

Course Design Map (CDM) – PSY315

1. General Course Information

Course Number/Name: PSY315 Psychopathology	Development Started: 1-2-24	Target Delivery: 2-3-24
Course Instructor: Dr. Susan Jones	Instructor Email: instructor@xyzuniversity.edu	Instructor Phone: 111-555-1212
Instructional Designer: Deb Walker	Program Chair: A. Summer	Dean: B. Cortes

2. Course Description

This course provides a comprehensive overview of the field of psychopathology, offering an examination of the classification, causes, symptoms, and therapeutic approaches related to mental disorders. Students will analyze a wide range of disorders, including anxiety disorders, mood disorders, substance use disorders, personality disorders, schizophrenia, and neurodevelopmental disorders. By the conclusion of this course, students will be better equipped to recognize signs and symptoms of mental disorders in real-world settings. Additionally, they will possess the essential foundational knowledge required for advancing their studies in clinical and counseling psychology.

3. Program Learning Objectives (PLO)

PLO	1	2	3	4	5	6	7	8	9	10	Are all
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4. Course Learning Objectives (CLO)

Course Learning Outcomes

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

1. Demonstrate a comprehensive understanding of the classification, causes, symptoms, and therapeutic approaches for the major psychological disorders
2. Analyze and interpret the pathological behaviors of others in real-world settings
3. Compare and contrast various psychological disorders to identify similarities and differences in their characteristics, symptoms, and diagnostic criteria
4. Effectively articulate and support your perspectives on psychopathology through written communication

5. Weekly Learning Modules (Broken down by week)

Week Number: 1	Week's Title: Exploring Mental Health: Intro to Psychopathology, Biopsychosocial Approach, Assessment, & Diagnosis
Length:	Essential Terminology: psychological disorder abnormal behavior presenting problem prognosis psychosocial treatment biopsychosocial approach multidimensional, integrative approach biological vulnerability neurotransmitters agonist/antagonist emotion mood affect clinical assessment diagnosis comorbidity independent/dependent variable placebo effect informed consent
Format for this week: Online	

Week's Overview: Vyond Case Study: Judy: The Girl Who Fainted at the Sight of Blood (page 4 in the textbook). This will be turned into a Vyond video.

Judy, a 16-year-old, was referred to our anxiety disorders clinic after increasing episodes of fainting. About 2 years earlier, in Judy's first biology class, the teacher had shown a movie of a frog dissection.

This was a graphic film, with vivid images of blood, tissue, and muscle. About halfway through, Judy felt lightheaded and left the room. But the images did not leave her. She continued to be bothered by them and occasionally felt queasy. She began to avoid situations in which she might see blood or injury. She found it difficult to look at raw meat or even Band-Aids, because they brought the feared images to mind. Eventually, anything anyone said that evoked an image of blood or injury caused Judy to feel lightheaded. It got so bad that if one of her friends exclaimed, "Cut it out!" she felt faint.

Beginning about 6 months before she visited the clinic, Judy fainted when she unavoidably encountered something bloody. Physicians could find nothing wrong with her. By the time she was referred to our clinic, she was fainting 5 to 10 times a week, often in class. Clearly, this was problematic and disruptive; each time Judy fainted, the other students flocked around her, trying to help, and class was interrupted. The principal finally concluded that she was being manipulative and suspended her from school, even though she was an honor student.

Judy was suffering from what we now call blood–injection–injury phobia. Her reaction was severe, thereby meeting the criteria for phobia, a psychological disorder characterized by marked and persistent fear of an object or situation. But many people have similar reactions that are not as severe when they receive an injection or see someone who is injured. For people who react as severely as Judy, this phobia can be disabling. They may avoid certain careers, such as medicine or nursing, and, if they are so afraid of needles and injections that they avoid them even when they need them, they put their health at risk.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Introduction to Psychopathology	1, 2, 3, 4	1. Use basic psychological terminology, concepts, and theories in	Discussion Post 1 - Abnormal and pathological behavior:	Read 1. Essentials of Abnormal Psychology,	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th ed.
Biopsychosocial Approach	1, 2, 3, 4				

