

**Note:**

**Course content may be changed, term to term, without notice. The information below is provided as a guide for course selection and is not binding in any form, and should not be used to purchase course materials.**

## ***COURSE SYLLABUS***

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**SCHOOL OF HEALTH SCIENCES  
CENTER FOR COUNSELING AND FAMILY STUDIES**

### **COUN 667: CLINICAL DIAGNOSIS AND TREATMENT PLANNING**

**FACULTY:**

**OFFICE:**

**PHONE:**

**E-MAIL:**

**OFFICE HRS:**

**SEMESTER:**

**TIME: M-TH = 8:15-4:30; F = 8:15-12:00**

**LOCATION OF CLASS:**

#### **I. COURSE DESCRIPTION**

Students become knowledgeable of the principles of clinical diagnosis and the development of treatment plans. The current edition of the Diagnostic and Statistical Manual is emphasized, with consideration also given to dimensional, relational, and systemic issues important in diagnosis and treatment planning. (3 credit hours)

#### **II. RATIONALE**

The Center for Counseling and Family Studies is committed to preparing students who can adequately meet the demands of a world that is becoming more and more impaired by sin, dysfunction, and pathology. We desire students who can interview, evaluate, and treat clients professionally, effectively, and ethically without violating their biblical worldview and in a way that integrates that worldview into their work. The intent of this course is to prepare students for the pragmatics of their clinical work in practicum and internship environments. Christian counselors should be competent in all areas of clinical work regardless of the setting in which they work. Being able to conduct an appropriate, professional, and clinically sound interview is the basis of all counseling. Based upon the data obtained in the interview counselors must be able accurately diagnose and plan a course of treatment for clients, essential skills for all counselors.

#### **III. PREREQUISITES**

Because of the nature of this course is designed to provide applications of counseling knowledge the following courses are **prerequisites** before you can be accepted into this class: **COUN 501, 502, 503, 505, 510, 521, and 646 (you must have completed 646; this is non-negotiable).**

#### IV. MATERIALS LIST

##### A. Required Texts: (always get the most current edition)

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5th edition (DSM-5)*. Washington, D.C: American Psychiatric Publishing. ISBN-13:978-0-89042-555-8 (Paperback); ISBN-13:978-0-89042-554-1 (Hardcover)
- Jongsma, A. E., Peterson, L. M., & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner (5th ed.)*. Hoboken, N.J: Wiley. ISBN-10:1-118-06786-X; ISBN-13:978-1-118-06786-4
- Nussbaum, A. M. (2013). *The pocket guide to the DSM-5 diagnostic exam*. Washington, DC: American Psychiatric Publishing. ISBN-13: 978-1585624669
- Sommers-Flanagan, J., & Sommers-Flanagan, R. (2013). *Clinical interviewing (5th ed.)*. New York: John Wiley & Sons. ISBN-13:978-1118270042

##### B. Recommended: (\* indicates the best) (always get the most current edition)

- Barlow, D. H. (2007). *Clinical handbook of psychological disorders: A step-by-step treatment manual*: Guilford Press.
- Morrison, J. (2007). *Diagnosis made easier: Principles and techniques for mental health clinicians*. New York, NY: Guilford Press. (ISBN-10: 1-59385-331-9)
- Seligman, L., & Reichenberg, L. W. (2012). *Selecting effective treatments: A comprehensive, systematic guide for treating mental disorders (4th. ed)*. San Francisco, CA: Jossey-Bass. (ISBN-13: 978-0-470-8890-8)
- \*Morrison, J. (2008). *The first interview*. New York, NY: Guilford Press. (ISBN: 1978-1-59385-636-6)
- \*Othmer, E., & Othmer, S. (2003). *The clinical interview: Using DSM-IV(TR). Vol 1, Fundamentals*. Washington DC: American Psychiatric Association. (ISBN: 1-58562-051-3)
- Pomeroy, E., & Wambach, K. (2003). *The clinical assessment workbook: Balancing strengths and differential diagnosis*. Pacific Grove, CA: Brooks/Cole Thomson Learning. (ISBN: 0-534-57843-8, paperback)
- Ried, W., Sutton, B. J., & Balis, G. U. (1997). *The treatment of psychiatric disorders: Revised for the DSM-IV*. New York, NY: Brunner-Mazel. (ISBN: 0876307659)
- Shea, S. C. (1998). *Psychiatric interviewing: The art of understanding for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals (2<sup>nd</sup> ed.)*. Philadelphia, PA: Saunders. (ISBN-13: 978-0-7216-7011-9)
- Zuckerman, E. L. (2010). *Conducting interview and writing psychological reports*

(7<sup>th</sup> ed.). New York, NY: Guilford Press. (ISBN-13: 978-1-60623-874-5)

**Textbook Disclaimer Statement**

The above texts provide information consistent with that required by state licensing boards in the class subject area. Liberty University does not necessarily endorse specific religious, philosophical, or political positions found in these texts.

