Argosy University, Chicago
M.A. Community Counseling Program
PC6005 Maladaptive Behavior and Psychopathology

Spring 2011 CRN C3

FACULTY
Name: Yvonne M. Patterson, Psy.D
Phone Number: 773-405-0065
E-mail: ypatterson@argosy.edu
Office Hours: By Appointment

MEETING DATES
Wednesdays, January 11th-April 21st
(Full Spring 2011 Semester)

CLASS SCHEDULE
Weekly Wednesdays 6-9 pm, beginning January 12, 2011 and
Ending April 20, 2011

Course length: Full Semester (15 weeks)

Contact Hours: 45 Hours

Credit Value: 3.0

REQUIRED TEXTS


RECOMMENDED TEXTS

REQUIRED ARTICLES (articles can be found online under Doc Sharing. Articles are subject to change):


TECHNOLOGY
Pentium III CPU/ Windows 98; 128MB RAM printer; Microsoft Office: Acrobat (full version); Microsoft Internet Explorer 5.5 (PC), 5.0 (MAC), or Netscape Navigator 4.08; Norton Antivirus.

PROGRAM MISSION STATEMENT:
The mission of the Master of Arts in Community Counseling program at Argosy University in Chicago is to create a learning environment that promotes academic excellence, professional competence, and personal integrity. This mission is achieved through a curriculum that integrates counseling skills, theoretical foundations of counseling, and clinical field experience into appropriate interaction and intervention skills for utilization in a variety of settings with diverse client populations. We serve a diverse student body from urban, suburban, and rural areas who are intrinsically motivated to help others. The program actively engages faculty and students in the preparation of counselors who meet the needs of diverse communities.

The purpose of the Master of Arts in Community Counseling program is to deliver the core learning experiences established by academic program accreditation and the licensure board of the State of Illinois to assure that students completing the program are competent, ethical counselors prepared for post-graduate positions and professional counseling licensure.

Program Outcomes for the Masters of Arts in Community Counseling Program:
The program outcomes, one to eight, of our Master of Arts in Community Counseling program are rooted in the CACREP standards. Program Outcomes 9 & 10 are Argosy University’s designed learning outcomes across programs.

Program Outcome One: Professional Identity
Competency 1. Understand and value all aspects of professional functioning, including history, roles, organizational structures, ethics, legalities, standards, and credentialing.

Program Outcome Two: Social and Cultural Diversity
Competency 1. Apply core theory and research regarding the cultural context of relationships, including current issues and trends in a multicultural and diverse society, to the practice of professional counseling.

Program Outcome Three: Human Growth and Development
Competency 1. Apply core theory and research regarding the nature and needs of individuals at all developmental levels to their work as professional counselors.
Program Outcome Four: Career Development

Competency 1. Apply core theory and research pertaining to career development, the psychology of work, and related life factors to the practice of professional counseling.

Program Outcome Five: Helping Relationships

Competency 1. Exhibit the knowledge base and skills needed to ethically and effectively deliver a range of professional counseling and consultation services.

Program Outcome Six: Group Work

Competency 1. Understand the theoretical and experiential foundations of group purpose, development, and dynamics and will apply group counseling methods and skills to the practice of professional counseling.

Program Outcome Seven: Assessment

Competency 1. Understand principles of testing and measurement and will apply both individual and group methods of assessment and evaluation to their work as professional counselors.

Program Outcome Eight: Research and Program Evaluation

Competency 1. Understand how research methods, statistical analysis, needs assessment, and program evaluation are conducted and the role of these practices in the counseling profession.

Program Outcome Nine: Communication Skills

Competency 1. Communicate clearly and effectively, both orally and in writing.

Program Outcome Ten: Interpersonal Effectiveness (IE)

Competency 1. Develop and improve positive relationship skills via effective communication, respect for others, appreciation of diversity and cultural sensitivity, and awareness of their impact on others.

COURSE DELIVERY FORMAT

This course has been designed to meet weekly on Tuesday evenings, 6 – 9 pm....

COURSE OBJECTIVES
Each learning objective in this syllabus is tied to the program outcomes, and each program outcome corresponds to a specific CACREP standard, which is delineated by numeric representation, i.e. CACREP Section II.K.2.a as II.K.2a; or a specific Community Counseling Program standard as CC-A7.

