APCE 558-700: Diagnosis and Treatment Planning  
Course Syllabus – Fall 2014

INSTRUCTOR: Cassie V. Comeau, Ph.D., Adjunct Professor, APCE

MEETS: September 5th & 19th 4-10pm, Sept. 6th, 7th, 20th & 21st 8-4pm; Lowry

CREDIT HOURS: Three (3) semester hours

OFFICE HOURS: By Appointment, before and after class

CONTACT INFORMATION:
   Email: cassie.comeau@unco.edu

PREREQUISITES: None

INSTRUCTOR QUALIFICATIONS: Dr. Cassie V. Comeau earned her Ph.D. in Counseling Psychology from the University of Northern Colorado. Her clinical interests and areas of specialization include child psychology and play therapy, integrated health care, trauma, Latino communities, men’s issues, connection to nature and wellness.

IMPORTANT NOTE: Although every attempt will be made to follow this syllabus, the instructor reserves the right to make changes as the course proceeds. In such instances, you will be provided with as much advance notice and/or accommodations as possible.

COURSE DESCRIPTION: This course is a study of abnormal behavior, causes, symptoms, characteristics, classifications, prevention, and treatment. It also provides an introduction to diagnosis according to the Diagnostic and Statistical Manual of Mental Disorders (DSM).
COURSE CONTENT: Content for this course includes an introduction to causes, symptoms, characteristics, and classifications of abnormal behavior. Students will be introduced to diagnostic criteria, according to the DSM, for mental and emotional disorders. Students will also discuss the prevention and treatment of various mental and emotional disorders. They will understand the impact of crisis, trauma, and culture on diagnosis and the assessment of mental disorders.

METHODS OF INSTRUCTION: This class is taught in a lecture/discussion/activity format. Students will be involved in learning in a variety of ways (lectures and discussion, video/DVD cases, and group processing of cases). This course is intended to be comprehensive and therefore will be intense and fast-paced. Students are informed of deadlines in advance and are expected to adhere to them.

REQUIRED TEXTS:

2) Several journal articles also will serve as required readings in addition to these texts. These specific articles are noted below both in the Course Schedule and References List. You will be responsible for securing these readings from the UNC Library online system.

HIGHLY RECOMMENDED TEXTS:

COURSE KNOWLEDGE and SKILL OUTCOMES (OBJECTIVES):
Upon successful completion of this course, students will...

1. Understand human behavior, including an understanding of developmental crises, disability, psychopathology, and situation and environmental factors that affect both normal and abnormal behavior (CACREP II.G.3.f).
2. Recognize the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders (CACREP CMHC.A.6).  
   This standard is assessed through the Diagnostic Assessment assignments and exam.
3. Understand the impact of crises, disasters, and other trauma-causing events on people (CACREP II.G.3.c & CACREP CMHC.A.9).  
   This standard is assessed through the Diagnostic Assessment assignments.
4. Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders (CACREP CMHC.C.2).
This standard is assessed through the Diagnostic Assessment, Treatment Plan, and Disorder Domain Presentation assignments.

5. Understand the range of mental health service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network (CACREP CMHC.C.5).

This standard is assessed through the Treatment Plan and Disorder Domain Presentation assignments.

6. Know the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (CACREP CMHC.C.7).

This standard is assessed through the Diagnostic Assessment and Treatment Plan assignments.

7. Recognize the importance of family, social networks, and community systems in the treatment of mental and emotional disorders (CACREP CMHC.C.8).

This standard is assessed through the Diagnostic Assessment and Treatment Plan assignments.

8. Know principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans (CACREP CMHC.G.1).

This standard is assessed through the Diagnostic Assessment and Treatment Plan assignments and the exam.

9. Understand basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified (CACREP CMHC.G.3).

This standard is assessed through the Diagnostic Assessment, Treatment Plan, and Disorder Domain Presentation assignments.