**NOTE:** It is recommended (no longer required) that each student purchase *Therascribe* (a software package that helps you prepare treatment plans) for his/her practicum. It may behoove you to obtain a copy of it now so that you can get acquainted with it before entering your practicum. Moreover, you will most likely never get it cheaper than you can as a student. Contact the publisher Wiley to get the discounted rate (tell them you are a student at LU).

**V. COURSE CONTENT**

- A. Review of the DSM.
- B. Review conceptualization of mental disorder.
- C. Discuss the role, value, purposes, and limitations of diagnosis in the counseling process.
- D. Practice a range of clinical assessment skills:
  - a. Practice clinical interviewing skills.
  - b. Practice differential diagnosing.
  - c. Practice administering and writing up mental status exam
- E. Explain factors that contribute to or interfere with accurate assessment, diagnosis, and case conceptualization.
- F. Synthesize bio-psycho-socio-spiritual factors in case conceptualization, diagnosis, and treatment planning in a multiculturally sensitive fashion.
- G. Review assessment protocols for suicide, homicide, and other mental health crises.
- H. Review mental status functions and practice conducting a Mental Status Exam.
- I. Examine core components of diagnostic formulation to the process of effective treatment planning.
- J. Review and practice creating treatment plans.
- K. Review and discuss ethical issues (e.g., culture, gender, client welfare) in clinical diagnosis and treatment planning
- L. Review American with Disabilities Act and Family Medical Leave Act and how they relate to working with clients.
- M. Provide introduction to ICD, CPT codes, and managed care.
- N. Review case management skills across a variety of treatment contexts—e.g., community service agencies, private outpatient practice, and acute inpatient settings.

## VI. MEASURABLE LEARNING OUTCOMES

The student should be able to:

- A. Apply course readings and class lectures to clinical case studies (Program Learning Outcomes 1).
- B. Apply appropriate, evidence-based clinical interviewing skills in an ethical and legal manner (Program Learning Outcomes 1, 4, & 5).
- C. Conduct a comprehensive, biopsychosocialspiritual evaluation, diagnosis, and treatment plan an ethical and legal manner (Program Learning Outcomes 1, 4, & 5).
- D. Identify and integrate empirically supported and evidenced based treatments into the process of treatment planning (Program Learning Outcomes 1,4, & 5).
- E. Analyze, evaluate, and synthesize client data from a multiculturally sensitive biopsychosocialspiritual perspective into a professional report that includes psychosocial history, diagnosis, case conceptualization, and treatment planning (Program Learning Outcomes 1, 2, 3, & 5).

## VII. COURSE REQUIREMENTS AND ASSIGNMENTS

Students are expected to understand and integrate course information through regular reading in assigned texts, class interaction, lectures, videotapes, demonstrations, and writings. **All written assignments are expected to be in APA (6<sup>th</sup> edition) format.**

### A. Pre-Intensive Work:

1. **Reading.** **ALL** required pre-intensive reading must be completed prior to the intensive. Students will complete a Reading Report indicating the percentage of completed reading for each chapter and at least 5 reflection questions.

Required **pre-intensive** reading includes:

- Sommers-Flanagan (2013) text: **Chapters 6-10** (a total of 5 reading reports)
- DSM-5: **Section I**; each chapter of **Section II**; each chapter of **Section III** (a total of 27 reading reports)

Each Reading Report will be approximately one page of your document for each text. For example, you will have one Word document with at least 5 pages of Reading Reports for the required reading in the Sommers-Flanagan text. You will have one Word document with at least 27 pages of Reading Reports for the DSM-5. When you're ready to submit the reading report files (one file for Sommers-Flanagan, one file for DSM), click the assignment link, attach both files, and click Submit. **This assignment is due by the start of the intensive on Monday morning.**

A further description of this requirement, the template for the reading reports, and the links for submission of this assignment are located in the Assignments section of the course. The rest of the readings may be completed after the intensive by the due date specified in the course schedule. (Partially fulfills the requirements of Learning Outcomes A & D).

