

Lewis & Clark College
Professional Mental Health Counseling Program
CPSY 522
Diagnosis of Mental and Emotional Disorders
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Required Objectives:

Professional Identity Standards (CACREP 2009 Standards)

2d. individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies;

Clinical Mental Health Standards (CACREP 2009 Standards)

A2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling. (2001-A4)

B1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

C2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.

K1. Knows 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).

K2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.

K5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

L1. Demonstrates 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.

L2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

Additional Objectives

- Students will learn the history of the DSM and the how changes have been tied to context and power.

- Students will explore their own agreement or disagreement with DSM-5 categories of diagnosis and make a case as to why they agree or disagree, looking at societal and cultural influence of these approaches to understanding diagnosis.
- Students will understand diagnosis as a shared language spoken among mental health practitioners and will explore the various influences and consequences to using this language.

Key Required Assignments/Student Learning Outcomes

These assignments are required for the course, but will not be the only requirements/expectations. The chart below lists the assignment, method of submission, and benchmark score/grade. These assignments are set up for upload to Taskstream and/or instructor provides rating for assignment. See syllabus for details.

Theory and Research into Practice		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Evaluation and Remediation
Goal 3 of 6							
Understands and applies diagnosis	Early program	Understands, critiques and begins to implement the DSM diagnostic system Grade: A 90% or higher on case study	Can understand and critique the DSM V Grade B 80% or higher on case study	Demonstrates inadequate understanding of the DSM diagnostic system Grade: C or below		CPSY 522: Diagnosis Final Grade AND Case application assignment Min. 80% case application	First year portfolio/advisor review; referral to Benchmark Review Committee

Course Description:

Introduction to the structure and uses of the DSM 5 and ICD-9 systems for diagnosing mental and emotional disorders. Limits and weaknesses of these approaches— especially with regard to cultural differences—and alternatives to them. How to use these systems effectively in the context of person-centered, psychosocial, and systemic interventions, and in culturally diverse

environments. Current knowledge, theory, and issues regarding selected disorders. Use of technology-based research tools to secure and evaluate contemporary knowledge.

Required Texts:

American Psychiatric Association (2013) DSM (5th edition) Washington, DC: American Psychiatric Press. (ISBN-10: 0890425558; ISBN- 13: 978-0890425558)

Morrison, J. (2007). *Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians*. New York, NY: The Guilford Press. (ISBN: 1593853319)

Attendance:

- Students may miss one class for any reason.
- Any missed classes beyond the single class will require make-up work including any of the following; written work including research and literature review, professional reading with written review, special projects, etc.
- Any “planned absences” must be discussed with and approved by the course professor at least two weeks in advance of the absence.
- In case of illness and true emergencies, please notify your instructor as soon as possible.
- More than one absence a semester could result in a failure to complete the class.
- Late to class: More than 20 minutes will require make-up work at the discretion of the professor. Arriving late impacts the work of your classmates and may communicate disrespect for your instructor and your peers.

Course requirements:

1. Participation in and documentation of in-class diagnostic process role-plays: 25 %

Students will each have the opportunity to develop a character with diagnosable symptomology taken from major diagnostic categories (Schizophrenia and other psychotic disorders, Bi-Polar and Depressive Disorders, Anxiety Disorders, Trauma and Stress Related Disorders, Dissociative Disorders, Personality Disorders). In a role play with a peer performing diagnostic interviewing, the student will demonstrate the criterion for making a temporary diagnosis. Each student will submit a write-up due the week after the exercise.. Student-observers will prepare a written intake conducted on one of the peer clients’ presented in each class. Include full diagnosis with supporting quotes for meeting diagnostic criteria, plus recommendations for treatment. Documentation will include a diagnostic impression and supporting quotes and observations demonstrating how/if the client meets diagnostic criteria. Suggested length: 1-2 pages

2. Group project/presentations – 30%

Students will work in groups of 3 and give a 15 minute presentation of a proposed new diagnosis that your group will construct. You need to describe the diagnosis thoroughly using DSM type language, qualifiers, and symptoms and using visual aids. Do whatever you need to do to convince us that the diagnosis really exists. Give at least one believable case study of a person who had this proposed diagnosis; the person in your case study should also be given a DSM-type diagnosis using your constructed diagnosis along with others, if applicable. The presentation should NOT be read; it should engage the audience and keep/hold their interest.

