**COUN 7250-001**

Advanced Assessment & Diagnosis in Counseling

***Fall 2020***

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**Department of Special Education, Rehabilitation, and Counseling**

**College of Education**

Instructor Information:

**Latifat O. Cabirou, PhD**

**Visiting Professor**

**2060 Haley Center**

**Loc0005@auburn.edu**

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Office Hours:

**by appointment**

**This course is reserved for students enrolled in the Counseling Psychology doctoral program at Auburn University. All others require permission.**



Picture of College of Education Conceptual Framework

**SYLLABUS**

**1. Course Number: COUN 7250 (3 semester hours)**

**Course Title: Advanced Assessment & Diagnosis in Counseling**

**University: Auburn University**

**Prerequisites: None**

**Instructor: Latifat O. Cabirou, PhD**

**Contact Info: 2060 Haley (mail: 2084); loc0005@auburn.edu**

**Class Meeting: Mondays 4:00-6:50pm (Remotely until further notice)**

**2. Date Syllabus Prepared:** Nov 2017; Updated August 2020

**3. Required Readings:**

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

Various Articles Assigned by Instructor:

Article #1: What are Health Disparities and Health Equity?

Braveman, P. (2014). What Are Health Disparities and Health Equity? We Need to Be Clear. *Public Health Reports*, *129*(Suppl 2), 5–8.

Article # 2: Navigating Love and Autism, NYTimes, 12/26/2011,

[Link to Article Navigating Love and Autism](http://www.nytimes.com/2011/12/26/us/navigating-love-and-autism.html?scp=2&sq=asperger's%20syndrome&st=cse)

Article #3: Racial and Ethnic Disparities in ADHD

 Morgan, P. L., Hillemeier, M. M., Farkas, G., & Maczuga, S. (2014). Racial/Ethnic Disparities in ADHD Diagnosis by Kindergarten Entry. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *55*(8), 905–913. http://doi.org/10.1111/jcpp.12204

Article #4: The globalization of the American psyche. [Link to article The globalization of the American Psyche](http://www.nytimes.com/2010/01/10/magazine/10psyche-t.html?pagewanted=2&emc=eta1)

Article #5: The Prisoner of Stress (Louis Menand, The New Yorker, 1/27/14, pp. 64-68 [Link to Article the Prisoner of Stress](http://www.newyorker.com/magazine/2014/01/27/the-prisoner-of-stress)

Article #6: Mislabeling Medical Illness as Mental Disorder (A. Frances): [Link to Article Mislabeling Medical Illness as Mental Disorder](http://www.psychologytoday.com/blog/dsm5-in-distress/201212/mislabeling-medical-illness-mental-disorder))];

**Recommended Resources:**

\*First, M. (2013). (Ed.). *DSM V Handbook of Differential Diagnosis.* Arlington, VA: American Psychiatric Publishing.

**\*The DSM 5 and the DSM 5 Handbook of Differential Diagnosis is available through the Auburn Library Resources (you will be required to sign it with your AU User ID and Password)**

4. **Course Description:**

Assessment/diagnostic skills related to psychotherapy and counseling: intake, assessment, diagnostic criteria, treatment planning, counseling interventions.

5. **Course Objectives:**

The assumption in this course is that all students in the College of Education are working to be competent, committed, and reflective professionals. **Although this course is being offered in a blended format this semester, all learning outcomes in the course are equivalent to the face-to-face (F2F) version of the course.**

Upon course completion students will:

1. Learn HOW TO Learn the DSM 5
2. Investigate ways to add to the body of knowledge by continuing to question what we know diagnostically?
3. Understand the advantages and disadvantages of using diagnostic systems, and especially the DSM.
4. Be familiar with the diagnostic categories in the DSM, including the major characteristics of the major categories.
5. Apply diagnostic knowledge and skills (including differential diagnoses) when given sample case descriptions.
6. Be familiar with how diversity (e.g., factors such as culture, ethnicity, and gender) impacts diagnosis.
7. Understand health disparities as they relate to mental health diagnosis and treatment issues.
8. Be familiar with ethical issues that attend the diagnostic process.
9. Be knowledgeable about the relationship between diagnosis and treatment and the current limitations of the relationship.
10. Be familiar with some specific treatments associated with some specific diagnoses.
11. Be familiar with some of the technology resources available to assist in making, and learning about, diagnoses.
12. Learn how research shapes diagnostic classifications and be aware of evolving current research related to diagnosis.
13. Understand the relationship between ICD 9/10 and the DSM.
14. Understand the significant changes made to construct the DSM 5 and the issues attendant to those changes.

