

Syllabus

Course Overview

In this comprehensive course, you will be examining and learning about the clinical assessment process and the use of addiction-specific assessment tools and mental health screenings in the comprehensive clinical treatment of various addictive disorders. You will also use the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*, American Psychiatric Association, 2013) to explore the current classifications and diagnostic issues associated with co-occurring mental health issues. Implications for treatment, particularly for multicultural populations, are explored. You will also learn how the *DSM-5* is used to come to diagnostic impressions for mood disorders, anxiety disorders, post-traumatic stress disorders, and *DSM-5* Cluster B personality disorders. Finally, in your course assignments, you will be conducting a biopsychosocial assessment with a clinical vignette and coming to diagnostic impressions for that client.

Reference

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Course Competencies

(Read Only)

To successfully complete this course, you will be expected to:

- 1 Apply the Diagnostic and Statistical Manual of Mental Disorders (DSM) to the diagnostic impressions of clients.
- 2 Apply key principles of integrated mental health and addiction treatment used in the description and identification of major psychological disorders.
- 3 Evaluate the limitations of using current diagnostic systems and assessment approaches in a multicultural society.
- 4 Identify current evidence-based treatment models for integrated approaches to addiction and mental health care for diverse populations.
- 5 Identify strategies for diagnosis, assessment, and treatment of co-occurring mental health issues for diverse populations.
- 6 Communicate in a manner that is scholarly, professional, and consistent with expectations for members of the addictions professions.

Course Prerequisites

There are no prerequisites for this course.

Syllabus >> Course Materials

Required

The materials listed below are required to complete the learning activities in this course.

Integrated Materials

Many of your required books are available via the VitalSource Bookshelf link in the courseroom, located in your Course Tools. Registered learners in a Resource Kit program can access these materials using the courseroom link on the Friday before the course start date. Some materials are available only in hard-copy format or by using an access code. For these materials, you will receive an email with further instructions for access. Visit the [Course Materials](#) page on Campus for more information.

Book

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Library

The following required readings are provided in the Capella University Library or linked directly in this course. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool.

- American Psychiatric Association. (2013). [Cultural formulation](#). In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- American Psychiatric Association. (2013). [Substance-related and addictive disorders](#). In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author
- August, J. L., & Flynn, A. (2007). [Applying stage-wise treatment to a mixed-stage co-occurring disorders group](#). *American Journal of Psychiatric Rehabilitation*, 10(1), 53–63. doi:10.1080/15487760601166357
- Burlew, A. K., Copeland, V. C., Ahunama-Jonas, C., & Calsyn, D. A. (2013). [Does cultural adaptation have a role in substance abuse treatment?](#) *Social Work in Public Health*, 28(3/4), 440–460. doi:10.1080/19371918.2013.77481
- Burnett, R., Porter, E., & Stallings, K. (2011). [Treatment options for individuals with dual diagnosis](#). *Journal of Human Behavior in the Social Environment*, 21(7), 849–857. doi:10.1080/10911359.2011.616426
- Ford, J. D., Russo, E. M., & Mallon, S. D. (2007). [Integrating treatment of posttraumatic stress disorder and substance use disorder](#). *Journal of Counseling and Development*, 85 (4), 475–490.
- Lahera, G., Bayón, C., Bravo-Ortiz, M., Rodríguez-Vega, B., Barbeito, S., Sáenz, M., & . . . de Dios, C. (2014). [Mindfulness-based cognitive therapy versus psychoeducational intervention in bipolar outpatients with sub-threshold depressive symptoms: A randomized controlled trial](#). *BMC Psychiatry*, 14(1), 1–8. doi:10.1186/s12888-014-0215-x

- Lopez, S. J., Edwards, L. M., Pedrotti, J. T., Prosser, E. C., LaRue, S., Spalitto, S. V., & Ulven, J. C. (2006). Beyond the DSM-IV: Assumptions, alternatives, and alterations. *Journal of Counseling and Development*, 84(3), 259–267
- Lushin, V., & Anastas, J. W. (2011). Harm reduction in substance abuse treatment: Pragmatism as an epistemology for social work practice. *Journal of Social Work Practice in the Addictions*, 11(1), 96–100. doi:10.1080/1533256X.2011.546205
- Meyer, R. E. (2011). A commentary on "addiction and dependence in DSM-V". *Addiction*, 106(5), 873–874. doi:10.1111/j.1360-0443.2010.03238.x
- Miller, R., & Prosek, E. A. (2013). Trends and implications of proposed changes to the DSM-5 for vulnerable populations. *Journal of Counseling and Development*, 91(3), 359–366.
- Morrison, J. (2014). *DSM-5 made easy: The clinician's guide to diagnosis*. New York, NY: Guilford Press.
- Rodriguez, R. A., Henderson, C. E., Rowe, C. L., Burnett, K. F., Dakof, G. A., & Liddle, H. A. (2007). Acculturation and drug use among dually diagnosed Hispanic adolescents. *Journal of Ethnicity in Substance Abuse*, 6(2), 97–113. doi:10.1300/J233v06n02-07
- Rowan, N. L., Jenkins, D. A., & Parks, C. A. (2013). What is valued in gay and lesbian specific alcohol and other drug treatment? *Journal of Gay & Lesbian Social Services*, 25(1), 56–76. doi:10.1080/10538720.2012.751765
- Thomas, L. R., Donovan, D. M., Sigo, R. L. W., Austin, L., & Marlatt, G. A. (2009). A tribal community–university partnership project to reduce substance abuse and promote good health in a reservation tribal community. *Journal of Ethnicity In Substance Abuse*, 8(3), 283–300. doi:10.1080/15332640903110476
- Vazan, P., Golub, A., & Bennett, A. S. (2013). Substance use and other mental health disorders among veterans returning to the inner city: Prevalence, correlates, and rates of unmet treatment need. *Substance Use & Misuse*, 48(10), 880–893. doi:10.3109/10826084.2013.796989
- Warren, B. J. (2007). Cultural aspects of bipolar disorder: Interpersonal meaning for clients & psychiatric nurses. *Journal of Psychosocial Nursing and Mental Health Services*, 45(7), 32–37.
- Wüsthoff, L. E., Waal, H., & Gräwe, R. W. (2014). The effectiveness of integrated treatment in patients with substance use disorders co-occurring with anxiety and/or depression: A group randomized trial. *BMC Psychiatry*, 14(1), 1–12. doi:10.1186/1471-244X-14-67

