

Fall 2014

## 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 2014

**Instructor:** Masa Sato, EdD, LMFT, LADC

**Course Information:** Thursdays, 5:00 to 8:00 PM, WSU-Rochester, East Hall 237

**Office:** WSU-Rochester, EA 209, 859 30<sup>th</sup> Ave. SE, Rochester, MN 55904

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

**E-mail:** [msato@winona.edu](mailto:msato@winona.edu)

**Phone:** (507) 285-7481

**D2L Access:** <https://winona.ims.mnscu.edu/>

**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.

**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:**

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

Barnhill, J. W. (Ed.). (2013). *DSM-5 clinical cases.* Washington, DC: American Psychiatric Association. ISBN-13: 978-1585624638 ISBN-10: 1585624632

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.

Dziegielewski, S. F. (2014). *DSM-5 in action.* New York, NY: 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.

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

Section II-K-3-Human Growth and Development—studies that provide an understanding of the nature and needs of individuals at all developmental levels, including all of the following:

- c. 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;

Section II-K-5-Helping Relationships—studies that provide an understanding of counseling and consultation processes, including the following:

- b. an understanding of essential interviewing and counseling skills so that the student is able to develop a therapeutic relationship, establish appropriate counseling goals, design intervention strategies, evaluate client outcome and successfully terminate the counselor-client relationship. Studies will also facilitate student self-awareness so that the counselor-client relationship is therapeutic and the counselor maintains appropriate professional boundaries; and
- g. ethical and legal considerations.

Section II-K-7-Assessment—studies that provide an understanding of individual and group approaches to assessment and evaluation, including all of the following:

- f. age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors related to the assessment and evaluation of individuals, groups and specific populations
- h. an understanding of general principles and methods of case conceptualization, assessment, and/or diagnoses of mental and emotional status; and
- i. ethical and legal considerations

### **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. Students are *required to 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 2-3 page, double-spaced critique which should contain the following: One paragraph summarizing the article, one paragraph describing the pros and cons of the article, and one paragraph describing your opinion of the article. The paper must be written in the APA format and submitted via the Drop Box in D2L. Be careful of plagiarizing which is basically not citing what someone else has said.

### **Diagnostic Assessment and Case Conceptualization:**

**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. Diagnoses will be turned in after each discussion.

**4. Movies (100):** Students will individually take notes on a diagnostic assessment form as they watch a movie specified prior to each class. They as a group will discuss the notes and work on a diagnostic assessment based on the movie and complete it. 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. Each group will submit a total of 3 DAs. The students will also turn in the notes each week. These papers are to be submitted in the Drop Box on D2L.

**5. Case scenario/genogram/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. When students conduct diagnostic interviews, 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 diagnostic assessment (20 points each) based on each interview. These interviews will be recorded and uploaded to OneDrive 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.

**Academic Dishonesty Policy:**

Academic dishonesty is a basis for disciplinary action. Academic dishonesty includes, but is not limited to, activities such as cheating, using or purchasing “ghost-written” papers, and plagiarism (presenting as one's own the intellectual or creative accomplishments of another without giving credit to the source[s]). The faculty member, in whose course an act of academic dishonesty occurs, has the option of failing the students for the academic hours in question and may refer the case to other academic personnel for further action. Penalties for academic dishonesty may include expulsion from the university.

**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, 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. (List of campus resources can be found below.)

**Campus Resources:**

- WSU-Rochester Student & Campus Services, UCR Room SS128, 285-7100, [rochsss@winona.edu](mailto:rochsss@winona.edu) ([www.winona.edu/rochester/](http://www.winona.edu/rochester/))
- WSU Inclusion and Diversity Office, Kryzsko Commons Room 122, Winona Campus, 507-457-5595 ([www.winona.edu/culturaldiversity/](http://www.winona.edu/culturaldiversity/))
- WSU Disability Resource Center, Maxwell 314, Winona Campus, 507-457-2391 ([www.winona.edu/disabilityservices/](http://www.winona.edu/disabilityservices/))
- RCTC Counseling Center, UCR Room SS 133, 285-7260 ([www.rctc.edu/counseling\\_career\\_center/](http://www.rctc.edu/counseling_career_center/))
- UCR Learning Center, UCR Room AT306, 285-7182
- GLBTA Advocate\*, 507-457-5330

- Advising and Retention, Maxwell 314, 507-457-5878 ([www.winona.edu/advising/](http://www.winona.edu/advising/))

