



MCFT 522-03 Diagnosis of Mental and Emotional Disorders
SPRING 2022 (2 units)

Time & Day: Monday 1:00-4:00, 1/10/2022 – 3/28/2022

Place: Classes online and on campus at York Graduate Center, Room 101

Instructor: Elizabeth Hoke, MA, MFT

Office Hours: email instructor to schedule an appointment.

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CATALOG DESCRIPTION

Introduction to the structure and use of the DSM 5 for diagnosing mental and emotional disorders. Limits and weaknesses of these approaches—especially with regard to sociocultural differences—and alternatives to them. How to use these systems effectively in the context of relational, biopsychosocialspiritual, systemic interventions, and in culturally diverse environments. Current knowledge, theory, and issues regarding selected disorders and their treatment.

CREDITS: 2 semester units (30 total clock hours)

STUDENT LEARNING OUTCOMES

This course promotes the following student learning outcomes:

SLO 1.1 Students recognize the impact of power on individuals, families, and communities.

SLO 2.1 Students self-reflect on the implications of own and others' social location in clinical practice.

SLO 2.2 Students' clinical practice demonstrates attention to social justice and cultural democracy.

SLO 4.2 Students provide competent service according to the AAMFT code of ethics and core competencies.

SLO 4.3 Student demonstrate integration of family therapy theory, equity, and social location in clinical practice.

COURSE OBJECTIVES

The following objectives are in keeping with the AAMFT Core Competencies. At the end of this course, students are expected to:

1. Consider sociocultural influences on the development of DSM criteria and their application
2. Understand ethical considerations related to diagnosis of mental and emotional problems in the practice of marriage, couple, and family therapy.
3. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
4. Know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
5. Understand the established diagnostic criteria for mental and emotional disorders, and describe treatment modalities and placement criteria within the continuum of care.
6. Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.
7. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.

TEXTS/READINGS

Required Books

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. Washington, D.C.: American Psychiatric Association Press.

Morrison, J. (2014) *Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians, 2nd ed.* New York, NY: Guilford Press.

Watters, E. *Crazy like Us: The Globalization of the American Psyche*. (2010). New York: First Free Press

Required Articles

Listed each week in the syllabus.

COURSE OBJECTIVES, STUDENT LEARNING OUTCOMES, AND EVALUATION ACTIVITIES

Course Objective	MCFT Student Learning Outcomes	AAMFT Core Competencies & AMFRTB task statements	Evaluated by
1. Consider sociocultural influences on the development of DSM criteria and their application	SLO 1.1 SLO 1.2	CC 1.2.1 CC 1.2.2 CC 2.1.6 CC 2.3.1 TS 02.06 TS 02.11	Case Vignettes, group project CFI and Eco-map Participation Rubric

2. Understand ethical considerations related to diagnosis of mental and emotional problems in the practice of marriage, couple, and family therapy.	SLO 2.1 SLO 2.2 SLO 4.1 SLO 4.3	CC 1.2.1 CC 1.2.2 CC 1.3.1 CC 2.1.4 CC 2.3.1 CC 4.5.3 CC 5.4.1 TS 01.04 TS 02.06	Case Vignettes, group project CFI and Eco-map Participation Rubric
3. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.	SLO 1.2 SLO 4.2	CC 1.2.1 CC 1.3.1 CC 2.1.2 CC 2.2.5 CC 2.3.1 TS 01.04 TS 02.06 TS 02.08	Case Vignettes, group project Participation Rubric
4. Know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).	SLO 4.2	CC 2.1.4 CC 2.3.1 CC 2.3.7 TS 02.30 TS 03.04	Case Vignettes, group project CFI and Eco-map Participation Rubric
5. Understand the established diagnostic criteria for mental and emotional disorders and describe treatment modalities and placement criteria within the continuum of care.	SLO 1.3 SLO 4.2	CC 2.2.3 CC 2.3.1 CC 2.3.7 CC 3.2.1 CC 4.5.3 CC 5.4.1 TS 02.20	Case Vignettes, Group project CFI and Eco-map Participation Rubric
6. Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event.	SLO 4.2 SLO 4.3	CC2.4.2 CC 4.3.8 TS 05.09	Case Vignettes, group project Participation Rubric

