Syllabus

Course Overview

This course is delivered in the GuidedPath format. This course examines the theory, research, and application of principles of psychopathology for the diagnosis of individuals, couples, and families. Topics include theories of psychopathology, current methods of assessment, and the current *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*) diagnostic system. The course also examines contemporary issues associated with the assessment of mental disorders in a multicultural society. The readings, discussion topics, and assignments in this course will help you prepare for the challenging task of making accurate diagnoses for the diverse clients you will be working with as a marriage and family therapist.

View the course introduction, Theories of Psychopathology.

Alignment of COAMFTE Version 12 Standards to Course Competencies

MFT5107 Course Competencies	COAMFTE Version 12 Standards
Apply key principles of psychopathology used in the description and identification of major psychological disorders.	*FCA 7: Systemic and Relational Assessment and Mental Health Diagnosis and Treatment* **SLO-5. Clinical Practice:** Uses a systemic perspective for client engagement, assessment, and intervention.
Evaluate contemporary assessments used to diagnose developmental, behavioral, and mental disorders.	*FCA 7: Systemic and Relational Assessment and Mental Health Diagnosis and Treatment* **SLO-5. Clinical Practice:** Uses a systemic perspective for client engagement, assessment, and intervention.
Apply the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) to diagnose developmental, behavioral, and mental disorders.	*FCA 7: Systemic and Relational Assessment and Mental health Diagnosis and Treatment* **SLO-5. Clinical Practice:** Uses a systemic perspective for client engagement, assessment, and intervention.
Describe the role of psychopharmocological medications for appropriate medical referral and consultation.	*FCA 7: Systemic and Relational Assessment and Mental Health Diagnosis and Treatment* **SLO-5. Clinical Practice:** Uses a systemic perspective for client engagement, assessment, and intervention.
Communicate effectively through the consistent use of APA guidelines for grammar, punctuation, and mechanics expected of a marriage and family therapy professional.	

Course Competencies

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

1. Apply key principles of psychopathology used in the description and identification of major psychological disorders.

2. Evaluate contemporary assessments used to diagnose developmental, behavioral, and mental disorders.

3. Apply the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) to diagnose developmental, behavioral, and mental disorders.

4. Describe the role of psychopharmacological medications for appropriate medical referral and consultation.

5. Communicate effectively through the appropriate application of grammar, punctuation, spelling, writing mechanics, and a professional tone, while adhering to current APA style and formatting.

Course Prerequisites

There are no prerequisites for this course.

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

Nolen-Hoeksema, S. (2020). *Abnormal psychology* (8th ed.). New York, NY: McGraw-Hill. ISBN: 9781260080469.

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 (2014). Differential diagnosis by the trees. In *DSM-5 Handbook of Differential Diagnosis* (pp. 17-156). Arlington, VA: Author.
- American Psychiatric Association. (2013). Assessment measures. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- American Psychiatric Association. (2013). Cultural formulation. In *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.
- Bardhoshi, G., Duncan, K., & Erford, B. T. (2016). Psychometric meta-analysis of the English version of the Beck Anxiety Inventory. *Journal of Counseling & Development, 94*(3), 356–373.
- Beck, A. T., Epstein, N., Brown, G., & Steer, R. (1988). Beck Anxiety Inventory. *Psyctests*, doi:10.1037/t02025-000
- Benesch, C., Görtz-Dorten, A., Breuer, D., & Döpfner, M. (2014). Assessment of callous-unemotional traits in 6 to 12 year-old children with oppositional defiant Disorder/Conduct disorder by parent ratings. *Journal of Psychopathology and Behavioral Assessment, 36*(4), 519–529.
- Derogatis, L. R. (1977). Symptom Checklist-90–Revised. *Psyctests*, doi:10.1037/t01210-000
- Erford, B. T., Johnson, E., & Bardoshi, G. (2016). Meta-analysis of the English version of the Beck Depression Inventory–Second edition. *Measurement and Evaluation in Counseling and Development, 49*(1), 3–33.

- Grande, T. L., Newmeyer, M. D., Underwood, L. A., & Williams, C. R. (2014). Path analysis of the SCL-90-R: Exploring use in outpatient assessment. *Measurement and Evaluation in Counseling and Development, 47*(4), 271–290.
- Hain, S., Schermelleh-Engel, K., Freitag, C., Louwen, F., & Oddo, S. (2016). Development of a short form of the Personality Styles and Disorder Inventory (PSDI-6): Initial validation in a sample of pregnant women. *European Journal of Psychological Assessment, 32*(4), 283–290.
- Hain, S., Schermelleh-Engel, K., Freitag, C., Louwen, F., & Oddo, S. (2016). Personality Styles and Disorder Inventory—Short form. *Psyctests*, doi:10.1037/t58367-000
- Hamilton, E., & Carr, A. (2016). Systematic review of self-report family assessment measures. *Family Process, 55*(1), 16–30.
- Henderson, K. A., Buchholz, A., Perkins, J., Norwood, S., Obeid, N., Spettigue, W., & Feder, S. (2010). Eating disorder symptom severity scale: A new clinician rated measure. *Eating Disorders, 18*(4), 333–346.
- Henderson, K. A., Buchholz, A., Perkins, J., Norwood, S., Obeid, N., Spettigue, W., & Feder, S. (2010). Eating disorders symptoms severity scale. *Psyctests*, doi:10.1037/t10209-000
- Kessler, R. C., Adler, L., Ames, M., Demler, O., Faraone, S., Hiripi, E., & Walters, E. E. (2005). Adult ADHD Self-Report Scale Symptom Checklist. *Psyctests.* doi:10.1037/t03454-000
- Klahr, A. M., & Burt, S. A. (2014). Practitioner review: Evaluation of the known behavioral heterogeneity in conduct disorder to improve its assessment and treatment. *Journal of Child Psychology and Psychiatry, 55*(12), 1300–1310.
- Leithead, L., & Freeborn, D. (2013). A practical guide for diagnosing adult attention deficit hyperactivity disorder. *The Journal for Nurse Practitioners, 9*(10), 688–694.
- Miller, R. (2013). Trends and implications of proposed changes to the DSM-5 for vulnerable populations. *Journal of Counseling and Development, 91*(3), 359–366.
- Prevatt, F., Dehili, V., Taylor, N., & Marshall, D. (2015). Anxiety Symptom Checklist. *Psyctests*, doi:10.1037/t39906-000
- Strong, T. (2015). Diagnoses, relational processes and resourceful dialogs: Tensions for families and family therapy. *Family Process, 54*(3), 518–532.

External Resource

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- American Psychiatric Association. (n.d.). Retrieved from https://www.psychiatry.org/
- National Institute of Mental Health. (2016). Mental health medications. Retrieved from http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml

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.

Integrated Materials

Hardware

Capella University requires learners to meet certain minimum computer requirements. The following hardware may go beyond those minimums and is required to complete learning activities in this course. **Note:** If you already have the following hardware, you do not need to purchase it. Visit the Course Materials page on Campus for more information.

Kaltura Hardware

1. Headset with microphone
2. External or built-in webcam

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.

- Adeponle, A. B., Groleau, D., & Kirmayer, L. J. (2015). Clinician reasoning in the use of cultural formulation to resolve uncertainty in the diagnosis of psychosis. *Culture, Medicine and Psychiatry, 39*(1), 16.
- Aggarwal, N. K., Desilva, R., Nicasio, A. V., Boiler, M., & Lewis-Fernández, R. (2015). Does the cultural formulation interview for the fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) affect medical communication? A qualitative exploratory study from the New York site. *Ethnicity & Health, 20*(1), 1–28.
- Al-Dajani, N., Gralnick, T. M., & Bagby, R. M. (2016). A psychometric review of the Personality Inventory for DSM–5 (PID–5): Current status and future directions. *Journal Of Personality Assessment, 98*(1), 62–81.
- Balderrama-Durbin, C. (2015). Tailoring assessment of relationship distress using the Marital Satisfaction Inventory—Brief form. *Couple and family psychology (2160–4096), 4*(3), p. 127.
- Bardhoshi, G., Erford, B. T., Duncan, K., Dummett, B., Falco, M., Deferio, K., & Kraft, J. (2016). Choosing assessment instruments for posttraumatic stress disorder screening and outcome research. *Journal of Counseling & Development, 94*(2), 184–194.
- Burton, A. L., Abbott, M. J., Modini, M., & Touyz, S. (2016). Psychometric evaluation of self-report measures of binge-eating symptoms and related psychopathology: A systematic review of the literature. *International Journal of Eating Disorders, 49*(2), 125–142.
- Busch, A. J., Balsis, S., Morey, L. C., & Oltmanns, T. F. (2016). Gender differences in borderline personality disorder features in an epidemiological sample of adults age 55–64: Self versus informant report. *Journal of Personality Disorders, 30*(3), 419–432.
- Foran, H. M., Whisman, M. A., & Beach, S. R. H. (2015). Intimate partner relationship distress in the DSM-5. *Family Process, 54*(1), 48–63.
- Gorlin, E. I., Dalrymple, K., Chelminski, I., & Zimmerman, M. (2016). Reliability and validity of a semi-structured DSM-based diagnostic interview module for the assessment of attention deficit hyperactivity disorder in adult psychiatric outpatients. *Psychiatry Research, 242,* 46–53.
- Kamradt, J. M., Ullsperger, J. M., & Nikolas, M. A. (2014). Executive function assessment and adult attention-deficit/hyperactivity disorder: Tasks versus ratings on the Barkley Deficits in Executive Functioning Scale. *Psychological Assessment, 26*(4), 1095–1105.
- López-Torres Hidalgo, J., López Gallardo, Y., Párraga Martínez, I., del Campo del Campo, J. M., Villena Ferrer, A., & Morena Rayo, S. (2016). Treatment satisfaction among patients taking antidepressant medication. *Community Mental Health Journal, 52*(6), 738–745.
- Mansfield, A. K., Keitner, G. I., & Dealy, J. (2015). The family assessment device: An update. *Family Process, 54*(1), 82–93.
- McCullough, J. P., Clark, S. W., Klein, D. N., & First, M. B. (2016). Introducing a clinical course-graphing scale for DSM-5 mood disorders. *American Journal of Psychotherapy, 70*(4), 383–392.
- McTate, E. A., & Leffler, J. M. (2017). Diagnosing disruptive mood dysregulation disorder: Integrating semi-structured and unstructured interviews. *Clinical Child Psychology and Psychiatry, 22*(2), 187–203.
- Morey, L. C., Skodol, A. E., & Oldham, J. M. (2014). Clinician judgments of clinical utility: A comparison of DSM-IV-TR personality disorders and the alternative model for DSM-5 personality disorders. *Journal of Abnormal Psychology, 123*(2), 398–405.
- Oldham, J. M. (2015). The alternative DSM-5 model for personality disorders. *World Psychiatry, 14*(2), 234–236.

