

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

EDCD 656.002 – Diagnosis and Treatment Planning for Mental Health Professionals
3 Credits, Spring 2020

Section 002 - Wednesdays 7:20 – 10:00 PM Thompson Hall Room L028– Fairfax

Faculty

Name: Dr. Jami Murray
Office Hours: By Appointment
Office Location: Krug Hall Suite 202 (C&D office)
Office Phone: 703-993-2087 (C&D Office)
Email Address:

Prerequisites/Corequisites

Admission to the CNDV program, EDCE 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.

CACREP/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 (CACREP)

Upon completion of this course, students will have met the following professional standards:
See objectives and assignments.

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., McInnis, W. P. & Bruce, T. J. (2014). *The adolescent psychotherapy treatment planner* (5th). Hoboken, NJ: John Wiley & Sons, Inc.

Recommended Readings:

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).

- **Assignments and/or Examinations**

Two Treatment/ Individualized Education Program Plans- DUE 2/19/20 & 4/8/20

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/ IEP 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/IEP 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.

Cultural Reaction Paper - DUE 3/25/20

Research a cultural issue related to diagnosing mental illness and treatment planning in counseling. Find 3 peer reviewed journal articles and/or book chapters (Recommended Readings: Castillo 1997) that discuss this cultural issue. After reading the three articles and/or book chapters write a 2-3-page reaction paper. The paper should include: **A.)** a brief description of the cultural issue; **B.)** a discussion of your reactions, thoughts, and feelings in response to the issue; **C.)** describe your ideas you about the way that culture influences mental illness; and **D.)**

explain how these articles and/or book chapters will impact your diagnosing and treatment planning skills.

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 school counseling session with a student with a specific disorder (disorder will be assigned by instructor). One group member will play the student, one will play the school 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 student, discussion of the diagnosis, and thoughts regarding the goal 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 be in an outline format, single spaced, no longer than 1 page, and include the following sections:

- A. Recommended Therapeutic Interventions:** List recommended interventions school counselors can use for students with the disorder (i.e., CBT, DBT, etc).
- B. Resources for School Counselors:** List professional resources that would be helpful to counselors working with clients with this disorder. The resources should include classroom supports, journal articles, and cultural considerations.
- C. Commonly Used Medications (if any):** List the medications that are most prescribed for the disorder.
- D. Resources for Students:** It is very important that we can provide students with additional resources that may be useful for them. Research potential resources for students with your assigned disorder. These resources may include books (written for the general public), websites, and support groups (in-person/online).

Final Exam (open book/notes)- 4/29/20

- **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/ IEP Plans	20 points (10 points each)
Cultural Reaction Paper	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.

In accordance with the George Mason University Grading Policy, the following grades may be achieved:

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

Professional Dispositions

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

Students must adhere to program professional dispositions:

<https://cehd.gmu.edu/assets/docs/forms/Professional%20Dispositions.pdf>

Professional Dispositions Assessment

Professional Dispositions are assessed in all required courses. The minimum score (benchmark) is based on the level of the course, as described below.

Level of Assessment	CMHC	SC	Minimum Score
Basic	602, 609, 601, 525, 603, 604 654, 652, 656, 658	602, 606, 601, 525, 603, 604 613, 611, 626, 615	2
Intermediate	608, 750, 660, 628, 619, 621, 610, 797	608, 751, 660, 628, 619, 621, 610, 797	3
Advanced	792, 793	794, 795	4

Professional Dispositions assessments are scored as follows:

- **4: Consistently Evident** – The student demonstrates the disposition all or almost all of the time. This rank is considered exceptional, particularly for students who are at the beginning of their program. Students who are advanced in the program (i.e., in their last year of the program and enrolled in Internship I or II) should expect to achieve this rank.
- **3: Frequently Evident** – The student demonstrates the disposition often or most of the time. It is expected that students in the middle of the program (i.e., usually the second year for full time or third year for part time students) will achieve this rank. This reflects that they have moved beyond the initial phase of counselor training and are developing well towards being a professional counselor.
- **2: Sometimes Evident** – The student demonstrates the disposition sometimes or inconsistently. It is expected that students at the beginning of the program (i.e., first year for most students) will achieve this rank. Students at the beginning of the program are expected to be developing towards these professional dispositions as a part of their counselor training and preparation for their future as a professional counselor.
- **1: Seldom Evident** – The student demonstrates the disposition rarely or not at all. In some instances this may also indicate a harmful demonstration of professional disposition(s).

Students at the beginning of their program may achieve this rank, which can be developmentally appropriate as they learn the expectations for students and future professional counselors. Should this occur, students should expect to meet with their advisor, who will assist them in addressing the area of concern.

N/A: Not Applicable – An instructor or supervisor may use this to note that they did not have the opportunity to observe the disposition or that it was not relevant in the given context. This is most likely to occur at the beginning of the program when some dispositions may not be germane to the particular class.

