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

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.

Methods of Instruction for this Course

Instruction Method	**Mark All That Apply**
Lecture	x
Small Group Discussion	x
Large Group Discussion	x
Course Readings	x
Group Presentation	x
Individual Presentation	
DVD/Video Presentation	x
Supervised Small Group Work	x
Individual/Triadic Supervision	
Group Supervision	
Case Study	x
Debate	x
Class Visitor / Guest Lecturer	
Off-Campus / Field Visit	
Other:	

Key Required Assignments/Student Learning Outcomes

These assignments are required for the course, but <u>will not be the only requirements/expectations</u>. 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.

PO 2.3Theory and Research into Practice		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Evaluation and Remediation
CACREP 5.C: CMHC							
Understands and applies diagnosis Link back to self study : section 4F	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 – Fall 2017
Mondays 1-4, 2 credits

Stella Beatríz Kerl-McClain, Ph. D.
Rm 433 Rogers Hall
503-768-6077 (office)
503-841-0333 (cell)
sbk@lclark.edu

Office hours:
Wed. 12:30-2:45
Thurs. 12:30-2:45
and other times as arranged by email

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. (**SBN-10:** 0890425558; **ISBN-13:** 978-0890425558)

Morrison, J. (2014). *Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians, 2nd ed.* New York, NY: The Guilford Press. (ISBN: 1462513352)

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.

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.

Attendance policy modification for this course:

- Students may miss one class.

- 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: 5%

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; 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. Mini-quizzes - 5% each (20% total)
Students will be given a short multiple-choice quiz after each of the first for DSM-5 Section II chapters (bipolar and depressive disorders combined). Each quiz will describe a cluster of symptoms and have different choices as to the diagnosis that would be the "best" response on exams such as the CPCE and the NCE.

4. Yes and No Paper – 50%
Students will choose a diagnosis currently represented in the DSM-5 that you would like to learn about in more depth and to explore the validity and/or lack of validity of the current way the diagnosis is understood. Give a general overview of this diagnosis (about 4-6 pages, see rubric for grading), ways in which is appears to be a valid diagnosis and ways in which it appears to be a problematic diagnosis (about 6-8 pages, see rubric for grading), and give examples/descriptions of a person who had an experience with the diagnosis (about 2 pages). Clarity of writing, flow of paper, and correct use of references and citations are valued highly (see rubric). Suggested length = 14-15 pages not counting reference page

5. 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 using a 4.0 GPA 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 points from 1 to 4 that are weighted by percentage and then tallied to a final GPA. The final GPA is translated into a letter 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

Course Schedule (from Moodle page at the start of the semester—Moodle calendar will be updated throughout the course)

Sept 11
Introductions, exploring the concept of mental health diagnosis

Sept 18
Social construction of diagnosis
Reading assignments for this week:
Rosenhan, D.L. (1973). On being sane in insane places. *Science*, 179, 4070. 250–258. 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_l03Q&oi=scholarr

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

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

Levine, B. (2012, January 5). 7 Reasons America's Mental Health Industry Is a Threat to Our Sanity. AlterNet, p. 1-5 http://www.alternet.org/story/153634/7_reasons_america%27s_mental_health_industry_is_a_threat_to_our_sanity

Sept 25
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.

Oct 2
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.

Also read: http://psychcentral.com/lib/types-of-schizophrenia/ (I include this article because I believe you will often hear the "old" language related to Schizophrenia) and this article: http://highline.huffingtonpost.com/articles/en/stop-the-madness/ about the importance of early intervention.

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

For this class, you will be participating in your first diagnostic assessment role-play. To do this, I anticipate that you will want some guidance as to the kind of information you need to learn about your "client." The Diagnosis Made Easier book is a great resource to learn the process, but I imagine that you might want something with specific questions on it to help you.

For this reason, I have gathered several examples of intake forms/questionnaires that you may want to use to assist you in gathering information. Among them is the intake form for the LC Community Counseling Center. There is also one from Community Services NW and one that was used for clients who were covered by the Oregon Health Plan (pre-Affordable Care Act). Several of them ask for a multi-axial diagnosis (from the DSM-IV) but you obviously don't need to do that unless you want the practice of doing it.

Print one of these forms out from the course Moodle page and bring it to class next week so that you will have a sense of what to ask during the role-play.