3. Yes Paper - 25%

Students will choose a diagnosis that is currently represented in the DSM-5. It should be a diagnosis that you would like to know more about and that you believe is accurately represented in your current experience. Give a general overview of this diagnosis (about 2 pages, graded on accuracy of relevant information and citation of broad, credible, academic sources), why you believe it is accurately represented (about 2 pages, graded on the credibility and persuasiveness of your argument), and give examples/descriptions of a person who has had this diagnosis (about 2 pages). Clarity of writing, flow of paper, and correct use of references and citations are valued highly. Suggested length = 6-8 pages

4. No Paper – 25%

Students will choose a diagnosis currently represented in the DSM-5 that you think should be changed; one that you believe is not accurately represented or that is problematic. Give a general overview of this diagnosis (about 2 pages, graded on accuracy of relevant information and citation of broad, credible, academic sources), why you believe it is problematic (about 2 pages, graded on the credibility and persuasiveness of your argument), and give examples/descriptions of a person who had a problematic experience with the diagnosis (about 2 pages). Clarity of writing, flow of paper, and correct use of references and citations are valued highly. Suggested length = 6-8 pages

Class Date Topic (subject to change)

		Notes
1/14/16	1. Introductions, review of syllabus, class objectives, assignments and class structure. Exploring the concept of mental health diagnosis, what it means to diagnose with dignity, dialects, integral theory	Look through DSM V and identify personal organizational strategy for manual comprehension
1/21/16	2. Social construct of diagnosis, history of the DSM, criticism of diagnosis. The diagnostic process , using diagnostic assessment tool. Key changes in the DSM V	

	and documentation, structure of the DSM, the diagnostic process. Peer role play #1(assignment #1)	
1/28/16	3. Depressive Disorders, Bipolar Disorders, Obsessive Compulsive Disorders and Related. Peer role play #2(assignment #1)	Role play #1 write-up due today (assignment #1)
2/4/16	4. Anxiety Disorders, OCD Related Disorders Peer role play #3(assignment #1)	Role play #2 write-up due today (assignment #1)Yes paper due (Assnmt #3)
2/11/16	5. Schizophrenia and other Psychotic Disorders Peer role play #4 (assignment #1)	Role play #3 write-up due today (assignment #1)
2/18/16	6. Substance-Related and Addictive Disorders Peer role play #5 (assignment #1)	Role play #4 write-up due today (assignment #1)
2/25/16	7. Trauma Related and Stress Disorders. Group project time	Role play #5 write-up due today (assignment #1)
3/3/16	8. Personality Disorders Group project time	No Paper due today (assignment #4)
3/10/16	9. Crisis/suicide assessment and Group Presentations (assignment #2)	
3/17/16	10. Group Presentations and class wrap-up (assignment #2)	

Grading: This course is graded in accordance with the grading policy of the Graduate School of Education and Counseling, available for viewing in the Navigator Student Handbook (http://www.lclark.edu/graduate/student_life/handbook/registration_policies/index.php#system) and is the point equivalent of that grading scale (A = 4.0 A- = 3.7 B+ = 3.3 B = 3.0 B- = 2.7 C+ = 2.3 C = 2.0 C- = 1.7 D+ = 1.3 D = 1.0 F = 0.0).

ASSIGNMENTS TURNED IN LATE WILL HAVE ONE GRADE A DAY SUBTRACTED FROM THE GRADE OF THE ASSIGNMENT.