7. Demonstrate appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	SLO 4.2	CC 2.3.1 CC 5.4.1	Case Vignettes, group project CFI and Eco-map Participation Rubric
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COURSE ASSIGNMENTS

A note about writing: All written submissions for this course should be typed, in 12-point size, Times New Roman font, and double-spaced. **Do not exceed listed page length.** The ability to express yourself and think critically through writing is important to your professional development. **Please proofread/edit** your writing and be coherent with your writing style.

1. ***Participation*** : (30 points)

This course emphasizes shared engagement with the assigned readings and development clinical competencies through case discussions and role plays. Toward this end, you are expected to:

- Attend and participate in **all** class meetings. In the event of illness or other emergency, please email the instructor in advance of class. Missed classes will be made up by written reflections on the required readings for the day.
- Come to class prepared (having read the assignment for the day) and contribute to in-class discussion/activities based on the readings assigned.
- Respectfully engage with other students and/or the instructor in a spirit of openness and curiosity.

Your participation will be evaluated according to the following criteria:

CLASS PARTICIPATION	Possible points
Prompt and dependable presence in the class.	5
Prepares for class by immersing self in course readings and reflecting on their application to personal practice.	10
Contributes to ongoing reflection and evaluation of own development of a critical contextual consciousness and awareness of equity in the practice of MCFT.	5
Contributes to the development of other class members and the group as a whole.	5
Helps to create an atmosphere of safety and mutual respect among all class members.	5
Total	30

2. Group Project Case Vignettes – Diagnosis Review: (25 points)

There will be one diagnosis review group project due during the semester. This diagnosis reviews will be worth 25 points. Choose a character from a movie or book as a group and write up a case vignette. The group will need to present the following together:

- Developmental and Psychosocial History: Include significant events in childhood, developmental/ life transitions, family & community involvement. History of mental illness or substance abuse in the family, if known.
- Cultural factors as they relate to presenting problem: what is this person's cultural context, and how might it impact their presenting problem?
- Diagnosis: Provide a full DSM-5 Diagnosis, including codes V codes.
- Rationale: Explain your reasoning for the diagnosis. What are the criteria that the client meets?
- Differential Diagnosis: What other diagnoses did you consider and/or rule out?
- It is less important that you attempt to find the "perfect" diagnosis, but rather that you show evidence to support your diagnosis and differential diagnosis, based on the information provided in the vignette. Discuss relational, biopsychosocialspiritual and systemic issues that may complicate the diagnosis. Note that the greatest weight is placed not on the diagnosis but on your reasoning and explanation.

Group Project Case Vignettes – Diagnosis Review	Possible Points	Points Demonstrated
A. Provide a DSM-V diagnosis, <u>including code and all relevant specifiers</u> .	5	
B. Clearly explain your reasoning for each element of the diagnosis referring to data provided in the vignette to support your reasoning.	10	
C. Differential diagnosis: Identify other diagnoses you considered and clearly explain your reasoning for ruling out these diagnoses. Refer to data provided in the vignette to support your reasoning.	5	
D. Based on the details provided discuss relational, biopsychosocialspiritual and systemic issues that may complicate the diagnosis, or that you would explore to expand an understanding of symptoms of distress and resilience.	5	
TOTAL	25	

3. Case Vignette and Diagnosis Reflection Paper (25 points)

This 4-5 page paper should reflect on the experience of working with the group to develop a diagnosis. The paper should also include your thoughts, hopes and concerns about using diagnosis as you work with clients. Include reflection on topics/concepts discussed in class that have most interested you or that significantly influences your work as a group (i.e., accompaniment, diagnostic roadmap, cultural implications, safety hierarchy, dignity, individual vs collective identity, pathologizing, social justice, DSM - 5)

