SS5803: PSYCHOPATHOLOGY

Effective Term
Semester A 2026/27

Part I Course Overview

Course Title
Psychopathology

Subject Code
SS - Social and Behavioural Sciences
Course Number
5803

Academic Unit
Social and Behavioural Sciences (SS)

College/School
College of Liberal Arts and Social Sciences (CH)

Course Duration
One Semester

Credit Units
3

Level
P5, P6 - Postgraduate Degree

Medium of Instruction
English

Medium of Assessment
English

Prerequisites
Nil for MSocSc in Counselling / Master of Social Work
Co-requisities: SS5757 Personality Theories and Assessment and SS5780 Research Design & Analysis in Psychology for MSocSc in Psychology

Precursors
Nil

Equivalent Courses
Nil

Exclusive Courses
SS5782 Psychopathology and Diagnosis of Mental Disorder

Part II Course Details

Abstract

This course aims to provide students with a comprehensive and advanced understanding of psychopathology.

Course Intended Learning Outcomes (CILOs)

	CILOs	Weighting (if app.)	DEC-A1	DEC-A2	DEC-A3
1	Articulate and explain the diagnostic criteria and classification of various disorders in adults and children	40	x	x	
2	Conceptualize development of and clinical work with major mental disorders through integration of theoretical models, clinical practice and research findings	30	x	x	
3	Apply knowledge to identify needs of assessment and appropriate handling in clinical practice of counsellors	30	x	x	

A1: Attitude
Develop an attitude of discovery/innovation/creativity, as demonstrated by students possessing a strong sense of curiosity, asking questions actively, challenging assumptions or engaging in inquiry together with teachers.

A2: Ability
Develop the ability/skill needed to discover/innovate/create, as demonstrated by students possessing critical thinking skills to assess ideas, acquiring research skills, synthesizing knowledge across disciplines or applying academic knowledge to real-life problems.

A3: Accomplishments
Demonstrate accomplishment of discovery/innovation/creativity through producing /constructing creative works/new artefacts, effective solutions to real-life problems or new processes.

Learning and Teaching Activities (LTAs)

	LTAs	Brief Description	CILO No.	Hours/week (if applicable)
1	LTA1: Lectures	Concepts and theories that relate to maladaptive behaviour and psychological disorders will be introduced. Students will be guided to apply the theories in order to explain psychopathology.	1, 2	
2	LTA2: In-class case illustration and discussion	Real-life clinical cases of various mental disorders will be discussed in class to enhance students' understanding of case formulation and assessment.	2, 3	

Assessment Tasks / Activities (ATs)

	ATs	CILO No.	Weighting (%)	Remarks	Allow Use of GenAI?
1	Group Discussion Report Guided by the Team-Based Learning (TBL) framework, students will form collaborative teams to engage in structured, in-class application activities. Teams will analyze case studies of psychological disorders, critically evaluate corresponding intervention approaches, and synthesize reflective insights following sharing sessions by persons-in-recovery. Drawing upon the collective perspectives negotiated during these interactive sessions, each team will submit comprehensive group reports that synthesize their core discussions.	1, 2, 3	20	-	No

2	Video Group Presentation Students are required to form collaborative teams and select a community-based intervention program or project designed to manage a specific psychological disorder. The presentation requires teams to: (1) identify the target symptom(s), (2) analyze the core intervention approaches or strategies employed, and (3) deliver a rigorous critique evaluating the overall contributions and operational limitations of the program. Students are required to videotape the group presentation.	1, 2, 3	20	Students are allowed using AI to: (1) conduct literature review; and (2) do graphic design of PowerPoint slides, including picture, animation, etc.	Yes
3	Quizzes Students are required to take two quizzes for re-enforcing their knowledge of psychopathology, such as diagnostic criteria and classification, theoretical concepts and clinical applications. Each quiz accounts for 30% of the total course grade.	1, 2, 3	60	-	No

Continuous Assessment (%)

100

Assessment Rubrics (AR)

Assessment Task

Group Discussion Report (for students admitted before Semester A 2022/23 and in Semester A 2024/25 & thereafter)

Criterion

Case analysis & clinical formulation; critical evaluation of interventions; reflection on lived experiences; synthesis, structure and team synergy.

Excellent

(A+, A, A-) Demonstrates flawless and highly sophisticated clinical formulation of the psychological disorders and integrates clinical symptoms and theoretical concepts with exceptional depth and accuracy; Demonstrates profound critical thinking in weighing treatment efficacy and ethical dimensions; synthesizes profoundly insightful, empathetic, and multi-dimensional reflections following the sharing by persons-in-recovery; masterfully bridges clinical theory with humanistic narratives; group report is impeccably structured, logical, and seamlessly synthesizes the collective team perspectives negotiated in class.

