Argosy University, Chicago  
M.A. in Community Counseling Program  
Maladaptive Behavior and Psychopathology  
PC6005 Section ECB  
Fall 2011

FACULTY  
Name: Shedehe Tavakoli, Ph.D.  
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Email: stavakoli@argosy.edu  
Office: 1362  
Office Hours:  
   Mon: 9:00 – 2:00  
   Tues: 10:00 – 5:30  
   Wed: 9:00 – 2:00  
   Thurs: (by appointment)  
   Fri: (by appointment)

MEETING DATES  
Wednesdays, starting September 7, ending December 14. (Fall I and Fall II)

CLASS SCHEDULE  
Weekly Wednesday 2–5 pm

Course Length:  Full semester (15 weeks)

Contact Hours: 45 Hours

Credit Value: 3.0

REQUIRED TEXTS


Recommended Books


**Course Articles:**


 TECHNOLOGY

Pentium III CPU/ Windows 98; 128MB RAM printer; Microsoft Office: Acrobat (full version); Microsoft Internet Explorer 5.5 (PC), 5.0 (MAC), or Netscape Navigator 4.08; Norton Antivirus.

PROGRAM MISSION STATEMENT:

The mission of the Master of Arts in Community Counseling program at Argosy University in Chicago is to create a learning environment that promotes academic excellence, professional competence, and personal integrity. This mission is achieved through a curriculum that integrates counseling skills, theoretical foundations of counseling, and clinical field experience into appropriate interaction and intervention skills for utilization in a variety of settings with diverse client populations. We serve a diverse student body from urban, suburban, and rural areas who are intrinsically motivated to help others. The program actively engages faculty and students in the preparation of counselors who meet the needs of diverse communities.

The purpose of the Master of Arts in Community Counseling program is to deliver the core learning experiences established by academic program accreditation and the licensure board of the State of Illinois to assure that students completing the program are competent, ethical counselors prepared for post-graduate positions and professional counseling licensure.

Program Outcomes for the Masters of Arts in Community Counseling Program:

The program outcomes, one to eight, of our Master of Arts in Community Counseling program are rooted in the CACREP standards. Program Outcomes 9 & 10 are Argosy University’s designed learning outcomes across programs.

**Program Outcome One: Professional Identity**

Understand and value all aspects of professional functioning, including history, roles, organizational structures, ethics, legalities, standards, and credentialing.

**Program Outcome Two: Social and Cultural Diversity**

Apply core theory and research regarding the cultural context of relationships, including current issues and trends in a multicultural and diverse society, to the practice of professional counseling.

**Program Outcome Three: Human Growth and Development**

Apply core theory and research regarding the nature and needs of individuals at all developmental levels to their work as professional counselors.
Program Outcome Four: Career Development

Apply core theory and research pertaining to career development, the psychology of work, and related life factors to the practice of professional counseling.

Program Outcome Five: Helping Relationships

Exhibit the knowledge base and skills needed to ethically and effectively deliver a range of professional counseling and consultation services.

Program Outcome Six: Group Work

Understand the theoretical and experiential foundations of group purpose, development, and dynamics and will apply group counseling methods and skills to the practice of professional counseling.

Program Outcome Seven: Assessment

Understand principles of testing and measurement and will apply both individual and group methods of assessment and evaluation to their work as professional counselors.

Program Outcome Eight: Research and Program Evaluation

Understand how research methods, statistical analysis, needs assessment, and program evaluation are conducted and the role of these practices in the counseling profession.

Program Outcome Nine: Communication Skills

Communicate clearly and effectively, both orally and in writing.

Program Outcome Ten: Interpersonal Effectiveness (IE)

Develop and improve positive relationship skills via effective communication, respect for others, appreciation of diversity and cultural sensitivity, and awareness of their impact on others.
COURSE DELIVERY FORMAT

This course has class meetings scheduled on weekends and is web-augmented with a weekly online component found at http://www.myeclassonline.com/. This online component is meant to supplement the content delivered in the face-to-face meetings and provides weekly instructional contact with the instructor of the course. Students can expect weekly reading assignments and online discussion questions that offer opportunities to interact with fellow students and your instructor, as well as opportunity to engage with faculty and other students around activities meant to deepen and enhance the learning experience. In addition, the instructor may use the web-based learning environment to provide supplemental resources and reading material.

