

Fall 2015

## CE 650 Syllabus: Diagnosis and Psychopathology of Adults

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Winona State University  
College of Education  
Counselor Education Department  
CE 650 Diagnosis and Psychopathology of Adults  
Fall 2015

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**Office Hours:** Tuesdays, Wednesdays & Thursdays (Rochester), 2:00 PM to 5:00 PM, or by appointment

### **GENERAL COURSE INFORMATION**

**Course Information:** Thursdays, 5:00 to 8:00 PM, WSU-Winona, Integrated Wellness Complex 145

**Course Description:** The purpose of this course is to introduce students to the etiology and classification of mental disorders as defined by the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*. Students will learn to utilize diagnostic information to conduct diagnostic interviews, conceptualize the presenting problem, and write diagnostic assessments in order to facilitate case management, treatment plan development, and therapeutic interventions with people seeking/receiving mental health counseling services. Instructional methodology will include lectures, case studies presented in class, diagnostic activities using dyadic and small group activities, and other instructional modalities designed to facilitate the learning process.

Prerequisites: Admission to the Counselor Education Department program at WSU

#### **Texts:**

##### **Required:**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5<sup>th</sup> Ed.* Washington, DC: American Psychiatric Association. ISBN-13: 978-0890425558, ISBN-10: 0890425558

Sommers-Flanagan, J. & Sommers-Flanagan, R. (2014) *Clinical interviewing, 5<sup>th</sup> Ed.* Hoboken, NJ: John Wiley & Sons, Inc. ISBN-13: 978-1118270042, ISBN-10: 1118270045

##### **Suggested:**

Barnhill, J. W. (Ed.). (2014). *DSM-5 clinical cases. 3<sup>rd</sup> Ed.* Washington, DC: American Psychiatric Association. ISBN-13: 978-1585624638 ISBN-10: 1585624632

Dziegielewski, S. F. (2015). *DSM-5 in action.* New York, NY: John Wiley & Sons, Inc.

American Psychiatric Association. (2013). *Desk reference to the diagnostic criteria from DSM-5.* Washington, DC: American Psychiatric Association.

Wiger, D. E. & Huntley, D. K. (2002). *Essentials of interviewing.* New York, NY: John Wiley & Sons, Inc.

Maruish, M. E. (2002). *Essentials of treatment planning.* New York, NY: John Wiley & Sons, Inc.

Jongsma, A. E., Peterson, L. M. & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner, 5<sup>th</sup> Ed.* New York: N.Y.: John Wiley & Sons, Inc.

Wiger, D. E. (2012). *The psychotherapy documentation primer, 3<sup>rd</sup> Ed.* Hoboken, NJ: John Wiley & Sons, Inc. ISBN-13: 978-0470903964 ISBN-10: 0470903961

Wiger, D. E. (2009). *The clinical documentation sourcebook, 4<sup>th</sup> Ed.* Hoboken, NJ: John Wiley & Sons, Inc. ISBN-13: 978-0470527788 ISBN-10: 0470527781

**Course Objectives:**

1. Build an understanding of the basic principles of etiology, diagnosis, and treatment of mental and emotional disorders for adults.
2. Develop and demonstrate an understanding of the classification system used in the diagnosis of mental disorders.
3. Learn the diagnostic criteria for each of the categories of mental disorders.
4. Learn to make differential diagnoses.
5. Gain skills in developing and articulating clinical hypotheses of psychopathological behavior based on the assessment of behavioral and emotional data as well as mental status evaluation.
6. Learn to translate dysfunctional behavior, emotional disturbance and mental deficit into appropriate DSM categories.
7. Develop and implement appropriate treatment plans based on the gathering and synthesis of relevant information such as medical and mental health history, current symptoms, and assessment results.
8. Become familiar with managed care issues such as reimbursement, right to practice, access and privileges within the system.
9. Examine the ethical, legal, and therapeutic considerations relevant to the practice of mental health counseling.
10. Consider the multicultural issues inherent in the practice of mental health counseling.

