



College of Education and Human Development

Counseling & Development
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<http://gse.gmu.edu/counseling/>

**EDCD 656 001: Diagnosis and Treatment Planning for Mental Health
Professionals (3:3:0)
Spring 2015
Mondays 7:20 pm-10 pm
Krug Hall 107**

Instructor: Judy A. Stone, Ed.D.

Office hours: By appointment

Office location: TBA, Fairfax campus

Office phone:

Email address: jstoned@gmu.edu

COURSE DESCRIPTION:

A. Prerequisites/Corequisites

Admission to CNDV program; 603 (course may be taken concurrently)

B. University Catalog Course Description

Reviews diagnostic criteria associated with mental illness, emphasizes the cultural component of mental illness, and helps students develop written plans and simulate implementation for overall diagnosis and treatment of clients and their families.

C. Expanded Course Description

This course introduces students to fundamental concepts in the classification of psychopathology as well as the clinical interviewing skills necessary to apply DSM-5 diagnoses to clients in a sound and ethical manner. The course incorporates an explicit focus on the role of race and culture in diagnosis and treatment. The course will introduce students to formulating treatment plans utilizing the accepted standards of care in the fields of mental health counseling, clinical and counseling psychology and psychiatry. Finally, the course will focus on clinician self-awareness as a critical dimension in accurate diagnosis and effective treatment planning. Course materials will be delivered in a variety of methods including lecture, required readings, research activities and visual media.

LEARNER OUTCOMES or OBJECTIVES:

This course is designed to enable students to:

1. Use the DSM-5 diagnostic decision trees for diagnosis purposes.
2. Present diagnosis in the model outlined in the DSM-5.
3. Understand mental illness from a multi-cultural and multi-disciplinary perspective.
4. Conduct an efficient first interview with a client and gather the necessary information for initial formulation of a treatment plan and a comprehensive understanding of the client and presenting problem.
5. Write a treatment plan for client that includes measurable goals, objective, cultural considerations and that incorporates advocacy as an intervention.
6. Be able to write effectively about that case to convey information to other practitioners.
7. Understand the role of clinical formulation in treatment planning.
8. Have an understanding of how a clinician's personal worldview and cultural socialization might impact their approach to diagnosis and treatment planning.

PROFESSIONAL STANDARDS (American Counseling Association):

The syllabi of all courses taught at the university are designed to meet the specifications of a Specialty Professional Association. The professional association used for the development of this course is from the American Counseling Association (ACA). The code of Ethics and Standards of Care for ACA delineates ethical practice and the following section demonstrates the basis for this course.

Section E, Evaluation, Assessment and Interpretation

E.5. Proper Diagnosis of Mental Disorder

- a. Proper Diagnosis: All counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g. locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used (See A.3.a and C.5.c).
- b. Cultural Sensitivity. Counselors recognize that culture affects the manner in which client's problems are defined. Client's socioeconomic and cultural experience is considered when diagnosing mental disorders.

REQUIRED TEXTS:

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (5th ed). Arlington, VA: Author.

Nussbaum, A. M. (2013). The pocket guide to the DSM-5 diagnostic exam. Arlington, VA: American Psychiatric Association.

Jongsma, A. E., Peterson, L. M., & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner*. Hoboken, NJ: John Wiley & Sons, Inc.

Required Readings on Electronic Reserve (Available at <http://library.gmu.edu>; select the Reserves tab and then enter the course info and password):

Castillo, R. J. (1997). Why culture?. In *Culture and mental illness: A client centered approach* (pp. 3-24). Boston, MA: Brooks/Cole.

Castillo, R. J. (1997). Culture & clinical reality. In *Culture and mental illness: A client centered approach* (pp. 25-38). Boston, MA: Brooks/Cole.

Castillo, R. J. (1997). Culture and personality. In *Culture and mental illness: A client centered approach* (pp. 39-54). Boston, MA: Brooks/Cole.

COURSE ASSIGNMENTS AND EXAMINATIONS:

Two Treatment Plans- DUE 2/23/14 & 4/13/14

An essential element of this course is the ability of the student to be able to formulate and plan for the treatment of the client. You will be required to complete two formal treatment plans. Detailed instructions, case vignettes, and grading rubric will be provided. You will be given feedback on the first treatment plan, which you should incorporate when completing the second treatment plan. The second treatment plan is a C&D required performance-based assessment, which will be entered into TaskStream (see below). Continuation in the program may be contingent on satisfactory performance on this assessment.

