University of Oregon, Couples and Family Therapy Program  
CFT 614: Child/Adolescent Mental Health & Diagnosis  
Winter 2013

| Instructor       | Rebecca S. Hart, Ph.D.  
|------------------|-------------------------|
|                  | OR PSY #2201  
|                  | CA PSY19864 (inactive)  
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| Office Hours     | By appointment  
| Class Time/Place | Fridays 9a- 11:50a, 176 Ed  

Email is the best way to reach me. I will reply within 24 hours. If this is a truly urgent matter and cannot wait, please contact Hillary Nadeau, Graduate Academic Coordinator, at 541-346-0909 during business hours.

Course Description:
This course reviews current knowledge regarding the (a) believed etiology/causes and risk factors, (b) nosology/classification, (c) phenomenology/experience and understanding, (d) clinical assessment, and (e) differential diagnosis of mental health disorders in children and adolescents. Students will also explore sociocultural assumptions about normal versus pathological behavior, emotional expression, and cognition.

Note: The Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) is due to be published in May 2013. Given the limited--and still changing--information available regarding the DSM-5, this course will predominantly focus on assessment and diagnosis using DSM-IV-TR (4th edition, text revision) criteria. Modifications may be made to assigned readings if/when official information regarding the DSM-5 becomes available.

Course Goal and Objectives:
1. To learn the DSM diagnoses most commonly related to working with children and their families.
2. To learn basic assessment skills associated with differential diagnosis, including:
   a. an overview of diagnostic interviewing  
   b. critical thinking skills  
   c. client conceptualization within a systems and contextual framework  
   d. collaboration with other professionals (e.g., medical providers, teachers)  
   e. incorporation of diversity factors as related to client presentation and her/his family system  
3. To be able to make a clinically informed, culturally sensitive DSM diagnostic assessment from a client example, symptom presentation, or clinical interview.
AAMFT Core Competencies Addressed in this Class

Domain 1: Admission to Treatment
1.1.3 – Understand the behavioral health care delivery system, its impact on the services provided, and the barriers and disparities in the system.
1.2.1 – Recognize contextual and systemic dynamics.
1.2.2 – Consider health status, mental status, other therapy, and other systems involved in the clients’ lives.
1.3.1 – Gather and review intake information, giving balanced attention to individual, family, community, cultural, and contextual factors.
1.3.2 – Determine who should attend therapy and in what configuration.

Domain 2: Clinical Assessment and Diagnosis
2.1.1 - Understand principles of human development; human sexuality; gender development; psychopathology; psychopharmacology; couple processes; and family development processes.
2.3.1 – Diagnose and assess client behavioral and relational health problems systemically and contextually.
2.3.2 – Provide assessments and deliver developmentally appropriate services to clients, such as children, adolescents, elders and persons with special needs.
2.3.5 – Screen and develop adequate safety plans for substance abuse, child and elder maltreatment, domestic violence, physical violence, suicide potential, and dangerousness to self and others.
2.4.2 – Assess ability to view issues and therapeutic processes systemically.
2.4.3 – Evaluate the accuracy and cultural relevance of behavioral health and relational diagnoses.

Texts, Readings, & Websites

Text books:
  ➢ This is available on reserve at the CFT department office. Clinics also have copies of this and it is available at the Knight library. Because the DSM-5 is due to be published in May 2013, you are not required to buy this book.

Websites and electronic articles:
Check each week for any additional websites and/or readings that may have been added.
• http://www.dsm5.org/Pages/Default.aspx
  ➢ This is a website with up to the date information about the DSM-5, due to be published May 2013.
• http://www.who.int/classifications/icd/en/
  ➢ International classification of diseases 10th ed. website
Below is a list of assignments that link to the Student Learning Outcomes (SLO). For example, “SLO1” may be listed. Please refer to the back page of the syllabus for all Educational Outcomes, including a list of SLOs.
1. (SLO2, SLO4, SLO5) **Normative Development Assignment** (25% of grade/50 points): Choose **A or B**: All students completing Option B will exchange handouts with each other for use as a future
reference guide. They are encouraged to provide handouts to the Option A group as well.

Due Week 3 (1/25/2013.)