**2009 COUNCIL FOR ACCREDITATION OF COUNSELING AND RELATED EDUCATIONAL PROGRAMS (CACREP) RELATED STANDARDS:**

**Section III – CLINICAL MENTAL HEALTH COUNSELING FOUNDATIONS**

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

**COUNSELING, PREVENTION, AND INTERVENTION**

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
4. Applies effective strategies to promote client understanding of and access to a variety of community resources.
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
6. Demonstrates the ability to use procedures for assessing and managing suicide risk.
7. Applies current record-keeping standards related to clinical mental health counseling.
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

**DIVERSITY AND ADVOCACY**

1. Maintains information regarding community resources to make appropriate referrals.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.

3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

#### ASSESSMENT

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.
2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.
3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

#### RESEARCH AND EVALUATION

1. Applies relevant research findings to inform the practice of clinical mental health counseling.
2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

#### DIAGNOSIS

1. Demonstrates 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.
2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

#### Course Requirements:

**1. Attendance and Participation (14):** Attendance and participation in classroom activities are essential in order for the student to gain full benefit from this course. Throughout the course students will be required to critically evaluate, synthesize and articulate reading materials and information presented in class in order to develop intake, diagnosis, and treatment planning skills. Dyadic and small group diagnostic activities, assigned readings, and class discussions will serve as the foundation for achieving course learning outcomes. Students are expected to attend and contribute to the class by presenting their ideas, reactions, questions, and concerns in relation to class discussions. Students are expected to prepare for class by completing all readings and exercises assigned as scheduled prior to the class meeting. Students are required to bring the required textbooks to each class meeting and *attend all class sessions*. If there is a need to miss a class based on emergency, it is expected that the student will contact the instructor before the missed class. If it is necessary to miss more than two classes for any reason, the student should withdraw from the course.

Note: Weather will undoubtedly interfere with class at times. Make smart decisions about winter travel and consult instructor before class time if possible regarding absences. In addition to the WSU homepage and local TV alerts, the instructor will provide updates about cancellations via email by 4 pm on the day of class. Absences due to extreme weather conditions will not result in points taken off final grade.

**2. Journal Article Critiques (11):** Students are responsible for locating one scholarly articles related to psychiatric diagnosis, diagnostic interview, or diagnostic assessment. Students will read the article and write a paper that is a 4-5 page, double-spaced critique which should contain the following: A cover page, one paragraph summarizing the article, one paragraph describing the pros and cons of the article, and one paragraph describing your opinion of the article, and a separate reference page. The paper must be

written in the APA format and submitted via the Drop Box in D2L. You have to have your paper reviewed by a writing tutor before submission. Be careful of plagiarizing which is basically not citing what you borrow from someone else.

**3. Case studies (50):** Clinical cases will be provided in class. Students will identify differential diagnoses in these cases by using DSM-5 criteria both individually and as a group of three students. Final diagnoses will be turned in after each discussion. You will formulate a Dx cheat sheet for diagnostic interviews.

**4. Movies (95):** Students will individually take notes on a diagnostic assessment form as they watch an assigned movie prior to each class. They as a group will discuss the notes (5 points each) and work on a diagnostic assessment based on the movie. DSM-5 criteria will be used when developing the diagnostic assessment. A representative group member will write up a comprehensive diagnostic assessment (DA) for each week (20 points each) instead of submitting a note. Each group member will submit a total of 3 comprehensive DAs. The rest of students will turn in the hard copies of notes after each discussion. Comprehensive DAs are to be submitted in the Drop Box on D2L.

**5. Case scenario/genogram/WHODAS/playing a role of a client (25):** Students will identify a person whom they know well (including themselves) and whose life is impacted by mental health. They write a case scenario based on the person's life story. They will first construct a family genogram and write a case scenario based on their knowledge. Please be mindful of confidentiality and alter identifiable information when you write a case scenario. However, they may have to make up information if they do not have sufficient information. Students as clients also fill out WHODAS prior to diagnostic interviews (DI). When students conduct DIs, other students play a role of a client and are interviewed based on their own case scenarios.