Reaction Paper to Castillo Chapters (Electronic reserve readings 1-3)- DUE 3/30/14

After reading the three Castillo chapters available on electronic reserve, write a 1-2 page reaction paper on the chapters. What were your reactions, thoughts, and feelings in response to the content? What new ideas do you have about the way that culture influences mental illness? How will the content in these chapters impact your diagnosing and treatment planning as a counselor?

In-class Role Play and Disorder Information Sheet- DUE dates will be assigned

The class will be split up into triads. Each triad will be assigned a date in which they will perform an 8- 10 minute role-play in front of the class demonstrating a partial diagnostic interview of a specific disorder (disorder will be assigned by instructor). One group member will play the client, one will play the counselor, and the third group member will facilitate the class debriefing after the role-play. Debriefing should focus on what additional information the class would like to gather from the client, discussion of the diagnosis, and thoughts regarding the treatment plan.

In addition to the role-play, the group will create an information sheet for their assigned disorder that will be disseminated to the class following the role-play (bring copies for the class). The information sheet should include the following sections and should be no longer than 2 pages:

Recommended Therapeutic Modalities: Research the types of therapies that are most commonly used/recommended for the disorder and list them in this section (i.e., CBT, DBT, etc).

Commonly Used Medications (if any): Research the medications that are most commonly prescribed for the disorder and list them in this section.

Resources for Counselors: Research professional resources that would be helpful to counselors working with clients with this disorder. The resources could be books, journal articles, or other scholarly sources.

Resources for Clients: Lastly, it is very important that we are able to provide our clients with additional resources that may be useful for them. Research potential client resources associated with your assigned disorder. These resources may include self-help books or other books written for the general public, websites, support groups (in-person/online), organizations, etc.

**Take-home Final Exam (open book/notes)-
DUE 5/11/15**

Class Participation

Attendance, arriving to class on time, and actively participating in class discussions and activities are all included in the participation grade. In order to get an A or A- for class participation you must attend all scheduled classes.

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| Two Treatment Plans | 20 points (10 points each) |
| Reaction Paper | 15 points |
| In-class Role Play/Debrief | 10 points |
| Disorder Information Sheet | 10 points |
| Take-home Final | 25 points |
| Class participation | <u>20 points</u> |
| Total | 100 points |

A = 100-97; A- = 96-94; B+ = 93-91; B = 90-87; B- = 86-84, C = 83-80; F = below 79

Late Assignments:

Late assignments will result in a point reduction.

Attendance Policy:

C&D attendance policy states that more than one unexcused absence will result in course failure. Excused absences are approved at the discretion of the instructor, but are rare and require documentation.

TASKSTREAM REQUIREMENTS

Every student registered for any Counseling & Development course with a required performance-based assessment is required to submit this assessment, Treatment Plan #2 to TaskStream (regardless of whether a course is an elective, a onetime course or part of an undergraduate minor). Evaluation of the performance-based assessment by the course

instructor will also be completed in TaskStream. Failure to submit the assessment to TaskStream will result in the course instructor reporting the course grade as Incomplete (IN). Unless the IN grade is changed upon completion of the required TaskStream submission, the IN will convert to an F nine weeks into the following semester.