A. (SLO4, SLO5) Complete a minimum of 30 minutes of naturalistic observation of young people between infancy (parent-child dyads/triads) and 18 years of age. Some possible location ideas include: library, story time, park, skate park, restaurant, sporting game, faith centers, mall, etc. Write a three-page double-spaced reflection paper on the behaviors and interactions observed. Discuss what you expected to observe as well as what you actually observed. Be sure to include any relevant thoughts related to culture, diversity, context, and development as well as what you learned from this experience. This can be written in a casual, journal/blog style. No references are necessary; however, if you include a citation, an APA style reference section should follow the end of the paper.

OR

B. (SLO2, SLO4, SLO5) Briefly research normative (typical) behavior/development, risks, and red flags/warning signs related to a specific age group within two specific domains. Choose one age group (B-3y, 3-6y, 6-12y, 12-18y) and two domains: (a) motor development (b) physical development, (c) cognitive development, (d) social-emotional development, (e) social interactions, and (f) systemic issues. Create a handout (table is preferred) that can be used as a future reference guide. All handouts should incorporate aspects of diversity and culture. This might be done by discussing cultural parenting traditions for a specific age group or different developmental expectations based upon culture (e.g., typical chores of a given age group on a farm vs. urban life). Alternatively, you might include an annotated summary of an empirical article related to that age group/domain at the end of the table. Be sure to include APA style citations and references (single spaced okay). There will be a class sign-up sheet to facilitate coverage of all age groups and domains. The handout will be shared among all Option B participants. You are encouraged to share your handout with Option A participants as well.

2. (SLO2, SLO4, SLO5) Small Group Presentation (45% of grade/90 points): Form a six person group to present an approximately 50 min creative and comprehensive overview of a particular child/adolescent diagnosis. Create a brief handout (1-2 pages) summarizing the information presented. The handout should be turned in to the instructor the week prior to your presentation. After review, and any edits if necessary, this handout will be shared with your classmates. Presentations should include: (a) DSM-IV-TR criteria, and any related/available DSM-5 information, (b) a review of relevant literature/research, (c) assessment considerations/tools, (d) diversity considerations, and (e) community and/or website resources. Group topics are: (1) prenatal drug exposure, (2) PTSD/trauma, (3) attachment/RAD, (4) anxiety, (5) ADHD, (6) ODD, (7) depression, (8) psychosis in young people. One topic may be eliminated based on course enrollment. Other topics will be considered upon request. Due date varies by topic chosen. Handout due to instructor one week prior to presentation. Group 1 will turn in the
handout to me the day of the presentation to accommodate their earlier presentation date. Their handout will be distributed to classmates the following week.

3. **(SLO 4, SLO 5) Assessment Write-up** (15% of grade/30 points): A mock assessment interview will be conducted during the last class. You are to write a comprehensive assessment report based upon the interview (approximately five pages). Specific format/structure of the report will be provided. Be sure to attend to cultural & contextual issues in your report. **Due by noon final exam day – Thursday March 21st.**

4. **(SLO 5) Differential Diagnosis Quizzes** (15% of grade/15 points each): Two differential diagnosis quizzes will be given during the term. These will be conducted at the start of class without advance notice given. You may use any reference books you have (e.g., DSM), but may not consult with peers. The quizzes will be in the form of a client example about which you will briefly answer three to four questions. This is similar to short client conceptualization presentations you might be expected to discuss at a clinic after completing a phone intake or receiving a referral with limited information.

**Evaluation:**
1. Normative Development Assignment – 50 points/25%
2. Small group project – 90 points/45%
3. Assessment Write-up – 30 points/15%
4. Differential Diagnosis Quizzes – 15 points each/15% combined

Total: 200 points possible

**Grading:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Points</th>
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<tbody>
<tr>
<td>A+</td>
<td>98 – 100% (195 – 200 pts.)</td>
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<tr>
<td>A</td>
<td>97 – 93% (185 – 194 pts.)</td>
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<tr>
<td>A-</td>
<td>92 – 90% (179 – 184 pts.)</td>
</tr>
<tr>
<td>B+</td>
<td>87 – 89% (173 – 178 pts.)</td>
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<tr>
<td>B</td>
<td>86 – 83% (165 – 172 pts.)</td>
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<tr>
<td>B-</td>
<td>82 – 80% (159 – 164 pts.)</td>
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Below 80% (158 points or below) an individual meeting is required.

**Course Schedule**

Lectures may not cover specific diagnostic information from the reading. It is your responsibility to be familiar with the DSM-IV-TR diagnostic criteria (and/or DSM-5 criteria if available). Other readings may be added as the course progresses. Readings/assignments DUE on the date listed.