- Oltmanns, J. R., & Widiger, T. A. (2017). A self-report measure for the ICD-11 dimensional trait model proposal: The Personality Inventory for ICD-11. *Psychological Assessment.*
- Sabella, D. (2017). Antipsychotic medications. *American Journal of Nursing, 117*(6), 36–43.
- Sandberg, K., & Erford, B. T. (2013). Choosing assessment instruments for bulimia practice and outcome research. *Journal of Counseling and Development: JCD, 91*(3), 367–379.
- Sysko, R., Glasofer, D. R., Hildebrandt, T., Klimek, P., Mitchell, J. E., Berg, K. C., . . . Walsh, B. T. (2015). The eating disorder assessment for DSM-5 (EDA-5): Development and validation of a structured interview for feeding and eating disorders. *International Journal of Eating Disorders, 48*(5), 452–463.
- Walsh, J. (2016). The utility of the DSM-5 Z-codes for clinical social work diagnosis. *Journal of Human Behavior in the Social Environment, 26*(2), 149.
- Wamboldt, M., Kaslow, N., & Reiss, D. (2015). [Description of relational processes: Recent changes in DSM-5 and proposals for ICD-11.](#) *Family Process, 54*(1), 6–16.
- Wu, C., Wang, C., Katz, A. J., & Farley, J. (2013). National trends of psychotropic medication use among patients diagnosed with anxiety disorders: Results from medical expenditure panel survey 2004–2009. *Journal of Anxiety Disorders, 27*(2), 163–170.
- Yen, C.-F., Hwang, A.-W., Liou, T.-H., Chiu, T.-Y, Hsu, H.-Y, Chi, W.-C, . . . & Chiu, W.-T. (2014). Validity and reliability of the functioning disability evaluation scale-adult version based on the WHODAS 2.0—36 items. *Journal of the Formosan Medical Association, 113*(11), 839–849.
- Zhou, J., Xiang, Y.-T., Li, Q., Zhu, X., Li, W., Ungvari, G. S., . . . & Wang, X. (2016). Gender differences in attitudes towards antipsychotic medications in patients with schizophrenia. *Psychiatry Research, 245,* 276–281.

External Resource

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- American Association for Marriage and Family Therapy (AAMFT). (2015). [AAMFT code of ethics.](#) Retrieved from https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01

Unit 1 ≫ Theories of Psychopathology

Introduction

This unit presents current definitions of abnormality and describes how these perspectives have evolved over time. Ideas about *normal* and *abnormal* are socially constructed; behaviors that are considered normal or adaptive in one culture or at a certain time in history can be viewed as abnormal or pathological in another place or time.

Nolen-Hoeksema (2020) describes four components of abnormality: "Dysfunction, distress, deviance, and dangerousness" (p. 5). American Psychiatric Association (2013) has given the following definition of mental disorder:

> A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above. (American Psychiatric Association, 2013, p. 20.)

Our own values and personal belief systems also have an impact on the ways in which we define concepts like mental disorder. It is important to be aware of the assumptions and biases that we hold and how they affect the ways in which we assess and diagnose the presenting issues of our clients.

There are three key theoretical models used for understanding psychopathology: biological, psychological, and social or interpersonal approaches. Each approach considers the factors important to the etiology of abnormal behavior, describes the processes that maintain these behaviors in people, and provides specific treatment approaches that can be used to effect positive change. Current approaches to diagnosis and treatment incorporate an integrated perspective that draws from several models in explaining the causes of psychological distress in people.

One of the criticisms of diagnosing in general, and of the *DSM-5* in particular, is that it reflects a medicalization of behaviors. Clinicians who are drawn to a systemic perspective, such as many marriage and family therapists, understand disordered behavior as reflecting interactions within the context of a relational system, rather than being a mental disorder within the context of the individual. All clinicians are responsible for understanding current diagnostic systems that guide insurance reimbursement, provide a common language between professionals, and facilitate the delivery of therapy services.

View [Unit 1: Theories of Psychopathology](#), a video introduction for Unit 1.

References

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

Nolen-Hoeksema, S. (2020). *Abnormal psychology* (8th ed.). New York, NY: McGraw-Hill.

Learning Activities

u01s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 1, "Looking at Abnormality," pages 2–6.
  - This reading will provide an orientation to major issues that shape how we define abnormality.

- Chapter 2, "Theories and Treatment of Abnormality," pages 25–51.
  - This reading will introduce three distinct perspectives that can frame psychological disorders: biological, psychological, and sociocultural.

Use your [*DSM-5*](#) text to read the following:

- Section I, "[Introduction](#)."
  - This reading introduces the manual and will help you understand how it is organized.

- Section I, "[Use of the Manual](#)."
  - This reading provides an orientation to the Diagnostic and Statistical Manual which will be used as a reference tool and resource throughout this course and your career.

- Strong, T. (2015). [Diagnoses, relational processes and resourceful dialogs: Tensions for families and family therapy](#). *Family Process, 54*(3), 518–532.

Internet

- National Institute of Mental Health. (n.d.). [Mental health medications](#). Retrieved from http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml
  - This resource provides an overview of the major classes of medications prescribed for mental health disorders. In addition, the National Institute of Mental Health (NIMH) website offers a wealth of resources bookmark it to revisit throughout the course and in the future. Explore the multimedia resources linked through the News page to supplement your learning in this course.

Optional – Readings

Use Capella University Library to read the following:

- López-Torres Hidalgo, J., López Gallardo, Y., Párraga Martínez, I., del Campo del Campo, J., Villena Ferrer, A., & Morena Rayo, S. (2016). Treatment satisfaction among patients taking antidepressant medication. *Community Mental Health Journal, 52*(6), 738–745.
- Sabella, D. (2017). Antipsychotic medications. *American Journal of Nursing, 117*(6), 36–43.
- Wu, C., Wang, C., Katz, A. J., & Farley, J. (2013). National trends of psychotropic medication use among patients diagnosed with anxiety disorders: Results from medical expenditure panel survey 2004–2009. *Journal of Anxiety Disorders, 27*(2), 163–170.
- Zhou, J., Xiang, Y.-T., Li, Q., Zhu, X., Li, W., Ungvari, G. S., . . . & Wang, X. (2016). Gender differences in attitudes towards antipsychotic medications in patients with schizophrenia. *Psychiatry Research, 245,* 276–281.

Use the Internet to read the following:

- American Association for Marriage and Family Therapy (AAMFT). (2015). [AAMFT code of ethics](). Retrieved from https://www.aamft.org/Legal_Ethics/Code_of_Ethics.aspx?WebsiteKey=8e8c9bd6-0b71-4cd1-a5ab-013b5f855b01
  - You have encountered the AAMFT ethical code in previous courses. Review these ethical codes as you prepare to apply diagnosis tools in this course.

u01d1 - Definitions of Psychopathology

Read the Discussion Participation Scoring Guide to learn how the instructor will evaluate your discussion participation throughout this course.

The unit readings present several definitions of mental disorder and describe the ways in which concepts of abnormality have changed over time. For this discussion, address the following, using headings to match content in each bullet point:

- What criteria would you use to evaluate whether a person's behavior is normal or abnormal? Discuss both individual and systemic perspectives.
- Explain how your own values and personal beliefs will impact the way you view some of the client's behaviors, thoughts, or emotions as normal or abnormal. Use examples to illustrate your ideas.

Support your ideas with references to the course texts, articles from this learning unit, articles from the Optional Readings, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
[How Do I Find Peer-Reviewed Articles?]()

u01d2 - Drug Therapies

Psychopharmacology is the field of study focused on the use of medications to impact neurological functioning and behaviors. Psychotropic medications, used in consultation with medical professionals, are tools to address the symptoms of major psychiatric disorders. As you learned in your assigned reading from the text in this unit, there are many classes and types of drugs used by medical professionals. For this discussion, select one type of drug therapy (antipsychotic, antidepressant, or antianxiety) and address the following, using headings to match content in each bullet point:

- Specific symptoms and their intensity that would indicate a consultation may be appropriate.
- Side effects that may interfere with taking medications as directed.
- Potential benefits a partner or family member may notice.

It is highly encouraged that you create section headers for each discussion based on the required content. This helps ensure that peers and your instructor will see that you addressed all required content clearly. Support your ideas with references to the course texts, articles from this learning unit, articles from the Optional Readings, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner who selected a different drug type than you. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
How Do I Find Peer-Reviewed Articles?
Masters in Counseling – Research Guide
APA Style and Format
Capella University Library

Unit 2 ❯❯ Assessment and Diagnosis of Abnormality

Introduction

Therapists use a variety of assessment procedures to gather information important to the diagnostic process. Most clinicians complete a thorough intake interview with new clients and often include a biopsychosocial assessment to provide important information about several key areas in the client's personal history and current sociocultural context. When working with couples and families, therapists use a systems approach to assess behavioral interactions and patterns of communication between people rather than focus solely on the intrapsychic processes within each individual.

In addition to interviewing techniques, therapists can use assessment tools such as symptom questionnaires, behavioral observations, personality inventories, and other diagnostic processes to collect data that will help them make an accurate diagnosis.

A guidebook for clinicians, the *DSM-5* is organized on developmental and lifespan considerations.

