

## **GSCSW, LPCA, GAMFT**

(NASWGA not included: their program is Social Work per their newsletter\*)

### **Shared Guidelines for Training Curriculum Application Approval.**

#### **I. Objectives of training curriculum:** *(Based on CSWE syllabus and CACREP Standards )*

1. To better understand the DSM-5 as the current representation of a changing classification model and its application for the diagnosis of children, youth and adults.
2. Describe and explain key terms, etiology, the diagnostic process and nomenclature, treatment (including psychopharmacology), referral and prevention of mental and emotional disorders, including co-occurring disorders based upon the current DSM.
3. To recognize the possible conflict between social work norms, ethics, values and the classification system;
4. To appreciate the potential abuse of diagnostic classification.
5. Identify and apply diagnoses, including differential diagnoses, from case histories utilizing the current DSM.
6. Describe the advantages, disadvantages and ethical issues related to psychiatric diagnosis and mental illness
7. Identify and describe potential cross-cultural issues impacting diagnosis, including culture-bound syndromes and recommend strategies to improve cross-cultural interactions within the initial clinical interview.

#### **II. Presentation and presenter criteria:**

- 1) Objectives and trainer requirements per application need to be specified and met:
  - a) Presenters must have licensed clinical practice experience at the highest level of licensure and prior presenter experience.
  - b) May request references for presenters.
- 2) No more than 20 hours in one event unless conference style presentation which would require a minimum of 4 presenters.
- 3) Online component cannot exceed 20 hours online. 10 of these can be used for renewal per composite board rules.

#### **III. Nine (9) REQUIRED CONTENT AREAS with recommended subsection content breakdown:**

**IMPORTANT:** • **2 CEs minimum and 7 CE maximum for each topic/content Area:** each approved training curriculum may have multiple options for each section, and may be titled differently, but all 9 content areas must be covered.

• **Ethics:** At least 5 hours of Ethics must be included in the training curriculum. 1 hour of Ethics per content area may be imbedded (Minus the online modules- Ethics must be face to face per State rule) or the whole 5 hours may be offered separately.

• **Reciprocity:** If a licensee cannot make one of the modules of the training program for which they are enrolled, they may enroll in a substitute module from another training curriculum for the same content area.

## **1) INTRODUCTION: Intro to the DSM-5, History of Abnormal Behavior, Understanding the layout and use current of the DSM. advantages and disadvantages to Diagnosing.**

**1.01** How was the DSM created: historical perspective of classification of mental disorders. Appropriate use of the DSM-5: diagnosis that may be made by master level clinicians and recognition/identification of needs for collaboration with other professions for differential diagnosis when appropriate. Ethics of Diagnosing - "do no harm."

**1.02** History and purpose of diagnosis: understanding assessment tools, the assessment process and the relationship of assessment to diagnosis. Cover tools and rating scales commonly used by clinicians to assess, distinguishing those tools that may be used by master level clinicians for assessment and which may not. Overview of differential diagnosis decision process.

**1.03** Highlight important changes from the DSM-IV-TR to DSM -V: discontinuation of multiaxial system, separate axis for personality disorders, discontinuation of chapter of infancy and childhood chapter. Discussion of Movement from ICD-9 to ICD-10 coding 2015.

**1.04** Diagnostic terms and categorized removed/replaced in DSM-5: new diagnosis, disorders introduced that are more commonly the domain of other health professionals. Diagnostic criteria with more subtle reformations. Overview of specifiers for increased clarity: severity, concurrence, level of remission and onset. Use of modifiers (R/O, diagnosis deferred, traits, by hx, by self-report).

**1.05** Detailed overview of Medical problems often misdiagnosed as mental health issues, and vice versa: understanding bio-physiologic mechanisms of depression and anxiety caused by medical dx. Exploration of comorbidity. Common drugs that can contribute to depression/anxiety. Becoming aware of common adverse effects of medication that create symptoms of disorders.

