



**ROSEMONT COLLEGE**  
**1400 MONTGOMERY AVENUE**  
**ROSEMONT, PA 19010**

**Course Title:** **Diagnosis and Treatment of Psychopathology**  
**Course Number:** CNS 6022  
**Course Date:** Summer 2022  
**Course Meeting Times:** Wednesdays, 5:15 PM – 7:15 PM  
**Course Location:** Community Center 219  
**Course Designation:** Level II Course (Required for Clinical Mental Health Counseling and School Counseling)  
**Semester Hours:** 3  
**Prerequisites:** Level I Courses  
**Limitation on Enrollment:** 18

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• Or by appointment

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**Course Description:** This course emphasizes the formal diagnosis of mental disorders using the Diagnostic and Statistical Manual of Mental Disorders (DSM-5 TR) as well as the International Classification of Diseases (ICD-10). This course will use case studies to explore the

identification of symptoms and symptom clusters, with examination of etiology, co-morbidity, and treatment options for different disorders, as well as understanding the usefulness and limits of formal diagnosis. Other topics will include intake information gathering, mental status evaluation, and assessment of specific clinical challenges. The course will also review possible treatment modalities along with ethical and multicultural issues.

**Rosemont Mission Statement:** Rosemont College is a community of lifelong learners dedicated to academic excellence and fostering joy in the pursuit of knowledge. Rosemont College seeks to develop in all members of the community open and critical minds, the ability to make reasoned moral decisions, and a sense of responsibility to serve others in our global society. Rooted in Catholicism, Rosemont welcomes all faiths and is guided by the educational principles of Cornelia Connelly and the Society of the Holy Child Jesus to meet the needs of the time. Rosemont College values trust in and reverence for the dignity of each person, diversity with a commitment to building an intercultural community, persistence and courage in promoting justice with compassion, and care for the Earth as our common home.

**Professional Performance Evaluation:** Rosemont College has identified five professional dispositions that relate to the goals of the Graduate Counseling program. Faculty members will evaluate each student on their professional dispositions during each course at the conclusion of the semester using the Professional Performance Evaluation Form.

1. **Flexibility/Openness:** Open willingness to different perspectives; Flexible to new demands, the environment, and accept necessary changes; Search for peer opinions, accept constructive feedback, and incorporate feedback from peers
2. **Collaboration:** Accept mistakes, avoid blame, apply feedback toward growth, and monitor self for professionalism; Reach consensus, initiate compromise, and show concern for group goals; Invite feedback, incorporate supervisory feedback, and give feedback
3. **Awareness:** Awareness of own impact on others; Ability to deal with conflict; ability to express feelings effectively and appropriately; Understand and demonstrate multicultural concerns and social justice. Identification of biases and prejudices of self and society.
4. **Initiative and Motivation:** Met or exceed all of the class requirements, showed creativity; Adhere to school and SPGS policies; Proficient graduate level oral and written skills
5. **Responsibility:** Maintain professional boundaries, sensitive to diversity, safeguard confidentiality, Dedication to Counseling Profession; Attend and adhere to Ethical Standards

This syllabus is provided to you as a means of conveying what you should expect from this course. It outlines the responsibilities of the instructor in conducting the class – the course content, planned scheduled of classes and assignments, grade components, and method(s) of grading. It also outlines your responsibilities as a part of this class. By remaining in this class, you indicate your acceptance of your responsibilities as a student and agree to the terms specified in the syllabus.

**Note:** The instructor reserves the right to adjust the course schedule and content during the semester in order to accurately reflect the progress being made by the class. This may result in modifications to assignment and exam due dates and/or course content.

### **I. Student Learning Outcomes**

Upon completion of this course, students will be able to:

- A. Understand human behavior, including topics related to developmental crises, disability, psychopathology, career and environmental factors and lifespan transitions that affect both normal and abnormal behavior.
- B. Comprehend the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, and research including the DSM-5 TR, to describe symptoms and clinical presentations of mental and addictive disorders.
- C. Identify co-occurring addictive disorders when experienced with medical and psychological disorders.
- D. Determine the established diagnostic and clinical criteria for addictive disorders and appropriate modalities of care including group dynamics and processes.
- E. Assess the relevance and potential cultural biases of commonly used diagnostic tools related to clients with addictive disorders in multicultural populations.
- F. Conceptualize accurate diagnosis of disorders presented by clients as well as the ability to communicate differential diagnoses with other professionals and the ethical and legal issues regarding diagnostic measures.
- G. Grasp psychopharmacology approaches in relation to mental and addictive disorders.
- H. Analyze the etiology, diagnostic process, nomenclature, treatment, referral, and prevention of mental and emotional disorders.