External Resource

Please note that URLs change frequently. While the URLs were current when this course was designed, some may no longer be valid. If you cannot access a specific link, contact your instructor for an alternative URL. Permissions for the following links have been either granted or deemed appropriate for educational use at the time of course publication.

- Frances, A. J. (2012). DSM-5 is guide not bible—ignore its ten worst changes. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes>
- Mee-Lee, D. (2013). How to really use the new edition of the ASAM criteria: What to do and what not to do. *Counselor Magazine*. Retrieved from <http://www.counselormagazine.com/detailpageoverride.aspx?pageid=1729&id=6442452374>
- Mee-Lee, D. (2014). What's new in the DMS-5 and the new ASAM criteria? Implications in an era of healthcare reform. *ATTC Messenger*. Retrieved from http://www.attcnetwork.org/find/news/attcnews/epubs/addmsg/ATTCmessengerMarch2014articleDSM5_ASAM.pdf
- National Alliance on Mental Illness. (2012). Anxiety disorders fact sheet. Retrieved from http://www2.nami.org/factsheets/anxietydisorders_factsheet.pdf
- National Alliance on Mental Illness. (n.d.). NAMI comments on the APA's draft revision of the DSM-V: Substance use disorders. Retrieved from http://www.namipasco.org/wp-content/uploads/2014/06/Substance-Use-Disorder_Factsheet.pdf
- National Institute of Mental Health. (n.d.). What is anxiety disorder? Retrieved from <http://www.nimh.nih.gov/health/topics/anxiety-disorders/index.shtml>
- National Institute on Drug Abuse. (2012). Evidence-based approaches to drug addiction treatment. In *Principles of drug addiction treatment* (3rd ed., NIH Publication No. 12-4180). Retrieved from <http://www.drugabuse.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/evidence-based-approaches-to-drug-addiction-treatment>
- Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2006). Chapter 3: Intensive outpatient treatment and the continuum of care. In *Substance abuse: Clinical issues in intensive outpatient treatment* (Treatment Improvement Protocol [TIP] Series, No. 47). Retrieved from National Center for Biotechnology Information website: <http://www.ncbi.nlm.nih.gov/books/NBK64088/>
- Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. Appendix H: Sample screening instruments. In *Substance abuse treatment for persons with co-occurring disorders* (Treatment Improvement Protocol [TIP] Series, No. 42; pp. 497–512). Retrieved from National Center for Biotechnology Information website: <http://www.ncbi.nlm.nih.gov/books/NBK64187/>
- The Change Companies. (2013). The ASAM Criteria - Press Conference - State of the Art Course in Addiction Medicine 2013. | Transcript Retrieved from <https://www.youtube.com/watch?v=XK4qtALHBaQ>

Suggested

The following materials are recommended to provide you with a better understanding of the topics in this course. These materials are not required to complete the course, but they are aligned to course activities and assessments and are highly recommended for your use.

Optional

The following optional materials are offered to provide you with a better understanding of the topics in this course. These materials are not required to complete the course.

Library

The following optional readings may be available in the Capella University Library. To find specific readings by journal or book title, use [Journal and Book Locator](#). Refer to the [Journal and Book Locator library guide](#) to learn how to use this tool. If the full text is not available, you may be able to request a copy through the [Interlibrary Loan](#) service.

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

External Resource

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- Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. (2005). [Strategies for working with clients with co-occurring disorders](#). In *Substance abuse treatment for persons with co-occurring disorders* (Treatment Improvement Protocol [TIP] Series, No. 42; pp. 101–136). Retrieved from National Center for Biotechnology Information website: <http://www.ncbi.nlm.nih.gov/books/NBK64179/>
- Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment. [Introduction](#). In *Substance abuse treatment for persons with co-occurring disorders* (Treatment Improvement Protocol [TIP] Series, No. 42; pp. 1–3). Retrieved from National Center for Biotechnology Information website: <http://www.ncbi.nlm.nih.gov/books/NBK64201/>

Unit 1 >> Orientation to Assessment

Introduction

Welcome to Unit 1 of this course! As you are aware, the American Psychiatric Association published the latest edition of the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) in May of 2013. In the *DSM-5*, numerous changes were made to the way a variety of disorders were diagnosed. In this unit, you will be asked to clearly discuss a particular addictive disorder and how you would effectively and correctly use the *DSM-5* to make a differential diagnosis by ruling out other disorders that may be similar to that addictive disorder. You will also be applying the current American Society of Addiction Medicine (ASAM) criteria and learning about ASAM levels of suggested care for an individual with an addictive disorder. In addition, you will examine various assessment screening tools for substance abuse that you may use in the assessment phase with an addicted client.

Learning Activities

u01s1 - Orientation to Assessment

Readings

Use the Capella library to complete the following:

- In [DSM-5 Made Easy: The Clinician's Guide to Diagnosis](#):
 - Read the Introduction, pages 1–15.
- Read Lopez et al.'s 2006 article, "[Beyond the DSM-IV: Assumptions, Alternatives, and Alterations](#)," from *Journal of Counseling and Development*, volume 84, issue 3, pages 259–267.