**NOTE:** As for the DSM-IV-5, be sure to bring the large manual (not a condensed version) with you to class. Also, bring 4 copies of the Mental Status Exam, which can be found in the Course Content section on Blackboard. (Partially fulfills the requirements of Learning Outcomes A).

#### B. **Intensive Week:**

1. ***Class Attendance:*** Since this is a week intensive, missing one day is the equivalent of missing one-fifth of classes. Class attendance is expected since adult learning results from interaction with peers. Attendance will be taken each class as well as throughout the day. Leaving early and arriving late will be noted; two of either of them will result in a lower grade. (Partially fulfills the requirements of Learning Outcomes B, C, & D).
2. ***Class Participation:*** Students will be evaluated on their contributions to class discussion (i.e., keeping up with the readings and actively participating in class role playing). Graduate students bear a responsibility for active and considerate participation in class activities. An open, curious, and honest attitude toward learning from others will facilitate development for all participants. See **Appendix A** for information about how this will be assessed. During class time students focus should be on class work (see Other Classroom Policies for more information. (Partially fulfills the requirements of Learning Outcomes B).
3. ***Role-Playing.*** Students will role play a counselor and client using a variety of mental disorders throughout the week. Students will need to be prepared in advance of **each class** to portray an actual client so that another counselor may attempt to make an appropriate diagnosis and design a treatment plan. Please make sure that you are consistent to the diagnosis and provide sufficient information in your responses for the counselor to make the diagnosis. You do not have to be obvious in your responses. Your ability to be imitate a real life client and your ability to be a professional interviewer will demonstrate your understanding of diagnostic criteria and interviewing skills. Moreover, your ability to write a professional report will demonstrate your ability to analyze, evaluate, and synthesize client data into an accurate diagnosis, develop appropriate treatment goals, apply relevant treatment strategies, and write a formal report. (Partially fulfills the requirements of Learning Outcomes A, B, C, & D)

#### C. **Post-Intensive Work:**

1. ***Reading.*** **ALL** required post-intensive reading must be completed by 3 weeks after the intensive. Similar to the pre-intensive reading, students will complete a

Reading Report indicating the percentage of completed reading for each chapter and at least 3 reflection questions. (Please note that only 3 reflection questions are required.)

Required **post-intensive** reading includes:

- Jongsma et al. (2014) text: **All Chapters** beginning with Introduction through Vocational Stress (a total of 45 reading reports)
- Nussbaum (2013): **Chapters 1-13** (a total of 13 reading reports)

Each Reading Report will be approximately one page of your document for each text. For example, you will have one Word document with at least 45 pages of Reading Reports for the required reading in the Jongsma et al. (2014) text. You will have one Word document with at least 13 pages of Reading Reports for the Nussbaum (2013) text. When you're ready to submit the reading report files (one file for Jongsma et al., one file for Nussbaum), click the assignment link, attach both files, and click Submit. **This assignment is due by 3 weeks after the intensive is over.**

A further description of this requirement, the template for the reading reports, and the links for submission of this assignment are located in the Assignments section of the course. The rest of the readings may be completed after the intensive by the due date specified in the course schedule. (Partially fulfills the requirements of Learning Outcomes A & D).

2. ***Role Play/Intake Paper:*** During class time, each student will utilize a role-playing situation in which he/she will play the parts of client and counselor. Based upon that role-play, students are responsible for writing a professional psychosocial report (see **Appendix B**) and making a diagnosis as though referring the client to another counselor. The report should include most of the areas covered in a psychosocial history. (Partially meets Learning Objectives A, B, C, & D). Include the following:
  - a. The report should include most of the areas covered in a psychosocial history. The headings of your paper should be those from the intake report, but do not write the paper in an outline fashion.
  - b. You are to provide a complete DSM 5 diagnosis, with all the appropriate modifiers and specifiers for each diagnosis given.
  - c. The paper should be written in narrative form. Discuss the person to the best of your ability, given the information obtained from the source(s).
  - d. Attach the treatment plan as an appendix using a format that will be covered in class, but provide discussion in the body of the paper as to how you arrived at the goals and strategies.
  - e. For the treatment plan, **you will need to develop 2 specific problems, 2 goals**

**for each problem, at least 2 objectives for each goal, and provide at least 1 intervention per objective.** At least 1 objective in the treatment plan should address a spiritual need.