> It begins with diagnoses thought to reflect developmental processes that manifest early in life (e.g., neurodevelopmental and schizophrenia spectrum and other psychotic disorders), followed by diagnoses that more commonly manifest in adolescence and young adulthood (e.g., bipolar, depressive, and anxiety disorders), and ends with diagnoses relevant to adulthood and later life (e.g., neurocognitive disorders)" (American Psychiatric Association, 2013, p. 13).

The *DSM-5* uses a dimensional diagnostic approach while being sensitive to culture, gender, and age. Assessing clients using a dimensional and lifespan approach allows clinicians to make more accurate diagnoses, develop fully informed treatment plans, and provide better treatments.

In making a *DSM-5* diagnosis, the client must meet a certain number of very specific criteria used to define each diagnostic category. For most diagnoses, the client must also be experiencing significant distress or impairment in social or occupational functioning in order to receive the diagnosis. Although the *DSM-5* allows for documentation of interpersonal difficulties and relational problems, the main emphasis of a *DSM* diagnosis is to describe the symptoms presented by individuals.

The assessment measures in Section III of the *DSM-5* are to be used as additional clinical tools to enhance clinical decision making and develop effective treatment plans. These measures address symptoms in childhood, adolescence, and adulthood and help to understand the cultural context of mental disorders.

In Section II of the *DSM-5*, Z codes (formerly V codes under the ICD 9) allow the clinician to note important psychosocial and environmental problems that are impacting a client's symptoms, and it may be important to consider these codes when formulating a treatment plan. Although Z codes are not mental disorders, the principal reason for a client entering treatment may be a psychosocial or environmental factor.

See **Unit 2: Theories of Psychopathology**, the video introduction for Unit 2.

Reference

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

Learning Activities

u02s1 - Studies

Readings

Use your *Abnormal Psychology* text to complete the following:

- In Chapter 3, "Assessing and Diagnosing Abnormality."
  - Read pages 57–72.
    - The focus of this section of the chapter is on assessment tools.

- Read pages 73–77.
    - This section reviews challenges with the DSM classification system and the social-psychological risks associated with diagnosis.

Use the Capella University Library to read the following:

- Hamilton, E., & Carr, A. (2016). Systematic review of self-report family assessment measures. *Family Process, 55*(1), 16–30.

DSM-5 Review

From this point forward in the course, you will be focusing on specific sections in the *DSM-5* in each learning unit. You will need to set aside 1–2 hours each week to review the main diagnoses included in the listed sections. It will be most important for you to read the diagnostic criteria and diagnostic features sections of each diagnosis. For the specific diagnoses that are included in your discussion questions, you will want to read through the other sections included with each diagnosis as well: specific culture and gender issues, prevalence, development and course, risk and prognostic factors, differential diagnosis, and other informational sections.

- Use the *DSM-5* to read the following:
  - In Section II, "Other Conditions That May Be a Focus of Clinical Attention."
    - Review this reading, which details V and Z Codes; these codes detail systemic influences that may impact the diagnosis and treatment of disorders.

  - In Section III, review "Assessment Measures."
    - This section briefly introduces the Level I Cross-Cutting Measure, Level II Cross-Cutting Measure, Psychosis Symptom Severity scale, WHODAS Assessment, and Cultural Formulation Interview.
- Use the *DSM-5 Handbook of Differential Diagnosis* to read the following:
  - Chapter 2, "Differential Diagnosis by the Trees."
    - Review the introduction, which describes the purpose of differential diagnosis and how to use the decision trees. The decision trees are best viewed using the following steps: select and click the tree you want to view, then look for the zoom bar at the top left of the page to zoom in. You can use your mouse to move the image up and down as needed. You can close the box by clicking the x, which makes it possible to select and view another tree.

Multimedia

- Listen to The Vignette of Richard in preparation for this unit's discussion.

Optional – Readings

- Balderrama-Durbin, C. (2015). Tailoring assessment of relationship distress using the Marital Satisfaction Inventory—Brief form. *Couple and family psychology (2160–4096), 4*(3), p. 127.
- Mansfield, A. K., Keitner, G. I., & Dealy, J. (2015). The Family Assessment Device: An update. *Family Process, 54*(1), 82–93.

u02s2 - Assignment Preparation

If you have not done so already, begin working on your assignment for Unit 3, Diagnostic Approaches, to ensure you have enough time to complete it. Refer to the assignment description, its related scoring guide, and the template available for download. These resources provide detailed information on how you will be graded. Contact your instructor if you have any questions.

This quiz provides you with an opportunity to demonstrate your progress toward course competencies by meeting the following criteria:

- Identify causes and characteristic of abnormal behavior.
- Identify psychopharmacological roles, including specific medications.
- Identify approaches to the diagnosis of disorders.
- Identify assessments used to diagnose developmental, behavioral, and mental disorders.

Instructions

- You must complete the quiz in this unit.
- You will be able to take this quiz two times and your best score will be recorded.
- There is no time limit on this quiz.

Click the linked quiz title to access the quiz. If you have any issues with the quiz, contact your instructor.

u02d1 - Making a Differential Diagnosis

Understanding differential diagnosis is critical for making a proper diagnosis. The *DSM-5* has provided great tools for clarifying the most accurate diagnoses based on symptoms. For this discussion, read through the Vignette of Richard, who meets the criteria of Somatic Symptom Disorder.

After reading the vignette, open the Decision Tree for Somatic Complaints or Illness or Appearance Anxiety in Chapter 3 of *DSM-5 Handbook of Differential Diagnosis* (linked in the Resources). Follow the steps of the decision tree to find your way to the diagnosis of Somatic Symptom Disorder. Utilize the option to "View Large" for each decision tree (ignore downloading the PowerPoint). Address the following using headings to match content in each bullet point:

- What was most and least helpful about using the decision tree?
- Select one of the assessments covered in the assigned reading by Hamilton and Carr (2016), and describe how it would provide additional information that would be relevant to understanding Richard from a systemic or cultural perspective.

Support your ideas with references to the course texts, articles from this learning unit, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources

Graduate Discussion Participation Scoring Guide

The Vignette of Richard | Transcript

Differential Diagnosis by the Trees

Systematic Review of Self-Report Family Assessment Measures

Capella University Library

Masters in Counseling – Research Guide

u02s3 - CPT, ICD, and DSM Related to Therapy

The *International Classification of Diseases* (ICD) is the system for describing and coding medical diagnoses. DSM and ICD codes are actually the same codes used for diagnosis. Most simply put, the *DSM-5* is a guide (specific to mental health) to choosing the right ICD code. Since 2003, DSM codes have been mandatory for third-party billing and reimbursement.

While a DSM (ICD) code is used to identify the diagnosis, a Current Procedural Terminology(CPT) code is used to describe the treatment and diagnostic services provided for that diagnosis. For example, a DSM (ICD) diagnosis of F32.0: Major depressive disorder, Single episode, Mild, is serviced by 90837: psychotherapy, 60 minutes, with patient or family member. The critical relationship between a DSM and ICD code and a CPT code is that the diagnosis supports the medical necessity of the treatment.

You will see references in the *DSM-5* to both the *ICD-9* and *ICD-10*, most commonly with V and Z codes (factors influencing health status and contact with health services). This is because the *DSM-5* was published in May 2013 and went into effect on January 1, 2014, meaning that it fell within the transition period when the medical community upgraded from *ICD-9* to *ICD-10* codes on October 1, 2015. Since we have passed the date of implementation, only codes from the *ICD-10* are relevant (including Z codes rather than the former V codes).

Unit 3 ≫ Mood Disorders

Introduction

This unit explores the diagnoses of depression and bipolar disorder. There are several theories about the causes of bipolar and depressive disorders and the most effective approaches used to treat them. Biological, psychological, and social perspectives of depression and bipolar disorder are presented in the *Abnormal Psychology* text. Additional articles included in the unit discuss the importance of considering the social, cultural, and systemic influences on people experiencing bipolar and depressive disorders.

Bipolar and Related Disorders

The chapter "Bipolar and Related Disorders" from Section II of the *DSM-5* includes bipolar I, bipolar II, and cyclothymic disorders. Bipolar disorders are characterized by unusual shifts in mood, energy, and behaviors. The highs of mania and lows of depression

are very different from typical good and low moods. The symptoms of bipolar disorder can last for days, weeks, or months and cause impairment in daily functioning. Page 174 of the *Abnormal Psychology* text offers specific examples of symptoms of mania.

Depressive Disorders

A common feature of depressive disorders is "the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function" (American Psychiatric Association, 2013). The chapter "Depressive Disorders" from Section II of the *DSM-5* includes disruptive mood dysregulation disorder, major depressive disorder (MDD), persistent depressive disorder (dysthymia), and premenstrual dysphoric disorder. Depressive disorders vary in the number of symptoms, severity level, and duration. They frequently co-occur with other disorders, including anxiety disorders, substance-related disorders, and eating disorders. The clinical presentation of depressive symptoms varies according to culture, gender, and age. For example, a child may present with severe temper outbursts and irritability rather than a depressed mood as typically experienced by adults. In this case, a diagnosis of disruptive mood dysregulation disorder may be considered.

Bipolar and depressive disorders are associated with a high risk of suicide attempts and completions. It is important to include a suicide risk assessment as part of the initial evaluation process and throughout treatment. Beginning on page 196, the *Abnormal Psychology* text offers an in-depth discussion about the assessment and treatment of clients who are feeling suicidal.

Complete the Unit 3 video introduction Unit 3: Theories of Psychopathology.

References

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

Nolen-Hoeksema, S. (2020). *Abnormal psychology* (8th ed.). New York, NY: McGraw-Hill.

Learning Activities

u03s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 7, "Mood Disorders and Suicide," pages 168–205.
  - This section of the chapter focuses on symptoms of depression, bipolar disorders, and theories of etiology.

DSM-5 Review

Use the *DSM-5* to read the following:

- In Section II, "Bipolar and Related Disorders."
  - This section will inform your understanding of Bipolar I, Bipolar II, and Cyclothymic Disorders.

- In Section II, "Depressive Disorders."
  - In this section, you will find an introduction to Mood Disorders and details for diagnosing Major Depressive and Pervasive Depressive Disorders.

