



THE UNIVERSITY OF
TENNESSEE
KNOXVILLE

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**COLLEGE OF EDUCATION, HEALTH & HUMAN SCIENCES
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY & COUNSELING
COUNSELOR EDUCATION PROGRAMS**

**SCHP 690 PSYCHOPATHOLOGY IN SCHOOL AND MENTAL HEALTH SETTINGS
SUMMER 2016**

Course Section: COUN 690.001, 3 credit hours
Course Meetings: Wednesdays 9:15 – 12:45
Course Location: Bailey Education Complex 501

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COURSE DESCRIPTION

Descriptive and critical study of psychopathology of childhood, youth, and adults and of systems of nomenclature applied to individuals with mental disorders: nomenclature provided in State Department of Education's Student Evaluation Manual and Diagnostic and Statistical Manual of Mental Disorders of American Psychiatric Association. Considerations for treatment selection and planning are included.

PURPOSE AND FOCUS

Students will develop knowledge and skills necessary to conduct systematic and culturally-sensitive biopsychosocial assessment, diagnosis, and evidence-based treatment planning in counseling.

CONTENT ADDRESSED

CACREP CURRICULAR CONTENT	2016 STANDARD
developmentally relevant counseling treatment or intervention plans	2.F.5.h
development of measurable outcomes for clients	2.F.5.i
evidence-based counseling strategies and techniques for prevention and intervention	2.F.5.j
use of assessments for diagnostic and intervention planning purposes	2.F.7.e
use of assessment results to diagnose developmental, behavioral, and mental disorders	2.F.7.l
identification of evidence-based counseling practices	2.F.8.b
principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	5.C.1.c
neurobiological and medical foundation and etiology of addiction and co-occurring disorders	5.C.1.d
etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	5.C.2.b
diagnostic process, including differential diagnosis and the use of current diagnostic	5.C.2.d

classification systems, including the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the International Classification of Diseases (ICD)	
potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	5.C.2.e
characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders	5.G.2.g
signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs	5.G.2.i

STUDENT LEARNING OUTCOMES

SLO	STANDARD(S)	EVALUATION
Conduct and report intake interviews, biopsychosocial histories, and mental status examinations	5.C.1.c	BPS History and ISP; Final Case
Use assessment measures to inform initial assessments, diagnosis, and counseling intervention plans	2.F.7.e, 2.F.7.l	BPS History and ISP; Final Case
Apply the DSM-5 and ICD-10-CM to counseling with attention to differential diagnosis; co-occurring neurological, medical, and psychological disorders; cultural formulation; and distinction between developmentally normal and abnormal distress	5.C.1.d, 5.C.2.b, 5.C.2.d, 5.C.2.e, 5.G.2.g, 5.G.2.i	Case Sets; Final Case; Final Exam
Construct culturally sensitive and developmentally appropriate counseling intervention plans with attention to assessment needs, measurable outcomes, evidence-based counseling practices, referral needs, and medication management	2.F.5.h, 2.F.5.i, 2.F.5.j, 2.F.7.e, 2.F.8.b,	Case Sets; Final Case; Final Exam

PROFESSIONAL DISPOSITIONS

The Counselor Education Program has adopted a set of dispositions to be demonstrated by all students. You can use the acronym CORIS (pronounced 'chorus') to help you remember them. The dispositions include:

- ◆ **C**ommitment, including counseling identity, investment, advocacy, collaboration, and interpersonal competence
- ◆ **O**penness to idea, learning, change, giving and receiving feedback, others, and self-development
- ◆ **R**espect to self and others, including honoring diversity, self-care, and wellness
- ◆ **I**ntegrity, including personal responsibility, maturity, honesty, courage, and congruence
- ◆ **S**elf-awareness, including humility, self-reflection, and understanding of place in history

CORIS is a representation of our values. All students, and faculty, should embody these dispositions inside and outside class meetings to the greatest extent possible.

METHODS OF INSTRUCTION

This lecture-based course is designed to be interactive, and students will be invited to participate in numerous ways. Didactic lectures will be supplemented with video demonstrating various mental disorders, discussion prompts, and in-class practice activities designed to facilitate development of assessment, diagnosis, and treatment planning skills. Success in this course will require reading and reflection prior to class and practice between classes. At a minimum, students are expected to:

- Read and reflect upon assigned chapters and articles prior to class
- Review readings from *DSM-5* with attention to bigger-picture themes and patterns
- Complete study guides prior to class

Students are personally responsible for maximizing their learning and success in this course. Sample steps include:

- Formulate questions or request for feedback prior to class
- Complete additional, optional practice exercises, and review formative feedback
- Request meeting with instructor(s) as needed
- Complete additional non-required reading

REQUIRED TEXTS & MATERIALS

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.
- Kress, V. E., & Paylo, M. J. (2015). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Upper Saddle River, NJ: Pearson.

