

Fall 2014

CE 651 Syllabus: Diagnosis and Psychopathology of Children and Adolescents

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Winona State University
College of Education
Counselor Education Department

CE 651 Diagnosis and Psychopathology of Children and Adolescents
Thursdays 5:00-8:00 p.m. Room: Gildemeister 329
3 semester graduate hours
Fall 2014

Instructor:
Dr. Jo Hittner

Contact Information:

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Office hours: Tuesdays 2:00-4:00 p.m.

Wednesdays 8:00-12:00 a.m.

Thursdays 10:00-12:00 a.m., 2:00-4:00 p.m.

(other times by appointment)

Course Description:

The purpose of this course is to introduce students to the etiology and classification of mental disorders in children and adolescents as defined by the **Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)**. Students will learn to utilize diagnostic information to facilitate the initiation and implementation of case management strategies, treatment plan development, and therapeutic intervention with children and adolescents seeking/receiving mental health counseling services. Instructional methodology will include lectures, case studies presented in class, diagnosis and treatment planning activities using dyadic and small group activities, and other instructional modalities designed to facilitate the learning process.

Texts:

Required:

American Psychiatric Association (APA) (2013): *Diagnostic and statistical manual of mental disorders*, (5th ed.) Washington, DC: Author

Wilmshurst, Linda (2015). *Child and Adolescent Psychopathology: A casebook*. (3rd ed.). Thousand Oaks, CA. Sage Publications, Inc.

Course Objectives:

1. Build an understanding of the basic principles of etiology, diagnosis, and treatment of mental and emotional disorders in children and adolescents.

2. Develop and demonstrate an understanding of the classification system used in the diagnosis of mental disorders of children and adolescents.
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. Become familiar with managed care issues such as reimbursement, right to practice, access and privileges within the system.
8. Examine the ethical considerations relevant to the practice of mental health counseling.
9. Consider the multicultural issues inherent in the practice of mental health counseling.

CACREP (2009) 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: 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 and diagnostic skills. Dyadic and small group diagnosis and case conceptualization 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 an 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. Video recordings of the class will be made when a student misses a class. If a class has to be missed, the student will be expected to view the video and write a 3-4 page summary of the class including: 1. what was learned in the class and 2. the student's reflections on that learning. **75 points total possible.**

Note: Weather might 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 4pm on the day of class. Absences due to extreme weather conditions will not result in points taken off final grade.

2. Discussion Questions: Students will submit one question weekly from the assignment for that week that is within the parameters of the revised Bloom's Taxonomy's last three sections, which include analyze, evaluate and create. **Two points will be given each week for a question on the discussion board that meets this criteria for a total of 20 points, whereby points for 5 questions can be eliminated, but questions must be submitted each week.**

3. Insight Statements: Students will submit one statement weekly on the discussion board that summarizes one important learning from the assignment for that week. **One point will be given each week for a total of 15 points.**

4. Journal Article Critiques: Students are responsible for utilizing WSU databases to locate three scholarly articles related to diagnosis and treatment planning. Each article will be turned in to the instructor with a 2-3 page, double-spaced critique per article. Each critique 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. Papers must be submitted via the Drop Box in D2L. The articles need to be written

in the student's own language. Be careful of plagiarizing which is basically not citing what someone else has said. The paper will be worth 0 points if the vocabulary sounds like a research article rather than a research summary. **Each article critique will be worth a maximum of 12 points, for a total of 36 possible points.**

5. Diagnostic Assessment: Students will work independently formulating one diagnostic assessment based on a role play from the last class session. DSM-5 criterion will be used when developing the assessment. These papers will be submitted to the Drop Box on D2L. **The diagnostic assessment will be worth 70 possible points.**

6. Case Conceptualization: Three case conceptualizations analyzing and summarizing the entire assessment. These conceptualizations are based on the definition given on D2L. This is not a "cut and paste" from the diagnostic assessment but rather an overview of the assessment and the rationale for the diagnosis along with reasons for not using other, similar diagnoses. **54 points possible for each case conceptualization; 162 points total possible.**

7. Case Presentation: Student groups of five will lead a presentation of one case study. The presentation will include a vignette from which the class will work on a diagnosis. The case study can include information regarding diagnostic categories for that particular class day or diagnostic criteria from previous classes. The assignment for the group will be to make up a case and turn the vignette into the Drop Box on D2L. The vignette needs to have enough information for the class to adequately determine the diagnosis. **50 points possible for each person presenting the case study.**

8. DSM-5 Quiz: A quiz will be given in order to ensure that students have gained a basic working knowledge and understanding of the construct, rationale and application of the DSM-5. **50 points total possible.**

COURSE REQUIREMENTS

#	Assignment	Related Scoring Rubric	Points Possible
1	Attendance and Participation	1	75
2	Discussion Questions	2	20
3	Insight Statements		15
4	Journal Article Critiques	4	36
5	Diagnostic Assessment	5	70

6	Case Conceptualization	6	162
7	Case presentation	7	50
8	DSM-5 Quiz		50
<i>Total</i>			478

See below for all scoring rubrics.