Also watch: These are a few videos that people diagnosed with Schizophrenia Spectrum and Other Psychotic Disorders have posted to YouTube. When I link to a video, I try to link only to videos that were made specifically by the person with the diagnosis who posted their own experiences in order to have others learn from them. There are many other videos that show "examples" that may seem clearer or more instructive and you may choose to watch them if you'd like, but I prefer posting videos that give clear evidence that the person in the video wants people to view/learn from the video.

http://www.youtube.com/watch?v=1IpVAZOXWSE
http://www.youtube.com/watch?v=f3AH_hddGgA
http://www.youtube.com/watch?v=YIMt-MSGTEA (Comment from the woman who posted this video, "Dork dink. Listen and listen good. This video wasn't to convince anyone of anything, it was to put a real video out rather than one that was stupid and lame.....and obviously many people

connect with the level I'm on. If that makes you pissed off then quit watching my vids.....oh but that's right, you can't lol :D")

Oct 9
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.

Also watch: From BipolarStateofBeing, My hospitalization and diagnosis of bipolar - the WHOLE story: https://www.youtube.com/watch?v=q6NCxaQTWZM

These two links are some info about Robert Boorstin and a link to an interview with him. I'm a big fan! Robert Boorstin is a powerful advocate for people diagnosed with mental illness and is someone who has made a big difference in terms of transparency and advocacy for the treatment and anti-stigma of mental illness. He was a Clinton administration official who was hospitalized for bipolar disorder during that time. Here is some info about him: http://www.albrightstonebridge.com/team/robert-o-boorstin

And this is the interview with him: http://careforyourmind.org/tag/bob-boorstin/

From rawsammi: This is a video about my manic episode that resulted in hospitalization. I hope it raises awareness on what bipolar disorder can be like. This isn't the full story. This is only a snippet of what happened. It is very hard to paint an exact picture because when you are manic, so many things are happening all at once. There are many variations to mania, and this was just my experience. I am being very raw and honest in this video. What would the world be like if everyone told the truth? https://www.youtube.com/watch?v=do3Fc684LBs

Difference between Hypomania and Mania: https://www.youtube.com/watch?v=qnR9aEz24WA

Dealing with Bipolar II, Jason's story (part 1): https://www.youtube.com/watch?v=M0_m6zOVdj8
Dealing with Bipolar II, Jason's story (part 2): https://www.youtube.com/watch?v=DCr3xpHqtiw

Oct 16
Bipolar and Depressive Disorders (continued)

Reading assignments for this week:Review the reading from last week.

Read this blog post: http://hyperboleandahalf.blogspot.com/2013/05/depression-part-two.html

And this NYT article: http://www.nytimes.com/ref/health/healthguide/bipolar_ess.html

Also watch: From WHO: I Had a Black Dog; His Name Was Depression. At its worst, depression can be a frightening, debilitating condition. Millions of people around the world live with

depression. Many of these individuals and their families are afraid to talk about their struggles, and don't know where to turn for help. However, depression is largely preventable and treatable. Recognizing depression and seeking help is the first and most critical towards recovery. In collaboration with WHO to mark World Mental Health Day, writer and illustrator Matthew Johnstone tells the story of overcoming the "black dog of depression". https://www.youtube.com/watch?v=XiCrniLQGYc

From Robyn Wheeler: I'm not labeling myself. I AM not dysthymia, I HAVE dysthymia. If a diabetic says they have diabetes, do you say they are calling themselves names? This video is to help others who may have dysthymia but may not know it yet. I am not advocating one particular method of therapy nor_ am I concerned with the varied results from millions of trials. I know what saved my life, sanity and happiness. Besides, I'd rather "label" myself & take meds, than be dead. Which one would you choose? https://www.youtube.com/watch?v=HMPq3qr-47g

Kevin Breel: Confessions of a depressed comic: http://www.ted.com/talks/kevin_breel_confessions_of_a_depressed_comic

Oct 23
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

Also read: Critique of GAD in DSM-5: http://www.psychiatrictimes.com/dsm-5-0/dsm-5-will-medicalize-everyday-worries-generalized-anxiety-disorder

New to DSM-5: Hoarding Disorder http://ajp.psychiatryonline.org/doi/full/10.1176/appi.ajp.2008.07111730

Also watch: There are so many great videos about all the anxiety disorders and OCD. I chose these mainly because they were good examples of "primary" diagnoses, since there tends to be a lot of overlap of symptoms in these categories. Go ahead and watch some other videos if you have time and tell me what you think.

