

Lewis & Clark
Graduate School of
Education and Counseling



"We are a community that commits itself to diversity and sustainability as dimensions of a just society" --*Lewis and Clark Mission Statement*

Marriage, Couple & Family Therapy Program
CPSY 522-03 Diagnosis of Mental and Emotional Disorders
SPRING 2019

Time & Day: 9:00am – 12:00pm, Thursdays, 1/10/19 – 3/14/19

Place: York Graduate Center, Room 107

Instructor: Adam J Rodriguez, PsyD

Office Hours: by appointment

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Instructor Biography: I am a licensed psychologist in private practice in Portland, OR. My practice is largely informed by social justice theories and contemporary psychoanalytic theory. I have a focus in working with people of color and individuals who identify as LGBTQ, with emphasis on working with power dynamics and identity. I provide consultation and supervision and teach for Oregon Psychoanalytic Center. I was previously a full-time faculty member and Director of Clinical Training at Notre Dame de Namur University in Belmont, CA and provided supervision for Queer LifeSpace and the Wright Institute in CA. Additionally, I am especially interested in mentorship programs, the experience of first generation college students, and the experience of people of color as clinicians.

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.

CREDITS: 2 semester units

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.

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 (CC 1.2.1)
2. Understand ethical considerations related to diagnosis of mental and emotional problems in the practice of marriage, couple, and family therapy. (CC 5.1.2)
3. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. (CC 2.1.2; 2.1.3; 2.2.5)
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). (CC 2.1.5)
5. Understand the established diagnostic criteria for mental and emotional disorders, and describe treatment modalities and placement criteria within the continuum of care. (CC 2.1.5)
6. Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event. (CC 3.3.6; 3.4.3)
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. (CC 2.3.4; 3.3.7)

TEXTS:

Required

1. **American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders, 5th Edition*. Washington, D.C.: American Psychiatric Association Press.**
2. **Gabbard, G.O. (2014). *Psychodynamic Psychiatry in Clinical Practice. (5th Edition)*. Washington, D.C.: American Psychiatric Association Press.**
3. **Fadiman, A. (1997). *The Spirit Catches You and You Fall Down: A Hmong Child, her American Doctors, and the Collision of Two Cultures*. New York: Farrar, Straus, and Giroux.**
4. **Additional Required Reading Links/Citations Will Be Posted to Moodle**

*Note: All required articles are available through the campus library. Some of the "Some Additional Readings" articles may not be, and are listed for your interest.

Moodle~ Students will be responsible for reading all articles, linked material, resources and class updates posted on the Moodle site!!

Course Requirements:

All assignments should be sent via email, to: arodriquez@lclark.edu. Assignments are due before the start of class on the listed date. Save all sent emails as verification that you sent the assignment. Any assignment received once class begins on the due date is considered late. (If class begins at 6:00pm, any

assignment with a time stamp of 6:00pm or later is considered late). This instructor strongly suggests sending the email at least one hour prior to the time due, to ensure for problems with email delivery or other technological considerations. It is your responsibility to ensure that emails are sent in a timely fashion.

It is expected that you will have read the assignments and participate in class discussions. Class participation includes your active participation in discussions of the assigned readings within your small group and in the larger class. This instructor is aware of and sensitive to individual and cultural differences in the expression of participation in a group setting. Because the experience and opinion of each individual is important in any class, if you experience any particular discomfort regarding active participation in a group setting, please speak with me so that alternative, creative solutions can be explored.

Most lectures will require you to read a section from the DSM. I ask students to familiarize themselves with that week's relevant material from the DSM to enhance your participation in the lecture; however, memorizing DSM diagnostic criteria is not essential. I ask you to spend most of your time with the other readings. These readings will give greater shape and context to the diagnostic criteria established in the DSM and provide us the opportunity to have a more dynamic discussion in class about psychopathology.