Clinical Assessment & Diagnosis	1, 2, 3, 4	<p>psychology to explain behavior</p> <p>2. Identify key characteristics of major content domains in psychology (eg cognition and learning, developmental, biological, and sociocultural</p> <p>3. Explain the role of neuroscience in psychopathology</p> <p>4. Describe the biopsychosocial model in psychology</p> <p>5. Explain the process of assessing psychological disorders</p>	<ul style="list-style-type: none"> • What are behaviors that may be considered abnormal but do not constitute a psychological disorder? • Do "abnormal" and "pathological" mean the same thing? Can you be one without being the other? Is abnormality an either-or constructor or a continuum? (WLO 1, 2, 3, 4, 5) <p>Interactive Learning Session (WLO 1, 2, 3, 4, 5)</p>	<p>Chapter 1: Abnormal Behavior in Historical Context (p 1-32) (WLO 1, 2, 3)</p> <p>2. Essentials of Abnormal Psychology, Chapter 2: An Integrative Approach to Psychopathology (p 33-68) (WLO 1, 2, 3, 4)</p> <p>3. Essentials of Abnormal Psychology, Chapter 3: Clinical Assessment, Diagnosis, and Research in Psychopathology (p. 69-116) (WLO 1, 2, 3, 5)</p> <p>Review</p> <ol style="list-style-type: none"> 1. Lecture 2 PPT Slides (WLO 1, 2, 3, 4) 2. Lecture 3 PPT Slides (WLO 1, 2, 3, 5) 3. Lecture 4 PPT Slides (WLO 1, 2, 3, 5) 4. Reading Guide 1 PPT (WLO 1, 	<p>Vyond case study: Judy: The Girl Who Fainted at the Sight of Blood</p> <p>Reading Guide 1 PPT slides</p> <p>Lecture 2-4 PPT slides</p> <p>Faculty videos</p> <p>YouTube video</p> <p>Interactive live session</p>
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				<p>2, 3, 4, 5)</p> <p>Watch</p> <ol style="list-style-type: none"> 1. Faculty Lecture Video 1: Course introduction video - syllabus and assignments 2. Vyond case study - Judy The Girl Who Fainted at the Sight of Blood (WLO 1, 2, 3, 4) 3. Faculty lecture video 2: Biopsychosocial Model in Psychology (WLO 1, 2, 3, 4) 4. Faculty lecture video 3: How to Differentiate Between Clinical Disorders and Abnormal Behavior (WLO 1, 2, 3, 5) 5. Faculty lecture video 4: Approach to Clinical Assessment (WLO 1, 2, 3, 5) 6. Psychological Disorders: Crash Course 	
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				Psychology #28 (10:08) (WLO 1, 2, 3, 5) 7. What is a Biopsychosocial Approach (1:57) (WLO 4) 8. Mental Status Exam Mnemonics (7:36) (WLO 1, 2, 3, 5)	
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Week Number: 2	Week's Title: Understanding Anxiety, Trauma, Stress, and Obsessive-Compulsive Disorders	
Length:	Essential Terminology:	
Format for this week: Online	<div>Anxiety</div> <div>Panic</div> <div>Fight/flight system</div> <div>Generalized Anxiety Disorder</div> <div>Agoraphobia</div> <div>Specific Phobias</div> <div>Separation Disorder</div> <div>Posttraumatic Stress Disorder</div> <div>Acute Stress Disorder</div> <div>Adjustment Disorders</div> <div>Attachment Disorders</div> <div>Obsessive-Compulsive Disorder</div> <div>Obsessions</div> <div>Compulsions</div>	
Week's Overview:		
Case Study: Irene: Ruled By Worry (page 125 in the textbook).		
<p>Irene, a 20-year-old college student, came to the clinic complaining of excessive anxiety and general difficulties in controlling her life. Everything was a catastrophe for Irene. Although she carried a 3.7 grade point average, she was convinced she would flunk every test she took.</p>		

Irene worried until she dropped out of the first college she attended after one month. She felt depressed for a while and then decided to take a couple of courses at a local junior college, believing she could handle the work there better. After achieving straight As at the junior college for two years, she enrolled once again in a four-year college as a junior. After a short time, she began calling the clinic in a state of extreme agitation, saying she had to drop this or that course because she couldn't handle it. With great difficulty, her therapist and parents persuaded her to stay in the courses and to seek further help. In any course Irene completed, her grade was between an A and a B-minus, but she still worried about every test and every paper.

Irene was also concerned about relationships with her friends. Whenever she was with her new boyfriend, she feared making a fool of herself and losing his interest. She reported that each date went extremely well, but she knew the next one would probably be a disaster.

Irene was also concerned about her health. She had minor hypertension, probably because she was somewhat overweight. She was also very worried about eating the wrong types or amounts of food. She became reluctant to have her blood pressure checked for fear it would be high or to weigh herself for fear she was not losing weight. She severely restricted her eating and as a result had an occasional episode of binge eating.

Although Irene had an occasional panic attack, this was not a major issue to her. As soon as the panic subsided, she focused on the next possible catastrophe. In addition to high blood pressure, Irene had tension headaches and a "nervous stomach," with a lot of gas, occasional diarrhea, and some abdominal pain. Irene's life was a series of impending catastrophes. Her mother reported that she dreaded a phone call from Irene, let alone a visit, because she knew she would have to see her daughter through a crisis. For the same reason, Irene had few friends.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Anxiety disorders, trauma, and stressor-related disorders	1, 2, 3, 4	1. Explain how the biopsychosocial model applies to anxiety, trauma, and stressor-related disorders	Discussion Post 2 - personal thoughts about diagnosing individuals: <ul style="list-style-type: none"> Describe your personal thoughts about diagnosing individuals Can diagnoses and labeling cause harm? Are there benefits? Any 	Read Essentials of Abnormal Psychology, Chapter 4: Anxiety, Trauma, and Stressor-Related, and Obsessive-Compulsive and Related Disorders(p 117-153) (WLO 1, 2, 3, 4) Review 1. Lecture 5 PPT Slides (WLO 1, 2)	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th ed.
Obsessive-compulsive and related disorders		2. Describe essential components of anxiety, trauma, and stressor-related disorders			Reading Guide 2 PPT slides Lecture 5-7 slides Faculty videos YouTube videos

