

PSY 613: Psychopathology over Lifespan
University of Hawai'i at Hilo Semester
Meeting Times 3 credits

INSTRUCTOR INFORMATION

Instructor:

Email:

Office phone:

Course website: [Lamakū](#)

Zoom:

Office Hours:

COURSE MATERIALS

- **DSM:** American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR)* (5th ed, Text Revision). Washington, DC: American Psychiatric Press, Inc.
- **CDDR:** World Health Organization. (2024). *Clinical Descriptions and Diagnostic Requirements for ICD-11 Mental, Behavioural and Neurodevelopmental Disorders*. Geneva: World Health Organization.
- Supplemental readings available on Lamakū (full list below).

COURSE DESCRIPTION

This graduate course provides an overview of psychopathology across the lifespan. We will review strengths and controversies surrounding the prevailing mental health diagnostic systems. Students will develop and refine their understanding of the etiology, diagnostic criteria, and conceptualizations of prevalent DSM-5-TR conditions. Students will demonstrate diagnostic assessment and clinical decision making to generate accurate diagnoses of primary and comorbid mental health conditions. Students will integrate counselor ethics and issues surrounding diversity and oppression to critically analyze mental health diagnosis and treatment.

COURSE LEARNING OBJECTIVES

- 1) Explain the intended uses, benefits, and limitations of the prevailing diagnostic systems.
- 2) Explain current and historic controversies regarding ethical, legal, and professional issues in psychopathology.
- 3) Demonstrate knowledge of individual, group, and community-level trauma on clinical presentations.
- 4) Consider the impact of intersectional identities of self and others on assessment and case conceptualization.
- 5) Identify and reduce the use of stigmatizing language when describing people and behaviors.
- 6) Utilize the DSM-5-TR to identify prevalence, etiology, and classification of psychiatric diagnoses.
- 7) Conceptualize an accurate DSM-5-TR diagnosis and demonstrate differential diagnosis procedures.

COURSE FORMAT

This graduate course includes lectures, videos, classroom discussions, and small group exercises. There will inevitably be overlap between text material and lectures, as some points are important to highlight and emphasize in greater detail. Not all material in the readings will be covered in class, and some class material will not be in the readings.

To ensure a productive learning environment, you are expected to:

- (a) turn off cell phones unless absolutely necessary,
- (b) refrain from Internet searches, texting, or checking emails/social media during class,
- (c) avoid private conversations and chats during lectures or group discussions.

Engaging in distracting activities will be considered an absence and may affect your final grade. Arrive on time and prepared. Notify me of emergencies (e.g., hospital visit) as soon as possible and provide documentation upon return. There are no make-up presentations for unexcused absences. More than one unexcused absence will result in being dropped from the course with a W or F. Exceptions are rare and include at least a 15-point grade reduction. Classes are not recorded. Successful completion of this course is required to move on to PSY 624 Clinical Skills.

ACADEMIC INTEGRITY: Students must follow UH Hilo's [Student Code of Conduct](#), act with integrity, and uphold ethical standards for yourself and your peers. Violations include but are not limited to: "Cheating, plagiarism, or other forms of academic dishonesty. Cheating is an act of academic dishonesty and includes, but is not limited to: (1) use of any unauthorized assistance in taking quizzes, tests, or examinations; (2) use of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; (3) the acquisition, without permission, of tests or other academic material belonging to a member of the UH faculty, staff or student body; and (4) engaging in any behavior specifically prohibited by a faculty member in the course syllabus or class discussion."

If there is a suspicion of academic dishonesty, an investigation will be conducted and may be referred to the Dean's Office. Possible sanctions for being found responsible for academic dishonesty could include a failing grade for the course, suspension, or expulsion from the Counseling Psychology Program and/or University. These consequences may impact candidacy for graduate/professional programs and future employment.

PROFESSIONAL CONDUCT: Students who make significant professional or ethical errors, omissions, or violations may be withdrawn from the course by the Professor or Program Director and may receive a grade of W or F. Additionally, depending on the severity of the infraction, the student may face expulsion from the Counseling Psychology Program.

SUPPORT FOR STUDENTS: Please [click here](#) for a document describing additional support available to UHH students.

CHANGES: I reserve the right to change the syllabus at any time. Students will be notified of any changes.

GRADING

Your overall grade will be based on how many points you receive out of the possible 400 points. Up to ten additional participation points may be gained or lost based on your attendance and participation, attention and contribution in class, and completion of readings and assignments. Extra credit opportunities are at the discretion of the instructor.

Late submissions will **NOT** receive credit – no exceptions. All assignments will meet professional standards. If you are concerned about your progress, it would benefit you to notify me as early as possible.

