

Spring 2022

CE 650 Syllabus: Diagnosis and Psychopathology of Adults

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Winona State University Counselor Education Department CE 650: Diagnosis and Psychopathology of Adults Semester Hours: 3	
Course Location	This class is a hybrid/synchronous online that meets every Thursday (5-8pm) via Zoom https://minnstate.zoom.us/j/409481465 Meeting ID: 409 481 465 Passcode: 186598 Monthly campus meeting (Donna J. Helble Hall 328): 2/10, 3/17, 4/14
Instructor	Rieko Miyakuni, Ed.D. LPC(IL), NCC
Instructor Phone & E-Mail	507-457-5352 rieko.miyakuni@winona.edu
Program Website	https://www.winona.edu/counseloreducation/
Instructor Office Location	Helble Hall 348 GPS address: 101 E. 7 th St. Winona
Instructor Office Hours:	Mondays/Tuesdays 1-5pm Office hours Zoom link: https://minnstate.zoom.us/j/502348915 Meeting ID: 502 348 915 One tap mobile: +13126266799,,502348915# US (Chicago) In-person office hours: HH 348

I. 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.

II. COURSE PREREQUISITES

Prerequisite: Admission to the CED Program. Grade only. Offered annually.

III. 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.

IV. COURSE REQUIRED TEXTS, RESEARCH BASE & TECHNOLOGY

Two Required Textbooks:

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

Morrison, J. (2016). *DSM-5 Made easy: The clinician's guide to diagnosis, (1st ed.)*. New York, NY: Guildford Press

- Additional materials and resources posted on the related course D2L page.

V. COURSE CONTENT AREAS

This course meets the Council for the identified Accreditation of Counseling and Related Educational Programs (CACREP, 2016) core content standards. Standards for the **Clinical Mental Health Counseling**, and/or **School Counseling** content areas are outlined below as well (if applicable). The evaluation methods linked to specific standards for CE 651 are included.

CACREP 2016					
CORE	LOs	Location of Evaluation			
		Attendance, Attitudes, Participation	Chapter Tests	DSM-5 Dis. & Interview Presentation	Written Diagnostic Report
e. use of assessments for diagnostic and intervention planning purposes	7	x		x	x
j. use of environmental assessments and systematic behavioral observations	2,6			x	x
k. use of symptom checklists, and personality and psychological testing	4,6	x		x	x
l. use of assessment results to diagnose developmental, behavioral, and mental disorders	2,4-6	x		x	x

1. Foundations	LOs	Attendance, Attitudes, Participation	Chapter Tests	DSM-5 Dis. & Interview Presentation	Written Diagnostic Report
c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	7	x	x		
d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders	1-3, 5	x	x	x	
e. psychological tests and assessments specific to clinical mental health counseling	5, 7		x	x	x
CACREP 2016 Location of Evaluation					
2. Contextual Dimensions	LOs	Attendance, Attitudes, Participation	Chapter Tests	DSM-5 Dis. & Interview Presentation	Written Diagnostic Report
a. roles and settings of clinical mental health counselors	8-10	x	x	x	x
b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	1-3, 8, 9	x	x	x	x
d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)	1-4			x	x
e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	4-6	x	x	x	x
f. impact of crisis and trauma on individuals with mental health diagnoses	6, 7, 10	x	x	x	x
g. impact of biological and neurological mechanisms on mental health	4-6			x	x
m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling	8, 9			x	x
CACREP 2016 Location of evaluation					
3. Practice	Los	Attendance, Attitudes, Participation	Chapter Tests	DSM-5 Dis. & Interview Presentation	Written Diagnostic Report
a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management	5-8	x	x	x	x
b. techniques and interventions for prevention and treatment of a broad range of mental health issues	7, 8	x	x	x	x
d. strategies for interfacing with integrated behavioral health care professionals	8			x	x

VI. METHODS OF INSTRUCTION

The instructor will employ a variety of instructional methods to facilitate student learning including:

- Lecture / Discussion
- Case presentations with instructor and peer feedback
- Case studies and responses to structured exercises
- Use of technology and media including video-recordings, films, and PowerPoints

- Modeling
- Internet-based learning
- Reflective self-evaluation

VII. COURSE EVALUATION METHODS

Course Obj.	Assignment	CACREP Standards Assessed Code: Core/CMHC	Due Date	Points
1-10	Attendance, Attitudes, Participation	e, k, l 1.c, 1.d 2.a, 2.b, 2.e, 2.f 3.a, 3.b	Every week	5 points each x 14 weeks (70)
1-10	Chapter Tests	1.e, 1.d, 1.e 2.a, 2.b, 2.e, 2.f 3.a, 3.b,	Every week Earned points/Total possible Test Score Points (%) x 100 = your final points	(100)
1-10	DSM-5 Disorders & Assessment Interview Presentation	e, j, k, l 1.d, 1.e 2.a, 2.b, 2.d, 2.e, 2.f, 2.g, 2.m 3.a, 3.b, 3.d	In class	(50)
1-10	Written Biopsychosocial Diagnostic Report	e, j, k, l 1.d, 1.e 2.a, 2.b, 2.e, 2.f, 2.g, 2.m 3.a, 3.b, 3.d	11:59pm Sunday Apr 24	(50)
				270

IMPORTANT: Late work is not accepted except in extreme circumstances and with prior permission of instructor. A grade of Incomplete (I or 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.

A. Description of Assignments

1. Attendance, Attitudes, Participation (5 points each class x 14)

Attendance and participation in classroom activities are essential in order for students to gain full benefit from this course. Students are expected to attend all class sessions and contribute to the class by presenting their ideas, reactions, questions and concerns in relation to class discussion. Students will engage in case study for a disorder(s) each week and students must have completed all the readings and viewed videos before class in order to fully participate.

If you know that you are going to miss more than one class this semester, it is better to postpone registration until the next semester when you will be able to be present for all the classes.

Please note: In the event of a missed class, the course instructor expects students to notify the instructor of the reasons for missing the class in writing (e.g., email). Informing the instructor of an absence from class does not guarantee an "excused" absence. Additional documentation may be requested as the discretion of the course instructor.