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.**

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.

Campus Resources:

- WSU-Rochester Student & Campus Services, UCR Room SS128, 285-7100, rochsss@winona.edu (www.winona.edu/rochester/)
- WSU Inclusion and Diversity Office, Kryzsko Commons Room 122, Winona Campus, 507-457-5595 (www.winona.edu/culturaldiversity/)
- WSU Disability Resource Center, Maxwell 314, Winona Campus, 507-457-2391 (www.winona.edu/disabilityservices/)
- RCTC Counseling Center, UCR Room SS 133, 285-7260 (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/)

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).

Electronic Device Notice:

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

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. [Plagiarism](#).

Scoring Rubrics

1. Attendance and Participation

Criteria	Extinguished 25 points	Proficient 23 points	Basic 21 points	Non-Performance 0 points
▼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 70 or more	Proficient 63 or more	Basic 56 or more	Non-Performance 0 or more

2. Discussion Questions

Discussion Questions	Proficient 2 points	Non-Performance 0 points
▼Taxonomy Level	Above Taxonomy Level 3	At or below Taxonomy Level 3
▼Overall Score	Level 3 1 or more	Level 1 0 or more

4. Journal Article Critiques

Criteria	Extinguished 3 points	Proficient 2 points	Basic 1 point	Non-Performance 0 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	Extinguished 10 or more	Proficient 6 or more	Basic 3 or more	Non-Performance 0 or more

5. Diagnostic Assessment

Diagnostic Assessment	Extinguished 10 points	Proficient 9 points	Basic 8 points	Non-Performance 0 points
▼Symptomology	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	Differential diagnosis is present and accurate	Differential diagnosis present, inaccurate	Differential diagnosis is not present or not relevant.	Differential diagnosis is not present.
▼History	Family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement completely present, and totally accurate.	Family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement mostly included.	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.
▼Cause, Prognosis and Consequences	Present, totally accurate	Present, somewhat accurate.	Present, somewhat accurate	Not present, or not accurate.
▼Duration, Frequency and Intensity of Symptoms	Present, totally accurate	Present, somewhat accurate.	Present, somewhat accurate	Not present, or not accurate.
▼Functional Impairment	Present, totally accurate	Present, somewhat accurate.	Present, somewhat accurate	Not present, or not accurate.
▼Analysis of Other Factors	Strengths, relationships, life situations, cultural influences, health problems, potential interaction with diagnosis and conceptualization of problem present, and totally accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem present, somewhat accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem present, somewhat accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem not present, not accurate
▼Overall Score	Proficient 64 or more	Extinguished 57 or more	Basic 49 or more	Non-Performance 0 or more

6. Case Conceptualization

Criteria	Extinguished 9 points	Proficient 8 points	Basic 7 points	Non-Performance 0 points
▼Cause, Prognosis and Consequences	Present, obvious, totally accurate	Present, obvious, somewhat accurate.	Present, obtuse, somewhat accurate	Not present, not accurate.
▼Duration, frequency and intensity of symptoms	Present, obvious, totally accurate	Present, obvious, somewhat accurate	Present, obtuse, somewhat accurate	Not present, not accurate.
▼Functional impairment	Present, obvious, totally accurate Strengths, relationships, life situations, cultural influences, health problems, potential interaction with diagnosis and conceptualization of problem present, obvious and totally accurate.	Present, obvious, somewhat accurate Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem present, obvious, somewhat accurate.	Present, obtuse, somewhat accurate Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem present, obtuse, somewhat accurate.	Not present, not accurate. Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem not present, not accurate.
▼Analysis of other factors	Present, obvious and totally accurate.	Present, obvious and somewhat accurate.	Present, obtuse, somewhat accurate	Not present, not accurate.
▼Alternative diagnoses	300 words or fewer	Fewer than 200 words, more than 325 words.	Fewer than 150 words, more than 350 words.	Fewer than 100 words, more than 400 words.
▼Length				
▼Overall Score	Extinguished 50 or more	Proficient 46 or more	Basic 42 or more	Non-Performance 0 or more