		<p>3. Explain how the biopsychosocial model applies to obsessive-compulsive and related disorders</p> <p>4. Describe essential components of obsessive-compulsive and related disorders</p>	<p>drawbacks? (WLO 2,5)</p> <p>Interactive Learning Session (WLO 1, 2, 3, 4)</p> <p>H5P Interactive: Multiple Choice on different disorders (WLO 1, 2, 3, 4)</p>	<p>2. Lecture 6 PPT Slides (WLO 1, 2)</p> <p>3. Lecture 7 PPT Slides (WLO 3,4)</p> <p>4. Reading Guide 2 PPT Slides (WLO 3, 4)</p> <p>Watch:</p> <ol style="list-style-type: none"> 1. Faculty video lecture 5: Generalized Anxiety Disorder (WLO 1, 2) 2. Faculty video lecture 6: PTSD (WLO 1, 2) 3. Faculty video lecture 7: Phobias (WLO 3, 4) 4. Case study clinical example: First session with a client with symptoms of social anxiety (CBT) (12:01) (WLO 2, 4) 5. How the body keeps the score on trauma Bessel van der Kolk for Big Think (8:03) (WLO 2, 4) 6. Obsessive compulsive 	<p>Interactive live session</p> <p>H5P Interactive: Multiple choice for all the different disorders this week</p>
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				disorder (OCD) - causes, symptoms & pathology (5:18) (WLO 3, 4) 7. What is PTSD? IAPA (1:43) (WLO 1, 2) 8. 4 Warning Signs of Generalized Anxiety Disorder (1:59) (WLO 1, 2)	
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Week Number: 3	Week's Title: Understanding Mood Disorders and Suicidality
Length:	Essential Terminology: Depression Bipolar Suicide Self-Harm Hospitalization 5150
Format for this week: Online	
Week's Overview: Case Study: Jack: A Life Kept Down (page 205 in the textbook).	
<p>Jack was a 49-year-old divorced white man who lived at his mother's home with his 10-year-old son. He complained of chronic depression, saying he finally realized he needed help. Jack reported that he had been a pessimist and a worrier for much of his adult life. He consistently felt kind of down and depressed and did not have much fun. He had difficulty making decisions, was generally pessimistic about the future, and thought little of himself. During the past 20 years, the longest period he could remember in which his mood was "normal" or less depressed lasted only four or five days.</p> <p>About five years before coming to the clinic, Jack had experienced a bout of depression worse than anything he had previously known. His self-esteem went from low to non-existent. From indecisiveness, he became unable to decide anything. He was exhausted all the time and felt as if</p>	

lead had filled his arms and legs, making it difficult even to move. He became unable to complete projects or to meet deadlines. Seeing no hope, he began to consider suicide. After tolerating a listless performance for years from someone they had expected to rise through the ranks, Jack's employers finally fired him.

After about six months, the major depressive episode resolved and Jack returned to his chronic but milder state of depression. He could get out of bed and accomplish some things, although he still doubted his own abilities. He was unable to obtain another job, however. After several years of waiting for something to turn up, he realized he was unable to solve his own problems and that without help his depression would continue. After a thorough assessment, we determined that Jack suffered from a classic case of double depression.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Mood disorders and suicide	1, 2, 3, 4	<ol style="list-style-type: none"> 1. Explain how the biopsychosocial model applies to mood disorders and suicidality 2. Describe the essential components of each mood disorder 3. Differentiate between depressive, manic, and hypomanic disorders 	<p>Discussion Post 3 - Suicide Prevention:</p> <p>Looking back on the suicide prevention lecture, students will reflect on the idea of suicide prevention. Is there anything they can do personally to increase awareness or help others? Is there anything we can do as a community (CLU) or as a profession? (WLO 1, 2, 3)</p> <p>Reflection Paper 1 - MH Stigma There is a strong stigma toward mental health and substance use today. It surrounds certain diagnoses (some more than others), individuals who seek out treatment, those who have been impacted by suicidal thoughts, etc.</p>	<p>Read Essentials of Abnormal Psychology, Chapter 6: Mood Disorders and Suicide (p 200-247) (WLO 1, 2, 3)</p> <p>Review</p> <ol style="list-style-type: none"> 1. Lecture 8 PPT Slides (WLO 1, 2, 3) 2. Lecture 9 PPT Slides (WLO 1, 2, 3) 3. Lecture 10 PPT Slides (WLO 1) 4. Reading Guide 3 PPT Slides (WLO 1, 2, 3) <p>Watch:</p> <ol style="list-style-type: none"> 1. Faculty video lecture 8: Major Depressive Disorder (WLO 1, 2, 3) 2. Faculty video lecture 9: 	<p>Textbook: <i>Essentials of Abnormal Psychology</i>, 8th ed.</p> <p>Reading Guide 3 PPT slides</p> <p>Lecture 8-10 PPT slides</p> <p>Faculty videos</p> <p>YouTube videos</p> <p>Interactive live session</p> <p>H5P Interactive- Image slider of suicide facts/what to do</p>