By the second class, you must index DSM chapters (See DSM Contents pages)

Here are steps to access to Academic Video Online (Alexander Street)

- 1) Go to the library home page, click "Databases", and click "A", which will open all the databases whose title starts with A in a new tab. Academic Video Online is on the third on the list.
- 2) When you click Academic Video Online, it will open in a new tab. You will see there are 68,401 videos that the Winona State University has access to through its subscription to the database.
- 3) Type "Diagnostic Criteria" in the search box. If that does not work, include "Microtraining Associates"
- 4) If 3) did not get you to the video, click funnel icon to filter your search. You will see 6 ways to narrow your search. Scroll down "Publisher" box to find "Microtraining Associates (521)", click that, and click "Mental Illnesses" in "Subject" box. It appears there are still search boxes, no videos, but you need to scroll down as the results are listed under these filter function boxes. You may be prompted to log into the library via your StarID and PW. Hope you enjoy the reading and the video.

NOTE: Any issues related to viewing the videos, you must directly contact the library as they need to fix the proximity, subscription, or other technical issues.

Front Desk

507.457.5149

library@winona.edu

Digital Learning Commons

507.457.5240

DLC@winona.edu

2. Chapter Tests (The % of the total possible test scores are applied to 100 points)

In addition to weekly reading and video assignments, students are to complete a chapter test every week. The video(s) will supplement your reading and comprehension of the disorders, which also aim to facilitate your performance on the tests. The test is based on the textbook and must be completed by 11:59pm Friday. Tests are located under the Assessments tab, Quizzes. Time is 120 minutes and can be taken twice. The highest score of the two attempts will be counted toward grade. The numbers of question items vary.

Test will open at 12:00am on Thursday of each week and it will close at 11:59pm on the following Sunday. **Late work is not accepted, and test will not re-open.**

3. Clinical Interviewing (Total 100 points)

This assignment has two parts: (1) Presentation of DSM-5 Disorders & Assessment Interview and (2) Written Diagnostic Report

3(A). Presentation of DSM 5 Disorders & Assessment Interview (50 points) *Group assignment

Students will work in a pair (i.e., "Mini Treatment Teams") or a group of 3, and choose a DSM-5 Disorder from the following DSM categories:

- Schizophrenia Spectrum and Other Psychotic Disorders* (a group of 3 is suggested)
- Bipolar and Related Disorders
- Depressive Disorders
- Anxiety Disorders
- Obsessive-Compulsive and Related Disorders
- Trauma-and Stressor-Related Disorders
- Substance-Related and Addictive Disorders
- Neurocognitive Disorders* (a group of 3 is suggested)
- Personality Disorders
- If your group is interested in a different diagnosis other than listed, please discuss with the course instructor.

Students will first role-play and video-record a 90-120-minute mock clinical interview session that will (a) feature core characteristics of the selected disorder, (b) demonstrate clinical interviewing skills including mental status examination, Multicultural Formulation Interview, and (c) demonstrate relevant interviewing techniques from the textbook. **Students must use the biopsychosocial intake form (type and submit along with their PowerPoint slides) provided in class.**

IMPORTANT: Before videorecording, students must review biopsychosocial intake form and be familiar with the format.

Students create a PowerPoint and must provide their classmates with a one-page handout highlighting the relevant / key ideas discussed. Each group will show the class no more than 15 minutes of their clinical interview session that highlights (there may be multiple segments that you may want to show) the interview process, and facilitate 30 minutes class presentation (no more than 20 mins)/discussion (no more than 10 mins) that addresses the following categories:

1. Identifying information
2. Chief complaint
3. Symptoms
4. Mental status examination
5. Diagnostic assessment
6. Highlights of the interview

This assignment is intended to assist students with in-depth inquiry into a particular disorder, related treatment for the disorder, and to get students working together as “Mini Treatment Teams”. Students will be provided with a rubric for structuring the group presentation (see Appendix II).

IMPORTANT:

- One week prior to your scheduled presentation date, all handouts and PowerPoint must be submitted to the corresponding assignment folders in D2L.
- All group members submit the group handout and PPT slide to their assignment dropbox for grade.
- Groups are also expected to upload their handout and PowerPoint on Discussion board so other students will have access to them.

The total time of a group presentation/discussion should be no more than 45 minutes. If you go beyond, your presentation will be stopped. The group that is presenting set a timer and keep track of presentation time.

3(B). Written Diagnostic Report (50 points) *Individual assignment

Working individually, students will complete a diagnostic assessment report with an emphasis on (a) incorporating the information provided by the client as well as any third parties relevant to the client's, (b) using diagnostic nomenclature from the DSM-5, (c) linking the diagnosis to a symptom-based and theory-driven case conceptualization, and (d) providing a personal reflection about the assignment.

You must cite at least 2 peer-reviewed (e.g., EBSCO, PsychINFO, etc) and/or credible sources (e.g., NAMI, APA, ACA, NIH, CDC, etc) to support your case conceptualization. DSM-5 and the course textbook will not count.

Please follow APA style (7th ed) and use the format provided in class. (see Appendix I).

Details of report writing will be discussed in depth during class meetings.

IMPORTANT: Written diagnostic reports must be submitted to the corresponding assignment folders in D2L by the due date listed in the course schedule.

B. Grading for Course

Overall Grading Scale (Course):

NOTE: Due dates for all assignments are located in COURSE SCHEDULE

Percentage	Grade	Percentage	Grade	Percentage	Grade
92-100%	A	72-81%	C	Below 62%	F
82-91%	B	63-71%	D		

IMPORTANT: While assignment rubrics will be available, it is important to know that merely meeting the criteria of the rubric will not guarantee a grade A. In order to earn an A, students must do an A-quality work. Thorough work may reflect that students have done proof-reading, utilized the writing center in order to help one produce a graduate level writing in APA style, the library databases to supplement completion of the assignment (e.g., peer-reviewed journal articles, livestreaming educational media)

VIII. UNIVERSITY EXPECTATIONS & COURSE POLICIES

A. University Expectations and Resources

Diversity Statement: This is meant to be a safe, welcoming, and inclusive classroom environment for students of all races, ethnicities, sexual orientations, gender identities/variances, ages, religions, economic classes, and ability statuses. As such, you will be encouraged and challenged to use language and basic counseling techniques that are respectful, inclusive, representative and culturally appropriate.

Academic Integrity: Students are expected to practice professionalism and academic integrity in all assignments and class discussions. This includes but is not limited to treating other students and the professor respectfully, engaging in meaningful class discussions, thinking and writing critically and thoughtfully, creating original works, and citing all resources using APA format. Plagiarism will result in loss of credit for this course, and further consequences may result from the university system. 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>.

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 any noise.

Laptop/PDA Policy: Excluding students with a documented disability, the use of laptops and PDAs in class is prohibited without prior permission of the instructor.

Class Visitor Policy: Due to the clinical nature of this course in this curriculum, visitors of any age are not allowed without prior permission of the instructor.