The course will be available to students one week prior to the beginning of the term. For questions pertaining to the online format, please refer to the registration bulletin. This course is designed to meet key components of the requirements set forth by the Council on the Accreditation of Counseling and Related Educational Programs (CACREP).

COURSE OBJECTIVES

Each learning objective in this syllabus is tied to the program outcomes, and each program outcome corresponds to a specific CACREP standard, which is delineated by numeric representation, i.e. CACREP Section II.K.2.a as II.K.2a; or a specific Community Counseling Program standard as CC-A7.

By the end of this course students will be able to:

1. Identify and to articulate the role of Community Counselors as part of a group of human service providers who attend to issues related to the etiology, diagnosis, treatment and prevention of mental illness (II.K.1b).

2. Identify and understand how Community Counselors address through social advocacy institutional and social barriers in order to enhance the equitable access to and success of clients’ counseling services based on their mental health status and diagnoses (II.K.1g.; CC-A5).

3. Demonstrate the ability to identify abnormal or psychopathological behaviors and symptoms to arrive at diagnoses according to the DSM-IV-TR classification system (II.K.3c., 7.h.; CC-C5, C4).

4. Articulate how the formulation of diagnoses is tempered with respect to an understanding of multicultural variables as well as how a general mental status examination is conducted in a multicultural sensitive manner (II.K.2a).

5. Understand and articulate how specific interventions within the context of the counseling process are utilized with respect to a variety of diagnoses (i.e. what multicultural variables affect working with persons with certain diagnoses, what forms of counseling are typically utilized with specific diagnoses, etc.) (II.K.3c, 2a, & 7h.).
6. Understand the relationship between the process of psychosocial evaluation/mental status examination, arriving at a diagnosis and implementing a cogent mental health treatment plan (II.K.3.c., & 7.h).;

7. Comprehend how psychopathology is understood from a variety of historical and philosophical positions and articulate a personal position about diagnosis and the ethical standards related to diagnosis (II.K.5.b.c.g.; CC-C4).

8. Examine and apply research findings to consider the limitations of DSM-IV and other diagnostic tools when diagnosing clients with reference to clients’ developmental status, personal characteristics, and cultural backgrounds (II.K.2f; CC-C1).

9. Apply ethical standards and operate according to legal obligations when diagnosing clients’ issues and formulate compliant treatment procedures (II.K.7i.; CC-A4).

COURSE DESCRIPTION
This course is an introduction to the study of maladaptive behavior. Etiology and definition of disorders in the DSM-IV are reviewed, as well as various methods of treatment related to the disorders covered.

INSTRUCTIONAL CONTACT HOURS/CREDIT STATEMENT
Students can expect 15 hours of instructional engagement for every 1 semester credit hour of a course. Instructional engagement activities include lectures, presentations, discussions, group-work, and other activities that would normally occur during class time. Instructional engagement activities may occur in a face-to-face meeting, or in the eclassroom.

In addition to instructional engagement, students can expect to complete 30 hours of outside work for every 1 semester credit hour of a course. Outside work includes preparing for and completing readings and assignments. Such outside work includes, but is not limited to, all research associated with completing assignments, work with others to complete a group project, participation in tutorials, labs, simulations and other electronic activities that are not a part of the instructional engagement, as well as any activities related to preparation for instructional engagement.

At least an equivalent amount of work as required in paragraph above shall be applied for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours. Students can expect 15 hours of instructional engagement for every 1 semester credit hour of a course. Instructional engagement activities include lectures, presentations, discussions, group-work, and other activities that would normally occur during class time. Instructional engagement activities may occur in a face-to-face meeting, or in the eclassroom.

