**AUBURN UNIVERSITY SYLLABUS**

**Course Number:** COUN 7250

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

**Credit Hours:** 3 Semester credit hours/Graded

**Class Meeting:** Wednesdays 12:00pm – 2:50pm

**Class Location:** Haley Center #2212

**Office Hours:** By Appointment

**Professor:** Sarah Flint, PhD, LPC, NCC

**Email:** sam0058@auburn.edu

# Text:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*

(5th ed.). Arlington, VA: American Psychiatric Publishing.

# Recommended:

First, M. (2013). (Ed.). *DSM-5 Handbook of Differential Diagnosis.* Arlington, VA: American Psychiatric Publishing.

# \*\*\*\*\*\*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)

**Syllabus Prepared:** Syllabus revised July 2021

# Course Description:

Process of assessment and diagnosis as it applies to the counseling process. This includes but is not limited to: diagnostic criteria, bias in diagnosis, cultural issues in diagnosis, assessment in the diagnostic process, and treatment planning.

# CACREP objectives/student learning outcomes:

1. Historical perspectives concerning the nature and meaning of assessment and testing in counseling (CACREP II.F.7.a)
2. Methods of effectively preparing for and conducting initial assessments (CAFREP II.F.7.b)
3. Identify and apply ethical and legal guidelines pertaining to diagnosis (CACREP II.7.g.)
4. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD) (CACREP V.A.2.d)
5. Use of symptom checklists, and personality and psychological testing (CACREP

II.F.7. k)

1. Use of assessment results to diagnose developmental, behavioral and mental disorders (CACREP II.F.7.l)
2. Psychological tests and assessments specific to clinical mental health counseling (CACREP V.A.1.e)
3. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation

(CACREP V.D.2.h)

1. Common medications that affect learning, behavior and mood in children and adolescents (CACREP V.G.2.h)
2. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and *Statistical Manual of Mental Disorders (DSM)* and the *International Classification of Diseases* (CACREP V.D.2.f.)

# Course Content:

Please note: This schedule is subject to change. Students should read the sections of the DSM-V corresponding to the topics scheduled.

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| **Date** | **Topic** | **Assigned Reading** | **CACREP**  **Standards** |
| Week 1  **August 18th** | Syllabus/Class Overview Introduction to DSM-5 Historical Perspectives Mental Status Exam/Clinical Interviewing | Syllabus | II.F.7.a.  V.A.2.d.  II.F.7.b.  V.A.1.e.  V.D.2.l. |
| Week 2  **August 25th** | Introduction to Differential Diagnosis  Assessments  Use of Symptom Checklists Neurodevelopment Disorders  Neurocognitive Disorders Other Mental Disorders | DSM-5:  pages 31-86  DSM-5:  pages 591-643  DSM-5:  pages 707-708  **Quiz 1 due** | II.F.7.b.  V.F.7.k.  II.F.7.l.  V.A.1.e.  V.A.1.e. |
| Week 3 **September 1st** | Schizophrenia Spectrum and Other Psychotic Disorders  Medications associated with schizophrenia | DSM-5:  pages 87-122  **Quiz 2 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |
| Week 4 **September 8th** | Depressive Disorders  Bipolar and Related Disorders  Medications associated with Depressive disorders and Bipolar related disorders | DSM-5:  pages 155-188 DSM-5:  pages 123-154  **Quiz 3 due** | V.A.2.d  V.D.2.h.  V.G.2.h |