- I. Evaluate the appropriate use of diagnosis during a crisis, disaster, or other trauma-related event.

## II. Course Content

- A. Foundational Information
  1. Diagnostic and Statistical Manual
    - a. DSM-IV to DSM 5-TR Transition and Changes
    - b. Effective and Appropriate Use of DSM 5-TR
  2. International Classification of Diseases (ICD-10)
    - a. Comparison to the DSM-5
- B. DSM-5 TR Diagnostic Criteria and Codes
  1. Neurodevelopmental Disorders
    - a. Common Diagnoses
      - i. Symptomatology
      - ii. Psychopharmacology
    - b. Family Systems Perspective
    - c. Multicultural Perspective
    - d. Treatment and Intervention
    - e. ICD-10 Considerations
  2. Schizophrenia Spectrum and Other Psychotic Disorders
    - a. Common Diagnoses
      - i. Symptomatology
      - ii. Psychopharmacology
    - b. Family Systems Perspective
    - c. Multicultural Perspective
    - d. Treatment and Intervention
    - e. ICD-10 Considerations
  3. Bipolar and Related Disorders
    - a. Common Diagnoses
      - i. Symptomatology
      - ii. Psychopharmacology
    - b. Family Systems Perspective

- c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
4. Depressive Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
5. Anxiety Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
6. Obsessive-Compulsive and Related Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
7. Trauma and Stressor-Related Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective

- c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
8. Dissociative Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
9. Somatic Symptom and Related Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
10. Feeding and Eating Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
11. Sexual Dysfunctions
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective

- c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
12. Gender Dysphoria
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
13. Paraphilic Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
14. Disruptive, Impulse-Control, and Conduct Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
15. Substance-Related and Addictive Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective

- c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
16. Neurocognitive Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations
17. Personality Disorders
- a. Common Diagnoses
    - i. Symptomatology
    - ii. Psychopharmacology
  - b. Family Systems Perspective
  - c. Multicultural Perspective
  - d. Treatment and Intervention
  - e. ICD-10 Considerations

### III. Methods of Instruction

- A. Lecture
- B. Classroom Discussion
- C. Assigned Readings
- D. Small Group Work
- E. Peer Processing
- F. Case Study Analysis

### IV. Methods of Assessment

Assignment	Points
A.) Diagnostic Classification Presentations	100-Points



B.) Case Study Report	40-Points
C.) In-Class Case Study Diagnoses (Synchronous Class Participation)	60-Points
D.) Visual Arts Diagnostic Presentation	50-Points
E.) Mid-Term Examination	50-Points
F.) Canvas Posts (Asynchronous Class Participation)	100-Points
<b>Total Points</b>	<b>400-Points</b>

A. **Diagnostic Classification Presentations**: Students will work together in groups of two (2) to summarize the essential diagnostic criteria for the disorders presented in a particular classification of the DSM-5 TR. Each presentation group should expect to conduct a 30-minute oral presentation with **a brief written summary** of the presentation as a handout for each audience member. The topics will be randomly assigned at the beginning of the course. Presentations should include the following information. Class time will be given to work in groups to prepare for presentation:

- (1) Title of diagnostic classification (according to the DSM-5 TR)
- (2) Common disorders associated with classification
- (3) Symptomatology associated with common disorders
- (4) Treatment and intervention for specific disorders in this classification
- (5) Multicultural perspectives on specific disorders in this classification
- (6) Common assessments related to the diagnosis
- (7) Comparing and contrasting classifications within the ICD-10 with the assigned classification in the DSM-5 TR
- (8) APA Formatting

**Student Learning Outcomes**: A, B, C, D, E, F, H,

**Total Points**: 100-Points

B. **Case Study Report (1)**: Students will write one case study report during the course of the semester. The report will be 3-5 pages in length. You will select a character portrayed in a television show or movie, social media that interests you. The best-case studies reflect a situation in which there are a variety of factors and considerations which complicate the diagnosis including career and multicultural concerns and require clinical

judgment based on the preponderance of information available to you. This is the process of making a differential diagnosis—when several diagnoses are possible, but only one offers the best fit for the case being reviewed. The character you choose will need to be approved by the instructor. The reports will need to encompass the following:

- (1) Client presenting problem(s) with supporting evidence
- (2) Family systems considerations on how individuals influence presenting problem(s)
- (3) Environmental perspective on how surrounding influence presenting problem(s)
- (4) Supporting evidence on how the client elects to cope with the presenting problem(s)
- (5) An official diagnosis or diagnoses with supporting symptomatology on your conclusion and identification of appropriate assessment technique(s)
- (6) Developmentally and ethically appropriate treatment and intervention for the client
- (7) APA Formatting

**Student Learning Outcomes:** A, B, E, F, H

**Total Points:** 40-Points

- C. **In-Class Case Study Diagnoses (Synchronous Class Participation):** There will be a minimum of six (6) case studies presented in class. You will be responsible for providing an appropriate diagnosis for each case study with support for your reasoning. You are strongly encouraged to use the DSM-5 TR for each case study. You will discuss how you would handle this client in a session with treatment and techniques moving forward with a peer in the class. The case studies will be done either individually or in a group as determined by the instructor. One case study will be written by the student to be exchanged with the class to determine the appropriate diagnosis.

Attendance and appropriate participation are required as part of professional responsibilities. Students are expected to demonstrate (a) the professional dispositions of the Graduate Counseling program, (b) engage in ethical behavior as defined by the American Counseling Association *Code of Ethics*, and (c) Rosemont's Academic Integrity policy. Students are responsible for coming to class prepared to discuss readings, make positive contributions to class discussions/activities, and be respectful of others. Below professional expectations may result in a 5% grade reduction and significantly below may result in a 10% reduction and a dispositions discussion with your academic advisor. Grades in this area will be determined by:

- Prompt arrival to class and regular attendance. Absences should be discussed in advance with the instructor.
- Engagement in discussions and class activities. Contributions reflect careful preparation for class and space for other students to participate.
- Being attentive and respectful towards others when not contributing directly.
- Demonstration of ethical integrity and adherence to the ACA Code of Ethics.
- No concerns regarding academic integrity.
- For hybrid courses: students may only utilize the Zoom link if they are on the opposite campus of the professor.

**Student Learning Outcomes:** A, B, D, E, F, H, & I

**Total Points:** 10-Points each Case Study = 60 points

D. **Visual Arts Diagnostic Presentation:** Students will choose a specific diagnosis or diagnostic category from the DSM 5 TR and present the diagnosis from a creative arts modality that illustrates the disorder. The student may be creative in their presentation of the specific disorder by using music, collages, and other such artistic elements to accurately illustrate the chosen diagnosis. The presentation must accurately reflect various symptoms and conditions connected with the diagnosis. Students will display and present their project in class. Class time will be given for collaboration and the creative exchange of ideas for the project. Please consider the following ideas when constructing the presentation:

- (1.) Etiology, or cause, of the disorder
- (2.) Potential for differential diagnosis
- (3.) Beneficial assessments that provide clarity to a potential diagnosis
- (4.) Possible co-occurring disorders
- (5.) Typical presentation of the disorder
- (6.) Multicultural concerns (how the disorder is used or misused with diverse populations)
- (7.) Considerations regarding diagnosis during crisis or disaster
- (8.) Developmentally and ethically appropriate treatment and intervention for the client

**Student Learning Outcomes:** A - I

**Total Points:** 50-Points

- E. **Mid-Term** One exam will be given will be (Mid-Term) that will cover material covered in the texts, the class presentations, and discussions. Questions will reflect course content, and some will be similar to questions on the licensing examination. A variety of types of questions may be presented and may include short and long essay and multiple-choice.

**Student Learning Outcomes:** A - I**Total Points:** Mid-Term 50 Points

- F. **Canvas Posts (Asynchronous Class Participation):**

Canvas Posts will be selected by instructor on various topics/articles, including diagnosis of a client recording and development of treatment plan.

**Student Learning Outcomes:** A - I**Total Points:** Canvas Posts 100 Points

V. **Final Grade Scale**

**Note:** All students in the Graduate Counseling Program MUST receive a grade of **“B” or higher**. If a student fails to do so, **he or she must repeat the course before continuing in the program**.

