

**PSYCH 139: CASE STUDIES IN CLINICAL PSYCHOLOGY
SUMMER**

1. Instructional Staff:

TBD
Office Hours: TBD
e-mail: TBA

2. Class Meeting Days and Times:

Class Meetings: TBD

Section Meetings: TBD

3. Texts:

- 1) Shirilla, J., & Weatherston, D. (2003). Case studies in infant mental health: risk, resiliency, and relationships. Washington, DC: Zero to Three.
- 2) Oltmanns, T., Martin, M., Neale, J. & Davison, G. (2014). Case Studies in Abnormal Psychology, 10th edition. Wiley Publishers
- 3) Additional readings posted to BCourses class website

4. Course Description:

Psychology 139 is a course designed for students who have previously completed undergraduate coursework in clinical psychology to begin applying core concepts of assessment, diagnosis and treatment to real world cases and to begin establishing how individual case profiles exemplify different mental health diagnoses. Relying on clinical case material, this course will tie together how mental health providers use existing diagnostic criteria, the DC 0-3R for infants and young children and the DSM-V for older children and adults, to make sense of the symptom pictures they are presented with. It is required that students who take this course have prior university-level background with clinical psychology course work.

This offering of Psychology 139 is divided into two "parts". The first "part" (weeks one through three of the semester) is concerned with clinical case material in work with infants, toddlers, and young children. A particular focus will be on the field of infant mental health, and students will be asked to examine how their own biases may influence how they "read" young children. We begin by examining students' own background knowledge and understanding of abnormal behavior, and discuss how clinical psychologists think about concepts of normality and abnormality. We then cover major paradigms for understanding psychopathology; core concepts in infant mental health; the field's current system for diagnosing and categorizing disorders of infants and toddlers (DC0-3R); approaches to psychological assessment and questions important to answer in such assessments; and ways of intervening, drawing regularly on case material.

In part two of the course (weeks four through six), we address major adult disorders of concern to clinical psychologists, including schizophrenia, mood disorders, anxiety disorders, and personality disorders, again drawing regularly on clinical case material.

During the (TBD) class meetings, class will primarily follow a traditional lecture format, though occasional use will be made of videotapes, films, and in-class writing or discussion assignments. Please note that lectures will frequently feature material not covered in the text, and that not all assigned chapters will receive coverage in class. In the (TBD) meetings the class will discuss in-depth clinical case material, there is a library session scheduled with library staff to help students begin researching their essay question for the final exam. This session will be held in (TBD location). Students will find that this particular section is of considerable benefit to them in preparing for the final exam essay.

5. Exam Dates and Determination of Grades:

The dates for the mid-term and final are as follows:

Midterm: TBD

Final: TBD

Please mark these dates on your calendar. No make-up for the mid-term will be given, and no "extra credit" projects are available. In exceptional cases such as documented medical emergencies requiring hospitalization, incarceration, or other documented major crises (events such as going through customs after a weekend cruise or having a plane flight back home to celebrate a long weekend the day before a test are not exceptional circumstances), students may be given the option of staying after the final exam to answer additional essay questions from the first half of the course. Please do not miss the mid-term. **If you know now that you will be away for the mid-term or final, you should plan to enroll for the course in a future semester.** This is a firm rule, and I will have to repeat it to you verbatim if you ask for special treatment.

Your final grade will be determined by the percentage of possible points you earn on the reflective essay (50 possible points; due on the second Thursday of the semester), and on the midterm (50 possible points) and final (100 possible points). Both the mid-term and final exams will include multiple choice and short answer questions; the final will also include one major essay. The midterm short answer questions will test your understanding of infant mental health concepts and may include a case example from the Shirilla and Weatherston text. The essay question that will appear on the final exam is as follows:

Using a specific case from the Oltmanns text (one *not* covered in lectures), illustrate the instantiation of *biological* and *environmental* factors in an adult disorder of your choosing. Organize your essay in the following manner:

- (a) what the symptom profile of the disorder looks like (DSM-V criteria)
- (b) the biological and environmental causes of the disorder you selected,
- (c) how the case you have selected exemplifies the disorder's diagnostic criteria
- (d) best practice strategies for intervening with the target disorder.

Good final essays will help the reader recognize the key diagnostic features that establish what disorder the person has and how we would know it is that disorder, and not some other. They **must** also incorporate and critically analyze the quality of key research evidence. “A” essays are easy to sort out from the rest; they are those showing that the student gave this question careful thought and reflection, and did reading and thinking beyond their text and lecture notes. That is: they present not just findings they heard about in lectures and in reading the Oltmanns text, but also the results of studies and informed critiques they found in recent published scientific articles. Essays that do nothing more than regurgitate back that which was said in class will receive no higher than a "C" grade. Remember: Library staff will be on-hand to help you plan, focus and maximize your out-of-class research time and effort during the discussion section scheduled for Thursday, June 8 (the day after our first exam).