10. Know the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) (CACREP CMHC.K.1).

This standard is assessed through the Diagnostic Assessment assignments and exam.

11. Understand the established diagnostic criteria for mental and emotional disorders, and describe treatment modalities and placement criteria within the continuum of care (CACREP CMHC.K.2).

This standard is assessed through the Diagnostic Assessment, Treatment Plan, Disorder Domain Presentation assignments, and the exam.

12. Understand appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event (CACREP CMHC.K.5).

This standard is assessed through the Diagnostic Assessment and Treatment Plan assignments and the exam.

13. Understand the influence of multiple factors (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression) that may affect the personal, social, and academic functioning of students (CACREP SC.G.1).

This standard is assessed through the Diagnostic Assessment and Treatment Plan assignments.
APA BENCHMARKS and CORE COMPETENCIES RELATED to the CLASS:

9. Assessment: Assessment and diagnosis of problems, capabilities and issues associated with individuals, groups, and/or organizations.

<table>
<thead>
<tr>
<th>READINESS FOR PRACTICUM</th>
<th>READINESS FOR INTERNSHIP</th>
<th>READINESS FOR ENTRY TO PRACTICE</th>
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<tbody>
<tr>
<td>9A. Knowledge of Measurement and Psychometrics</td>
<td>Selects assessment measures with attention to issues of reliability and validity</td>
<td>Independently selects and implements multiple methods and means of evaluation in ways that are responsive to and respectful of diverse individuals, couples, families, and groups and context</td>
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<tr>
<td>Demonstrates basic knowledge of the scientific, theoretical, and contextual basis of test construction and interviewing</td>
<td>Examples:</td>
<td>Examples:</td>
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<tr>
<td>Examples:</td>
<td>• Identifies appropriate assessment measures for cases seen at practice site</td>
<td>• Demonstrates awareness and competent use of culturally sensitive instruments, norms</td>
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<td>• Demonstrates awareness of the benefits and limitations of standardized assessment</td>
<td>• Consults with supervisor regarding selection of assessment measures</td>
<td>• Seeks consultation as needed to guide assessment</td>
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<td>• Demonstrates knowledge of the construct(s) being assessed</td>
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<td>• Describes limitations of assessment data reflected in assessment reports</td>
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<tr>
<td>• Evidences understanding of basic psychometric constructs such as validity, reliability, test construction</td>
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<tr>
<td>9B. Knowledge of Assessment Methods</td>
<td></td>
<td>Independently understands the strengths and limitations of diagnostic approaches and interpretation of results from multiple measures for diagnosis and treatment planning</td>
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<tr>
<td>Demonstrates basic knowledge of administration and scoring of traditional assessment measures, models and techniques, including clinical interviewing and mental status exam</td>
<td>Demonstrates awareness of the strengths and limitations of administration, scoring and interpretation of traditional assessment measures as well as related technological advances</td>
<td>Examples:</td>
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<tr>
<td>Examples:</td>
<td></td>
<td>• Independently and accurately selects, administers, and scores assessment tools with clinical populations</td>
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<td>• Accurately administers and scores various assessment tools in non-clinical (e.g. course) contexts</td>
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<td>• Selection of assessment tools reflects a flexible approach to answering the diagnostic questions</td>
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<td>• Demonstrates knowledge of initial interviewing methods (both structured and semi-structured interviews, mini-mental status exam)</td>
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<td>• Comprehensive reports include discussion of strengths and limitations of assessment measures as appropriate</td>
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<td>• Interview and report lead to formulation of a diagnosis and the development of appropriate treatment plan</td>
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<td>READINESS FOR PRACTICUM</td>
<td>READINESS FOR INTERNSHIP</td>
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<tr>
<td><strong>9C. Application of Assessment Methods</strong></td>
<td><strong>Selects appropriate assessment measures to answer diagnostic question</strong></td>