Please see the SGPS Academic Catalog or Graduate Counseling Student Handbook for additional information about course grades and academic integrity:

[SGPS Academic Catalog](#)

[Graduate Counseling Student Handbook](#)

A	300 – 293
A-	292 – 290
B+	289 – 288

B	285 – 280
*B-	279 – 276
*C+	275 – 270
*C	269 – 265
*C-	264 – 260
*F	259 and Below

Students are responsible to become familiar with and will be held accountable for the information on the following topics that can be found within the Academic Catalog.

**Attendance Policy:** Timely, consistent attendance in class has been shown to have a direct correlation to student performance. Missing classes causes students to fall behind in the course material. The policy for this class is that undocumented absences and tardy attendance are unacceptable. Absences are permitted only in cases of illness or other legitimate causes (family emergency, death in the family, etc.). Official notice that a student has presented documentation for an absence is sent from the Office of the Dean of Students to faculty on a timely basis. In cases of a documented absence from a class, the student has both the opportunity and responsibility to make up all class work missed.

Students are allowed documented absences equivalent to one week of classes for any course in which they are enrolled. This amounts to three absences for a class that meets on MWF schedule, two classes for courses meeting either on a TR or MW schedule, and one class for labs and classes that meet only once a week. Absences are counted from the first day of class.

Entering the class late or leaving the room during class interrupts the classwork in progress and is disruptive to the learning process for students who are trying to learn. Class attendance is required, and roll is taken each period. Serious tardiness may result in a failure of the course.

**Academic Integrity:** Academic integrity is important to the intellectual climate at Rosemont College. Violations of academic integrity cannot be tolerated and may result in the student's failure in a course and/or suspension or expulsion from Rosemont College. Academic dishonesty includes but is not limited to: plagiarism; fabrication of data, information, or citations; multiple submissions of the same work in different courses; and cheating on exams or assignments. Cheating of any kind WILL result in a zero on the work in question and a letter grade reduction in the course grade after the student's grade is calculated using the zero on the work in question. At the instructor's discretion, it may also result in failing the course and/or reporting of the incident to the administration for further action.

**Class Assignments:** Assignments that are not completed by the stated deadline will not be accepted, excepting that submission of assignments that are late due to legitimate medical reasons or other extraordinary circumstances will be considered. Such circumstances must be supported by written documentation from an acceptable third party.

**Communications:** Changes in schedules, assignments, guidance, etc. will be communicated only to your Rosemont e-mail address. E-mail is the preferred way to communicate with the instructor and must be sent to the e-mail address listed on the front of this syllabus.

**Disability Statement:** If you have been approved for accommodations under ADA/504, please speak with the professor outside of class so that it is certain that all accommodations are provided promptly and completely. If you have not yet been approved for accommodations under ADA/504, but believe you might be entitled to them, please contact the Dean of Students in the Student Life Office at extension 2400 immediately. It would also be wise to speak with your professor, since temporary arrangements may be made under certain circumstances.

**Student Concerns:** Students who have any course-related concerns should talk directly with their faculty member prior to the next class meeting. If a mutually acceptable resolution cannot be achieved, the student is advised to follow the procedures outlined in the appropriate Student Handbook.

**Cell Phone Use:** In order to be able to receive campus-wide safety or weather alerts, cell phones may be left on vibrate only during class. Absent prior permission from the instructor, students may not acknowledge other messages or phone calls, nor may they ever send or receive text messages during class. Please keep your phone hidden from the class and on vibrate only. Cell phones should not be used for internet purposes unless related to class assignments and instruction.

**Use of Laptops or Other Electronic Devices:** The use of personal laptops and other electronic devices during class sessions is strongly encouraged for the purposes of researching course material and engaging in classroom discussion. Students should not use their personal laptops for any other purposes during any class session. Failure to abide by this policy may impact your final grade.

The use of personal cell phones during class session is strongly discouraged. If you experience an emergency situation, please communicate the potential to receive a phone call during the class session at the start of class. You will be permitted to step outside the classroom to receive your call. Please do your best not to disturb the learning process in the classroom.

**Recording Lectures:** Neither video nor audio recording may be made of any lecture in this course without the express consent of the instructor.

**Inclement Weather:** The Rosemont “snow number” is Montgomery County 342. Announcements of closings are also posted on the website and placed on the main college number, 610-527-0200. Students are encouraged to register their cell phone or email address to e2Campus on the iWay for cancellation notices.

**Course Website:** Information for this course, including, but not limited to, an electronic copy of this syllabus, is available through the course website located in the Rosemont College online learning portal (Canvas) located at <https://rosemont.instructure.com/login/canvas>. See your instructor if you have questions about accessing the course website.

