

**George Mason University**  
**College of Education and Human Development**  
**Counseling and Development**

EDCD 656.001 – Diagnosis and Treatment Planning for Mental Health Professionals  
3 Credits, Spring 2018  
Mondays 7:20 – 10:00 PM Krug Hall 107– Fairfax

**Faculty**

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**Prerequisites/Corequisites**

Admission to the CNDV program, EDCC 603 (course may be taken concurrently)

**University Catalog Course Description**

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. Incorporates an explicit focus on the role of race and culture in diagnosis and treatment.

**Course Overview**

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.

**Course Delivery Method**

This course will incorporate lectures, full class and small group discussions, cooperative learning groups, student presentations, personal reflection, and hands-on learning activities.

**Learner Outcomes or Objectives**

This course is designed to enable students to do the following:

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)**

Upon completion of this course, students will have met the following professional standards: 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* (5<sup>th</sup> 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* (5<sup>th</sup>). Hoboken, NJ: John Wiley & Sons, Inc.

### **Required Readings (Available on BlackBoard)**

1. Castillo, R. J. (1997). Why culture?. In *Culture and mental illness: A client centered approach* (pp. 3-24). Boston, MA: Brooks/Cole.
2. Castillo, R. J. (1997). Culture & clinical reality. In *Culture and mental illness: A client centered approach* (pp. 25-38). Boston, MA: Brooks/Cole.
3. Castillo, R. J. (1997). Culture and personality. In *Culture and mental illness: A client centered approach* (pp. 39-54). Boston, MA: Brooks/Cole.

### **Course Performance Evaluation**

Students are expected to submit all assignments on time in the manner outlined by the instructor (e.g., Blackboard, Tk20, hard copy).

### **TK20 Performance Based Assessment Submission Requirement**

Every student registered for any Counseling & Development course with a required performance-based assessment is required to submit this assessment, Treatment Plan, to Tk20 through Blackboard (regardless of whether the student is taking the course as an elective, a onetime course or as part of an undergraduate minor). Evaluation of the performance-based assessment by the course instructor will also be completed in Tk20 through Blackboard. Failure to submit the assessment to Tk20 (through Blackboard) will result in the course instructor reporting the course

grade as Incomplete (IN). Unless the IN grade is changed upon completion of the required Tk20 submission, the IN will convert to an F nine weeks into the following semester.

- **Assignments and/or Examinations**

**Two Treatment Plans- DUE 2/19/18 & 4/9/18**

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 (specific information to be discussed in class). Continuation in the program may be contingent on satisfactory performance on this assessment.

**Reaction Paper to Castillo Chapters - DUE 3/26/18**

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 5/7/18

- **Other Requirements**

### 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.

- **Grading**

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

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

**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.

### Professional Dispositions

See <https://cehd.gmu.edu/students/policies-procedures/>

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

### Class Schedule

Date	Topics	Readings/Assignments Due
1/22/18	Introductions Review of Syllabus Expectations & Cautions Reflections on Experiences of Mental Illness	
1/29/18	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
2/5/18	Depressive Disorders - 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

2/12/18	<p>Bipolar &amp; Related Disorders</p> <ul style="list-style-type: none"> <li>- Bipolar I D/O</li> <li>- Bipolar II D/O</li> <li>- Cyclothymic D/O</li> <li>- Other Specified Bipolar and Related D/O</li> <li>- Unspecified Bipolar and Related D/O</li> </ul> <p>Role-Play Triad 2: _____</p>	<p>DSM-5- pp. 123-154          Pocket Guide- pp. 72-76          Tx Planner- Bipolar Disorder – Depression; Bipolar Disorder-Mania</p>
2/19/18	<p>Anxiety Disorders</p> <ul style="list-style-type: none"> <li>- Separation Anxiety D/O</li> <li>- Specific Phobia</li> <li>- Social Anxiety D/O (Social Phobia)</li> <li>- Panic D/O</li> <li>- Agoraphobia</li> <li>- Generalized Anxiety D/O</li> <li>- Other Specified Anxiety D/O</li> <li>- Unspecified Anxiety D/O</li> </ul> <p>Role-Play Triad 3: _____</p>	<p>DSM-5- pp. 189-233          Pocket Guide- pp. 82-86          Tx Planner- Anxiety; Phobia; Panic/Agoraphobia</p> <p><b>DUE: Treatment Plan #1</b></p>
2/26/18	<p>Obsessive-Compulsive and Related Disorders</p> <ul style="list-style-type: none"> <li>- Obsessive-Compulsive D/O</li> <li>- Body Dysmorphic D/O</li> <li>- Hoarding D/O</li> <li>- Trichotillomania (Hair Pulling D/O)</li> <li>- Excoriation (Skin-Picking) D/O</li> <li>- Other Specified Obsessive-Compulsive and Related D/O</li> <li>- Unspecified Obsessive-Compulsive and Related D/O</li> </ul> <p>Role-Play Triad 4: _____</p>	<p>DSM-5- pp. 235-264          Pocket Guide- pp. 87-89          Tx Planner- Obsessive-Compulsive Disorder (OCD)          Required Reading 1</p>
3/5/18	<p>Trauma and Stressor-Related Disorders</p> <ul style="list-style-type: none"> <li>- Posttraumatic Stress D/O</li> <li>- Acute Stress D/O</li> <li>- Adjustment D/O's</li> <li>- Other Specified Trauma- and Stressor-Related D/O</li> <li>- Unspecified Trauma- and Stressor-Related D/O</li> </ul> <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>
3/12/18	Spring Break- NO CLASS	
3/19/18	<p>Schizophrenia Spectrum and Other Psychotic Disorders</p> <ul style="list-style-type: none"> <li>- Schizotypal (Personality) D/O</li> <li>- Delusional D/O</li> <li>- Brief Psychotic D/O</li> <li>- Schizophreniform D/O</li> <li>- Schizophrenia</li> <li>- Schizoaffective D/O</li> <li>- Other Specified Schizophrenia Spectrum and Other Psychotic D/O</li> <li>- Unspecified Schizophrenia Spectrum and Other Psychotic D/O</li> </ul> <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>

