MHS 6071—DIAGNOSIS AND TREATMENT OF MENTAL DISORDERS

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Office hours are by appointment.  
Peabody Hall: 406A  
Wednesdays period 3-5  
(9:35-12:35) in room 1327A

I. COURSE DESCRIPTION:

This course provides the skills and knowledge base for: (1) the assessment of diagnosis of mental disorders utilizing the DSM classification system and (2) counseling interventions for each of the major mental disorders. Knowledge covered for each mental disorder includes basic psychopathology. DSM diagnostic criteria, theories of etiology, research on prevention and treatment, counseling approaches and psychopharmacology. Skills covered include conducting an intake interview, formulating diagnosis, and making differential diagnoses. Prerequisite: MHS 6401

II. COURSE OBJECTIVES:

At the completion of the course, each student will be able to:

1. Define the terms mental health, mental disorder, and abnormal behavior.
2. Describe the relevant behaviors, symptoms, and etiology for the DSM diagnostic system major disorders and personality disorders.
3. Discuss the use of the DSM system with special populations, ethnic/racial/sexual minorities and women.
4. Conduct a structured intake interview and mental status exam.
5. Formulate a DSM diagnosis.
6. Describe common counseling approaches for specific major mental disorders and personality disorders including the research supporting each approach.
7. Develop a treatment plan that reflects the client’s DSM diagnosis, psychological context, gender, and ethnicity.

III. APPLICABLE PROFESSIONAL STANDARDS ADDRESSED

This course is designed to meet the following professional standards.

Council for Accreditation of Counseling and Related Educational Programs (CACREP) (2009)
Mental Health Counseling Standards:

**Foundations—**
Standard B: Knowledge
6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.

**Counseling, Prevention, and Intervention—**
Standard C: Knowledge
4. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.
6. Knows the principles, models, and documentation formats of bio-psychosocial case conceptualization and treatment planning.
7. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.

**Diversity and Advocacy—**
Standard E: Knowledge
3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.

**Assessment—**
Standard G: Knowledge
1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.

**Research and Evaluation—**
Standard I: Knowledge
0. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

**Diagnosis—**
Standard K: Knowledge
1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.

Marriage and Family Counseling Standards:

**Assessment—**
Standard G: Knowledge
1. Knows the principles, models, and documentation formats of bio-psychosocial case
conceptualization and treatment planning.

3. Understands the impact of addiction, trauma, psychopharmacology, physical and mental health, wellness, and illness on marriage, couple, and family functioning.

**Research and Evaluation—**
Standard I: Knowledge
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in marriage, couple, and family counseling.

### IV. METHODS OF INSTRUCTION

Class meetings are a time for integration and application of student readings and prior experiences. The class will be primarily an integration of small and large group discussion of case studies, video clips, and role-plays. In-class discussion and assignments also will address key issues in diagnosis and treatment of mental disorders. Your professional opinions and personal reactions will be invited throughout the course term and are considered a part of the course curriculum. Class meetings also offer direct experiences in participating, demonstrating, and/or observing role-play sessions. Students are encouraged to play an active role in the organization and facilitation of the course.

We place value on students’ ideas and the personal and professional relevance of course material for each student. Curriculum is purposefully developed which allows each student and the group as a whole to create meaning and evaluate the purpose of the learning for themselves. Through this process, we believe students not only gain in the acquisition of knowledge but also in personal awareness, meaning, and relevance of the course material to their own personal and professional development. Because of this teaching philosophy, we encourage students to feel free to express discomfort or dissatisfaction they experience throughout the course.

### V. STUDENT RESPONSIBILITIES

1. Attend class regularly and participate in all classroom activities (e.g., discussions, presentations, etc.). Your participation is critical to your learning, to the learning of your peers, and to the success of this course. Attendance and participation will be important factors in evaluating your performance in this course. If you are absent more than two times, please consult with the instructor. Each student brings a unique background of experience to and ideas on the course material presented in the course. Please share these experiences and reactions with other class members.

2. Read assignments prior to class so that you are prepared to actively participate in discussion and class activities.

3. Complete all required assignments and submit according to the schedule indicated in the Proposed Course Outline. Assignments more than 24-hours late will incur a reduction in points by a letter grade.

### VI. TEXTBOOKS
**Required:**


*Other assigned readings will be available through UF Library ARES or the instructor.