**6. Diagnostic interview (100):** Students will conduct two diagnostic interviews for 50 minutes each (15 points each) and write a comprehensive diagnostic assessment (20 points each) based on each interview. These interviews will be recorded for review. Students are also to write a reflection paper (2-3 pages) based on your experiences and the review of recording (15 points each). In these papers, you are to discuss how your experience was, what you noticed, what went well, what did not go well, and what to improve for the next diagnostic interview. Be sure to include the feedback from your peers. Throughout the semester, you will formulate a Dx cheat sheet to use in these interviews.

#### **Policy on Late or Unfinished Assignments:**

Late work is not accepted except in extreme circumstances and only with prior permission of the instructor. **IMPORTANT: A grade of Incomplete (IP) will not be awarded except under extraordinary circumstances such as prolonged illness. If such circumstances arise, it is the student's responsibility to notify the instructor immediately.**

**Confidentiality and Ethics Information:** Students are bound by the [2014 ACA Code of Ethical Ethics](#) and/or [2010 ASCA Ethical Standards for School Counselors](#) to maintain confidentiality with respect to any material or issues brought forth by any members of the class during any role-playing or practice interview sessions conducted throughout any portions of this class. Students must seek verbal as well as written permission of the student client before conducting taped interviews. Violation of confidentiality is subject to its consequences such as a reprimand and a lower grade for an assignment or the entire course.

#### **Electronic Device Notice:**

As a matter of courtesy to your classmates and the instructor, **please turn off your beepers, cell phones, and any other electronic devices that make noise.** Cell phone use including texting is allowed during breaks and for emergency purposes only. **Computers are allowed in class only with permission** and usually only for accommodations for a handicapping condition.

### **University Expectations and Resources:**

Academic Integrity: The collegiate policy on plagiarism and cheating is outlined in the Student Handbook. It is your responsibility to be aware of this policy. You can also find it online at: <http://www.winona.edu/sld/academicintegrity.asp>.

Accommodations: According to Section 504 of the Rehabilitation Act of 1973, students with disabilities have the right to receive necessary reasonable accommodations and support services to allow equal access at Winona State University. If you have a disability that requires accommodations, you are eligible for support through access services, found at <http://www.winona.edu/accessservices/gettingstarted.asp>.

Commitment To Inclusive Excellence: WSU recognizes that our individual differences can deepen our understanding of one another and the world around us, rather than divide us. In this class, people of all ethnicities, genders and gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities are strongly encouraged to share their rich array of perspectives and experiences. If you feel your differences may in some way isolate you from WSU's community or if you have a need of any specific accommodations, please speak with the instructor early in the semester about your concerns and what we can do together to help you become an active and engaged member of our class and community. Campus resources for students: <http://www.winona.edu/diversity/estatement.asp>.

### **Graduate Student Resources:**

General Information: Academic calendar, forms and other procedures for graduate students can be found at <http://www.winona.edu/gradstudies/currentstudents.asp>

WSU-Rochester Student & Campus Services, UCR Room SS128, 285-7100, ([www.winona.edu/rochester/](http://www.winona.edu/rochester/)):

- RCTC Counseling Center, UCR Room SS133; 285-7260 ([www.rctc.edu/counseling\\_career\\_center/](http://www.rctc.edu/counseling_career_center/))
- UCR Learning Center, UCR Room AT306; 285-7182

Counseling Services: Graduate school can be very stressful. Counselors are available in Winona and through partnership with RCTC on the UCR campus to help you with a wide range of difficulties. WSU counselors in Winona are located in the Integrated Wellness Complex 222 and they can be reached at 457-5330. The RCTC Counseling Center is located in SS 133 and can be reached at 285-7260.

Other Support Services: WSU-Rochester Student & Campus Services Office and the WSU Inclusion and Diversity Office are dedicated to helping students of all races, ethnicities, economic backgrounds, nationalities, and sexual orientations. They offer tutoring and a wide range of other resources. The WSU-R Student & Campus Services Office is located in Room SS128 on the UCR campus and can be reached at 285-7100. The WSU Inclusion and Diversity Office is in Kryzsko Commons Room 122, and they can be reached at 457-5595. Information about the *KEAP Center*, dedicated to supporting diversity on campus, can be found here: <http://www.winona.edu/diversity/22.asp>.