**Details about Campus Resources:**

- Two good places to help you find resources of all kinds are the WSU-Rochester Student & Campus Services Office and the WSU Inclusion and Diversity Office. Both offices are dedicated to helping students of all races, ethnicities, economic backgrounds, nationalities, and sexual orientations. They can facilitate tutoring and point you to a wide range of 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.
- If you have a disability, the WSU Disability Resource Center (DRC) can document it for your professors and facilitate accommodation. Their office is on the Winona campus in Maxwell Hall and they can be reached at 457-2391. If you have a documented disability that requires accommodation, please let me know as soon as possible. If you suspect you may have a disability, you are encouraged to contact the DRC as soon as possible.
- College 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, ranging from sexual assault, depression, and grief after the loss of a loved one to stress management, anxiety, general adjustment to college, and many others. WSU counselors in Winona are located in the Integrated Wellness Center 220 and they can be reached at 457-5330. The RCTC Counseling Center is located in SS 133 and can be reached at 285-7260.
- For help with writing and the development of papers on the WSU-Rochester campus, contact the UCR Learning Center in AT306 or call 285-7182.
- The GLBTA Advocate is responsible for documenting homophobic incidents on campus and working with the appropriate channels to get these incidents resolved. In addition, the advocate can direct people to GLBT resources. Contact the WSU Counseling Center for the name and number of the current GLBTA Advocate (Integrated Wellness Center 220, 507-457-5330).

**Evaluation**

#	Assignment	Related Scoring Rubric	Points Possible
1	Attendance and Participation	1	14 (1x14)
2	Journal Article Critiques	2	11 (11x1)
DA			
3	Case studies (+ discussion)	3	50 (5x10)
4	DAs on movies (+ discussion)	4	95 (20x3+5x7)
5	Case Scenario (+ genogram + role playing)	5	30 (10+10+5x2)
6	Diagnostic Interview (+ DA + review/reflection of recording)	6	100 (50: (15+20+15)x2)
<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	<b>Extinguished</b> 14-15	<b>Proficient</b> 12 or more	<b>Basic</b> 10.5 or more	<b>Non-Performance</b> 9 or less

**2. Journal Article Critiques (11 points)**

Criteria	Extinguished >4.5 points	Proficient >4 points	Basic >3.5 point	Non-Performance 0-3 points
▼ Relevance to Class	Clearly relevant.	Somewhat relevant	Vaguely relevant.	Not relevant.
▼ Article Summary	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.
▼ Pros and Cons of Article	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.
▼ Student Opinion of Article	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	<b>Extinguished</b> 13.5 or more	<b>Proficient</b> 12 or more	<b>Basic</b> 10.5 or more	<b>Non-Performance</b> 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
▼Discussion of Sx and differential Dx	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
▼final Dx and its support	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
▼Symptomology and Differential Diagnosis	Symptomology completely fits diagnostic criteria in DSM-5;	Symptomology mostly fits diagnostic criteria in DSM-5;	Symptomology partially fits the diagnostic criteria in the DSM-5;	No symptoms fit the diagnostic criteria from DSM-5; Differential diagnosis is not present.
▼History	Differential diagnosis is present and accurate Family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement completely present, and totally accurate.	Differential diagnosis present, inaccurate Family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD medical, psychiatric, other agency involvement mostly included.	Differential diagnosis is not present or not relevant. Few elements of family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement included.	No elements of family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement are present.
▼Diagnostic Summary/Case Conceptualization	Complete and excellent synthesis of all elements of the DA.	Good synthesis of all elements of the DA.	Fair synthesis of all elements of the DA.	Poor synthesis of all elements of the DA.

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>
8/28/14 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)
9/4/14 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>
9/11/14 week 3	Neurodevelopmental Disorders	DSM-5 pp. 31-86, case study Sommers-F (2014) ch 7 Movie/DA: <i>Mozart and the Whale</i>
9/18/14 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>
9/25/14 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>
10/2/14 week 6	Anxiety Disorders Obsessive-Compulsive and Related Disorders	DSM-5 pp. 189-264 Movie/DA: <i>As Good as it Gets</i>
10/9/14 week 7	Trauma- and Stressor-Related Disorders Dissociative Disorders	DSM-5 pp. 265-307 Movie/DA: <i>Sybil (1976)</i>
10/16/14 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 Movie/DA: <i>The Good Son (1993)</i>
10/23/14 week 9	Substance-Related and Addictive Disorders	DSM-5 pp. 483-589 Movie/DA: <i>28 Days</i>
10/30/14 week 10	Neurocognitive Disorders	DSM-5 pp. 591-643 Movie/DA: <i>Away from Her (2008)</i>
11/6/14 week 11	Personality Disorders	DSM-5 pp. 645-684 Movie/DA: <i>Fatal Attraction (87)</i>
11/13/14 week 12	Somatic Symptom and Related Disorders	DSM-5 pp. 309-327 Movie/DA: <i>The Night Listener</i>
11/20/14 week 13	Diagnostic interview/recording/role play #1	Case scenario/genogram
11/27/14 week 14	<i>No class—Thanksgiving break</i>	Journal article critique due
12/4/14 week 15	Diagnostic interview/recording/role play #2	DA #1
12/11/14 week 16	No class—finals week	DA #2