**Recommended:**

**VII. COURSE REQUIREMENTS AND FIELD EXPERIENCES**

**Midterm and Final Examinations:** The midterm and final examinations will be primarily case-study format. Completion of case study questions will also involve development of a brief treatment plan which addresses symptomology and diagnoses. In addition, the exams may ask you to respond to short-answer and essay questions related to diagnostic and treatment issues.

**Case Presentation:** Due to the length of the class, there will be diagnoses that we will not formally cover in class. Depending on class size, you will be asked to either individually or in small groups, provide a case example, a 20-minute role-play, and differential discussion of a mental disorder not covered in class. The case presentation will be evaluated based on its accuracy and the thoroughness of the differential diagnosis and treatment discussion.

**Weekly Reflection Paper:** Students are expected to complete 5 1-page (minimum) reflection papers throughout the term in response to a reflection question (s) which relates to the disorder being discussed. Reflection questions will be given Tuesday and are due Thursday of each week. Students are expected to answer the question (s) completely and support their responses using appropriate APA format.

**Small Group Diagnostic Exercise:** Students will participate in a small group activity which requires completion of a complete Diagnostic assessment (including differential diagnoses) and treatment plan. Students are expected to provide a thorough explanation of rationale for diagnosis & assessment of symptoms. A complete treatment plan must be included which describes treatment objectives, goals, and interventions to be used (discussion of rationale required).

**Class participation:** Students are expected to attend all class periods unless you have received prior approval to be absent from the instructor. The instructor reserves the right to give an out of class assignment to make-up for in-class work missed (*due the following class period*). Class procedures will include a significant amount of large group discussion and small group activities. Your full participation is required in all in-class activities.
VIII. EVALUATION

Grades will be assigned based upon the student’s performance on the following:

a. Midterm exam - 100 pts.
b. Final exam - 100 pts.
c. Case presentation - 100 pts.
e. Small Group Diagnostic Exercise - 50 pts.
f. Class participation - 45 pts.

Grades will be assigned as follows:

93%-100% = A,
90%-92% = A-,
86%-89% = B+,
85%-88% = B,
70%-79% = C

Course Outline and Proposed Schedule of Topics
MHS 6071
Spring 2014

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>Jan 8th</td>
<td>Course Overview: Assessment &amp; Treatment</td>
<td><strong>DSM-V:</strong> Introduction; Use of Manual; Cautionary statement <strong>Seligman:</strong> Preface; Chapter 1</td>
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<td><strong>Reflection Question #1:</strong> Briefly describe the Multi-axial approach of the DSM-V. Debate the advantages and disadvantages of having a classification system to diagnose abnormal behavior. (Due Jan 15th)</td>
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<td>Jan 15th</td>
<td>Differential diagnosis and treatment: Intake/assessment, mental status, CLIENT MAP</td>
<td><strong>DSM-V:</strong> Introduction; Use of Manual; Cautionary statement <strong>Seligman:</strong> Chapter 2</td>
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<td>(Students will be randomly selected to bring video case example of neurodevelopmental disorders &amp; facilitate discussion of symptoms exhibited) (Due Jan 22nd)</td>
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<td>Date</td>
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| Jan 22nd   | Neurodevelopmental Disorders & Treatment Planning                      | **DSM-5**: Depressive Disorders; Bipolar and Related Disorders  
**Seligman**: Chapter 4  
(Students will be randomly selected to bring video case example of Depressive or Bipolar & Related Disorders & facilitate discussion of symptoms exhibited)  
**Reflection Question #2**: Compare and contrast two different approaches to therapy. What impact might cultural and/or ethnic diversity have on the processes and outcomes of these two therapeutic approaches in the treatment of mental disorders? (Due Jan 29th) |
| Jan 29th   | Depressive Disorders & Bipolar and Related Disorders                  | **DSM-5**: Anxiety Disorders  
Seligman Chapter 5  
(Students will be randomly selected to bring video case example of Anxiety Disorders & facilitate discussion of symptoms exhibited)  
**Reflection Question #3**: Compare and contrast biologically and psychologically based treatment for Bipolar and Related Disorders.  
(Due Feb 5th) |
| Feb 5th    | Anxiety Disorders                                                     | **DSM-5**: Trauma and Stressor Related Disorders  
(Students will be randomly selected to bring video case example of Trauma and Stressor Related Disorders & facilitate discussion of symptoms exhibited)  
(Due Feb 12th) |
| Feb 12th   | Trauma and Stressor Related Disorders                                 | **DSM-5**: Schizophrenia Spectrum and Other Psychotic Disorders  
**Seligman**: Chapter 9 (Psychotic D/O only)  
(Students will be randomly selected to bring video case example of a Schizophrenia Spectrum and Other Psychotic Disorders & facilitate discussion of symptoms exhibited)  
(Due Feb 19th) |
| Feb 19th   | Schizophrenia Spectrum and Other Psychotic Disorders (included on final only) | **No Assigned Readings** |