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At least an equivalent amount of work as required in paragraph above shall be applied for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

CLASS POLICIES AND EXPECTATIONS

Attendance
- Students are expected to be punctual to all classes and practicum. Absences should occur only for such urgent reasons as ill health or critical emergency. Whenever possible, students should notify the faculty of these absences in advance. Excessive late arrivals or absences, regardless of the reason, may jeopardize a student’s academic standing.
- Attendance in all blended (weekend) and evening face-to-face class meetings is required. A student who cumulatively misses three (3) hours of class will receive a reduction of the final grade unless the student successfully completes additional work with the instructor’s consent.
- A student who misses six (6) or more hours of on-campus class will be required to withdraw from the course. Exceptions may be made in extreme situations and on a case by case basis in the event of severe illness, critical emergency or family crisis. Documentation of these events must be submitted to the instructor (i.e. a doctor’s note, etc.). Additional work will be assigned in lieu of mandatory withdrawal. In the event of a student withdrawing due to absence, a refund of tuition is dependent on the documented reasons for the absence and must be approved by the Campus President.

Late Work
- Will be assessed a reduction in grade (e.g. A to A-) for each day an assignment is late. Students should notify the instructor ASAP of any problems with completing their work on time.
COURSE REQUIREMENTS/ASSIGNMENTS

Weekly Case Study Assignments. Due weekly.
(10 points x 10 = 100 points)
For each of the weekly assignments (except for your first assignment), a Case Study will be presented for you to diagnosis. Based upon each Case Study, you are required to delineate a multi-axial diagnosis (5 Axis diagnosis) and provide a rationale for this diagnosis, including a discussion of the rule outs, differential diagnoses, prognoses, and cultural considerations. Your written rationale must include your reasoning with supporting information from the Case Study for each of the Five (5) Axes.

In-Class Multi-Cultural Presentations. Due 10/12, 10/19, and 10/26.
(100 points)
Students will be responsible for giving a 20-30 minute presentation. Students can work alone or in pairs. These presentations will relate to a “Cultural-Bound Syndrome” of your choosing. They will contain ethnic and cultural influences and implications. For the presentation you will describe the syndrome and the common characteristics. You will discuss the criteria for diagnosis as well as the appropriate issues for differential diagnosis. You will discuss issues of culture, race and ethnicity and how these may influence the diagnostic process. You will research and offer two counseling approaches to treatment of the disorder including examples of interventions. In addition, you will discuss various indigenous methods of healing. PowerPoint and other media resources are suggested for this presentation. Topics will be chosen during class. Presentation evaluations will relate to the quality, thoroughness, and meeting the above criteria of your presentation, as well as beneficial handouts to supplement your presentation.

Major Case Study Movie Presentation/Paper. Written portion A – D due 10/5; Final written due 12/17. Presentations will take place on 11/16, 11/23, and 11/30.
(100 points for your paper + 50 points for your oral presentation, 50 points for your contribution to your peers’ presentations = Total 200 points)
This assignment will be based on your selection of a movie from a list of provided films. In each of these movies, there will be an identified key character that you will be identifying as your “client.” From viewing this movie, focusing on your client, you will give a brief Oral Case Presentation to the class and a Written Comprehensive Psychosocial Evaluation, including a Mental Status Exam, and an Intake Progress/CABS/SOAP/ Note and One Following Session Note. Details of each of these components follow:

Oral In-Class Case Presentation:
You will use the class as your support Staffing Agency for your client. You will have up to 15 minutes to present your client (including no more than a five minute clip from the movie) to your colleagues. Included in your presentation will be your initial diagnosis (Multi-Axial), Objective(s) for Counseling, and at least one intervention strategy directed in accomplishing your Objective(s). You will be handing to each of your colleagues a summary One Page report of your diagnosis and brief paragraph supporting this
diagnosis. Your peers will have up to 10 minutes to discuss your client and give their own intervention thoughts.