<table>
<thead>
<tr>
<th>Week/Date</th>
<th>Topic/Readings</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>1 – 1/11/13</td>
<td>Syllabus overview, DSM-IV-TR, DSM-5, DC: 0-3R, ICD-10</td>
<td>Choose small groups, Choose assignment 1: observation or handout (option B folks pick)</td>
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<td></td>
<td>Risks of misdiagnosis</td>
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<td></td>
<td>Clinical interview/assessment</td>
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<td></td>
<td>Assessment as an ongoing process</td>
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<td>Use of Genograms, MSE, drawings as assessment tools</td>
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<td>Assignments</td>
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<td>3 – 1/25/13</td>
<td>dress.html?pagewanted=all&lt;br&gt;<a href="http://www.youtube.com/watch?v=vfZqfFBMDU">http://www.youtube.com/watch?v=vfZqfFBMDU</a>&lt;br&gt;Video of man w/CP who overcame many obstacles.&lt;br&gt;<a href="http://www.asqoregon.com/">http://www.asqoregon.com/</a></td>
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<td>Cont’d</td>
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<td>4 – 2/1/13</td>
<td>Developmental Concerns Pt. 2&lt;br&gt;☑️ FASD/FADE – Bob Nickel, MD 9-10&lt;br&gt;☑️ Sensory Processing &amp; Integration – Molly Pierce, OT (10:15)&lt;br&gt;☑️ Motor skills d/o&lt;br&gt;<strong>Readings:</strong>&lt;br&gt;☑️ Relevant DSM-IV-TR/DSM-5 readings&lt;br&gt;☑️ <a href="http://www.cdc.gov/NCBDDD/fasd/facts.html">http://www.cdc.gov/NCBDDD/fasd/facts.html</a>&lt;br&gt;☑️ <a href="http://www.drugabuse.gov/publications/topics-in-brief/prenatal-exposure-to-drugs-abuse">http://www.drugabuse.gov/publications/topics-in-brief/prenatal-exposure-to-drugs-abuse</a></td>
<td>☑️ Complete sensory processing handout &amp; bring to class&lt;br&gt;☑️ Group 1 handout to class</td>
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<td>5 – 2/8/13</td>
<td>Developmental Concerns Pt. 3&lt;br&gt;☑️ Autism Spectrum – Mary Ann Winter-Messiers, M.S.&lt;br&gt;<strong>Readings:</strong>&lt;br&gt;☑️ Relevant DSM-IV-TR/DSM-5 readings&lt;br&gt;☑️ <a href="http://www.autismspeaks.org/">http://www.autismspeaks.org/</a></td>
<td>☑️ Group 2 &amp; 3 handouts due&lt;br&gt;☑️ Input to Dr. Linville re. for ED presentation</td>
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<td>6 – 2/15/13</td>
<td>Attachment &amp; Relationships&lt;br&gt;☑️ Blends/steps/same-sex families&lt;br&gt;☑️ Relational problems (v codes)&lt;br&gt;☑️ Sexual abuse&lt;br&gt;☑️ Neglect &amp; physical abuse&lt;br&gt;☑️ Adjustment disorders&lt;br&gt;☑️ <strong>Group 2: PTSD/Trauma&lt;br&gt;☑️ Group 3: Bonding, Attachment, RAD&lt;br&gt;☑️ Relationships &amp; Adoption - Robert Noble, LMFT (10:45)</strong>&lt;br&gt;<strong>Readings:</strong>&lt;br&gt;☑️ Relevant DSM-IV-TR/DSM-5 readings&lt;br&gt;☑️ <a href="http://jonemiwok.org/wp-content/uploads/2011/10/Parenting-Manual.pdf">http://jonemiwok.org/wp-content/uploads/2011/10/Parenting-Manual.pdf</a>&lt;br&gt;☑️ A handbook of parenting in the Native American community—this is just one example&lt;br&gt;☑️ <a href="http://front.moveon.org/two-lesbians-raised-a-baby-and-this-is-what-they-got/">http://front.moveon.org/two-lesbians-raised-a-baby-and-this-is-what-they-got/</a>&lt;br&gt;☑️ Although the election is long over, this issue remains relevant and under debate in many states.</td>
<td>☑️ Bring in a reading on family or parent-child relationships from a specific diverse family group (e.g., racial, ethnic, cultural, alter-abled, transgender, religious, etc.) to share with the class&lt;br&gt;☑️ Group 4 handout due</td>
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<td>7 – 2/22/13</td>
<td>Internalizing disorders&lt;br&gt;☑️ <strong>Group 4: Anxiety</strong>&lt;br&gt;☑️ Adjustment&lt;br&gt;☑️ Separation&lt;br&gt;☑️ Selective mutism&lt;br&gt;☑️ OCD</td>
<td>☑️ Group 5 &amp; 6 handouts due</td>
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</tbody>
</table>
## Week/Date | Topic/Readings | Assignments
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7 – 2/22/13  
Cont’d | ✓ Eating D/O & body image– Deanna Linville, PhD (10:30a)  
Readings:  
✓ Relevant DSM-IV-TR/DSM-5 readings |  