Multimedia

- Complete the interactive media piece Unit 3 Drag and Drop.
  - Use this exercise to review symptoms related to mood disorders. You will need to match the symptom with the correct diagnosis. You can use the exercise as many times as you need until you feel confident with your knowledge.

Optional – Readings

- Aggarwal, N. K., Desilva, R., Nicasio, A. V., Boiler, M., & Lewis-Fernández, R. (2015). Does the cultural formulation interview for the fifth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) affect medical communication? A qualitative exploratory study from the New York site. *Ethnicity & Health, 20*(1), 1–28.
  - A copy of the Cultural Formulation Interview is provided on pages 4–5.

- Erford, B. T., Johnson, E., & Bardoshi, G. (2016). Meta-analysis of the English version of the Beck Depression Inventory–Second edition. *Measurement and Evaluation in Counseling and Development, 49*(1), 3–33.
- McCullough, J. P., Clark, S. W., Klein, D. N., & First, M. B. (2016). Introducing a clinical course-graphing scale for DSM-5 mood disorders. *American Journal of Psychotherapy, 70*(4), 383–392.
- McTate, E. A., & Leffler, J. M. (2017). Diagnosing disruptive mood dysregulation disorder: Integrating semi-structured and unstructured interviews. *Clinical Child Psychology and Psychiatry, 22*(2), 187–203.
- Strong, T. (2015). Diagnoses, relational processes and resourceful dialogs: Tensions for families and family therapy. *Family Process, 54*(3), 518–532.
- Walsh, J. (2016). The utility of the DSM-5 Z-codes for clinical social work diagnosis. *Journal of Human Behavior in the Social Environment, 26*(2), 149.

u03a1 - Diagnostic Approaches

For this assignment, consider the following case vignette:

> Annie is a 13-year-old Asian American girl—the youngest child in a family of four older siblings. Her parents are both high school teachers and came to United States from India to attend college and stayed to raise a family together. They travel as a family to India several weeks of every year to be with extended family. Annie understands some phrases in the dialect spoken by her extended family, but she and her sisters consistently speak to their parents in English. When Annie was 5 years old, she was hospitalized for three weeks for a serious illness. Since that time, she has been in good health, but has struggled with her fears and anxiety.
>
> Annie is extremely shy and avoids situations in which she needs to interact with new people or large groups. She worries about making mistakes in her schoolwork and becomes extremely anxious when taking tests. Sometimes, she becomes so nervous that her heart races; she begins to tremble and has difficulty breathing. Annie is also afraid of the dark and does not want to be alone in her room at night. She often requires the presence of one of her parents or older sisters until she falls asleep. As her oldest three sisters have left home to pursue their education and careers, the family is finding Annie's need for reassurance more burdensome.

Instructions

Download Unit 3 Assignment Template. Use it to complete your assignment.

Part I: Examining Three Models of Psychopathology

- Review each of the three models of abnormality—biological, psychological, and sociocultural—and apply key principles from each model to frame what is happening to Annie and her family.
- Analyze how each model explains the factors leading to Annie's presenting behaviors.

Part II: Assessment Instruments to Aid in Diagnosis

Formulate a culturally sensitive assessment strategy using a combination of at least two measures listed below (and linked in Resources) to assist with the assessment of Annie and her family. Describe how the assessments will be administered and interpreted using scholarly sources to support the strategy.

- *DSM-5*: Assessment Measures:
  - Parent/Guardian-Rated DSM-5 Level 1 Cross Cutting Symptom Measure.
- *DSM-5*: Cultural Formulation:
  - Cultural Formulation Interview.
- Hamilton and Carr's "Systematic Review of Self-Report Family Assessment Measures."
  - **MFCT** learners must use at least one self-report assessment measure reviewed by Hamilton and Carr in the article.

Part III: Systemic Perspective for Diagnosis

With an assessment strategy established:

- Analyze how the DSM and ICD may augment guidance for working with families from a systemic perspective.
- Describe the Z code or codes that apply, noting the limitations and risks of using these codes for Annie and her family.

Submission Requirements

- **Written communication**: Written communication must be grammatically correct and free of errors that detract from the overall message. Writing should be consistent with graduate level scholarship.
- **APA formatting**: Title page, main body, and references should be formatted according to the current APA style and formatting.
- **Number of resources**: Minimum of four scholarly resources. Distinguished submissions typically exceed this minimum.
- **Length of paper**: 4–6 typed double-spaced pages. Abstract and Table of Content pages are not necessary.
- **Font**: Times New Roman, 12 point.

SafeAssign

You are required to submit your final version of this paper to SafeAssign to generate a final report prior to submitting the assignment for grading. From the SafeAssign tool, first submit to the draft link to check your work for any necessary edits. Once the paper is finalized and all edits have been made, submit your final paper to the Final report option for the assignment. Please be advised it can take up to a day to obtain the percentage from SafeAssign. When your paper is downloaded and viewable in SafeAssign, save the originality report. You can learn more about how to use SafeAssign reports on the SafeAssign Campus page.

1. Submit your assignment using the following file naming format: Your Name_AssignmentNumber_Assignment Title (example: Ima_Learner_u03a1_Diagnostic Approaches).
2. In the comment section, provide the percentage from the final SafeAssign report (example: Final Safeassign percentage = 4%). Please be prepared to provide your faculty member with a copy of the SafeAssign report should this be requested of you.

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
Cultural Formulation
Assessment Measures
APA Style and Format

u03d1 - Depressive Disorder Diagnosis and Assessment

Read the following vignette, keeping in mind the importance of knowing symptoms, and their duration and severity:

> 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 to "unwind" after school, and is concerned 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.

Based on the information presented, address the following questions in your discussion post using headings to match content in each bullet point:

1. What depressive disorder diagnosis would you consider assigning to Christina? Describe the process you used for making this decision, including your use of the "Differential Diagnosis by the Trees" from the *DSM-5 Handbook of Differential Diagnosis* (linked in Resources).
2. Describe how the Beck Depression Inventory-II would aid in making a diagnosis for this client. (See pages 62–63 of *Abnormal Psychology*).
3. What Z code or codes would you consider for Christina? How would including these systemic considerations help you understand Christina's presenting symptoms and consider your treatment approach?

Support your ideas with references to the course texts, articles from this learning unit, articles from the optional resources on the course syllabus, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources

Unit 4 ❯❯ Anxiety Disorders

Introduction

Anxiety can have many different types of symptoms. You can find a good list of examples in Table 5.1 on page 105 of the *Abnormal Psychology* text. People vary regarding how they experience anxiety and describe their feelings of anxiety. It is important to consider client's age and sociocultural background during your assessment.

A variety of factors can cause a person to have symptoms of anxiety. For example, many medical conditions can lead to similar symptoms and the use of some drugs or prescription medications can cause anxiety. Factors in a client's environment—such as living in an unsafe neighborhood, dealing with domestic violence, experiencing harassment and discrimination, living in poverty, or not having access to medical services—can trigger symptoms of fearfulness and apprehension. Taking time to assess a client's thoughts, behaviors, and emotions as well as understanding how the environment and larger social systems impact these things is important to making an accurate diagnosis.

View the unit introduction video [Unit 4: Theories of Psychopathology](#).

Reference

Nolen-Hoeksema, S. (2020). *Abnormal psychology* (8th ed.). New York, NY: McGraw-Hill.

Learning Activities

u04s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 5, "Trauma, Anxiety, Obsessive-Compulsive, and Related Disorders," pages 105–113 and 119–140.
  - This reading will help you understand the primary anxiety disorders.

DSM-5 Review

Use the [*DSM-5*](#) to read the following:

- In Section II, "[Anxiety Disorders](#)."
  - This section will help you review anxiety disorder. Note that stress-related disorders (for example, PTSD) are covered in Unit 5.

Optional – Readings

- Bardhoshi, G., Duncan, K., & Erford, B. T. (2016). Psychometric meta-analysis of the english version of the Beck Anxiety Inventory. *Journal of Counseling & Development, 94*(3), 356–373.
- Yen, C.-F., Hwang, A.-W., Liou, T.-H., Chiu, T.-Y, Hsu, H.-Y, Chi, W.-C, . . . & Chiu, W.-T. (2014). Validity and reliability of the functioning disability evaluation scale-adult version based on the WHODAS 2.0—36 items. *Journal of the Formosan Medical Association, 113*(11), 839–849.

u04s2 - Unit 5 Assignment Preparation

Begin working on your assignment for Unit 5 to ensure you have enough time to complete it. Please review in advance the entire assignment instructions and each resource provided in the assignment for Unit 5.

This assignment will require you to utilize assessment tools to aid in the diagnosis of clients as a part of the assessment strategy. The assessments listed in the List of Assessment Tools for the assignment due in Unit 5 may be familiar to you from a previous assessment course you have taken. You will want to take time to review these assessments using the resources provided to help you prepare for the assignment. In addition, you will want to view the video vignettes of the clients and the assignment template provided.

Refer to the assignment description, its related scoring guide, and template for information on how you will be graded. Contact your instructor if you have any questions.

u04d1 - Anxiety Diagnosis and Assessment

Read the following case vignette of Luisa:

Luisa is a 38-year-old office manager referred to therapy by her employer through the company's employee assistance program. Her boss has become increasingly concerned, as she has noticed that Luisa seems to be on edge quite often over the last several months.

Approximately nine months ago, Luisa learned that her husband was having an extramarital affair. Upon her discovery of the relationship, Luisa's husband abruptly left their marriage of six years, filed divorce papers, and moved in with his girlfriend. Since this time, Luisa has begun to experience significant anxiety around simple and routine tasks. She's often consumed with worry about mistakes at work and finds herself tense and fatigued quite often. Luisa has also begun to worry excessively about money and to scrutinize every penny she spends. She consistently seeks reassurances from her coworkers and family, but with little positive effect.

Increasing fear has caused Luisa to isolate over the past three months. She avoids going out even during the daytime. She states that she feels scared and vulnerable walking her dog around the block. Her fear is that something horrible will happen and no one will come to her rescue. She knows that this is irrational but feels that so much of her anxiety is beyond her control.