Use the Internet to complete the following:

- Read Mee-Lee's 2013 article, "[How to Really Use the New Edition of the ASAM Criteria: What to Do and What Not to Do](#)," from *Counselor Magazine*.
- Read Mee-Lee's 2014 article, "[What's New in the DMS-5 and the New ASAM Criteria? Implications in an Era of Healthcare Reform](#)," from *ATTC Messenger*.
- Read [Appendix H: Sample Screening Instruments](#), pages 497–512, in SAMHSA/CSAT's Treatment Improvement Protocol (TIP) 42, *Substance Abuse Treatment for Persons With Co-occurring Disorders*.

Multimedia

Click the links provided below to view the following multimedia pieces:

- [The ASAM Criteria - Press Conference - State of the Art Course in Addiction Medicine 2013 | Transcript](#)
 - This video describes the history of the ASAM criteria, their importance to the field, and how the new edition can improve care. The video also provides context for the concept of coordinated, or integrated, care.
- [History of the DSM | Transcript](#)
 - This presentation provides further background on the *Diagnostic and Statistical Manual of Mental Disorders*.

u01s2 - Preparing for the Academic Learner Review (ALR) Meeting

By now, you are probably aware all learners in the Addiction Studies program are enrolled in a tuition-free Faculty Advising Forum (FAF). This forum is not a course but a resource area filled with information about residency, licensure, fieldwork, and more.

In addition to resources, you have the opportunity to connect with your faculty advisor through the FAF who will follow your progress and lend support throughout your program as needed. You may also engage with other learners in the program through the FAF.

Within the next two weeks, you will need to reach out to your faculty advisor to schedule an Academic Learner Review (ALR) meeting. This meeting should fall about half-way through your program, so it is the perfect time to review your progress thus far and discuss program milestones to plan for in the future.

In most cases, you will be directed to an online calendar to schedule the ALR meeting with your faculty advisor. Information about how to schedule a meeting with your faculty advisor can be found in the COUNFAF6099 section in which you are enrolled.

The meeting can take place any time this quarter, but ideally, you should meet with your faculty advisor before Unit 10, because you have a reflection assignment due in Unit 10 from the meeting.

Below are some helpful guidelines to follow when meeting with your faculty advisor:

- General Guidelines
 - Be flexible with arranging your ALR. The faculty advisor is responsible for meeting with several learners this quarter.
 - Once you set your appointment date and time, be sure to make the appointment unless there is an emergency.
 - If you need to change your appointment, reach out as far in advance as possible.
 - Keep the meeting to no more than 30 minutes.
- Topics for Discussion
 - Review your academic history (courses taken so far, grades, etc.).
 - Discuss your personal and professional development thus far. Where have you grown and where do you need to continue to develop? Think in terms of knowledge, skills, and abilities.
 - Discuss your plan for attending residency.
 - Discuss your plan for locating a fieldwork site and applying for fieldwork.
 - Reflect on your ability to engage in self-care and find life balance in the midst of your academic and professional journey.

u01s3 - Drafting Your Assignments

For each assignment in this course, use the SafeAssign Draft option to check your writing and ensure that you have paraphrased, quoted, and cited your sources appropriately. Run a SafeAssign report, saving your paper as a draft. Based on your SafeAssign results, make any necessary changes to your paper before submitting your final assignment to your instructor for grading.

u01d1 - The DSM-5 and Differential Diagnosis

Review a specific addiction listed in the *DSM-5* and address what the relevant differential diagnosis would need to rule out. Note what assessments are needed to rule out other mental health or medical disorders (with similar concerns or symptoms) that might be present. What assessments would help support determining the level of severity?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u01d2 - Assessment Tools

For this discussion, refer to Appendix H: Screening Instruments in SAMHSA/CSAT TIP 42. How would those tools provide useful information to help an addictions professional assess the appropriate level of care for a client according to the ASAM criteria?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

[Appendix H: Sample Screening instruments](#)

Unit 2 >> Coordination of Care

Introduction

In Unit 2, you will be examining intensive outpatient treatment and what elements clearly constitute the various levels of care according to the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT). You will be learning about the four sequential levels of care that a client with an addictive disorder would go through in outpatient treatment and what critical tasks are achieved in those treatment stages. You will also be examining what elements go into effective treatment for a client with co-occurring disorders, which can pose a variety of treatment challenges when a client has both a mental disorder and an addictive disorder present at the same time. Many clinicians use an integrated care approach, which is often clinically effective. Finally, you will be studying about the prevalence of mental health disorders among veterans.

Learning Activities

u02s1 - Coordination of Care

Readings

Use the Internet to complete the following:

- Read "[Chapter 3: Intensive Outpatient Treatment and the Continuum of Care](#)" in SAMHSA/CSAT's Treatment Improvement Protocol (TIP) 47, *Substance Abuse: Clinical Issues in Intensive Outpatient Treatment*.

Use the Capella library to complete the following:

- Read Vazan, Golub, and Bennett's 2013 article, "[Substance Use and Other Mental Health Disorders Among Veterans Returning to the Inner City: Prevalence, Correlates, and Rates of Unmet Treatment Need](#)," from *Substance Use & Misuse*, volume 48, issue 10, pages 880–893.

u02s2 - Assignment Preparation: Cultural Competency

In Unit 3, your first assignment for the course will ask you to explore the limitations, options, and opportunities for providing culturally competent treatment for a co-occurring disorder. You can prepare for this assignment by previewing the readings for Unit 3 (all of which are pertinent to the assignment) and by searching the library for additional scholarly resources for your paper.

u02a1 - Scheduling the Academic Learner Review (ALR) Meeting

By the end of this week (Unit 2), you should have scheduled an appointment to meet with your faculty advisor. Your faculty advisor contact information can be found in the section of COUNFAF6099 in which you are enrolled. The meeting should occur *before* Unit 10 to allow ample time for completion of the ALR Reflection Paper, which is due in Unit 10.