Links to supplemental readings available via Blackboard

- Frances, A. J. (2012). DSM-5 is guide not bible – ignore its ten worst changes. Retrieved from <https://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes>
- Jones, K. D. (2010). The unstructured clinical interview. *Journal of Counseling & Development*, 88, 220-226.
- Jones, K. D. (2012). Dimensional and cross-cutting assessment in the DSM-5. *Journal of Counseling & Development*, 90, 481-487. doi: 10.1002/j.1556-6676.2012.00059.x
- Kress, V. E., Barrio Minton, C. A., Adamson, N. A., Paylo, M. J., & Pope, V. (2014). The removal of the multiaxial system in the DSM-5: Implications and practice suggestions for counselors. *The Professional Counselor*, 4(3), 191-201. doi: 10.15241/vek.4.3.191
- National Institute of Mental Health. (2016). *Mental health medications*. Retrieved from <http://www.nimh.nih.gov/health/publications/mental-health-medications/nimh-mental-health-medications.pdf>
- National Institute of Mental Health. (2016). *Psychotherapies*. Retrieved from <http://www.nimh.nih.gov/health/topics/psychotherapies/index.shtml>
- Polanski, P. J., & Hinkle, J. S. (2000). The mental status examination: Its use by professional counselors. *Journal of Counseling & Development*, 78, 357-364.
- Seligman, L. (2004). Intake interviews and their role in diagnosis and treatment planning. In *Diagnosis and treatment planning in counseling* (3rd ed.) (pp. 138-159). New York: Kluwer.
- Society for Humanistic Psychology. (2014). Open letter to the DSM-5. Retrieved from <http://www.ipetitions.com/petition/dsm5>

RECOMMENDED TEXTS

- Dailey, S. F., Gill, C. S., Karl, S., & Barrio Minton, C. A. (2014). *DSM-5 learning companion for counselors*. Alexandria, VA: American Counseling Association.
- Zimmerman, M. (2013). *Interview guide for evaluating DSM-5 psychiatric disorders and the Mental Status Examination*. East Greenwich, RI: Psych Products Press.

See Blackboard for bibliography of suggested readings.

See Counseling & Therapy in Video on Demand for instructional videos.

Links to supplemental readings available via Blackboard

- [Schizophrenia Medications](#)
- [Bipolar Medications](#)
- [Depression Medications](#)
- [Depression Medications Part 2](#)
- [Anxiety Medications](#)
- [Sleep Medications](#)
- [ADHD Medications](#)

STUDENT PERFORMANCE EVALUATION CRITERIA AND PROCEDURES

Assignment	Points	Due
Peer Biopsychosocial history & ISP	10	
Case sets	3 @ 10	
Final case study	30	
Final examination	30	
Optional out of class practice	Priceless	

Grading Scale	
A	91-100
B+	88-90.9
B	81-87.9
C+	78-80.9
C	70-77.9
D	60-69.9
F	0-59.9

Peer biopsychosocial history and ISP: Administer *DSM-5* assessment tools and conduct biopsychosocial and CFI interviews with a peer. Develop assessment and clinical writing skills by integrating information into a biopsychosocial history and constructing an ISP regarding a wellness issue.

Case sets: This is a technical course. Material is best learned through practice and application. When we start covering *DSM-5* disorders in week 4, we will provide you with weekly case sets requiring you to formulate diagnoses and ISPs. You must complete at least three case sets; however, you may choose to complete all five case sets. We may or may not review cases in class. Still, you will receive feedback from instructors on your work each week. Students who are most successful in this course complete multiple practice cases early in the semester and utilize feedback to identify strengths (less practice needed) and areas for growth (focus future exercises here). If you choose to submit more case sets than required, we will count the three highest scores toward your final grade in the course.

Final case study: Select a character from a book, television program, or film to serve as the basis for a comprehensive case study. Write a biopsychosocial history, mental status report, *DSM-5* diagnosis and justification, and ISP with expanded evidence-based justification.

Final examination: Complete two complex diagnostic cases and one evidence-based ISP via a timed examination on Blackboard.

Note: Although you have until dates listed on the syllabus to submit assignments, you will have knowledge and skills to complete the final case study well in advance of deadlines. Doing so would allow you to consult with instructors for formative feedback. As adult learners, I trust you to manage your learning. Please see Blackboard for all materials, instructions, and rubrics related to assignments.

Dear Student,

The purpose of this Campus Syllabus is to provide you with important information that is common across courses at UT. Please observe the following policies and familiarize yourself with the university resources listed below. At UT, we are committed to providing you with a high quality learning experience.

