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

Spring III 2012 Section ECA

FACULTY
Name: Yvonne M. Patterson, Psy.D  
Phone Number: 312-384-0143  
E-mail: ypatterson@argosy.edu (primary) or yvonnepatterson@sbcglobal.net (alternate)  
Office Hours: By Appointment

MEETING DATES
Tuesdays, January 10, 2012-April 17, 2012  
(Full Spring 2012 Semester)

CLASS SCHEDULE
Weekly Tuesdays 6-9 pm, beginning January 10, 2012 and ending April 17, 2012

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):


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

University Attendance Policy

Students are expected to engage in weekly academic activity by attending classes and/or participating in the online portion of a course.

Academic activity is defined by (a) attending a face-to-face course, (b) posting a substantive response in a discussion section of the online classroom, (c) engaging in online tutorials, (d) submitting an assignment either in-person or via the online classroom, or (e) taking an exam. **Students who do not have any academic activity for 14 consecutive days, either online or class meetings, will be administratively withdrawn from the course and may be administratively withdrawn from the University.** Online and blended courses start on the first day of the semester or session. A student who does not participate in the course prior to the Add/Drop date for the session, and has not submitted an official Add/Drop Form, will be dropped from the course automatically and receive a refund based on the applicable Argosy University refund policy. The add/drop period usually ends the first week or 7 days of the term for 7.5 week courses, and the first 10 days of the semester for 15 week classes.

**Attendance is not equivalent to participation.** Student grades will be impacted by the frequency and quality of participation in class, whether face-to-face or online, consistent with the requirements of the particular course and as outlined in the course syllabus. The last day of attendance is based on the student’s last academic related activity in the classroom.

In blended courses (those consisting of in-residence and online components), students missing equal to or greater than **30% of face-to-face and online instruction time, or two or more weeks of no online participation will receive an automatic “F” grade in the course**

Department Attendance Policies

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. A student who misses 9 or more hours of either on-campus class meeting time, or 2 or more weeks of online participation, or a combination of both online and in class time, will receive an F grade automatically.

**Department Online Participation & Attendance Policies**

- Students are expected to complete weekly reading and online assignments. Online components of the course begin as the term begins.
- Timely online participation is a form of class attendance. **Student financial aid may be affected by when a student last participates online.**
- Two weeks of absences, either online or on ground, will lead to automatic withdrawal from the class.
- Students can only take online courses with the Program Chair’s approval, which can only be granted for irresolvable schedule conflict and possible delay of graduation.

**Instructional Contact Hours/Credit**

Students can expect 15 hours of instructional engagement for every 1 semester credit hour of a course. Instructional engagement activities include lectures, presentations, discussions, group-work, and other activities that would normally occur during class time. Instructional engagement activities may occur in a face-to-face meeting, or in the eclassroom.

In addition to instructional engagement, students can expect to complete 30 hours of outside work for every 1 semester credit hour of a course. Outside work includes preparing for and completing readings and assignments. Such outside work includes, but is not limited to, all research associated with completing assignments, work with others to complete a group project, participation in tutorials, labs, simulations and other electronic activities that are not a part of the instructional engagement, as well as any activities related to preparation for instructional engagement.

At least an equivalent amount of work as required in paragraph above shall be applied for other academic activities as established by the institution, including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.

**Classroom Etiquette**

It is to be expected that the instructor will treat all students with dignity and respect -- it is also expected that the students will treat both the instructor and other students with this same respect. In order to more effectively facilitate this, do the following: 1) **turn off all pager and cell phones before class;** 2) **abstain** from text messaging in class; 3) keep side conversations to a minimum; and, 5) **be respectful in all interactions**
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.
Participation (and attendance) will be considered for students whose grades are borderline (e.g. between A- and B+). *The use of technology (laptops, ipads/tablets) are not permitted during class unless for the purposes of presentation. All cell phones must be turned off or placed on vibrate during class. Texting during class is not permitted.*

B. Case Study Writing Assignments:
(50 points each)
Students 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. Students are responsible for reviewing the case and supplemental material and providing a Multiaxial Assessment. Students also must provide 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 6-8 page case report (typed, double-spaced, one inch margins). Students 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
(30 points each)
Students are required to critique a scholarly article or respond to a clinical issue for class discussion. Articles can be accessed electronically through E-Companion.

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. 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, Case Note, Treatment Plan 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.
### 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