<td><strong>Independently selects and administers a variety of assessment tools and integrates results to accurately evaluate presenting question appropriate to the practice site and broad area of practice</strong></td>
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<tr>
<td>Demonstrates knowledge of measurement across domains of functioning and practice settings</td>
<td>Examples: • Selects assessment tools that reflect awareness of patient population served at a given practice site • Demonstrates ability to adapt environment and materials according to client needs (e.g., lighting, privacy, ambient noise)</td>
<td>Examples: • Independently selects assessment tools that reflect awareness of client population served at practice site • Interprets assessment results accurately taking into account limitations of the evaluation method • Provides meaningful, understandable and useful feedback that is responsive to client need</td>
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<td><strong>9D. Diagnosis</strong></td>
<td><strong>Applies concepts of normal/abnormal behavior to case formulation and diagnosis in the context of stages of human development and diversity</strong></td>
<td><strong>Utilizes case formulation and diagnosis for intervention planning in the context of stages of human development and diversity</strong></td>
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<td>Demonstrates basic knowledge regarding the range of normal and abnormal behavior in the context of stages of human development and diversity</td>
<td>Examples: • Articulates relevant developmental features and clinical symptoms as applied to presenting question • Demonstrates ability to identify problem areas and to use concepts of differential diagnosis</td>
<td>Examples: • Treatment plans incorporate relevant developmental features and clinical symptoms as applied to presenting problem • Demonstrates awareness of DSM and relation to ICD codes • Independently identifies problem areas and makes a diagnosis</td>
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<tr>
<td>READINESS FOR PRACTICUM</td>
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<td><strong>9E. Conceptualization and Recommendations</strong></td>
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<td>Demonstrates basic knowledge of formulating diagnosis and case conceptualization</td>
<td>Utilizes systematic approaches of gathering data to inform clinical decision-making</td>
<td>Independently and accurately conceptualizes the multiple dimensions of the case based on the results of assessment</td>
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<tr>
<td><strong>Examples:</strong></td>
<td><strong>Examples:</strong></td>
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</tr>
<tr>
<td>• Discusses diagnostic formulation and case conceptualization in courses</td>
<td>• Presents cases and reports demonstrating how diagnosis is based on case material</td>
<td>• Independently prepares reports based on case material</td>
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<tr>
<td>• Prepares basic reports which articulate theoretical material</td>
<td>• Makes clinical decisions based on connections between diagnoses, hypotheses and recommendations</td>
<td>• Accurately administers, scores and interprets test results</td>
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<td></td>
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<td>• Formulates case conceptualizations incorporating theory and case material</td>
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<td><strong>9F. Communication of Assessment Findings</strong></td>
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<td>Demonstrates awareness of models of report writing and progress notes</td>
<td>Writes assessment reports and progress notes and communicates assessment findings verbally to client</td>
<td>Communicates results in written and verbal form clearly, constructively, and accurately in a conceptually appropriate manner</td>
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<td><strong>Examples:</strong></td>
<td><strong>Examples:</strong></td>
<td><strong>Examples:</strong></td>
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<tr>
<td>• Demonstrates knowledge of content of test reports and progress notes</td>
<td>• Writes complete psychological reports</td>
<td>• Writes an effective, comprehensive report</td>
</tr>
<tr>
<td>• Demonstrates knowledge of organization of test reports and progress notes</td>
<td>• Works with supervisor to prepare and provide feedback regarding findings</td>
<td>• Effectively communicates assessment results verbally to clients</td>
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<td></td>
<td>• Reports reflect data that has been collected via interview</td>
<td>• Reports reflect data that has been collected via interview and its limitations</td>
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10. **Intervention:** Interventions designed to alleviate suffering and to promote health and well-being of individuals, groups, and/or organizations.