I wish you the best for a successful and productive semester.

Provost Susan Martin



UNIVERSITY CIVILITY STATEMENT

Civility is genuine respect and regard for others: politeness, consideration, tact, good manners, graciousness, cordiality, affability, amiability and courteousness. Civility enhances academic freedom and integrity, and is a prerequisite to the free exchange of ideas and knowledge in the learning community. Our community consists of students, faculty, staff, alumni, and campus visitors. Community members affect each other's well-being and have a shared interest in creating and sustaining an environment where all community members and their points of view are valued and respected. Affirming the value of each member of the university community, the campus asks that all its members adhere to the principles of civility and community adopted by the campus: <http://civility.utk.edu/>.

ACADEMIC INTEGRITY

“An essential feature of the University of Tennessee, Knoxville is a commitment to maintaining an atmosphere of intellectual integrity and academic honesty. As a student of the university, I pledge that I will neither knowingly give nor receive any inappropriate assistance in academic work, thus affirming my own personal commitment to honor and integrity.”

DISABILITIES THAT CONSTRAIN LEARNING

“Any student who feels he or she may need an accommodation based on the impact of a disability should contact the Office of Disability Services (ODS) at 865-974-6087 in 2227 Dunford Hall to document their eligibility for services. ODS will work with students and faculty to coordinate reasonable accommodations for students with documented disabilities.”

YOUR ROLE IN IMPROVING TEACHING AND LEARNING THROUGH COURSE ASSESSMENT

At UT, it is our collective responsibility to improve the state of teaching and learning. During the semester, you may be requested to assess aspects of this course either during class or at the completion of the class. You are encouraged to respond to these various forms of assessment as a means of continuing to improve the quality of the UT learning experience.

KEY RESOURCES FOR STUDENTS:

- Undergraduate Catalogs: <http://catalog.utk.edu> (Listing of academic programs, courses, and policies)
- Graduate Catalog: <http://catalog.utk.edu/index.php?catoid=2>
- Hilltopics: <http://dos.utk.edu/hilltopics> (Campus and academic policies, procedures and standards of conduct)
- Course Timetable: https://bannersb.utk.edu/kbanpr/bwckschd.p_disp_dyn_sched (Schedule of classes)
- Academic Planning: <http://www.utk.edu/advising> (Advising resources, course requirements, and major guides)
- Student Success Center: <http://studentsuccess.utk.edu> (Academic support resources)
- Library: <http://www.lib.utk.edu> (Access to library resources, databases, course reserves, and services)
- Career Services: <http://career.utk.edu> (Career counseling and resources; HIRE-A-VOL job search system)

INSTRUCTOR POLICIES

PROFESSIONALISM

Enrollment in this course is limited to graduate students who are preparing for professional careers; thus, attendance is required and participation is expected as one component of professional responsibility. I expect you will **demonstrate CORIS in all interactions**; I will request a meeting if I am concerned regarding your demonstration of CORIS in our work together. Please consider the following examples of professionalism in our course:

<i>Meets professional expectations</i>	<i>Below professional expectations</i>	<i>Significantly below expectations</i>
<ul style="list-style-type: none"> ▪ 0 – 1 absences ▪ Rarely tardy/late from break ▪ Contributes more days than not ▪ Contributions reflect routine, careful preparation ▪ Attentive and respectful toward others when not contributing directly ▪ Actively engages in small group activities ▪ No concerns regarding CORIS <p><i>Indicators show potential for continued success in graduate school and beyond.</i></p>	<ul style="list-style-type: none"> ▪ 1-2 absences* ▪ Frequent, minor tardiness ▪ Sometimes contributes to class ▪ Contributions reflect occasional preparation ▪ Sometimes distracted or disrespectful nonverbally when not contributing directly (e.g., texting, surfing, sidebars) ▪ Routinely engages in small group activities ▪ Occasional or minor CORIS concerns <p><i>Final grade adjustment of 5-10 points, conference with instructor, and/or PIM.</i></p>	<ul style="list-style-type: none"> ▪ 2-3 absences ▪ Persistent, minor tardiness ▪ Recurrent, major tardiness ▪ Contributions rare or not productive ▪ Contributions reflect lack of preparation ▪ Behaviors detract from safe, scholarly learning environment ▪ Limited engagement in small group activities ▪ Serious concerns regarding CORIS <p><i>Final grade adjustment of 10-20 points, conference with instructor, and/or PIM. Serious violations may require repeating course (e.g., 3+ absences), assignment of F in course, or other remediation.</i></p>

