecified Gender Dysphoria</li> </ul> <p><b>Case Study #9 Feeding and Eating Disorders - Wanda Hoffman</b>  <b>Case Study # 10 Elimination Disorders - Zach</b></p>
<b>Module 12</b>	<p><b>Reading Assignment: Disruptive, Impulse-Control &amp; Conduct Disorders (Pgs. 461 – 480)</b></p> <ul style="list-style-type: none"> <li>*Oppositional Defiant Disorder</li> <li>*Intermittent Explosive Disorder</li> <li>*Conduct Disorder</li> <li>*Pyromania</li> <li>*Kleptomania</li> <li>*Other Specific Disruptive, Impulse-Control, and Conduct Disorders</li> <li>*Unspecified Specific Disruptive, Impulse-Control, and Conduct Disorders</li> </ul>
<b>Module 13</b>	<p><b>Reading Assignment: Substance-Related and Addictive Disorders (Pgs. 544 – 643).</b></p> <p><b><u>Major or Mild Neurocognitive Disorder</u></b></p> <ul style="list-style-type: none"> <li>*Alcohol-Related Disorders</li> <li>*Caffeine-Related Disorders</li> <li>*Cannabis-Related Disorders</li> <li>*Hallucinogen-Related Disorders</li> <li>*Inhalant-Related Disorders</li> <li>*Opioid-Related Disorders</li> </ul>

	<ul style="list-style-type: none"> <li>*Sedative-, Hypnotic-, or Anxiolytic-Related Disorders</li> <li>*Stimulant-Related Disorders</li> <li>*Tobacco-Related Disorders</li> <li>*Non-Substance-Related Disorders</li> </ul> <p><b>Case Study #11: Disruptive, Impulse-Control &amp; Conduct Disorders</b></p>
<b>Module 14</b>	<p><b>Reading Assignment: Neurocognitive Disorder (Pgs. 593 – 643).</b></p> <p style="text-align: center;"><b><u>Major or Mild Neurocognitive Disorder</u></b></p> <ul style="list-style-type: none"> <li>*Alzheimer’s Disease</li> <li>*Frontotemporal Lobar Degeneration</li> <li>*Lewy Body Disease</li> <li>*Vascular Disease</li> <li>*Traumatic Brain Injury</li> <li>*Substance/Medication-Induced</li> <li>*HIV Infection</li> <li>*Prion Disease</li> <li>*Parkinson’s Disease</li> <li>*Huntington’s Disease</li> <li>*Due to Another Medical Condition</li> <li>*Due to Multiple Etiologies</li> <li>*Unspecified Neurocognitive Disorder</li> </ul> <p><b>Case Study #12: Disruptive, Impulse-Control &amp; Conduct Disorders</b></p>
<b>Module 15</b>	<p><b>Reading Assignment: Personality Disorder (Pgs. 645 – 684).</b></p> <p><b>Cluster A Personality Disorders</b></p> <ul style="list-style-type: none"> <li>*Paranoid Personality Disorder</li> <li>*Schizoid Personality Disorder</li> <li>*Schizotypal Personality Disorder</li> </ul> <p><b>Cluster B Personality Disorders</b></p> <ul style="list-style-type: none"> <li>*Antisocial Personality Disorder</li> <li>*Borderline Personality Disorder</li> <li>*Histrionic Personality Disorder</li> <li>*Narcissistic Personality Disorder</li> </ul> <p><b>Cluster C Personality Disorders</b></p> <ul style="list-style-type: none"> <li>*Avoidant Personality Disorder</li> <li>*Dependent Personality Disorder</li> <li>*Obsessive-Compulsive Personality</li> </ul> <p><b>Case Study #13 Neurocognitive Disorder</b></p>

<b>Module 16</b>	<b>Due: Case Study #14 Personality Disorder - Larry Goranov</b> <b>Due: Research Paper</b> <b>Due: Psychotropic Medication Analyses</b>
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