**6. Course Content** **and Schedule:**

The basic course content and schedule for our weekly 3-hour class meetings is outlined below in course requirements. This is subject to change based upon the learning needs of the class.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEEK** | **DATE** | **CLASS TOPIC/ACTIVITIES** | **READINGS DUE** | **ASSIGNMENTS DUE** |
| 1 | Aug 17 | Course Intro. Introduction to DSM 5. Taking Sides on DSM. Strengths/Limitations. Cultural/Values Issues. Major Diagnostic Categories. | Syllabus.  |  |
| 2 | Aug 24 | Neurodevelopmental Disorders. Other Conditions that warrant clinical attention. Differential Diagnoses.  | DSM Intro: pg 5-23Neurodevelopmental Disorders: pg 31-86Other Mental Disorders 707-708V-Codes: pg. 715-727Article #1 (see required readings) | Practice Quiz (no grade) |
| 3 | Aug 31 | Schizophrenia Spectrum and Other Psychotic Disorders.  | Schizophrenia Spectrum: pg 87-122Cultural Formulation 749-759Article #2 | Quiz 1Disparity Disc. 1-  |
| 4 | Sept 7 | NO CLASS: LABOR DAY |  |  |
| 5 | Sept 14 | Bipolar & Related Disorders. Suicide. | Bipolar and Related: pg 123-188Article #3 | Quiz 2Disparity Disc. 2 |
| 6 | Sept 21 | Anxiety disorders, Obsessive-compulsive & related disorders, and Trauma and stress-related disorders. | Anxiety Disorders: pg 189-290  | Quiz 3Disparity Disc. 3 |
| 7 | Sept 28 | Substance-related disorders.  | Substance disorders: 481-590 | Quiz 4Construct-a-Case 1 |
| 8 | Oct 5 | Midterm Review  | Review All for Midterm Case Exam |  |
| 9 | Oct 12 | Midterm Case Exam |  | Midterm Exam |
| 10 | Oct 19 | Neurocognitive Disorders. Dissociative and Somatic Disorders.  | Neurocognitive Disorders: pg 591-643.Dissociative and Somatic Disorders: 291-327. Article #4 | Quiz 5 |
| 11 | Oct 26 | Personality Disorders. Paraphilic Disorders.  | Personality Disorders: pg 645-684 Paraphilic Disorders: pg 685-705 | Quiz 6Disparity Disc. 4 |
| 12 | Nov 2 | Feeding and Eating Disorders. Disruptive Impulse-Control.  | Feeding and Eating Disorders: pg 329-353 Impulse-Control: pg 461-479Article #5 | Quiz 7 Construct-a-Case 2 |
| 13 | Nov 9 | Sexual Dysfunctions. Gender Dysphoria. Sleep-Wake Disorders.  | Sexual Dysfunctions: pg 423-450Gender Dysphoria: pg 451-459Sleep-Wake Disorders: pg 361-421Article #6 | Quiz 8Disparity Disc. 5 |
| 14 | Nov 16 | Case Presentations |  | Case Presentations |
| 15 | Nov 23 | Case Presentations |  | Case Presentations |

**7. Course Requirements/Evaluation:**

Reading Quizzes ---------------------------------------------------------------------5 points each/ 35 total

Construct-a-Case --------------------------------------------------------------------20 points each/ 40 total)

Mental Health Disparities Discussion --------------------------------------------20 points

Midterm Case Exam ----------------------------------------------------------------50 points

Group Case Presentation -----------------------------------------------------------50 points

**TOTAL --------------------------------------------------------------------------195**

**Grade Criteria** (grades will be rounded to nearest whole number)**:**

A 90 - 100 points

 B 80 – 89 points

 C 70 – 79 points

 D 60 – 69 points

F < 60 points

**Reading Quizzes (5 points each/ 35 total)**: Eight (8), quizzes will be administered at the beginning of each class period using an online format. **If you do not have capabilities to access an online quiz in class (smart phone, laptop, tablet, etc.), please come see me immediately after the first class.** The lowest quiz grade will be dropped, such that the seven (7) highest quizzes will count in your final grade. Quiz format will be multiple choice and short-answer response questions, based on the readings due, previous class discussions, and/or previous readings. The best way to do well is to stay actively involved in the course material (i.e., take notes as you read, review lectures, quiz yourself, and so on).