- f. Before providing the treatment plan state your theoretical perspective (if you are eclectic, describe specifically how you are—what theories do you incorporate and how do you incorporate them) so it is clear how you are evaluating and seeking to treat the person.
  - g. You may wish to include other attachments such as a MSE.
  - h. There is no page length for this assignment. Include a title page, abstract, and references.
3. ***Final Exam:*** On the last day of class, the final exam will be made available on Blackboard. The exam is to be completed at home. The examination will include several case studies with which students will complete a diagnosis and write a treatment plan. Since the exam is application-oriented, you may use your DSM and other resources, but **may not consult with anyone other person** other than the Holy Spirit for help. There is not time-limit for the exam.

The purpose of the exam is to evaluate each student's ability to analyze, evaluate, and synthesize client data and then apply the diagnostic criteria to a series of case studies in order to arrive at an accurate DSM diagnosis. Moreover, it evaluates the student's ability to create appropriate treatment plans that are relevant to and adequately address a client's diagnosis. This assignment partially meets Learning Outcomes E & F.

**NOTE:** All assignments must be completed within four weeks of the intensive.

## VIII. COURSE GRADING and POLICIES

### A. Class Assignments and Related Points

ASSIGNMENT	POINTS
<b>Pre-Intensive Reading</b>	<b>150 Points</b>
<b>Class Participation:</b>	<b>100 Points</b>
<b>Role-Play Paper</b>	<b>300 Points</b>
<b>Post-Intensive Reading</b>	<b>150 Points</b>
<b>Final Exam:</b>	<b>300 Points</b>
<b>COURSE TOTAL</b>	<b>1000 Points</b>

**B. Grading Scale (based upon an 8 point scale)**

A	A-	B+	B	B-	C+
1000-940	939-920	919-900	899-860	859-840	839-820
C	C-	D+	D	D-	F
819-780	779-760	759-740	739-700	699-680	679-0

**C. Grading Policies**

1. **Pre-Intensive Reading MUST** be completed prior to the intensive week.
2. **Late Assignment Policy:** (for post-intensive assignments; applies to Role Play Paper, Post-Intensive Reading, and Final Exam) If the student is unable to complete an assignment on time, then he or she must contact the instructor immediately by email. Assignments that are submitted after the due date without prior approval from the instructor will receive the following deductions:
  - Late assignments submitted within one week of the due date will receive a 10% deduction.
  - Assignments submitted more than one week late will receive a 20% deduction.
  - Assignments submitted two weeks late or after the final date of the class will not be accepted.
  - Late Discussion Board threads or replies will not be accepted.

Special circumstances (e.g. death in the family, personal health issues) will be reviewed by the instructor on a case-by-case basis.

3. For written assignments, part of your grade is based upon the quality of the writing. The professor/consultant reserves the right to grade poorly written papers with an "F," regardless of content. If necessary, get an editor or someone who writes well to read your papers.
4. Students who have English as a second language (ESL) may request additional time for assignments, but such requests must be in writing at least 2 weeks before the assignment is due.

**IX. ATTENDANCE POLICIES**

Only students present and on time will receive the maximum credit for this aspect of the course. Students must be present for the entire week of the intensive, no exceptions. Excused absences from the morning or afternoon sessions are reserved for unforeseen situations such as serious illness or for situations previously approved by the professor.

**X. OTHER POLICIES**

- A. **Academic Misconduct:** Academic misconduct is strictly prohibited. See The Graduate Catalog for specific definitions, penalties, and processes for reporting.
- B. **Disability Statement:** Online students with a documented disability may contact the DLP Office of Disability Academic Support (ODAS) at [dlpodas@liberty.edu](mailto:dlpodas@liberty.edu) to make arrangements for academic accommodations. Residential students with a documented disability may contact the Office of Disability Academic Support (ODAS) DH 2016 for arrangements for academic accommodations.
- C. **Drop/Add Policy:** Consult the Graduate Catalog for drop/add policies.
- D. **Dress Code:** Students are expected to maintain a neat, professional appearance while in class. Consult your department for additional guidelines.
- E. **Classroom Policies**
1. Classroom policies will be established and enforced by the individual instructor.
  2. **The inappropriate use of technology such as cell phones, iPods, laptops, etc in the classroom is not tolerated.** Becoming a professional is a process. It involves developing respect for yourself and others. It is important to establish a professional attitude and demeanor while in graduate school. Therefore, if you bring your computer to class it should only be used for material related to this class. **You should not be checking e-mail, instant-messaging, checking scores, stocks, or viewing anything other than that which pertains to this class.** Staring at your computer or typing that is inconsistent with a presentation is disrespectful. Failure to comply with this policy will result in “0” points for class participation for the semester. Continuation of the practice may result in you receiving an “F” for the course.
  3. Other disruptive behavior in the classroom is not tolerated. Students who engage in such misconduct will be subject to the penalties and processes as written in the *Graduate Liberty Way*.