7. Case Presentation

Presentation	Extinguished 20 points	Proficient 19 points	Basic 17 points	Non-Performance 0 points
▼ Presentation Style	Very creative and interesting.	Somewhat creative and interesting.	Little creativity and interest.	No creativity and interest.
▼ Diagnosis	Evident due to complete information.	Somewhat evident; incomplete information.	Difficult to discern due to lack of or inaccurate information.	Not discernable; incomplete or inaccurate information.
Teamwork	Extinguished 10 points	Proficient 9 points	Basic 8 points	Non-Performance 0 points
▼ Teamwork	Obvious as indicated in the Qualtrics survey.	Evident but lacking cohesion as indicated in the Qualtrics survey.	Inconsistent as indicated in the Qualtrics survey.	Not observable as indicated in the Qualtrics survey.
Overall Score	Extinguished 47 or more	Proficient 43 or more	Basic 40 or more	Non-Performance 0 or more

Grade Scale:

A = 478-444 (93-100%)

B = 443-411 (86-92%)

C = 410-378 (79-85%)

D = < 378 (72-78%)

References:

- Erickson, K., & Kress, V. E. (2004). *Beyond the DSM story: Ethical quandaries, challenges, and best practices*. Thousand Oaks, CA: Sage Publications, Inc.
- Erk, R. R. (2004). *Counseling Treatment for Children and Adolescents with DSM-IV-TR Disorders*. NJ: Pearson, Merrill Prentice Hall.
- James, B. (1994). *Human Attachment and Trauma. Handbook for the treatment of attachment trauma problems in children*. New York: Lexington Books.
- Van der Kolk, B. A., & Fisler, R. E. (1994). Childhood abuse and neglect and loss of self-regulation. *Bulletin of the Menninger Clinic*. Spr; Vol 58(2): 45-168.
- Zimmerman, M. (1994). *Interview guide for evaluating DSM-IV psychiatric disorders and the mental status examination*. East Greenwich, RI: Psych Products Press.

Tentative Schedule

Date:	Topic:	Assignment
1) 8/28	Introductions and Course Overview; Discussion: What is normal? Why diagnose?	
2) 9/4	Diagnosis Suicide Assessment <i>Suicide Assessment together in class</i>	<i>Clinical Interviewing</i> Chapter 10 pp. 329-347 <i>Clinical Interviewing</i> Chapter 9 pp. 245-278
3) 9/11	Mental Status Examination <i>Mental Status Examination together in class</i>	<i>Clinical Interviewing</i> Chapter 8 pp. 213-227 Chapter 8 pp. 228-243
4) 9/18	Interviewing Young Clients <i>Interview child/adolescent together in class</i> Intake Interviewing and Report Writing <i>Intake Interview together in class</i>	<i>Clinical Interviewing</i> Chapter 13 pp. 433-466 <i>Clinical Interviewing</i> Chapter 7 pp. 175-212
5) 9/25	DSM-5 Overview Overview of the Interview Process	DSM-5 pp. xiii-25 <i>Clinical Interviewing</i> Chapter 6 pp. 171-206
6) 10/2	No class—conference Find three journal articles regarding DSM-5 and write critiques	
7) 10/9	Case Conceptualizations DSM-5 Quiz <i>Case Conceptualization together in class</i> <i>Article Critiques due</i>	Wilmschurst Chapter 1 pp. 1-64 Tina's World
8) 10/16	Neurodevelopmental Disorders <i>Case Conceptualization together in class</i>	DSM-5 pp. 29-86 Wilmschurst Chapter 2 pp. 65-147

- 9) 10/23 Disruptive Behavior Disorders DSM-5 pp. 461-480
 Wilmshurst Chapter 3 pp. 149-179
Diagnostic Assessment together in class
- 10) 10/30 Anxiety and Compulsive Disorders DSM-5 pp. 189-233
 Wilmshurst Chapter 4 pp. 177-217
Diagnostic Assessment together in class
Case Conceptualization #1 Due
- 11) 11/6 Problems of Mood DSM-5 pp. 123-188
 Wilmshurst Chapter 5 pp. 219-266
Diagnostic Assessment together in class
- 12) 11/13 Later-Onset Disorders DSM-5 pp. 329-354
 Wilmshurst Chapter 6 pp. 267-293
Case Presentations #1 and #2
Case Conceptualization #2 due
- 13) 11/20 Trauma, Self-Injurious, Stress Related Disorders DSM-5 pp. 265-290, 645-684
 Wilmshurst Chapter 7 pp. 295-346
Case Presentations #3 and #4
- 14) 11/27 No class—Thanksgiving break
- 15) 12/4 Infant Mental Health DC: 0-3 [*Is Something Wrong With My Baby?*](#)
Diagnostic Assessment Role Play of instructor together in class
Case Conceptualization #3 due
- 12/11 Final Exam Week—no class
Diagnostic Assessment of Instructor due