			<p>What can we do as a society to reduce the stigma around mental health? And more importantly, what can you do on a more individuals level?</p> <p>For this paper, I would like a combination of personal reflection, potential solutions and some research to help support your thoughts.</p> <p>This paper should be between 3-5 pages in length, and APA formatting. (WLO 1, 2, 3)</p> <p>Interactive Learning Session (WLO 1, 2, 3)</p>	<p>Bipolar Disorder (WLO 1, 2, 3)</p> <p>3. Faculty video lecture 10: Suicide Prevention (WLO 1)</p> <p>4. What is bipolar disorder(5:57) (WLO 2, 3)</p> <p>5. Depressive and Bipolar Disorders: Crash Course Psychology #30 (9:59) (WLO 1, 2, 3)</p>	
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Week Number: 4	Week's Title: Understanding Personality Disorders, Substance Abuse, Addictive and Impulse Control Disorders
Length:	Essential Terminology:

Format for this week: Online	Personality Disorder Paranoid/Schizoid/Schizotypal/Antisocial/Borderline/Histrionic/Narcissistic/ Avoidant/Dependent/Obsessive-Compulsive Personality Disorder Tolerance Withdrawal Depressants Stimulants Substance Use Substance Abuse Alcohol Use Disorder Amphetamine Use Disorder Benzodiazepines Cannabis Use Disorder Impulse control disorders
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Week's Overview:

Case Study: Ryan: The Thrill Seeker (page 421 in textbook).

I first met Ryan on his 17th birthday. Unfortunately, he was celebrating the event in a psychiatric hospital. He had been truant from school for several months and had gotten into trouble; the judge who heard his case had recommended psychiatric evaluation.

My first impression was that Ryan was cooperative and pleasant. He pointed out a tattoo on his arm that he had made himself, saying that it was a "stupid" thing to have done and that he now regretted it. He regretted many things and was looking forward to moving on with his life. I later found out that he was never truly remorseful for anything.

Our second interview was quite different. In the 48 hours since our first interview, Ryan had done a number of things that showed why he needed help. The most serious incident involved a 15-year-old girl named Ann who attended class with Ryan in the hospital school. Ryan had told her that he was going to get himself discharged, get in trouble, and be sent to the same prison Ann's father was in, where he would rape her father. Ryan's threat so upset Ann that she hit her teacher and several of the staff. When I spoke to Ryan about this, he smiled slightly and said he was bored and that it was fun to upset Ann. When I asked whether it bothered him that his behavior might extend her stay in the hospital, he looked puzzled and said, "Why should it bother me? She's the one who'll have to stay in this hell hole!"

Ryan told me he loved PCP, or "angel dust," and that he would rather be dusted than anything else. He routinely made the two-hour trip to New York City to buy drugs in a dangerous neighborhood. He denied that he was ever nervous. This wasn't machismo; he really seemed unconcerned.

Ryan made little progress. I discussed his future in family therapy sessions and we talked about his pattern of showing supposed regret and remorse and then stealing money from his parents and going back onto the street. Most of our discussions centered on trying to give his parents the courage to say no to him and not to believe his lies. Ryan was eventually discharged to a drug rehabilitation program. Within four weeks, he had convinced his parents to take him home, and within two days he had stolen all their cash and disappeared; he apparently went back to his friends and to drugs.

When he was in his 20s, after one of his many arrests for theft, he was diagnosed as having antisocial personality disorder. His parents never summoned the courage to turn him out or refuse him money, and he continues to con them into providing him with a means of buying more drugs.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Personality Disorders	1, 2, 3, 4		Discussion Post 4 - PD	Read 1. Essentials of	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th

					ed.
Substance-Related, Addictive, and Impulse-Control Disorders	1, 2, 3, 4	<div><div>1. Explain how the biopsychosocial model applies to personality disorders</div><div>2. Describe the essential components of personality disorders</div><div>3. Explain the psychosocial and medical treatments of personality disorders</div><div>4. Explain how the biopsychosocial model applies to substance-related disorders</div><div>5. Describe essential components of substance-related and addictive disorders</div></div>	<div><div>Stigma:</div><div><div>● Personality disorders are some of the most stigmatizing psychological disorders. Why might this be the case?</div><div>● How does such a stigma impact those who receive a personality disorder diagnosis? (WLO 1, 2, 3)</div></div></div> <div><div>Interactive Learning Session (WLO 1, 2, 5)</div></div>	<div><div>Abnormal Psychology, Chapter 10: Substance-Related, Addictive, and Impulse-Control Disorders (p 367-408) (WLO 4, 5)</div><div>2. Essentials of Abnormal Psychology, Chapter 11: Personality Disorders (p 409-444) (WLO 1, 2, 3)</div></div> <div><div>Review</div><div><div>1. Lecture 11 PPT Slides: Personality Disorders(WLO 1, 2, 3)</div><div>2. Lecture 12: Substance Abuse Disorders (WLO 4,5)</div><div>3. Reading Guide 4 PPT Slides (WLO 1, 2, 3, 4, 5)</div></div></div> <div><div>Watch</div><div><div>1. Faculty video lecture 10: Personality Disorders (WLO 1, 2, 3)</div><div>2. Faculty video</div></div></div>	<div><div>Reading Guide 4 PPT slides</div><div>Lecture 11-12 PPT slides</div><div>Faculty videos</div><div>YouTube videos</div><div>Interactive live session</div><div>H5P Interactive: Multiple choice for the different personality disorders this week</div></div>