## **2) Neuro-developmental and Childhood Disorders.**

**2.01** Etiology of neurodevelopmental disorders based on current research. Differential dx. Specifiers for neurodevelopmental disorders. Onset during developmental stages. Ethics of diagnosis with youth explored. Need for referral and collaborative care reviewed.

**2.02** Common diagnosis reviewed including autism spectrum disorders, IDD, ADHD and learning disorders. Brief overview of appropriate treatment strategies discussed.

## **3) Schizophrenia spectrum and other Psychotic Disorders**

**3.01** Etiology of schizophrenia spectrum and other psychotic disorders based on current research. Assessment process for determining dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed including discussion of chronicity of Dx.

**3.02** Discussion of specifiers of schizophrenia. Address complexities of presenting symptoms. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**4) Mood Disorders-** *Includes differential DX and suicide risk assessment. Adjustment Disorders, Bipolar, Depressive and Anxiety Disorders, Trauma, PTSD and stress related disorders.*

**4.01 BIPOLAR:** Etiology of Bipolar and based on current research. Assessment process for determining dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed including discussion of chronicity of Dx. Discussion of specifiers for Bipolar. Brief overview of appropriate treatment strategies. Address when to seek collaborative care with other mental health and medical professionals.

**4.02 Depression and Adjustment disorders:** Etiology of dxs and based on current research. Assessment process for determining dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals. Include brief overview of risk assessment and suicide screenings.

**4.03 Anxiety and OCD:** Etiology of dxs and based on current research. Assessment process for determining dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**4.04 Trauma and Stress related disorders:** Etiology of dxs and based on current research. Assessment process for determining dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**5) Dissociative and Somatic Disorders:** Etiology of dxs and based on current research.

**5.01** Etiology of dissociative disorders based on current research. Assessment process for determining dissociative dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**5.02** Etiology of somatic disorders reviewed based on current research. Assessment process for determining somatic dx especially related to Medical DX and comorbidity. Differential dx with other disorders with similar presentations. Address when to seek collaborative care with other mental health and medical professionals. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**6) Lifestyle Factors Manifesting as Mental Health Concerns:** *Feeding, Eating, Elimination and Sleep-Wake Disorders; Sexual Dysfunctions, Paraphilic and Gender Dysphoria. Medical differential Dx.*

**6.01** Etiology of feeding, eating and elimination disorders reviewed based on current research. Assessment process for determining dissociative dx. . Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of

appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**6.02** Etiology of Sleep-Wake Disorders reviewed based on current research. Assessment process for determining dx especially related to Medical DX and comorbidity. Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**6.03** Etiology of Sexual Dysfunctions, Gender Dysphoria and Paraphilic disorders reviewed based on current research. Assessment process for determining dx. Differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**6.04** Medical differential dx addressed and how to recognize the need to refer. Overview of medical problems often misdiagnosed as mental health issues and vice versa. Understanding bio-physiologic mechanisms of depression and anxiety caused by medical dx. Exploration of comorbidity. Common drugs that can contribute adverse effects of medication that create symptoms of MH disorders.

## **7) Substance, Addictive, Disruptive, Conduct and Impulse-Control Disorders**

**7.01** Etiology of Substance and Addictive Disorders reviewed based on current research. Assessment process for differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

**7.02** Etiology of Disruptive, Conduct and Impulse control Disorders reviewed based on current research. Assessment process for determining dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

## **8) Neuro-cognitive Disorders**

**8.01** Etiology of Neuro-Cognitive Disorders reviewed based on current research. Assessment process for differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

## **9) Personality Disorders**

**9.01** Etiology of Personality Disorders reviewed based on current research. Assessment process for differential dx with other disorders with similar presentations. Ethics of DX addressed. Discussion of specifiers. Brief overview of appropriate treatment strategies and when to seek collaborative care with other mental health and medical professionals.

\*www.NASWGA.org CH Update 2 Georgia\_May2017.pdf