ABSENCES*

I expect you will attend class each week, and I have built in a flex day in case of illness, family obligation, or emergency. If you miss more than one class period, for whatever reason, I will consider your attendance to be below professional expectations. **You may request “forgiveness” of a second absence** by reviewing at least three hours of instructional videos regarding the topic missed, writing a critical review of the videos, and completing the case set for the week. **Students who miss the equivalent of three or more class periods will not be able to earn a passing grade in the course.**

DUE DATES & INCOMPLETES

You are responsible for pacing yourself and submitting assignments on or before class time on due dates. If you are concerned about your ability to complete quality course work as described in the course calendar, please make an individual appointment as soon as possible so we discuss how to support your learning in our course. In most cases, I will adjust **late assignments** as follows: 20% reduction up to one week late, 30% reduction more than one week late. Because we may review case sets in class, I will not accept late case sets for credit. I will not accept assignments more than two weeks past deadline. Per UT Policy, **a grade of incomplete** will only be issued during the last portion of the semester if you are passing at the time and unable to complete requirements due to the most extenuating and unforeseeable of circumstances.

FORMAT GUIDELINES

This is a technical course, and clinical format guidelines will be provided for the BPS, diagnostic summaries, and ISPs. Please download and use these formats to submit your work. Regardless of paper formatting, cite and reference all sources used for all assignments in APA (6th ed.) format.

BLACKBOARD

We will be using Blackboard as a course management tool this semester. You may access the course using your NetID and password via <http://bblearn.utk.edu>. Once within Blackboard, you will be able to view announcements, download copies of class materials, access case sets, and submit all course assignments. All course assignments will be submitted via Blackboard this semester. Please do not bring hard copies to class.

TENTATIVE COURSE CALENDAR

Date	Topics	Readings & Assignments Due
6/8	Course orientation Evolution and overview of the DSM & ICD Role, risks, and benefits of diagnosis Ethical & cultural considerations	<ul style="list-style-type: none"> ▪ DSM: Preface, Section I (pp. xli-25) ▪ BB: Frances (2012); Society for Humanistic Psychology (2014)
6/15	Biopsychosocial histories Mental Status Exam (MSE) DSM-5 assessment tools Diagnostic documentation	<ul style="list-style-type: none"> ▪ BB: Jones (2010), Jones (2012), Kress et al. (2014), Polanski & Hinkle (2000), Seligman (2004* bring) ▪ Browse <i>DSM-5 Online Assessment Measures</i>
6/22	Treatment planning Differential diagnosis Z-Codes (Other Conditions)	<ul style="list-style-type: none"> ▪ DSM: Other Conditions (pp. 715-732) ▪ Kress & Paylo: ch 1-3 ▪ BB: NIMH Mental Health Medications (2016); NIMH Psychotherapies (2016)
6/29	Bipolar and Related Disorders Depressive Disorders	<ul style="list-style-type: none"> ▪ DSM: pp. 123-188 ▪ Kress & Paylo: ch 4 ▪ Rec BB: Bipolar Meds, Depression Meds ▪ Last day to submit BPS and ISP
7/6	Anxiety Disorders Obsessive-Compulsive and Related Disorders Trauma- and Stressor-Related Disorders	<ul style="list-style-type: none"> ▪ DSM: pp. 189-290 ▪ Kress & Paylo: ch 5-7 ▪ Rec BB: Anxiety Meds ▪ Case Set 1 Due
7/13	Schizophrenia Spectrum & Other Psychotic Dissociative Disorders Somatic Symptom and Related Disorders	<ul style="list-style-type: none"> ▪ DSM: 87-122, 291-328 ▪ Kress & Paylo: ch 10, 14 ▪ Rec BB: Schizophrenia Meds ▪ Case set 2 due
7/20	Substance-Related and Addictive Disorders Feeding and Eating Disorders Elimination Disorders Disruptive, Impulse-Control, and Conduct d/o	<ul style="list-style-type: none"> ▪ DSM: pp. 329-360, 461-590 ▪ Kress & Paylo: ch 8, 11, 12 ▪ Case set 3 due
7/27	Personality Disorders D/O usually diagnosed by other professionals	<ul style="list-style-type: none"> ▪ DSM: pp. 645-684 ▪ DSM Brief Review: Neurodevelopmental, Neurocognitive, Sleep-Wake, Sexual Dysfunctions, Gender Dysphoric, Paraphilic ▪ Kress & Paylo: ch 9, 13, 15 ▪ Rec BB: ADHD Meds, Sleep Meds ▪ Case set 4 due ▪ Last day to submit Final case study
8/3	Final Examination Review Next Steps and Closing Process	<ul style="list-style-type: none"> ▪ Case set 5 due ▪ Final examination due by 9:15am

This is a tentative schedule of events. Instructor may alter schedule in response to class needs.