				lecture 11: Substance Abuse Disorders (WLO 4,5) 3. Substance Use Treatment (3:47) (WLO 4,5) 4. Personality Disorders Mnemonics (Memorable Psychiatry Lecture) (16:11) (WLO 1, 2, 3)	
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Week Number: 5	Week's Title: Understanding Schizophrenia and Psychotic Spectrum Disorders
Length:	Essential Terminology: Schizophrenia Catatonia Positive/Negative symptoms Paranoia Psychosis hallucinations affect disorganized speech schizoaffective disorder delusions prodromal expressed emotion token economy
Format for this week: Online	
Week's Overview: Case Study: David: Missing Uncle Bill (page 449 in textbook).	

David was 25-years-old when I met him; he had been living in a psychiatric hospital for about three years. He was a little overweight and of average height; he typically dressed in a T-shirt and jeans and tended to be active. I first encountered him while I was talking to another man who lived on the same floor. David interrupted us by pulling on my shoulder. "My Uncle Bill is a good man. He treats me well." Not wanting to be impolite, I said, "I'm sure he is. Maybe after I've finished talking to Michael here, we can talk about your uncle." David persisted, "He can kill fish with a knife. Things can get awfully sharp in your mind, when you go down the river. I could kill you with my bare hands—taking things into my own hands. ... I know you know!" He was now speaking quickly and had gained emotionality, along with speed, as he spoke. I talked to him quietly until he calmed down for the moment; later, I looked into David's file for some information about his background.

David was brought up on a farm by his Aunt Katie and Uncle Bill. His father's identity is unknown and his mother, who had mental retardation, couldn't care for him. David, too, was diagnosed as having mental retardation, although his functioning was only mildly impaired, and he attended school. The year David's Uncle Bill died, his high school teachers first reported unusual behavior. David occasionally talked to his deceased Uncle Bill in class. Later, he became increasingly agitated and verbally aggressive toward others and was diagnosed as having schizophrenia. He managed to graduate from high school but never obtained a job after that; he lived at home with his aunt for several years. Although his aunt sincerely wanted him to stay with her, his threatening behavior escalated to the point that she requested he be seen at the local psychiatric hospital.

I spoke with David again and had a chance to ask him a few questions. "Why are you here in the hospital, David?" "I really don't want to be here," he told me. "I've got other things to do. The time is right, and you know, when opportunity knocks." He continued for a few minutes until I interrupted him. "I was sorry to hear that your Uncle Bill died a few years ago. How are you feeling about him these days?" "Yes, he died. He was sick and now he's gone. He likes to fish with me, down at the river. He's going to take me hunting. I have guns. I can shoot you, and you'd be dead in a minute."

David's conversational speech resembled a ball rolling down a rocky hill. Like an accelerating object, his speech gained momentum the longer he went on and, as if bouncing off obstacles, the topics almost always went in unpredictable directions. If he continued for too long, he often became agitated and spoke of harming others. David also told me that his uncle's voice spoke to him repeatedly. He heard other voices also, but he couldn't identify them or tell me what they said. We return to David's case later in this chapter when we discuss causes and treatments.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Schizophrenia Spectrum and other psychotic disorders	1, 2, 3, 4	1. Explain how the biopsychosocial model applies to schizophrenia and	Reflection Paper 2 - Schizophrenia	Read Essentials of Abnormal Psychology, Chapter 12: Schizophrenia	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th ed.

		<p>psychotic spectrum disorders</p> <p>2. Describe examples of schizophrenia and psychotic spectrum disorders</p> <p>3. Describe essential components of somatic symptoms of schizophrenia and other psychotic disorders</p> <p>4. Explain the available treatments for schizophrenia and psychotic spectrum disorders</p>	<p>Students will read the case study of Arthur who has schizophrenia. They will write about their personal reaction as they read his story, and discuss whether or not they would be able to work with someone displaying his symptoms, how they could establish rapport with someone with psychosis, and how they might work with his family. The paper should be 3-5 pages and use APA formatting. (WLO 1, 2, 3, 4)</p> <p>Interactive Learning Session (WLO 1, 2, 3, 4)</p>	<p>Spectrum and Other Psychotic Disorders (p 445-478) (WLO 1, 2, 3, 4)</p> <p>Review</p> <ol style="list-style-type: none"> 1. Lecture 13 PPT Slides: Schizophrenia (WLO 1, 2, 3, 4) 2. Reading Guide 5 PPT Slides (WLO 1, 2, 3, 4) <p>Watch</p> <ol style="list-style-type: none"> 1. Faculty video lecture 13: Schizophrenia (WLO 1, 2, 3, 4) 2. I Am Not A Monster: Schizophrenia Cecilia McGough (14:40) (WLO 1, 2, 3, 4) 3. What is Schizophrenia? - It's More Than Hallucinations (2:39) (WLO 1, 2, 3) 	<p>Reading Guide 5 PPT slides</p> <p>Lecture 13 PPT slides</p> <p>Faculty videos</p> <p>YouTube videos</p> <p>Interactive live session</p>
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Week Number: 6	Week's Title: Understanding Eating and Sleep-Wake Disorders
Length:	Essential Terminology: Bulimia Nervosa Binge Anorexia Nervosa
Format for this week: Online	