**Construct-a-Case (20 points each/ 40 total):** Twice during the semester you must construct a case and post it to Canvas. The case should include background information, presenting concerns, and a final diagnosis, including notes about the criteria which are met, and those that are not met. It is expected that the case be thorough and nuanced, such that it requires some differential diagnosis work to be completed**. You should not submit cases which are extremely easy to diagnose** (“textbook examples,” etc.), but on the other hand, provide ample information in the case to allow someone to make an accurate diagnosis. You can utilize characters from books, movies, or real life to help you be creative here. Exceptionally well-written cases with interesting diagnostic features may be utilized for the mid-term exam, quizzes, or class case material. Obviously, this represents great benefit to the case writer and it is my hope that this will encourage you to do a good job on these cases.

**Mental Health Disparities Discussion (20 points Total)** You will be assigned a particular “identity” at the outset of the semester. You will be responsible for researching relevant mental health disparity information related to your assigned identity. You will post your discoveries regarding disparities related to your identity to CANVAS by Sunday at 12pm. In class, you will be asked to share your knowledge on health disparities for your particular assigned identity.

**Midterm Case Exam (50 points)**: One (1) midterm case exam will be administered using an online **format. If you do not have capabilities to access an online exam in class (smart phone, laptop, tablet, etc.), please come see me immediately after the first class.** Exam format will primarily focus on your ability to diagnose clinical vignette cases. However, the exam may also include multiple choice response and short-answer questions. The best way to do well is to stay actively involved in the course material (i.e., take notes as you read, review lectures, quiz yourself, and so on).

**Group Case Presentation (50 points)**: The major assignment for the class is a group case presentation. You will be assigned a specific case – usually based on a well-known social or political figure - during class. Utilizing course material, empirical literature (i.e. articles from research databases), and self-reflection, your task will be to diagnose the case, discuss treatment options, and evaluate how you imagine treatment will turn out given what you know of the client. This will require you to research the background and experiences of your assigned individual online. You will be allowed to treat public information about your figure as “fact” for the purposes of this course. While this will require some level of imagination, your ability to utilize your knowledge of the DSM 5 and treatment planning, with consideration to cultural competence, will be evaluated. Missing components will result in an “incomplete” grade for this assignment. BE CREATIVE AND THOROUGH! A thorough presentation should last 50-60 minutes. See presentation components on the next page.

**Case Presentation Components**

* **Client Background / Presenting Problem/ Biopsychosocial history: 5 point**
	+ Client Background and presenting problem (this will be provided to you, but should be including in your presentation). Collect biopsychosocial history from online research of your assigned client. Include a picture or video of the client.
* **Mental Status Report: 5 point**
* **Assessment: 5 points**
	+ Include relevant assessment instruments (at least 2) you would utilize to confirm your diagnosis of this client and results you might expect from each
* **DSM 5 Diagnosis(es): 6 points**
	+ Diagnosis**:** What is/are the DSM 5 diagnosis(es) you would assign this client based on your assessment? Be sure to indicate which of the diagnostic criteria for the diagnosis the client meets.
* **Cultural Considerations: 5 points**
	+ Cultural Considerations and Relevant Therapist Characteristics that might affect treatment
	+ Identify relevant health disparity issues for your client’s cultural background and any empirical resources related to diagnosis and treatment.
* **Evidenced-based Treatment Plan (goals/objectives) w/ Empirical Justification: 7 points**
	+ Treatment Planning**:** What treatment would be best for this client?
	+ Empirical Basis for Treatment Plan**:** Include research from at least 3 articles that support your choice of treatment w/ this particular client. Cultural considerations should be taken into account.
* **Differential Diagnosis: 10 points**
	+ This section is an opportunity for you to offer challenges to the diagnosis you proposed above. I am interested in any alternative explanations of the client’s symptoms, especially those that do not fit in the medical model/DSM philosophy. The following questions may get you started and guide you in this section.
		- What is your client’s assessment of the presenting concerns? Does he/she believe he/she has a “mental disorder?”
		- In what ways does your client differ from the DSM criteria? For example, what are some behaviors that contradict the diagnosis you selected?
		- How might the client’s gender/cultural background/sexual orientation affect his or her diagnosis and treatment plan?
		- What historical-social-political-cultural-familial-religious issues do you need to consider before applying this diagnosis and developing the treatment plan? Are there any alternative explanations for the client’s behavior, taking into account these contextual factors?
* **Treatment Strengths & Weaknesses and Expected Outcome: 7 point**
	+ Therapeutic Strengths and Weaknesses**:** The positives and negatives of your treatment choice
	+ Expected Therapeutic Outcome and Remaining Therapeutic Concerns**:** Does the client get better or just improve slightly? Is the client likely to relapse? What would you be concerned about for the client’s wellbeing in the future?
* **References**

