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COUN 615.01: Diagnosis & Treatment Planning

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COUN 615: Diagnosis & Treatment Planning Mondays, 1-4

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Office Hours: Mondays 11-12; Wednesdays 11-12 and 3:30-4:30; Thursdays 11-12

Morrison, J. (1995). DSM-IV Made Easy: The Clinician's Guide to Diagnosis; & Neimeyer & Raskin (2000), Constructions of Disorder: Meaning-Making Frameworks for Psychotherapy. You should also have access to the DSM-IVR (2000), published by the American Psychiatric Association.

Theoretical approaches differ regarding the importance and acceptability of diagnostic categories when applied to psychological distress and treatment. Regardless of the counselor's theoretical orientation, being able to communicate with others in the field is a necessity. Many graduate students approach "diagnosis" and certain forms of treatment with ambivalence. Both diagnosis and treatment planning may seem to represent a "canned" approach to clinical work that disregards individuality, cultural context, gender and social context. To diagnose a person may seem to imply that the clinician has a superior, more powerful position in the therapeutic relationship. Because it focuses on pathology, it may be seen as confining people to limitation rather than development and expansion.

A clinician may choose not to use the accepted vernacular of the field, but understanding and mastery should always precede this choice. It is not acceptable to reject that which one refuses to encounter. The danger that learning the classification system may predispose the learner to objectification of persons is not a justifiable argument. We are not diagnosing life events nor people's human value. We are using a system and a vocabulary that identifies characteristic behaviors and structures in the face of life events and relationships. The DSM-IV is one of many contemporary and historic schemes for describing the human condition, but it happens to be the system currently used for third-party compensation and in many professional settings.

We seek to assist our clients and therefore we must understand what people bring to us and hold a method to structure our work with them. In addition, we must communicate with several groups: clients themselves, other professionals, third party payers, licensing boards, supervisees, client families, community agencies and so on. It is not possible to work with someone without forming ideas (if tentative and changing) about how they are the world and in themselves.

This course will introduce students to the commonly used classification system, DSM-IV (TR, 2000). We will spend much of our time gaining preliminary mastery over this volume. We will look at treatments that are "empirically" validated. Finally we will critique diagnostic systems from a constructivist perspective with the purpose that students develop a thoughtful attitude towards the edges of knowledge in clinical work.

Objectives—at the completion of the course, student will

- Be able to identify common mental disorders according to the DSM-IV classification system, including an understanding of all five axes of the system.

- Be familiar with the basic mental status examination on an individual.
- Be able to formulate a hypothesis for possible DSM-IV diagnosis, based on video-based case examples and interviews.
- Be able to articulate a preliminary client treatment plan, based on the client's presentation, the treatment research literature, the student's developing theoretical perspective and the cultural, institutional and economic contexts of the case.
- Be able to demonstrate creative engagement with the development of knowledge in the area of diagnosis and treatment planning, including alternative perspectives.

This is a demanding course, both in terms of reading assignments and class participation. There are several group rules: First, **attendance is expected and required**. If you must miss a class, please call or email me. **Late assignments** are not acceptable unless arranged in advance for exceptional reasons. You will be part of a team of presenters, so incomplete assignments or non-attendance will become a problem. Make yourself a schedule now and keep up with it!

Grading

1) A and B: You will have a requirement to present in class twice. In one presentation, you will present the particular disorder and its diagnosis. In the second presentation, you will present the research on treatment of a particular category of disorders. One presentation is on diagnosis and the other is on treatment AND each must be of a different disorder. In this way, you will develop more depth in two areas. The two, together, count for 25% of your grade.
2) You will do a write up on yourself, as if you were a client. This is not to suggest that you do or do not have a diagnosable disorder, but that you may be able to at least identify "tendencies." Your diagnosis would include all axes of the DSM. (25% of your grade)
3) There will be a take home "midterm" later in the semester. (25% of your grade)
4) You will take a mental disorder (it can be one of the three above) or another of your choice, critique it as a diagnostic category and suggest another way of looking at it, using your readings in Neimeyer & Raskin and other sources of your choice. (25% of your grade).

Reading

I have a copy of the DSM IV (1994) which I will put in my mailbox for your use. This is slightly out of date, but the diagnostic categories are the same as the newer version, though some of the text has changed. It is best if you find access to the DSM-IV TR. Please do not take this copy out of the building. Use it here.

Monday, September 10	Introduction, assignments, and principles of diagnosis
Monday, September 17	M, Chapters 1, 2 & 18Delirium, Dementia & Amnestic conditions

Monday, September 24	M, C. 3; N&R, Ch. 1 & 2 Substance abuse-related disorders and Constructivist perspectives on diagnosis
Monday, October 1	M, 4, Schizophrenia and other psychotic disorders
Monday, October 8	M, 5, Mood disorders, N&R, Ch. 3
Monday, October 15	M, 6, Anxiety disorders, N & R Ch. 5
Monday, October 22	M, 7, 8, 9 Somatoform, factitious, dissociative disorders
Monday, October 29	Cathy away
November 5	M 10,11, 12 Sexual & gender-identity disorders; eating disorders, sleep disorders
November 12	M 13, 14, 15 Impluse control disorders, adjustment disorders, personality disorders
November 19	M 16, 17 Disorders first diagnosed in infancy, childhood or adolescence, other factors that may need clinical attention, N&R, Ch. 6
November 26	N&R Ch. 7 & 8 The importance of meaning in diagnosis
December 3	N&R, Ch. 9 & 11 Narrative constructions of disorder
December 10	N&R, Ch. 12 & 14 Context and cultural discourse
December 17	Turn in last assignment by noon.