	REM Sleep Sleep Terrors
<p>Week's Overview: Case Study: Phoebe: Apparently Perfect (page 285 in textbook)</p> <p>Phoebe was a classic all-American girl: popular, attractive, intelligent, and talented. By the time she was a senior in high school, she had accomplished a great deal. She was a class officer throughout high school, homecoming princess her sophomore year, and junior prom queen. She played on school athletic teams, maintained an A-minus average, and was headed for a top-ranked university.</p> <p>But Phoebe had a secret: She was haunted by her belief that she was fat and ugly. Every bite of food that she put in her mouth was, in her mind, a step down the inexorable path that led to the end of her success and popularity. Phoebe had been concerned about her weight since she was 11. Ever the perfectionist, she began regulating her eating in junior high. She would skip breakfast (over the protestations of her mother), eat a small bowl of pretzels at noon, and allow herself one half of whatever she was served for dinner.</p> <p>This behavior continued into high school, but as Phoebe struggled to restrict her eating, occasionally she would binge on junk food. Sometimes she stuck her fingers down her throat after a binge, but this tactic was unsuccessful. By the time she was a senior, Phoebe was obsessed with what she would eat and when. She used every bit of her willpower to restrict her eating, but occasionally she failed. One day during her senior year, she came home after school and ate two big boxes of candy. Depressed, guilty, and desperate, she went to the bathroom and stuck her fingers farther down her throat than she had before dared. She vomited. And she kept vomiting. Although physically exhausted, Phoebe had never felt such an overwhelming sense of relief from the anxiety, guilt, and tension that accompanied her binges. She realized that she had gotten to eat all that candy and now her stomach was empty. It was the perfect solution to her problems.</p> <p>Phoebe learned quickly what foods she could easily vomit. And she always drank lots of water. She began to restrict her eating even more and her bingeing increased. This routine went on for about six months, until April of her senior year in high school. By this time, Phoebe had lost much of her energy, and her schoolwork was deteriorating. She was continually tired, her skin was broken out, and her face puffed up. Her teachers and mother suspected she might have an eating problem. When they confronted her, she was relieved her problem was out in the open and stopped bingeing for a while, but afraid of gaining weight and losing her popularity, Phoebe resumed her pattern, but she was now better at hiding it. For six months, Phoebe binged and purged approximately 15 times a week.</p> <p>When Phoebe went away to college, things became more difficult. Now she had a roommate, and she was more determined than ever to keep her problem a secret. Although the student health service offered workshops on eating disorders, Phoebe knew that she could not break her cycle without the risk of gaining weight. To avoid the communal bathroom, she went to a deserted place behind a nearby building to vomit.</p> <p>She kept her secret until the beginning of her sophomore year. One night, after drinking beer and eating fried chicken at a party, she attempted</p>	

to cope with her guilt anxiety and tension in the usual manner, but when she tried to vomit, her gag reflex seemed to be gone. Breaking into hysterics, she called her boyfriend and told him she was ready to kill herself. Her loud sobbing and crying attracted the attention of her friends, and she confessed her problem to them. She also called her parents. At this point, Phoebe realized that her life was out of control and that she needed professional help.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Eating disorders	1, 2, 3, 4	1. Explain how the biopsychosocial model applies to the development of eating disorders 2. Describe the essential components of eating disorders 3. Explain how the biopsychosocial model applies to the development of sleep-wake disorders 4. Describe the essential components of sleep-wake disorders	Discussion Post 5 - Self-assessment: <ul style="list-style-type: none"> After reviewing various assessments, use the link to assess your own attachment behavior/style. http://www.web-research-design.net/cgi-bin/crq/crq.pl Links to an external site After completing the assessment, discuss what your experience was. How was it for you to take this assessment? Do you think it accurately described any aspects of you/your own personality? Did you learn anything about yourself? Do you think this 	Read Essentials of Abnormal Psychology, Chapter 8: Eating and Sleep-Wake Disorders (p 283-305 and p 324) (WLO 1, 2, 3, 4) Review <ol style="list-style-type: none"> Lecture 14 PPT Slides: Eating Disorders(WLO 1, 2) Lecture 15 PPT Slides: Wake/Sleep Disorders (WLO 3,4) Reading Guide 7 PPT Slides (WLO 1, 2, 3, 4) Watch <ol style="list-style-type: none"> Faculty video lecture 14: Eating Disorders(WLO 1, 2) Faculty video lecture 15: Sleep-Wake 	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th ed. Reading Guide 6 PPT slides Lecture 14-15 PPT slides Faculty videos YouTube video Interactive live session
Sleep-wake disorders	1, 2, 3, 4				

			could be a useful tool for clients? Any cons about its use? (WLO 1, 2, 3, 4)	Disorders (WLO 3,4) 3. Signs of an Eating Disorder (4:48) (WLO 1,2) 4. Why are eating disorders so hard to treat? - Anees Bahji (4:39) (WLO 1, 2)	
			Interactive Learning Session (WLO 2, 4)		