F. **Dual Relationships and Limits of Confidentiality**

The faculty is responsible to interact with counseling students in a supervisory capacity or role. As such, faculty may provide students professional principles, guidance, and recommendations as it relates to the context of the student-client setting. The faculty is responsible to avoid dual relationships with students such as entering a student-counselor or student-pastor relationship. Thus, the faculty does not provide personal counseling addressing student personal problems. If a faculty member perceives that a student is in need of personal or professional counseling then that faculty member will recommend that the student pursue either pastoral or professional assistance from a counselor in their community.

In the event of a student’s disclosure, either verbally or in writing, of either threat of serious or foreseeable harm to self or others, abuse or neglect of a minor, elderly or

disabled person, or current involvement in criminal activity, the faculty, staff, administrator or supervisor will take immediate action. This action may include, but is not limited to immediate notification of appropriate state law enforcement or social services personnel, emergency contacts, and notification of the appropriate program chair or distance learning dean. The incident and action taken will become part of the student's personal record.

- G. Correspondence:** Students are expected to communicate in a professional manner at all times whenever emailing classmates, professors, or any employee of Liberty University. Because there is no accompanying tone of voice, facial expressions or body language with email communications they can be more easily misinterpreted than face to face communication. Your emails should be courteous and well thought out to avoid knee-jerk responses that will be interpreted as flaming or sarcasm. Communicate complaints directly to the individual involved. Do not send a blanket email to everyone in the class or to administrative personnel until you have communicated your concerns directly to the person involved and allowed them time to respond. Do not post a message to the class on Blackboard that is more appropriate for an individual. Avoid offensive language of any kind.

#### H. Communication

1. **Electronic Communication:** all electronic communication must be done via your personal Liberty Email. I will communicate via your Liberty account and you are expected to communicate via my Liberty account ([????????@liberty.edu](mailto:????????@liberty.edu)).
2. **Face-to-Face Communication:** I will be available during breaks, lunch, and briefly after each day's session. If a more formal meeting needs to be scheduled, we can arrange a time and meet at the LMCC where the intensive is located.
3. **Phone Conference:** Limited to emergencies only and time will be limited.

#### I. FN" Policy

Students who begin a course, but at some point in the semester cease attending, and do not provide official notification to withdraw, will be assigned a grade of "FN" at the discretion of the instructor, dated to the student's last date of academic activity. A grade of "FN" will be assigned when a student stops attending and/or participating in a class for a period of 21 consecutive days or longer. "FN" indicates that the student ceased attendance and failed to complete the course objectives. The last date of attendance will be based upon the last date that a student submitted an academic assignment (such as an examination, written paper or project, discussion board post, or other academic event). This will be the "Creation Date" of the assignment.

Before posting the "FN" the professor must email the student after noticing at least 14 days of nonattendance. The professor should utilize the template email provided below to communicate the seriousness of the "FN" grade to the student. After 21 days of nonattendance in which the student has not submitted course work or

communicated with their professor, the professor should post the "FN" grade in the Post Final Grades area of Blackboard, along with the student's last date of attendance.

Students who receive a grade of "FN" may appeal to their professor to have the grade removed to allow a resumption of work in the course. This appeal must be communicated in written form to the faculty member within 1 week of the notification of the "FN" grade being posted. The faculty member will confer with their Associate Dean in order to review and make a determination concerning the status of the appeal.