**Psychosocial Evaluation and Mental Status Exam Assignment:** Students will submit a written detailed psychosocial evaluation report along with a completed Mental Status Exam and other required information based on the fictional character from the above movie you chose. The format and required information follows:

**Written Case Report Required Formatting and Information**

A “Case Report Template” will be provided in “Doc Sharing” for students to use for this assignment (students will also receive a hard copy in class). Refer to Favier, Eisengart and Colonna, (2004) required book for specific information and below page references. Please follow/use this template format to include the following specific information:

I. Title Page of your paper
   The Final assignment of this class will be a case report of your above “Client” from the movie of choice (from the attached list of movies). On your APA Formatted Title Page, indicate the Movie and Character of your paper (e.g. Sound of Music: Maria).

II. Body Content of your paper
   You must create a “Client File/Clinical Documentation” for your Client. Based on your observations in the movie, your file will include the following sections (Note: Where information is not available, either make a “best guest” if somewhat identified or note as N/A.):
   
   A. **Client Description (p. 37);**
   B. **Problem Description as presented by the Client (including, but not limited to, reported symptoms and interference with life functions) (p. 38);**
   C. **Psychosocial History – This information must be taken from your observations of the film and Not Created from your imagination. (p. 39-40);**
   D. **Mental Status Exam – see below “*” minimally required information (p. 40-41, also Polanski & Hinkle MSE article in);**
   E. **Diagnostic Impression including Multi-axial Diagnosis (Note: If you are “really unsure” of the appropriate Axis I and/or II diagnosis, indicate your suspected diagnosis as a “rule out” indicated by: R/O (e.g. R/O: 297.1 Delusional Disorder) (p.41-43, also DSM-IV-TR):**
      a. Symptomology (not Diagnosis) needing treatment
      b. Hindrances to Treatment
      c. Strengths and areas where treatment can build from
      d. Additional Concern, question, or dilemmas pertaining to the case
      e. DSM-IV Diagnosis including Axes I, II, III, IV and V (See “**” for additional GAF information below);
F. Rationale for the Diagnostic Impression (address All Five Axes);
G. Any further Psychological Testing/Assessments you might recommend with rationale for these applications. (Chapter 6);
H. Possible Psychotropic Medication(s) you might see prescribed for your Client Including a supporting rationale (if none are appropriate, state this with your justification). State your rationale for the use of the medication(s) as though you are going to discuss this suggestion with a practitioner who is licensed to prescribe for your client. Be Mindful of and Address Harm-potential Medication(s) interactions! (Chapter 8, Appendix F, and Buelow, Herbert, Buelow (2000));
I. Treatment Recommendations – General Counseling Goals, 30-day, 90-day, 6-month objectives/plans (p. 43-45):
   a. Primarily over-reaching Goal(s) for the client to be worked towards through the following time-frame objectives:
   b. Immediate/short-term objective(s)
   c. 90-day projected objective(s)
   d. 6-month projected objective(s);
J. Any other Referrals and/or Recommended Support Services for your Client;
K. Two Case Notes - See below **** general information and guidelines for writing these notes. (SOAP Notes – Cameron & Tutle-song (2002) SOAP article:
   a. Initial intake Case Note
   b. First Counseling Session Case Note (after your intake session – should include addressing Multi-axial diagnosis and 30-day objective(s));
III. Personal/Professional Challenges working with this client and how you might deal with these potential challenges. (Chapter 9 – p. 125-148).

Grading of this paper will be based on the thoroughness of your report as well as the overall “neatness,” accurateness of the diagnosis given, and logical rationale supporting your diagnosis and medication recommendation.

**Mental Status Exam minimum Required Information:**

- Appearance: gait, posture, clothes, grooming
- General behavior: mannerisms, gestures, psychomotor activity, expression, eye contact
- Attitude: cooperativeness, hostility, defenses, etc.
- LOC: vigilant, alert, drowsy, lethargic, asleep, comatose, confused, fluctuating
- Attention: attending, concentration, distractibility
- Orientation: person, place, time, situation
- Memory: immediate, recent, remote
- Intellectual: calculate/spell, fund of knowledge, vocabulary
Speech: volume, rate, amount, pressure, aphasia
Mood: depressed, elevated, euphoric, irritable, anxious, etc.
Affect: restricted, blunted, flat, inappropriate, consistent with mood,
        congruent with thought content, labile, range, intensity
Thought process: linear, goal-directed, circumstantial, tangential, loose
                associations, incoherent, evasive, racing, blocking,
                perseveration
Thought content: delusions (type), TI/TW/TB, ideas of reference, magical,
                illusions/hallucinations (type)
                (elaborate further), phobias, obsessions, compulsions
Insight/Judgment: aware of problem/role, abstract?, understand facts,
                   draw conclusions, problem solving
Risk of Harm to Self or
Others: Determine level of lethality and any and all ideation, plans,
       and means for potential harm to self or others. Discuss level
       of risk (low, medium, high) with clinical reasoning from
       client’s self-reports