**8. Class Policy Statements:**

Late Assignment Policy: Late assignments are not acceptable. It is expected that you have completed all assignments by the start of class on the day assignments are due. Failure to turn an assignment in on time or missing a presentation will result in unsatisfactory completion of that course requirement, and in many instances, would mean an inability to pass the class. It is therefore imperative that students complete all course requirements on time. I reserve the right to allow exceptions to this policy, for example, in the event of an emergency.

Attendance Policy: **This course is being offered in a “blended” format. Much of the course will be offered using both synchronous (Zoom) and asynchronous online formats (Canvas). However, we may also meet in-person later in the course, assuming that circumstances related to the COVID-19 pandemic are conducive to doing so. If such is the case, the meeting dates will be provided at least two weeks in advance.** Attendance is required. Students are expected to attend all class meetings. **Students are expected to have their video on for the entire duration of the class meeting time.** Active, cooperative, and collaborative learning are strongly emphasized in this class. Thus, open and active participation is expected from students. **Students with more than one unexcused absence will result in an Unsatisfactory grade in this class. After one unexcused tardy or early departure of 15 minutes or more, each subsequent tardiness or early departure will be considered an unexcused absence from class.**

Students are granted excused absences for the following reasons: illness of the student or serious illness of a member of the student’s immediate family, death of a member of the student’s immediate family, trips for student organizations sponsored by an academic unit, trips for university classes, trips for participation in intercollegiate athletic events, subpoena for a court appearance, and religious holidays. Students who wish to have excused absences from class for any other reason must contact the instructor in advance of the absence to request permission. The instructor will weigh the merits of the request and render a decision. When feasible, the student must notify the instructor prior to the occurrence of any excused absences, but in no case, shall notification occur more than one week after the absence. Appropriate documentation for all excused absences is required. Please see the *Student Policy eHandbook* at [www.auburn.edu/studentpolicies](https://cas.auburn.edu/owa/redir.aspx?C=ef2eb0b81d90495098a27dc4053361aa&URL=http%3a%2f%2fwww.auburn.edu%2fstudentpolicies) for more information on excused absences. For an excused absence to not count against the attendance grading requirement, students must make up the missed class period in a manner acceptable to the course instructor within one week of the absence or notification of absence (in cases when notice prior to the absence is not possible—but again, all excused absences must be communicated to the instructor no later than one week of the absence).

Accommodations: Students who need accommodations are asked to electronically submit their approved accommodations through AU Access and to arrange a meeting with me during the first week of classes, or as soon as possible if accommodations are needed immediately. If you have not established accommodations through the Office of Accessibility, but need accommodations, make an appointment with the Office of Accessibility, 1228 Haley Center, 844-2096 (V/TT).

Honesty Code: All portions of the Auburn University student academic honesty code (Title XII) found in the Student Policy eHandbook (http://www.auburn.edu/student\_info/student\_policies/) will apply to this class. All academic honesty violations or alleged violations of the SGA Code of Laws will be reported to the Office of the Provost, which will then refer the case to the Academic Honesty Committee.

**9. Justification for Graduate Credit:**

This course includes advanced content in graduate psychology education and is designed to partially meet standards for accreditation by the American Psychological Association (APA). This includes rigorous evaluation standards of students completing the student learning outcomes specified in this syllabus. As a practicum course designed to teach knowledge and skills related to psychotherapy through the direct provision of supervised psychotherapy services, only students enrolled in the counseling psychology doctoral programs are eligible to take this course.