Group Project Case Vignettes – Diagnosis Review	Possible Points	Points Demonstrated
A. The paper has been clearly written and edited	10	
B. Reflection on group process is included	5	
C. Topics/concepts from class have been discussed (minimum of 4)	10	
TOTAL	25	

4. **DSM-5 Cultural Formulation Interview (CFI) and Eco-map** (20 Points)

This assignment aims to familiarize you with the DSM - 5 Cultural Formulation Interview (CFI) while also creating an opportunity to explore culture, identity and the unique social and political contexts that influence assessment and diagnosis. Note that there are 3 steps to the assignment.

1) Read the DSM-5 CFI introduction and questions.

2) Create an Eco-map due 1/31/22.

3) Write a 2-3 page paper due 2/7/22.

1. Read the introduction to the Cultural Formulation Interview (CFI) and Interview questions to orient you toward this framework. As you create your Eco-map please consider the *Outline for Cultural Formulation* categories for systemic assessment included in the introduction.
 - a. *Cultural identity of the individual*
 - b. *Cultural conceptualization of distress*
 - c. *Psychosocial stressors and cultural features of vulnerability and **resilience***
 - d. *Cultural features of the relationship between the individual and the clinician* (this will be explored more fully in your paper)
 - e. *Overall cultural assessment* (your insight into the role of culture, identity and social context on your sense of well-being)
2. Using images and symbols you will create an eco-map that reflects your personal experience of culture, identity, and the social/relational/political contexts, providing a more complete portrayal of challenges and resources that influence your sense of self and well-being.

- a. Create a visual map using only images to portray your experience. You may use markers/pencils/crayons or use images from magazines and textures from a variety of found materials. Be creative and **allow time for deep contemplation**.
 - b. This eco-map will be a **visual representation** of the intersection of social and cultural strength as well as the barriers that interfere with a sense of well-being. The map represents your experience of complex and important social systems (family, community, schools, church, neighborhood), culture and individual identity. Link relationships and experiences with pathways, lines, arrows where it seems relevant.
 - c. Please use **images** and **symbols** that represent aspect of the experience, rather than drawing an accurate or artistic representation (i.e. stick figures, thin, thick and broken lines linking images to depict the strength of connections, use shapes and colors).
 - d. *Questions to consider:* Where was social and cultural capital/strength overlooked or challenged? Where do you see sources of rupture or distress? Are there cultural conceptions of distress that might be viewed differently with careful consideration? Can you identify tension related to points of privilege and power? How are (or could) elements of cultural strength be highlighted to support an improved sense of well-being? Who are the people who have influenced you most? What and where are the resources?
 - e. Bring your eco-map to class on 1/31/2022. You will be asked to share your eco-map with 2 of your classmates. This group will share a brief report to the class.
3. A 2-3 page paper will be due 2/7/22 the session following the sharing of eco-map in class. The paper should discuss:
 - a. Your experience of creating the Eco-map. In what ways did the Eco-map assignment challenge you to expand your awareness of culture and identity in the formulation of a diagnosis?
 - b. The implications and relevance of culture and identity on the development of diagnosis. Reference DSM-5 reading and CFI to clarify your points.
 - c. Discuss what you have learned about *potential* “cultural features of the relationship between the individual and the clinician”. How might your social/cultural location and identity influence the discernment of culturally informed diagnosis?