- *UCR Learning Center - Rochester* - For help with writing and the development of papers on the WSU-Rochester campus, contact personnel in AT306 or call 285-7182.
- *Writing Center - Winona:* The Writing Center offers free, individualized instruction in all forms and disciplines during any stage of writing, reading, or research. Call 507.457.5505 for an appointment. Walk-ins also welcome.

Student Grievances: Students are encouraged to speak directly with instructors when concerns arise. When issues cannot be resolved between the student and the instructor, students have the right to due process. Such complaint procedures are available online at: <http://www.winona.edu/sld/studentgrievance.asp>

### Evaluation

#	Assignment	Related Scoring Rubric	Points Possible
1	Attendance and Participation	1	14 (1x14)
2	Journal Article Critiques	2	11 (11x1)
3	Case studies (+ discussion)	3	50 (5x10)
4	DAs on movies (+ discussion)	4	95 (20x3+5x7)
5	Case Scenario (+ genogram + WHODAS + role playing)	5	30 (10+5+5+5x2)
6	Diagnostic Interview (+ DA + review/reflection of recording)	6	100 (50x2) *50=15+20+15
<i>Total</i>			<b>300</b>

### Scoring Rubrics

#### 1. Attendance and Participation (14)

Criteria	Extinguished	Proficient	Basic	Non-Performance
▼Individual Participation	Regularly asks questions or gives responses that indicate reflection and knowledge of class material.	Occasionally asks questions or gives responses that indicate reflection, some knowledge of class material.	Rarely asks questions or gives responses that indicate familiarity with class material.	Does not ask questions or give responses that indicate familiarity with topics for class.
▼Group Participation	Usually actively participates in small group activities.	Reluctantly participates in small group activities.	Rarely participates in small group activities.	Does not participate in small group activities.
▼Attendance	Attends every class. Is always on time and stays until the end of class.	Misses one class, turns in make up paper that reflects analysis, synthesis and evaluation of subject matter. Is usually on time and usually stays until the end of class.	Misses more than one class; makes up classes by writing a paper with an analysis, synthesis and evaluation of subject matter. Occasionally comes late or leaves early.	Misses more than one class; does not make up missed classes with a paper that indicates analysis, synthesis and evaluation of subject matter. Frequently comes late or leaves class early.

Overall Score	Extinguished 14-15	Proficient 12 or more	Basic 10.5 or more	Non-Performance 9 or less
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### 2. Journal Article Critiques (11 points)

Criteria	Extinguished >4.5 points	Proficient >4 points	Basic >3.5 point	Non-Performance 0-3 points
<b>APA Style</b>	Less than 2 errors	Less than 4 errors	Less than 6 errors	More than 7 errors
<b>Relevance to Class</b>	Clearly relevant.	Somewhat relevant	Vaguely relevant.	Not relevant.
<b>Article Summary</b>	Well articulated in student's own words.	Fairly well articulated in student's own words.	Somewhat well articulated; some "foreign" vocabulary.	Extensive vocabulary repeated from article; student's words not evident.
<b>Pros and Cons of Article</b>	Pros and cons present; well stated and well thought out.	Pros and cons present; fairly well stated and fairly well thought out.	Either pros or cons missing; fairly well stated and fairly well thought out.	Either pros or cons missing; poorly stated.
<b>Student Opinion of Article</b>	Thoughtful and well articulated.	Somewhat thought out or poorly articulated.	Either poorly thought out or poorly articulated.	Poorly thought out and poorly articulated; or completely missing.
Overall Score	Extinguished 13.5 or more	Proficient 12 or more	Basic 10.5 or more	Non-Performance 9 or less

### 3. Case Studies (50: 5 x10)

Presentation	Extinguished 4.5 points	Proficient 4 points	Basic 3.5 points	Non-Performance 0-3 points
<b>Discussion of Sx and differential Dx</b>	Thorough and comprehensive	Perceive and identify most of Sx and some differential Dx	Missing some important Sx and differential Dx	Unable to identify Sx, and possible Dx
<b>final Dx and its support</b>	Thoughtful and appropriate due to sufficient information	Seemingly accurate, but there may be more appropriate Dx	Missing necessary info and considerations. Possibly inaccurate.	Lack consideration and supportive data for Dx. Inappropriate.