George Mason University Policies and Resources for Students

- Academic integrity (honor code, plagiarism) – Students must adhere to guidelines of the George Mason University Honor Code [See <http://oai.gmu.edu/the-mason-honor-code/>].
- Mason Email – Students are responsible for the content of university communications sent to their George Mason University email account and are required to activate their account and check it regularly. All communication from the university, college, school, division, and program will be sent to students solely through their Mason email account.
- Students must follow the university policy for Responsible Use of Computing [See <http://universitypolicy.gmu.edu/policies/responsible-use-of-computing/>].
- Counseling and Psychological Services – The George Mason University Counseling and Psychological Services (CAPS) staff consists of professional counseling and clinical psychologists, social workers, and counselors who offer a wide range of services (e.g., individual and group counseling, workshops, and outreach programs) to enhance students' personal experience and academic performance [See <http://caps.gmu.edu/>].
- Office of Disability Services – Students with disabilities who seek accommodations in a course must be registered with the George Mason University Office of Disability Services (ODS) and inform their instructor in writing at the beginning of the semester <http://ods.gmu.edu/>.
- Students must follow the university policy stating that all sound emitting devices shall be turned off during class unless otherwise authorized by the instructor.
- The Writing Center (Optional Resource) – The George Mason University Writing Center staff provides a variety of resources and services (e.g., tutoring, workshops, writing guides, handbooks) intended to support students as they work to construct and share knowledge through writing [See <http://writingcenter.gmu.edu/>].
- University Libraries (Optional Resource) – The George Mason University Libraries provide numerous services, research tools, and help with using the library resources [See <http://library.gmu.edu/>].

PROFESSIONAL DISPOSITIONS

Students are expected to exhibit professional behaviors and dispositions at all times.

CORE VALUES COMMITMENT

The College of Education & Human Development is committed to collaboration, ethical leadership, innovation, research-based practice, and social justice. Students are expected to adhere to these principles: <http://cehd.gmu.edu/values/>.

For additional information on the College of Education and Human Development, Graduate School of Education, please visit our website <http://gse.gmu.edu/>.

PROPOSED CLASS SCHEDULE:

| Date | Topics | Readings/Assignments Due |
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| 1/26/15 | Introductions Review of Syllabus Expectations & Cautions Reflections on Experiences of Mental Illness | |
| 2/2/15 | Introduction to Assessment & Diagnosis History of the DSM Introduction to Use of the DSM-5 Treatment Planning Overview | DSM-5- pp. 19-24 Pocket Guide- pp. 3-31 Tx Planner- Introduction |
| 2/9/15 | Depressive Disorders <ul style="list-style-type: none"> - Disruptive Mood Dysregulation D/O - Major Depressive D/O - Persistent Depressive D/O (Dysthymia) - Other Specified Depressive D/O - Unspecified Depressive D/O Role-Play Triad 1: _____ | DSM-5- pp. 155-188 Pocket Guide- pp. 77-81 Tx Planner- Unipolar Depression; Low Self Esteem |
| 2/16/15 | Bipolar & Related Disorders <ul style="list-style-type: none"> - Bipolar I D/O - Bipolar II D/O - Cyclothymic D/O - Other Specified Bipolar and Related D/O - Unspecified Bipolar and Related D/O Role-Play Triad 2: _____ | DSM-5- pp. 123-154 Pocket Guide- pp. 72-76 Tx Planner- Bipolar Disorder – Depression; Bipolar Disorder-Mania |
| 2/23/15 | Anxiety Disorders <ul style="list-style-type: none"> - Separation Anxiety D/O - Specific Phobia - Social Anxiety D/O (Social Phobia) - Panic D/O - Agoraphobia - Generalized Anxiety D/O - Other Specified Anxiety D/O - Unspecified Anxiety D/O Role-Play Triad 3: _____ | DSM-5- pp. 189-233 Pocket Guide- pp. 82-86 Tx Planner- Anxiety; Phobia; Panic/Agoraphobia DUE: Treatment Plan #1 |
| 3/2/15 | Obsessive-Compulsive and Related Disorders <ul style="list-style-type: none"> - Obsessive-Compulsive D/O - Body Dysmorphic D/O - Hoarding D/O - Trichotillomania (Hair Pulling D/O) - Excoriation (Skin-Picking) D/O - Other Specified Obsessive-Compulsive and Related D/O - Unspecified Obsessive-Compulsive and Related D/O Role-Play Triad 4: _____ | DSM-5- pp. 235-264 Pocket Guide- pp. 87-89 Tx Planner- Obsessive-Compulsive Disorder (OCD) Required Reading 1 |
| 3/9/15 | Spring Break- NO CLASS | |