Cultural Formulation Interview (CFI) and Eco-map <i>Eco-Map due 1/31/22 Paper due 2/7/22</i>	Possible Points	Points Demonstrated
A. Eco-map visually reflects your personal experience of culture and identity using images and symbols. Impressions from the CFI are integrated into the Eco-map	5	

B. Paper provides a personal reflection on the experience of creating the eco-map and highlights key learning from the project	5	
C. Paper displays an understanding of the CFI and culturally informed assessment. Reference to the CFI is incorporated	5	
D. Paper explores the students social/cultural location and identity, and the potential impact on diagnosis and relationships with clients.	5	
TOTAL	20	

EVALUATION AND GRADING

Your grade will be based on the criteria described above. Credit will be determined as follows:

Participation	30 pts
CFI – Eco-map and paper	20 pts
Diagnosis Review Group Project	25 pts
Diagnosis Review Reflection Paper	25 pts
Total	100 pts

94-100 = A	90-93.5 = A-	88-89.5 = B+
83-87.5 = B	80-82.5 = B-	78-79 = C+
73-77.5 = C	70-72 = C-	

CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time may result in failure to complete the class. This would be 4.5 hours of a 45 hour class (3 credits), 3.0 hours for a 30 hour class (2 credits) or 1.5 hours for a 15 hour class (1 credit.) In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

DISABILITY SERVICES STATEMENT

If you require academic accommodations, please contact the Student Support Services Office in Albany Quadrangle (503-76-7192 or access@lclark.edu). Once you complete the intake process and the Accommodations Agreement, you may Request to Send your Accommodations Letter. Student Support Services staff will then notify faculty of the accommodations for which you are eligible.

DISCLOSURE OF PERSONAL INFORMATION

Each student should decide for him/herself what information to disclose. Students are advised to be prudent when making self-disclosures. The program cannot guarantee confidentiality of student disclosures given the group environment, although personal comments should be considered private and confidential – and remain only in the classroom – unless an exception to confidentiality applies.

LINKS TO LEWIS & CLARK GRADUATE SCHOOL ESSENTIAL POLICIES

This course adheres to the general policies outlined in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: go.lclark.edu/gsec-nondiscrimination;
- Standards for professional student conduct and academic integrity: go.lclark.edu/gsec-conduct;
- Sexual misconduct: go.lclark.edu/titleIX

COVID RESPONSE

Lewis & Clark is committed to providing in-person education and support to students in a close-knit campus community. We are also committed to the health of our community, and will take necessary steps to promote public health and protect members of our community whenever possible. Although no college campus can guarantee a COVID-free environment, we can greatly minimize the risks of COVID with appropriate mitigation measures, such as widespread vaccination. Our approach to COVID is based on **Centers for Disease Control (CDC) guidance to colleges and universities**, as well as guidance from the Oregon Health Authority and county public health officials. As the pandemic continues to evolve, and relevant guidance changes, we will update these policies and provide necessary information to the campus community.

Please check the Lewis and Clark guidelines up to date details about our covid response. <https://www.lclark.edu/news/covid-19-response/>

COURSE SCHEDULE

	Topics	Readings	Assignments
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Class 1 Jan 10	<ul style="list-style-type: none"> • Introductions • Expectations of the course • Basics of diagnosis • Attunement and Accompaniment 	<ul style="list-style-type: none"> • DSM-5: Preface, Introduction, Use of Manual and Cautionary Statement • Watkins, M. (2015). Psychosocial Accompaniment. <i>Journal of Social and Political Psychology</i>, 3(1), 324-341. https://doi.org/10.5964/jspp.v3i1.103 • Deane, S. rLung, Mind, and Mental Health: The Notion of “Wind” in Tibetan Concepts of Mind and Mental Illness. <i>J Relig Health</i> 58, 708–724 (2019). https://doi.org/10.1007/s10943-019-00775-0 	
Class 2 Jan 24	<ul style="list-style-type: none"> • Neurodevelopmental Disorders • Adverse Childhood Experience’s (ACE’s) 	<ul style="list-style-type: none"> • Diagnosis made easier: chapters 1-4 • Introduction: <i>Watters, E. Crazy like Us: The Globalization of the American Psyche</i>. (2010). New York: First Free Press • DSM-5: Review diagnosis topics • Video: Nadine Burke Harris – How childhood Trauma Affects Health Across a Lifetime. https://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime?language=en 	
Class 3 Jan 31	<ul style="list-style-type: none"> • Trauma and stressor related disorders • Dissociative disorders • Cultural considerations of diagnosis 	<ul style="list-style-type: none"> • Diagnosis made easier: chapters 5-7. • DSM-5: Become familiar with Cultural formulation pgs. 749-760 • DSM-5: Review diagnosis topics • Chapter 2: <i>Crazy like Us: The Globalization of the American Psyche</i>. 	CFI - Ecomap
Class 4 Feb 7	<ul style="list-style-type: none"> • Schizophrenic spectrum and other psychotic disorders • Mood Disorders • Dignity 	<ul style="list-style-type: none"> • Diagnosis made easier: chapters 11 and 13 • DSM-5: Review diagnosis topics • Chapter 3: <i>Crazy like Us: The Globalization of the American Psyche</i>. 	CFI paper

