

CEPY 5270 Diagnosis and Treatment Planning
Fall 2022
Thursdays 4:45-7:15, O'Donnell Hall 233

I. INSTRUCTOR

Instructor Information

Lisa S. Peterson, PhD, NCSP, HSP, LP

Email Preference.

lisapete@nmsu.edu

Phone Number or Contact Information

575-646-2868

Office

O'Donnell Hall 201E

Office Hours

Thursdays 12:00-4:00 in person, via phone, or via Zoom at <https://nmsu.zoom.us/j/2520142919>.

Please reach out before joining to Zoom to ensure availability. You are welcome to set up an appointment with me if you are unable to attend office hours.

I will respond to emails and phone calls within 24 hours Monday-Friday; emails received on weekends may not be responded to until Monday.

II. COURSE

Course Textbooks/materials:

American Psychiatric Association (2022). *Diagnostic and statistical manual of mental disorders, Fifth Edition Text Revision (DSM-5 TR)*. Washington, DC: Author. ISBN: 78-0-89042-576-3

Morrison, J. (2015). *DSM-5 made easy: The clinician's guide to diagnosis*. New York: Guilford Press. ISBN: 9781462514427

Recommended

Barlow, D.H. (2021). *Clinical handbook of psychological disorders, 6th Edition*. Guilford Press. ISBN: 1462547044

Bonfini, J.E. & Ventura, E.M. (2021). *Casebook for DSM-5, 2nd Edition*. Springer. ISBN: 978-0-8261-8633-1

Yongstrom, E.A., Prinstein, M.J., Mash, E.J., & Barkley, R. A., (2022). *Assesment of disorders in childhood and adolescence, 5th Edition*. Guilford Press. ISBN: 978-1462550289

Required readings (available on Canvas under Files→ Articles):

Abel, K.M., Drake, R., & Goldstein, J.M. (2010). Sex differences in schizophrenia. *International Review of Psychiatry*, 22(5), 417-428. <https://doi.org/10.3109/09540261.2010.515205>

Bachrach, R. L., & Chung, T. (2021). Moderators of substance use disorder treatment for adolescents. *Journal of Clinical Child and Adolescent Psychology*: 50(4), 498–509. <https://doi.org/10.1080/15374416.2020.1790379>

Becker, A.E. (2004). Television, disordered eating, and young women in Fiji: Negotiating body image and identity during rapid social change. *Culture, Medicine, and Psychiatry*, 28(4), 533-559. <https://doi.org/10.1007/s11013-004-1067-5>