**X. CALENDAR**

<b>Pre-Intensive</b>	<b>Students <u>Must</u> Complete All of the Assigned Pre-Intensive Reading</b>		
		<b>Submit Reading Reports (due by Monday 8:15 a.m.)</b>	
<b>INTENSIVE WEEK:</b>			
<b>Session</b>	<b>Date</b>	<b>Topic</b>	<b>Activity</b>
1		<ul style="list-style-type: none"> <li>• Definitions and Concepts</li> <li>• Advantages and Disadvantages of Diagnosing</li> <li>• Overview of DSM</li> <li>• Application: Practice Diagnosing</li> </ul>	<ul style="list-style-type: none"> <li>• Brief student introductions</li> <li>• Case Studies 1, 2, 3</li> </ul>
2		<ul style="list-style-type: none"> <li>• Discuss the Nature of Mental Disorders</li> <li>• Discussion the Role of Assessment</li> <li>• Conduct a Mental Status Exam</li> <li>• Application: Practice Diagnosing</li> </ul>	<ul style="list-style-type: none"> <li>• DVD 1: Vignettes 1-3</li> <li>• Demonstration/Practice of MSE</li> <li>• See Daily Role Play</li> </ul>
3		<ul style="list-style-type: none"> <li>• Discuss Clinical Interviewing</li> <li>• Active Crisis Assessment</li> <li>• Suicide and Homicide Assessment</li> <li>• Application: Practice Diagnosing and Interviewing</li> </ul>	<ul style="list-style-type: none"> <li>• Comp Exam Overview</li> <li>• Demonstration of a Clinical Interview</li> <li>• DVD 1: 5, 7; DVD 2: 1</li> <li>• See Daily Role Play</li> </ul>
4		<ul style="list-style-type: none"> <li>• Discuss and Demonstrate Treatment Planning</li> <li>• Discuss Ethical Issues in Assessment, Diagnosis, and Treatment Planning</li> <li>• Application: Role Planning, Diagnosing, and Treatment Planning</li> </ul>	<ul style="list-style-type: none"> <li>• Practice treatment planning</li> <li>• DVD 2: 3, 6, 7</li> <li>• See Daily Role Play</li> </ul>

5		<ul style="list-style-type: none"> <li>• Conduct a Full Psychosocial Assessment (Role-Play)</li> <li>• Debrief Experience</li> <li>• Application: Case Studies</li> </ul>	<ul style="list-style-type: none"> <li>• Role play for paper</li> <li>• Case Studies: 4, 9, 12</li> </ul>
Post-Intensive	2 week	Role Play Paper (due by 11:59 pm)	
	3 week	Complete the Assigned Reading; Submit Reading Reports (due by 11:59 pm)	
	5 week	COUN 667 Final Exam (due by 11:59 pm)	

## XI. BIBLIOGRAPHY

Anderson, C. M., & Holder, D. P. (1989). Women and serious mental disorders. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds), *Women in families*. New York, NY: W. W. Norton.

Blashfield, R. K. (1985). *The classification of psychopathology: Neo-Kraepelinian and quantitative approaches*. New York, NY: Plenum.

Blashfield, R. K., & Fuller, A. K. (1996). Predicting the DSM-V. *Journal of Nervous & Mental Disease*, 184, 4-.

Bloom, B. L. (1992). *Planned short-term psychotherapy: A clinical handbook*. Boston: Allyn & Bacon.

Brems, C. (1999). *Psychotherapy processes and techniques*. Boston, MA: Allyn & Bacon.

Cameron, S., Turtle-Song, I. (2002). Learning to write case notes using the SOAP format. *Journal of Counseling and Development*, 80, 286-292.

Carlat, Daniel J. (2004). *The psychiatric interview* (2<sup>nd</sup> edition). Philadelphia, PA: Lippincott, Williams & Wilkins:

Carter, J. D. (1994). Psychopathology, sin & the DSM: Convergence & divergence. *Journal of Psychology & Theology*, 22(4), 277-285.

Department of Health and Human Services (2000). *Mental health: A report of the surgeon general*. Rockville, MD: Author.

Ebert, M. H., Loosen, P. T., & Nurcombe, B. (2000). *Current diagnosis and treatment and psychiatry*. New York: McGraw-Hill.

Fabrega, H., Jr. (1992). Commentary: Diagnosis interminable: Toward a culturally sensitive DSM-IV. *The Journal of Nervous and Mental Disease*, 180(1), 5-7.