Good

(B+, B, B-) Provides a clear, accurate, and structured clinical analysis of the case studies and successfully connects clinical symptoms to core psychological theories with minimal errors; clearly evaluates the corresponding intervention approaches; arguments are logically sound, though the critical review of treatment limitations could be further elaborated; provides clear and genuine reflective insights based on the recovery sharing; successfully connects personal narratives with academic knowledge, though depth varies; report is well-organized, articulate, and presents a cohesive summary of the team's core discussions.

Fair

(C+, C, C-) Case analysis is primarily descriptive rather than analytical and demonstrates a basic understanding of the disorder but lacks clinical depth or terminology; lists intervention approaches but lacks critical or comparative evaluation; explanations are superficial and lack academic supporting evidence; reflection is largely summary-based or descriptive rather than analytical; fails to challenge personal biases or deep dive into the stigma deconstruction; report is adequately organized, but reads like a collection of individual paragraphs rather than a synthesized team effort.

Marginal

(D) Analysis is superficial, fragmented, or demonstrates a confused understanding of the case and fails to connect theoretical concepts to clinical presentations; offers a weak, disorganized, or highly biased review of the intervention strategies; fails to identify significant pros and cons of the treatments; reflection is highly superficial, brief, or shows minimal effort in processing the lived experiences; lacks connection to clinical empathy; disorganized structure that is difficult to follow; shows clear signs of poor group synthesis or fragmented discussion outcomes.

Failure

(F) Fails to conduct a meaningful case analysis, or the clinical formulation is completely inaccurate and irrelevant; completely fails to evaluate intervention approaches, or presents random, unsubstantiated points; fails to offer any reflection, or the response shows complete disengagement from the sharing sessions; incoherent, unstructured report that fails to meet academic writing standards; reflects a complete failure in team synergy.

Assessment Task

Video Group Presentation (for students admitted before Semester A 2022/23 and in Semester A 2024/25 & thereafter)

Criterion

Identification of target symptom(s); analysis of core intervention approaches / strategies; rigorous critique (contributions & limitations); video delivery, structure & team collaboration.

Excellent

(A+, A, A-) Comprehensively defines the specific target symptom(s) of the psychological disorder and demonstrates an advanced understanding of the clinical manifestations with strong reference to diagnostic criteria; delivers a highly

sophisticated and structured analysis of the program’ s intervention strategy; formulates a highly rigorous, balanced, and evidence-based critique; presentation is exceptionally structured, creative, fluent, and professional.

Good

(B+, B, B-) Clearly identifies the target symptom(s) with minimal or no technical errors and demonstrates a solid understanding of clinical features, though missing some depth; provides a clear and accurate analysis of core intervention approaches; formulates a clear critique evaluating both contributions and limitations; well-organized, articulate, and easy-to-follow presentation.

Fair

(C+, C, C-) Identifies the target symptom(s) but descriptions are highly generalized and demonstrates a general understanding of clinical features; describes the intervention approaches but the analysis is descriptive rather than analytical; lists contributions and limitations but lacks critical depth; adequately organized and understandable, though pacing or transition between speakers is fragmented.

Marginal

(D) Mentions the disorder but fails to clearly isolate or define specific target symptoms and demonstrates a weak or confused understanding of clinical features; provides a superficial or disorganized summary of the intervention approach; offers a weak or heavily biased critique with minimal evaluation; poorly structured presentation that is difficult to follow.

Failure

(F) Fails to identify any target symptoms, or the description provided is completely inaccurate and irrelevant; fails to analyze the intervention approach, or demonstrates an entirely incorrect understanding of the strategy; completely fails to offer a critique, or provides a random list of points that shows no critical thinking; disorganized, incoherent, or fails to meet the video submission format requirement.

Assessment Task

Quizzes (for students admitted before Semester A 2022/23 and in Semester A 2024/25 & thereafter)

Criterion

Ability to acquire a good knowledge of concepts

Excellent

(A+, A, A-) Demonstrate an excellent ability in acquiring a good knowledge of concepts

Good

(B+, B, B-) Showing a good ability in acquiring a good knowledge of concepts

Fair

(C+, C, C-) General ability in acquiring a good knowledge of concepts

Marginal

(D) Limited evidence of acquiring a good knowledge of concepts

Failure

(F) Little evidence of acquiring a good knowledge of concepts

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Assessment Task

Group Discussion Report (for students admitted from Semester A 2022/23 to Summer Term 2024)

Criterion

Case analysis & clinical formulation; critical evaluation of interventions; reflection on lived experiences; synthesis, structure and team synergy.