By the end of this course students will be able to:

1. Identify and to articulate the role of Community Counselors as part of a group of human service providers who attend to issues related to the etiology, diagnosis, treatment and prevention of mental illness (II.K.1b).

2. Identify and understand how Community Counselors address through social advocacy institutional and social barriers in order to enhance the equitable access to and success of clients’ counseling services based on their mental health status and diagnoses (II.K.1g.; CC-A5).

3. Demonstrate the ability to identify abnormal or psychopathological behaviors and symptoms to arrive at diagnoses according to the DSM-IV-TR classification system (II.K.3c., 7.h.; CC-C5, C4).

4. Articulate how the formulation of diagnoses is tempered with respect to an understanding of multicultural variables as well as how a general mental status examination is conducted in a multicultural sensitive manner (II.K.2a).

5. Understand and articulate how specific interventions within the context of the counseling process are utilized with respect to a variety of diagnoses (i.e. what multicultural variables affect working with persons with certain diagnoses, what forms of counseling are typically utilized with specific diagnoses, etc.) (II.K.3c, 2a, & 7h.).

6. Understand the relationship between the process of psychosocial evaluation/mental status examination, arriving at a diagnosis and implementing a cogent mental health treatment plan (II.K.3.c., & 7.h.);

7. Comprehend how psychopathology is understood from a variety of historical and philosophical positions and articulate a personal position about diagnosis and the ethical standards related to diagnosis (II.K.5.b.c.g.; CC-C4).

8. Examine and apply research findings to consider the limitations of DSM-IV and other diagnostic tools when diagnosing clients with reference to clients’ developmental status, personal characteristics, and cultural backgrounds (II.K.2f; CC-C1).

9. Apply ethical standards and operate according to legal obligations when diagnosing clients’ issues and formulate compliant treatment procedures (II.K.7i.; CC-A4).
CLASS POLICIES AND EXPECTATIONS

Attendance
♦ Students are expected to be punctual to all classes and practicum. Absences should occur only for such urgent reasons as ill health or critical emergency. Whenever possible, students should notify the faculty of these absences in advance. Excessive late arrivals or absences, regardless of the reason, may jeopardize a student’s academic standing.
♦ Attendance in all blended (weekend) and evening face-to-face class meetings is required. A student who cumulatively misses three (3) hours of class will receive a reduction of the final grade unless the student successfully completes additional work with the instructor’s consent.
♦ A student who misses six (6) or more hours of on-campus class will be required to withdraw from the course. Exceptions may be made in extreme situations and on a case by case basis in the event of severe illness, critical emergency or family crisis. Documentation of these events must be submitted to the instructor (i.e. a doctor’s note, etc.). Additional work will be assigned in lieu of mandatory withdrawal. In the event of a student withdrawing due to absence, a refund of tuition is dependent on the documented reasons for the absence and must be approved by the Campus President.
♦ Late Work will be assessed a reduction in grade (e.g. A to A-) for each day the assignment is late. Students should notify the instructor ASAP of any problems with completing their work on time.

COURSE REQUIREMENTS/ASSIGNMENTS

A. Class participation
You will be assessed through various aspects of your participation in the class:
Enthusiasm in taking part in class discussion, sharing of your personal perspectives, providing constructive feedback to your fellow classmates and critical thinking

B. Case Study Writing Assignments:
(50 points each)
Each week (beginning week 3), you are responsible for completing a “case study” (to be distributed in class). This written case vignette will include the “client’s” history and symptoms, and all other relevant information necessary for drawing diagnostic conclusions. You will be responsible for reviewing the case and supplemental material and providing a Multiaxial Assessment. You will also be responsible for providing a rationale for the diagnoses, as well as a discussion of rule outs, differential diagnoses, prognoses, and cultural considerations (See Appendices A and B). Each writing assignment will require a 4-5 page case report (typed, double-spaced, one inch
margins). You will be required to cite any sources used within the text of your report (see APA Publication Manual).

C. **Reaction Paper/Clinical Issues on Mental Health**
(20 each)
Students are required to critique a scholarly article or respond to a clinical issue for class discussion. Articles and/or Clinical Question will be distributed in class the week prior to due date (you may also access electronically).