Case Vignettes - Diagnosis:

A series of short clinical vignettes will be posted to the portal. There will be a total of **five** during the semester. Read the vignette and identify what you believe is the clinically relevant information. Highlight what seems **central** to the individual's difficulties. In a 2-3 page, double-spaced paper, discuss your diagnostic impressions by addressing points presented below (one or two paragraphs each). We will be discussing each of these points in class on the day the vignette is due. For some vignettes, opinion may differ on the exact diagnosis. *It is less important that you attempt to find the "perfect" diagnosis, but rather that you show evidence to support your diagnosis, as described below, based on the information provided in the vignette.* Do not make assumptions about the etiology of symptoms or about symptoms that do not appear in the vignette, although you may speak to additional information that you would be curious about in an assessment. Each vignette is worth 10 points. I have listed below how much each of the 3 sections is worth. Note that the greatest weight is placed not on the diagnosis (#1), but on your reasoning and explanation (#2).

1. Provide a DSM-V diagnosis, including code, R/O, and all relevant specifiers. (2.5 points)
2. Explain your reasoning for each element of the diagnosis. In discussing your diagnosis identify the data provided in the vignette that supports each of the criteria that you are using to make the diagnosis. (For example, "This individual's [fill in the behavior/data] fits criterion 1a of the diagnosis because ..."). (5 points)
3. Identify other diagnoses you considered and present your reasoning for choosing the diagnosis you did and for ruling out other diagnoses. (2.5 points)

Midterm Paper: Based on your reading of *The Spirit Catches You and You Fall Down*, by Anne Fadiman, write a 6 to 8 page, APA-formatted, double-spaced paper discussing the complications that evolved in the care of the young Hmong child. One of the physicians said: "I felt it was important for these Hmong to understand that there were certain elements of medicine that we understood better than they did and that there were certain rules they had to follow with their kids' lives. I wanted the word to get out in the community that if they deviated from that, it was not acceptable behavior" (p. 79). Discuss your response to this statement and include an exploration of the primary biopsychosocial conflicts that impacted the outcome for the patient. Consider how symptoms and presentation of a disorder may vary across different cultures and how treatment failed potentially as a result of cultural impasse. Do you have any ideas about what might have been done differently? Discuss how Arthur Kleinman's 8 questions (Chapter 17) may inform your work as a clinician, including how they may be useful. Discuss how your understanding of the events described in the book may inform your work with future patients. (50 points)

Final Paper:

A highly-detailed and clinically complex vignette will be distributed around the middle of the semester. Read the vignette thoroughly, multiple times, and identify what you believe is the clinically relevant information. Highlight what seems central to the individual's difficulties. I suggest reading the vignette several times, and thinking of the person as a whole. In a 3-5 page, double-spaced paper, discuss your diagnostic and clinical impressions by addressing points presented below. Use APA style. (You do not need to use citations for the DSM). This exercise will be similar to the earlier vignettes; however, it will be much more complex.

1. Provide a DSM-V diagnosis. (10 points).
2. Explain your reasoning for each element of the diagnosis. In discussing your diagnosis, identify the data provided in the vignette that supports each of the criteria that you are using to make the diagnosis. (For example, "This individual's [fill in the behavior/data] fits criterion 1a of the diagnosis because ...). (30 points).
3. Identify other diagnoses you considered and present your reasoning for choosing the diagnosis you did and for ruling out other diagnoses. (15 points).
4. Provide a case formulation as discussed in class. (Utilize Westen's article on formulation from Week 1). Assess and describe the individual's character structure. This should include a biopsychosocial formulation. This semester will spend a great deal of time discussing the elements of character structure, including defensive structures, object relations and relatedness, and transference/countertransference implications. Make *working hypotheses* with the information that you have available. Be mindful of possible biological contributors, psychological dimensions, and sociological influences on the person's psychopathology. Remember that the vignette may provide you with limited information in some circumstances. Be careful to write in a non-definitive way if you feel that you do not have enough information. (For example, "Due to [fill in the appropriate data], *it is possible* that this individual ...). Cite relevant literature when appropriate. (40 points).

5. In APA style. (5 points).

Grading Criteria: Please note that I DO NOT use any online resources to maintain or report grades. It is your responsibility to maintain an accurate account of your standing in the course. Feedback on assignments will be given as quickly as possible. Your grade will be based on academic criteria that include class participation and attendance, written assignments, and a final exam. Credit will be determined in the following way:

Class Format: The class is lecture/group discussion. Although I will be presenting (lecturing) much of the time, I strongly encourage questions/comments/general dialogue. There is a massive amount of information to convey; however, this is generally made more fruitful and impactful through dialogue. I strongly encourage questions, particularly those that you may be apprehensive about expressing. Classes will begin with a discussion of the previous week's vignette (on those weeks in which a vignette had been assigned). This will generally be limited to 30 minutes. The next portion of the class will be a lecture/discussion on the week's topic, followed by a brief break. The final portion of the class will be spent on an analysis of the DSM's coverage of the week's topic, which will include a detailed reading of portions of the DSM. We will be spending considerable time examining how to read and utilize the DSM. **It is essential that you bring the DSM with you to each class.**

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 maybe seen as an absence that requires make-up work.