Luisa stated that she had been sad for a few weeks after her husband left, but denies thoughts of self-harm or for revenge to her husband. She does not have a history of alcohol or substance abuse. Her sleep has been erratic but her

physical health has been relatively normal. Her score on the Beck Anxiety Inventory was 27, indicating a severe level of anxiety.

In the discussion, address the following, using headings to match content in each bullet point:

- Review the questions in domain IV of the Level I Cross-Cutting Symptom Measure in the Assessment Measures of the *DSM-5*. Describe how each of the three items would be scored. What additional information is needed to rate these items?
- At the same link, scroll down to locate the WHODAS. Which assessment domains may provide required information to fully assess the extent of Luisa's symptoms?
- Explain the DSM disorder that appears to be most accurate for Luisa and include your rationale.

Support your ideas with references to the course texts, articles from this learning unit, articles from the optional readings, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
Assessment Measures
Masters in Counseling – Research Guide
Capella University Library

Unit 5 ≫ Obsessive-Compulsive Disorder and Eating Disorders

Introduction

Obsessive-Compulsive and Related Disorders

In this unit, you will learn about the obsessive-compulsive and related disorders including obsessive-compulsive disorder (OCD), body dysmorphic disorder, hoarding disorder, trichotillomania (hair-pulling disorder), and excoriation disorder (skin-picking disorder) (American Psychiatric Association, 2013). Certain obsessive-compulsive and related disorders are characterized by excessive or repetitive behaviors (for example, hand washing, checking, or ordering) while others are categorized by recurrent body-focused repetitive behaviors (for example, hair pulling or skin picking). Like anxiety disorders, the etiology of obsessive-compulsive and related disorders may be attributed to biological and environmental factors.

Psychiatric medications, often called *psychotropic medications*, are used in a variety of contexts to treat diagnosed mental disorders. Some medications have been found to be effective in the treatment of a wide range of mental disorders, particularly when they are used in combination with marriage and family therapy or psychotherapy, including anxiety, depression, and OCD. When used as prescribed, they may affect physiological as well as psychological changes that aid clients in feeling a remission of their primary symptomology. While no medication can cure a mental disorder, these medications may be effective in treating the various symptoms associated with the disorder itself.

Feeding and Eating Disorders

The second part of this unit focuses on eating disorders. In anorexia nervosa and bulimia nervosa, a person's evaluation of his or her own body weight or shape is distorted, and he or she engages in specific behaviors, including restricting intake of food and purging (Nolen-Hoeksema, 2020). It is important to recognize the influence of social and cultural factors on the ways in which a person defines physical attractiveness. The media, for example, present constant images of thin, young women in magazines, commercials, TV shows, and movies; these images impact the ways in which children, teens, and adults think about what is attractive or beautiful. Furthermore, a person's self-image is influenced by the ways in which his or her own family regards food, eating, exercise, and physical size and shape.

View the video introduction Unit 5: Theories of Psychopathology.

References

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

Nolen-Hoeksema, S. (2020). *Abnormal psychology* (8th ed.). New York, NY: McGraw-Hill.

Learning Activities

u05s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 5, "Trauma, Anxiety, Obsessive-Compulsive, and Related Disorders," pages 103–104 and 134–140.
  - This reading will help you understand the range of disorders that are associated with trauma and stress.
- Chapter 12, "Eating Disorders," pages 327–352.

Internet Resource

- American Psychiatric Association. (n.d.). Retrieved from https://www.psychiatry.org/
  - Use the APA website to locate the ICD diagnostic codes. Enter "ICD" into the search field to locate the most up-to-date resources. You will use the codes in your assignment.

DSM-5 Review

Use the *DSM-5* to read the following:

- In Section II, "Relational Problems."
  - Read these pages in the chapter "Other Conditions That May Be a Focus of Clinical Attention."
- From Section II, "Anxiety Disorders."
- From Section II, "Obsessive-Compulsive and Related Disorders."
- From Section II, "Feeding and Eating Disorders."

Multimedia

- View Case Study: Nancy.
- View The Case of Jenny.
- View The Case of Marisol.

Optional – Readings

- Burton, A. L., Abbott, M. J., Modini, M., & Touyz, S. (2016). Psychometric evaluation of self-report measures of binge-eating symptoms and related psychopathology: A systematic review of the literature. *International Journal of Eating Disorders, 49*(2), 125–142.
- Sandberg, K., & Erford, B. T. (2013). Choosing assessment instruments for bulimia practice and outcome research. *Journal of Counseling and Development: JCD, 91*(3), 367–379.
- Sysko, R., Glasofer, D. R., Hildebrandt, T., Klimek, P., Mitchell, J. E., Berg, K. C., . . . Walsh, B. T. (2015). The eating disorder assessment for DSM-5 (EDA-5): Development and validation of a structured interview for feeding and eating disorders. *International Journal of Eating Disorders, 48*(5), 452–463.

u05a1 - Diagnostic Skill Application I

For this assignment, you will work with two case studies (linked in the Resources):

- **The Case of Jenny**:
  Jenny is a 29-year-old single female who lives with her mother. She is bisexual, but is not currently dating. Jenny was recently in a relationship with a man, and they lived together briefly. They parted amicably when they just did not seem to be enjoying being together. Jenny moved back in with her mother, Barbara, to allow her boyfriend to take in a roommate to cover her share of the rent. She works as a bank teller and makes a modest income. She felt moving back home would allow her to provide some financial help to her mother. Jenny's mother raised her as a single parent. Jenny and Barbara have shared many ups and downs over the years. Things were never easy, but they always made it through. Barbara is becoming increasingly concerned that Jenny is giving up on life and needs to snap out of it.
- **The Case of Marisol**:
  Marisol is a 40-year-old single female from a tight-knit Puerto Rican family. She is employed full time as a data analyst for a technology company. She has steadily progressed in her career by working for relatively small companies, where her role allowed her to work relatively independently. Unfortunately, working for small organizations was less stable financially, so she has been working for a larger company for the past four years. Interacting with a larger work group has challenged her comfort zone. She prefers to spend time with a network of close friends she has known most of her life, with whom she visits one-on-one. Her family lives in the area, and she sees them frequently. Her parents and older brother have always provided a support system and practical help. She enjoys quiet evenings alone or at the home of her brother and his family. Her friends and family privately wonder why she has never dated or wanted to travel.

Download Unit 5 Assignment Template. Use it to complete your assignment.

Instructions

For each case study, you will complete a descriptive diagnosis using tools you select from the list of assessment tools provided later in the assignment. Each case requires the following information to be addressed:

- Identify presenting concerns from the client's perspective as described in the video and accompanying narrative. Include relevant cultural and systemic considerations that frame the client's presentation.
- Describe what information has been provided in each case that helps to determine which disorders are appropriate for consideration (differential diagnoses) for a final diagnosis. Evaluate how at least one assessment tool, which is listed in the List of Assessment Tools resource, will aid in obtaining further information to back up your final diagnosis. The Differential Diagnosis Decision Tree may be helpful to guide this process.
- Present *DSM-5* and *ICD-10* codes, including relevant Z codes.

- Provide a descriptive rationale for the DSM diagnosis that best fits the information provided including relevant ICD codes. This should be written in a narrative form using complete sentences. Support your rationale with scholarly sources. Optional readings found in the course syllabus may be particularly relevant.
- Determine if a medication consultation is appropriate and provide a rationale with support from scholarly sources.

List of Assessment Tools and Supporting Resources

- Beck, A. T., Epstein, N., Brown, G., & Steer, R. (1988). Beck Anxiety Inventory. *Psyctests*, doi:10.1037/t02025-000
  - Bardhoshi, G., Duncan, K., & Erford, B. T. (2016). Psychometric meta-analysis of the English version of the Beck Anxiety Inventory. *Journal of Counseling & Development, 94*(3), 356–373.
    - Review this source to review how to interpret the Beck Anxiety Inventory.

- Derogatis, L. R. (1977). Symptom checklist-90–revised. *Psyctests*, doi:10.1037/t01210-000
  - Grande, T. L., Newmeyer, M. D., Underwood, L. A., & Williams, C. R. (2014). Path analysis of the SCL-90-R: Exploring use in outpatient assessment. *Measurement and Evaluation in Counseling and Development, 47*(4), 271–290.
    - Review this source to review how to interpret the SCL-90-R.

- Prevatt, F., Dehili, V., Taylor, N., & Marshall, D. (2015). Anxiety Symptom Checklist. *Psyctests*, doi:10.1037/t39906-000
- Beck Depression Inventory–II
  - Erford, B. T., Johnson, E., & Bardoshi, G. (2016). Meta-analysis of the English version of the Beck Depression Inventory–Second edition. *Measurement and Evaluation in Counseling and Development, 49*(1), 3–33.
    - This resource will help you use the Beck Depression Inventory-II if you access that assessment tool.

Submission Requirements

- Written communication: Written communication must be grammatically correct and free of errors that detract from the overall message. Writing should be consistent with graduate level scholarship.
- APA formatting: Title page, main body, and references should be formatted according to the current APA style and formatting.
- Number of resources: Minimum of **six** scholarly resources. Distinguished submissions typically exceed this minimum.
- Length of paper: 5–7 typed double-spaced pages. Abstract and Table of Content pages are not necessary.
- Font: Times New Roman, 12 point.

SafeAssign

You are required to submit your final version of this paper to SafeAssign to generate a final report prior to submitting the assignment for grading. From the SafeAssign tool, first submit to the draft link to check your work for any necessary edits. Once the paper is finalized and all edits have been made, submit your final paper to the Final report option for the assignment. Please be advised it can take up to a day to obtain the percentage from SafeAssign. When your paper is downloaded and viewable in SafeAssign, save the originality report. You can learn more about how to use SafeAssign reports on the SafeAssign Campus page.

1. Submit your assignment using the following file naming format: Your Name_AssignmentNumber_Assignment Title (example: Ima_Learner_u05a1_Diagnosis1).
2. In the comment section, provide the percentage from the final SafeAssign report (example: Final SafeAssign percentage = 4%). Please be prepared to provide your faculty member with a copy of the SafeAssign report should this be requested of you.