E-mail Policy: You are assigned a university e-mail account that will be used by professors. Students should make every effort to get to know their account and check it regularly.

Accommodations: Students with documented disabilities who may need accommodations, who have any medical emergency information the instructor should know of, or who need special arrangements in the event of an evacuation, should make an appointment with the instructor as soon as possible, no later than the 1st week of the term. 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>.

B. 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/);
RCTC Counseling Center, UCR Room SS133; 285-7260 (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 & Diversity Office is located 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.

- College writing can be a demanding mix of academic language, research knowledge, argument and personal expression. The friendly, talented staff of the WSU WritingCenter is waiting to help students discover solutions to their writing needs. Located in **Minne 348**, the Writing Center offers free, individualized instruction in all forms and disciplines during any stage of writing, reading or research.
- You can [make an appointment](#) for the WritingCenter on our homepage. The Writing Center prioritizes appointments, but walk-ins are welcome. Please call us at 457-5505 for more information.

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>

IX. Course Schedule *Schedules are subject to change.

Week	Topics/Activities	Required Readings & Videos	Assignments Due
Week 1 Jan 10–Jan 14 Live Class #1 Jan. 13 (Thu)	<ul style="list-style-type: none"> Class Orientation (introduction, review syllabus, course overview, how to access to the WSU library database) Alexander Street Video on DSM-5 A brief introduction of DSM-5 Organize/Labels chapters of DSM using Index tabs or inserts 	Review syllabus DSM Contents pages	
Week 2 Jan 17–Jan 21 Live Class #2 Jan 20 (Thu)	<ul style="list-style-type: none"> The structure of the DSM-5 <ul style="list-style-type: none"> Use of the manual Clinical interviews Deriving diagnoses & diagnostic assessment Documentation & case note Mental Status Exam (MSE) 	<i>Diagnostic and statistical manual of mental disorders (DSM)</i> pp. 5 – 18 Introduction pp. 19 – 24 Use of the Manual p. 25 Cautionary Statement for Forensic Use of DSM-5 <i>Morrison</i> Introduction Ch 20 Patients & Diagnoses (only pp. 601-602) <ul style="list-style-type: none"> Review Mental Status Exam Diagnosis & Assessment (D2L: Mental Status Exam blank form) 	Labels chapters of your DSM using Index tabs or inserts Due in Class
Week 3 Jan 24–Jan 28 Live Class #3 Jan 27	<ul style="list-style-type: none"> Assessment Measures Cultural Formulation Other Conditions that May Be A Focus of Clinical Attention Neurodevelopmental Disorders* 	<i>DSM</i> pp. 733 – 745 Assessment Measures pp. 749 – 759 Cultural Formulation pp. 817-831 Glossary of Technical Terms pp. 833-837 Glossary of Cultural Concepts of Distress pp. 715 – 732 Other Conditions that May Be A Focus of Clinical Attention <i>Morrison</i> Ch 19 Other Conditions that May Be A Focus of Clinical Attention Appendix (pp. 637-643) (skim/be aware it exists) <ul style="list-style-type: none"> Global Assessment of Functioning (GAF) Physical disorders that affect mental diagnosis Classes (or names) of meds that can cause mental disorders (Skim)* <i>Morrison</i> Ch 1 Neurodevelopmental Disorders DSM pp. 31 – 86 Neurodevelopmental Disorders *Will focus on these items in 651	DSM Test (Assessment Measures) DSM Test (Cultural Formulation, and Glossary of Cultural Concepts of Distress) DSM Test (Other conditions, gender dysphoria) All open at 12am, Jan. 20 (Thu) and closes at 11:59pm, Jan. 30 (Sun)
Week 4 Jan. 31–Feb 4 Live Class #4 Feb. 3	<ul style="list-style-type: none"> Schizophrenia Spectrum and Other Psychotic Disorders Decide Disorder and Date for Group Presentation 	<i>DSM</i> pp. 87-122 Schizophrenia Spectrum and Other Psychotic Disorders <i>Morrison</i> Ch 2 Schizophrenia Spectrum and Other Psychotic Disorders	DSM Test (Schizophrenia Spectrum and Other Psychotic Disorders) Opens at 12am, Jan. 27 (Thu) and closes at 11:59pm, Feb. 6 (Sun)

Week 5 Feb 7–Feb 11 Live Class #5 Feb. 10 On Campus	<ul style="list-style-type: none"> • Depressive Disorders • Suicide assessment 	<p><i>DSM</i>: pp. 155 – 180 Depressive Disorder</p> <p><i>Morrison</i>: Ch 3 Mood Disorders (Depressive Disorders)</p> <p>Alexander Street Video: Depressive Disorders (Microtraining Associates, 2015)</p>	<p>DSM Test (Depressive Disorder) Opens at 12am, Feb. 3 (Thu) and closes at 11:59pm, Feb. 13 (Sun)</p>
Week 6 Feb 14–Feb 18 Live Class #6 Feb. 17 (Thu)	<ul style="list-style-type: none"> • Bipolar and Related Disorders 	<p><i>DSM</i>: pp. 123 – 154 Bipolar and Related Disorders</p> <p><i>Morrison</i>: Ch 3 Mood Disorders (Bipolar & Related)</p> <p>Alexander Street Video: Bipolar Disorders (Microtraining Associates, 2015)</p>	<p>DSM Test (Bipolar and related disorders) Opens at 12am, Feb. 10 (Thu) and closes at 11:59pm, Feb. 20 (Sun)</p>
Week 7 Feb 22–Feb 25 Live Class #7 Feb. 24	<ul style="list-style-type: none"> • Anxiety Disorders 	<p><i>DSM</i>: pp. 189 – 232 Anxiety Disorders</p> <p><i>Morrison</i>: Ch 4 Anxiety Disorder</p> <p>Alexander Street Video: Anxiety Disorders (Microtraining Associates, 2015)</p>	<p>DSM Test (Anxiety Disorders) Opens at 12am, Feb. 17 (Thu) and closes at 11:59pm, Feb. 27 (Sun)</p>
Week 8 Feb. 28–Mar 4 Live Class #8 Mar 3	<ul style="list-style-type: none"> • Obsessive-Compulsive and Related Disorders 	<p><i>DSM</i>: pp. 235 – 264 Obsessive-Compulsive and Related Disorders</p> <p><i>Morrison</i>: Ch 5 Obsessive-Compulsive and Related Disorders</p> <p>Alexander Street Video: Obsessive-Compulsive & Related Disorders (Microtraining Associates, 2015)</p>	<p>DSM Test (OCD) Opens at 12am, Feb. 24 (Thu) and closes at 11:59pm, Mar. 6 (Sun)</p>
Week 9 Mar 7–Mar 11	Spring Break		
Week 10 Mar 14–Mar 18 Live Class Mar 17 On-Campus	<ul style="list-style-type: none"> • Trauma- and Stressor-Related • Dissociative Disorders • 1st Group Presentation x 1 	<p><i>DSM</i>: pp. 265 – 290 Trauma- and Stressor-Related Disorders</p> <p><i>Morrison</i>: Ch 6 Trauma- and Stressor-Related Disorders</p> <p><i>DSM</i>: pp. 291 – 308 Dissociative Disorders</p> <p><i>Morrison</i>: Ch 7 Dissociative Disorders</p> <p>Alexander Street Videos: Trauma- and Stressor-Related Disorders (Microtraining Associates, 2015) Dissociative Disorders (Microtraining Associates, 2016)</p>	<p>DSM Test (Trauma- and stressor-related disorders and Dissociative disorders) Opens at 12am, Feb. 24 (Thu) and closes at 11:59pm, Mar. 20 (Sun)</p>
Week 11 Mar 21–Mar 25	<ul style="list-style-type: none"> • Substance-Related and Addictive Disorders • 2nd Group Presentation x 1 	<p><i>DSM</i>: pp. 481 – 590 Substance Related and Addictive Disorders (skim)</p>	<p>DSM Test (Substance related and addictive disorders) Opens at 12am,</p>