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| 3/16/15 | <p>Trauma and Stressor-Related Disorders</p> <ul style="list-style-type: none"> - Posttraumatic Stress D/O - Acute Stress D/O - Adjustment D/O's - Other Specified Trauma- and Stressor-Related D/O - Unspecified Trauma- and Stressor-Related D/O <p>Role-Play Triad 5: _____</p> | <p>DSM-5- pp. 265-290 Pocket Guide- pp. 90-94 Tx Planner- Posttraumatic Stress Disorder (PTSD); Childhood Trauma; Phase of Life Problems; Type A Behavior Required Reading 2</p> |
| 3/23/15 | <p>Schizophrenia Spectrum and Other Psychotic Disorders</p> <ul style="list-style-type: none"> - Schizotypal (Personality) D/O - Delusional D/O - Brief Psychotic D/O - Schizophreniform D/O - Schizophrenia - Schizoaffective D/O - Other Specified Schizophrenia Spectrum and Other Psychotic D/O - Unspecified Schizophrenia Spectrum and Other Psychotic D/O <p>Role-Play Triad 6: _____</p> | <p>DSM-5- pp. 87-122 Pocket Guide- pp. 68-71 Tx Planner- Psychoticism; Paranoid Ideation Required Reading 3</p> |
| 3/30/15 | <p>Neurodevelopmental Disorders</p> <ul style="list-style-type: none"> - Autism Spectrum D/O - Attention-Deficit/Hyperactivity D/O - Specific Learning Disorder <p>Role-Play Triad 7: _____</p> | <p>DSM-5- pp. 31-86 Pocket Guide- pp. 59-67 Tx Planner- Attention Deficit Disorder (ADD) Adult</p> <p>DUE: Reaction Paper to Castillo Chapters</p> |
| 4/6/15 | <p>Disruptive, Impulse-Control, and Conduct Disorders</p> <ul style="list-style-type: none"> - Oppositional Defiant D/O - Intermittent Explosive D/O - Conduct D/O - Antisocial Personality D/O - Pyromania - Kleptomania - Other Specified Disruptive, Impulse-Control, and Conduct D/O - Unspecified Disruptive, Impulse-Control, and Conduct D/O <p>Other Conditions That May Be a Focus of Clinical Attention</p> <p>Role-Play Triad 8: _____</p> | <p>DSM-5- pp. 461-480; 715-727 Pocket Guide- pp. 124-128; 180-189 Tx Planner- Impulse Control Disorder; Antisocial Behavior; Anger Control Problems</p> |
| 4/13/15 | <p>Personality Disorders</p> | <p>DSM-5- pp. 645-684</p> |

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| | <ul style="list-style-type: none"> - Cluster A Personality D/O's - Cluster B Personality D/O's - Cluster C Personality D/O's Role-Play Triad 9: _____ | Pocket Guide- pp. 165-175 Tx Planner- Borderline Personality Disorder DUE: Treatment Plan #2 |
| 4/20/15 | Feeding & Eating Disorders <ul style="list-style-type: none"> - Pica - Anorexia Nervosa - Bulimia Nervosa - Binge-Eating D/O - Other Specified Feeding or Eating D/O - Unspecified Feeding or Eating D/O Role-Play Triad 10: _____ | DSM-5- pp. 329-354 Pocket Guide- 101-104 Tx Planner- Eating Disorders & Obesity |
| 4/27/15 & 5/4/15 | Wrapping Up | |
| 5/11/15 | | DUE: Take-home final exam (upload to Blackboard by 11:59 pm) |