- Burkett, K., Morris, E., Manning-Courtney, P., Anthony, J., & Shambley-Ebron, D. (2015). African American families on autism diagnosis and treatment: the influence of culture. *Journal of Autism and Developmental Disorders*, 45(10), 3244–3254. <https://doi.org/10.1007/s10803-015-2482-x>
- Canino, G., Polanczyk, G., Bauermeister, J.J., Rohde, L.A., & Frick, P. (2010). Does the prevalence of ODD and CD vary across cultures? *Social Psychiatry and Epidemiology*, 45(7), 695-704. <https://doi.org/10.1007/s00127-010-0242-y>
- Cano, M.A., Schwartz, S.J., Castillo, L.G., Romero, A.J., Huang, S., et al. (2015). Depressive symptoms and externalizing behaviors among Hispanic immigrant adolescents: Examining longitudinal effects of cultural stress. *Journal of Adolescence*, 42, 31-39. <https://doi.org/10.1016/j.adolescence.2015.03.017>
- Echs, S. (2016). The strange absence of things in the “culture” of the DSM-V. *Canadian Medical Association Journal*, 188(2), 142-143. <https://doi.org/10.1503/cmaj.150268>
- Fortunato, A., Giovanardi, G., Innocenzi, E., Mirabella, M., Caviglia, G., Lingiardi, V., & Speranza, A.M. (2022) Is It autism? A critical commentary on the co-occurrence of gender dysphoria and autism spectrum disorder, *Journal of Homosexuality*, 69(7), 1204-1221. <https://doi.org/10.1080/00918369.2021.1905385>
- Fried, E.I., Eidhof, M.B., Palic, S., Costantini, G., Huisman-van Dijk, H.M., et al. (2018). Replicability and generalizability of posttraumatic stress disorder (PTSD) networks: A cross-cultural multisite study of PTSD symptoms in four trauma patient samples. *Clinical Psychological Bulletin*, 6(3), 335-351. <https://doi.org/10.1177/2167702617745092>
- Goldstein, B.I., Birmaher, B., Carlston, G.A., DelBello, M.P., Findling, R.L., et al (2017). The International Society for Bipolar Disorders Task Force report on pediatric bipolar disorder: Knowledge to date and directions for future research. *Bipolar Disorders*, 19(7), 524-543. <https://dx.doi.org/10.1111/bdi.12556>
- Gordon, K., Brattole, M.M., Wingate, L.R. & Joiner Jr., T.E. (2006). The impact of client race on clinician detection of eating disorders. *Behavior Therapy*, 37(4), 319-325. <https://doi.org/10.1016/j.beth.2005.12.002>
- Greene, T., El-Leithy, S., Billings, J., Albert, I., Birch, J., Campbell, M., Ehntholt, K., Fortune, L., Gilbert, N., Grey, N., Hana, L., Kennerley, H., Lee, D., Lunn, S., Murphy, D., Robertson, M., Wade, D. Brewin, C.R., & Bloomfield, M.A.P. (2022) Anticipating PTSD in severe COVID survivors: the case for screen-and-treat. *European Journal of Psychotraumatology*, 13(1), 1-5. <http://doi.org/10.1080/20008198.2021.1959707>
- Hillman, A., & Latimer, J. (2017). Cultural representations of dementia. *PLoS Medicine*, 14(3). 1-4. <https://dx.doi.org/10.1371/journal.pmed.1002274>
- James, H. A., Chang, A. Y., Imhof, R. L., Sahoo, A., Montenegro, M. M., Imhof, N. R., Gonzalez, C. A., Lteif, A. N., Nippoldt, T. B., & Davidge-Pitts, C. J. (2020). A community-based study of demographics, medical and psychiatric conditions, and gender dysphoria/incongruence treatment in transgender/gender diverse individuals. *Biology of Sex Differences*, 11(1), 55. <https://doi.org/10.1186/s13293-020-00332-5>
- Junger, J., Habel, U., Brohr, S., Neulen, J., Neuschaefer-Rube, C., et al. (2014). More than just two sexes: The neural correlates of voice gender perception in gender dysphoria. *PLoS ONE*, 9(11), 1-12. <https://doi.org/10.1371/journal.pone.0111672>