<p>Live Class Mar. 24 (Thu)</p>		<p><i>Morrison:</i> Ch 15 Substance-related and addictive disorders</p> <p>Alexander Street Video: Addictive Disorders (Microtraining Associate, 2016) Trauma and Addiction: Crash Course Psychology #31 https://www.youtube.com/watch?v=343ORgL3kIc&feature=emb_logo</p>	<p>Mar. 17 and closes at 11:59pm, Mar. 27 (Sun)</p>
<p>Week 12 Mar 28–Apr 1</p> <p>Live Class Mar. 31</p>	<ul style="list-style-type: none"> Somatic symptoms and related disorders Feeding and eating disorders Elimination Disorders Sleep-Wake Disorders Gender Dysphoria Counselors' critical consciousness: Social constructs of gender, race and more* 3rd Group Presentation x 1 	<p><i>DSM:</i> pp. 309 – 328 Somatic Symptom and Related Disorders <i>Morrison:</i> Ch 8 Somatic Symptom and Related Disorders</p> <p><i>DSM:</i> pp. 329 – 360 Feeding and Eating Disorders (Skim)* <i>Morrison:</i> Ch 9 Feeding and Eating Disorders (Skim)*</p> <p><i>DSM:</i> pp. 355 – 360 Elimination Disorders (Skim)* <i>Morrison:</i> Ch 10 Elimination Disorders. (skim)*</p> <p><i>DSM:</i> pp. 361 – 422 Sleep-Wake Disorders <i>Morrison:</i> Ch 11 Sleep-Wake Disorders</p> <p><i>DSM:</i> pp. 451 – 468 Gender Dysphoria (Skim)* <i>Morrison:</i> Ch 13 Gender Dysphoria (Skim)*</p> <p>Alexander Street Video: Somatic Symptoms & Related Disorders (Microtraining Associate, 2016)</p> <p>*Will focus on these items in 651</p>	<p>DSM Test (Somatic symptom and related disorders and Sleep-wake disorders) Opens at 12am, Mar. 24 (Thu) and closes at 11:59pm, Apr. 3 (Sun)</p>
<p>Week 13 Apr 4–Apr 8</p> <p>Live Class Apr. 7</p>	<ul style="list-style-type: none"> Neurocognitive disorders 4th Group Presentation x 1 	<p><i>DSM:</i> pp. 715 – 732 Cognitive Disorders <i>Morrison:</i> Ch 16 Cognitive Disorders</p> <p>Alexander Street Video: Alzheimer Disease & Related Disorders (National Educational Video, inc., 2016)</p>	<p>DSM Test (Neurocognitive disorders) Opens at 12am, Mar. 31 and closes at 11:59pm, Apr. 10 (Sun)</p>
<p>Week 14 Apr 11–Apr 15</p> <p>Live Class Apr 14 On-Campus</p>	<ul style="list-style-type: none"> Personality disorders Group Presentations x 2 	<p><i>DSM</i> pp. 654-684 Personality Disorders pp. 761-781 Alternative DSM-5 Model for Personality Disorders</p> <p><i>Morrison</i> Ch 17 Personality Disorders</p> <p>Alexander Street Video: Personality Disorders (Microtraining Associates, 2016) Personality Disorders: Crash Course Psychology #34 https://www.youtube.com/watch?v=4E1JiDFxFGk&feature=emb_logo</p>	<p>DSM Test (Personality disorders) Opens at 12am, Apr. 7 (Thu) and closes at 11:59pm, Apr. 17 (Sun)</p>

Week 15 Apr 18–Apr 22	Work Day		All Diagnostic Reports are due by 11:59pm Sunday Apr 24
Week 16 Apr 25–Apr 29 Live Class Apr. 28	<ul style="list-style-type: none"> • Sexual dysfunctions • Pedophilic disorders • Group Presentations x 3 	<i>DSM</i> pp. 423-450 Sexual Dysfunction pp. 686-706 Paraphilic Disorders <i>Morrison</i> Ch 12 Sexual Dysfunction Ch 18 Paraphilic Disorders	DSM Test (Sexual dysfunction, pedophilic) Opens at 12am Apr. 14 and closes at 11:59pm, May 1 (Sun)

Appendix I: Individual Written Diagnostic Report Format

Diagnostic assessment report must be (a) incorporating client's information, (b) using diagnostic nomenclature from the DSM-5, (c) linking the diagnosis to symptom-based and a theory driven case conceptualization and interventions, and (d) providing a personal reflection about the assignment and include all the sections below:

1. Demographic Information
2. Chief Complaint
3. History of Presenting Illness
4. Past Psychiatric History
5. Current Medication
6. Medical History
7. Developmental History* (Review and apply psychosocial development, and if appropriate include other relevant developmental models such as moral, gender, race, sexuality, spirituality, etc.)
8. Social History
9. Family History
10. Substance Abuse History
11. Education/Employment History
12. Risk Factors
13. Cultural Factors
14. Successes, Strengths, and Resources
15. Mental Status Exam
16. DSM-5 Diagnosis and Rationale for Diagnosis
17. Additional Rule-Out Diagnoses
18. Clinical Impression/Case Conceptualization
19. Treatment Recommendation (based on research)
20. Personal Reflection
21. References

Written diagnostic reports adhere to APA style (7th ed) writing format and must be submitted to the corresponding assignment folders in D2L by the due date listed in the course schedule.