**A couple of thoughts regarding assessing the GAF:**

1. Physical limitations and environmental stressors are not to be
   considered. Focus on psychological, social, and occupational functioning.

2. Begin at the top (100) and work down until you think the description
   meets your “client’s” level of functioning.

***Clinical Case Notes General information/guidelines:***

Expand on words Do not use casual language (colloquial)
Avoid Bias or judgmental language Quotes around “actual words of client”
Use First Name of Client preferred (e.g. “Maria”) Use past tense: Not Maria is, but Maria “stated,” or “appeared … as evidenced by…”
In-class Participation and Activities  100
Case Studies  100
In-Class Multi-Cultural Presentation  100
Major Case Study – Movie Relate (100 + 50 + 50)  200
Total  600

GRADING SCALE
100 to 92% = A
92.9 to 90% = A-
89.9 to 88% = B+
87.9 to 83% = B
82.9 to 80% = B-
79.9 to 78% = C+
77.9 to 73 = C
72.9 to 70 = C-
69.9 & below = F

***Incomplete and Incomplete in Progress:
Only due to extenuating circumstances, and only if at least 67% of the course requirements have been completed, can a student be given a grade of “I” or “IP” by the instructor’s discretion. A student who receives an “I” will need to complete the remaining course requirements within 10 days after the end of semester. A student in this situation can also be granted an “IP” (“Incomplete in Progress”) if the instructor perceives student’s difficulties in completing all the work within ten days after the semester ends. In this case, the student will need to fulfill all the course requirements by the end of the following semester. An “I” or “IP” will automatically change to an “F” grade if it is not made up by the required completion date.
## COURSE OUTLINE AND ASSIGNMENT SCHEDULE

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| 9/7   | Introduction, Course Overview, Multicultural Issues                    | Article: Smart & Smart (1997)  
In-class assignment: DSM or not to DSM                                               |
| 9/14  | DSM Diagnosis, and the Counseling Identity Conflict – Ethical Issues   | DSM pgs xxiii–12;  
| 9/21  | DSM-V-TR Multi-axial Dx, Psychosocial Evaluations, Mental Status Exam,  | DSM pgs 13–37;  
F,E,&C pgs 39–40;  
Cameron & Tute-song (2002). “Learning to write case…”  
Case Study 1                                                                      |
|       | Planning and Objectives, SOAP Notes and Other Record-keeping, Legal    |                                                                                      |
|       | Reporting, HIPPA, and Confidentiality,                                 |                                                                                      |
|       |                                                                       |                                                                                      |
| 9/28  | Mood Disorders, Gender Differences, Cultural-Bound Syndrome            | DSM pgs 345–428;  
DMS pgs 897–903 & Culture-Bound Handout  
Case Study 2                                                                        |
| 10/5  | Anxiety and Dissociative Disorders Psychotropics                       | DSM pgs 429–533;  
B,H&B pgs 1–11  
Sections A – D of Case study due  
Case study 3                                                                         |
| 10/12 | Adjustment and Personality Disorders Culture-Bound Syndrome (3)        | DSM pgs 679–683;  
DMS pgs 685–729  
Multicultural Presentations  
Case Study 4                                                                         |
| 10/19 | Cognitive-related Disorders Film: Secrets of the Brain V Culture-Bound Syndrome (3) | DSM pgs 135–180  
Multicultural Presentations  
Case Study 5                                                                         |
| 10/26 | Eating and Other Disorders Film: In Our Own Voice Culture-Bound Syndrome (3) | DSM pgs 583–595;  
TBA  
Multicultural Presentations  
Case Study 6                                                                         |
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<td>Substance-Related Disorders and Co-Occurring Diagnoses</td>
<td>Film: The Captive Brain DSM pgs 191–295 Case Study 7</td>
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<td>11/9</td>
<td>Childhood Disorders and Interventions; Advocacy; Referral Services/Sources</td>
<td>DSM pgs 39–134; TBA Case Study 9 &amp; 10</td>
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<td>11/16</td>
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<td>Presentations</td>
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<td>12/7</td>
<td>Final Thoughts</td>
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<td>12/14</td>
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UNIVERSITY POLICIES AND STATEMENTS