Flaskerud, J. H., & Hu, L-T. (1992). Relationship of ethnicity to psychiatric diagnosis. *Journal of*

- Nervous and Mental Disease*, 180(5), 296-303.
- Fauman, Michael A. (2002). *Study guide to DSM-IV-TR*. Washington DC: American Psychiatric Publishing.
- Guarnaccia, P. J., & Lloyd, H. (1999). Research on culture-bound syndromes: New directions. *The American Journal of Psychiatry*, 156, 1322-1327.
- Hohenshil, T. H. (1996). Editorial: Role of assessment and diagnosis in counseling. *Journal of Counseling and Development*, 75, 64-67.
- Jongsama, Jr., A., & Peterson, L. M. (1999). *The complete psychotherapy treatment planner* (3<sup>rd</sup> ed.). New York: Wiley.
- Kaplan, H. I., & Sadock, B. J. (1998). *Synopsis of psychiatry* (8<sup>th</sup> ed.). Baltimore, MD: Williams and Wilkins.
- Maxmen, J. S., & Ward, N. G. (1995). *Essential psychopathology and its treatment*. New York: W. W. Norton.
- Maruish, M. (2002). *Essentials of treatment planning*. New York: John Wiley & Sons.
- Meyer, R. G., & Deitsch, S. E. (1996). *The clinician's handbook: Integrated diagnostics, assessment, and intervention in adult and adolescent psychopathology*. Needham Heights, MA: Allyn & Bacon.
- Millon, T. (1991). Classification of psychopathology: Rationale, alternatives, and standards. Special Issue: Diagnoses, dimensions, and DSM- IV: The science of classification. *Journal of Abnormal Psychology*, 100(3), 245-261.
- Morrison, James (1995). *DSM-IV made easy: The clinicians guide to diagnosis*. New York: Guilford Press.
- Munson, C. E. (2001). *The mental health diagnostic desk reference*. New York: The Haworth Press.
- Okun, B. F. (2002). *Effective helping: Interviewing and counseling techniques* (6<sup>th</sup> ed.). New York: Brooks/Cole Publishing Company.
- Paniagua, F. A. (2001). *Diagnosis in a multicultural context: A case book for mental health professionals*. Thousand Oaks, CA: Sage.
- Regier, D. A., Kaelber, C. T., Rae, D. S., Farmer, M. E., Knauper, B., Kessler, R. C., & Norquist, G. S. (1998). Limitations of diagnostic criteria and assessment instruments for mental disorders. *Archives of General Psychiatry*, 55, 109-115.
- Ross, C. E. (1990). Religion and psychological distress. *Journal for the Scientific Study of Religion*, 29(2), 236-245.

- Seligman, L. (2004). *Technical and conceptual skills for mental health professionals*. New Jersey: Pearson Education.
- Soloman, A. (1992). Clinical diagnosis among diverse populations: A multicultural perspective. *Families in Society: The Journal of Contemporary Human Services*, 371-377.
- Sullivan, W. P. (1992). Spirituality as social support for individuals with severe mental illness. *Spirituality and Social Work*, 3(1), 7-13.
- Turner, S. M., & Herson, M. (1997). *Adult psychopathology and diagnosis*. New York: Wiley.
- Welfel, E. R., & Ingersoll, R.E. (Eds.). (2003). *The mental health desk reference*. New York: John Wiley & Son Inc.
- Wernet, S.P. (1999). *Managed care in the human services*. Chicago: Lyceum Books.
- Whiston, S. C. (2000). *Principles and application of assessment in counseling*. Belmont, CA: Thomson Learning.
- Zuckerman, E. L. (2000). *Clinician's thesaurus: The guidebook for writing psychological reports*. (5<sup>th</sup> ed.). New York: Guilford Press.

## Appendix A

# GUIDE FOR ASSESSING CLASS PARTICIPATION

This course is structured so that we can learn not only from textbooks and articles, but also from one another. Student-to-student and group interaction and learning is invaluable. Class participation assesses your contribution to the learning experience of your classmates. Participation may include comments, questions, statements, discussions, etc., and may occur in large or small group discussions. It also has to do with timeliness of attendance and appropriateness of interaction.