<table>
<thead>
<tr>
<th>Week</th>
<th>Class Date</th>
<th>Topics:</th>
<th>Assignments:</th>
</tr>
</thead>
</table>
| 1    | 1/10       | • Introduction/class overview/syllabus/evaluation  
           • Contemporary Perspectives and Assessment of Abnormal Behavior | |
| 2    | 1/17       | • Contemporary Perspectives on Abnormal Behavior (Con’t)  
           • Classification of Abnormal Behavior: DSM-IV-TR Multiaxial System | Reaction Paper: (Personal Statement on Mental Health and Dysfunction) |
|      |            | **DSM IV-TR:**  
           - pp. xiii-37 (*imperative to read prior to class*) | **Articles:**  
           - Cowen  
           - Corrigan  
           - Erikson & Kress  
           - Barnett |
| 3    | 1/24       | • Classification of Abnormal Behavior: DSM-IV-TR Multiaxial System (Con’t)  
           • Stress, Psychological factors and Health  
           • Psychotherapists and Psychiatric Medicines/How Medications Function | Reaction Paper: (The DSM as a Diagnostic Tool/Managing Stress): **DSM IV-TR:**  
           - pp. xiii-37 (con’t) | **Articles:**  
           - Smart  
           - Hartung  
           - Brown and McGill  
           **B&B:**  
           - Chapter 1 pp 1-33 |
<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topics</th>
<th>Notes</th>
</tr>
</thead>
</table>
| 4    | 1/31 | - Adjustment Disorders  
     - Anxiety Disorders | Case Vignette: Submit to Dropbox  
DSM IV-TR: pp.679-683  
Articles:  
- Brown & McGill  
- Schwarz |
| 5    | 2/7  | - Substance Abuse and Dependence  
     - Impulse Control Disorders | Reaction Paper:  
Case Vignette  
B&B: Chapter 5 pp 133-149  
DSM IV-TR: pp. 191-295  
Articles:  
- Christenson  
- Compton et. al |
| 6    | 2/14 | Personality Disorders  
     Treatment Planning | Case Vignette  
DSM IV-TR: pp.685-729  
Articles:  
- Grekin  
- Rivas-Vazquez  
- Cameron  
- Handout (distributed) |
| 7    | 2/21 | - Schizophrenia and Other Psychotic Disorders | Case Vignette  
Case Vignette:  
B&B: Chapter 4 pp. 103-132  
DSM IV-TR: pp. 297-344  
Articles:  
- Sammons  
- Trierweiler |
| 8    | 2/28 | - Mood Disorders | Reaction Paper:  
Case Vignette  
B&B: pp.35-78  
DSM IV-TR: |
<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Topic</th>
<th>Case Vignette/Treatment Plan</th>
</tr>
</thead>
</table>
| 9    | 3/6   | **Mood Disorders (Con't)**  
        - Suicide Risk Assessment |                               |
|      |       | **Case Vignette: B&B:**  
        - pp.35-78  
        **DSM IV-TR:**  
        - pp. 345-428  
        **Articles:**  
        - Sommers  
        - Rich et. al  
        - Hawthorn |
| 10   | 3/13  | **Eating Disorders**                                                   |                               |
|      |       | **Case Vignette**                                                      |                               |
|      |       | **Reaction Paper:**  
        **DSM IV-TR:**  
        - pp. 583-595  
        **Articles:**  
        - Cummings  
        - Greenberg  
        - Sands |
| 11   | 3/20  | **Disorders First Diagnosed in Childhood and Adolescence**  
        - Cognitive and Other Age Related Disorders |                               |
|      |       | **Case Vignette/Treatment Plan**                                      |                               |
|      |       | **DSM IV-TR:**  
        - pp. 39-134  
        **Articles:**  
        - Brown & LaRosa  
        - Ayers |
| 12   | 3/27  | **Disorders Involving Gender and Sexuality**                          |                               |
|      |       | **Case Vignette**                                                      |                               |
|      |       | **DSM IV-TR:**  
        - pp. 535-582  
        **Articles:**  
        - LoPiccolo  
        - Anderson  
        - Barlow |
| 13   | 4/3   | **Somatoform Disorders**  
        **Dissociative Disorders**  
        **Factitious Disorders** |                               |
|      |       | **Case Vignette:**  
        **B&B:**  
        - Chapter 5 pp 133-139  
        **DSM IV-TR:**  
        - pp. 485-533 |

**Final Paper Due**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Articles:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- Gleaves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Rief</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Phillips</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Loftus</td>
</tr>
</tbody>
</table>
| 14| 4/10 | • Culture Bound Seminar  
|   |   | • Culture Bound Seminar |
| 15| 4/17 | • Culture Bound Seminar |
|   |   | • Culture Bound Seminar |

**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](http://library.argosyu.edu). Detailed descriptions of online resources are located at [http://library.argosyu.edu/misc/onlinedblist.html](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**
- First Page Only: List the main Axis I-V DSM-IV-TR diagnosis or diagnoses (first page only).
- Pages 2 and Beyond: Provide clinical rationale for your diagnosis. Must support and synthesize with case material. Include when applicable, V-Code(s) related with the disorder(s). Discuss. If this case does not meet criteria for a mental disorder (e.g., Provisional, Rule/Outs, etc…).
- List the differential diagnosis or diagnoses. Synthesize with case data.
- Discuss Associated Features, Prevalence, Course, Etc…Synthesize with case data.

**Multicultural and Treatment Considerations**
- What multicultural issues might be considered in the diagnosis and differential diagnosis of this case?
- Select a theoretical orientation to counseling and discuss how that influences and informs a clinician’s diagnosing and treatment planning.
- What treatment recommendations would you make based on the above assessment? Recommendations must be based on a stated theoretical Include both medication recommendations as well as counseling where applicable (choose at least two scholarly articles to support your treatment). Provide your rationale.
APPENDIX B

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

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.”