

Lewis & Clark College
Professional Mental Health Counseling & Professional Mental Health Counseling
– Specialization in Addictions
CPSY 522
Diagnosis of Mental and Emotional Disorders
Syllabus Cover Sheet
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Required Objectives:

Entry-Level Specialty: Clinical Mental Health Counseling (CACREP 2016 Standards)

C2b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders

C2d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)

C2l. legal and ethical considerations specific to clinical mental health counseling

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. (□ **SBN-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)

1)http://scholar.google.com/scholar_url?hl=en&q=http://digitalcommons.law.scu.edu/cgi/viewcontent.cgi%3Farticle%3D2384%26context%3Dlawreview&sa=X&scisig=AAGBfm3m0jpDnF2bnKYhfcxDwjFB0_I03Q&oi=scholar

2)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
http://www.psychosocial.com/IJPR_10/Social_Construction_of_MI_and_Implications_for_Recovery_Walker.html

3)Francis, A. (2012, January 9). America is over diagnosed and over medicated. *The Huffington Post, Science Blog*.
http://www.huffingtonpost.com/allen-frances/america-is-over-diagnosed_b_1157898.html

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

5)http://www.alternet.org/story/153634/7_reasons_america%27s_mental_health_industry_is_a_threat_to_our_sanity

Attendance:

Class attendance and participation is vital. It is important that you not miss classes. You may miss one class without penalty to your grade. Missing a second class will result in decrease of course grade by one step (e.g. B+ to B). Missing three classes will likely mean you will not pass the class.

Course requirements:

The basic approach of this class is that of a “wisdom community,” in which all hands are on deck. This means that each student’s contributions to our collective learning are as important as his or her individual products. These contributions to the whole usually show up as ‘participation’, but they also depend on background research outside of class, careful preparation for class discussion, and willingness to foster dialogue during class. I evaluate this participation roughly in a range from low (just showing up), medium, and high (consistently appropriate and serious contributions). Approximately 30% of the final grade is based on this dimension.

**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 – 25%

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, readings as assigned weekly)

Evaluation and Assessment: In grading your written work I will be looking for your ability to critically evaluate and integrate the information that we have been covering in the course. This requires you to go beyond the information given and to reflect on how different perspectives presented within the course relate, to consider the implications and applications of these perspectives, and to make informed decisions about the strengths and weaknesses of these perspectives.

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.

		Notes
1/12/17	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,	
1/19/17	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.	Look through DSM V and identify personal organizational strategy for manual comprehension, Reading 1
1/26/17	3. Depressive Disorders, Bipolar Disorders, Obsessive Compulsive Disorders and Related. Peer role plays #1, #2(assignment #1)	Reading 2
2/2/17	4. Anxiety Disorders, OCD Related Disorders. Peer role play #3 & #4(assignment #1)	Role play #1 & #2 write-up due today (assignment #1 Yes paper due (Assnmt #3)
2/09/17	5. Schizophrenia and other Psychotic Disorders. Peer role play #5 & #6(assignment #1)	Role play #3 & #4 write-up due today (assignment #1)

		Reading 3
2/16/17	6. Substance-Related and Addictive Disorders. Peer role play #7 (assignment #1)	Role play #5 & #6 write-up due today (assignment #1) Reading 4
2/23/17	7. Trauma Related and Stress Disorders. Peer role play #8 (assignment #1) Group project time	Role play #7 write-up due today (assignment #1) Reading 5
3/02/17	8. Personality Disorders Group project time	Role play #8 write-up due today (assignment #1)
3/09/17	9. Group Presentations (assignment #2)	No Paper due today (assignment #4)
3/16/17	10. Group Presentations and class wrap-up (assignment #2)	