Excellent

(A+, A, A-) Demonstrates flawless and highly sophisticated clinical formulation of the psychological disorders and integrates clinical symptoms and theoretical concepts with exceptional depth and accuracy; Demonstrates profound critical thinking in weighing treatment efficacy and ethical dimensions; synthesizes profoundly insightful, empathetic, and multi-dimensional reflections following the sharing by persons-in-recovery; masterfully bridges clinical theory with humanistic narratives; group report is impeccably structured, logical, and seamlessly synthesizes the collective team perspectives negotiated in class.

Good

(B+, B) Provides a clear, accurate, and structured clinical analysis of the case studies and successfully connects clinical symptoms to core psychological theories with minimal errors; clearly evaluates the corresponding intervention approaches; arguments are logically sound, though the critical review of treatment limitations could be further elaborated; provides clear and genuine reflective insights based on the recovery sharing; successfully connects personal narratives with academic knowledge, though depth varies; report is well-organized, articulate, and presents a cohesive summary of the team's core discussions.

Marginal

(B-, C+, C) Analysis is superficial, fragmented, or demonstrates a confused understanding of the case and fails to connect theoretical concepts to clinical presentations; offers a weak, disorganized, or highly biased review of the intervention strategies; fails to identify significant pros and cons of the treatments; reflection is highly superficial, brief, or shows minimal effort in processing the lived experiences; lacks connection to clinical empathy; disorganized structure that is difficult to follow; shows clear signs of poor group synthesis or fragmented discussion outcomes.

Failure

(F) Fails to conduct a meaningful case analysis, or the clinical formulation is completely inaccurate and irrelevant; completely fails to evaluate intervention approaches, or presents random, unsubstantiated points; fails to offer any reflection, or the response shows complete disengagement from the sharing sessions; incoherent, unstructured report that fails to meet academic writing standards; reflects a complete failure in team synergy.

Assessment Task

Video Group presentation (for students admitted from Semester A 2022/23 to Summer Term 2024)

Criterion

Identification of target symptom(s); analysis of core intervention approaches / strategies; rigorous critique (contributions & limitations); video delivery, structure & team collaboration.

Excellent

(A+, A, A-) Comprehensively defines the specific target symptom(s) of the psychological disorder and demonstrates an advanced understanding of the clinical manifestations with strong reference to diagnostic criteria; delivers a highly sophisticated and structured analysis of the program’ s intervention strategy; formulates a highly rigorous, balanced, and evidence-based critique; presentation is exceptionally structured, creative, fluent, and professional.

Good

(B+, B) Clearly identifies the target symptom(s) with minimal or no technical errors and demonstrates a solid understanding of clinical features, though missing some depth; provides a clear and accurate analysis of core intervention approaches; formulates a clear critique evaluating both contributions and limitations; well-organized, articulate, and easy-to-follow presentation.

Marginal

(B-, C+, C) Identifies the target symptom(s) but descriptions are highly generalized and demonstrates a general understanding of clinical features; describes the intervention approaches but the analysis is descriptive rather than

analytical; lists contributions and limitations but lacks critical depth; adequately organized and understandable, though pacing or transition between speakers is fragmented.

Failure

(F) Fails to identify any target symptoms, or the description provided is completely inaccurate and irrelevant; fails to analyze the intervention approach, or demonstrates an entirely incorrect understanding of the strategy; completely fails to offer a critique, or provides a random list of points that shows no critical thinking; disorganized, incoherent, or fails to meet the video submission format requirement.

Assessment Task

Quizzes (for students admitted from Semester A 2022/23 to Summer Term 2024)

Criterion

Ability to acquire a good knowledge of concepts

Excellent

(A+, A, A-) Demonstrate an excellent ability in acquiring a good knowledge of concepts

Good

(B+, B) Showing a good ability in acquiring a good knowledge of concepts

Marginal

(B-, C+, C) General ability in acquiring a good knowledge of concepts

Failure

(F) Little evidence of acquiring a good knowledge of concepts

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Part III Other Information

Keyword Syllabus

1.1 Theoretical framework
Theories of normality and abnormality; Development Culture and psychopathology; Development and psychopathology
1.2 Diagnosis
Classification and assessment; Childhood and adolescent disorders; Psychopathology of adulthood
1.3 Intervention
Clinical work in psychopathology, intervention modalities

Reading List

Compulsory Readings

	Title
1	American Psychiatric Association, issuing body. (2022). Diagnostic and statistical manual of mental disorders#: DSM-5-TR (Fifth edition, text revision.). American Psychiatric Association Publishing.
2	Barlow, D. H., Durand, V. M., & Hofmann, S. G. (2017). Abnormal psychology: An integrative approach (8th ed.). Belmont, CA: Wadsworth Cengage Learning.
3	Davidson, L., Rowe, M., Lawless, M. S., O’ Connell, M. J., Lawless, M., & ProQuest. (2004). Practical Guide to Recovery-Oriented Practice#: Tools for Transforming Mental Health Care. Oxford University Press, Incorporated. https://ebookcentral.proquest.com/lib/cityuhk/detail.action?docID=430313
4	Nolen-Hoeksema, S. (2007). Abnormal psychology (4th ed.). New York: McGraw-Hill.