Once you have confirmed the date and time for your ALR meeting, submit the following statement to this assignment by the end of Unit 2:

"I am scheduled to meet (or have already met) with my faculty advisor, (insert name of faculty advisor), for an Academic Learner Review on (insert date) at (insert time)."

u02d1 - Sequential Stages of Outpatient Treatment

In addition to the levels of care described by ASAM, outpatient treatment can be broken down into four sequential stages that clients work through, regardless of the level of care at which they enter treatment. (See Chapter 3 of SAMSHA/CSAT TIP 47.) Describe in detail these stages and what critical tasks are achieved in them. How might you apply these to diverse populations? Also, how might you effectively treat a co-occurring disorder?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u02d2 - Veterans and Co-occurring Disorders

After reading the Vazan, Golub, and Bennett article, discuss the prevalence of mental health disorders among veterans and the rates of their met and unmet treatment needs.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 3 >> Multicultural and Ethical Facets of Diagnostic Impression

Introduction

Culture plays an extremely important role in the treatment of mental health and addictive disorders. According to the *DSM-5*, "*Culture* refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems" (American Psychiatric Association, 2013, para. 1). It is essential to include the many different elements of culture that your client presents with so that you are clearly providing culturally competent care for your client and their clinical issues.

In this unit, you will be identifying categories of consideration when providing clinical care for culturally diverse clients, and you will be analyzing the ethical implications for integration of multicultural considerations that lead to diagnostic impressions. In one of your discussions, you will be asked how you see the role of culture affecting treatment as well as how you would use evidenced-based treatments to meet the cultural needs of your clients.

Reference

American Psychiatric Association. (2013). Cultural formulation. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

Learning Activities

u03s1 - Multicultural, Ethical Facets of Diagnostic Impression

Readings

Use the Capella library to complete the following:

- Read Burlew, Copeland, Ahunama-Jonas, and Calsyn's 2013 article, "[Does Cultural Adaptation Have a Role in Substance Abuse Treatment?](#)," from *Social Work in Public Health*, volume 28, issue 3/4, pages 440–460.
- Read Rodriguez et al.'s 2007 article, "[Acculturation and Drug Use Among Dually Diagnosed Hispanic Adolescents](#)," from *Journal of Ethnicity in Substance Abuse*, volume 6, issue 2, pages 97–113.
- Read Thomas, Donovan, Sigo, Austin, and Marlatt's 2009 article, "[The Community Pulling Together: A Tribal Community-University Partnership Project to Reduce Substance Abuse and Promote Good Health in a Reservation Tribal Community](#)," from *Journal of Ethnicity in Substance Abuse*, volume 8, issue 3, pages 283–300.
- Read "[Cultural Formulation](#)" in the American Psychiatric Association's 2013 *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*).

Recommended Resources

You may find that referencing the "[Substance-Related and Addictive Disorders](#)" section of the *DSM-5* is useful to your understanding of the Unit 3 assignment and its requirements.

u03a1 - Cultural Competency in Co-occurring Disorder Treatment

This assignment is designed to help you explore the limitations, options, and opportunities for providing culturally competent treatment for a co-occurring disorder. In addition to using the articles provided in the Unit 3 study, seek 2–3 additional scholarly resources that will enable you to fully address the following:

- Discuss how treatment for co-occurring disorders may differ from culture to culture.
- Analyze the disparities and limitations in assessment and diagnosis in a multicultural society.
- Discuss how cultural competence exists on a continuum.
- Discuss the various aspects of cultural identity and how this may impact treatment strategies.
- Describe the importance of specific evidenced-based integrated approaches to treatment models for diverse populations.
- Identify specific strategies for assessment, diagnosis, and treatment of co-occurring mental health issues for diverse populations.

Finally, summarize your paper by discussing what steps you would take to ensure that your culturally diverse clients would not experience any disparities in treatment. Refer to the assessment scoring guide to ensure that you have met the grading criteria for this assessment.

Assignment Requirements

To successfully complete this assignment, you must meet the following requirements:

- **Written communication:** Written communication is grammatically correct and free of errors that detract from the overall message. Writing should be consistent with graduate-level scholarship.
- **APA formatting:** The title page, main body, and references should be formatted according to APA style and formatting.
- **Number of resources:** A minimum of 3 scholarly resources.
- **Length of paper:** 2–4 typed, double-spaced pages. No abstract or table of contents is required.
- **Font:** Times New Roman, 12 point.

Submission Instructions

Attach and submit the following documents for this assignment:

- **Your final version of this paper:** Submit your assignment using the following file naming format: Your Name-Assignment Number-Assignment Title (example: Ima Learner-u03a1-Cultural Competency).

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

[Writing Feedback Tool](#)

[APA Style and Format](#)

[Substance-Related and Addictive Disorders](#)

u03d1 - Cultural Formulation Interview

When utilizing the *DSM-5*'s Cultural Formulation Interview (CFI), helping professionals can more clearly see the ways that aspects of people's background or identity play a role in their mental health. Describe some examples of how culture might affect treatment for addiction.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u03d2 - Professional Adaptation

As the ethnic composition of the nation changes and the requirements to use evidence-based treatments (EBTs) increase, mental health professionals have been challenged to adapt treatments and interventions to be more appropriate for their clients. Describe various strategies for meeting these challenges.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 4 >> Mood Disorders

Introduction

In Unit 4, we will be learning about various mood disorders. You will be examining mania, major depression, bipolar disorder, dysthymia, and cyclothymia. It is essential to learn about the various diagnostic criteria for these mood disorders so that you are familiar enough with them to accurately form *DSM-5* diagnostic impressions. Some mood disorders can look like other mood disorders, so it is important to be able to correctly conduct a *DSM-5* differential diagnosis so that you know you have diagnosed the correct disorders.

