

**CPSY 522-03, Diagnosis of Mental and Emotional Disorders**  
**Tuesdays, 5:30pm-8:30pm ~ January 13, 2015 – March 17, 2015**

**Instructor Information:**

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Office Hours: Available per appointment

**Catalog description:** This course is an introduction to the structure and uses of the DSM 5 and ICD-9 systems for diagnosing mental and emotional disorders. The following areas will be included:

- 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.

**Course Objectives:**

- Understand the intended uses and benefits of the DSM multi-axial system (CC:7h, C4) (KS 24)
- Determine appropriate diagnoses using client information the DSM-V and integrating principles of the 5-axis model and DSM IV diagnostic categories and descriptions. (CC: 7h, C4, C5) (CC 1.2.2, 2.1.2)
- Describe and explain how DSM-V diagnoses contribute to good assessment and treatment planning (CC: 7h, C4, C7) (KS 23)
- Explain and compare the limits/limiting assumptions of the medical model, psychosocial models, and the developmental models of human behavior (CC: 7h, 3c, 5c, C4, C7) (CC 2.1.6)
- Describe, explain, and demonstrate ethically sound uses and limitations of diagnostic judgments, including cultural and gender biases of the diagnostic system (CC: 7f, 7h, 7i, 2d, C7)
- Develop awareness of the dynamics of diagnostic modifications and changes (CC: 7h)
- Identify diagnostic categories in the ICD09/ICD-20 that correspond to selected categories in the DSM-V system (CC: 7h)

**CACREP objectives/student learning outcomes:**

II.K.2.d. Counselors' roles in social justice, advocacy and conflict resolution, cultural self-awareness, the nature of biases, prejudices, processes of intentional and unintentional oppression and discrimination, and other culturally supported behaviors that are detrimental to the growth of the human spirit, mind, or body;

II.K.3.c Understanding of human behavior including an understanding of developmental crises, disability, exceptional behavior, addictive behavior,

psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;

II.K.7.h. An understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and:

C4. Principles and models of biopsychosocial assessment, case conceptualization, theories of human development and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling plans;

C5. Knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current edition of the Diagnostic and Statistical Manual;

C7. Application of appropriate individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling, including the use of crisis intervention, and brief, intermediate, and long-term approaches.

**Required Text:**

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013

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

**Special Accommodations:**

Students with disabilities are responsible for registering with the Office of Student Disabilities Services in order to receive special accommodations and services as indicated by the Americans with Disabilities Act. Please notify the instructor during the first week of classes if a reasonable accommodation for a disability is needed for this course. A letter from the USF Disability Services Office must accompany this request.

**Attendance:**

- Students may miss one class for any reason.
- Any missed classes beyond the single class may 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 or emergency, 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 may require make-up work at the discretion of the professor.

### 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.

#### **Course requirements:**

1. Participation in and documentation of in-class Diagnostic Process Role-plays: 5 points each x 3 = 15 points. Each student will submit a write-up of each role-play due the week after the role-play exercise. Documentation will include a diagnostic impression and supporting quotes and observations demonstrating how/if the client meets diagnostic criteria. 1-2 pgs suggested length.
2. Group project/presentations - 30 points. Presentations will be last two weeks of class. Students will work in groups of 3 or 4 and give a 30-45 minute presentation of: A Proposed New Diagnosis that your group will construct. You need to describe the diagnosis thoroughly using DSM consistent and clinically professional language, qualifiers, and symptoms using visual aids and a defined strategy in which to impart this information (10 pts). Do whatever you need to do to convince us that the diagnosis and a context for it really exists and give at least one case study of a person who had this proposed diagnosis (6 pts). The person in your case study should also be given a complete diagnosis with supporting evidence using your constructed diagnosis along with others, if applicable (6 pts). Each student must participate in a fair and collaborative way and group members will rate each other from 1-4 re: their perception of participation (3 pts).
3. Yes or No Paper – 25 points. Students will write a paper 8-10 pages in length choosing one of the following paper formats:  
~Yes Paper = 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 and historical perspective of this diagnosis (about 4 pages, 10 points, graded on accuracy of relevant information and citation of broad, credible, academic sources), why you believe it is accurately represented (about 3 pages, 8 points, graded on the credibility and persuasiveness of your argument), and give examples/descriptions of a person who has had this diagnosis (about 2 pages, 2 points). Remaining points will be given for clarity of writing, flow of paper, and correct use of references and citations.  
~OR~  
~No Paper = 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 and historical perspective of this diagnosis

(about 4 pages, 10 points, graded on accuracy of relevant information and citation of broad, credible, academic sources), why you believe it is problematic (about 3 pages, 8 points, 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, 2 points). Remaining points will be given for clarity of writing, flow of paper, and correct use of references and citations.

4. Classroom Interviews, intake and diagnostic summary of guest client - 15 points each x 2 = 30pts. Students will prepare a written intake conducted on the guest clients' presented in class. Include full diagnosis with supporting quotes for meeting diagnostic criteria, plus recommendations for treatment. Write-up due the class following each guest's presentation evening. 2-3 pgs suggested length.

### **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 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  
([http://www.lclark.edu/graduate/student\\_life/handbook/registration\\_policies/index.php#system](http://www.lclark.edu/graduate/student_life/handbook/registration_policies/index.php#system))
- Total possible points = 100 (plus extra credit as assigned) \*Total subject to minor changes
- Assignments turned in late will lose one letter grade per day until submitted unless arranged in advance with instructor.

**Tentative Course Calendar (\*dates and content subject to change based on need and guest availability):**

| Date    | Class Content   | Notes   |
|---------|---|---|
| 1/13/15 | 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. Structure, history and critiques of the DSM. | Look through DSM V and identify personal organizational strategy for manual comprehension |
| 1/20/15 | 2. Key changes in the DSM V and documentation, the diagnostic process and practice using a diagnostic assessment tool.<br>Peer role play #1 (assignment #1)   |   |
| 1/27/15 | 3. Anxiety Disorders, Posttraumatic Stress Disorder. Featured Guest Client, Amanda Valley Intake Assessment (assignment #4)   | Role play #1 write-up due today (assignment #1)   |
| 2/3/15  | 4. Depressive Disorders, Bipolar Disorders, Obsessive Compulsive Disorders and Related.<br>Peer role play #2(assignment #1)   | Guest Client Assessment and diagnostic impression due today (assignment #4)               |
| 2/10/15 | 5. Substance-Related and Addictive Disorders<br>Featured Guest Client, Matthew Borrillo Intake Assessment   | Role play #2 write-up due today (assignment #1)   |
| 2/17/15 | 6. Schizophrenia and other Psychotic Disorders<br>Peer role play #3   | Guest Client Assessment and diagnostic impression due today (assignment #4)               |
| 2/24/15 | 7. Diagnosis of Children and Adolescents<br>Group project time  | Role play #3 write-up due today (assignment #1)   |
| 3/3/15  | 8. Personality Disorders<br>Group project time  | Yes or No Paper due today (assignment #3)   |
| 3/10/15 | 9. Unfinished topics and Group Presentations (assignment #2)  |   |
| 3/17/15 | 10. Group Presentations and class wrap-up (assignment #2)   |   |