Week Number: 7	Week's Title: Understanding Neurodevelopmental, Neurocognitive Disorders, Somatic Symptom and Dissociative Disorders
Length:	Essential Terminology:
Format for this week: Online	Attention Deficit Hyperactivity Disorder Autism Spectrum Disorder Learning Disorders Down Syndrome Fetal Alcohol Syndrome Traumatic Brain Injury Neurocognitive Disorder Alzheimer's Somatic Symptom Disorder Dissociation Derealization Depersonalization Malingering

Week's Overview: Case Study: Danny: The Boy Who Couldn't Sit Still (page 483 in textbook). <p>Danny, a 9-year-old boy, was referred to us because of his difficulties at school and at home. Danny had a great deal of energy and loved playing most sports, especially baseball. Academically, his work was adequate, although his teacher reported that his performance was diminishing and she believed he would do better if he paid more attention in class. Danny rarely spent more than a few minutes on a task without some interruption: He would get up out of his seat, rifle through his desk, or constantly ask questions. His peers were frustrated with him because he was equally impulsive during their interactions. He never finished a game, and in sports, he tried to play all positions simultaneously.</p> <p>At home, Danny was considered a handful. His parents reported that they often scolded him for not carrying out some task, although the reason seemed to be that he forgot what he was doing rather than that he deliberately tried to defy them. They also said that, out of their frustration, they sometimes grabbed him by the shoulders and yelled, "Slow down!" because his hyperactivity drove them crazy.</p>					
Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Neurodevelopmental and neurocognitive disorders	1, 2, 3, 4	1. Explain how the biopsychosocial model applies to neurodevelopmental and neurocognitive disorders 2. Describe essential components of neurodevelopmental and neurocognitive disorders 3. Describe essential components of somatic symptom and dissociative disorders	Reflection Paper 3 - Teen Anxiety/Depression and Social Media: <ul style="list-style-type: none"> Rates of adolescent depression and anxiety have been on a sharp incline since the introduction of the iPhone. Why do you think this is happening? How are technology and social media impacting mental health for adolescents and 	Read <ol style="list-style-type: none"> Essentials of Abnormal Psychology, Chapter 13: Neurodevelopmental and Neurocognitive Disorders (p. 482-528) (WLO 1, 2) Essentials of Abnormal Psychology, Chapter 5: Somatic Symptom and Related Disorders and Dissociative Disorders (p. 172-199) (WLO 3) 	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th ed. Reading Guide 7 PPT slides Lecture 16-17 PPT slides Faculty videos YouTube Videos Interactive live session
Somatic symptom and dissociative disorders	1, 2, 3, 4				

Commented [1]: This reflection does not match any of the WLOs for the week.

Commented [2R1]: I'm not sure what to do about that.... this has been a really beneficial paper for students to do in the regular class- we have never had to have weekly learning objectives and had to match each assignment precisely. Maybe Ari can help with this one? If not, I am happy to create another assignment.

			<p>young adults? Are there any positives of social media for mental wellness? What are your personal thoughts about the rapid increase in mental health diagnoses in teens today? Please remember to incorporate research to support your opinions. The paper should be 4-6 pages and use APA formatting. (WLO 1, 2, 3)</p> <p>Discussion Post 6 - Which disorder do students feel drawn to?</p> <ul style="list-style-type: none"> Of all the disorders and abnormal behavior we have discussed this term, is there a population you feel drawn to? Why is this? 	<p>Review</p> <ol style="list-style-type: none"> Lecture 16 PPT Slides: ADHD and Other Neurodevelopmental Disorders(WLO 1, 2) Lecture 17: Dissociative Disorders (WLO 3) Reading Guide 7 PPT Slides (WLO 1, 2, 3) <p>Watch</p> <ol style="list-style-type: none"> Faculty video lecture 16: ADHD and Other Neurodevelopmental Disorders(WLO 1, 2) Faculty video lecture 17: Dissociative Disorders (WLO 3) Dementia and Alzheimer's Disease Mnemonics (Memorable Psychiatry Lecture)(19:14) (WLO 1, 2) 	
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			<p>How can you see yourself working with individuals struggling with this disorder? What impact can you have on their life? (WLO 1, 2, 3)</p> <p>Interactive Learning Session (WLO 2, 3)</p>		
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Week Number: 8	Week's Title: Exploring Sexual Health: Understanding Dysfunctions, Diverse Sexual Behaviors, and Ethical Challenges in Mental Health Care
Length:	Essential Terminology: Sexual Dysfunction Paraphilic Disorder Gender Dysphoria Civil Commitment Deinstitutionalization Diminished Capacity Informed Consent APA Ethical Guidelines Duty to Warn Tarasoff Competence
Format for this week: Online	
Week's Overview: Case Study: Bruce/Brenda: Gender and Biology (page 357 in textbook) A set of male identical twins was born into a well-adjusted family. Several months later, an unfortunate accident occurred. Although circumcision went routinely for one of the boys, the physician's hand slipped so that the electric current in the device burned off the penis of the second baby. After working through their hostility toward the physician, the parents consulted specialists in children with intersexual problems and were faced with a choice. The specialists pointed out that the easiest solution would be to reassign their son Bruce as a girl, and the parents agreed. At the	