In this unit, you will be asked to examine a clinical vignette and discuss your initial diagnostic impressions. You will be asked what processes you used to come to your initial diagnostic impressions. Substance use disorders can mimic and co-exist with other disorders, and depressive disorders frequently co-occur with other disorders, such as anxiety disorders, substance-related disorders, and eating disorders. Consider what other information you would gather, or what other assessment instruments you might use, to help you develop an accurate diagnostic impression for a client who might have co-occurring substance use and depressive disorders.

Learning Activities

u04s1 - Mood Disorders

Readings

Use the Capella library to complete the following:

- In *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*:
 - Read pages 116–146 of Chapter 3, "Mood Disorders."
- Read Warren's 2007 article, "[Cultural Aspects of Bipolar Disorder: Interpersonal Meaning for Clients & Psychiatric Nurses](#)," from *Journal of Psychosocial Nursing and Mental Health Services*, volume 45, issue 7, pages 32–37.
- Read Lahera et al.'s 2014 article, "[Mindfulness-Based Cognitive Therapy Versus Psychoeducational Intervention in Bipolar Outpatients With Sub-Threshold Depressive Symptoms: A Randomized Controlled Trial](#)," from *BMC Psychiatry*, volume 14, issue 1, pages 1–8.
- Read Wüsthoff, Waal, and Gräwe's 2014 article, "[The Effectiveness of Integrated Treatment in Patients With Substance Use Disorders Co-occurring With Anxiety and/or Depression: A Group Randomized Trial](#)," from *BMC Psychiatry*, volume 14, issue 1, pages 1–12.

u04d1 - Christina: A Case Study

Christina is a 25-year-old Mexican American woman who has been working as an elementary school teacher since she graduated from college three years ago. Although she does well at her job, she has been feeling low ever since she left college. When she took this teaching position, she had to relocate to a city over four hours away from her family and the house she grew up in. Even though she has made some new friends, Christina still feels disconnected and lonely. She is also concerned about her mother, who has been diagnosed with a serious health condition.

For the past month, Christina has felt much worse. She reports feeling very sad and tired most of the time and is having difficulty concentrating at work. She says that she does not have enough energy to accomplish the things she would like to do. She admits to overeating and drinking every evening to "unwind" after school, and she is concerned that she is sleeping too much on the weekends. She also has very low self-esteem, despite being well-liked at her school and receiving good performance evaluations. Christina describes her life as "heading nowhere" and says that lately she has felt extremely hopeless. She wonders if she will ever feel as happy as she did when she was in college. She does not have a history of ever feeling worse than this and is in good health otherwise.

Discussion Instructions

Based on the information presented, address the following questions in your discussion post:

1. What depressive disorder diagnosis would you consider giving to Christina? Describe the process you used for making this decision.
2. Knowing that substance use disorders can mimic and co-exist with other disorders and that depressive disorders frequently co-occur with other disorders (including anxiety disorders, substance-related disorders, and eating disorders), what other information would you gather, or what other assessment instruments might you use, to help you make an accurate diagnosis for Christina?
3. What social, cultural, and systemic factors would be important for you to consider when assessing and diagnosing Christina? How is the separation from her mother, family, and home impacting her? What multigenerational issues might be affecting Christina at this time?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u04d2 - Mood Disorders and Addiction

Based on your readings for this week, what would you identify as the key elements of mood disorders that affect treatment for addiction? Evaluate the approaches taken in the article by Lahera et al. and in the article by Wüsthoff, Waal, and Gräwe: Is there a specific approach to co-occurring mood and addiction disorders that particularly appeals to you as an addiction treatment professional? Why?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

[Mindfulness-Based Cognitive Therapy Versus Psychoeducational Intervention in Bipolar Outpatients With Sub-Threshold Depressive Symptoms: A Randomized Controlled Trial](#)

[The Effectiveness of Integrated Treatment in Patients With Substance Use Disorders Co-Occurring With Anxiety and/or Depression: A Group Randomized Trial](#)

Unit 5 >> Anxiety Disorders

Introduction

In this unit, we will be studying and examining anxiety disorders. The conditions discussed in your readings are characterized by anxiety and the behaviors by which people try to ward it off. We will examine panic attacks, panic disorder, agoraphobia, generalized anxiety disorder, and finally obsessive-compulsive disorder. Panic disorder, phobias, and generalized anxiety disorder are collectively among the most frequently encountered of all mental disorders listed in the *DSM-5*. It is essential to learn about the various diagnostic criteria for these anxiety disorders so that you are familiar enough with them to accurately form *DSM-5* diagnostic impressions.

Some anxiety disorders can look like other anxiety disorders. In one of your discussions, you will be asked to conduct an appropriate *DSM-5* differential diagnosis for a panic attack and a panic disorder. In another discussion, you will be asked to appropriately conduct a *DSM-5* differential diagnosis for agoraphobia, generalized anxiety disorder, and obsessive-compulsive disorder and to describe how you would use the diagnostic criteria to achieve this task.

Learning Activities

u05s1 - Anxiety Disorders

Readings

Use the Capella library to complete the following:

- In *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*:
 - Read Chapter 4, "Anxiety Disorders," pages 171–198.
 - Read pages 200–204 of Chapter 5, "Obsessive-Compulsive and Related Disorders."