**Submitting Papers Electronically:** Writing assignments for this course are to be submitted electronically via the course website.

**Rosemont College 2021 - 2022 Graduate Academic Calendar:**

<https://www.rosemont.edu/academics/registrar/academic-calendar-sgps-22.pdf>

## VI. Required Texts

- A. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5<sup>th</sup> TR ed.)*. Arlington, VA: American Psychiatric Publishing
- B. Oltmanns, T. F., Martin, M. T., Neale, J. M., & Davison, G. C. (2011). *Case studies in abnormal psychology (9<sup>th</sup> ed.)*. New York City, NY: John Wiley & Sons.

## VII. Tentative Course Schedule

Date	Topics/Activities	Reading/Assignments Due
Week 1:	<b>Introduction to formal diagnosis; Review of DSM; Review syllabus and course requirements</b>	DSM-5 TR Preface, Introduction, Use of Manual, and Highlights of Changes from DSM-IV to DSM-5  DSM-5 TR <b>Oltmanns Ch. 1 &amp; 2 Do assigned chapter and do questions for class. Due May 25th</b> <b>Discussion Post “Neurodevelopmental” Due May 25th</b>
Week 2:	<b>Neurodevelopmental Disorders Autism Spectrum Disorder Attention Deficit Disorder</b>	DSM-5 TR <b>Oltmanns Ch. 3 “Schizophrenia” Do questions for class. Due June 1st Week 3</b>
Week 3:	<b>Schizophrenia Spectrum and Other Psychotic Disorders</b>	DSM-5 TR <b>Oltmanns Chapter 5 Canvas post: “Bipolar” Week 4</b>
Week 4:	<b>Bipolar and Related Disorders; Depressive Disorders</b>	DSM-5 TR <b>Oltmanns Ch. 7 &amp; 8 Canvas Post: Anxiety Week 5</b>

Week 5:	<b>Anxiety Disorders; Obsessive-Compulsive and Related Disorders</b>	DSM-5 TR Oltmanns Ch.10 Canvas Post “Trauma” Week 6
Week 6:	<b>Trauma and Stressor Related Disorders</b>	DSM-5 TR
Week 7:	<b>Dissociative Disorders; Somatic Symptoms and Related Disorders</b> Mid -Term	DSM-5 TR Canvas Post:
Week 8:	<b>Disruptive, Impulse-Control, and Conduct Disorders</b>	DSM-5 TR Canvas Post <b>Diagnostic Classification Presentation</b>
Week 9	<b>Summer Break!</b>	
Week 10:	<b>Client Recording</b> <b>In Class Case presentation</b> TBD	DSM-5 TR Canvas Post: <b>Diagnosis and Treatment Plan from Recording</b> <b>(2) Diagnostic Classification Presentations</b>
Week 11:	<b>Client Recording</b> <b>In Class Case presentation</b> TBD	DSM-5 TR Canvas Post: <b>Create New Classification</b> <b>Diagnostic Classification Presentation</b> <b>Movie Paper Due</b>
Week 12:	<b>TBD</b>	DSM-5 TR Oltmanns <b>Diagnostic Classification Presentation</b>
Week 13:	<b>“What’s My Diagnosis”</b>	



Week 14:	<b>Visual Arts Presentations</b>	DSM-5 TR <b>Diagnostic Classification Presentations</b>
Week 15:		DSM-5 TR