DISABILITY SERVICES STATEMENT

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 (503-768-7192). 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.

DISCLOSURE OF PERSONAL INFORMATION

The Commission on Accreditation for Marriage and Family Therapy Education (COAMFTE) requires the program to have "established policies for informing applicants and students regarding disclosure of their personal information" (COAMFTE Standard 140.02, 2003). 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.

CELL PHONES

Cell phones must be silenced and text messaging is not allowed during class time. If there is an emergency you may exit the class to use your cell.

EVALUATION AND GRADING

Grades for this course will be determined as follows:

Class Attendance and Participation: 40 points

Case Vignettes - Diagnosis: 50 points (each vignette = 10 points)

Midterm Paper: 50 points

Final Paper: 100 points

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-	

COURSE ORGANIZATION - SCHEDULE AND ASSIGNMENTS

*This is a tentative schedule and may be subject to change. The schedule is open to making changes or incorporating topics to meet student needs and/or interests.

**Readings are to be completed by the date they are listed.

Class 1 – 1/10/19

Topics: Why Diagnosis?; Using the DSM; Course Review; Making Diagnosis Meaningful; Case Formulation

Readings:

1. Gabbard: Chapter 1
2. DSM-5: DSM-5 Classification, Preface, Introduction and Use of the Manual (pp. xiii – 24)
3. Szasz (1960). The myth of mental illness. *American Psychologist*, 15, 113-118
4. Barron, J.W. (1998). *Making diagnosis meaningful* (pp. xiii-xxiii). Washington, D.C.: American Psychological Association
5. Westen, D. (1998). Case formulation and personality diagnosis: Two processes or one? In J.W. Barron (ed.), *Making Diagnosis Meaningful* (pp. 111-138). Washington, D.C.: American Psychological Association.

Assignments: N/A

Class 2 – 1/17/19

Topics: Pathology of the Neurotic Character: Anxiety; Anxiety Disorders

Readings:

1. Gabbard: Chapter 9
2. DSM-5: Anxiety Disorders (pp. 189-234) and Obsessive-Compulsive and Related Disorders (pp. 235-264).

Assignments:

1. Vignette #1 Posted

Class 3 – 1/24/19

Topics: Pathology of the Neurotic Character: Depression; Affective Disorders

Readings:

1. Gabbard: Chapter 8
2. DSM-5: Bipolar and Related Disorders (pp. 123-154) and Depressive Disorders (pp.155-188).

3. Healy, D. (2006). The latest mania: Selling bipolar disorder. *PLOS*. doi: 10.1371/journal.pmed.0030185
4. Freud, S. (1957). Mourning and melancholia. In: J. Strachey (Ed. and trans.), *The Standard Edition of the Complete Psychological Works of Sigmund Freud* (Vol. 14, pp. 237-258). London: Hogarth Press. (Original work published 1917).

Assignments:

1. Vignette #1 DUE
2. Vignette #2 Posted

Class 4 – 1/31/19

Topics: Psychotic Process; Psychotic Disorders

Readings:

1. Gabbard: Chapter 7
2. DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders (pp. 870-122).
3. Ogden, T.H. (1992). *Projective Identification and Psychotherapeutic Technique*. Chapter 7: The Nature of Schizophrenic Conflict, pp. 135- 172.

Class 5 – 2/7/19

Topics: Trauma; Trauma Disorders; Dissociative Disorders

Readings:

1. Gabbard: Chapter 10
2. DSM-5: Trauma- and Stressor-Related Disorders (p.265-290) and Dissociative Disorders (pp.291-308).
3. Herman, J. (1992). *Trauma and Recovery*. New York: Basic Books. Chapter 2: Terror, pp.33-50.