Use the Internet to complete the following:

- Read the National Institute of Mental Health's article "[What Is Anxiety Disorder?](#)"
- Read the National Alliance on Mental Illness's "[Anxiety Disorders Fact Sheet](#)."

u05d1 - Panic Attack Versus Panic Disorder

How would you use the *DSM-5* criteria to conduct a clear differential diagnosis on panic attack and panic disorder?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u05d2 - Other Anxiety Disorders

How would you use the *DSM-5* criteria to conduct a clear differential diagnosis for agoraphobia, generalized anxiety disorders, and obsessive-compulsive disorders?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 6 >> PTSD and Trauma-Based Disorders

Introduction

In this unit, we will be exploring post-traumatic stress disorder (PTSD) and trauma-based disorders. From your readings, you will be identifying the various trauma-based disorders and their related symptoms. For one of your discussions, you will be asked to examine and write about the diagnostic criteria for post-traumatic stress disorder and acute stress disorder and how you would correctly use these diagnostic criteria to correctly conduct a *DSM-5* differential diagnosis for these disorders. Finally, you will be asked to describe specifically how you would go about designing an initial treatment plan for a client diagnosed with post-traumatic stress disorder.

Learning Activities

u06s1 - PTSD and Trauma-Based Disorders

Readings

Use the Capella library to complete the following:

- In *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*:
 - Read Chapter 6, "Trauma- and Stressor-Related Disorders," pages 217–234.
- Read Ford, Russo, and Mallon's 2007 article, "[Integrating Treatment of Posttraumatic Stress Disorder and Substance Use Disorder](#)," from *Journal of Counseling and Development*, volume 85, issue 4, pages 475–490.

u06s2 - Assignment Preparation: Biopsychosocial Assessment



[Biopsychosocial Assessment Form](#)

[Transcript](#)

For your next assignment, due in Unit 7, you will be completing a biopsychosocial assessment based on case studies provided for you. Please see the full instructions, including the case studies and scoring guide, in Unit 7.

Multimedia

Click **Biopsychosocial Assessment Form** to open the interactive form you will use for your Unit 7 assignment.

Course Resources

Biopsychosocial Assessment Form

u06d1 - Trauma-Based Disorders: Differential Diagnoses

Describe how you would use the *DSM-5* diagnostic criteria for trauma-based disorders to conduct a clear differential diagnosis on acute stress disorder and post-traumatic stress disorder.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u06d2 - PTSD: Treatment Plan

Describe how you would design an initial treatment plan for a client with post-traumatic stress disorder.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 7 >> Personality and Cluster B Disorders

Introduction

In Unit 7, we will be examining and studying the Cluster B personality disorders. In the *DSM-5*, there are ten specific personality disorders divided into three categories. Cluster B includes four personality disorders: antisocial personality disorder, borderline personality disorder, histrionic personality disorder, and finally narcissistic personality disorder. Clients diagnosed with a Cluster B personality disorder "tend to be rather theatrical, emotional, and attention-seeking; their moods are labile and often shallow. They often have intense interpersonal conflicts" (Morrison, 2014).

In this unit, you will be asked to describe how you would write a detailed treatment plan for one of the *DSM-5* Cluster B personality disorders. Finally, you will develop and discuss your diagnostic impression of a client from your text.

Reference

Morrison, J. (2014). *DSM-5 made easy: The clinician's guide to diagnosis*. New York, NY: Guilford Press.

Learning Activities

u07s1 - Personality and Cluster B Disorders

Readings

Use the Capella library to complete the following:

- In *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*:
 - Read Chapter 17, "Personality Disorders," pages 528–563.

u07a1 - Biopsychosocial Assessment

In this assignment, you will practice the process of intake assessment via a biopsychosocial form and draw conclusions about what your next steps would be after this assessment. Consider what you have learned about multicultural and ethical facets of diagnostic impression as well as the key diagnostic characteristics of various disorders common to a co-occurring disorder scenario.

Read the Case Studies file linked in the assignment resources, and select one of the case studies provided for you: Tyrell, Marifel, or Miguel. Using that client information, complete the Biopsychosocial Assessment Form (also linked in the assignment resources). Save and attach the Biopsychosocial Assessment Form to your assignment submission. In addition, write a paper that addresses the following questions:

- Does your chosen case study present a potential dual diagnosis?
- Beyond what you were able to gather for the Biopsychosocial Assessment Form, is there additional clinical information you would need in order to formulate a diagnostic impression?
- Are there other assessments you would want the client to complete, and if so, what are they?
- How would you use the *DSM-5* to begin the process of forming diagnostic impressions?
- What are your initial impressions of what treatment options may be most applicable?
- How would you apply key principles of mental health and addictions treatment to this case?
- How would you identify strategies for diagnosis, assessment, and treatment of any co-occurring mental health issues for your culturally diverse client?

Refer to the assessment scoring guide to ensure that you have met the grading criteria for this assessment.

Assignment Requirements

To successfully complete this assignment, you must meet the following requirements:

- **Written communication:** Written communication is grammatically correct and free of errors that detract from the overall message. Writing should be consistent with graduate-level scholarship.
- **APA formatting:** The title page, main body, and references should be formatted according to APA style and formatting.
- **Number of resources:** Include a minimum of 3 scholarly resources, referenced in the summary you provide to accompany the biopsychosocial form.
- **Length of paper:** Include the Biopsychosocial Assessment Form and an additional 2–4 typed, double-spaced pages. No abstract or table of contents is required.
- **Font:** Times New Roman, 12 point.

Submission Instructions

Attach and submit the following **two** documents for this assignment:

1. **Your final version of this paper:** Your Name-Assignment Number-Assignment Title (example: Ima Learner-u07a1-Biopsychosocial Assessment).
2. **Your Biopsychosocial Assessment Form:** Your Name-Assignment Number-Form (example: Ima Learner-u07a1-Form).

