PRE 890
Diagnosis & Psychopathology
Spring, 2009

Instructor: Thomas S. Krieshok, Ph.D.

Office hours: By appointment

Schedule: Thursdays, 1:30 - 4:20

Location: 147 JRP

The primary mission of the School of Education is to prepare leaders in education and human services fields.

Within the University, the School of Education serves Kansas, the nation, and the world by (1) preparing individuals to be leaders and practitioners in education and related human service fields, (2) expanding and deepening understanding of education as a fundamental human endeavor, and (3) helping society define and respond to its educational responsibilities and challenges.

The components that frame this mission for our initial and advanced programs are Research and Best Practice, Content Knowledge, and Professionalism. These interlocking themes build our Conceptual Framework.

COURSE DESCRIPTION FROM THE GRADUATE CATALOG

An examination of psychological disorders from a counseling psychology perspective that emphasizes strengths. The course will cover the current version of the DSM, as well as alternative taxonomies, exploring personality as it ranges from normal personality styles to personality disorders, as well as Axis I disorders. The emphasis is on identifying and assessing these phenomena and understanding behavioral and possible treatment implications.

COURSE PURPOSE

The Counseling Psychology program faculty determines which courses belong in each program, as well as the course objectives for each course. Individual instructors determine how best to meet those objectives through the use of assignments and in-class activities. The focus of this course is on understanding personality (normal to disordered) and psychopathology, particularly through the diagnostic structure of the DSM. We will examine personality styles and their disordered extremes, and we will cover the most common Axis I diagnoses. The course also addresses philosophical issues related to the diagnostic process, alternative diagnostic taxonomies, contextual factors in diagnosis and conceptualization, and treatment implications.

COURSE OBJECTIVES

- become accomplished at "talking about people" in a richer, more functional way
- appreciate the role personality plays in everyday functioning and in therapy
- understand personality styles and be able to differentiate them from personality disorders
- articulate case conceptualization and diagnostic considerations based on case material
- have efficacy in the use of DSM-IV-TR
- research and present summary findings on contextual factors (e.g. race, gender, age) related to diagnosis and common treatments.

DISABILITY STATEMENT

The staff of KU's Office of Disability Resources (22 Strong, 785-864-2620 (v/tty), coordinates accommodations and services for KU courses. If you have a disability for which you may request accommodation in KU classes and have not contacted them, please do as soon as possible. Please also see me privately in regard to this course.

REQUIRED TEXTS

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders DSM-IV-TR. Washington, DC.
Barlow, D. H. (Editor). (2008). Clinical Handbook of Psychological Disorders, Fourth Edition. New York: Guilford Press.
Oldham, J. M. & Morris, L. B. (1995). The new personality self portrait. NY: Bantam Books.
Duncan, B. L., Miller, S. D., & Sparks, J. A. (2004). The heroic client: A revolutionary way to improve effectiveness through client-directed, outcome-informed therapy. San Francisco, CA: Jossey-Bass. Revised edition.

ADDITIONAL READINGS

Harris, A. H. S., Thoresen, C. E., & Lopez, S. J. (2007). Integrating positive psychology into counseling: Why and (when appropriate) how. *Journal of Counseling & Development, 85,* 3-13.
Leitner, L. M. *Honoring suffering, tragedy, and reverence: The fully human is more than positive*. (2003). Paper presented at the American Psychological Association Convention, Toronto, Canada, August. email from Tom.
Lopez, Edwards, Pedrotti, Prosser, LaRue Walton, Spalitto, & Ulven. (2006). Beyond the DSM: Assumptions, alternatives, and alterations. *Journal of Counseling and Development 84,* 259-267.
McWilliams, N. (1994). *Psychoanalytic diagnosis: Understanding personality structure in the clinical process*. New York: The Guilford Press. Chapter 1: Why Diagnose?
Miller, W. R. & Brown, S. A. (1997). Why psychologists should treat alcohol and drug problems. *American Psychologist, 12*, 1269-1279.
Prochaska, J. (1999). How do people change, and how can we change to help many more people? In Hubble, Duncan, & Miller, (Eds.) *The Heart & Soul of Change: What Works in Therapy*. Washington, DC: American Psychological Association (pp 227-257).
Szasz, T. (1975). The myth of mental illness. *American Psychologist, 15*, 113-118. (Public domain at http://psychclassics.yorku.ca/Szasz/myth.htm
Wright, B., & Lopez, S. J. (2002). Focusing the diagnostic lens: A case for including human strengths and environmental resources. In C. R. Snyder & S. J. Lopez (Eds.), *The handbook of positive psychology* (pp. 26-44). New York: Oxford University Press.