5	Slade, M., Oades, L., & Jarden, A. (Eds.). (2017). Wellbeing, recovery and mental health. Cambridge University Press. https://doi.org/10.1017/9781316339275

Additional Readings

	Title
1	Beutler L., Malik, M. (Eds.). (2002). Rethinking the DSM: a psychological perspective. Washington, DC: American Psychological Association.
2	Carr A. (Ed.). (2003). Prevention: What works with children and adolescents? Hove, East Sussex: Brunner-Routledge.
3	Cummings, E. M., Davies, P. T., & Campbell, S. B. (2000). Developmental psychopathology and family process: Theory, research, and clinical implications. New York: Guilford.
4	Dwivedi, K., & Harper, P. (2004). Promoting the emotional well-being of children and adolescents and preventing their mental ill health: a handbook. London: J. Kingsley Publishers.
5	Frank, E. (Ed.). (2000). Gender and its effects on psychopathology. Washington, DC: American Psychiatric Press.
6	Herbert, M. (2005). Developmental problems of childhood and adolescence: prevention, treatment, and training. Malden, MA: BPS Blackwell.
7	Hersen M., & Ammerman, R. (Eds.) (2000). Advanced abnormal child psychology. Mahwah, N.J.: Lawrence Erlbaum Associates.
8	Hersen M., Turner, S.M., & Beidel D. (Eds.). (2007). Adult psychopathology and diagnosis. Hoken, NJ: Wiley.
9	Hoghughi M. (1992). Assessing child and adolescent disorders: a practice manual. London: Sage Pub.
10	Lichtenberg, P. (ed.). (1999). Handbook of assessment in clinical gerontology. New York: Wiley.
11	Mash, E., & Barkley, R. (Eds.). (2003). Child psychopathology. New York: Gilford Press.
12	Mash, E.J., & Barkley, R.A. (Eds.). (2006). Treatment of childhood disorders. (3 rd ed.). New York: Guilford.
13	Netherton, S.D., Holmes, D., & Walker, C.E. (Eds.). (1999). Child and adolescent psychological disorders: A comprehensive textbook. New York: Oxford University Press.
14	Nicholi A. (ed.). (1999). The Harvard guide to psychiatry. Cambridge, Mass.: Belknap Press of Harvard University Press.
15	Ollendick T.H., & Hersen M. (Eds.). (1998). Handbook of child psychopathology. (3rd ed.). New York: Plenum.
16	Osofsky, J., & Fitzgerald, H. (Eds.). (2000). World Association for Infant Mental Health handbook of infant mental health. New York: Wiley.
17	Rapoport, J. (2000). Childhood onset of "adult" psychopathology: clinical and research advances. Washington, DC: American Psychiatric Press.
18	Rutter, M., & Taylor, E. (2002). Child and adolescent psychiatry. (4th ed.). Malden, MA: Blackwell Science.
19	Sameroff, A., Lewis, M., Miller, S. (2000). Handbook of developmental psychopathology. New York: Kluwer Academic/Plenum.
20	Schroeder, C. S. (2002). Assessment and treatment of childhood problems: a clinician’ s guide. New York: The Guilford Press.
21	Sperry, L., & Carlson, J. (Eds.). (1996). Psychopathology and psychotherapy: from DSM-IV diagnosis to treatment. Washington, DC: Accelerated Development
22	Tse J. (2003). Adolescent psychological disorders. Hong Kong: Chinese University Press. (in Chinese)
23	Tse J. (2004). Youth suicide: facts, prevention and crisis management. (2nd ed.). Hong Kong: Chinese University Press. (in Chinese)
24	Weiner, I. B. (2004). Adult psychopathology case studies. John Wiley & Sons.
25	Whitbourne, S.K. (Ed.). (2000). Psychopathology in later adulthood. New York: Wiley.
26	Zide M.R., & Gray, S.W. (2001). Psychopathology: A competency-based assessment model for social workers. Belmont, CA: Brooks/Cole.