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<tr>
<th>Date</th>
<th>Event</th>
<th>Reading Material</th>
<th>Due Date</th>
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<tr>
<td>Feb 26th</td>
<td>Midterm (Prepare Case Presentations)</td>
<td>DSM-V: Substance-Related and Addictive Disorders; Paraphilic Disorders</td>
<td>Mar 12th</td>
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<td>Mar 5th</td>
<td>SPRING BREAK</td>
<td>NO CLASS</td>
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<td>Mar 12th</td>
<td>Substance-Related and Addictive Disorders</td>
<td>DSM-V: Gender Dysphoria; Paraphilic Disorder</td>
<td>Mar 19th</td>
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<td>Mar 19th</td>
<td>Substance-Related and Addictive Disorders cont…</td>
<td>Reflection Question #4: How do you perceive society has influenced perception of substance-related and addictive disorders? How does this influence impact treatment? (Due Mar 19th)</td>
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<td>Case Presentation #1 Paraphilic Disorder</td>
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<td>Case Presentation #2 Gender Dysphoria</td>
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<td>Mar 26th</td>
<td>Obsessive Compulsive Disorders</td>
<td>DSM-V: Obsessive-Compulsive and Related Disorders; Feeding and Eating Disorders; Disruptive, Impulse-Control, and Conduct Disorders</td>
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<td>Case Presentation #3 Feeding and Eating Disorders</td>
<td>(Students will be randomly selected to bring video case example of Obsessive Compulsive Disorders &amp; facilitate discussion of symptoms exhibited)</td>
<td>Mar 26th</td>
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<td>Case Presentation #4 Disruptive, Impulse-Control, and Conduct Disorders</td>
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<td>Mar 26th</td>
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<td>Apr 2nd</td>
<td>Personality Disorders Cluster A, B &amp; C</td>
<td>DSM-V: Personality Disorders</td>
<td>Apr 2nd</td>
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<td>Seligman: Chapter 8</td>
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<td>Apr 16th</td>
<td>Dissociative Disorders &amp; Somatic Symptom and Related Disorders</td>
<td>(No Assigned Readings)</td>
<td>Apr 16th</td>
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<td>Case Presentation #5 Neurocognitive Disorder</td>
<td>Reflection Question #5: Choose an infamous person in history whom you believe demonstrated behaviors conducive to a personality disorder. Describe the individual’s behavior and personality. Identify the disorder from which you believe s/he suffered by comparing his/her behaviors with the clinical features of the disorder according to the DSM V.</td>
<td>Apr 23rd</td>
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* COURSE OUTLINE IS SUBJECT TO CHANGE; STUDENTS WILL BE NOTIFIED OF ANY CHANGES.

CASE PRESENTATION

The case presentation is designed to provide the student the experience of integrating course materials and skills in the diagnosis and treatment for a client who meets the criteria for a predetermined mental disorder. The case presentation will be in four parts. We will be assigning these topics during class. Your information must be backed up with cited studies, including references, other than the texts used in class. You must make a handout for each member of the class outlining the information covered in your presentation. The handout may be up to two pages (double-sided if preferred). Your presentation should not exceed 45 minutes. Supplemental media, such as video clips, are not needed but are acceptable.

Part I: Diagnostic information and process. (50 points)

Present the DSM-V criteria that are relevant to your case. A handout of the criteria is usually helpful. It should be an overview or summary of relevant DSM-V criteria or diagnostic decision-making only to guide our discussion of the case(s).

Part II: Case Example(s) (25 points)

You must present at least one hypothetical client who meets criteria for the mental disorder your group is presenting. Some groups may choose to use a series of case examples, video clips, or other media.

Write a case study OR Role-play an intake session with the client OR Design a media presentation OR Any combination of the above. Discuss client information relevant to differential diagnosis.

Part III: Treatment (25 points)

Discuss differential treatment for the case(s) you present.

Case Presentations are based on the following:

Neurocognitive Disorders; Feeding & Eating Disorders; Paraphilic Disorders; Disruptive, Impulse-Control, and Conduct Disorders; Gender Dysphoria