

HDC 6430: Diagnosis and Treatment Planning Using the DSM-V
Vanderbilt University
Fall Semester
Room: Hobbs 100A
Time: 4:10-7pm

Course Description

This course will present an overview of the major types of mental disorders as described in the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V), contrast with the previous iteration (DSM-IV-TR), and illustrate how diagnosis serves treatment planning via the application of a range of evidence-based treatment strategies to specific mental disorders.

The course will provide a general overview of the DSM system and a corresponding, systematic treatment-planning model developed by Linda Seligman. Since we cannot cover in depth the entire spectrum of mental disorders found in the DSM, this course intends to provide an overview of the DSM plus a focus on the most common conditions faced by professional counselors. In treatment planning, our emphasis will be on those approaches to treatment that have been empirically studied with respect to specific clinical disorders.

This course will contain lectures, small and large group discussions, activities, demonstrations, and multimedia tools. Class participation is essential and required. Students are expected to engage in all aspects of the class.

Vanderbilt Honor Code governs all work in this course (e.g., tests, papers, homework assignments). When relevant to an assignment, I will explain how the Honor Code applies. In general, discussion with peers of assignments and material is permissible and beneficial. However, any written work which is turned in must be the sole creation of the individual. If you have any questions about how the Honor Code applies to work in this class, just ask; uncertainty about application of the Honor Code does not excuse a violation.

Required Texts

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.). Hoboken, NJ: John Wiley & Sons.
American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

(NOTE: CACREP 2016 standards are coded below and are assessed via Case Study (CS), Exam (E) and Assessment Video (AV).

Knowledge, Skills and Outcomes

1. To learn to accurately diagnose common mental disorders using the DSM-V, and to use the DSM plus patient conceptualization to differentiate between diagnoses (as assessed by the case study assignments). CS, E, AV
2. To be able to design treatment plans based on careful diagnosis and current knowledge about recommended treatments, and to be able to describe general principles of mental health intervention (as assessed by the case study assignments). CS, E, AV
3. To acquire detailed knowledge about one specific mental disorder and its treatment (as assessed by the videotaped assessment assignment). E
4. To recognize the impact of substance use behavior and disorder on other conditions (as assessed by the case study assignments). E

5. To recognize and understand the impact of significant environmental events in precipitating and exacerbating DSM diagnoses (as assessed by the case study assignments). E, CS
6. To gain awareness of stigmas associated with mental illness and other diagnosis strategies available (CS).
7. To become aware of the impact of culture on the presentation of psychopathology, and to develop an awareness of the role of cultural issues on case conceptualization, diagnosis, assessment tools, treatment planning, and referral options (CS).
8. To become aware of the development of both normative and pathological symptomatic presentations in response to traumatic experiences (CS).

By the end of this course, the student will be able to:

1. Demonstrate accurate assessment and diagnosis of clients using DSM-V.
2. Identify the treatment modalities and strategies that are most likely to be effective in treating various mental disorders as diagnosed by the DSM, within the continuum of care. E,
3. Construct a systematic and thorough treatment plan across the continuum of care, using a biopsychosocial and culturally appropriate perspective.
4. Evaluate the effectiveness of therapy via accurate assessment of changes in the symptoms comprising disorders.

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) sets forth the following standards that will be assessed as noted below:

CURRICULUM STANDARDS ADDRESSED

2016 CACREP Clinical Mental Health Counseling Standards

| Standard | | How Measured in HDC 7980 |
|----------|---|-----------------------------|
| 5.C.1.c | principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning | Exam, Case Study |
| 5.C.1.d | neurobiological and medical foundation and etiology of addiction and co-occurring disorders | Exam |
| 5.C.2.b | etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders | Exam, Case Study |
| 5.C.2.c | mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks | Exam |
| 5.C.2.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) | Assessment Video, Exam |
| 5.C.2.e | potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological issues | Exam |
| 5.C.2.h | classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation | Exam |
| 5.C.3.a | intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management | Case Study Assessment video |
| 5.C.3.b | techniques and interventions for prevention and treatment of a broad range of mental health issues | Exam |

Student Learning Assignments

1. 4 Case Studies (40%). Students will diagnose and construct a treatment plan for four case studies.
2. 1 Exam (20%). The final exam will consist of small group discussion of a complex case presentation. The groups will answer diagnostic questions, demonstrate appropriate consideration of comorbidities, and provide a culturally-sensitive treatment plan for a vignette based on a real-life case.
3. Assessment Video (20%) and Paper (10%). The class will divide into pairs (or triplets: for instance, if you are doing a video with a child “client”, one person can be the parent/guardian). Each dyad/triplet will select a diagnosis from the DSM. The 20 minute video will be an assessment interview with one student playing the role of the therapist and the other student playing the role of the client, illustrating the selected diagnosis. You will be graded on
 - a) appropriateness of assessment questions,
 - b) accuracy of presentation of diagnosis plus depth of the client conceptualization,
 - c) suggested treatment recommendations at end of session, and
 - d) a 3 page paper (maximum) from each student including each of the following:
 - 1) the client’s conceptualization (including the biopsychosocial and cultural facets of the client’s background and presenting problems),
 - 2) why the chosen disorder is appropriate to describe the client’s presentation (and addressing what diagnoses must be ruled out), and
 - 3) a complete DSM-format diagnosis.
4. Attendance and Participation (10%). Two unexcused absences will result in a grade reduction or non-credit for the course. Students are expected to have prepared for each class by reviewing the assigned reading, bringing questions to class, and participating in discussions. Without a note from some official source (doctor, dean of students, parole officer, etc) excusing you, late assignments will lose 2% points per day that they are late. If you cannot make the final exam on its scheduled day, I will need a note from some official source to excuse you. Travel should be arranged such that you will not miss a final exam or a presentation day.