8 – 3/1/13 | Externalizing Disorders  
✓ Group 5: ADHD  
✓ Group 6: ODD  
✓ CD  
Readings:  
✓ Relevant DSM-IV-TR/DSM-5 readings | ✓ Group 7 & 8 handouts due

9 – 3/8/13 | Mood Disorders & Psychosis  
✓ Group 7: Depression  
✓ Bipolar  
✓ Group 8: Psychosis  
✓ Schizophrenia  
Readings:  
✓ Relevant DSM-IV-TR/DSM-5 readings | 

10–3/15/13 | ✓ All other DSM-IV-TR Dx not covered (feeding, elimination, etc.)  
✓ Medication & youth – Sue Colasurdo, MD (9-10)  
✓ Class assessment interview  
✓ Report due by noon on 3/21  
✓ Wrap-up  
Readings:  
✓ Relevant DSM-IV-TR/DSM-5 readings  
✓ Zimmerman-review MSE, Psychosocial Hx & Fx sections in prep for in-class interview | 

Final – 3/21/13 | No Final 😊  
Happy Spring Break! | ✓ Assessment interview write up due by NOON on Thurs 3/21/13

### COE Syllabus Information & Policies

#### ATTENDANCE POLICY

Attendance at class is required. Please contact me in case of illness or emergencies that preclude completing assignments as scheduled or attending class. Messages can be left on my voice mail or e-mail at any time of the day or night prior to class. If no prior arrangements have been made prior to class, the absence will be unexcused.

#### ABSENCE POLICY

Students must contact the instructor in case of illness or emergencies that preclude attending class sessions or taking quizzes as scheduled. Messages can be left on the instructor’s voice mail or e-mail at any time prior to class. If no prior arrangements have been made before class, the absence is unexcused.
If you are unable to take a quiz or exam due to a personal and/or family emergency, you should contact your instructor or discussion leader as soon as possible. On a case-by-case basis, the instructor will determine whether the emergency qualifies as an excused absence.

ACADEMIC MISCONDUCT POLICY

All students are subject to the regulations stipulated in the UO Student Conduct Code (http://uodos.uoregon.edu/StudentConductandCommunityStandards/AcademicMisconduct/tabid/248/Default.aspx). This code represents a compilation of important regulations, policies, and procedures pertaining to student life. It is intended to inform students of their rights and responsibilities during their association with this institution, and to provide general guidance for enforcing those regulations and policies essential to the educational and research missions of the University.

CONFLICT RESOLUTION

Several options, both informal and formal, are available to resolve conflicts for students who believe they have been subjected to or have witnesses bias, unfairness, or other improper treatment. It is important to exhaust the administrative remedies available to you including discussing the conflict with the specific individual, contacting the Department Head, or within the College of Education, you can contact Joe Stevens, Associate Dean for Academic Affairs, at 346-2445 or stevensj@uoregon.edu or Surendra Subramani, Diversity Coordinator, at 346-1472 or surendra@uoregon.edu.

Outside the College, you can contact:
- UO Bias Response Team: 346-1139, http://bias.uoregon.edu/whatbrt.htm

DIVERSITY

It is the policy of the University of Oregon to support and value diversity. To do so requires that we:
- Respect the dignity and essential worth of all individuals.
- Promote a culture of respect throughout the University community.
- Respect the privacy, property, and freedom of others.
- Reject bigotry, discrimination, violence, or intimidation of any kind.
- Practice personal and academic integrity and expect it from others.
- Promote the diversity of opinions, ideas and backgrounds which is the lifeblood of the university.