Class 5 Feb 14	<ul style="list-style-type: none"> Anxiety Disorders Obsessive-Compulsive Disorder Social Justice 	<ul style="list-style-type: none"> Diagnosis made easier: chapters 12 DSM-5: Review diagnosis topics Chapter 4: <i>Watters, E. Crazy like Us: The Globalization of the American Psyche.</i> (2010). New York: First Free Press Sutherland, Couture, Gaete Silva, Strong, Lamarre, & Hardt. (2016). Social Justice Oriented Diagnostic Discussions: A Discursive Perspective. <i>Journal of Feminist Family Therapy</i>, 28:76–99, 	
Class 6 Feb 21	<ul style="list-style-type: none"> Somatic symptom and related disorders Eating Disorders 	<ul style="list-style-type: none"> Diagnosis made easier: chapters 13, 14 DSM-5: Review diagnosis topics Chapter 1: <i>Crazy like Us: The Globalization of the American Psyche.</i> 	
Class 7 Feb 28	<ul style="list-style-type: none"> Gender Dysphoria Disruptive Disorders Presentations 	<ul style="list-style-type: none"> DSM-5: Review diagnosis topics Strong, T. (2015) Diagnoses, Relational Processes and Resourceful Dialogs: Tensions for Families and Family Therapy. <i>Family process</i>, Vol.54 (3), p.518-532 	Group Project Case Vignette
Class 8 March 7	<ul style="list-style-type: none"> Substance related and addictive disorders Presentations 	<ul style="list-style-type: none"> Diagnosis made easier: chapters 15, 16 DSM-5: Review diagnosis topics The cultural aspect: How to measure and interpret epidemiological data on alcohol-use disorders across cultures Jürgen Rehm and Robin Room <i>Nordic Studies on Alcohol and Drugs</i> Vol 34, Issue 4, pp. 330 – 341 	Group Project Case Vignette
Class 9 March 14	<ul style="list-style-type: none"> Personality Disorders V-codes and social/relational 	<ul style="list-style-type: none"> Diagnosis made easier: chapters 17, 18 DSM-5: Review diagnosis topics McNemee, S Radical presence: Alternatives to the therapeutic state Conclusion: <i>Crazy like Us: The Globalization of the American Psyche.</i> 	Case Vignette paper

Class 10 March 28	<ul style="list-style-type: none"> • Power, Threat, Meaning Framework • Video: Crooked Beauty. https://vimeo.com/28315394 • The art of diagnosis (Responsibility and creativity) 	<ul style="list-style-type: none"> • Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). <i>The Power Threat Meaning Framework: Overview</i>. Leicester: British Psychological Society 	
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Recommended Readings

This class is an introduction to the vast amount of information available. I've included a reading list of additional articles and texts that would add to your knowledge of psychological disorders and mental illness.