Recognition is given to the fact that individual learning styles vary. Some people tend to be more vocal and active in class than others are. This does not necessarily mean that those who have been most vocal have contributed more to the overall learning experience of the class than those who have been quieter. In fact, being too vocal could potentially lower your participation score, particularly if the contribution is more like a soliloquy or personal attack. It is the *quality* of the participation that is evaluated, not necessarily the *quantity*. This includes, but is not limited to, the degree to which the student:

- ◆ Brings clarity to issues being discussed
- ◆ Relates issues to biblical/scriptural/Christian principles and experience
- ◆ Rationally defends her/his position, particularly using behavioral science findings
- ◆ Raises new and novel, yet relevant, points
- ◆ Critically evaluates the views of self and others
- ◆ Takes leadership within small group activities/discussions

Your class attendance and contribution is worth 10% of your total grade. Students with a sound grasp of materials and a demonstrated ability to analyze those materials at a satisfactory to average level for graduate students can be expected to receive a grade of “B”. The grade of “A” will be reserved to designate excellence. This will require not only a sound grasp of materials and the demonstration of an ability to analyze them at a graduate level, but also a clear capacity to synthesize and critique the materials and apply the principles for effective problem solving. There is no predetermined number of students who will receive each grade.



- Primary thought content (including presence or absence of suicide ideation)
- Level of cooperation with the interview
- Estimate of adequacy of the data obtained

### **History of the Present Problem(s)**

- Include one paragraph describing the client's presenting problems and associated current stressors
- Include one or two paragraphs outlining when the problem initially began and the course or development of the symptoms
- Repeat, as needed, paragraph-long descriptions of additional current problems identified during the intake interview (client problems are usually organized using diagnostic—DSM—groupings, however, suicide ideation, homicide ideation, relationship problems, etc., may be listed)
- Follow, as appropriate, with relevant negative or rule-out statements (e.g., with a clinically depressed client, it is important to rule out mania: "The client denied any history of manic episodes)

### **Treatment (Psychiatric) History and Family Treatment (Psychiatric) History**

- Include a description of previous clinical problems or episodes not included in the previous section (e.g., if the client is presenting with a problem of clinical anxiety, but also has a history of treatment for an eating disorder, the eating disorder should be noted here)
- Description of previous treatment received, including hospitalization, medications, psychotherapy or counseling, case management, etc.
- Include a description of all psychiatric and substance abuse disorders found in all blood relatives (i.e., at least parents, siblings, grandparents, and children, but also possibly aunts, uncles, and cousins)
- Also include a list of any significant major medical disorders in blood relatives (e.g., cancer, diabetes, seizure disorders, thyroid disease)

### **Relevant Medical History**

- List and briefly describe past hospitalizations (include having babies) and major medical illnesses (e.g., asthma, HIV positive, hypertension)
- Include a description of the client's current health status (it's good to use a client quote or physician quote here)
- Current medications, dosages, and frequency)
- Primary Care Physician (and/or specialty physician) and telephone numbers

### **Developmental History**

(This section does not need to focus heavily on childhood or adolescence history except in child and adolescent cases in which pre-natal through adolescence should be addressed)

- Situation surrounding pregnancy
- Information pertaining to birth

- Social, behavioral, and cognitive milestones
- Educational History (include interaction with peers, people in authority, academic performance, and extra-curricular activities—e.g., sports, clubs)

### **Social and Family History**

- Early memories/experiences (including, when appropriate, descriptions of parents and possible abuse or childhood traumatization)
- Employment history
- Military history
- Romantic relationship history
- Sexual history
- Aggression/violence history
- Alcohol/Drug history (if not previously covered as a primary problem area)
- Legal history
- Recreational history
- Spiritual/Religious history (when dealing with Christian clients discuss salvation experience, Christian life development, church attendance, etc.)
- Support system (Network)

### **Case Formulation**

- Include a paragraph description of how you conceptualize the case. Try to paint a picture of who this client is, providing a rationale for how and why the challenges developed. This description will also provide a foundation and make the case for how you will work with this person. For example, a behaviorist will emphasize reinforcement contingencies that have influenced the client’s development of symptoms and that will likely aid in alleviation of client symptoms. Alternatively, a psychoanalytically oriented interviewer will emphasize personality dynamics and historically significant and repeating relationship conflicts.

### **Diagnostic Impressions**

(This section should include a discussion of diagnostic issues and your rationale)

- Brief discussion of diagnostic issues
- List relevant diagnoses in appropriate DSM-5 form

### **Treatment Plan**

- Include a paragraph description of recommended treatment approaches.
- Hint: Be sure to also attach the Treatment Plan Worksheet.

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**Signature**  
(Print name and title under line in place of “signature”)

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**Date**