### 4. and 6. Diagnostic Assessment (20 x5)

Diagnostic Assessment	Extinguished 20 points	Proficient 18 points	Basic 16 points	Non-Performance 0 points
<b>Symptomology and Differential Diagnosis</b>	Symptomology completely fits diagnostic criteria in DSM-5;  Differential diagnosis is present and	Symptomology mostly fits diagnostic criteria in DSM-5;  Differential diagnosis present, inaccurate	Symptomology partially fits the diagnostic criteria in the DSM-5;  Differential diagnosis is not present or not	No symptoms fit the diagnostic criteria from DSM-5; Differential diagnosis is not present.

<p>▼History</p>	<p>accurate Family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement completely present, and totally accurate.</p>	<p>Family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD medical, psychiatric, other agency involvement mostly included.</p>	<p>relevant. Few elements of family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement included.</p>	<p>No elements of family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement are present.</p>
<p>▼Diagnostic Summary/Case Conceptualization</p>	<p>Complete and excellent synthesis of all elements of the DA.</p>	<p>Good synthesis of all elements of the DA.</p>	<p>Fair synthesis of all elements of the DA.</p>	<p>Poor synthesis of all elements of the DA.</p>

Grade Scale:

A = 300-271 (91-100%)

B = 270-241 (81-90%)

C = 240-211 (71-80%)

D = < 210 (< 70%)

**Tentative Course Schedule**

<b>Date:</b>	<b>Topic:</b>	<b>Assignment</b>
8/27/15 week 1	Introductions and Course Overview: DSM-5 Discussion: What is normal? Why diagnose?	Sommers-F (2014) ch 6 Reflection on experiences with MH <a href="#">American Addict</a> (first 26 min)
9/3/15 week 2	Diagnostic Interview, Assessments, and Case Conceptualization (genogram)	DSM-5 pp. 5-24 Sommers-F (2014) ch 10 Movie: <i>Good Will Hunting</i>
9/10/15 week 3	Neurodevelopmental Disorders	DSM-5 pp. 31-86, case study Sommers-F (2014) ch 7 Movie/DA: <i>Mozart and the Whale</i>
9/17/15 week 4	Schizophrenia spectrum and other Psychotic Disorders	DSM-5 pp. 87-122 Sommers-F (2014) ch 8 Movie/DA: <i>Beautiful Mind (2001)</i>
9/24/15 week 5	Bipolar and Related Disorders Depressive Disorders	DSM-5 pp. 123-188 Sommers-F (2014) ch 9 Movie/DA: <i>Ordinary People (80)</i>
10/1/15 week 6	Anxiety Disorders Obsessive-Compulsive and Related Disorders	DSM-5 pp. 189-264 Movie/DA: <i>As Good as it Gets</i>
10/8/15 week 7	ACES (*Trauma- and Stressor-Related Disorders Dissociative Disorders)	DSM-5 pp. 265-307 Movie/DA: <i>Sybil (1976)</i>
10/15/15 week 8	Feeding and Eating Disorders Disruptive, Impulse-Control, and Conduct Disorders	DSM-5 pp. 329-354 Movie: <i>For the Love of Nancy (YouTube)</i> DSM-5 pp. 461-480
10/22/15 week 9	Substance-Related and Addictive Disorders	DSM-5 pp. 483-589 Movie/DA: <i>28 Days</i>
10/29/15 week 10	Neurocognitive Disorders	DSM-5 pp. 591-643 Movie/DA: <i>Away from Her (2008)</i>
11/5/15 week 11	Personality Disorders	DSM-5 pp. 645-684 Movie/DA: <i>Girl, Interrupted (87)</i>
11/12/15 week 12	Somatic Symptom and Related Disorders	DSM-5 pp. 309-327 Movie/DA: <i>The Night Listener</i>
11/19/15 week 13	Diagnostic interview/recording/role play #1	Case scenario/genogram
11/26/15 week 14	<i>No class—Thanksgiving break</i>	Journal article critique due
12/3/15 week 15	Diagnostic interview/recording/role play #2	DA #1
12/10/15 week 16	No class—finals week	DA #2

\* This class schedule is subject to change due to any needs of the class.