3/26/18	Neurodevelopmental Disorders <ul style="list-style-type: none"> <li>- Autism Spectrum D/O</li> <li>- Attention-Deficit/Hyperactivity D/O</li> <li>- Specific Learning Disorder</li> </ul> Role-Play Triad 7: _____	DSM-5- pp. 31-86 Pocket Guide- pp. 59-67 Tx Planner- Attention Deficit Disorder (ADD) Adult  <b>DUE: Reaction Paper to Castillo Chapters</b>
4/2/18	Disruptive, Impulse-Control, and Conduct Disorders <ul style="list-style-type: none"> <li>- Oppositional Defiant D/O</li> <li>- Intermittent Explosive D/O</li> <li>- Conduct D/O</li> <li>- Antisocial Personality D/O</li> <li>- Pyromania</li> <li>- Kleptomania</li> <li>- Other Specified Disruptive, Impulse-Control, and Conduct D/O</li> <li>- Unspecified Disruptive, Impulse-Control, and Conduct D/O</li> </ul> Other Conditions That May Be a Focus of Clinical Attention  Role-Play Triad 8: _____	DSM-5- pp. 461-480; 715-727 Pocket Guide- pp. 124-128; 180-189 Tx Planner- Impulse Control Disorder; Antisocial Behavior; Anger Control Problems
4/9/18	Personality Disorders <ul style="list-style-type: none"> <li>- Cluster A Personality D/O's</li> <li>- Cluster B Personality D/O's</li> <li>- Cluster C Personality D/O's</li> </ul> Role-Play Triad 9: _____	DSM-5- pp. 645-684 Pocket Guide- pp. 165-175 Tx Planner- Borderline Personality Disorder  <b>DUE: Treatment Plan #2</b>
4/16/18	Feeding & Eating Disorders <ul style="list-style-type: none"> <li>- Pica</li> <li>- Anorexia Nervosa</li> <li>- Bulimia Nervosa</li> <li>- Binge-Eating D/O</li> <li>- Other Specified Feeding or Eating D/O</li> <li>- Unspecified Feeding or Eating D/O</li> </ul> Role-Play Triad 10: _____	DSM-5- pp. 329-354 Pocket Guide- 101-104 Tx Planner- Eating Disorders & Obesity
4/23/18	Wrapping Up	
4/30/18	Take home final	
5/7/18		<b>DUE: Take-home final exam (upload to Blackboard by 11:59 pm)</b>

Note: Faculty reserves the right to alter the schedule as necessary, with notification to students

### Core Values Commitment

The College of Education and 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/>.

## **GMU Policies and Resources for Students**

### *Policies*

- Students must adhere to the guidelines of the Mason Honor Code (see <http://catalog.gmu.edu/polices/honor-code-system/>).
- Students must follow the university policy for Responsible Use of Computing (see <http://universitypolicy.gmu.edu/policies/responsible-use-of-computing/>).
- Students are responsible for the content of university communications sent to their Mason email account and are required to activate their account and check it regularly. All communication from the university, college, school, and program will be sent to students **solely** through their Mason email account.
- Students with disabilities who seek accommodations in a course must be registered with George Mason University Disability Services. Approved accommodations will begin at the time the written letter from Disability Services is received by the instructor (see <http://ods.gmu.edu/>).
- Students must follow the university policy stating that all sound emitting devices shall be silenced during class unless otherwise authorized by the instructor.

### *Campus Resources*

- Support for submission of assignments to Tk20 should be directed to [tk20help@gmu.edu](mailto:tk20help@gmu.edu) or <https://cehd.gmu.edu/aero/tk20>. Questions or concerns regarding use of Blackboard should be directed to <http://coursesupport.gmu.edu/>.
- For information on student support resources on campus, see <https://ctfe.gmu.edu/teaching/student-support-resources-on-campus>

**For additional information on the College of Education and Human Development, please visit our website <https://cehd.gmu.edu/students>.**

### EDCD 656 Treatment Plan Rubric

	<b>(4)</b> Excellent	<b>(3)</b> Satisfactory	<b>(2)</b> Needs Improvement	<b>(1)</b> 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)