Grade	%	Total Points
A	95%	380-400+
A-	90%	360-379
B+	87%	348-359
B	83%	332-347

Grade	%	Total Points
B-	80%	320-331
C+	77%	308-319
C	73%	292-307
C-	70%	280-291

Grade	%	Total Points
D+	67%	268-279
D	63%	252-267
D-	60%	240-251
F		< 240

ASSIGNMENTS & ACTIVITIES

Exams (120 points total; 30% total grade)

Three take-home exams will include T/F and multiple-choice questions primarily covering course topics and abbreviated case studies. Exams are OPEN BOOK and OPEN NOTE. You may use any resources discussed in class and/or included on the syllabus. *You are expected to work ALONE and without AI/Google assistance.* Exams have time limits and will automatically submit as time expires or when the submission deadline passes. *Instances of suspected Academic Dishonesty (e.g., working together, sharing questions from current or prior exams, using google searches) will be investigated and could impact your standing in the program in addition to failing the exam.* You will complete a Sample Exam (EC points) to introduce the format and demystify the process, and then complete Exam 1 (20 points), Exam 2 (50 points), and Exam 3 (50 points). Study guides / sample questions will be available for additional practice. Study groups are encouraged. *There are no retakes or extensions except ADA accommodations.*

Bibliography Discussion Posts (120 points total; 30% total grade)

You will maintain an **annotated bibliography** for each supplemental reading/video (4 points x 30 posts). Each 150-250-word discussion post will include: 1) a brief summary of the key ideas/topics, 2) a personal takeaway (something you learned, realized, or can implement), and 3) a future interest or question. Engagement with peer posts is encouraged but optional. Posts should demonstrate your completion and understanding of the assigned reading, but extend the summary to personally-relevant learning and interest for your reflective clinical practice.

Case Studies (2 x 40 points each; 20% total grade)

Two complex case studies will be supplied for you to write a 2-page (single spaced) case report. This assignment is designed to demonstrate your ability to formulate a case conceptualization, accurately diagnose based on available information, and identify areas of further inquiry. Complete reports will include: 1-sentence synopsis, DSM-5-TR Diagnoses, ICD-10 and ICD-11 codes for each diagnosis, Rationale (supporting evidence and relevant background) for each diagnosis, Rule outs and rationales (codes are not needed), Excluded diagnoses and rationales (codes are not needed), and Additional questions. *Collaboration is NOT permitted on this assignment prior to grades being returned.* You may use all resources from class (DSM, readings, shared resources, links, etc.). *You may NOT use other humans, Dr. Google, AI, etc.* Full credit is based on 40 points with extra credit possible in multiple domains. *Rubric is available.*

Presentations (80 points total; 20% total grade)

You will contribute to two in-class group presentations. **First**, a group of 3 students will present on a disorder related to one of the diagnostic chapters we are not covering in class. Groups will work together to present a chapter overview and summary (10 min + 5 min; 25 points). Each individual group member will select and present a peer-reviewed research article related to one of the disorders in your chapter (10 min; 25 points). *Articles should include or promote controversy and/or relevance to counselors and/or Hawai'i communities.* Full credit is based on 50 points (25 group points + 25 individual) with extra credit possible in multiple domains. Presentations will take place during weeks 8-13. *Rubric is available.* **Second**, dyads will create a *New Disorder* presentation for our last class. You will be matched with someone you have not been partnered with before. You will have 15 minutes to present your new (completely made up) disorder modeled off the DSM layout, including controversy and arguments for/against including it in DSM-6. This activity is designed to demonstrate what you've learned (and to have fun). Full credit is based on 30 points with extra credit possible in multiple domains. *Rubric is available.*

SUPPLEMENTAL READINGS (AVAILABLE ON COURSE WEBSITE)