10A. **Intervention planning**

| Displays basic understanding of the relationship between assessment and intervention | Formulates & conceptualizes cases and plans interventions utilizing at least 1 consistent theoretical orientation | Independently plans interventions; conceptualizations/interventions are specific to case and context |
| Examples: | Examples: | Examples: |
| • Articulates a basic understanding of how intervention choices are informed by assessment (e.g., clinical intake, testing) | • Articulates a theory of change and identifies interventions to implement change, as consistent with the AAPI | • Accurately assesses presenting issues taking into account the larger life context including diversity issues |
| • Articulates a basic understanding of how assessment guides the process of intervention | • Writes conceptualization reports & collaborative treatment plans incorporating EBP. | • Conceptualizes cases independently and accurately |
| | | • Independently selects intervention(s) appropriate for the presenting issue(s) |
### 10B. Skills

**READINESS FOR PRACTICUM**
- Displays basic helping skills

**Examples:**
- Demonstrates helping skills, such as empathic listening, framing problems
- Uses non-verbal communication such as eye-contact and body positioning with clients to convey interest and concern

**READINESS FOR INTERNSHIP**
- Displays clinical skills

**Examples:**
- Develops rapport with clients
- Develops therapeutic relationships
- Demonstrates appropriate judgment about when to consult supervisor

**READINESS FOR ENTRY TO PRACTICE**
- Displays clinical skills with a wide variety of clients and uses good judgment even in unexpected or difficult situations

**Examples:**
- Develops rapport and relationships with wide variety of clients
- Uses good judgment about unexpected issues, such as crises, use of supervision, confrontation
- Effectively delivers intervention

### 10C. Intervention Implementation

**READINESS FOR PRACTICUM**
- Demonstrates basic knowledge of intervention strategies

**Examples:**
- Is able to articulate awareness of theoretical basis of intervention and some general strategies
- Is able to articulate awareness of the concept of evidence-based practice

**READINESS FOR INTERNSHIP**
- Implements evidence-based interventions

**Examples:**
- Case presentations demonstrate application of evidence-based practice
- Discusses evidence based practices during supervision

**READINESS FOR ENTRY TO PRACTICE**
- Implements interventions with fidelity to empirical models and flexibility to adapt where appropriate

**Examples:**
- Independently and effectively implements a typical range of intervention strategies appropriate to practice setting
- Independently recognizes and manages special circumstances
- Terminates treatment successfully
- Collaborates effectively with other providers/systems of care

### 10D. Progress Evaluation

**READINESS FOR PRACTICUM**
- Demonstrates basic knowledge of the assessment of intervention progress and outcome

**Examples:**
- Identifies measures of treatment progress and outcome by name
- Is able to articulate an understanding of the use of repeated assessment to guide treatment
- Appropriately administers & scores treatment progress & outcome measures

**READINESS FOR INTERNSHIP**
- Evaluates treatment progress and modifies treatment planning as indicated, utilizing established outcome measures

**Examples:**
- Describes instances of lack of progress and actions taken in response
- Demonstrates ability to evaluate treatment progress in context of evidence based interventions

**READINESS FOR ENTRY TO PRACTICE**
- Independently evaluates treatment progress and modifies planning as indicated, even in the absence of established outcome measures

**Examples:**
- Critically evaluates own performance in the treatment role
- Seeks consultation when necessary

COURSE REQUIREMENTS/ASSIGNMENTS: All written assignments should be submitted using standard APA format (sixth edition). Unless indicated otherwise, please submit all assignments electronically via the e-mail provided in this syllabus. All assignments are due at the end of class on the respective dates posted in this syllabus. Any assignment turned in later than the posted time will receive a 10% reduction in the total points possible for that assignment for each day that it is late. Exceptions will be made only in cases of documented family or personal emergencies. Out of courtesy, please do not submit assignments during class time; instead, wait until designated breaks or after class.

1) Class Attendance/Participation (10 points): Please plan to attend all course meetings in their entirety and meaningfully engage in all course discussions and activities. Your attendance and degree of participation will be tracked by the instructor. This class is highly collaborative in nature, so failure to do so potentially impacts the learning of the whole group. Meaningful engagement means that your comments are additive to the discussion at hand, do not detract from the conversation, and are not focused solely on personal issues.

