MHS 6071—DIAGNOSIS AND TREATMENT OF MENTAL DISORDERS

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I. COURSE DESCRIPTION:

This course provides the skills and knowledge base for: (1) the assessment of diagnosis of mental disorders utilizing the current DSM system and (2) efficacious 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 a 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 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 culture.

III. APPLICABLE PROFESSIONAL STANDARDS ADDRESSED

This course is designed to meet the following professional standards. [All Student Learning Outcomes (SLOs) are measured by midterm and final examinations.]

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 biopsychosocial 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 biopsychosocial 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, videotapes, and role-plays. In-class discussion and online assignments also will address key issues in diagnosis and treatment of mental disorders. Learning outside of the class is promoted through students’ use of online resources, including the Moodle course website. Your professional opinions and personal reactions will be invited throughout the course term and are considered a vital 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 openly express discomfort or dissatisfaction they experience throughout the course.

V. STUDENT RESPONSIBILITIES

1. Attend class regularly and participate in all classroom and online 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 one time, please consult with the instructor. Due to the reduced length of Summer A courses, more than 1 absence may incur a reduction in points by a letter grade. 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 48-hours late will incur a reduction in points by a letter grade.

VI. TEXTBOOKS

Required:
Washington, DC: Author.

*Other assigned readings will be available through UF Library ARES and/or the MOODLE course webpage.

VII. COURSE REQUIREMENTS AND FIELD EXPERIENCES

Midterm and Final Examinations: The midterm and final examinations will be primarily case-study format and multiple-choice. In addition, some exams may ask you to respond to short-answer and essay questions related to diagnostic and treatment issues. The examinations will be discussed in class and the format will be presented at least one class period prior to the examination period.

Treatment Team (Activity/Paper): In small groups, you will participate in assigned treatment team activities that require differential diagnosis and treatment. Students are expected to provide a thorough explanation of the rationale for the diagnosis and assessment of symptoms for a client with a predetermined mental disorder. A complete treatment plan must be included which describes treatment objectives, goals, and interventions to be used, following the D.O.A.C.L.I.E.N.T.M.A.P outline in the Seligman text. You will be provided a case vignette in various media (e.g., video or text) prior to the week you will facilitate treatment team. In class, you will help facilitate a diagnosis and treatment team activity, based on your case vignette. Treatment planning will be evaluated based on its accuracy and the thoroughness of the differential diagnosis and treatment discussion.

Case Presentation: There will be diagnoses that we will not formally cover in class. In small groups, you will provide a case example and differential discussion of a mental disorder not covered in class. Using role-play, popular film, or educational media, you will present a treatment team activity and provide a web resource on the course Moodle webpage. An outline for this activity is provided. The case presentation will be evaluated based on its accuracy and the thoroughness of the differential diagnosis and treatment discussion.

Reflection Activities: Students are expected to submit responses to 4 questions. These activities are generally to guide students in personal perceptions, self-awareness, and perspective-taking concerning clients with mental disorders. Reflection questions will be provided on the Canvas website on the week before they are due. Students are expected to respond to the item completely as well as support their responses using course material and/or other literature.

Class participation: You are expected to attend all class periods unless you communicate with the instructor or the TA. Class procedures include a significant amount of online discussion, large group discussion, and small group activities. In addition to attendance, there are reflection papers and online discussion boards that are tracked and summed to
provide an overall class participation score. At the end of the term, you will be asked to record your own thoughts concerning your participation in course activities.

VIII. CACREP OUTCOME-BASED PROGRAM AREA STANDARDS – SIGNATURE ASSESSMENTS

The 2009 CACREP Standards call for the documentation of student knowledge and/or skill performance of key components for all program areas. The Signature Assessments for MHS 6071 focus on the acquisition of knowledge of assessment, diversity, research, and diagnosis. Specifically, the Signature Assessments will provide evidence of your mastery of the knowledge base of diagnosis and treatment of mental disorders, with emphasis on culturally sensitive diagnosis and empirically based treatments. Therefore, the signature assessments will consist of your Midterm and Final Examinations. These examinations involve differential diagnosis, case conceptualization, treatment planning. To demonstrate mastery of the CACREP standards for Mental Health and Marriage and Family Counseling, you are expected to meet the following benchmarks:

Met= 80% or above on examinations; Exemplary=95 or above on examinations; Not met= 79% or below on examinations

VIII. EVALUATION

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

a. Midterm/Final exam: 30%
b. Case presentation: 20%
c. Treatment team: 20%
d. Reflection activities: 20%
e. Overall participation: 10%

Grades will be assigned as follows:

93%-100% = A,
90%-92% = A-, 
86%-89% = B+, 
85%-88% = B, 
70%-79% = C
## MHS 6071—Course Outline and *Proposed Schedule of Topics
### Spring 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic &amp; Activities</th>
<th>Readings &amp; Resources</th>
<th>Assignments Due</th>
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<tbody>
<tr>
<td><strong>Week 1</strong></td>
<td>A popular and personal cultural view of mental disorder: Overview of the course; Theory and practice of diagnosis and treatment</td>
<td>• Current events—Post issues related to DSM V or Diagnosis ‘in the news’&lt;br&gt;• Discussion forum will be offered each week as an extension of reflection activities in in-class participation.</td>
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<td><strong>Week 2</strong></td>
<td>Categorical models of mental disorder; Changes from DSM-IV-TR to DSM-5; history of the DSM; Glossary; ACA Podcasts</td>
<td>APA-DSM&lt;br&gt;DSM-History of the Manual&lt;br&gt;Wither DSM (Frances)&lt;br&gt;Highlights of Changes from DSM-IV-TR to DSM-5 (APA).</td>
<td>Reflection #1</td>
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<td><strong>Week 3</strong></td>
<td>Cultural, ethnic, and gender bias in diagnosis&lt;br&gt;Differential diagnosis and treatment (introduction): <em>House</em></td>
<td>DSM V-Introduction (pp. 5-17)&lt;br&gt;Association for Women in Psychology Bias in psychiatric diagnosis: Concerns about the DSM-V—*Bias in Diagnosis&lt;br&gt;Uncovering diagnostic biases&lt;br&gt;Gender &amp; DSM&lt;br&gt;Culture &amp; DSM&lt;br&gt;The DSM and its lure of legitimacy</td>
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<td><strong>Week 4</strong></td>
<td>Differential diagnosis and treatment (continued): Biopsychosocial model of diagnosis; Intake, mental status,</td>
<td>DSMV- Use of the Manual (pp. 19-25)&lt;br&gt;Seligman: Preface; Chapter 1-Introduction to Effective Treatment Planning; Chapter 10-The Future of Diagnosis and Treatment Planning; Chapter 11-DSM 5 Update.</td>
<td>Reflection #2</td>
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<td><strong>Week 5</strong></td>
<td>DO A CLIENT MAP; Cultural Formulation; [WHO-DAS; ICD-9 &amp; 10; Center for Disease Control (CDC), &amp; National Institute of Mental Disorder (NIMH)];</td>
<td>Does DSM 5 have a captive audience&lt;br&gt;The NIMH withdraws support for DSM 5&lt;br&gt;&lt;br&gt;ICD-DSM&lt;br&gt;Insurance Implications of DSM-5&lt;br&gt;WHO-DAS;</td>
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<td><strong>Week 6</strong></td>
<td>TREATMENT TEAM PRACTICE&lt;br&gt;Biological models; Psychopharmacology</td>
<td>Psychopharmacological (Biological approaches) (Archer &amp; McCarthy)</td>
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<td><strong>Week 7</strong></td>
<td>Neurodevelopmental Disorders: Autism, Asperger’s, &amp; ADHD;</td>
<td>DSM-5 Neurodevelopmental Disorders &amp; Disruptive, Impulse-Control, &amp; Conduct</td>
<td>Reflection #3</td>
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<td>Week</td>
<td>Disorder</td>
<td>Treatment Team</td>
<td>Treament Team Notes</td>
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<td>8</td>
<td>Psychotic disorders</td>
<td>Treatment Team 2</td>
<td>DSM-5 Schizophrenia Spectrum and Other Psychotic Disorders Seligman: Chapter 9-Disorders Involving Impairment in Awareness of Reality; Psychotic Disorders</td>
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<td>9</td>
<td>Mood disorders &amp; Bipolar disorders</td>
<td>Treatment Team 3</td>
<td>DSM-5 Bipolar and Related Disorders &amp; Depressive Disorders Seligman Chapter 4-Mood Disorders</td>
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<td>10</td>
<td>Substance disorders</td>
<td>Case Presentations (Treatment Team 4)</td>
<td>DSM-5 Substance-Related and Addictive Disorders Seligman: Chapter 6-Disorders of Behavior and Impulse Control; Substance Disorders</td>
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<td>11</td>
<td>Anxiety disorders, Obsessive—Compulsive,</td>
<td>Treatment Team 5</td>
<td>DSM-5 Anxiety Disorders, Obsessive-Compulsive and Related Disorders; Seligman Chapter 5-Anxiety Disorders</td>
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<td>12</td>
<td>Trauma- and Stressor-Related Disorders</td>
<td>Treatment Team 6</td>
<td>Trauma- and Stressor-Related Disorders Seligman Chapter 3-Situationally Precipitated Diagnoses &amp; Conditions</td>
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<td>13</td>
<td>Personality Disorders</td>
<td>Treatment Team 6</td>
<td>DSM-5 Personality Disorders Seligman Chapter 8-Personality Disorders</td>
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<td>14</td>
<td>Case Presentations</td>
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<td>Reflections &amp; Evaluations Treatment Team Paper</td>
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<td>15</td>
<td>Case Presentations</td>
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<td>Reflections &amp; Evaluations Final Exam</td>
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- Other activities such as guest speakers or site-based activities may be added.
- Some activities may need to be rescheduled or modified.
The treatment team activity/paper 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 three parts. We will be working on these activities in class but you will upload your final paper on Moodle. This paper in its final form should not exceed 3-4 pages.

Part I: Background on the client’s presenting issue. Provide a summary that covers the client’s biological and psychosocial context.

Part II: Provide an in-depth examination of differential diagnosis & treatment. Include cultural formulation.

D—Diagnosis
O—Objectives
A—Assessments
C—Clinician
L—Location of Treatment
I—Interventions
E—Emphasis
N—Number of people seen in treatment
T—Timing
M—Medication
A—Adjunct services
P—Prognosis

Part III: Discussion and Summary

In this section, provide a rationale for your differential diagnosis and treatment.
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 three 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. Your presentation should not exceed 20 minutes. Supplemental media, such as videotape, are not needed but are acceptable.

Part I: Diagnostic information and process. (5 points)

Present the DSM-IV criteria set(s) that are relevant to your case—not to exceed 5 minutes.

Part II: Case Example(s) (5 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 written case examples, popular film, or other media—YouTube is acceptable—not to exceed 10 minutes.

Part III: Treatment Team (10 points)

Discuss differential diagnosis and treatment for the case(s) you present—not to exceed 5 minutes.

Choose from the following mental disorders (more options may be presented in class): Mental Retardation, Learning Disorders, Tic Disorders, Elimination Disorders, Separation Anxiety, Reactive Attachment Disorder, or Early Childhood Somatoform Disorders, Factitious Disorders, Dissociative Disorders, Gender Identity Disorders, Eating Disorders, Sleep Disorders, etc.