- Leighton, A.H. & Hughes, J.M. (2005). Cultures as a causative of mental disorder. *The Milbank Quarterly*, 83 (4), 1-22. <https://dx.doi.org/10.1111%2Fj.1468-0009.2005.00424.x>
- Maura, J. & Weisman de Mamani, A. (2017). Culturally adapted psychosocial interventions for schizophrenia: A review. *Cognitive and Behavioral Practice*, 24(4), 445-458. <https://doi.org/10.1016/j.cbpra.2017.01.004>
- McCabe, K. M., Yeh, M., & Zerr, A. A. (2020). Personalizing behavioral parent training interventions to improve treatment engagement and outcomes for culturally diverse families. *Psychology Research and Behavior Management*, 13, 41–53. <https://doi.org/10.2147/PRBM.S230005>
- McGilloway, A., Hall, R.E., & Bhui, K.S. (2010). A systematic review of personality disorder, race and ethnicity: prevalence, aetiology and treatment. *BioMed Central Psychology*, 10 (33), 1-14. <https://doi.org/10.1186/1471-244X-10-33>
- Nam, E., Matejkowski, J., & Lee, S., (2016). Racial/ethnic differences in contemporaneous use of mental health and substance use treatment among individuals experiencing both mental illness and substance use disorders. *Psychiatry Quarterly*, 88(1), 185-198. <https://doi.org/10.1007/s11126-016-9444-0>
- Phillips, G. & Raskin, J.D. (2021). A primer for clinicians on alternatives to the Diagnostic and Statistical Manual of Mental Disorders. *Professional Psychology: Research and Practice*, 52(2), 91-103. <http://dx.doi.org/10.1037/pro0000327>
- Pirutinsky, S., Rosmarin, D.H., & Pargament, K.I. (2009). Community attitudes towards culture-influenced mental illness: Scrupulousity vs nonreligious OCD among Orthodox Jews. *Journal of Community Psychology*, 37(8), 949-958. <https://doi.org/10.1002/jcop.20341>
- Ratana, R., Sharifzadeh, H., Krishnan, J., & Pang, S. (2019). A comprehensive review of computational methods for automatic prediction of schizophrenia with insight into Indigenous populations. *Frontiers in Psychiatry*, 10, 659. <https://doi.org/10.3389/fpsy.2019.00659>
- Reed, G. M., First, M. B., Billieux, J., Cloitre, M., Briken, P., Achab, S., Brewin, C. R., King, D. L., Kraus, S. W., & Bryant, R. A. (2022). Emerging experience with selected new categories in the ICD-11: complex PTSD, prolonged grief disorder, gaming disorder, and compulsive sexual behaviour disorder. *World Psychiatry*, 21(2), 189–213. <https://doi.org/10.1002/wps.20960>
- Roscio, A.M., Hallion. L.S., Lim, C.C.W., Aguilar-Gaxiola, S., Al-Hamzawi, A., et al (2017). Cross-sectional comparison of the epidemiology of DSM-5 generalized anxiety disorder across the globe. *JAMA Psychiatry*, 4(5). 465-475. <https://doi.org/10.1001/jamapsychiatry.2017.0056>
- Wamulugwa, J., Kakooza, A., Kitaka, S.B., Nalugya, J., Kaddumukasa, M., et al. (2017). Prevalence and associated factors of attention deficit hyperactivity disorder (ADHD) among Ugandan children; a cross-sectional study. *Child and Adolescent Psychiatry and Mental Health*, 11 (18), 1-7. <https://doi.org/10.1186/s13034-017-0155-6>

Online Resources:

- American Psychiatric Association, DSM-5 TR Materials
 - <https://www.psychiatry.org/psychiatrists/practice/dsm>

- <https://psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-tr-fact-sheets>
- American Counseling Association DSM 5 Resources
 - <https://www.counseling.org/knowledge-center/dsm-5>

****Please note that none of the above nor other online resources are suitable replacements for the DSM-5 TR itself. Treatment information through the American Psychiatric Association website is for informational purposes only.**

Course Description

Appraisal and conceptualization of mental disorders and other problems through diagnostic interviewing using the DSM-5 TR. Treatment planning for counseling with children, adolescents, and adults.

Prerequisites

Restricted to majors. Students are expected to be familiar with APA style.

Course Delivery Method

We will meet every Thursday from 4:45 to 7:15 PM in O'Donnell Hall Room 233 . It is required that you complete the readings related to the material being covered that day. The instructional format will include lecture, discussion, demonstration, practice, writing, feedback, and readings. While attendance isn't graded, to get the most out of this class you should attend each week and participate in all discussions and activities.

Course Organization

All assignments, as well as files used in the course, will be found on Canvas. This does not include your required textbooks. Students are expected to check the Announcements section regularly for updates. Any files used in the course, including articles, mini-lectures, and PowerPoints, will be available in the Files section. Discussions will be posted each week under the Discussions section. All assignments are posted on Canvas and are expected to be turned in there as well.

III. GOALS/OBJECTIVES

COURSE GOALS/OBJECTIVES

At the completion of this course, students should have an understanding of all the following aspects:

- Understand the DSM-5 TR as the current representation of a changing classification model and its application for the diagnosis of children, youth, and adults.
- Acquire knowledge of the history, structure, and statistical/epidemiological underpinnings of the DSM, including recognizing the potential cultural and other biases, and ethical uses involved in the DSM as a diagnostic system.
- Learn specific principles and models of biopsychosocial assessments, case conceptualization, and theories of adaptive/optimal human/systems development related to concepts of psychopathology, toward assessment and diagnoses of mental health status and appropriate treatment planning.