Library
All resources in Argosy University’s online collection are available through the Internet. The campus librarian will provide students with links, user IDs, and passwords.

Library Resources: Argosy University’s core online collection features nearly 21,000 full-text journals and 23,000 electronic books and other content covering all academic subject areas including Business & Economics, Career & General Education, Computers, Engineering & Applied Science, Humanities, Science, Medicine & Allied Health, and Social & Behavior Sciences. Many titles are directly accessible through the Online Public Access Catalog at http://library.argosyu.edu. Detailed descriptions of online resources are located at http://library.argosyu.edu/misc/onlinedblist.html.

In addition to online resources, Argosy University’s onsite collections contain a wealth of subject-specific research materials searchable in the Online Public Access Catalog. Catalog searching is easily limited to individual campus collections. Alternatively, students can search combined collections of all Argosy University Libraries. Students are encouraged to seek research and reference assistance from campus librarians.

Information Literacy: Argosy University’s Information Literacy Tutorial was developed to teach students fundamental and transferable research skills. The tutorial consists of five modules where students learn to select sources appropriate for academic-level research, search periodical indexes and search engines, and evaluate and cite information. In the tutorial, students study concepts and practice them through interactions. At the conclusion of each module, they can test their comprehension and receive immediate feedback. Each module takes less than 20 minutes to complete. Please view the tutorial at http://library.argosyu.edu/infolit/

Academic Policies
Academic Dishonesty/Plagiarism: In an effort to foster a spirit of honesty and integrity during the learning process, Argosy University requires that the submission of all course assignments represent the original work produced by that student. All sources must be documented through normal scholarly references/citations and all work must be submitted using the Publication Manual of the American Psychological Association, 5th Edition (2001). Washington DC: American Psychological Association (APA) format. Please refer to Appendix A in the Publication Manual of the American Psychological Association, 5th Edition for thesis and paper format. Students are encouraged to purchase this manual (required in some courses) and become familiar with its content as well as consult the Argosy University catalog for further information regarding academic dishonesty and plagiarism.

Scholarly writing: The faculty at Argosy University is dedicated to providing a learning environment that supports scholarly and ethical writing, free from academic dishonesty and plagiarism. This includes the proper and appropriate referencing of all sources. You may be asked to submit your course assignments through “Turnitin,” (www.turnitin.com), an online resource established to help educators develop writing/research skills and detect potential cases of academic dishonesty. Turnitin compares submitted papers to billions of pages of
content and provides a comparison report to your instructor. This comparison detects papers that share common information and duplicative language.

**Americans with Disabilities Act Policy**

It is the policy of Argosy University to make reasonable accommodations for qualified students with disabilities, in accordance with the Americans with Disabilities Act (ADA). If a student with disabilities needs accommodations, the student must notify the Director of Student Services. Procedures for documenting student disability and the development of reasonable accommodations will be provided to the student upon request. Students will be notified by the Director of Student Services when each request for accommodation is approved or denied in writing via a designated form. To receive accommodation in class, it is the student’s responsibility to present the form (at his or her discretion) to the instructor. In an effort to protect student privacy, the Department of Student Services will not discuss the accommodation needs of any student with instructors. Faculty may not make accommodations for individuals who have not been approved in this manner.