## VIII. Bibliography

### A. Print Resources

- Cooper, S. E. (2014). DSM-5, ICD-10, ICD-11, the Psychodynamic Diagnostic Manual, and Person-Centered Integrative Diagnosis: An Overview for College Mental Health Therapists. *Journal of College Student Psychotherapy*, 28(3), 201–217. Retrieved from <http://login.ezproxy.lib.vt.edu/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=eric&AN=EJ1031871&site=eds-live&scope=site>
- De Crescenzo, F., Serra, G., Maisto, F., Uchida, M., Woodworth, H., Casini, M. P., ... Vicari, S. (2017). Review: Suicide Attempts in Juvenile Bipolar Versus Major Depressive Disorders: Systematic Review and Meta-Analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56, 825–831.e3. <https://doi.org/10.1016/j.jaac.2017.07.783>
- Hoffmann, N. G., & Kopak, A. M. (n.d.). How Well Do the DSM-5 Alcohol Use Disorder Designations Map to the ICD-10 Disorders? *ALCOHOLISM-CLINICAL AND EXPERIMENTAL RESEARCH*, 39(4), 697–701. <https://doi.org/10.1111/acer.12685>
- Pocnet, C., Antonietti, J.-P., Handschin, P., Massoudi, K., & Rossier, J. (2018). The many faces of personality: The DSM-5 dimensional and categorical models and the five-factor model. *Personality and Individual Differences*, 121, 11–18. <https://doi.org/10.1016/j.paid.2017.09.005>
- Sjöberg, L., Karlsson, B., Atti, A.-R., Skoog, I., Fratiglioni, L., & Wang, H.-X. (2017). Research paper: Prevalence of depression: Comparisons of different depression definitions in population-based samples of older adults. *Journal of Affective Disorders*, 221, 123–131. <https://doi.org/10.1016/j.jad.2017.06.011>

- Toh, W. L., Castle, D. J., & Rossell, S. L. (2017). Characterisation of body dysmorphic disorder (BDD) versus obsessive-compulsive disorder (OCD): In light of current DSM-5 nosology. *Journal of Obsessive-Compulsive and Related Disorders*, *12*, 117–126.  
<https://doi.org/10.1016/j.jocrd.2017.01.002>
- Tsai, L. Y. (2014). Review: Impact of DSM-5 on epidemiology of Autism Spectrum Disorder. *Research in Autism Spectrum Disorders*, *8*, 1454–1470.  
<https://doi.org/10.1016/j.rasd.2014.07.016>
- Van de Glind, G., Konstenius, M., Koeter, M. W. J., van Emmerik-van Oortmerssen, K., Carpentier, P.-J., Kaye, S., ... van den Brink, W. (2014). Variability in the prevalence of adult ADHD in treatment seeking substance use disorder patients: Results from an international multi-center study exploring DSM-IV and DSM-5 criteria. *Drug and Alcohol Dependence*, *134*, 158–166. <https://doi.org/10.1016/j.drugalcdep.2013.09.026>
- Webb, C. A., & Keeley, J. W. (2017). Evaluating clinicians' representations of schizoaffective disorder. *Comprehensive Psychiatry*, *74*, 102–108.  
<https://doi.org/10.1016/j.comppsy.2017.01.009>
- Wisco, B. E., Miller, M. W., Wolf, E. J., Kilpatrick, D., Resnick, H. S., Badour, C. L., ... Friedman, M. J. (2016). The impact of proposed changes to ICD-11 on estimates of PTSD prevalence and comorbidity. *Psychiatry Research*, *240*, 226–233.  
<https://doi.org/10.1016/j.psychres.2016.04.043>
- Zimmerman, M., Balling, C., Chelminski, I., & Dalrymple, K. (2018). Understanding the severity of depression: Which symptoms of depression are the best indicators of depression severity? *Comprehensive Psychiatry*.  
<https://doi.org/10.1016/j.comppsy.2018.09.006>

## **B. Non-Print Resources**

- American Counseling Association: <http://www.counseling.org>
- American Mental Health Counselors Association: <http://www.amhca.org/home>
- Mental Health Counseling Association <http://www.mhca.org>
- National Board of Certified Counselors (NBCC): [www.nbcc.org](http://www.nbcc.org)
- Chi Sigma Iota (International Honor Society for Counseling Students): <http://www.csi-net.org>
- SAMSHA: <https://www.samhsa.gov/>