Cane, P. (2000). *Trauma Healing and Transformation: Awakening a New Heart with Body Mind Spirit Practices*. Capacitar International Inc. www.capacitar.org

[DSM-5: An Invitation to Bias: Social Justice and Diagnostic manuals www.youtube.com › watch](https://www.youtube.com/watch?v=...)

Epstein, Wiesner & Duda. (2013). DSM and the Diagnosis-MacGuffin: Implications for the Self and Society. *Australian and New Zealand Journal of Family Therapy*. 34, 156–167

Fadiman, A. (2012). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. Macmillan.

Gilligan, J. (2003). Shame, Guilt, and Violence. *Social Research*, 70(4), 1149-1180.

Hall, W. (2016). Outside Mental Health: Voices and Visions of Madness. Madness Radio <https://willhall.net/files/OutsideMentalHealthVoicesAndVisionsOfMadnessEBook.pdf> <https://www.madnessradio.net/>

Hicks, D. (2011). *Dignity*. Yale University Press.

Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). *The Power Threat Meaning Framework: Overview*. Leicester: British Psychological Society.

Kirmayer, L. J. (2012). Cultural competence and evidence-based practice in mental health: Epistemic communities and the politics of pluralism. *Social Science & Medicine*, 75(2), 249–256.

Kirmayer, L. J., Gone, J. P., & Moses, J. (2014). Rethinking historical trauma. *Transcultural Psychiatry*, 51(3), 299–319.

Kleinman, A. (1991). *Rethinking Psychiatry: From Cultural Category to Personal Experience*. The Free Press. NY

- Martin – Baro, I. (1994). *Writings for a Liberation Psychology*. Harvard University Press, Massachusetts.
- Levine, P & Kline, M (2008). *Trauma Proofing your Kids: A Parents' Guide for Instilling Confidence, Joy and Resilience*. North Atlantic Books, Berkley, CA.
- Levine, P. & Kline, M. (2007/2019) *Trauma Through a Child's eyes*. North Atlantic Books, Berkley, CA.
- Levine, P. (1997). *Waking the Tiger: Healing Trauma*. North Atlantic Books, Berkley, CA.
- Oliver, K. (2004). *The Colonization of Psychic Space: A Psychoanalytic Social Theory of Oppression*. University of Minnesota Press. Minneapolis, MN.
- Oliver, K. (2001). *Witnessing Beyond Recognition*. University of Minnesota Press. Minneapolis, MN.
- Singer, T. Ed. (2000). *The Vision Think: Myth, Politics and Psyche in the World*. Routledge, New York, NY.
- Singer T. & Kimbles S. L. Eds. (2004) *The Cultural Complex: Contemporary Jungian Perspectives on Psyche and Society*. Routledge, New York, NY.
- The Taos Institute's® mission is to bring together scholars and practitioners concerned with the social processes essential for the construction of reason, knowledge, and human value, and their application in relational, collaborative and appreciative practices around the world. <https://www.taosinstitute.net/>
- Van Der Kolk, B. (2014). *The Body Keeps the Score: Brain, mind, and Body in the Healing of Trauma*. Penguin Books, NY, NY.
- Wamboldt, Kaslow & Reiss. (2015). Description of Relational Processes: Recent Changes in DSM-5 and Proposals for ICD-11. *Family Process*, 54(1), p6-16.
- Watkins, M. & Shulman. L. (2008). *Toward psychologies of Liberation*. Basingstoke, UK: Palgrave Macmillan.
- Watkins, M. (2019). *Mutual Accompaniment and the Creation of the Commons*. Yale University Press, New Haven and London
- Yoder, C. (2020). *The Little Book of Trauma Healing: When Violence Strikes and Community Security is Threatened*. Good Books. New York, NY.
- Zalaquett, Fuerth, Stein, Ivey & Ivey. (2008). Reframing the DSM-IV-TR From a Multicultural/ Social Justice Perspective. *Journal of Counseling & Development*, 86 (3), p.364-371.