You are expected to notify the instructor, via email, of any need to be absent from class. If you suspect that regular attendance of this class may be difficult for you, then please consider taking it at another time. Lack of participation, tardiness, or any unexcused absences will result in a loss of points and may result in a course grade reduction of at least one letter grade. “Incompletes” are to be completed in the next academic term.

Please read the assigned readings prior to class and be prepared to discuss during class. Lecture and small group discussion times will highlight the materials assigned for that day. Students are responsible for all of the material in the assigned readings, as not everything in the readings can be discussed during class time.

2) Diagnostic Assessment and Treatment Plan Assignments (20 points apiece, 40 points total): You are given two case studies during the course for which you are asked to write up a Diagnostic Assessment and Treatment Plan (DA/TP) each time. Detailed instructions for writing these will be provided to you in class during its corresponding lecture. Please note: Incomplete submissions will not be accepted and will be considered late until they are completed.

- DA/TP 1 (First draft due 9/10/14 via e-mail): To be completed in pairs. Feedback on this assignment will be provided to you via e-mail no later than one week after submission. If you would like to arrange a time to talk via phone about the assignment please e-mail Dr. Comeau. You can also ask questions throughout the weekend. Feedback on the assignment is designed to help improve your skills on this unique style of writing.
• DA/TP 2 (Due 9/24 via e-mail): To be completed individually. Please ask questions about DA/TP2 throughout second weekend.

3) Mental Health Disorder Domain Presentation (25 points):
• In pairs or individually, you (and your partner) will provide an in-depth presentation on a particular mental health disorder domain - ideally, one that is of professional interest to you.
• Each presentation should cover all (and maybe more than) of the following areas:
  o Diagnostic criteria for each disorder (in some instances, briefer overviews may be encouraged)
  o Possible etiology and common causal/risk factors
  o Issues related to proper assessment (e.g., how diagnoses are determined, psychometric instrumentation)
  o Issues regarding co-occurrence
  o Common differential diagnoses within the domain and other disorders
  o Issues related to domain disorder occurrence among various diverse groups
  o Accepted treatments (evidence-based vs. otherwise)
  o Current critical and relevant research: What have we been trying to do and where are we headed? What are the current trends?
  o Any other salient issues specific to the domain/disorders not directly requested above

• Presentation topics may be selected on a first come first serve basis. Available topics are as follows:

  ➢ Neurodevelopmental Disorders
  ➢ Disruptive, Impulse Control, & Conduct Disorders
  ➢ Obsessive-Compulsive & Related Disorders
  ➢ Feeding and Eating Disorders
  ➢ Substance Related and Addictive Disorders
  ➢ Schizophrenia Spectrum and Other Psychotic Disorders
  ➢ Dissociative Disorders/ Somatic Symptoms and Related Disorders
  ➢ Neurocognitive Disorders
  ➢ Bipolar and Related Disorders
  ➢ Sleep-Wake Disorders
• Presentations will occur during the second weekend of the class beginning on Friday 19th and ending either Saturday 20th or Sunday 21st depending on time. Regardless of date on syllabus, all presentations should be ready by Friday 19th.
• Presentations should be approximately 45 minutes in length. You are welcome to incorporate multimedia into your presentations (approximately 10-15 minutes max).
• Please include a minimum of six sources other than the DSM to support your presentation — at least three of which must be scientific journal articles.
- You are to submit your presentation slides in PPT, but you may present via Prezi. Please e-mail your slides to the instructor and to the class prior to your presentation.
- Presentations will be graded on (a) depth, accuracy, and appropriateness of information provided; (b) degree of clarity with which the information is disseminated/communicated to the audience; and (c) your actual presentation style.