D. **Culture Bound Syndrome Seminar**
(100 points)
Students will choose a Culture Bound Syndrome from a preselected list and conduct a 45-60 minute seminar. Students will work individually or in pairs (depending on class size). Guidelines and schedule for seminar will be distributed during class.

E. **Role Play**
(50 points)
Students will be assigned a clinical vignette for a 15-20 minute role playing situation in which he/she will play the part of either counselor/consultant or client. Students will need to be prepared in advance for role play. Class will discuss the scenario and provide insights on intervention and treatment planning strategies. Guidelines and schedule for role play will be distributed during class.

F. **Final Paper**
(150 points)
Students are required to critique a movie that demonstrates their understanding and integration of the DSM IV-TR course concepts, and their clinical applications. Students will include a written detailed psychosocial evaluation report along with a completed Mental Status Exam and other required information based on the fictional character from the above movie you chose. List of Pre-approved movies and guidelines will be provided during class.

**GRADING SCALE**

- 100 to 93% = A
- 92 to 90% = A-
- 89 to 88% = B+
- 87 to 83% = B
- 82 to 80% = B-
- 79 to 78% = C+
- 77 to 73 = C
- 72 to 70 = C-
- 69 & below = F
***Incomplete and Incomplete in Progress:***

_Only due to extenuating circumstances, and only if at least 67% of the course requirements have been completed, can a student be given a grade of “I” or “IP” by the instructor’s discretion._ A student who receives an “I” will need to complete the remaining course requirements within 10 days after the end of semester. A student in this situation can also be granted an “IP” (“Incomplete in Progress”) if the instructor perceives student’s difficulties in completing all the work within ten days after the semester ends. In this case, the student will need to fulfill all the course requirements by the end of the following semester. An “I” or “IP” will automatically change to an “F” grade if it is not made up by the required completion date.

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**COURSE OUTLINE AND ASSIGNMENT SCHEDULE (Tentative-Subjected to change according to class need).**

Key:
- B&B = *Psychotherapist’s resource on psychiatric medications;*
- DSM IV-TR = _DSM-IV-TR: Diagnostic and statistical manual of mental disorders_
- Case Vignette = Multiaxial Assessment and Write-up
- Reaction Paper = Written Assignment related to clinical issue

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<th>Week</th>
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<th>Topics:</th>
<th>Assignments:</th>
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| 1    | 01/12      | • Introduction/class overview/syllabus/evaluation  
• Contemporary Perspectives and Assessment of Abnormal Behavior |  |
| 2    | 01/19      | • Contemporary Perspectives on Abnormal Behavior (Con’t)  
• Classification of Abnormal Behavior: DSM-IV-TR Multiaxial System  
• Stress Psychological Factors and Health | Reaction Paper: (Personal Statement on Mental Health and Dysfunction)  
Reaction Paper: (Article Critique-Brown & McGill/StressAssessment)  
DSM IV-TR:  
- pp. xiii-37 (imperative to read prior to class)  
Articles:  
- Corrigan  
- Cowen  
- Brown & McGill  
- O’Leary  
- Utsey |
| 3    | 01/26      | • DSM-IV-TR Multiaxial System (Con’t)  
• Treatment Planning | Reaction Paper: (The DSM as a Diagnostic Tool): |
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|    |   | • Culture Bound Syndrome-Seminar | B&B  
|    |   |                                | - Chapter 4 pp. 103-132 |
|    |   |                                | DSM IV-TR:  
|    |   |                                | - pp. 297-344 |
|    |   |                                | Articles:  
|    |   |                                | - Sammons  
|    |   |                                | - Trierweiler |
| 12 | 03/30 | • Abnormal Behavior in Childhood and Adolescence  
|    |   | • Adjustment Disorders  
|    |   | • Culture Bound Syndrome-Seminar  | DSM IV-TR:  
|    |   |                                | - pp. 39-134 |
|    |   |                                | Articles:  
|    |   |                                | - Brown & LaRosa  
|    |   |                                | - TBA |
| 13 | 04/06 | • Professional Issues and Ethics  
|    |   | • Culture Bound Syndrome-Seminar  | Reaction Paper:  
|    |   |                                | Case Vignette:  
|    |   |                                | Articles:  
|    |   |                                | - Koocher  
|    |   |                                | - Marley  
|    |   |                                | - TBA |
| 14 | 04/13 | • Diversity Issues in Diagnosis  | Reaction Paper:  
|    |   |                                | Articles:  
|    |   |                                | - Harper  
|    |   |                                | - Hartung  
|    |   |                                | - Smart  
|    |   |                                | - White-Kress |
| 15 | 04/20 | TBA  | TBA |
UNIVERSITY POLICIES AND STATEMENTS

Library
All resources in Argosy University’s online collection are available through the Internet. The campus librarian will provide students with links, user IDs, and passwords.