age of several months, Bruce became "Brenda." The parents purchased a new wardrobe and treated the child in every way possible as a girl. These twins were followed through childhood and, upon reaching puberty, the young girl was given hormonal replacement therapy. After six years, the doctors lost track of the case but assumed the child had adjusted well.

However, Brenda endured almost intolerable inner turmoil. We know this because two clinical scientists found this individual and reported a long-term follow-up (Diamond & Sigmundson, 1997). Brenda never adjusted to her assigned gender. As a child, she preferred rough-and-tumble play and resisted wearing girls' clothes. In public bathrooms, she often insisted on urinating while standing up, which usually made a mess. By early adolescence, Brenda was pretty sure she was a boy, but her doctors pressed her to act more feminine. When she was 14, she confronted her parents, telling them she was so miserable she was considering suicide. At that point, they told her the true story, and the muddy waters of her mind began to clear. Shortly thereafter, Brenda had additional surgery changing her back to Bruce, who married and became the father of three adopted children. But the turmoil of his early life never fully resolved. Perhaps because of this, perhaps because his twin brother had recently died and he had lost his job and was divorcing, or perhaps because of a combination of these factors, David Reimer (his real name) committed suicide at age 38 in 2004.

Topics	Course Learning Objectives Addressed	Weekly Objectives	Assessment (WLO met)	Learning Activities	Instructional Materials
Sexual dysfunctions, paraphilic disorders, and gender dysphoria	1, 2, 3, 4	1. Explain how the biopsychosocial model applies to sexual behaviors, paraphilic disorders, and issues related to gender 2. Describe the essential components of sexual dysfunctions, paraphilic disorders, and gender dysphoria 3. Explain the psychosocial and medical treatments for sexual dysfunctions,	Final Paper Students pick a character from movie, TV show, book or a person in real life and write a case description, including DSM diagnoses and treatment plan. The paper should be 6-8 pages and use APA formatting. (CLO 1, 2, 3, 4)	Read 1. Essentials of Abnormal Psychology, Chapter 9: Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria (p. 327-366) (WLO 1, 2, 3)	Textbook: <i>Essentials of Abnormal Psychology</i> , 8th ed. Reading Guide 8 PPT slides Lecture 18-19 PPT slides
Mental Health Services: Legal and Ethical Issues	1, 2, 3, 4		Interactive Learning Session (WLO 1, 2, 3, 4, 5, 6)	2. Essentials of Abnormal Psychology, Chapter 14: Mental Health Services: Legal and Ethical	Faculty videos YouTube Videos Interactive live session H5P Interactivity-Branching scenario for an ethical

Commented [3]: @kroye@callutheran.edu which WLOs do you want to go with this assignment? Assigned to kroye@callutheran.edu_

Commented [4R3]: This one should really be a PLO since the assignment is a culmination of all elements the students learned in the course. Can we use PLO # 1, 3, 7 and 9? Will that work @ayoung@callutheran.edu ? Reassigned to ayoung@callutheran.edu_

Commented [5R3]: This is a good question! I'm not actually sure how to handle that. I think Deb would have a more accurate answer than me. I get what you are saying, though. I have a similar situation in my course with the final assignment. I'm attaching it to the the CLOs. I'll let you both make that call.

Commented [6]: Which ones are you focusing on?

Commented [7R6]: It should reflect the PLOS of: psychological knowledge, application of psychology, critical thinking, communication and diversity.

		<p>paraphilic and gender dysphoria</p> <ol style="list-style-type: none"> Describe the relationship between dangerousness and mental illness Explain the relationship between mental illness, deinstitutionalization, and homelessness Describe the rights of patients in the mental health system 		<p>Issues (p 529-547) (WLO 4,5,6)</p> <p>Review</p> <ol style="list-style-type: none"> Lecture 18 PPT Slides: Gender Dysphoria(WLO 1, 2, 3) Lecture 19: Ethical Issues in Psychology (WLO 6) Reading Guide 8 PPT Slides (WLO 1, 2, 3, 4, 5, 6) <p>Watch</p> <ol style="list-style-type: none"> Faculty video lecture 18: Sexual Dysfunctions, Paraphilic Disorders, Gender Dysphoria(WLO 1, 2, 3) Faculty video lecture 19: Ethical Issues (WLO 6) Ethics (Psychology Issues Explained) (4:44) (WLO 4, 5, 6) 	dilemma/situation
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