4) **Final Exam** (25 points; Due via e-mail 9/27/13 by 12pm): The cumulative, take-home final exam will be distributed in class on September 20th. It may include (a) a short answer section; (b) a short essay section; and (c) a case study for the purposes of completing a Diagnostic Assessment and Treatment Plan. Further information will be provided in the second weekend of class.

**BREAKDOWN OF TOTAL POINTS POSSIBLE:**

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<thead>
<tr>
<th></th>
<th>Points</th>
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<tbody>
<tr>
<td>Attendance/Participation:</td>
<td>10</td>
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<tr>
<td>DATP 1:</td>
<td>20</td>
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<tr>
<td>DATP 2:</td>
<td>20</td>
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<tr>
<td>MH Disorder Domain Presentation:</td>
<td>25</td>
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<tr>
<td>Final Exam:</td>
<td>25</td>
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<tr>
<td><strong>Total Points Possible:</strong></td>
<td>100</td>
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**EVALUATION/GRADING SCALE:**

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<thead>
<tr>
<th>Grade</th>
<th>Percentage Range</th>
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<tbody>
<tr>
<td>A</td>
<td>93% to 100%</td>
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<tr>
<td>A-</td>
<td>90% to 92%</td>
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<tr>
<td>B+</td>
<td>87% to 89%</td>
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<tr>
<td>B</td>
<td>83% to 86%</td>
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<tr>
<td>B-</td>
<td>80% to 82%</td>
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<tr>
<td>C+</td>
<td>77% to 79%</td>
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<tr>
<td>C</td>
<td>73% to 76%</td>
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<tr>
<td>C-</td>
<td>70% to 72%</td>
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<tr>
<td>D+</td>
<td>67% to 69%</td>
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<tr>
<td>D</td>
<td>63% to 66%</td>
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<tr>
<td>D-</td>
<td>60% to 62%</td>
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<td>F</td>
<td>Below 60%</td>
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## COURSE SCHEDULE (TENATIVE):

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Readings &amp; Assignments Due Before Class</th>
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<tbody>
<tr>
<td>9/5</td>
<td>• Course Orientation/Introductions&lt;br&gt; • Introduction to Psychopathology&lt;br&gt; • Domain Presentation Topic Selection&lt;br&gt; • DSM-IV-TR to DSM-5&lt;br&gt; • Diagnostic Assessment (with exercise)</td>
<td>• DSM: pp. 5-25; 715-727, 733-748</td>
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<td>9/6</td>
<td>• Treatment Planning (with exercise)&lt;br&gt; • D&amp;A: Ethical/Multicultural Issues&lt;br&gt; • DA/TP 1 Distributed (pairs)&lt;br&gt; • Depressive Disorders&lt;br&gt; • Crisis Intervention&lt;br&gt; • Self/Other-Directed Violence&lt;br&gt; • Safety Planning&lt;br&gt; • Time to Work on DA/TP1</td>
<td>• DSM: pp. 749-759; 833-837&lt;br&gt; • Catalano, 2009&lt;br&gt; • Schwartz &amp; Feisthamel, 2009&lt;br&gt; • DSM: pp. 155-188&lt;br&gt; • Granello, 2010&lt;br&gt; • Rosenberg, 1999&lt;br&gt; • Stanley, 2012</td>
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<td>9/7</td>
<td>• Personality Disorders&lt;br&gt; • Anxiety Disorders&lt;br&gt; • Consequences of Stress &amp; Trauma&lt;br&gt; • Trauma &amp; Stressor-Related Disorders&lt;br&gt; • Stress Management&lt;br&gt; • Sexual Dysfunctions, Gender Dysphoria, Paraphilic Disorders&lt;br&gt; • Elimination Disorders</td>
<td>• Blair, 2003&lt;br&gt; • O’Donnell et al., 2011&lt;br&gt; • DSM: pp. 361-422&lt;br&gt; • DSM: pp. 189-264&lt;br&gt; • Hardy, 2007&lt;br&gt; • DSM: pp. 265-290&lt;br&gt; • Brotto et al., 2010&lt;br&gt; • DSM: 423-459; 685-705&lt;br&gt; • DSM: pp. 329-360&lt;br&gt; • DA/TP 1 due (first draft)</td>
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<td>9/19</td>
<td>• Feeding and Eating Disorders&lt;br&gt; • Obsessive-Compulsive &amp; Related Disorders&lt;br&gt; • Bipolar and Related Disorders&lt;br&gt; • DA/TP2 distributed</td>
<td>• Wilson, 2007&lt;br&gt; • DSM: pp. 329-360&lt;br&gt; • DSM: pp. 461-480&lt;br&gt; • DSM: pp. 123-154&lt;br&gt; • Beynan, 2009</td>
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<td>9/20</td>
<td>• Schizophrenia Spectrum and Other Psychotic Disorders&lt;br&gt; • Dissociative Disorders/Somatic Symptom &amp; Related Disorders&lt;br&gt; • Substance-Related and Addictive Disorders&lt;br&gt; • Sleep/Wake Disorders&lt;br&gt; • Time to work DA/TP2</td>
<td>• DSM: pp. 87-122&lt;br&gt; • Dohrenwend, 2009&lt;br&gt; • Gonzales, 2010&lt;br&gt; • So, 2008&lt;br&gt; • DSM: pp. 291-327; 329-360&lt;br&gt; • DSM: pp. 481-589&lt;br&gt; • DSM: pp. 645-684</td>
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</table>
| 9/21  | • Neurodevelopmental Disorders  
|       | • Neurocognitive Disorders  
|       | • Disruptive, Impulse Control, & Conduct Disorders  
|       | • Cover other Disorders with additional time.  
|       | • Conditions for Further Study  
|       | • Closure  | • DSM: pp. 31-86  
|       |         | • DSM: pp. 591-643  
|       |         | • DSM: pp. 461-480  
|       |         | • DSM: pp. 783-806  