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
American Psychiatric Association
The Case of Marisol	Transcript

u05d1 - Eating Disorder Diagnosis and Assessment

Review the following media (linked in the Resources):

- Case Study: Nancy.

Based on the information in the case study, address the following questions using headings to match content in each bullet point:

- How would you incorporate the *DSM-5* and the relational codes into the assessment phase with this couple or family?
- What other diagnostic or assessment processes would you use?
- How do larger systems impact the development of eating disorders? These systems might include sociocultural background, family of origin (that is, the family a person grew up in), current relationship dynamics, and the influence of the media.

Support your ideas with references to the course texts, articles from this learning unit, articles from the Optional Readings for Principles of Psychopathology list, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide

Unit 6 ›› Trauma- and Stressor-Related Disorders

Introduction

In this unit, you will review the trauma- and stressor-related disorders, including reactive attachment disorder, disinhibited social engagement disorder, post-traumatic stress disorder (PTSD), acute stress disorder, and adjustment disorder.

The trauma- and stressor-related disorders include disorders diagnosed when a person develops psychological distress in response to an extreme traumatic or stressful event (APA, 2013). Not everyone who experiences a trauma develops PTSD or an adjustment disorder. When a client does meet diagnostic criteria for one of the trauma- and stressor-related disorders like PTSD, it is important to assess for co-occurring mental disorders, including major depression, substance use, and panic disorder. Many people diagnosed with PTSD may also be experiencing relationship problems, and couples or family therapy can be an important part of the treatment plan.

View the unit introduction video [Unit 6: Theories of Psychopathology](#).

Reference

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

Learning Activities

u06s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 5, "Trauma, Anxiety, Obsessive-Compulsive, and Related Disorders," pages 105–113.
  - This section covers material relevant to Post Traumatic Stress Disorder and Acute Stress Disorder.
- Chapter 6, "Somatic Symptom and Dissociative Disorders," pages 145–166.
- Review Figure 5, "Reciprocal Effects of Psychological, Social, and Biological Factors in Stress-Related Disorders," on page 448.

Internet

- National Institute of Mental Health. (2016). [Mental health medications](#). Retrieved from http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml

- Review this publication in preparation for your Unit 9 assignment. This resource identifies many types of medications used to treat mental disorders and discusses their efficacy and side effects. Review the medications used to treat the mental disorders discussed in this unit.

DSM-5 Review

Use the *DSM-5* to read the following:

- In Section II, "Trauma- and Stressor-Related Disorders."
  - Review the main diagnoses found under this heading.

Multimedia

- View Case Study: Sam.

Optional – Readings

- Bardhoshi, G., Erford, B. T., Duncan, K., Dummett, B., Falco, M., Deferio, K., & Kraft, J. (2016). Choosing assessment instruments for posttraumatic stress disorder screening and outcome research. *Journal of Counseling & Development, 94*(2), 184–194.
- Foran, H. M., Whisman, M. A., & Beach, S. R. H. (2015). Intimate partner relationship distress in the DSM-5. *Family Process, 54*(1), 48–63.

u06q1 - Quiz Unit 6

This quiz provides you with an opportunity to demonstrate your progress toward course competencies by meeting the following criteria:

- Identify causes and characteristics of abnormal behavior.
- Identify a diagnosis based on DSM diagnostic criteria.

Instructions

Read the following instructions before you take the quiz:

- You should complete the quiz in this unit.
- You will be able to take this quiz two times, and your best score will be recorded.
- There is no time limit on this quiz.

u06d1 - Trauma and Stress-Related Diagnosis

Review the following media (linked in Resources):

- Case Study: Sam.

Sam meets criteria for the second most commonly diagnosed disorder, thereby making it one with which you will need to be very familiar. Address the following using headings to match content in each bullet point.

- Name the diagnosis and provide the ICD code.
- Describe your rationale for this diagnosis including other diagnoses that could be ruled out.
- If Sam and his parents come to treatment for family therapy, explain how you would go about determining the identified patient (IP) since a diagnosis will be required for insurance reimbursement.

Support your ideas with references to the course texts, articles from this learning unit, articles from the Optional Readings, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
Case Study: Sam	Transcript
Capella University Library
Masters in Counseling – Research Guide

Unit 7 ›› Neurodevelopmental Disorders

Introduction

In this unit, you will learn about disorders that typically manifest early in life, often before a child enters grade school. The neurodevelopmental disorders include intellectual disabilities, autism spectrum disorder (ASD), communication disorders, attention deficit hyperactivity disorder (ADHD), specific learning disorder, and motor disorders.

Children can be diagnosed with many of the disorders found throughout the *DSM-5* (APA, 2013), including depressive disorders and anxiety disorders. However, it is necessary to use different criteria for diagnosing some of these disorders in children and adolescents. For example, in the diagnosis of a major depressive episode, a child might express irritability rather than sadness; in the diagnosis of a social anxiety disorder, the child's fear may be expressed by crying or tantrums.

When evaluating a child, it is important to consider the larger systems that impact his or her behavior, including the family the child lives with, school and classroom environments, neighborhood or social community, and the influence of the medical system's approach to defining and treating presenting symptoms. The child's sociocultural background (religion, language, values, and beliefs) also plays a significant role. Factors such as adequate housing and nutrition, health, safety, and access to social services should all be considered carefully.

A child's evaluation and diagnostic information may sometimes become part of his or her permanent medical and school records; these could have an impact on how others will view the child in the future. Therefore, it is extremely important to take the time to

complete a thorough assessment of the child. Observing the child in more than one setting and obtaining permission to interview others who interact with the child on a regular basis (such as relatives, other caregivers, teachers, and physicians) can provide valuable perspectives. Treatment planning usually involves working with the child in individual or group therapy sessions but often includes therapy sessions with the child's family as well.

View this unit's video introduction Unit 7: Theories of Psychopathology.

Reference

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

Learning Activities

u07s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 10, "Neurodevelopmental and Neurocognitive Disorders," pages 274–284.
  - This section focuses upon Attention-Deficit or Hyperactivity Disorder and Autism Spectrum Disorder.

DSM-5 Review

Use the *DSM-5* to read the following:

- In Section II, "Neurodevelopmental Disorders."
  - Review the main diagnoses in these pages.

Multimedia

- View The Vignette of Marcus.
  - You will use this media in this unit's first discussion.

Optional – Readings

- Gorlin, E. I., Dalrymple, K., Chelminski, I., & Zimmerman, M. (2016). Reliability and validity of a semi-structured DSM-based diagnostic interview module for the assessment of attention deficit hyperactivity disorder in adult psychiatric outpatients. *Psychiatry Research, 242,* 46–53.
- Kamradt, J. M., Ullsperger, J. M., & Nikolas, M. A. (2014). Executive function assessment and adult attention-deficit/hyperactivity disorder: Tasks versus ratings on the Barkley Deficits in Executive Functioning Scale. *Psychological Assessment, 26*(4), 1095–1105.
- Wamboldt, M., Kaslow, N., & Reiss, D. (2015). Description of relational processes: Recent changes in DSM-5 and proposals for ICD-11. *Family Process, 54*(1), 6–16.

u07d1 - Diagnosing Children

Review the following media (linked in the Resources):

- The Vignette of Marcus.

Based on the information presented, address the following questions using headings to match content in each:

1. Which mental disorder would you consider to describe what is problematic for Marcus?
2. List the specific criteria from the *DSM-5* that you believe Marcus meets, given the information you currently know about him. Be sure to review and include all required diagnostic criteria to make a diagnosis. Use the Differential Diagnosis Tool in your online *DSM-5* from the library to determine the appropriate diagnosis.
3. What score would you document for Marcus, if Marcus' family completed the parent- or guardian-rated Level 1 crosscutting symptom measure? Include the specific information you included when coming up with this score.

Support your ideas with references to the course texts, articles from this learning unit, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion posts of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
The Vignette of Marcus	Transcript
Masters in Counseling – Research Guide
Capella University Library
Differential Diagnosis by the Trees

u07d2 - Autism Spectrum Disorder

Review the Extraordinary People story of Temple Grandin on page 275 and the case study of Richard on page 283 from your *Abnormal Psychology* text. Consider the range of impairment for individuals whose symptoms are described by autism spectrum disorder (ASD). Address the following using headings to match content in each bullet point:

- Compare early behaviors typical of those diagnosed with ASD evident in the description of Temple and Richard.
- How have the developments in the field since the time Temple was young changed how we understand Richard's symptoms and their causes?

Support your ideas with references to the course texts, articles from this learning unit, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion posts of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
[Masters in Counseling – Research Guide](#)
[Capella University Library](#)

u07s2 - Unit 9 Assignment Preparation

Begin working on your assignment for Unit 9 to ensure you have enough time to complete it. This assignment requires a great deal of preparation due to the need to plan and review all of the resources. Please review in advance the entire assignment instructions and each resource provided in the Unit 9 assignment.

This assignment will require you to utilize assessment tools to aid in the diagnosis of clients as part of the assessment strategy. Some of the assessments listed in the List of Assessment Tools for the assignment in Unit 9 may be familiar to you from a previous assessment course you have taken. You will want to take time to review these assessments using the resources provided to help you prepare for the assignment. In addition, you will want to view the video vignettes of the clients and the assignment template provided. Finally, review the National Institute of Mental Health (NIMH) resource on psychopharmacology. This resource identifies many types of medications used to treat mental disorders and discusses their efficacy and side effects.

Refer to the assignment description, its related scoring guide, and template for information on how you will be graded. Contact your instructor if you have any questions.

Course Resources
[How Do I Find Peer-Reviewed Articles?](#)
[APA Style and Format](#)

Unit 8 ≫ Personality Disorders

Introduction

Personality disorders represent ongoing patterns of thinking, feeling, and behaving that are demonstrated across time and situations since late adolescence or early adulthood. Refer to page 654 of the *DSM-5* for a general definition of the criteria included in personality disorders. Sociocultural context has a significant impact on the development of personality, as well as what is considered to be a normal, expected range of behaviors within the culture. It is important to consider a client's sociocultural

background during the assessment process. Specific information about cultural, age, and gender features within personality disorders are included in the description of each of the specific personality disorders in that section.