- Become familiar with the significant areas of empirical investigation concerning mental health and disorders and understand the role of theory and how it relates to the empirical investigation regarding mental health and disorders.
- Appreciate the potential abuse of diagnostic classification as a means of social control, in general, and its significance for vulnerable populations in particular.
- Understand the role of psychologists and other mental health professionals in advocating for social justice for families and individuals with mental illness.
- Develop the ability to identify, utilize, and evaluate pertinent empirical literature as regards diagnostic, psychopharmacologic, and treatment design considerations.

At the completion of this course, students should have an understanding of and demonstrate the following knowledge, skills, and practices as outlined in the 2016 CACREP Standards:

ENTRY-LEVEL SPECIALTY AREAS SECTION 5: CLINICAL MENTAL HEALTH COUNSELING 1. FOUNDATIONS	
CACREP Standard	Corresponding Course Assignment
5.C.1.d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders	<ul style="list-style-type: none"> • Discussion post • Final exam
ENTRY-LEVEL SPECIALTY AREAS SECTION 5: CLINICAL MENTAL HEALTH COUNSELING 2. CONTEXTUAL DIMENSIONS	
5.C.2.b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	<ul style="list-style-type: none"> • Discussion posts • Case studies • Final 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)	<ul style="list-style-type: none"> • Discussion posts • Case studies • Final exam
5.C.2.e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	<ul style="list-style-type: none"> • Discussion post • Final exam
5.C.2.f. impact of crisis and trauma on individuals with mental health diagnoses	<ul style="list-style-type: none"> • Discussion post
5.C.2.h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation	<ul style="list-style-type: none"> • Case studies • Final exam

IV. STUDENT SUPPORT

Please visit <https://provost.nmsu.edu/faculty-and-staff-resources/syllabus/policies> for university policies and student services, including Discrimination and Disability Accommodation, academic misconduct, student services, final exam schedule, grading policies and more. This link is available on the side menu of every canvas page under "Syllabus Student Resources & Policy".

Technical Support

The ICT Customer Service Center is equipped to deal with all of your information technology (IT) and telecommunications needs at NMSU. Please feel free to contact them at (575) 646-1840 or via email at helpdesk@nmsu.edu. You can also go to the Student Technology Help [Student Technology Help](#) web page and Student Resources located on the Canvas web page for additional information on Canvas.

V. GRADING/ASSIGNMENTS

Grading Policy

Assignment	Points		Grading Scale	
Discussion posts (10 points each)	130		99-100	A+
Reaction Papers (20 points each)	40		90-98	A
Case Conceptualizations (25 points each)	100		80-89	B
Final Exam	50		70-79	C
			60-69	D
Total	320		Below 60	F

Assignments

Discussion Posts (130 points): In order to demonstrate effective communication and interpersonal skills as well as knowledge and understanding of mental disorders, 2-3 discussion questions will be posted weekly regarding the assigned readings. Respond to each discussion question with a one half-page answer. Your responses should refer to the assigned readings at minimum; however, your responses also can contain information gathered from personal and professional experiences as well as outside readings. You will also be required to post thoughtful replies to two other students' posts. A thoughtful reply is something that adds to the conversation, as opposed to a comment such as "interesting" or "good post". See Canvas for the discussion questions. **Discussion questions will be posted by Friday every week and you are expected to post your responses by Wednesday and respond to your classmates by the beginning of class of Thursday.** Discussion posts will begin on the second week of class (posted August 19st) and will end the week before Thanksgiving, with the final post due November 1th.⁷

Reaction Papers (40 points): Students will be required to write brief (2 pages, double-spaced, 1-inch margin) papers that should cover the following aspects:

- A brief summary of the key points (in your own words), take-home messages, or thoughts you have from reading the articles/readings assigned over the previous two weeks. A combination of key points & personal reflections is appropriate. (16 points)
- Two questions related to the assigned readings or lecture topic that you think is important for us to discuss in class. (4 points)

A guiding question will be provided to ensure that the paper is focused on the correct content.