**ACADEMIC CONDUCT:** Cheating on examinations, submitting work of other students as your own, or plagiarism in any form will result in penalties ranging from an “F” or “U” on an assignment to expulsion from the University.

**PROFESSIONAL CONDUCT:** Students are expected to adhere to the appropriate code of ethics for their particular program. Any behavior which is deemed unethical will be grounds for dismissal from the program.

**ELECTRONIC DEVICES:** All cell phones and pagers are to be turned off or set to vibrate mode during class time. No writing or checking text messages during class. If a student has a particular need (is on-call for work or has children at home) s/he is expected to notify the instructor prior to the beginning of class so that accommodations can be made.

**ACCOMMODATIONS STATEMENT:** Students who believe that they may need accommodations in this class are encouraged to contact the Disability Support Services, voice/TTY (970) 351-2289, or fax (970) 351-4166, or visit [www.unco.edu/dss](http://www.unco.edu/dss) as soon as possible to ensure that accommodations are implemented in a timely fashion.

**INCLUSIVITY STATEMENT:** The College of Education and Behavioral Sciences (CEBS) supports an inclusive learning environment where diversity and individual differences are understood, respected, appreciated, and recognized as a source of strength. We expect that students, faculty, administrators and staff within CEBS will respect differences and demonstrate diligence in understanding how other peoples’ perspectives, behaviors, and worldviews may be different from their own. Please visit the CEBS Diversity and Equity Committee website for more information on our commitment to diversity ([http://www.unco.edu/cebs/diversity](http://www.unco.edu/cebs/diversity)).

**ADDITIONAL REQUIRED READINGS – JOURNAL ARTICLES:**


**PLEASE READ and PRINT THIS SYLLABUS and BRING TO CLASS THE FIRST DAY.**

**MAKE SURE TO SAVE A COPY OF ALL SYLLABI FOR YOUR RECORDS AND FOR POSSIBLE FUTURE SUBMISSION TO LICENSURE BOARDS***