View Unit 8: Theories of Psychopathology, a video introduction for Unit 8.

Reference

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

Learning Activities

u08s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- From Chapter 9, "Personality Disorders," pages 243–268.

DSM-5 Review

Use the *DSM-5* to read the following:

- In Section II, "Personality Disorders."
  - Review the main diagnoses found here.

Multimedia

- Complete Unit 8 Drag and Drop.
  - This exercise reviews symptoms related to personality disorders. You will need to match the symptom with the correct diagnosis. You can use the exercise as many times as you need until you feel confident with your knowledge.

Optional – Readings

- Al-Dajani, N., Gralnick, T. M., & Bagby, R. M. (2016). A psychometric review of the Personality Inventory for DSM–5 (PID–5): Current status and future directions. *Journal of Personality Assessment, 98*(1), 62–81.
- Busch, A. J., Balsis, S., Morey, L. C., & Oltmanns, T. F. (2016). Gender differences in borderline personality disorder features in an epidemiological sample of adults age 55–64: Self versus informant report. *Journal of Personality Disorders, 30*(3), 419–432.
- Morey, L. C., Skodol, A. E., & Oldham, J. M. (2014). Clinician judgments of clinical utility: A comparison of DSM-IV-TR personality disorders and the alternative model for DSM-5 personality disorders. *Journal of Abnormal Psychology, 123*(2), 398–405.
- Oldham, J. M. (2015). The alternative DSM-5 model for personality disorders. *World Psychiatry, 14*(2), 234–236.
- Oltmanns, J. R., & Widiger, T. A. (2017). A self-report measure for the ICD-11 dimensional trait model proposal: The Personality Inventory for ICD-11. *Psychological Assessment*.

u08d1 - Personality Disorder Diagnosis and Assessment

Read the following vignette for this discussion, making note of any diagnostic criteria that are clearly met:

Jeremiah is a 57-year-old single, unemployed, white male. He still lives with his 83-year-old mother and is embarrassed about this living arrangement. He was previously diagnosed with dysthymia and has undergone psychotherapy treatment for the past two years. He changes therapists often and claims that most were "no good" because he felt he knew more than they did. This therapy appointment was made as a last effort to find someone competent enough to appreciate his problems.

Jeremiah previously worked as an insurance broker. He explained, "It's ridiculous. I was the best broker they had ever seen, but they won't rehire me. I think the problem is that the profession is filled with big egos, and they don't know excellence when it's right in front of them."

Despite encouragement from several therapists, Jeremiah has not pursued employment or volunteer work. He views positions with lower salaries as beneath him. He reports that any truly worthy opportunities would easily find him.

Address the following:

The client does *not* meet all criteria for narcissistic personality disorder (NPD), therefore he cannot be diagnosed with the disorder. However, he does meet most of the required criteria. Describe the criteria that are clearly met for NPD.

- What further information would help you assess if he meets this diagnosis or another?
- What would be some assessment strategies that could help to fill the gaps?

Support your ideas with references to the course texts, articles from this learning unit, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources
Graduate Discussion Participation Scoring Guide
Capella University Library
Masters in Counseling – Research Guide

u08d2 - Optional Discussion: Assignment Preparation

The Unit 9 assignment requires a great deal of preparation. For example, you must review cases, templates, assessment tools, and supporting resources, in addition to writing and conducting additional research. Use this discussion as an opportunity to discuss questions about the assignment.

Response Guidelines

Use your responses to offer constructive feedback to other learners.

Introduction

The schizophrenia spectrum includes schizophrenia, schizoaffective disorder, schizophreniform disorder, delusional disorder, schizotypal disorder, and brief psychotic disorder. There are psychotic disorders within this category including substance-induced psychotic disorder and psychotic disorder associated with other medical conditions. Take some time to become familiar with the key symptoms typically seen in this category:

- The *positive* symptoms of schizophrenia (hallucinations, delusions [bizarre and nonbizarre], and disorganized thinking and behavior).
- The *negative* symptoms of schizophrenia (affective flattening, alogia, and avolition).

You will find definitions and examples of these terms in Section II, "Schizophrenia Spectrum and Other Psychotic Disorders" from the *DSM-5* text.

As with the other disorders included in the *DSM-5*, it is important to understand a client's unusual symptoms (such as hearing voices of spirits or having a vision of a deceased relative) within his or her own cultural and religious belief systems. Strongly held beliefs seen as delusional within one sociocultural group may be thought of as normal in another. The *DSM-5* includes a good discussion of this under the topic "Cultural Formulation," from Section III and in the "Glossary of Technical Terms," from the Appendix.

View the unit video introduction Unit 9: Theories of Psychopathology.

Reference

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

Learning Activities

u09s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 8, "Schizophrenia Spectrum and Other Psychotic Disorders," pages 210–240.

DSM-5 Review

Use the *DSM-5* to read the following:

- In Section II, "Schizophrenia Spectrum and Other Psychotic Disorders."
  - Review the main diagnoses found here.

Internet

- National Institute of Mental Health. (2016). Mental health medications. Retrieved from
  http://www.nimh.nih.gov/health/publications/mental-health-medications/index.shtml

- Review this publication in preparation for this unit's assignment. This resource identifies many types of medications used to treat mental disorders and discusses their efficacy and side effects.

Multimedia

View the following case studies:

- The Case of Kimi.
- The Case of Julio.
- The Case of Daneer.
- The Case of Reese.

Optional – Readings

- Adeponle, A. B., Groleau, D., & Kirmayer, L. J. (2015). Clinician reasoning in the use of cultural formulation to resolve uncertainty in the diagnosis of psychosis. *Culture, Medicine and Psychiatry, 39*(1), 16.
- Balderrama-Durbin, C. (2015). Tailoring assessment of relationship distress using the Marital Satisfaction Inventory—Brief form. *Couple and Family Psychology (2160–4096), 4*(3), p. 127.
- Foran, H. M., Whisman, M. A., & Beach, S. R. H. (2015). Intimate partner relationship distress in the DSM-5. *Family Process, 54*(1), 48–63.

u09a1 - Diagnostic Skill Application II

For this assignment, you are provided with four video case studies (linked in the Resources). Review the cases of Julio and Kimi, and choose either Reese or Daneer for the third case.

Review these two videos:

- **The Case of Julio:**
  Julio is a 36-year-old single gay male. He is of Cuban descent. He was born and raised in Florida by his parents with his two sisters. He attended community college but did not follow through with his plan to obtain a four-year degree, because his poor test taking skills created barriers. He currently works for a sales promotion company, where he is tasked with creating ads for local businesses. He enjoys the more social aspects of his job, but tracking the details is challenging and has caused him to lose jobs in the past. He has been dating his partner, Justin, for five years. Justin feels it is time for them to commit and build a future. Justin is frustrated that Julio refuses to plan the wedding and tends to blame Julio's family. While Julio's parents hold some traditional religious values, they would welcome Justin into the family but are respectfully waiting for Julio to make his plans known. Justin is as overwhelmed by the details at home as he is at work.
- **The Case of Kimi:**
  Kimi is a 48-year-old female currently separated from her husband, Robert, of 16 years. They have no children, which was consistent with Kimi's desire to focus on her career as a sales manager. She told Robert a pregnancy would wreck her efforts to maintain her body. His desire to have a family was a goal he decided he needed to pursue with someone else. He left Kimi six months ago for a much younger woman and filed for divorce. Kimi began having issues with food during high school when she was on the dance team and felt self-conscious wearing the form-fitting uniform. During college, she sought treatment because her roommate became alarmed by her issues around eating. She never told her parents about this and felt it was behind her. Her parents are Danish and value privacy. They always expected Kimi to be independent. Her lack of communication about her private life did not concern them. They are troubled by Robert's behavior and consider his conspicuous infidelity as a poor reflection upon their family. Kimi has moved in with her parents while she and Robert are selling the house, which has upended the balance in their relationship.

For a third case, choose one of these videos:

- **The Case of Reese:**
Reese is a 44-year-old married African American female. Her parents live in another state, and she is their only child. Her father is a retired Marine Lieutenant Colonel who was stationed both in the United States and overseas while Reese was growing up. She entered the Air Force as soon as she graduated high school at age 17 and has achieved the rank of Chief Master Sergeant. She has been married 15 years to John, and they recently discovered she is pregnant. The unexpected pregnancy has been quite disorienting for someone who has planned and structured major decision her entire life. Reese is fiercely loyal to her extended family and frequently travels to help her parents care for her aunts, uncles, and cousins whenever they experience hardships. Her efforts are not always appreciated, because she offers very specific guidance and is easily frustrated by their lack of follow-through.
- **The Case of Daneer:**
Daneer is a 50-year-old male. He emigrated to the United States from Serbia with his parents and older brother when he was four years old. Daneer and his brother were harshly disciplined by their parents when they failed to follow family rules or did not live up to their standards. It was not unusual for his parents to refuse to speak to the boys for days when their grades were low. Daneer's parents are practicing Muslims, but Daneer rejected their faith when he reached adulthood. His relationships with his parents and brother are strained by his tendency to alternate between being a doting son and lashing out when they rebuke his lifestyle. They disapprove of his life choices that are inconsistent with their religious beliefs. Daneer was briefly married in his 20s, but his wife left him after six months and filed an order of protection. He was briefly hospitalized after a serious suicide attempt shortly after his marriage ended. He has worked several jobs as a waiter and often quits before he is fired due to conflicts with other staff.

Download the Unit 9 Assignment Template. Use it to complete your assignment.