- Akinhanmi, M. O., Biernacka, J. M., Strakowski, S. M., McElroy, S. L., Balls Berry, J. E., ... Frye, M. A. (2018). Racial disparities in bipolar disorder treatment and research: a call to action. *Bipolar disorders*, 20(6), 506–514.
- Bowes, S. M., Ammirati, R. J., Costello, T. H., Basterfield, C., & Lilienfeld, S. O. (2020). Cognitive biases, heuristics, and logical fallacies in clinical practice: A brief field guide for practicing clinicians and supervisors. *Professional Psychology: Research and Practice*, 51(5), 435–445.
- Braun, S. A., & Cox, J. A. (2005). Managed mental health care: Intentional misdiagnosis of mental disorders. *Journal of Counseling & Development*, 83(4), 425–433.
- Cosgrove, L., & Krinsky, S. (2012). A comparison of DSM-IV and DSM-5 panel members' financial associations with industry: a pernicious problem persists. *PLoS medicine*, 9(3), e1001190.
- Davis, L. C., DiIanni, A. T., Drumheller, S. R., Elansary, N. N., D'Ambrozio, G. N., ... Cosgrove, L. (2024). Undisclosed financial conflicts of interest in DSM-5-TR: Cross sectional analysis. *BMJ (Clinical research ed.)*, 384, e076902.
- Drescher, J. (2015). Queer diagnoses revisited: The past and future of homosexuality and gender diagnoses in DSM and ICD. *International Review of Psychiatry*, 27, 386–395.
- Feinstein, J. A., Gill, P. J., & Anderson, B. R. (2023). Preparing for the International Classification of Diseases, 11th Revision (ICD-11) in the US Health Care System. *JAMA health forum*, 4(7), e232253.
- Frances, A. (2011). Hebephilia is a crime, not a mental disorder. *Psychiatric Times*.
- Frances, A. (2013). The Worst and the Best of Psychiatry. *Saving Normal* (pp. 242-253, 275-278). New York: HarperCollins Publishers.
- Frances, A. (2014). DSM, Psychotherapy, Counseling and the Medicalization of Mental Illness: A Commentary from Allen Frances. *The Professional Counselor*, 4, 282-284.
- Jones C. P. (2000). Levels of racism: A theoretic framework and a gardener's tale. *American journal of public health*, 90(8), 1212–1215.
- Kaholokula, J.K., Miyamoto, R.E.S., Hermosura, A.H., Inada, M. (2020). Prejudice, Stigma, and Oppression on the Behavioral Health of Native Hawaiians and Pacific Islanders. In: Benuto, L., Duckworth, M., Masuda, A., O'Donohue, W. (eds) Prejudice, Stigma, Privilege, and Oppression. Springer, Cham.
- Lake, L. M. (2013). Comfort Food: No one brings dinner when your daughter is an addict, *Slate.com*.
- Marlatt, G. A. (2004). Come as you are: Cobain, addiction and hope. *Seattle Times*.
- Masuda, A., Nakamura, L., Preston-Pita, H., Hermosura, S., Morgan, L., Stueber, K., Spencer, S. D., Qina'au, J., & Austin-Seabury, A. A. (2024). Native Hawaiians' Views on Depression and Preferred Behavioral Health Treatments: a Preliminary Qualitative Investigation. *Journal of Behavioral Health Services & Research*, 51(2), 203–218.
- McCabe, R., & Priebe, S. (2004). Explanatory models of illness in schizophrenia: Comparison of four ethnic groups. *British Journal of Psychiatry*, 185, 25-30.
- Münch, R., Walter, H., & Müller, S. (2020). Should Behavior Harmful to Others Be a Sufficient Criterion of Mental Disorders? Conceptual Problems of the Diagnoses of Antisocial Personality Disorder and Pedophilic Disorder. *Frontiers in Psychiatry*, 11, 558655.
- Neville et al., (2021). The Public Psychology for Liberation Training Model: A Call to Transform the Discipline. *American Psychologist*, 76, 1248–1265.
- Papa Ola Lōkahi. (n.d.). No Ka Māhūi: Kanaka LGBTQIA+ and Māhū Toolkit. (v3).

SUPPLEMENTAL READINGS, cont.

- Paris, J. (2013). Diagnostic Validity; Clinical Utility. *The Intelligent Clinician's Guide to the DSM-5* (pp. 55-59, 81-88). New York, NY: Oxford Press.
- Riley, L., Su'esu'e, A., Hulama, K., Neumann, S. K., & Chung-Do, J. (2022). Ke Ala I Ka Mauiola: Native Hawaiian Youth Experiences with Historical Trauma. *International journal of environmental research and public health*, 19, 12564.
- Riquino, M., Nguyen, V., Reese, S., & Molloy, J. (2021). Using a Transdiagnostic Perspective to Disrupt White Supremacist Applications of the DSM. *Advances in Social Work*, 21, 750-765.
- Rosenhan, D. L. (1973). On Being Sane in Insane Places. *Science*, 179(4070), 250-258.
- Tavris, C. (2001). The Politics of Diagnosis: "PMS" and the DSM *Psychobabble and Biobunk: Using Psychology to Think Critically About Issues in the News* (2nd ed., pp. 102-104). Upper Saddle River, NJ: Prentice Hall.
- Tirado, L. (2013). This Is Why Poor People's Bad Decisions Make Perfect Sense, *Huffington Post*.
- UHERO (2024). *Maui Wildfire Exposure Study: Community Health, Wellbeing, and Resilience - Public Health Report 2024*, The Economic Research Organization at the University of Hawai'i.
- Wright, A. G. C., Ringwald, W. R., Hopwood, C. J., & Pincus, A. L. (2022). It's time to replace the personality disorders with the interpersonal disorders. *American Psychologist*, 77(9), 1085–1099.