Case Conceptualizations (100 points): Students will work on four (4) cases provided by the instructor. The students will be expected to provide a diagnosis, defend their decision, and create a treatment plan for each case. In the diagnosis process students will discuss developmental and cultural considerations. Specific guidelines and a grading rubric are provided through Canvas and on page 10.

Final Exam (50 points): A final exam consisting of vignettes will be given to assess overall knowledge of diagnosis and treatment.

VI. COURSE SCHEDULE

Course Schedule

Date	Topic/Activity	Reading/Assignment Due
8/18	Course Introductions & Overview	Course Syllabus
8/25	DSM 5: Basics, Emerging Measures and Models	DSM-5 TR Sections I & III Phillips & Raskin (2021)
9/1	Developmental & Cultural Considerations in Diagnosis	DSM-5 TR Section III: Cultural Formations Leighton & Hughes (2005) Echs (2016)
9/8 (online)	Diagnostic Interview & Mental Status Exam; Differential Therapeutics & Treatment Planning	Reaction Paper #1 Due APA (2012) Resolution on the Recognition of Psychotherapy Effectiveness
9/15	Neurodevelopmental Disorders	DSM-5 TR Corresponding chapter Burkett et al (2015) Wamulugwa et al (2017)
9/22	Schizophrenia Spectrum & Other Psychotic Disorders	Reaction Paper #2 Due DSM-5 TR Corresponding Chapter Ratana et al (2019) Maura & Weisman de Mamani (2017) Abel et al (2010)
9/29	Bipolar and Related Disorders Depressive Disorders	DSM-5 TR Corresponding Chapters Goldstein et al (2017) Cano et al (2015)
10/6	Anxiety Disorders Obsessive-Compulsive and Related Disorders	Case Conceptualization #1 DSM-5 TR corresponding chapters Ruscio et al (2017) Piruntinsky et al (2009)
10/13	Trauma and Stressor Related Disorders	DSM-5 TR Corresponding chapters

	Dissociative Disorders Somatic Symptoms and Related Disorders	Greene et al (2022) Fried et al (2018)
10/20	Sexual Dysfunctions Paraphillic Disorders Gender Dysphoria	Case Conceptualization #2 DSM-5 TR corresponding chapters Fortunado et al (2022) James et al (2020) Junger et al (2014)
10/27	Feeding and Eating Disorders Elimination Disorders Sleep-Wake Disorders	DSM-5 TR Corresponding chapters Becker (2004) Gordon et al (2006)
11/3	Disruptive, Impulse Control, and Conduct Disorders	Case Conceptualization #3 DSM-5 TR Corresponding chapters McCabe et al (2020) Canino et al (2010)
11/10	Substance-Related and Addictive Disorders	DSM-5 TR Corresponding Chapters Nam, Matejokowski, & Lee (2016) Bahrach & Chung (2021)
11/17	Personality Disorders Alternative DSM-5 Model for Personality Disorders	Case Conceptualization #4 DSM-5 TR Corresponding chapters Ronningstam et al (2018) McGilloway, Hall, & Bhui (2010)
11/24	Fall Break	
12/1	Neurocognitive Disorders Other Mental Disorders Medication-Induced Movements and other Adverse Effects Other Conditions that may be a Focus of Clinical Attention	DSM-5 TR Corresponding chapters Reed et al (2022) Hillman & Latimer (2017)
12/8	Final examination	Final Exam

Syllabus Modifications Statement

The instructor reserves the right to make changes to the syllabus in order to enhance your learning experience. Students will be notified of such changes during class and in writing.

VII. POLICIES

Communication

I will send urgent and regular communication to all students using the Announcements tool in Canvas. It is a requirement in this class that you set your New Announcements in Notifications to “Right Away” to ensure that you receive any announcements. (Go to Profile>Notifications, find for new announcements and set to Right Away).

Grading and Feedback

I will make an effort to provide grades within 7 days from the date the assignment was submitted. Assignments will be submitted electronically via Canvas and feedback/grades will be

provided using the Speed Grader application. The instructor will inform students via Announcements on Canvas if she anticipates any delay in providing feedback/grades.