## **IX. CACREP Standards Assessment Crosswalk**

<b>CACREP Standard</b>	<b>Assessment</b>	<b>Learning Outcomes</b>
The multiple professional roles and functions of counselors across specialty areas, and their relationship with human service and integrated behavioral health care systems, including interagency and inter-organizational collaboration and consultation. <b>(1b. Professional Counseling Orientation and Ethical Practice)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(E) (F) (H) (I)</b>
The role and process of the professional counselor advocating on behalf of the profession <b>(1d. Professional Counseling Orientation and Ethical Practice)</b>	Case Study Report & Diagnostic Classification Presentation	<b>(E) (F) (H)</b>
Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients <b>(1e. Professional Counseling Orientation and Ethical Practice)</b>	Diagnostic Classification Presentation, & In-Class Case Study Diagnoses	<b>(E) (F)</b>
Professional counseling credentialing, including certification, licensure, and accreditation practices and standards and the effects on public policy on these issues <b>(1g. Professional Counseling Orientation and Ethical Practice)</b>	In-Class Case Study Diagnoses	<b>(F)</b>
Multicultural and pluralistic characteristics within and among diverse groups national and internationally. <b>(2a. Social and Cultural Diversity)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (E) (I)</b>
The impact of heritage, attitudes, beliefs, understanding, and acculturative experiences on an individual's views of others <b>(2d. Social and Cultural Diversity)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (E)</b>
The effects of power and privilege for counselors and clients <b>(2e. Social and Cultural Diversity)</b>	In-Class Case Study Diagnoses, & Mid-Term Examination	<b>(E)</b>
The impact of spiritual beliefs on clients' and counselors' worldviews <b>(2g. Social and Cultural Diversity)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (E)</b>
Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination <b>(2h. Social and Cultural Diversity)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(E) (F)</b>

Theories and etiology of addictions and addictive behaviors. ( <b>3d. Human Growth and Development</b> )	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	(A) (B) (C) (D) (E)
Biological, neurological, and physiological factors that affect human development, functioning, and behavior ( <b>3e. Human Growth and Development</b> )	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	(A) (B) (C) (I)
Systemic and environmental factors that affect human development, functioning, and behavior. ( <b>3f. Human Growth and Development</b> )	Diagnostic Classification Presentation, Case Study Report, In-Class Case Study Diagnoses, Mid-Term Examination, & Final Examination	(A) (C) (D) (E) (I)
Effects of crisis, disasters, and trauma on diverse individuals across the lifespan. ( <b>3g. Human Growth and Development</b> )	Diagnostic Classification Presentation, Case Study Report, In-Class Case Study Diagnoses, Mid-Term Examination, & Final Examination	(A) (C) (E) (I)
A general framework for understanding differing abilities and strategies for differentiated interventions ( <b>3h. Human Growth and Development</b> )	Diagnostic Classification Presentation, Case Study Report, & Visual Arts Diagnostic Presentation	(A) (B) (D) (F)
Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan ( <b>3i. Human Growth and Development</b> )	Diagnostic Classification Presentation, Case Study Report, & Visual Arts Diagnostic Presentation	(D) (E)
Approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors ( <b>4b. Career Development</b> )	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	(A) (F)
Approaches for assessing the conditions of the work environment on clients' life experiences ( <b>4d. Career Development</b> )	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	(A) (B)
Strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy ( <b>4g. Career Development</b> )	Diagnostic Classification Presentation & Case Study Report	(A) (H)
Strategies for facilitating client skills development for career, educational, and life-work planning and management ( <b>4h. Career Development</b> )	Diagnostic Classification Presentation & Case Study Report	(A) (H)

A systems approach to conceptualizing clients. <b>(5b. Counseling and Helping Relationships)</b>	Diagnostic Classification Presentation, & Case Study Report	<b>(A) (C) (D) (E) (F) (I)</b>
Essential interviewing, counseling, and case conceptualization skills. <b>(5g. Counseling and Helping Relationships)</b>	Case Study Report & Visual Arts Diagnostic Presentation	<b>(B) (C)</b>
Developmentally relevant counseling treatment or intervention plans. <b>(5h. Counseling and Helping Relationships)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(D) (E) (F) (G) (H)</b>
Development of measurable outcomes for clients. <b>(5i. Counseling and Helping Relationships)</b>	Case Study Report, In-Class Case Study Diagnoses, & Visual Arts Diagnostic Presentation	<b>(F) (H)</b>
Evidence-based counseling strategies and techniques for prevention and intervention <b>(5j. Counseling and Helping Relationships)</b>	Case Study Report, In-Class Case Study Diagnoses, & Visual Arts Diagnostic Presentation	<b>(D) (F) (H)</b>
Suicide prevention models and strategies <b>(5l. Counseling and Helping Relationships)</b>	Case Study Report, In-Class Case Study Diagnoses, & Visual Arts Diagnostic Presentation	<b>(H) (I)</b>
Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid <b>(5m. Counseling and Helping Relationships)</b>	Diagnostic Classification Presentation, & Case Study Report	<b>(A) (H) (I)</b>
Therapeutic factors and how they contribute to group effectiveness <b>(6c. Group Counseling and Group Work)</b>	In-Class Case Study Diagnoses & Final Examination	<b>(D)</b>
Types of groups and other considerations that affect conducting groups in various settings <b>(6f. Group Counseling and Group Work)</b>	In-Class Case Study Diagnoses	<b>(A) (D) (E) (H) (I)</b>
Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide <b>(7c. Assessment and Testing)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(E) (F) (H) (I)</b>
Procedures for identifying trauma and abuse and for reporting abuse <b>(7d. Assessment and Testing)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(C) (E) (F) (H) (I)</b>
Use of assessments for diagnostic and intervention planning purposes <b>(7e. Assessment and Testing)</b>	Diagnostic Classification Presentation, Case Study	<b>(B) (H) (I)</b>