INSTRUCTIONAL METHODS

Most class sessions will include lecture and discussion of the readings and cases assigned for the day. There is a great amount of reading required for this course, and class discussion is dependent on your coming to class prepared to share your views and conclusions on the readings. Several in-class and out-of-class assignments are accomplished in teams.

EVALUATION CRITERIA

The course is graded A -F. Plus/Minus grading is available for use with this class and will be used. Course grades will be based on the following:

Several Unannounced Quizzes: (20%). Based only on the readings for the day. If you miss these, for any reason, you get a zero for that quiz, BUT, you do get to drop your lowest score. The quizzes will be brief, 5-10 minutes each. The items will be a mixture of formats.

Team Presentation on a Marginalized Group: (20%). I will assign you to teams of 2-3, and then I will negotiate with you the assignment of each team to a group that is marginalized in US society, by ethnicity, sexual orientation, age, religion etc. The team will be responsible for presenting to the class what the literature says about the group relative to diagnosis and treatment, but also with regard to the larger picture of our "talking about" and thinking about members of the group, and how our language (and in some cases customs and laws) affect their health and wellbeing. The team will then present a case for the class to consider, allowing for discussion of the material presented. Each team will be assigned a grade based on their **25-30 minute presentation** and the **detailed outline** handed out as part of the presentation.

Case Write-up: (20%). I will give you one of several cases I have prepared for this assignment, and you will have several weeks to prepare a written summary of the case using the format I will provide (which is based on the ASPPB format used throughout the course). This will be akin to a written version of the final exam experience, but with none of the drama.

Midterm Oral Exam in Pairs: (10%). One week before the scheduled midterm exam, I will provide the class with 3-4 different cases. During the exam class period, I will meet with you in pairs, and ask you to discuss one of the cases with me. I will follow the ASPPB format we will use in class for examining the case. While you will be meeting with me in pairs, you will be graded individually, not as a pair. I will make sure each of you has adequate opportunity to demonstrate to me that you have mastered the material.

Final Oral Exam: (20%). During the Final Exam period, I will meet individually with you, present you with case material similar to that used in the midterm, and ask you to respond in a similar fashion. Once I have given you your case, you will have 30 minutes to study the case alone with your books and notes, and then 15-20 minutes to visit with me about the case.

Contribution to a Healthy Classroom and Work Group Learning Environment: (10%).
I expect you to show up on time and with a non-defensive learning attitude, prepared to learn, to question, to work, to be a team learner, and to challenge yourself. Each student will

complete a Work Group Member Evaluation Instrument to provide me feedback.

Team Case Presentation Format

To each member of the class, provide the following:

1. ... basic information about the case that might be collected during an intake.

2. ... some fabricated assessment information, developed to reflect assessments counselors and psychologists would typically collect in such a case. Present any information necessary for students to be able to understand and integrate the assessment materials into the case conceptualization. For example, if presenting the Beck Depression Inventory, give a brief synopsis of what it is designed to assess, what are the norms, etc.

AFTER THE PAIRS HAVE PROCESSED THE CASE THROUGH DEVELOPMENT OF A 5-AXIS DIAGNOSIS,

3. ... present one of three challenges in the case, choosing from a) a change in diversity status of the client, b) an ethical dilemma growing out of the case, and c) a crisis situation that could arise in such a case.

AFTER THE PAIRS HAVE PROCESSED THE CHALLENGE,

4. ... present a brief summary of evidence based treatments of the diagnostic category.

Case Write-up Format

This assignment is modeled after the oral licensure examination guidelines promulgated by ASPPB. It should take about 6-8 pages. Your goal is to demonstrate your skills in THINKING about a case, the way an 'expert' would. Experts tend to generate many hypotheses early on, as soon as they hear bits and pieces of information about the case. They then scan for additional information to confirm or disconfirm their initial hunches, finally settling on the one or two possibilities that most compellingly match the data and that cannot be disconfirmed.

