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“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**  
**MCFT 522-02 Diagnosis of Mental and Emotional Disorders**  
**SPRING 2024**

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Time & Day: Fridays, 9am-12pm, 2/16/24 – 4/26/24

Place: York Graduate Center, Room 116

Instructor: Crystal Suarenzo, LPC (she/her)

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**Instructor Biography:** I am a queer, White, therapist (LPC) working in private practice in Portland, OR. I’m a graduate of Lewis & Clark’s PMHC program (2017) and have done agency work, community-based work, and private practice since then. My practice focuses are on trauma work and OCD/anxiety treatment; and oftentimes how these things are one in the same. I utilize somatic and experiential approaches in my work, meaning that I prioritize doing work with clients that focuses on the way folks experience the impacts of trauma and carry emotions in their body and we utilize in-the-moment emotional and somatic experiences to guide sessions and treatment. I also incorporate Acceptance and Commitment Therapy, Exposure Response Prevention, and am currently training in Hakomi therapy (which is a somatic, experiential, and mindfulness-based therapy). Ultimately, I work with clients towards greater integration of mind and body.

**CATALOG DESCRIPTION**

Introduction to the structure and use of the DSM 5 for diagnosing mental and emotional disorders. Limits and weaknesses of these approaches—especially with regard to socio-cultural differences—and alternatives to them. How to use these systems effectively in the context of relational, biopsychosocialspiritual, systemic interventions, and in culturally diverse environments. Current knowledge, theory, and issues regarding selected disorders and their treatment.

**CREDITS:** 2 semester units (30 total clock hours)

**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, 5<sup>th</sup> Edition*. Washington, D.C.: American Psychiatric Association Press.**
2. ***Crazy Like Us: The Globalization of the American Psyche* by Ethan Watters**
3. **Additional Required Reading Links/Citations Will Be Posted to Moodle**

\*Note: All of the required readings will be linked on the Moodle site. They are also available through the campus library.

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 [csuarenzo@lclark.edu](mailto:csuarenzo@lclark.edu). Assignments are due before midnight on the listed date. Save all sent emails as verification that you sent the assignment. 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.

Each week you will be asked to read a section of the DSM to familiarize yourself with the criteria. **It is not necessary to memorize these criteria.** Put more of your energy into the other readings assigned and into meaningfully approaching class discussions.

### **Case Vignettes – In Class:**

Essential to diagnosis and formulation is consultation among peers and colleagues. Clinicians work best when they are collaborating and sharing thoughts and ideas with others, as well as leaning on others when things are confusing or difficult. Early in the term, the class will be divided into several small groups at random. These groups will remain intact for the duration of the semester. For our classes on anxiety, mood, psychosis, trauma, and eating disorders, the second half of class will be dedicated to the discussion of a clinical vignette. Each group will have around 20 minutes to discuss potential diagnoses and considerations related to the vignette. These diagnoses will then be presented in class and discussed.

When discussing the vignette, be careful to thoroughly read it and identify what you believe is the clinically relevant information. Highlight what seems **central** to the individual's difficulties. For many 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 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. When utilizing the DSM, consider the Diagnostic Criteria section, but it is equally important to consider other aspects of the diagnostic section, including Diagnostic Features and Differential Diagnosis. Finally, be careful of groupthink. Dissenting and differing viewpoints are important

and can sometimes be the catalyst for a fresh way of thinking about a case. (Counts toward class participation points – 40 points).

Midterm Paper: Crazy Like Us:

Based on your reading of *Crazy Like Us: The Globalization of the American Psyche* by Ethan Watters, write a 4-5 page, APA-formatted, double-spaced paper discussing:

1. How you would use the power/threat/meaning framework to improve conceptualization of 2 of the diagnoses discussed in the book
2. Potential limitations you see or suspect as a result of the author's social location, cultural background/assumptions, and the time period the book was written. Consider how the book's inherent use of the Western perspective as baseline impacts how other cultures are approached and understood throughout.
3. Implications you are considering for future work with clients with different diagnostic presentations

Identify:

4. One present or historical psychological phenomenon of distress and theorize how the presentation might have been (1) adaptive and (2) culturally congruent given the sociocultural atmosphere of the time

*Note: Utilize outside sources, when relevant, to support your theorizing but the spirit of this prompt is for you to get practice in shifting the way you see and conceptualize mental/emotional distress to move towards a depathologizing lens that captures the function and adaptability of different "diagnoses."*

- Example: Eating disorders in the United States in the 90s and early 2000s-
  - Adaptive function:
    - Making oneself small as a woman in systems where women are granted more value if they are small (less threatening, more able to have others want to meet their needs, more belonging and opportunity)
    - A compensatory emotional reaction to emotionally avoidant family systems
  - Potential cultural influences:
    - Rigid beauty standards proclaiming an "ideal" body type for women as underweight, no curves, White, blonde, etc. rooted in patriarchy and misogyny
    - Capitalistic motivations to exploit women's insecurities to make a booming profit
    - Globalization and prevalence of supermodels
    - Predation of youth

(50 points)

### Diagnosis Summary Infographic:

It is impossible to cover all of the DSM in any one course. Decisions have been made by this instructor about which diagnoses to cover and which to ignore. At random, everyone in class will choose a diagnosis not covered in class. Prepare a one-page infographic for that diagnosis which covers:

1. A brief synopsis
2. Important differential considerations
3. Diagnostic criterion
4. A brief socio-cultural critique

Covering the material listed above will require a lot of editing. Much of the class will be spent offering very elaborate discussions of diagnoses. In this instance, we are striving for brevity. The final one-page infographic will be made accessible to all other students, (with potential edits). The goal is to be able to provide something to your colleagues which can introduce them to a diagnosis and may prove to be a resource to you and them. (25 points)

### Final Paper:

A 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 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 Week 1's article *The Power Threat Meaning Framework: Overview* to inform your conceptualization). Assess and describe the individual's character structure. This should include a biopsychosocial formulation. 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).