Class Schedule

Date	Topics	Readings/Assignments Due
1/22/20	Introductions Review of Syllabus Expectations & Cautions Reflections on Experiences of Mental Illness	
1/29/20	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
2/5/20	Depressive Disorders <ul style="list-style-type: none"> - Disruptive Mood Dysregulation D/O - Major Depressive D/O - Persistent Depressive D/O (Dysthymia) - Other Specified & 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
2/12/20	Bipolar & Related Disorders <ul style="list-style-type: none"> - Bipolar I D/O - Bipolar II D/O - Cyclothymic D/O - Other Specified & Unspecified Bipolar and Related D/O Role-Play Triad 2:	DSM-5- pp. 123-154 Pocket Guide- pp. 72-76 Tx Planner- Bipolar Disorder
2/19/20	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 & Unspecified Anxiety D/O Role-Play Triad 3:	DSM-5- pp. 189-233 Pocket Guide- pp. 82-86 Tx Planner- Anxiety; Panic/Agoraphobia; Social Anxiety; Specific Phobia; DUE: Treatment/ IEP Plan #1
2/26/20	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 	DSM-5- pp. 235-264 Pocket Guide- pp. 87-89 Tx Planner- Obsessive-Compulsive Disorder

	<ul style="list-style-type: none"> - Other Specified & Unspecified Obsessive-Compulsive and Related D/O <p>Role-Play Triad 4:</p>	
3/4/20	<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 & 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); Physical Emotional Abuse Victim; Sexual Abuse Victim</p>
3/11/20	SPRING BREAK – NO CLASS	
3/18/20	<p>Schizophrenia Spectrum & 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 & 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</p>
3/25/20	<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 Hyperactivity Disorder; Autism Spectrum Disorder; Intellectual Developmental Disorder</p> <p>DUE: Cultural Reaction Paper</p>
4/1/20	<p>Disruptive, Impulse-Control & Conduct Disorders</p> <ul style="list-style-type: none"> - Oppositional Defiant D/O - Intermittent Explosive D/O - Conduct D/O - Pyromania - Kleptomania - Other Specified & Unspecified Impulse-Control, and Conduct D/O <p>Role-Play Triad 8:</p>	<p>DSM-5- pp. 461-480; 715-727 Pocket Guide- pp. 124-128; 180-189 Tx Planner- Anger Control Problems; Conduct Disorder/ Delinquency; Oppositional Defiant Disorder</p>
4/8/20	<p>Personality Disorders</p> <ul style="list-style-type: none"> - Cluster A Personality D/O's - Cluster B Personality D/O's - Cluster C Personality D/O's <p>Role-Play Triad 9:</p>	<p>DSM-5- pp. 645-684 Pocket Guide- pp. 165-175 Tx Planner- Runaway; School Violence Perpetrator; Sexual Abuse Perpetrator; Sexual Promiscuity; Substance Abuse</p> <p>DUE: Treatment/IEP Plan #2</p>
4/15/20	<p>Feeding & Eating Disorders</p> <ul style="list-style-type: none"> - Pica - Anorexia Nervosa - Bulimia Nervosa 	<p>DSM-5- pp. 329-354 Pocket Guide- 101-104 Tx Planner- Eating Disorders</p>

	<ul style="list-style-type: none"> - Binge-Eating D/O - Other Specified & Unspecified Feeding or Eating D/O Role-Play Triad 10:	
4/22/20	Wrapping Up	
4/29/20	Final	

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

Counseling and Development Mission Statement

The Counseling Program is committed to preparing counselors who promote the social, psychological, physical, and spiritual health of individuals, families, communities, and organizations in order to contribute to the advancement of global well-being. The program strives for national and international excellence in implementing a counseling perspective which provides a foundation in basic counseling skills and focuses on social justice, multiculturalism, international, advocacy and leadership. It is our belief that a global perspective on development across the life span, and an understanding and appreciation of multiculturalism, diversity, and social justice are integral to the preparation of professional counselors, requiring that professional counselors are prepared to assume leadership roles, be proactive change agents and become advocates for social, economic and political justice. The program is committed to accomplish this mission by working through interdisciplinary teams as well as promote the interconnectedness of teaching, research, service and professional practice. Through this mission faculty will facilitate a continued tradition of international, national and regional leadership through the development of collaborative partnerships and projects, research, publications, presentations, consultation, and training.

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 <https://catalog.gmu.edu/policies/honor-code-system/>).
- Students must follow the university policy for Responsible Use of Computing (see <https://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 <https://ds.gmu.edu/>).
- Students must silence all sound emitting devices during class unless otherwise authorized by the instructor.

Campus Resources

- Support for submission of assignments to Tk20 should be directed to tk20help@gmu.edu or <https://cehd.gmu.edu/aero/tk20>. Questions or concerns regarding use of Blackboard should be directed to <https://its.gmu.edu/knowledge-base/blackboard-instructional-technology-support-for-students/>.
- For information on student support resources on campus, see <https://ctfe.gmu.edu/teaching/student-support-resources-on-campus>

Notice of mandatory reporting of sexual assault, interpersonal violence, and stalking:

As a faculty member, I am designated as a “Responsible Employee,” and must report all disclosures of sexual assault, interpersonal violence, and stalking to Mason’s Title IX Coordinator per University Policy 1202. If you wish to speak with someone confidentially, please contact one of Mason’s confidential resources, such as Student Support and Advocacy Center (SSAC) at 703-380-1434 or Counseling and Psychological Services (CAPS) at 703-993-2380. You may also seek assistance from Mason’s Title IX Coordinator by calling 703-993-8730, or emailing titleix@gmu.edu.

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

	(4) Excellent	(3) Satisfactory	(2) Needs Improvement	(1) Unsatisfactory
Diagnosis	Diagnosis fully reflects all symptoms, severity level, and specifiers (4)	Diagnosis captures most of the symptoms, severity level, and specifiers (3)	Diagnosis captures some of the symptoms, severity level, and specifiers (2)	No evidence that the diagnosis captures the symptoms, severity levels, and specifiers (1)
Pattern of Symptomology	Includes a description of all symptoms and severity patterns conceptualized from the case vignette that supports a specific diagnosis (4)	Includes a description of most symptoms and severity patterns conceptualized from the case vignette that supports a specific diagnosis (3)	Includes a description of some symptoms and severity patterns conceptualized from the case vignette that supports a specific diagnosis (2)	Includes a description of no symptoms and severity patterns conceptualized from the case vignette that supports a specific diagnosis (1)
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)
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)
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)