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

Case Studies

[Writing Feedback Tool](#)

[APA Style and Format](#)

u07d1 - Cluster B Disorders: Treatment Plan

Describe in detail how you would write a treatment plan for a client with one of the four *DSM-5* Cluster B personality disorders.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

[Graduate Discussion Participation Scoring Guide](#)

u07d2 - Milo: A Case Study

Read the case study of Milo Tark on page 543 of the *DSM-5 Made Easy* text and develop your own diagnostic impression. Then review "Evaluation of Milo Tark" on page 544 of the text. In your post, describe your initial diagnostic impression and how it differed from the evaluation within the text.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

[Graduate Discussion Participation Scoring Guide](#)

[*DSM-5 Made Easy*](#)

Unit 8 >> Addictions and Co-occurring Mental Health Issues

Introduction

In this unit, we will study addictive use disorders and co-occurring mental issues. Mind-altering substances all yield three basic types of disorders: substance intoxication, substance withdrawal, and what we now call substance use disorder (formerly called substance dependence and substance abuse). It is essential to clearly understand the various diagnostic criteria for the addictive use disorders.

Many clients meet the diagnostic criteria for more than one diagnosis, which means they have co-occurring disorders, often an addictive use disorder and a mood disorder. In this unit's discussion, you will be asked to explore the advantages of integrating treatment compared to treating each disorder separately. You will also be asked what some of the barriers are to implementing an integrated approach and how they can be addressed.

Learning Activities

u08s1 - Addictions and Co-occurring Mental Health Issues

Readings

Use the Capella library to complete the following:

- In *DSM-5 Made Easy: The Clinician's Guide to Diagnosis*:
 - Read Chapter 15, "Substance-Related and Addictive Disorders," pages 393–473.
- Read Burnett, Porter, and Stallings's 2011 article, "[Treatment Options for Individuals With Dual Diagnosis](#)," from *Journal of Human Behavior in the Social Environment*, volume 21, issue 7, pages 849–857.
- Read August and Flynn's 2007 article, "[Applying Stage-Wise Treatment to a Mixed-Stage Co-occurring Disorders Group](#)," from *American Journal of Psychiatric Rehabilitation*, volume 10, issue 1, pages 53–63.

Optional Readings

You may choose to read the following in SAMHSA/CSAT's Treatment Improvement Protocol (TIP) 42, *Substance Abuse Treatment for Persons With Co-occurring Disorders*:

- [Introduction](#), pages 1–3.
- Chapter 5, "[Strategies for Working With Clients With Co-occurring Disorders](#)," pages 101–136.

u08s2 - Assignment Preparation: Diagnostic Impressions

The final assignment for this course, Diagnostic Impressions, is due in Unit 9. Review the Unit 9 assignment description and scoring guide to understand the requirements of this assignment.

u08d1 - Evidence-Based Approaches and Co-occurring Disorders

The assigned reading by Burnett, Porter, and Stallings emphasizes the advantages of an integrated treatment approach for co-occurring disorders (dual diagnosis). Discuss the advantages of integrating treatment compared to treating each disorder separately. What are some of the barriers to implementing an integrated approach and how can they be addressed?

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 9 >> Evidence-Based Interventions

Introduction

In Unit 9, we will explore evidence-based interventions. You will be reviewing motivational interviewing, cognitive behavioral therapy, and the harm reduction treatment model. You will be watching a brief video on the efficacy of using motivational interviewing with a client with an addictive disorder. In


one of your discussions, you will be asked to explore the clinical advantages of using motivational interviewing to treat a diverse population of your choosing.

Learning Activities

u09s1 - Evidence-Based Interventions



[Motivational Interviewing](#)

 [Transcript](#)

Readings

Use the Internet to complete the following:

- Read "[Evidence-Based Approaches to Drug Addiction Treatment](#)" in the National Institute on Drug Abuse's 2012 guide *Principles of Drug Addiction Treatment*.

Use the Capella library to complete the following:

- Read Rowan, Jenkins, and Parks's 2013 article, "[What Is Valued in Gay and Lesbian Specific Alcohol and Other Drug Treatment?](#)," from *Journal of Gay & Lesbian Social Services*, volume 25, issue 1, pages 56–76.
- Read Lushin and Anastas's 2011 article, "[Harm Reduction in Substance Abuse Treatment: Pragmatism as an Epistemology for Social Work Practice](#)," from *Journal of Social Work Practice in the Addictions*, volume 11, issue 1, pages 96–100.

Multimedia

Click **Motivational Interviewing** to launch a brief video on the efficacy on using motivational interviewing with a client with an addictive disorder.

Course Resources

Motivational Interviewing

u09a1 - Diagnostic Impressions

In this assignment, you will take the biopsychosocial assessment a step further by providing your diagnostic impressions for the case study you chose. Key to successfully completing this assignment is the incorporation of your instructor's feedback on the Biopsychosocial Assessment; you may have to revise your work from Unit 7 in order to arrive at an appropriate diagnostic impression.

Write a paper addressing the following:

- Use the same case study you used in Unit 7.
- Provide a summary piece describing key takeaways from your assessment in Unit 7 as well as other information that might be useful in developing a *DSM-5* diagnostic impression.
- Develop what (under current *DSM-5* diagnostic standards) would go into determining a particular diagnostic impression.
- Analyze current evidence-based treatment models for integrated approaches to addiction and mental health care for a culturally diverse client, such as the client you are treating.
- Describe how you would go about applying key principles of integrated mental health and addictions treatment in the description and identification of any major psychological disorders your client may have.
- Evaluate the limitations of using current diagnostic systems and assessment approaches in a multicultural society.
- Identify strategies for diagnosis, assessment, and treatment of co-occurring mental health issues for diverse populations.

Refer to the assessment scoring guide to ensure that you have met the grading criteria for this assessment.