Final grades will be based on the following point accumulations:

180 – 200	(90% and above)	A
160 - 179	(80-89%)	B
140 - 159	(70-79%)	C
120 – 139	(60-69%)	D
<119	(below 60%)	F

You must bring SCANTRON sheets and blue books (available at the ASUC store) to the exams.

6. Course Paper: Observation Reflective Essay (50 points)

View “When the Bough Breaks” during Week 2’s discussion section (the assignment questions and grading rubric will be accessible in advance on the class website). Most students find that the children portrayed in this film evoke very strong reactions from them. These reactions can affect both the way you view the child and the way that you engage with and interact with the child’s parents. The purpose of this assignment is to:

1. sharpen your observational skills by drawing your attention to particular behavioral cues sent by children that convey meaning
2. heighten your awareness of the personal reactions you have to cues sent by children, both positive and negative ones;
3. get you thinking about how your own reactions to a child could shape or influence how you approach interactions with that child’s parents.

Watch the film during the June 1 section, take notes, and then use concepts from readings to prepare a 3-5 page reflective essay analyzing child cases presented in the film. Choose and focus on two different children. In your essay, you will be asked to address the five following points:

A. Behavioral Observations (10 points)

Write about the most important things you noticed about the child, both positive and negative, during the video. Identify specific behaviors that captured your attention (such as eye contact, approach behavior, gestures, etc.). To receive full credit, you will need to vividly and completely describe the important behaviors of each child, such that it is easy to visualize how the child’s behavior appeared to you, the observer.

B. Identifying Signals (10 points)

Clearly and comprehensively describe **at least 3** signals, cues and expressive capacities the children used to communicate their needs at specific points in the video (sounds, gestures, eye contact). For each of the signals clearly state what you believed these child cues were communicating. Finally, you must provide explanations for why you believe what the child was doing constituted “signal-sending”.

C. References to Literature (10 points)

When you are writing about your observations of the child (including their behaviors, signals, cues, and expressive capacities) you should clearly give considerable thought to, and insightfully analyze, the reading concepts in relation to the observations. Draw a clear link between what you are seeing in the video, and what you learned from case readings you completed for the class this week. For full credit, cite specific concepts and examples from what you previously read.

D. Initial Reactions (10 points)

Talk about your own initial reactions to specific behaviors engaged in by each child, and why it was you had the particular reaction you did to each of those behaviors. To receive full credit, you should provide honest, sincere, and relevant personal reactions to at least 2 specific behaviors by each child and reflect thoughtfully on why you had the particular reactions that you did.

E. Effects on Interactions (10 points)

Discuss how your personal reactions could potentially affect how you might interact with the child and with her relevant parents/coparents in an infant mental health context. To receive full credit, you must clearly demonstrate an understanding of how one’s own reaction to the child (positive or negative) can affect how you might interact and communicate with parents or caregivers about their child when they bring him or her in for help.

7. Course Expectations:

The aim of Psychology 139 is to provide a thorough introduction to the ways that clinical psychologists conceptualize, diagnose, and intervene with clinical cases. Throughout the course, students will be asked to critically evaluate arguments and evidence pertaining to the study of clinical phenomena so that by the end of the course they will have become adept at understanding how particular case presentations signal different psychopathologies.

To get the most out of this course, students should: (1) arrive on time for class - tardiness disrupts others and prevents you from hearing important organizational messages and the summaries and transitions between topics that provide much of the course's coherence; (2) actively contribute to discussions and share your ideas; and (3) stay after class to talk to the instructor if you have questions or problems. Participating fully in the course will help you to maintain the clearest and crispest perspective on the material and avoid feeling "swamped" as the course progresses.

7. Course Meetings and Topics

TBD	Case study, Defining and establishing “abnormality”
TBD	Major conceptual approaches in clinical psychology
TBD	Infant-family mental health concepts; DC 0-3R
Readings:	Shirilla & Weatherston, Chapters 1, 2 and 11
TBD	Classification, Assessment and Intervention in IFMH
TBD	Case study and case reporting with Dr. Ann Chu
TBD	Case study film; Observation Reflective Essay Due
Readings:	Shirilla & Weatherston, Chapters 4, 5, 6, 7 and 9
TBD	Intro to DSM V: Autism and ADHD
TBD	MIDTERM EXAM
TBD	Library Session in the Marian Koshland Bioscience & Natural Resources Library Training Room (RC600), Valley Life Sciences Building Map: http://www.lib.berkeley.edu/sites/default/files/biosplan.pdf
Readings:	Oltmanns et al., Chapters 1 and 2 (<u>will</u> be on Wednesday’s exam)
TBD	Classification and Assessment
TBD	Schizophrenia and Mood Disorders
TBD	Case study film
Readings:	Oltmanns et al., Chapters 3, 5 and 6
TBD	Anxiety Disorders
TBD	Personality Disorders
TBD	Case study discussions
Readings:	Oltmanns et al., Chapters 7, 8, 20 and 21
TBD	PTSD; Tying Core Concepts together
TBD	FINAL EXAM
TBD	Case study/student exceptions (by arrangement with instructor)
Readings:	Oltmanns et al., Chapters 10

CASE EXERCISE, Day 1

Slumping in a comfortable leather chair, Ernest H., a 35-year-old city policeman, looked skeptically at his therapist as he struggled to relate a series of problems. His recent inability to maintain an erection when making love to his wife was the immediate reason for his seeking therapy, but after gentle prodding from the therapist, Ernest recounted a host of other difficulties, some of them dating from his childhood but most originating during the previous several years.