DOCUMENTED DISABILITY

Appropriate accommodations will be provided for students with documented disabilities. If you have a documented disability and require accommodation, arrange to meet with the course instructor within the first two weeks of the term. The documentation of your disability must come in writing from the Accessible Education Center in the Office of Academic Advising and Student Services. Disabilities may include (but are not limited to) neurological impairment, orthopedic impairment, traumatic brain injury, visual impairment, chronic medical conditions, emotional/psychological disabilities, hearing impairment, and learning disabilities. For more information on the Accessible Education Center, please see http://ds.uoregon.edu/

EXPECTED CLASSROOM BEHAVIOR

Classroom expectations include:
- Participating in class activities
- Respecting the diversity of cultures, opinions, viewpoints in the classroom
- Listening to fellow students, professors, and lecturers with respect
- Arriving on time, prepared for class
- Attending for the duration of class
- Not reading other materials, books, newspapers, or using laptops for other activities
- Turn off cell phones and other electronic devices. If you must take a call please leave to do so and return as quickly as possible.
• Racist, homophobic, sexist, and other disrespectful comments will not be tolerated

**GRIEVANCE**

A student or group of students of the College of Education may appeal decisions or actions pertaining to admissions, programs, evaluation of performance and program retention and completion. Students who decide to file a grievance should follow the student grievance procedure, or alternative ways to file a grievance outlined in the Student Grievance Policy ([http://education.uoregon.edu/feature.htm?id=399](http://education.uoregon.edu/feature.htm?id=399)) or enter search: student grievance.

**INCLEMENT WEATHER**

In the event the university operates on a curtailed schedule or closes, UO media relations will notify the Eugene-Springfield area radio and television stations as quickly as possible. In addition, a notice regarding the university’s schedule will be posted on the UO main home page (in the “News” section) at [http://www.uoregon.edu](http://www.uoregon.edu). Additional information is available at [http://hr.uoregon.edu/policy/weather.html](http://hr.uoregon.edu/policy/weather.html).

If an individual class must be canceled due to inclement weather, illness, or other reason, a notice will be posted via email. During periods of inclement weather, please check your email rather than contact department personnel. Due to unsafe travel conditions, departmental staff may be limited and unable to handle the volume of calls from you and others.
University of Oregon CFT Educational Outcomes

Student Learning Outcomes: As reflected in the CFT program’s mission statement and overall goal, students are expected to demonstrate the following knowledge and skills:

SLO1. Students will develop an understanding of professional conduct and ethical standards and will demonstrate an ability to effectively apply their knowledge in clinical practice.

SLO2 Students will develop an ability to critically evaluate the research literature and demonstrate an understanding of the relationship between research results and clinical decision making.

SLO3. Students will gain an understanding of the core theoretical assertions of couples and family therapy and will critically assess their own systems-oriented theory of change.

SLO4. Students will develop attitudes that value human diversity, will practice culturally-sensitive analysis and critical self-awareness when counseling diverse populations, and will demonstrate cultural competence in all professional activities.

SLO5. Students will develop an understanding of the unique systemically-oriented assessment and intervention competencies, will apply them effectively in practice, and will critically evaluate their own practice.

Faculty Outcomes: Based on the mission of the University of Oregon and the CFT program, in teaching, supervision, and interactions with students and community members, faculty are expected to:

FO1. CFT faculty will consistently receive high ratings for effective and culturally competent course instruction and clinical supervision.

FO2. CFT core faculty will meet high standards of scholarship including professional presentations, peer-reviewed publications, and the generation of knowledge through research.

FO3. CFT faculty will foster a rich learning environment that demonstrates inclusion, critical consciousness, self-exploration, sensitivity to diverse populations, and commitment to social justice.

Program Outcomes: The overall goal of the University of Oregon CFT program is to graduate systemically-minded, competent couples and family therapists. We value the creation of an inclusive learning environment that fosters socially-aware practitioners who, in partnership with their communities, promote social justice, systems change, and enhancement of individual well-being and community life. At the time of graduation and beyond, our program outcomes will be demonstrated in these ways:

PO1. Employers will report that CFT alumni are highly competent and well prepared for clinical practice.

PO2. Students will demonstrate critical analysis of culturally-competent, systemic practice.

PO3. Students will report high satisfaction with the CFT program, including cultural competency, high quality instruction, and career preparation.