1. Initial Impressions:
Situate the person in their world. Consider strengths, issues, resources, contexts, etc.

2. Diagnostic Possibilities:
List all diagnostic categories that have any evidence presented through the vignette, the assessment data, or any other evidence (e.g. the role play or tape). For this part, simply list possible diagnoses followed by a phrase or sentence identifying the data upon which each is based.

> ADHD: client tells counselor he has a hard time concentrating on his studies
> Generalized Anxiety Disorder: high score on the Beck Anxiety Inventory
> Dysthymia: vignette says client has always described himself as "blue"

3. Diagnostic Reasoning:

Using the same list as given in #2, detail your reasoning about why you continued to consider the diagnosis or why you decided against it. Note that it takes very little to EXCLUDE a consideration, but more details if you decide to keep it in:

ADHD: no evidence he had such trouble as a child or adolescent
symptoms better explained by dysthymia

GAD: does not meet enough criteria for GAD
anxiety appears to have risen recently, and has not been evident for more than 6 months

Dysthymia: meets criteria for dysthymia:
hypersomnia, poor concentration, hopelessness;
longer than two years;
doesn't report being without the symptoms for more than 2 months;
no major depressive episodes ever
no manic episodes ever;
no evidence of psychosis
not due to physiological effects of substance or general medical condition

4. Five-axis DSM-IV diagnosis:

Axis I	300.4	Dysthymic Disorder (Reason for Visit)
	305.00	Alcohol Abuse
Axis II	V71l09	No Diagnosis
Axis III	None	
Axis IV	Academic problems; Marital problems	
Axis V	GAF = 65 (current)	

5. Case Conceptualization:

Write a 2-page (minimum) conceptualization of the client, going beyond the DSM and including whatever data you have on hand. Remember to think SYSTEMS, like family, culture, socioeconomic reality, and of course PERSONALITY.

6. Treatment considerations:

Outline what you consider the best recommendation for treatment consistent with the case conceptualization, sensitive to the client's needs and values, and evidence based. Give references to any "best research evidence" articles or to any treatment manuals.

7. Case Challenges:

Respond to the special case challenge of variation in diversity status, ethical dilemma, or crisis situation as outlined in the case.

SCHEDULE OF ACTIVITIES AND ASSIGNMENTS

1 Introduction to the course
Diagnostic categories vs. continua of functioning
Jumping right in with cases
Basics of DSM-IV

2 More Basics of DSM-IV
V Codes, GARF, SOFAS, Decision Trees, Glossary, and Items under study
Nature of personality
Assign teams and topics
DSM xi-37; 731-828
Oldham 1, 2, 3, 4, 6, 9, 10
Wright & Lopez

3 Common Factors vs. ESTs
Substance-related disorders
Dual Diagnosis issues
DSM 191-295 AND 685-690
Barlow 12-13
Oldham and Morris 5, 6, 7, 8
Miller & Brown (1997)

4 Cognitive Disorders & Schizophrenia
DSM 135-190; 297-343; 697-729; 789-791
Oldham and Morris 10, 11, 12
Barlow 11
Szasz (1975)

5 Case 1
Assessment, Interviewing, & Treatment Planning
Hero 1-4
McWilliams
Prochaska

6 Case 2
Mood disorders
DSM 345-428; 694-697
Barlow 6, 7, 8, 10
Oldham and Morris 13, 15, 16

7 Case A3
Anxiety disorders
DSM 429-484; 788-789
Barlow 1, 3, 4, 5
Hero 5-8
Oldham and Morris 17, 18, 19

8 DBT & Severe personality disorders
DSM 706-710
Barlow 9
Oldham & Morris 14

9 Case B1
PTSD
Dissociative disorder
Factitious disorder
DSM 463-472; 513-533
Barlow 2

10 Case B2
Adjustment disorders
Alternative taxonomies to DSM
DSM 679-683
Barlow 16
Harris, Thoresen, & Lopez (2007)
Lopez, Edwards, Pedrotti, Prosser, LaRue Walton, Spalitto, & Ulven. (2006)
Leitner (2003)

11 Case B3
Learning disorders, Attention deficit disorder
Eating disorders
DSM 39-134; 583-595; 663-677
Barlow 14

12 Sex, sleep, and somatoform disorders
DSM 485-511; 535-582; 597-661
Barlow 15

13 Catching up

14 Practicing for the Final Exam
CASE WRITE-UP DUE

FINAL EXAM: 1:30 – 4:00 p.m. Wednesday, May 13 or by appointment