Ernest's childhood had not been a happy one. His mother, whom he loved dearly, died when he was only six, and for the next ten years he lived either with his father or with a maternal aunt. His father drank so heavily that he seldom managed to get through any day without some alcohol. Moreover, the man's moods were extremely variable; he had even spent several months in a state hospital with a diagnosis of "manic-depressive psychosis." The father's income was irregular and never enough to pay bills on time or to allow his son and himself to live in any but the most run-down neighborhoods. At times the father was totally incapable of caring for himself, let alone his son. Ernest would then spend weeks, sometimes months, with his aunt in a nearby suburb.

Despite these apparent handicaps, Ernest completed high school and entered the tuition-free city university. He earned his miscellaneous living expenses by waiting tables at a small restaurant. During these college years his psychological problems began to concern him. He often became profoundly depressed, for no apparent reason, and these bouts of sadness were sometimes followed by periods of manic elation. His lack of control over these mood swings troubled him greatly, for he had observed this same pattern in his alcoholic father. He also felt an acute self-consciousness with people who he felt had authority over him -- his boss, his professors, and even some of his classmates, with whom he compared himself unfavorably. He was especially sensitive about his clothes, which were old and worn compared with those of his peers; their families had more money than his.

It was on the opening day of classes in his junior year when he first saw his future wife. When the tall, slender young woman moved to her seat with grace and self-assurance, his were not the only eyes that followed her. He spend the rest of that semester watching her from afar, taking care to sit where he could glance over at her without being conspicuous. Then one day, as they and the other students were leaving class, they bumped into each other quite by accident, and her warmth and charm emboldened him to ask her to join him for some coffee. When she said yes, he almost wished she had not.

Amazingly enough, as he saw it, they soon fell in love, and before the end of his senior year they were married. Ernest could never quite believe that his wife, as intelligent a woman as she was beautiful, really cared for him. As the years wore on, his doubts about himself, and about her feelings toward him, would continue to grow.

He hoped to enter law school, and both his grades and law school boards made these plans a possibility, but he decided instead to enter the police academy. His reasons, as he related them to his therapist, had to do with doubts about his intellectual abilities, as well as his increasing uneasiness in situations in which he felt himself being evaluated. Seminars had become unbearable for him in his last year in college, and he had hopes that the badge and uniform of a police officer would give him the instant recognition and respect that he seemed incapable of earning on his own.

To help him get through the academy, his wife quit college at the end of her junior year, against Ernest's pleas, and sought a secretarial job. He felt she was far brighter than he and saw no reason why she should sacrifice her potential to help him make his way in life. But at the same time he recognized the fiscal realities and grudgingly accepted her financial support.

The police academy proved to be even more stressful than college. Ernest's mood swings, although less frequent, still troubled him. And like his father, who was now confined to a state mental hospital, he drank to ease his psychological pain. He felt that his instructors considered him a fool when he had difficulty standing up in front of the class to give an answer that he himself knew was correct. But he made it through the physical, intellectual, and social rigors of the academy, and he was assigned to foot patrol in one of the wealthier sections of the city.

Several years later, when it seemed that life should be getting easier, he found himself in even greater turmoil. Now 32 years old, with a fairly secure job that paid reasonably well, he began to think of starting a family. His wife wanted this as well, and it was at this time that his problems with impotence began. He thought at first it was the alcohol -- he was drinking at least six ounces of bourbon every night, except when on the swing shift. Soon, though, he began to wonder whether he was actually avoiding the responsibility of having a child, and later he began to doubt that his wife really found him attractive and desirable. The more understanding and patient she was about his sometimes frantic efforts to consummate sex with her, the less "manly" he felt himself to be. He was unable to accept help from his wife, for he did not believe that this was the "right" way to maintain a sexual relationship. The problems in bed spread to other areas of their lives. The less often they made love, the more suspicious he was of his wife, for she had become even more beautiful and vibrant as she entered her thirties. In addition, she had been promoted to the position of administrative assistant at the law firm where she worked. She would mention -- perhaps to taunt him -- long, martini-filled lunches with her boss at a posh uptown restaurant.

The impetus for his contacting the therapist was an ugly argument with his wife one evening when she came home from work after ten. Ernest had been agitated for several days. To combat his fear that he was losing control, he had consumed almost a full bottle of bourbon each night. By the time his wife walked in the door on that final evening, Ernest was very drunk, and he attacked her both verbally and physically about her alleged infidelity. In her own anger and fear, she questioned his masculinity in striking a woman and taunted him with the disappointments of their lovemaking. Ernest stormed out of the house, spent the night at a local bar, and the next day somehow pulled himself together enough to seek professional help.