Assignments:

1. Vignette #2 DUE
2. Vignette #3 Posted

Class 6 – 2/14/19

Topics: Trauma; Dissociative Disorders, continued

Eating Disorders; Somatic Disorders

Readings:

1. Gabbard: Chapter 12 (pp. 357-381)
2. DSM-5: Feeding and Eating Disorders (pp. 329-354) and Somatic Symptom and Related Disorders (pp. 309-328).
3. Zerbe, K.J. (1993). *The Body Betrayed: A Deeper Understanding of Women, Eating Disorders, and Treatment*. Chapter 5: When Self Meets Society: The Interplay of Cultural and Psychological Factors (pp. 99-124).

Assignments:

1. Vignette #3 DUE
2. Vignette #4 and #5 Posted

Class 7 – 2/21/19

Topics: Eating Disorders; Somatic Symptom Disorders

Readings:

1. DSM-5: Feeding and Eating Disorders (pp. 329-354) and Somatic Symptom and Related Disorders (pp. 309-328).
2. Zerbe, K.J. (1993). *The Body Betrayed: A Deeper Understanding of Women, Eating Disorders, and Treatment*. Chapter 5: When Self Meets Society: The Interplay of Cultural and Psychological Factors (pp. 99-124).

Assignments:

1. Vignette #4 DUE

Class 8 – 2/28/19

Topics: Personality Disorders: Cluster B – Narcissism and Borderline

Readings:

1. Gabbard: Chapter 15 and 16
2. DSM-5: Personality Disorders – Cluster B (pp. 663-666 and 669-672)
3. Kernberg, O. (1967). Borderline personality organization. *Journal of the American Psychoanalytic Association*, 16, 641-685.

Assignments:

1. Vignette #5 DUE
2. **FINAL VIGNETTE POSTED**

Class 9 – 3/7/19

Topics: Violence, Antisocial Personality Disorder, Psychopathy

Readings:

1. Gabbard: Chapter 17
2. DSM-5: Antisocial Personality Disorder
3. Welldon, E. (2011). Chapter 1: The True Nature of Perversions, in *Playing with Dynamite*.

Assignments:

1. **MIDTERM DUE**

Class 10 – 3/14/19

Topics: Personality Disorders: Cluster A – Paranoid, Schizoid, and Schizotypal

Readings:

1. Gabbard: Chapter 14
2. DSM-5: Personality Disorders – Cluster A (pp. 645-659)
3. Ogden, T.H. (1989). *The Primitive Edge of Experience*. Chapter 4: The Schizoid Condition, pp. 83-108.
4. Auchincloss, E.L. & Weiss, R.W. (1992). Paranoid character and the intolerance of difference. *Journal of the American Psychoanalytic Association*, 40, 1013-1037.

Recommended Readings

The canon of literature on psychic processes is enormous. 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.