Each year half a million children in the United States suffer from pediatric OCD, and the toll is not just on the children, but their families as well. Here is the story of one child and his family who found help through an intensive therapy that researchers are hoping will lead to new breakthroughs in treating this debilitating disorder. https://www.youtube.com/watch?v=3lvbcShuz14

Hopefully, an interesting video on what it is like to live with OCD. Ocd goes far beyond hand washing and alignment and that's the main focus of this video. If you find this useful in any way or suspect someone who may be silently suffering, please repost this video on your Facebook page. My name is Al Pascarelli and OCD limits my ability to interact online quite frequently. If you send me a message via Facebook I will try to respond but please know if I don't respond quickly, it's not because I don't care...it's because, well, I have OCD: https://www.youtube.com/watch?v=oci_ISFRVLI

Specific Phobia, Panic Disorder, Agoraphobia: These are two videos by TheAnnabelleAngel showing how several anxiety disorders can overlap and lead to Agroaphobia. The second video shows the distress felt by someone after having experienced panic symptoms.

https://www.youtube.com/watch?v=qBLirQge1SM
https://www.youtube.com/watch?v=dAdpG7llKJY

Generalized Anxiety Disorder: This is an into video to a series recorded by Lonnie Smith. In this and some of the other video, he talks about his use of drugs and alcohol to "self-medicate" his anxiety. We talked about this is class last week. What are your thoughts about this? Watch some of the other videos in his series if you like:.http://www.youtube.com/watch?v=qKptqF6_NXk

Oct 30
Obsessive Compulsive/Anxiety Disorders (continued)

Re-read/watch the readings and videos from last week. We are going to finish the discussion of OCD and Related Disorders and Anxiety Disorders and complete the role-play diagnostic assessments. I've added a couple of new readings just so that you can have something new to think about regarding this week's topic.

We will also debrief the role-plays or at least as many of them as we can.

Read the articles/pages posted to Moodle.

November 6
Trauma and Stressor-related disorders

> *Warning: This next section looks at serious trauma in a variety of ways. The first link is a story comparing PTSD symptoms between a veteran and a man who grew up in a violent urban community. The second link is a mild-ish sex scene from the movie Annie Hall. The third link is a description of dissociative symptoms in children and is designed for a popular audience. The fourth link contains two blog posts about PTSD symptoms in a male survivor of child sexual abuse and a female rape survivor. Please stop listening/watching/reading if you find yourself getting triggered by what you are experiencing. If this happens to you, please talk to me about it so that I can help you figure out what you might do.*

Readings for this week; Should adjustment disorder be conceptualized as transitional disorder? In pursuit of adjustment disorders definition. (2012). *Journal of Mental Health*, *21*(6), 579-588.

https://login.watzekpx.lclark.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=aph&AN=83880215&site=ehost-live&scope=site

Read this article, The Fragmented Child: Disorganized Attachment and Dissociation: http://trauma.blog.yorku.ca/2013/04/the-fragmented-child-disorganized-attachment-and-dissociation/;

Read these blog posts: http://adultsurvivors.blogspot.com/2006/08/post-traumatic-stress-in-adult.html; http://www.rabe.org/rape-trauma-and-the-rewiring-of-the-brain/comment-page-1/

Listen to this: (Act Two, In Country, In City) http://www.thisamericanlife.org/radio-archives/episode/484/doppelgangers?act=2#play

Watch this scene from the movie "Annie Hall": https://www.youtube.com/watch?v=nWsYsqoE8SA

Read this article, The Fragmented Child: Disorganized Attachment and Dissociation: http://trauma.blog.yorku.ca/2013/04/the-fragmented-child-disorganized-attachment-and-dissociation/;

Read these blog posts: http://adultsurvivors.blogspot.com/2006/08/post-traumatic-stress-in-adult.html; http://www.rabe.org/rape-trauma-and-the-rewiring-of-the-brain/comment-page-1/

Nov 13
Last day of class
DSM 7 Task Force presentations