

Lewis & Clark College
Professional Mental Health Counseling Program
CPSY 522
Diagnosis of Mental and Emotional Disorders
Syllabus Cover Sheet

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

CPSY 522 - Diagnosis of Mental and Emotional Disorders – Spring 2016

Stella Beatriz Kerl-McClain, Ph. D.
Office #328
Rogers Hall
503-841-0333 (cell)

Office hours: Mondays 12:30-3:00
Thursdays 12:30-2:30
and others by appt.
sbk@lclark.edu

Please email me to make appointments for office hours and make sure the appointment is confirmed through Google calendar. If I have no appointments scheduled during office hours, I may schedule meetings or other appointments during those times.

Catalog description: Introduction to the structure and uses of the DSM 5 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). *Diagnostic and Statistical Manual of Mental Disorders, 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)

Additional required reading links/citations will be posted to Moodle

Note: If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (x7156). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

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: 10 %

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; grading is based on the quality of your idea and the case/rationale that you give to back-up the idea. 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 differential diagnoses. The presentation should NOT be read; it should engage the audience and keep/hold their interest: grading will also be reflective of the quality of the presentation itself.

3. Yes Paper - 30%

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 4 pages, graded on accuracy of relevant information and citation of broad, credible, academic sources), why you believe it is accurately represented (about 3 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 = 10 pages

4. No Paper – 30%

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 4 pages, graded on accuracy of relevant information and citation of broad, credible, academic sources), why you believe it is problematic (about 3 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 = 10 pages

Students must also meet standards for program level on the Professional Qualities Evaluation (no 0s and minimal 1s) as applicable. Failure to do so will result in referral to an Academic Review Committee. See PMHC program handbook for more details.

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). Assignments will be given letter grades that are weighted by grade point and then back into a total grade (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). **Total grade points that fall in-between grades will be assigned to the closest available final grade, e.g., 3.49 would be a B+**

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

TENTATIVE COURSE CALENDAR: CHECK MOODLE PAGE FOR UPDATED TOPICS, READINGS AND LINKS TO ADDITIONAL READING/ONLINE RESOURCES

January 14

Introductions, exploring the concept of mental health diagnosis

January 21

Social construction of diagnosis

Reading assignments for this week:

Rosenhan, D.L. (1973). On being sane in insane places. *Science*, 179, 4070. 250–258.

Walker, M.T. (2006). The Social Construction of Mental Illness and its Implications for the Recovery Model. *International Journal of Psychosocial Rehabilitation*. 10 (1), 71-87

Francis, A. (2012, January 9). America is over diagnosed and over medicated. *The Huffington Post, Science Blog*.

Levine, B. (2012, January 5). 7 Reasons America's Mental Health Industry Is a Threat to Our Sanity. AlterNet, p. 1-5

January 28

Learning the DSM

Reading assignments for this week:

In your DSM 5, carefully read: Preface, Introduction, Use of the Manual and Cautionary Statement for Forensic Use of DSM 5. Also begin reading Part I of Diagnosis Made Easier.

February 4

Diagnostic Assessments

Schizophrenia Spectrum and other Psychotic Disorders

Reading assignments for this week:

In *Diagnosis Made Easier*, finish reading Part I and read all of Part II, and read Chapter 13 (Diagnosing Psychosis).

In DSM-5, read Schizophrenia Spectrum and Other Psychotic Disorders chapter.

Additionally, choose one of the Diagnostic Assessment Forms (posted in the Moodle folder) and BRING IT TO CLASS for your own use in our diagnostic role-plays.

February 11

Bipolar and Depressive Disorders

Reading Assignments for this week:

In Diagnosis Made Easier, read Chapter 11: Diagnosing Depression and Mania.
In DSM-5, read Bipolar and Related Disorders and Depressive Disorders.

February 18

**Possible Due Date for Opt In group (Yes or No Paper)
Bipolar and Depressive Disorders (continued)**

February 25

Anxiety Disorders and Obsessive Compulsive Disorders

Reading Assignments for this week:

In Diagnosis Made Easier, read Chapter 12: Diagnosing Anxiety and Fear. In DSM-5, read Anxiety Disorders and Obsessive-Compulsive and Related Disorders

March 3

Trauma and Stressor-related Disorders and Dissociative Disorders

Readings for this week:

In DSM-5, read Trauma and Stressor-Related Disorders and Dissociative Disorders.

March 10

Personality Disorders

Readings for this week:

In Diagnosis Made Easier, read Chapter 16: Diagnosing Personality and Relationship Problems.
In the DSM-5, read Personality Disorders. Also read the articles on the [Links to Readings about Personality Disorders](#) page.

March 17

**DSM 7 Task Force presentations
Final Due Date for remaining Yes and No papers**