Grading Scale

| Grade | Points/Percentage Earned |
|-------|--------------------------|
| A | 94 – 100 % |
| A- | 90 – 93 % |
| B+ | 87 – 89 % |
| B | 83 – 86 % |
| B- | 80 – 82 % |
| C+ | 77 – 79 % |
| C | 73 – 76 % |
| C- | 70 – 72 % |

Mandatory Reporter Obligations

All University faculty and administrators are mandatory reporters, and must report allegations of sexual misconduct and intimate partner violence to the Title IX Coordinator. In addition, all faculty are obligated to report any allegations of discrimination to the Title IX Coordinator.

If you want to talk with someone in confidence, officials in the Student Health Center, the University Counseling Center, and officials in the Office of the Chaplain and Religious Life (when acting as clergy) can all maintain confidentiality. In addition, officials in the Project Safe Center (Crisis Hotline: 615-322-7233) have limited confidentiality, in that they have to report the incidents about which they are told, but can do so without providing identifying information about the victim(s).

Methods of Instruction

Lecture, in-class role plays, reading, outside practices, videotaped role plays

Policy on Cell Phones and Computers in Class

Cell phones are to be set to vibrate or turned off during the class. I will post the slides early enough for you to print copies. I would prefer that laptops and other computing devices not be used during the class, as they can be distracting; however, we can discuss this as we go.

POLICY ON INSTRUCTIONAL MODIFICATION**Disability Statement**

Vanderbilt University is committed to providing reasonable accommodations for all persons with disabilities that may affect your ability to complete course assignments or otherwise satisfy course requirements. If you may require accommodations, please contact Student Access Services at Baker Building, Suite 108 (615) 322-4705 (V/TDD) to discuss and determine any accommodations. If you have a disability for which you may request accommodation in Vanderbilt University classes and have not contacted them, please do so as soon as possible. You are also encouraged to see me privately in regards to this matter, ideally no later than the second week of the semester, so that we can ensure that your needs are met appropriately and in a timely manner.

Diversity Statement

As we all grow and develop as people and professionals, we constantly strive to improve ourselves in numerous areas of our lives. We value the diversity of our learning community and consider peoples' varied identities and differences as strengths and resources upon which to build community and facilitate human development. HDC students and faculty welcome your informal and formal suggestions for improvement of our classroom, program and university climate and culture, as well as course materials and content.

Personal Reactions Statement

At times this semester, we will be discussing topics that may be disturbing and even traumatizing to some students. If you ever feel the need to step outside during one of these discussions, either for a short time or for the rest of the class session, you may always do so without academic penalty. You will, however, be responsible for any material you miss. If you ever wish to discuss your personal reactions to this material, either with the class or with me, I would welcome such a conversation as an appropriate part of your professional development. Learning to manage personal reactions to potentially disturbing material that our clients discuss is an important part of preparing to be a counselor.

Schedule

| Date | Topics | Reading post class |
|------|---|---|
| | Introduction to the DSM – History, Development/political context, Structure, Content; Pros and Cons (e.g., stigma associated with diagnoses); Introduction to Treatment Planning | DSM: Intro – pp 5-24 Seligman: Ch. 1 |
| | Mood Disorders – Assessment, Diagnosis and Treatment Planning | DSM: pp123 – 188 Seligman: Chs. 4 and 5 |
| | Anxiety Disorders, including OCD and Related, and Trauma and Related - Assessment, Diagnosis and Treatment Planning CASE STUDY #1 ASSIGNED | DSM: pp189 – 264, & 309-328 Seligman: Ch.6, 7, and 8 |
| | Other Disorders of Trauma and Stressors - Assessment, Diagnosis and Treatment Planning Case Study #1 DUE | DSM: pp 265-308, + 715-727 Seligman: Ch. 9 |
| | Disorders Involving Impairment in Awareness of Reality: Psychotic Disorders (including Disorders of Dissociation) - Assessment, Diagnosis and Treatment Planning CASE STUDY #2 ASSIGNED | DSM: 87-122 Seligman: Ch.3 |
| | Substance Use Disorders and Dual Diagnosis - Assessment, Diagnosis and Treatment Planning Case Study #2 DUE | DSM: pp. 481-590 Seligman: Ch.17 |
| | Mental Disorders in Infants, Children, and Adolescents - Assessment, Diagnosis and Treatment Planning CASE STUDY #3 ASSIGNED | DSM: pp.31-86; 329-360;451-460; 462-475 Seligman: Ch. 2, 11, 12, and 16 |
| | Personality Disorders - Assessment, Diagnosis and Treatment Planning Case Study #3 DUE | DSM: pp 645-684 Seligman: Ch.19 |
| | Personality Disorders – Continued | No new reading |
| | Disorders of Behavior and Impulse Control not previously covered (ICD, paraphilias) - Assessment, Diagnosis and Treatment Planning CASE STUDY #4 ASSIGNED | DSM: pp 466-468; 476-480; 685-706 Seligman: Ch. 16 and 20 |
| | Disorders in Which Physical and Psychological Factors Combine (Sleep, Sexual, Somatic, and Neurocognitive Disorders) - Assessment, Diagnosis and Treatment Planning Case Study #4 DUE | DSM: pp 361-450; 591-644 Seligman: Ch.10, 13, 14, 15, 18 |
| | Video and Paper Due: Begin Review and Discussion | No reading |
| | Review and Discuss Videos Summary and Integration |  |
| | Wrap up and Final Exam |  |