Assignment Requirements

To successfully complete this assignment, you must meet the following requirements:

- **Written communication:** Written communication is grammatically correct and free of errors that detract from the overall message. Writing should be consistent with graduate-level scholarship.
- **APA formatting:** The title page, main body, and references should be formatted according to APA style and formatting.
- **Number of resources:** A minimum of 5 scholarly resources.
- **Length of paper:** 8–10 typed, double-spaced pages.
- **Font:** Times New Roman, 12 point.

Submission Instructions

Attach and submit the following document for this assignment:

1. **Your final version of this paper:** Your Name-Assignment Number-Assignment Title (example: Ima Learner-u09a1-Diagnostic Impressions).

Note: Your instructor may also use the Writing Feedback Tool to provide feedback on your writing. In the tool, click the linked resources for helpful writing information.

Course Resources

[Writing Feedback Tool](#)

[APA Style and Format](#)

u09d1 - Harm Reduction

Discuss the viability of harm reduction as a treatment approach from an evidence-based perspective.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u09d2 - Motivational Interviewing

Describe in detail the clinical advantages of using motivational interviewing to treat a diverse population of your choosing.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

Unit 10 >> The DSM-5: Shifting Approaches to Addiction

Introduction

In this final unit, we will be exploring and discussing how the diagnostic criteria changed in a variety of ways with the transition from the *DSM-IV-TR* to the *DSM-5*. As previously mentioned, we now have in the *DSM-5* three basic types of disorders: substance intoxication, substance withdrawal, and what we now call substance use disorder (formerly substance dependence and substance abuse). It is indeed important that we clearly understand and know how to properly use the new diagnostic criteria so that we can properly diagnose an addictive use disorder.

In your first discussion for this unit, you will be asked to discuss one of the three trends of the proposed changes in the clinical transition from the *DSM-IV-TR* to the *DSM-5*: the influence of the medical model, the attention to nosology, or lowered thresholds and their potential impact on nondominant populations (Miller & Prosek, 2013). You will be asked to discuss the elimination of the abuse/dependence dichotomy from the *DSM-5* and how these changes may affect the strategies for diagnosis, assessment, and treatment of co-occurring mental health issues for diverse populations.

Reference

Miller, R., & Prosek, E. A. (2013). Trends and implications of proposed changes to the DSM-5 for vulnerable populations. *Journal of Counseling and Development*, 91(3), 359–366.

Learning Activities

u10s1 - The DSM-5: Shifting Approaches to Addiction

Readings

Use the Capella library to complete the following:

- Read Miller and Prosek's 2013 article, "[Trends and Implications of Proposed Changes to the DSM-5 for Vulnerable Populations](#)," from *Journal of Counseling and Development*, volume 91, issue 3, pages 359–366.
- Read Meyer's 2011 article, "[A Commentary on 'Addiction and Dependence in DSM-V'](#)," from *Addiction*, volume 106, issue 5, pages 873–874.

Use the Internet to complete the following:

- Read the National Alliance on Mental Illness's "[NAMI Comments on the APA's Draft Revision of the DSM-V: Substance Use Disorders](#)."
- Read Frances's 2012 article, "[DSM-5 Is Guide Not Bible—Ignore Its Ten Worst Changes](#)," from *Psychology Today*.

u10a1 - Academic Learner Review (ALR) Reflection Paper

By now, you have met with your faculty advisor to review your progress in the program, evaluate your professional development, and discuss plans for upcoming program milestones.

For this assignment, you will write a 1–2-page paper reflecting on this meeting. Please note, because this is a personal reflection, you may use first person (e.g., "I", "me"). Your reflection paper should include the following items:

- Your academic progress to this point in the program.
- Your personal and professional development thus far. Where have you grown and where do you need to continue to develop? Be sure to include knowledge, skills, and abilities.
- Your plan for attending residency.
- Your plan for locating a fieldwork site and applying for fieldwork.
- Your ability to engage in self-care and find life balance in the midst of your academic and professional journey.

Submission Requirements

- Length of Paper: 1–2 typed, double-spaced pages.

- Font and font size: Times New Roman, 12-point.
- Submit your paper no later than 5 PM Central time Friday in Unit 10.

In addition to submitting your paper in this courseroom, please submit a copy of your reflection paper to your faculty advisor.

u10d1 - Trends in Addiction Treatment

Discuss one of the following trends that you learned about in your assigned reading by Miller and Prosek:

- The influence of the medical model.
- The attention to nosology.
- Lowered thresholds and their potential impact on nondominant populations.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

[Trends and Implications of Proposed Changes to the DSM-5 for Vulnerable Populations](#)

u10d2 - Categories of Addiction

Discuss the elimination of the abuse/dependence dichotomy from the *DSM-5* and how these changes may affect the strategies for diagnosis, assessment, and treatment of co-occurring mental health issues for diverse populations.

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.

Course Resources

Graduate Discussion Participation Scoring Guide

u10d3 - DSM-5 Criticism: A Follow-Up

Frances (2012) identifies 10 points of disagreement with the changes in diagnostic categories and criteria the *DSM-5* ended up incorporating. He published the op-ed you read from *Psychology Today* in late 2012, just after the final version of the *DSM-5* was approved. We have now moved to an era in which the *DSM-5* is the standard for diagnosis.

For your initial post, choose two of Frances's points of criticism. Reference scholarly research that has been conducted since the op-ed's publication, and comment on the accuracy of the author's predictions for potential harm resulting from the *DSM-5*'s changes.

Reference

Frances, A. J. (2012). DSM-5 is guide not bible—ignore its ten worst changes. *Psychology Today*. Retrieved from <https://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes>

Response Guidelines

Respond to at least two other learners in a manner that advances the discussion in a meaningful way. Contribute to the conversation by asking questions, respectfully debating positions, or responding freely to the topic at hand.