Cite at least 2 peer-reviewed journal articles and/or any other credible sources to support your conceptualization of the presenting issues. For example, you may want to review your textbook from human growth and development class to apply psychosocial development theory to your client. Or, you may need to investigate academic, scientific and professional sources to identify treatment recommendation for a specific disorder.

Appendix II: Group Presentation Rubric

Assessed Section	Excellent	Acceptable	Poor
Identifying Information (5 Points)	All relevant important demographic information including but not limited to sex, age, ethnic background, physical characteristics, disabilities, etc. are addressed in thorough, concise, and organized manner. (5 points)	Relevant demographic information including but not limited to sex, age, ethnic background, physical characteristics, disabilities, etc. are sufficiently addressed in a fairly well-organized manner. (3 points)	Only basic demographic information is addressed. (1 points)
Presenting Problem(s) Chief Complaint(s) (5 Points)	Presenting problem/chief complaint; include but not limited to the reason for seeking help, the background of the presenting problem(s), its impact on client's functioning are addressed in a thorough, concise, and organized manner. It also includes client's own words and provides a complete picture of the presenting problem. (5 points)	Presenting problem/chief complaint is sufficiently addressed in a fairly well-organized manner. Although it provides the picture of the presenting problem, it is not as complete, well-organized, and miss three or more key information. (3 points)	Presenting problem/chief complaint is adequately addressed though not as complete, well-organized and grossly miss key information. (1 points)
Symptoms (5 Points)	Student provide the thorough history of the presenting problem/chief complaint, including bio-psycho-social history of the presenting problem/chief complaint in an organized, specific, and written concise and professional manner. (5 points)	Student provide the sufficient history of the presenting problem/chief complaint, including bio-psycho-social history of the presenting problem/chief complaint, though it is not as complete, well-organized, and miss three or more key history. (3 points)	The description of history of the presenting problem/chief complaint is adequate. Bio-psycho-social history of the presenting problem/chief complaint is incomplete, grossly missing key history; thus, the symptom progression is unclear and the description is written in a disorganized and unprofessional manner. (1 point)
Mental Status Examination (5 Points)	The client's behavior (thinking feeling, and action) and attitudes are thoroughly described, covering appearance, general behavior, speech, emotional state (affect and mood), through content and processes, mental capacity (memory/intelligence), and insight and judgement of the problem(s) in an organized, concise, and professional manner. (5 points)	The client's behavior (thinking feeling, and action) and attitudes are sufficiently described, though it is not as complete, well-organized, and miss one or more domains of MSE. (3 points)	Partially mentions the client's behavior (thinking feeling, and action) and attitudes. Major domains of MSE are overlooked or partially presented. (1 points)

<p>Diagnostic Assessment and Highlights of the Interview (10 points)</p>	<p>Clearly identifies the diagnostic category fits in the DSM-5 (e.g., Neurodevelopmental Disorder, Depressive Disorder, etc.) and lists all subcategories within the category. Clearly describes one diagnostic subcategory (e.g., ADHD, Persistent depressive disorder, etc.), including all diagnostic criteria/features; associated features; prevalence; risk & prognostic features; and comorbidity. Succinctly and accurately notes age criteria for subcategory and discusses specific developmental considerations in how symptoms may be expressed. Succinctly and accurately delineate important cultural considerations related to the disorder. List and succinctly describes rule-out diagnoses that should be considered. (10 points)</p>	<p>Clearly identifies the diagnostic category and lists all subcategories; however, some subcategories may be missing some diagnostic criteria. Adequately describes one diagnostic subcategory but may fail to address some aspects of diagnostic criteria/features; associated features; prevalence; risk & prognostic features; and comorbidity. Adequately addresses age criteria and developmental considerations but lacks clarity or depth. Addresses cultural considerations but lacks clarity or depth. Acknowledges differential diagnosis considerations but does not describe clearly. (5 points)</p>	<p>Fail to describe how this diagnostic category fits in with the DSM-5 organization. Fails to present what diagnostic subcategories are included. Missing subcategories and diagnostic criteria on multiple slides. Generally, describes one diagnostic subcategory, but fails to include many key pieces of information related to diagnostic criteria/features; associated features; prevalence; risk & prognostic features; and comorbidity. Fails to address age criteria and developmental considerations. Fails to address cultural considerations for the disorder. Fails to address differential diagnosis considerations. (1 points)</p>
<p>Visual & Aesthetics (10 Points)</p>	<p>Graphics used are engaging and enhance the presentation. Use of font sizes/variations and headings help the overall clarity of the presentation. (10 points)</p>	<p>Graphics used enhance the presentation. Use of font sizes/variations and headings make the overall flow of the slides clearer. (5 points)</p>	<p>Graphics used adequately enhance the presentation. Use of font sizes/variations and headings is inconsistent and distracting. (1 points)</p>
<p>Oral Presentation (10 Points)</p>	<p>Utilize a brief video that brings diagnosis to life for audience. Presentation is clear, logical, and organized within time constraints; presentation is a planned conversation-not reading of information; information is accurate and draws upon relevant literature. Narration and/or the answering of questions is engaging, thorough, and adds greatly to the presentation. (10 points)</p>	<p>Utilizes a brief video that supports the audiences understanding and gives moderate "feel" of disorder. Presentation is generally clear and well organized within time constraints; explanation of concepts and theories are accurate and complete; level and pacing are generally appropriate; a few minor points may be confusing. Narration and/or the answering of questions is adequate and adds to the presentation. (5 points)</p>	<p>Utilizes a brief video that is related to the diagnosis but fails to create a sense/feeling of the disorder. Narration and/or the answering of questions is somewhat lacking. (1 points)</p>

Appendix III:**Winona State University
Biopsychosocial Assessment****I) Presenting Information**

Client: _____

Demographics

Age: ____ Date of Birth: _____ Race/Ethnicity:

Gender: M W Other: _____Religion: _____ Primary Language: _____ Marital Status M S D W Sep

Date of Marriage/Partnership: ____/____/____

Date(s) of previous marriage(s/Partnerships):

From: ____/____/____ To: ____/____/____ How did marriage end?: _____

From: ____/____/____ To: ____/____/____ How did marriage end?: _____

II) Presenting Problem/Circumstances of Referral

Can you tell me a little about why you are seeking counseling?