	Report, & In-Class Case Study Diagnoses	
Use of symptom checklists, and personality and psychological testing <b>(7k. Assessment and Testing)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(B) (H) (I)</b>
Use of assessment results to diagnose developmental, behavioral, and mental disorders. <b>(7l. Assessment and Testing)</b>	Diagnostic Classification Presentation, & Case Study Report	<b>(B) (C) (F) (H) (I)</b>
Ethical and cultural relevant strategies for selecting, administering, and interpreting assessment and test results. <b>(7m. Assessment and Testing)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(B) (E) (F) (H)</b>
The importance of research in advancing the counseling profession, including how to critique research to inform counseling practice <b>(8a. Research and Evaluation)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(B)</b>
Needs assessments <b>(8c. Research and Evaluation)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(B) (I)</b>

**X. CACREP Specialty Area (Clinical Mental Health Counseling) Crosswalk**

<b>CACREP Specialty Area</b>	<b>Assessment</b>	<b>Learning Outcome</b>
<b>1. Foundations</b>		
C. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(B) (F)</b>
D. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (B) (C) (D) (H)</b>
E. Psychological tests and assessment specific to clinical mental health counseling	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(B) (E) (H) (I)</b>

<b>2. Contextual Dimensions</b>		
B. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (B) (H)</b>
C. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(D) (F) (G) (H)</b>
D. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including <i>the Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the <i>International Classification of Diseases (ICD)</i>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (B) (C) (D) (F) (H)</b>
E. Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	Mid-Term Examination & Final Examination	<b>(B) (C) (D) (E)</b>
F. Impact of crisis and trauma on individuals with mental health diagnoses	Mid-Term Examination & Final Examination	<b>(A) (E)</b>
G. Impact of biological and neurological mechanisms on mental health	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (B) (C) (F)</b>
H. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation <b>(2h)</b>	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(F) (G)</b>
J. Cultural factors relevant to clinical mental health counseling	Diagnostic Classification Presentation, & Visual Arts Diagnostic Presentation	<b>(A) (E)</b>
<b>3. Practice</b>		
A. Intake interview, mental status evaluation, biopsychosocial history, mental health	Diagnostic Classification	<b>(B) (C) (D) (E) (F) (H) (I)</b>

history, and psychological assessment for treatment planning and caseload management	Presentation, Case Study Report, & In-Class Case Study Diagnoses	
B. Techniques and interventions for prevention and treatment of a broad range of mental health issues	In-Class Case Study Diagnoses & Final Examination	(A) (G) (H)

## XI. CACREP Specialty Area (School Counseling) Crosswalk

CACREP Specialty Area	Assessment	Learning Outcome
<b>1. Foundations</b>		
E. Assessments specific to P-12 education	Diagnostic Classification Presentation, Case Study Report, & Visual Arts Diagnostic Presentation	(A) (E)
<b>2. Contextual Dimensions</b>		
B. School Counselor roles in consultation with families, P-12, and post-secondary school personal and community agencies.	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	(A) (B) (F) (H)
E. School counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma.	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	(E) (F) (I)
G. Characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders.	In-Class Case Study Diagnoses & Final Examination	(A) (C) (F) (I)
H. Common medications that affect learning, behavior, and mood in children and adolescents	Diagnostic Classification Presentation & Visual Arts Diagnostic Presentation	(G)
I. 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	Diagnostic Classification Presentation & Visual Arts Diagnostic Presentation	(C) (D) (E)
<b>3. Practice</b>		



H. Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement	Diagnostic Classification Presentation, Case Study Report, & In-Class Case Study Diagnoses	<b>(A) (E) (I)</b>
I. Techniques to foster collaboration and teamwork within schools	Visual Arts Diagnostic Presentation	<b>(F)</b>