Library Resources: Argosy University’s core online collection features nearly 21,000 full-text journals and 23,000 electronic books and other content covering all academic subject areas including Business & Economics, Career & General Education, Computers, Engineering & Applied Science, Humanities, Science, Medicine & Allied Health, and Social & Behavior Sciences. Many titles are directly accessible through the Online Public Access Catalog at http://library.argosyu.edu. Detailed descriptions of online resources are located at http://library.argosyu.edu/misc/onlinedblist.html.

In addition to online resources, Argosy University’s onsite collections contain a wealth of subject-specific research materials searchable in the Online Public Access Catalog. Catalog searching is easily limited to individual campus collections. Alternatively, students can search combined collections of all Argosy University Libraries. Students are encouraged to seek research and reference assistance from campus librarians.

Information Literacy: Argosy University’s Information Literacy Tutorial was developed to teach students fundamental and transferable research skills. The tutorial consists of five modules where students learn to select sources appropriate for academic-level research, search periodical indexes and search engines, and evaluate and cite information. In the tutorial, students study concepts and practice them through interactions. At the conclusion of each module, they can test their comprehension and receive immediate feedback. Each module takes less than 20 minutes to complete. Please view the tutorial at http://library.argosyu.edu/infolit/

Academic Policies
Academic Dishonesty/Plagiarism: In an effort to foster a spirit of honesty and integrity during the learning process, Argosy University requires that the submission of all course assignments represent the original work produced by that student. All sources must be documented through normal scholarly references/citations and all work must be submitted using the Publication Manual of the American Psychological Association, 5th Edition (2001). Washington DC: American Psychological Association (APA) format. Please refer to Appendix A in the Publication Manual of the American Psychological Association, 5th Edition for thesis and paper format. Students are encouraged to purchase this manual (required in some courses) and become familiar with its content as well as consult the Argosy University catalog for further information regarding academic dishonesty and plagiarism.

Scholarly writing: The faculty at Argosy University is dedicated to providing a learning environment that supports scholarly and ethical writing, free from academic dishonesty and plagiarism. This includes the proper and appropriate referencing of all sources. You may be asked to submit your course assignments through “Turnitin,” (www.turnitin.com), an online resource established to help educators develop writing/research skills and detect potential
cases of academic dishonesty. Turnitin compares submitted papers to billions of pages of content and provides a comparison report to your instructor. This comparison detects papers that share common information and duplicative language.

**Americans with Disabilities Act Policy**

It is the policy of Argosy University to make reasonable accommodations for qualified students with disabilities, in accordance with the Americans with Disabilities Act (ADA). If a student with disabilities needs accommodations, the student must notify the Director of Student Services. Procedures for documenting student disability and the development of reasonable accommodations will be provided to the student upon request. Students will be notified by the Director of Student Services when each request for accommodation is approved or denied in writing via a designated form. To receive accommodation in class, it is the student’s responsibility to present the form (at his or her discretion) to the instructor. In an effort to protect student privacy, the Department of Student Services will not discuss the accommodation needs of any student with instructors. Faculty may not make accommodations for individuals who have not been approved in this manner.

**The Argosy University Statement Regarding Diversity**

Argosy University prepares students to serve populations with diverse social, ethnic, economic, and educational experiences. Both the academic and training curricula are designed to provide an environment in which students can develop the skills and attitudes essential to working with people from a wide range of backgrounds.
APPENDIX A

Argosy University, Chicago
PC6005 Maladaptive Behavior and Psychopathology
Masters of Arts, Community Counseling

Guidelines for Case Study Assignments

These writing assignments involve diagnostic exercises. Using the case study provided for each writing assignment, you will be responsible for completing a multiaxial diagnosis and case formulation write up.

To complete each assignment, you will need these guidelines and the case study description, as well as your text, assigned articles, the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM IV)*, and your notes from class.