Type in here

What precipitants led up to the problem and its onset? How long? Frequency?

Start typing

Who made the referral?

Start typing here

How does the referral source view the problem?

Start typing

How does your significant other(s) view the problem?

Start typing**III) History of the Presenting Problem:**

When did this/these problems begin?

Start typing

How long (or how often) has this/these been an issue for you?

Start typing

How do/does these/this issue(s) affect your daily life?

Start typing

When are your symptoms/feelings most disturbing?

Start typing

When are your symptoms/feeling least disturbing?

Start typing

How would you rate your symptoms/feelings now on a 0 - 10 scale with 0 being low and 10 being high?
8 __ /10 __

IV) Current Symptoms/ Problems: (Rate severity and duration for each)

Severity Rating:	1= Mild	2= Moderate	3= Severe		
Key: Duration Rating:	1= Less Than 1 Month	2= 1 – 6 Months	3= 7 – 11 Months	4=	More Than 1 Year

	Severity	Duration		Severity	Duration
1. Anxiety	_____	_____	15. Bizarre Ideation	_____	_____
2. Panic Attacks	_____	_____	16. Bizarre Behavior	_____	_____
3. Phobia	_____	_____	17. Paranoid Ideation	_____	_____
4. Obsessive Compulsive	_____	_____	18. Gender Issues	_____	_____
5. Somatization	_____	_____	19. Eating Disorders	_____	_____
6. Depression	_____	_____	20. Poor Judgement	_____	_____
7. Impaired Memory	_____	_____	21. Lack of Support System	_____	_____
8. Poor Self Care Skills	_____	_____	22. Poor Interpersonal Skills	_____	_____
9. Loss of Interest	_____	_____	23. Conduct Problems	_____	_____
10. Loss of Energy	_____	_____	24. School Problems	_____	_____
11. Sexual Dysfunction	_____	_____	25. Family Problems	_____	_____
12. Sleep Disturbance	_____	_____	26. Indep. Living Problem	_____	_____
13. Appetite Disturbance	_____	_____	27. Strange Body Movement	_____	_____
14. Weight Change	_____	_____	28 Other:	_____	_____

Please describe symptoms / problems above in detail:

Start typing

Assessment of Risk:

A. Current risk factors: (Check all that apply)

- Suicide: None Ideation Pain Intent w/o means Intent with means
- Homicide: None Ideation Plan Intent w/o means Intent with means
- If risk exists, client is able to contract not to harm: Self Others
- Impulse control: Sufficient Moderate Minimal inconsistent Explosive
- Substance abuse: None Abuse Dependence Unstable remission
- Medical risks: No Yes If “Yes”, explain: Start typing

V) Lifespan/ Development History:

A. Health at birth:

Start typing .

B. Developmental milestones

Within normal limits (adults only)

Start typing

C. Special services received during lifetime:

Start typing

D. Other lifespan/ Developmental issues: (include mid-life, senior/elder, other issues)

Start typing

VI) Family Information/Relationships

Does the client have any children?						
Name	Age	Date of Birth	Sex	Custody? Y/N	Lives With?	Additional Information

Who else lives with the client? (Include spouses, partners, siblings, parents, other relatives, friends)						
Family of Origin Name	Age	Sex	Relationship	Additional Information		
<u>Client lives in a residential facility</u>						
Primary language of household/family: English			Secondary:			

Personal Family Information

Name	Occupation	Education (Highest Achieved)	SES	Religion	Physical/Mental Illness	Married?
		<u>High School Diploma</u>		<u>Catholic</u>	<u>Alcoholism</u>	<u>Widow</u>

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VII) Education

What is the highest level of education you have attained? Type

Any special trades learned? _____

Were the school years experienced without any significant events, e.g. failure, acceleration, behavior problems? Start typing

Did you receive special education services? _____

Favorite Class: _____

Least Favorite Class: _____

VIII) Social

Briefly describe your social network: Start typing

Do you have a support system? _____

How well do you utilize your social support system? Start typing

IX) Occupational History (check all that apply)

Employment: Currently Employed?			
<input type="checkbox"/> Yes	Employer	Length of Employment	
<input type="checkbox"/> Satisfied	<input type="checkbox"/> Dissatisfied	<input type="checkbox"/> Supervisor Conflict	<input type="checkbox"/> Co-Worker Conflict
<input type="checkbox"/> No	Last Employer:	Reason for Leaving:	
<input type="checkbox"/> Never Employed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Student	<input type="checkbox"/> Unstable Work History
<input type="checkbox"/> Sheltered Employment		<input type="checkbox"/> Receiving Vocational Services	
Comments: Career Hopes/Career Dreams: <u>Start typing</u>			
Role Models (Two Individuals): <u>Start typing</u>			

X) **Military/Veteran Status:** N/A Veteran? Yes No

Dates: _____ Branch: _____ Rank Held:

Position _____ in _____ the _____ Service:
 Stationed: _____

Discharge Status: Honorable Dishonorable Medical Other

Experienced Combat: Yes No

Disciplinary Actions: Yes No

If _____ yes, _____ please _____ briefly _____ describe:

List any injuries or traumas suffered during service:

XI) Medical (Treatment/services received, when, where, outcome):

Do you have any current medical issues? Start typing

Current or Past medical or physical problems/conditions (i.e., allergies, seizures, high blood pressure, diabetes, cardio problems, TB etc.): Start typing

Are you currently taking any prescribed medications? Yes No

List all medications presently prescribed:

Medications	Purpose	Dosage	Frequency	Name of MD. monitoring medications

Physical handicaps or limitations? Start typing

Date of last exam: _____ Where?

Physician's Name / Phone number:

Address:

If applicable is the release of information form signed Yes No

Uses or Needs assistive or adaptive devices (select all that apply)			
<input type="checkbox"/> None	<input type="checkbox"/> Glasses	<input type="checkbox"/> Walker	<input type="checkbox"/> Braille
<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Cane	<input type="checkbox"/> Crutches	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Translated Written Information		<input type="checkbox"/> Translator for Speaking	<input type="checkbox"/> Other:
<input type="checkbox"/> Does the client have a history of falls? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			
Additional Information:			

XII) Pain Questionnaire

Pain Management: Is the client in pain now? Yes No
 If yes, ask client to rate the pain on a scale of 1-10 (with 10 being the severest) and enter score here

Is the client receiving care for the pain? Yes No
 If no, would the client like a referral for pain management? Yes No

XIII) Substance Abuse/Addictions Behavioral Assessment

Abuse/Addiction – Chemical/ Behavioral						
Substance	Age of 1 st use	Amount/Frequency	Duration of Use	Date of Last Use	Period of Heaviest Use	Amount Used in Last 24 hrs.
Alcohol						
Cannabis						
Cocaine						
Stimulants (crystal, speed, amphetamines, etc)						
Methamphetamine						
Inhalants (gas, paint, glue, etc)						
Hallucinogens (LSD, PCP, mushrooms, etc)						
Opioids (heroin, narcotics, methadone, etc)						
Sedative/Hypnotics, (Valium, Phenobarb, etc)						
Designer Drugs/Other (herbal, Steroids, cough syrup, etc)						
Tobacco (smoke, chew)						
Caffeine						
Ever injected drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No				If Yes, which ones?		
Drug of Choice?						