## EVALUATION AND GRADING

Grades for this course will be determined as follows:

**Class Attendance and Participation: 40 points**

**Diagnosis Summary Infographic: 25 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-

**Class Format:** The class will incorporate lecture, small group discussions, and full class discussions each class. If you feel uncomfortable asking a question in class, you are welcome to email me the question and I will respond to it, anonymously, in class.

**Please bring 1-3 quotes, notes, or questions from any of your weekly readings to each class. We will use these notes to facilitate group discussions.** Class will generally begin with a presentation on the topic for the week. First will be a broad discussion on the topic followed by an analysis of the corresponding DSM section. After a break, will be the analysis of a clinical vignette. Following the presentation of the vignette, the class will be divided into small groups to discuss the case and present possible diagnoses. We will then discuss the diagnosis collectively. 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. 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 themselves 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.

### **LINKS TO LEWIS & CLARK GRADUATE SCHOOL ESSENTIAL POLICIES**

The course adheres to the general policies outlines in the catalog and student handbook of the Lewis & Clark Graduate School of Education and Counseling. This includes full adherence to the following policies:

- Nondiscrimination: [go.lclark.edu/gsec-nondiscrimination](http://go.lclark.edu/gsec-nondiscrimination)
- Standards for professional student conduct and academic integrity: [go.lclark.edu/gsec-conduct](http://go.lclark.edu/gsec-conduct)
- Sexual misconduct: [go.lclark.edu/titleIX](http://go.lclark.edu/titleIX)

### **COVID RESPONSE**

Lewis & Clark is committed to providing in-person education and support to students in a close-knit campus community. We are also committed to the health of our community, and will take necessary steps to promote public health and protect members of our community whenever possible. Although no college campus can guarantee a COVID-free environment, we can greatly minimize the risks of COVID with appropriate mitigation measures, such as widespread vaccination. Our approach to COVID is based on **Centers for Disease Control (CDC) guidance to colleges and universities**, as well as guidance from the Oregon Health Authority and county public health officials. As the pandemic continues to evolve, and relevant guidance changes, we will update these policies and provide necessary information to the campus community.

Please check the Lewis & Clark guidelines up to date details about our COVID response. <https://www.lclark.edu/news/covid-19-response/>

### **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 – 2/16/24**

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

**Readings**

Required:

1. DSM-5: Introduction, use of manual, and cautionary statement
2. Johnstone, L. & Boyle, M. with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D. & Read, J. (2018). The Power Threat Meaning Framework: Overview. Leicester: British Psychological Society
3. McWilliams, N. (2021). Diagnosis and its discontents: Reflections on our current dilemma. *Psychoanalytic Inquiry*, 41(8), 565-579.

### **Class 2 – 2/23/24**

**Topics:** Anxiety; Anxiety Disorders, Obsessive Compulsive Disorder

**Readings:**

Required:

1. DSM-5: Anxiety Disorders (pp. 189-234) and Obsessive-Compulsive and Related Disorders (pp. 235-264).
2. Sutherland, Couture, Gaete Silva, Strong, Lamarre, & Hardt. (2016). Social Justice Oriented Diagnostic Discussions: A Discursive Perspective.

### **Class 3 – 3/1/24**

**Topics:** Depression; Affective Disorders

**Readings:**

Required:

1. DSM-5: Bipolar and Related Disorders (pp. 123-154) and Depressive Disorders (pp.155-188).
2. Aftab, A. (2023). Understanding depression: A pluralistic approach
3. <https://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0030185>

### **Class 4 – 3/8/24**

**Topics:** Psychotic Process; Psychotic Disorders

**Readings:**

Required:

1. DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders (pp. 870-122).
2. For Centuries, A Small Town Has Embraced Strangers With Mental Illness (link on Moodle)

### **Class 5 – 3/15/24**

**Topics:** Trauma; Trauma Disorders; Dissociative Disorders

**Readings:**



Required:

1. DSM-5: Trauma- and Stressor-Related Disorders (p.265-290) and Dissociative Disorders (pp.291-308).
2. Fisher, J. (2017). Twenty-Five years of trauma treatment: What have we learned?

Optional:

3. George, S. (2001). Trauma and the Conservation of African-American Racial Identity.
4. Tummala-Nara, P. (2001). Asian Trauma Survivors: Immigration, Identity, Loss, and Recovery.

**Class 6 – 3/22/24**

**MIDTERM DUE by midnight on 3/22**

**Topics:** Trauma; Trauma Disorders; Borderline Personality Style

**Class 7 – 4/5/24**

**Topics:** Personality Styles: Narcissistic, Histrionic, and Antisocial Personality Styles (Cluster B)

**Readings:**

Required:

1. DSM-5: Personality Disorders – pp. 663-672

**Class 8 – 4/12/24**

**Topics:** Personality Styles – Paranoid, Schizoid, Schizotypal Personality Styles (Cluster A); Personality Styles: Obsessive-Compulsive, Dependent, Avoidant (Cluster C)

**Readings:**

Required:

1. DSM-5: pp. 645-659
2. DSM-5: pp. 672-684.
3. Shelder, J. (2021). The Personality Syndromes.

**Class 9 – 4/19/24**

**INFOGRAPHIC DUE by midnight on 4/22**

Eating Disorders; Somatic Symptom Disorders

**Readings:**

Required:

1. DSM: Feeding and Eating Disorders (pp. 329-354) 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).

**Class 10 – 4/26/24**

Share infographics and integrate semester's learnings

**FINAL DUE by midnight on 4/23**