VIDEOS

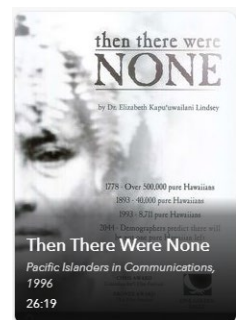
Crash Course Psychology #34: Personality Disorders <https://www.youtube.com/watch?v=4E1JiDFxFGk> (10:57)

Norton, A. (2019). Fun With Z Codes: The Clinician's Guide to Diagnosing Non-Disorders
https://www.youtube.com/watch?v=NQYiw1rB_Gs (58:54)

Rob Robinson, & Martha Noyes (Producers), & Lindsey, E. (Director). (1996).
Then There Were None. [Video/DVD] Pacific Islanders in Communications.
<https://video.alexanderstreet.com/watch/then-there-were-none>

To access the video through your UH Hilo Library Account:

1. Visit <https://hilo.hawaii.edu/library/streaming-ASP/#evo-3>
2. Select UH Hilo Access and log in
3. Search for "Then There Were None"



HELPFUL RESOURCES (Permissible on exams and case studies)

- DSM-5-TR Educational Resources: <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources>
- ICD-10 Lookup: <https://www.icd10data.com/>
- Medical Terms: <https://www.online-medical-dictionary.org/>
- Prescription Drugs: <https://www.drugs.com/>
- Psychological Terms: <https://dictionary.apa.org/>

OPTIONAL RESOURCES (NOT required, but may be helpful if struggling with comprehension or coursework)

- First, M. B., Gaebel, W., Maj, M., Stein, D. J., Kogan, C. S., ... Reed, G. M. (2021). An organization- and category-level comparison of diagnostic requirements for mental disorders in ICD-11 and DSM-5. *World psychiatry: official journal of the World Psychiatric Association (WPA)*, 20(1), 34–51.
- First, M. B. (2024). *DSM-5-TR® Handbook of Differential Diagnosis*. United States: American Psychiatric Association Publishing.
- Gill, C., Dailey, S., Karl, S., & Minton, C. (2024). *DSM-5-TR Learning Companion for Counselors*. American Counseling Association.
- Morrison, J. (2023). *DSM-5-TR® Made Easy: The Clinician's Guide to Diagnosis*. The Guilford Press.

COURSE SCHEDULE

#	Date	Topics	DSM Due	Suppl Readings Due	Assignments
1		Introduction DSM-5-TR Overview			Sample EXAM
2		History of the DSM Defining Mental Disorder	<i>Section I:</i> DSM-5 Basics CDDR: Introduction Using the CDDR	Cosgrove, 2012 Davis, 2024 Feinstein, 2023 Frances, 2014	
3		Clinical Utility Clinical Judgment	<i>Section III:</i> Assessment Measures	Bowes, 2020 Braun, 2005 Paris, 2013 Tirado, 2013	
4		Cultural Considerations	<i>Section III:</i> Culture and Psychiatric Diagnosis	Jones, 2020 Kaholokula, 2020 Papa Ola Lōkahi. n.d. Riquino, 2021	Article Selection
5		Depressive Disorders	Ch 4	Masuda, 2024 Tavris, 2001	EXAM 1
6		Bipolar Disorders	Ch 3	Akinhanmi, 2018	
7		Substance Use Disorders	Ch 16	Lake, 2013 Marlatt, 2004	Slides Submitted
8		Neurodevelopmental Disorders Anxiety Disorders	Ch 1 Ch 5	UHERO, 2024	
9		OCD Spectrum Disorders Trauma Disorders	Ch 6 Ch 7	Riley, 2022	Case Study 1
10		Eating Disorders Personality Disorders	Ch 10 Ch 18	Wright, 2022 PD Video	
11		Somatic Symptoms Schizophrenia	Ch 9 Ch 2	McCabe, 2004 Rosenhan, 1973	EXAM 2
12		No Class (Election Day) No Class (Videos)	Ch 22	Neville, 2021 Norton Video Lindsey Video	
13		Neurocognitive Disorders Disruptive Disorders	Ch 17 Ch 15	Münch, 2020	Case Study 2
12		No Class (Videos) No Class (Thanksgiving)	Ch 22	Neville, 2021 Norton Video Lindsey Video	
14		Gender Dysphoria Paraphilic Disorders	Ch 14 Ch 19	Drescher, 2015 Frances, 2011	Slides Submitted
15		Conditions for Further Study Class Presentations	<i>Section III: Conditions for Further Study</i>	Frances, 2013	EXAM 3
		Not covered in class (read on your own)	Ch 8, 11, 12, 13 Ch 20, 21		

Review the CDDR ICD-11 Disorder sections corresponding to the DSM-5-TR section weekly.