Consequences as a Result of Drug/Alcohol Use (select all that apply)			
<input type="checkbox"/> Hangovers	<input type="checkbox"/> DTs/Shakes	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Binges
<input type="checkbox"/> Overdoses	<input type="checkbox"/> Increased Tolerance (need more to get high)	<input type="checkbox"/> GI Bleeding	<input type="checkbox"/> Liver Disease
<input type="checkbox"/> Sleep Problems	<input type="checkbox"/> Seizures	<input type="checkbox"/> Relationship Problems	<input type="checkbox"/> Left School
<input type="checkbox"/> Lost Job	<input type="checkbox"/> DUIs	<input type="checkbox"/> Assaults	<input type="checkbox"/> Arrests
<input type="checkbox"/> Incarcerations	<input type="checkbox"/> Homicide	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Longest Period of Sobriety?		How long ago?	

- A. Does client have a history of withdrawal, DTs, blackouts, (loss of time), seizures, etc.? Yes No
- B. What happens when you stop using? Start typing
- C. Longest Period of sobriety? _____ When?
- D. Has client received treatment for drug or alcohol issues? Yes No (ATTACH RELEASES)
(If yes, list in-patient providers, out-patient providers, services received, dates of service, and outcomes)

Substance/Addiction Family History

Family History of (select all that apply):						
	Mother	Father	Siblings	Aunt	Uncle	Grandparents
Alcohol/Substance Abuse						
History of Completed Suicide						
History of Mental Illness/Problems such as:						
Depression						
Schizophrenia						
Bipolar Disorder						
Alzheimer's						
Anxiety						
Attention Deficit/Hyperactivity						
Learning Disorders						
School Behavior Problems						
Incarceration						
Other						
Comments:						

XIV) Addictive Behaviors

Has client traded sex for drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes, explain:		
Triggers to use (list all that apply):		
Has client been tested for HIV? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, date of last test:	Results:	
Has client had any of the following problem gambling behaviors? Select all that apply:		
<input type="checkbox"/> Gambling longer than planned	<input type="checkbox"/> Gambled until last dollar was gone	
<input type="checkbox"/> Lost sleep thinking of gambling	<input type="checkbox"/> Used income or savings to gamble while letting bills go unpaid	
<input type="checkbox"/> Borrowed money to gamble	<input type="checkbox"/> Made repeated, unsuccessful attempts to stop gambling	
<input type="checkbox"/> Been remorseful after gambling	<input type="checkbox"/> Broken the law or considered breaking the law to finance gambling	
<input type="checkbox"/> Other:	<input type="checkbox"/> Gambled to get money to meet financial obligations	
Risk Taking/Impulsive Behavior (current/past) – select all that apply:		
<input type="checkbox"/> Unprotected Sex	<input type="checkbox"/> Shoplifting	<input type="checkbox"/> Reckless Driving
<input type="checkbox"/> Gang Involvement	<input type="checkbox"/> Drug Dealing	<input type="checkbox"/> Carrying/Using weapon
<input type="checkbox"/> Other:		

XV) Nutritional Screening

Nutritional Status: Current Weight	Current Height	BMI
Appetite: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor, please explain below		
<input type="checkbox"/> Recently gained/lost significant weight	<input type="checkbox"/> Binges/overeats to excess	
<input type="checkbox"/> Restricts food/ Vomits/over-exercises to avoid weight gain	<input type="checkbox"/> Special dietary needs	
<input type="checkbox"/> Hiding/hording food	<input type="checkbox"/> Food allergies	
Comments:		

Wellness

Physical Realm	Yes	No
Client acknowledges he/she has caused damage to his/her body by abusing drugs, alcohol, or food. <i>If yes, complete Behavioral Assessment.</i>		
Client understands the connection between emotions, life stressors, sense of self, and the effect these elements have on physical health.		
Client manages his/her anger effectively and does not inflict pain on himself/herself or others.		
Client engages in activities designed to maintain physical health.		
Optional- Physical Fitness		
Allergies (Medication and Other):		
Comments:		

Leisure & Recreation

Which of the following does the client do? (Select all that apply)			
Spend time with Friends		Sports/Exercise	
Classes		Dancing	
Time with Family		Hobbies	
Work Part-Time		Watch Movies/TV	
Go "Downtown"		Stay at Home	
Listen to Music		Spend Time at Clubs/Bars	
Go to Casinos		Other:	
What limits the client's leisure/recreational activities?			

XVI) Functional Assessment

Functional Assessment:			
Is the client able to care for him/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain:			
Living Situation:			
<input type="checkbox"/> Housing Adequate	<input type="checkbox"/> Housing Dangerous	<input type="checkbox"/> Ward of State/ Tribal Court	<input type="checkbox"/> Dependent on Others
<input type="checkbox"/> Housing Overcrowded	<input type="checkbox"/> Incarcerated	<input type="checkbox"/> Homeless	<input type="checkbox"/> At Risk of Homelessness

XVII) Legal Status Screening

Past or current legal problems (select all that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> Gangs	<input type="checkbox"/> DUI/DWI
<input type="checkbox"/> Arrests	<input type="checkbox"/> Conviction	<input type="checkbox"/> Detention
<input type="checkbox"/> Jail	<input type="checkbox"/> Probation	<input type="checkbox"/> Other:
If yes to any of the above, please explain:		
Any court-ordered treatment? <input type="checkbox"/> Yes (explain below) <input type="checkbox"/> No		
Ordered by	Offense	Length of Time

XVIII) Spiritual/Religious Awareness

Spiritual Self	Yes	No
Client demonstrates a willingness to seek out new persons, places, and experiences.		
Client expresses a desire to make a positive life change.		
Client seeks to balance his/her rights, needs and desires with those of others in order to achieve harmony.		
Client desires personal harmony, balance and freedom.		
Client seeks to strengthen his prayer life/belief system.		
Additional Information:		