**The Argosy University Statement Regarding Diversity**

Argosy University prepares students to serve populations with diverse social, ethnic, economic, and educational experiences. Both the academic and training curricula are designed to provide an environment in which students can develop the skills and attitudes essential to working with people from a wide range of backgrounds.
**Film List**

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<td>Annie Hall</td>
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<td>Amadeus</td>
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<td>A River Runs Through It</td>
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<td>Dirty, Filthy, Love</td>
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<td>Don Juan DeMarco</td>
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<td>Boyz ‘n the Hood</td>
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<td>Children of a Lesser God</td>
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<tr>
<td>The Doors</td>
<td>What About Bob</td>
</tr>
<tr>
<td>Falling Down</td>
<td>What Dreams May Come</td>
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<tr>
<td>Fatal Attraction</td>
<td>What’s Eating Gilbert Grape?</td>
</tr>
<tr>
<td>Fight Club</td>
<td>When Nietzsche Wept</td>
</tr>
</tbody>
</table>

**Films not allowed:**

- As Good as it Gets
- Forest Gump (way too easy!)

**NOTE:** Come talk to me if you have other movie ideas.
Personality Disorders Listed by Cluster and General Information

Cluster A – Odd or Eccentric Behaviors

**Paranoid PD** – SUSPECT
- Spouse infidelity
- Unforgiving
- Suspicious
- Perceiving attacks
- Enemy/friend (nothing in between)
- Confiding feared
- Threat in benign experience

**Schizoid PD** – DISTANT
- Detached
- Indifferent
- Sexual experiences of little interest
- Task or done in solidarity
- Absence of close friends
- Neither desires nor enjoys relationships
- Takes few pleasures

**Schizotypal** – ME PECULIAR
- Magical thinking
- Experiences unusual perceptions
- Paranoid Ideation
- Eccentric behavior and appearance
- Constricted Affect
- Unusual/odd thinking
- Lack close friends
- Ideas of reference (basis of understanding misconstrued)
- Anxiety in social settings
- Rule out psychotic
- Rule/out Pervasive Development Disorder

Cluster B – Dramatic, Emotional, or Erratic Behaviors

**Anti-social** – CORRUPT
- Conformity to Law-Lacking
- Obligations ignored
- Reckless disregard
- Remorse lacking (no empathy)
- Underhanded
- Planning is insufficient (lack impulse control)
- Temper demonstrated

**Borderline** – AM SUICIDE
- Abandonment
- Mood instability
- Suicidal/self-mutilating
- Unstable
- Impulsivity
- Control anger issues
- Identity disturbance
- Dissociative/paranoid
- Emptiness feelings

**Histrionic** – PRAISE ME
- Provocative
- Relationships more important than real
- Attention demanding
- Influenced easily
- Style of speech – lacks detail support
- Emotions “all over the place” but surface
- Made up – very stylish
- Emotions exaggerated – lots of drama

**Narcissistic** – SPECIAL
- Special – self uniqueness
- Pre-occupied with fantasies
- Entitlement – deserves just ‘cuz
- Conceited – grandiose sense of self
- Interpersonal exploitation
- Arrogant – Lacks empathy
Cluster C – Anxious, Fearful Behaviors

**Avoidant** – CRINGES
Certainty of being liked before getting involved
Rejected is main feared focus
Intimate relationships are put-off
New relationships are avoided
Gets around occupational/social activity
Embarrassment avoidant
Self-viewed as unappealing or inferior

**Dependent** – RELIANCE
Reassurance required for decisions
Expressing disagreement difficult
Life responsibilities assumed by others
Initiating projects difficult
Alone – hate it
Nurturance, go to excessive lengths to seek
Companionship sought immediately after break-ups
Exaggerated fears of being on own

**Obsessive-Compulsive PD** – LAWFIRMS
Loses point of activity – excessive caught up in details
Ability to complete tasks are compromised
Worthless objects cannot be discarded
Friendships are excluded (no time to make)
Inflexible to try things differently
Reluctant to delegate – needs control
Miserly towards self and others – hoarding
Stubbornness – rigidity of behaviors/thoughts