Instructions

For each case, you will complete a diagnostic analysis you select from the list of assessment tools provided late in this assignment. Each case requires the following information to be addressed:

- Describe presenting concerns and relevant history.
- Explain what information has been provided in each case that helps to determine which disorders are appropriate for consideration (differential diagnoses) for a final diagnosis. Evaluate how at least one assessment tool, which is listed in the List of Assessment Tools resource, will aid in obtaining further information to back up your final diagnosis. The Differential Diagnosis Decision Tree may be helpful to guide this process.
- Present *DSM-5* and *ICD-10* codes including relevant Z codes. Assume that the client has presented for treatment with their partner or parents.
- Provide a descriptive rationale for the DSM diagnosis that best fits the information provided, including relevant ICD codes. This should be written in a narrative form using complete sentences. Support your rationale with scholarly sources. Optional readings found in the course syllabus may be particularly relevant.
- Describe indications or contraindications that help determine whether a medication consultation is appropriate, and provide rationale with support from scholarly sources.

List of Assessments and Supporting Resources

- Derogatis, L. R. (1977). Symptom Checklist-90–Revised. *Psyctests*, doi:10.1037/t01210-000
  - Grande, T. L., Newmeyer, M. D., Underwood, L. A., & Williams, C. R. (2014). Path analysis of the SCL-90-R: Exploring use in outpatient assessment. *Measurement and Evaluation in Counseling and Development, 47*(4), 271–290.
- Hain, S., Schermelleh-Engel, K., Freitag, C., Louwen, F., & Oddo, S. (2016). Personality Styles and Disorder Inventory—Short form. *Psyctests*, doi:10.1037/t58367-000
  - Hain, S., Schermelleh-Engel, K., Freitag, C., Louwen, F., & Oddo, S. (2016). Development of a short form of the Personality Styles and Disorder Inventory (PSDI-6): Initial validation in a sample of pregnant women. *European Journal of Psychological Assessment, 32*(4), 283–290.
    - Review this source toto be able to interpret the Personality Styles and Disorder Inventory—Short form.

- Henderson, K. A., Buchholz, A., Perkins, J., Norwood, S., Obeid, N., Spettigue, W., & Feder, S. (2010). Eating disorders symptoms severity scale. *Psyctests*. doi:10.1037/t10209-00
  - Henderson, K. A., Buchholz, A., Perkins, J., Norwood, S., Obeid, N., Spettigue, W., & Feder, S. (2010). Eating disorder symptom severity scale: A new clinician rated measure. *Eating Disorders, 18*(4), 333–346.
    - Review this source to be able to interpret the Eating Disorder Symptom Severity Scale.
- Kessler, R. C., Adler, L., Ames, M., Demler, O., Faraone, S., Hiripi, E., & Walters, E. E. (2005). Adult ADHD Self-Report Scale Symptom Checklist. *Psyctests*. doi:10.1037/t03454-000
  - Leithead, L., & Freeborn, D. (2013). A practical guide for diagnosing adult attention deficit hyperactivity disorder. *The Journal for Nurse Practitioners, 9*(10), 688–694.
    - Review this source to be able to interpret the ADHD Self-Report Scale Symptom Checklist.

Submission Requirements

- Written communication: Written communication must be grammatically correct and free of errors that detract from the overall message. Writing should be consistent with graduate level scholarship.
- APA formatting: Title page, main body, and references should be formatted according to the current APA style and formatting.
- Number of resources: Minimum of **six** scholarly resources. Distinguished submissions typically exceed this minimum.
- Length of paper: 8–12 typed double-spaced pages. Abstract and Table of Content pages are not necessary.
- Font: Times New Roman, 12 point.

SafeAssign

You are required to submit your final version of this paper to SafeAssign to generate a final report prior to submitting the assignment for grading. From the SafeAssign tool, first submit to the draft link to check your work for any necessary edits. Once the paper is finalized and all edits have been made, submit your final paper to the Final report option for the assignment. Please be advised it can take up to a day to obtain the percentage from SafeAssign. When your paper is downloaded and viewable in SafeAssign, save the originality report. You can learn more about how to use SafeAssign reports on the SafeAssign Campus page.

1. Submit your assignment using the following file naming format: Your Name_AssignmentNumber_Assignment Title (example: Ima_Learner_u09a1_Diagnosis2).
2. In the comment section, provide the percentage from the final SafeAssign report (example: Final SafeAssign percentage = 4%).
   Please be prepared to provide your faculty member with a copy of the SafeAssign report should this be requested of you.

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
Unit 9 Assignment Template [DOC]
Differential Diagnosis by the Trees
Path Analysis of the SCL-90-R: Exploring Use in Outpatient Assessment
Symptom Checklist-90–Revised
Eating Disorders Symptoms Severity Scale
The Case of Daneer	Transcript
The Case of Kimi	Transcript

u09d1 - Exploring the Etiology of Schizophrenia

In their book *Divided Minds*, identical twins Carolyn Spiro and Pamela Spiro Wagner describe a close childhood relationship, apart from typical sibling rivalries. Carolyn often felt she had to prove that she was as intelligent and creative as Pamela. As they entered their teenage years, however, the twins grew apart. Pamela's increasingly bizarre behaviors became an embarrassment to Carolyn. By the time the twins were college students at Brown University, Pamela was becoming more and more reclusive. Eventually, Pamela had a psychotic episode, although it was years before she was diagnosed with paranoid schizophrenia. Carolyn went on to graduate from Brown and then from Harvard Medical School. She is now a practicing psychiatrist. Pamela lives nearby, doing her artwork when she can but constantly battling to keep her schizophrenia under control with medications and therapy. The twins once again are very close emotionally.

Address the following using headings to match content in each bullet point:

- Drawing from the unit readings and your understanding of the etiology of schizophrenia, how might you explain why Pamela developed schizophrenia but Carolyn did not?

Support your ideas with references to the course texts, articles from this learning unit, articles from the Optional Readings, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Respond to the initial discussion post of one other learner. What reactions do you have to the ideas the learner has presented? Include examples from your own experience to support your perspective, and raise questions to continue the dialogue.

Course Resources

Unit 10 ⟫ Disruptive, Impulse-Control, and Conduct Disorders

Introduction

In this unit, you will review disruptive, impulse-control, and conduct disorders. Clients who present with symptoms of disruptive, impulse-control, or conduct disorders have difficulty controlling their emotions and behaviors that violate the rights of other others or conflict with societal norms or authority figures (APA, 2013). These disorders typically manifest in childhood or adolescence, are more common in males, and co-occur with substance-use and antisocial personality disorder. During the assessment phase, it is important to gather clinical data about the client's childhood environment since emotional trauma, harsh, inconsistent child-rearing practices and physical or sexual abuse are risk factors for some of the disruptive, impulse-control, and conduct disorders.

The last part of your reading this week from the *Abnormal Psychology* text will focus on antisocial personality disorder (ASPD) and the case of Ted Bundy. The reason you did not cover this in the unit or chapter on personality disorders is that ASPD is so closely connected to disruptive, impulse-control, and conduct disorders and seeing this linkage is important to understanding its evolution.

View [Unit 10: Theories of Psychopathology](#).

Reference

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

Learning Activities

u10s1 - Studies

Readings

Use your *Abnormal Psychology* text to read the following:

- Chapter 11, "Disruptive, Impulse-Control, and Conduct Disorders," pages 310–325.
  - This chapter highlights conduct disorders and Antisocial Personality Disorder.

Use the Capella University Library to read the following:

- Benesch, C., Görtz-Dorten, A., Breuer, D., & Döpfner, M. (2014). [Assessment of callous-unemotional traits in 6 to 12 year-old children with oppositional defiant Disorder/Conduct disorder by parent ratings.](#) *Journal of Psychopathology and Behavioral Assessment, 36*(4), 519–529.
- Klahr, A. M., & Burt, S. A. (2014). [Practitioner review: Evaluation of the known behavioral heterogeneity in conduct disorder to improve its assessment and treatment.](#) *Journal of Child Psychology and Psychiatry, 55*(12), 1300–1310.

DSM-5 Review

Use the [DSM-5](#) to read the following:

- In Section II, "[Disruptive, Impulse-Control, and Conduct Disorders](#)."
  - Review the main diagnoses found here.

Internet

- [American Psychiatric Association (n.d.).](#) Retrieved from https://www.psychiatry.org/
  - Use the APA website to locate the ICD diagnostic codes. You will use the codes in your assignment.

u10q1 - Quiz Unit 10

This quiz provides you with an opportunity to demonstrate your progress toward course competencies by meeting the following criteria:

- Identify causes and characteristic of abnormal behavior.
- Identify approaches to the diagnosis of disorders.

Instructions

Read the following instructions before taking the quiz:

- You should complete the quiz in this unit.
- You will be able to take this quiz two times and your best score will be recorded.
- There is no time limit on this quiz.

u10d1 - Assessing Conduct and Oppositional Defiant Disorders

Review the case study beginning on page 314 of the *Abnormal Psychology* text and respond to the following using headings to match content in each bullet point:

- Compose three open questions you would want to ask Jeremy and his mother during your assessment that will invite them to expand upon their perspective of the presenting problem. Consider ways to phrase questions that will help you assess the biological and social risk factors for conduct and oppositional defiant disorders. Provide a brief rationale for each question.
- Identify a potential diagnosis for Jeremy including the psychosocial and environmental problems (V and Z codes) that would be important to provide a holistic description of the context of the focus of treatment.
- Include any information you learned from using the Differential Diagnosis tool.

Support your ideas with references to the course texts, articles from this learning unit, articles from the Optional Readings, or articles from peer-reviewed journals that you locate in the Capella University Library.

Response Guidelines

Responses are encouraged, but you are not required to post responses to other learners for this discussion question.

Course Resources
Graduate Discussion Participation Scoring Guide
Differential Diagnosis by the Trees
Capella University Library
Masters in Counseling – Research Guide

u10d2 - Final Thoughts

Create a Kaltura video discussion post of no longer than seven minutes, addressing the following points:

- What diagnosis or category of disorders was most interesting for you? Why?
- How do you see the application of knowledge gained in this course applying to your work in this field?
- Briefly describe what you learned about the value of assessments and accurate diagnosing.

The Using Kaltura resource will help you set up and use Kaltura. As an alternative, you may write out your response if you prefer.

Response Guidelines

Responses are encouraged, but you are not required to post responses to other learners for this discussion question.

Course Resources
Graduate Discussion Participation Scoring Guide
Using Kaltura