**Multiaxial Diagnosis Format**

**Axis I:**
- Clinical Disorders
- Other Disorders That May Be a Focus of Clinical Attention
  - *Does not include Personality Disorders and Mental Retardation*

**Axis II:**
- Personality Disorders
- Mental Retardation

**Axis III:**
- General Medical Conditions

**Axis IV:**
- Psychosocial and Environmental Problems
  - *Includes a listing of any relevant psychosocial and environmental problems or stressors*

**Axis V:**
- Global Assessment of Functioning (Current)
  - *Includes a numerical rating of current functioning, and occasionally highest functioning over the past year, on a scale of 0 to 100. (See DSM IV for anchors to the GAF rating scale.)*

**Use the above format for the first page of your paper (to include diagnostic coding).** Use pages 25 - 35 of the *DSM IV* and text/lecture material to complete each axis correctly. You may also be required to use other sections of the DSM IV when applicable. A few pointers are also included on the following page:

The written product of each assignment will be four to five pages long, depending on the complexity of the case (typed, double-spaced, one inch margins, not including cover page or references).

- The multiaxial diagnosis will be listed on the first page.
- The remaining pages (pgs 2-5) will involve a discussion of how you determined the diagnoses (*See Clinical Assessment and Treatment Considerations sections*). This discussion is to include the signs/symptoms of each diagnosis you assign, as well as a complete...
discussion of differential diagnoses. Differential Diagnosis refers to all of the diagnostic categories that you seriously considered during the diagnostic process. Because the symptoms present in the case study suggest the possibility of several disorders, a thorough discussion of disorders that you excluded is warranted. In other words, you should discuss why you assigned the diagnoses that you did and why you ruled out others. Any cultural considerations should also be discussed (when applicable).

- **Note:** It is not enough to simply cite examples of DSM criteria from the case. You must discuss in your own words (i.e., paraphrase) the relevant data from the case with solid integration of the DSM (citing the DSM verbatim will result in substantial reduction in points).

**Clinical Assessment**

- List the main Axis I-V DSM-IV-TR diagnosis or diagnoses (first page only).
- List the differential diagnosis or diagnoses. Discuss.
- List V-Code(s) related with the disorder(s). Discuss. If this case does not meet criteria for a mental disorder, which specific V-Code(s) would you consider as the focus of clinical attention and why?
- What multicultural issues might be considered in the diagnosis and differential diagnosis of this case?

**Treatment Considerations**

- What treatment recommendations would you make based on the above assessment? Include both medication recommendations as well as counseling where applicable (may require review of the literature) Provide your rationale.
APPENDIX B

Argosy University, Chicago
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Multiaxial Diagnosis Format and Pointers

1. You can have multiple diagnoses on any axis. It is also possible that there is no diagnosis on an axis. List every diagnosis for which the diagnostic criteria are met. When no diagnosis exists for a particular axis, a V-Code of V71.09 “No Diagnosis” is entered on the line.

2. The first diagnosis listed on Axis I is assumed to be the principal diagnosis unless otherwise specified. If the principal diagnosis is a Personality Disorder or Mental Retardation, it should be listed on Axis II, labeled as the “Principal Diagnosis” in parentheses.

3. There are several options used when a diagnosis is not fully clear, including provisional diagnoses, rule out diagnoses, and diagnosis deferred.
   a. Provisional Diagnosis: If diagnostic criteria are minimally met for a particular disorder, the diagnosis may be entered on the line with the label "Provisional Diagnosis" in parentheses next to it.
   b. Rule Out Diagnosis: In the instance that diagnostic criteria are minimally met for two similar disorders and one diagnosis appears relatively clear but there remains a question about which diagnosis fits best, you can identify the most likely diagnosis on one line and list the second possibility on the next line followed by the term “Rule Out” in parentheses. This indicates some diagnostic certainty for the former diagnosis with a suggestion to monitor for the possibility of the latter diagnosis.
   c. Diagnosis Deferred: If there is insufficient information to make any diagnosis on any axis, enter “Diagnosis Deferred” on the line. This is different from "No Diagnosis" in that there is some possibility of a diagnosis on that axis but there is insufficient information to specify which diagnosis or not enough information to consider a “Rule Out” or a “Provisional Diagnosis.”