- Altman, N. (1995). *The analyst in the inner city: Race, culture, and class through a psychoanalytic lens*. Hillsdale, NJ: Analytic Press.
- Barron, J. W. (Ed.) (1998). *Making diagnosis meaningful*. Washington, DC: American Psychological Association.
- Beutler, L. E., Clarkin, J. F. & Bongar, B. (2000) *Guidelines for the systematic treatment of the depressed patient*. New York: Oxford.
- Beutler, L. E. & Groth-Marnat, G. (Eds.). (2003). *Integrative assessment of adult personality* (2nd edition). New York: Guilford Press.
- Beutler, L. E. & Malik, M. L. (Ed.) (2002). *Rethinking the DSM: A psychological perspective*. Washington, DC: American Psychological Association.
- Brenner, C. (1982). *The mind in conflict*. Madison, CT: International Universities Press.
- Busch, F. N., Rudden, M., Shapiro, T. (2004). *Psychodynamic treatment of depression*. Washington, DC: American Psychiatric Press.
- Clarkin, J., Yeomans, F.E., & Kernberg, O. F. (2006). *Psychotherapy for borderline personality: Focusing on object relations*. Washington, DC: American Psychiatric Press.
- Cooper, S. & Wannerman, L. (1984). *A casebook of child psychotherapy*. Northvale, NJ: Aronson.
- Gabbard, G. O. & Wilkinson, S. M. (1994). *Management of the countertransference with borderline patients*. Washington, DC: American Psychiatric Press.
- Gibbs, J. T. & Huang, L. N. (1990). *Children of color*. New York: Jossey-Bass.
- Glickauf-Hughes, C. & Wells, M. (1997). *Object relations psychotherapy*. Northvale, NJ: Aronson.
- Greenspan, S. I. & Greenspan, N. T. (2003). *The clinical interview of the child (3rd ed.)*. Washington, DC: American Psychiatric Press.
- Hays, P.A. (2008). *Assessing cultural complexities in practice (2nd ed.)*. Washington, DC: American Psychological Association.
- Healy, D. (1999). *The antidepressant era*. Cambridge, MS: Harvard University Press.
- Healy, D. (2004). *Let them eat Prozac*. NY: New York University Press.
- Healy, D. (2011). *Mania*. Baltimore, MD: Johns Hopkins University Press.
- Healy, D. (2012). *Pharmageddon*. California: University of California Press.
- Horowitz, L. (2004). *Interpersonal foundations of psychopathology*. Washington, DC: American Psychological Association.
- Hubble, M. A., Duncan, B. L., & Miller, S.D. (Eds.) (2001) *The heart and soul of change: What works in therapy*. Washington, DC: American Psychological Association.
- Javier, R. A. & Herron, W. G. (Eds.) (1998). *Personality development and psychotherapy in our diverse society: A sourcebook*. Northvale, NJ: Aronson.
- Jensen, P. S., Knapp, P., Mrasek, D.A. (2006). *Toward a new diagnostic system for child psychopathology: Moving beyond the DSM*. New York: Guilford.
- Kernberg, O. F. (1984). *Severe personality disorders: Psychotherapeutic strategies*. New Haven, CT: Yale University Press.
- Kets de Vries, M. F. & Perzow, S. (Eds.). (1991). *Handbook of character studies: Psychoanalytic explorations*. Madison, CT: International Universities Press.

- McWilliams, N. (1994). *Psychoanalytic diagnosis*. New York: Guilford.
- McWilliams, N. (1999). *Psychoanalytic case formulation*. New York: Guilford.
- Millon, T. (1996). *Disorders of personality: DSM-IV and beyond*. (2nd ed.) New York: Wiley.
- Millon, T., Blaney, P. H. , Davis, R. D. (1999). *Oxford textbook of psychopathology*. New York: Oxford University Press.
- Norcross, J. C. (2002). *Psychotherapy relationships that work: Therapist contributions and responsiveness to patients*. New York: Oxford.
- Ogden, T. H. (1986). *The matrix of the mind*. Northvale, NJ: Aronson.
- Ogden, T. H. (1989). *The primitive edge of experience*. Northvale, NJ: Aronson.
- Peebles-Kleiger, M. (2002) *Beginnings: The art and science of planning psychotherapy*. Hillsdale, NJ: Analytic Press.
- Perez-Foster, R., Moskowitz, M. & Javier, R.A. (Eds.). *Reaching across boundaries of culture and class* (pp. 93-113). Northvale, NJ: Aronson.
- Pine, F. (1985). *Developmental theory and clinical process*. New Haven, CT: Yale.
- Piper, W. E. et al. (2002). *Interpretive and supportive psychotherapies*. Washington, DC: American Psychological Association.
- Roth, A. & Fonagy, P. (2005). *What works for whom?* (2nd ed.). New York: Guilford.
- Scaturro, D. J. (2005). *Clinical dilemmas in psychotherapy*. Washington, DC: American Psychological Association.
- Shapiro, D. (2000) *Dynamics of character: Self-regulation in psychopathology*. New York: Basic.
- Stone, M. (2006). *Personality disordered patients: Treatable and untreatable*. Washington, DC: American Psychological Association.
- Stricker, G. & Gold, J. (Eds.) (2006). *A casebook of psychotherapy integration*. New York: American Psychological Association.
- Tseng, W. S. (1997). *Culture and psychopathology*. New York: Brunner Mazel.
- Vaillant, L. M. (1996). *Changing character*. New York: Basic.
- Wampold, B.E. (2001). *The great psychotherapy debate: Models, methods and findings*. Mahwah, NJ: Erlbaum.
- Zarit, S. H. & Zarit, J. W. (1998). *Mental disorders in older adults*. New York: Guilford.