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| | <ul style="list-style-type: none"> - Other Specified Obsessive- Compulsive and Related D/O - Unspecified Obsessive- Compulsive and Related D/O Role-Play Triad 4: _____ | |
| 3/6/14 | Trauma and Stressor-Related Disorders <ul style="list-style-type: none"> - Posttraumatic Stress D/O - Acute Stress D/O - Adjustment D/O's - Other Specified Trauma- and Stressor-Related D/O - Unspecified Trauma- and Stressor- Related D/O | DSM-5- pp. 265-290 Pocket Guide- pp. 90-94 Tx Planner- pp. 62-67; 229-237 Required Reading 2 |
| 3/13/14 | Spring Break- NO CLASS | |
| 3/20/14 | Schizophrenia Spectrum and Other Psychotic Disorders <ul style="list-style-type: none"> - Schizotypal (Personality) D/O - Delusional D/O - Brief Psychotic D/O - Schizophreniform D/O - Schizophrenia - Schizoaffective D/O - Other Specified Schizophrenia Spectrum and Other Psychotic D/O - Unspecified Schizophrenia Spectrum and Other Psychotic | DSM-5- pp. 87-122 Pocket Guide- pp. 68-71 Tx Planner- pp. 201-205; 238-243 Required Reading 3 |
| 3/27/14 | NO CLASS due to ACA Conference | Independent study: work on Castillo reaction paper due next |
| 4/3/14 | Neurodevelopmental Disorders <ul style="list-style-type: none"> - Autism Spectrum D/O - Attention-Deficit/Hyperactivity D/O - Specific Learning Disorder Role-Play Triad 7: _____ | DSM-5- pp. 31-86 Pocket Guide- pp. 59-67 Tx Planner- pp. 32-38; 105-109 DUE: Reaction Paper to Castillo Chapters |
| 4/10/14 | Disruptive, Impulse-Control, and Conduct Disorders <ul style="list-style-type: none"> - Oppositional Defiant D/O - Intermittent Explosive D/O - Conduct D/O - Antisocial Personality D/O - Pyromania - Kleptomania - Other Specified Disruptive, Impulse- Control, and Conduct | DSM-5- pp. 461-480; 715-727 Pocket Guide- pp. 124-128; 180-189 Tx Planner- pp. 10-23; 139-143 |

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| | Control, and Conduct D/O Other Conditions That May Be a Focus of Clinical Attention Role-Play Triad 8: _____ | |
| 4/17/14 | Personality Disorders - Cluster A Personality D/O's - Cluster B Personality D/O's - Cluster C Personality D/O's Role-Play Triad 9: _____ | DSM-5- pp. 645-684 Pocket Guide- pp. 165-175 Tx Planner- pp. 39-45; 80-85; DUE: Treatment Plan #2 |
| 4/24/14 | Feeding & Eating Disorders - Pica - Anorexia Nervosa - Bulimia Nervosa - Binge-Eating D/O - Other Specified Feeding or Eating D/O - Unspecified Feeding or Eating D/O Role-Play Triad 10: _____ | DSM-5- pp. 329-354 Pocket Guide- pp. 101-104 Tx Planner- pp. 97-104 |
| 5/1/14 | Wrapping Up | |
| 5/8/14 | | DUE: Take-home final exam (upload to Blackboard by 11:59 pm) |

***** Instructor reserves the right to modify the syllabus as needed*****

ASSESSMENT RUBRIC(S):

EDCD 656 Treatment Plan Rubric

| | (4) Excellent | (3) Satisfactory | (2) Needs Improvement | (1) Unsatisfactory |
|--------------------------------------|--|---|---|--|
| 1. Diagnosis | Diagnosis fully captures all symptoms (4) | Diagnosis captures most of the symptoms (3) | Diagnosis captures some of the symptoms (2) | No evidence that the diagnosis captures the symptoms (1) |
| 2. Behavioral Definition of Problems | Includes four behavioral definitions that are conceptualized from the case vignette (4) | Includes three behavioral definitions that are conceptualized from the case vignette (3) | Includes two behavioral definitions that are conceptualized from the case vignette (2) | Includes one or fewer behavioral definitions that are conceptualized from the case vignette (1) |
| 3. Goals for Change | Includes four goals for change that are conceptualized from the case vignette (4) | Includes three goals for change that are conceptualized from the case vignette (3) | Includes two goals for change that are conceptualized from the case vignette (2) | Includes one or fewer goals for change that are conceptualized from the case vignette (1) |
| 4. Therapeutic Interventions | Includes four therapeutic interventions that are conceptualized from the case vignette (4) | Includes three therapeutic interventions that are conceptualized from the case vignette (3) | Includes two therapeutic interventions that are conceptualized from the case vignette (2) | Includes one or fewer therapeutic interventions that are conceptualized from the case vignette (1) |
| 5. Outcome Measures | Includes four outcome measures that are conceptualized from the case vignette (4) | Includes three outcome measures that are conceptualized from the case vignette (3) | Includes two outcome measures that are conceptualized from the case vignette (2) | Includes one or fewer outcome measures that are conceptualized from the case vignette (1) |