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Religious Affiliation:

Start typing

Significant Religious Beliefs:

Additional Religious Information:

XIX) Bereavement/Loss

Please list significant losses, deaths, abandonments, traumatic incidents:
Spiritual/Cultural Awareness & Practice
Knowledgeable about traditions, spirituality, or religion? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
Practices traditions, spirituality, or religion? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:
How does client describe his/her spirituality?
Does client see a traditional healer? <input type="checkbox"/> Yes <input type="checkbox"/> No Comment:

XX) Abuse/Neglect/Exploitation Assessment

History of neglect (emotional, nutritional, medical, educational) or exploitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
Has client been abused at any time in the past or present by family, significant others, or anyone else? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			
Type of Abuse	By Whom	Client's Age(s)	Currently Occurring? Y/N
Verbal Putdowns			

Being Threatened			
Made to feel afraid			
Pushed			
Shoved			
Slapped			
Kicked			
Strangled			
Hit			
Forced or coerced into sexual activity			
Other			
Was it reported? <input type="checkbox"/> Yes <input type="checkbox"/> No		To Whom? To counselor	
Outcome			
Has the client ever witnessed abuse or family violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:			

Mental/Introspective Thought	Yes	No
Client believes that he is speaking honestly with him/herself		
Client looks at both problems & accomplishments as an indicator of his/her sense of self		
Client examines the ways in which he/she has tried to manipulate, control, or manage the lives of others		
Client acknowledges that changes in his/her life must start with him/her		
Additional Information:		

Strengths/ Resources (enter score if present) 1 = Adequate, 2 = Above Average, 3 = Exceptional				
	Family Support		Social Support Systems	
	Intellectual/ Cognitive Skills		Coping Skills & Recovery	
	Socio-Economic		Communication Skills	
				Relationship Stability
				Parenting Skills
				Insight & Sensitivity

	Stability			
	Maturity and Judgment Skills		Motivation For Help	Other:
Comments:				
Describe appropriateness & level of need for the family's participation:				

Mental Status Exam

1. **Mental Health Assessment** (Check all that apply)

Height: Short Medium Tall

Build: Thin Slim Medium Stocky Obese

Dress: Appropriate Meticulous Eccentric Disheveled

Facial Expression: Appropriate Sad Happy Angry Flat

Grooming: Appropriate Meticulous Dirty Poor Bizarre

Remarks/Comments:

2. **Observed Behaviors and Attitudes:**

- | | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Appropriate/Acceptable | <input type="checkbox"/> Critical | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Disinterested | <input type="checkbox"/> Guarded | <input type="checkbox"/> Evasive | <input type="checkbox"/> Defensive |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Rejecting | <input type="checkbox"/> Frightened | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Silly | <input type="checkbox"/> Naïve | <input type="checkbox"/> Dramatic |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Hostile | <input type="checkbox"/> Passive | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Overly cooperative | <input type="checkbox"/> Withdrawn | | |

Remarks/Comments: Client had no problem talking about her issues such as depression and eating disorders, but presented as guarded and defensive when talking about her offense on her neighbor.

3. **Observed Motor Activity:**

- Within normal limits Over activity Retardation Tremor

- | | | | |
|--|------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Posturing | <input type="checkbox"/> Repetitive act | <input type="checkbox"/> Tics |
| <input type="checkbox"/> Echoproxic | <input type="checkbox"/> Grimacing | <input type="checkbox"/> Gestures | |

Remarks/Comments:

GAIT: Shuffling Staggering Stiff Awkward Heavy No impairment apparent

Remarks/Comments:

4. **Mood & Affect** (Mood is subjective-client reported. Affect is observed):

Mood: Normal Elevated Dysphoric Euphoric Anxious Irritable
 Expansive

Affect: Broad Restricted Blunted Flat Inappropriate Appropriate

Remarks/Comments:

5. **Speech** (Refers to the manner of speech, not the content of speech):

- | | | | |
|---|------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Normal rate/volume | <input type="checkbox"/> Pressured | <input type="checkbox"/> Rambling | <input type="checkbox"/> Stammering |
| <input type="checkbox"/> Verbigeration | <input type="checkbox"/> Echolalia | <input type="checkbox"/> Slurred | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Foreign accent | <input type="checkbox"/> Monotone | <input type="checkbox"/> Mutism | <input type="checkbox"/> Soft |

Remarks/Comments:

6. **Thought Processes** (continuity of thought processes; associations between ideas):

- | | | | |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Within normal limits | <input type="checkbox"/> Blocking | <input type="checkbox"/> Circumstantial | <input type="checkbox"/> Clanging |
| <input type="checkbox"/> Flight of ideas | <input type="checkbox"/> Tangential | <input type="checkbox"/> Indecision | <input type="checkbox"/> Perseveration |
| <input type="checkbox"/> Loose associations | | | |

Remarks/Comments:

7. Thought Content:

- | | | |
|--|---|---|
| <input type="checkbox"/> Within normal limits | <input type="checkbox"/> Phobias | <input type="checkbox"/> Obsessive ideas |
| <input type="checkbox"/> Feelings of unreality | <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Worthlessness |
| <input type="checkbox"/> Somatic complaints | <input type="checkbox"/> Suspiciousness | <input type="checkbox"/> Magical thinking |
| <input type="checkbox"/> Feelings of persecution | <input type="checkbox"/> Guilt | <input type="checkbox"/> Illogical thinking |

Remarks/Comments:

8. Memory:

- Immediate memory: Good Fair Poor Unable to determine
 Recent memory: Good Fair Poor Unable to determine
 Remote memory: Good Fair Poor Unable to determine

Remarks/Comments:

9. Orientation: No Impairment

Not oriented to: Person Place Time

Remarks/Comments:

10. Insight into Problems/Illness:

Insight: Poor Fair Moderate Good Excellent

Motivation to participate in treatment: Poor Fair Moderate Good Excellent

Remarks/Comments:

DSM-5 Diagnosis

Diagnosis #1

____. ____ (____. ____)

Explanation For Diagnosis #1:

Diagnosis #2

____. ____ (____. ____)

Explanation For Diagnosis #2:

Diagnosis #3

____. ____ (____. ____) _____

Explanation For Diagnosis #3:

Diagnosis #4

____. ____ (____. ____) _____

Explanation For Diagnosis #4:

Psychosocial Stressors/Disabilities (V-codes)

____: ____ / ____.

____: ____ / ____.

____: ____ / ____.

____: ____ / ____.

Case Formulation:

Recommendations:

Prognosis: (Excellent, Good, Fair, Poor)