Late Work

All assignments must be completed on time and are due on the day indicated. Turning in assignments late will also result in delayed feedback and could impact grades on subsequent assignments. Students are responsible to contact the instructor to discuss missed assignments. In case of documented illness or crisis arrangements can be made with the instructor to minimize this penalty or obtaining an incomplete in the course. **A 5% penalty will be given for each day an assignment is late.**

Incomplete Grades

The grade of "I" may only be assigned if the student is unable to complete the course due to circumstances beyond the student's control that develop after the last day to withdraw from the course. If an "I" grade is assigned, all assignments are expected to be completed by the end of the summer session.

.

Case Conceptualization Grading Rubric

<u>Criteria</u>	<u>Points</u>
<i>Background Information</i> Provide an overview of client's background information to include developmental, medical, family, school history and other relevant data when applicable.	/1
<i>Presenting Concerns/Symptoms</i> Clearly and concisely provide an overview of the presenting symptoms/problem behaviors based on the background information provided.	/2
<i>Diagnosis and Rationale</i> <ul style="list-style-type: none">• Clearly and concisely identify a diagnosis based on the client's information background information and provide a rationale for the diagnosis (6pts)• Discuss three differential diagnoses and reasons for rule-out (3pts)• Identify atypical or contradictory information (2pts)• Discuss developmental and cultural considerations involved in the diagnosis process. (4pts)	/15
<i>Summary of DSM-5 TR</i> Summarize DSM-5 TR diagnosis including primary diagnosis, level of functioning, etc. The diagnosis must be written using the correct code(s).	/2
<i>Treatment Plan</i> Clearly and effectively articulate immediate, short-term, and long-term goals for treatment based on selected diagnosis.	/5
<i>Total</i>	/25

Additional Comments:

COVID-19 Expectations and the Crimson Commitment

You are expected to comply with all university requirements and expectations regarding mask-wearing, vaccination, and reporting of a positive test, or you should not enroll in in-person course sections. Please do not come to class if you are feeling sick; communicate with your instructor about making up any missed classes.

Masks welcome and encouraged for all students

All students, regardless of vaccination status, are welcome to wear a mask while indoors on any NMSU system campus. Any changes or updates to this guidance will be posted online at now.nmsu.edu.

Vaccination requirements

Unless you are enrolled in exclusively online courses and will not be on campus for any reason, you must provide proof of COVID-19 vaccination or request an exemption through [Med+Proctor](#). More information about how to submit your proof of vaccination or proof of testing is available at https://studenthandbook.nmsu.edu/immunizations/immunization_policies1.html.

The Crimson Commitment

All students should follow the Crimson Commitment. Your commitment states:

I commit to myself and other Aggies. I will:

- ✓ **Get vaccinated** for COVID-19 if I am enrolled in any in-person or hybrid courses, or if I will be on campus for any reason
- ✓ **Monitor myself** for symptoms of COVID-19
- ✓ **Report to the Aggie Health & Wellness Center** or another medical professional if I have symptoms of COVID-19 or other communicable illness
- ✓ **Wash my hands** often with soap and water and/or use hand sanitizer
- ✓ **Wear a mask** if I choose to, or as directed by the latest university guidance
- ✓ **Stay home if I feel ill** or have been around someone ill
- ✓ **Report a positive case** online at now.nmsu.edu and participate in contact tracing if called
- ✓ **Keep up to date with the latest guidance** from experts at NMSU, the NM Department of Health, and the CDC.

I will abide by these practices throughout the year:

- ✓ I will not use mask-wearing to discriminate against my classmates, instructors, or NMSU staff members in any way.
- ✓ I will follow instructions regarding seating in campus classrooms.
- ✓ If I am unable to attend an in-person class session due to symptoms of COVID-19 or another illness, I will communicate with my instructor ahead of time.

If I am unwilling to comply with COVID-safe practices:

- ✓ I will talk to my academic advisor about enrolling in online course sections, if available, or disenrolling from fall coursework. (Disenrolling will impact financial aid, housing, etc.)

Stay informed about COVID-19 at NMSU

You can find more information about the NMSU system's COVID-19 response at now.nmsu.edu. In addition, updates are available to students and families through many communication channels. Links to visit or subscribe are available at now.nmsu.edu/plan/communication-and-information-sharing.html.