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| Week 5  **September 15th** | Anxiety Disorders  Obsessive-Compulsive &Related Disorders  Medications associated with anxiety disorders | DSM-5:  pages 189-234  DSM-5:  pages 235-290  **Quiz 4 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |
| Week 6 **September 22nd** | Trauma & Stressor-Related Disorders  Dissociative Disorders  Medications used for trauma related disorders | DSM-5:  pages 265-290  DSM-5:  pages 291-307  **Quiz 5 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |
| Week 7  **September 29th** | **Midterm – no class meeting** | **Mid-term Exam due in Canvas by Friday, 10/1 at 11:59pm** |  |
| Week 8  **October 6th** | Substance Related and Addictive Disorders  Medications used for substance related and addictive disorders | DSM-5:  pages 481-589  **Quiz 6 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |
| Week 9  **October 13th** | Feeding and Eating Disorders Elimination Disorders | DSM-5:  pages 329-354  DSM-5:  pages 355-422  **Quiz 7 due** | V.A.2.d. |
| Week 10 **October 20th** | Somatic Symptom and Related Disorders  Sleep-Wake Disorders  Sexual Dysfunctions  Gender Dysphoria  Medications commonly prescribed | DSM-5:  pages 309-327  DSM-5:  pages 361-422  DSM-5:  pages 423- 450  DSM-5:  pages 451-459  **Quiz 8 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |
| Week 11 **October 27th** | Disruptive, Impulse Control and Conduct Disorders | DSM-5:  pages 461-480  **Quiz 9 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |
| Week 12 **November 3rd** | Personality Disorders Paraphilic Disorders  Medications commonly prescribed | DSM-5:  pages 645-684 DSM-5:  pages 685-705  **Quiz 10 due** | V.A.2.d.  V.D.2.h.  V.G.2.h |

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| Week 13 **November 10th** | Cultural Formulation Culture Bound Syndromes  Ethical and legal aspects of diagnosis  Other Conditions that may be a focus of clinical attention  Review of differential diagnosis | DSM-5:  pages 715-727  **Diagnosis Case Study Project Due by Wednesday, 11/10 at 11:59pm** | V.A.2.c. |
| Week 14 **November 17th** | **Final Exam due by midnight by Sunday 11/21st** | **Final Exam due 11/21 by 11:59pm**  **Cultural Bias in Diagnosis – Case Conceptualization Assignment Due 11/21 by 11:59pm** |  |
| Week 15 November 27th | **Thanksgiving Week – no class meeting** |  |  |
| Wednesday, December 1st | **No class meeting – Have a Happy Holiday Break!** |  |  |

# Course Requirements:

* 1. **Quizzes (100 points)**

There will be 10 reading quizzes throughout the semester. The quizzes will focus on the DSM-5 content covered in each lecture to test that the material has been read prior to class. Each quiz is due by 11:59am on Canvas prior to the start of class on dates indicated on the syllabus. Each quiz will be worth 10 points. Quizzes not submitted by 11:59am will result in a 0.

# Mid-term (100 points)

The midterm will consist of a series of written case vignettes. You will derive and justify a DSM-5 diagnosis for each client, including your reasoning and any differential diagnoses considered.

# Final (100 pts)

The final will consist of a series of clinical case vignettes. You will be required to derive and justify a DSM-5 diagnosis, to include a differential diagnosis (if indicated) and/or dual diagnoses for each clinical case.

# Diagnosis Case Study Project (50 pts) (see below) :

Students will select a character from a movie (the list will be provided) to serve as the basis for a comprehensive case study. See the addendum at the end of syllabus for a complete description. Complete differential diagnosis project (please see the addendum for a complete description of the project requirements)

* 1. **Cultural Bias in Diagnosis – Case Conceptualization Assignment (50 pts)**

Students will complete a case conceptualization worksheet (see template below) to identify symptomology, diagnostic criteria and impressions, and cultural factors relevant to diagnostic decision-making. Students will choose between one of two provided case studies for this assignment. Cases and grading rubric to be provided in Canvas.

# Grading and Evaluation Procedures:

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| Course Assignment | Evaluation | CACREP  Profession Standards |
| Diagnosis Case Study Project  -due Wednesday, 11/10 by 11:59pm  Cultural Bias in Diagnosis – Case Conceptualization Assignment  -due Sunday, 11/21 by 11:59pm | 50  10 | V.A.2.d.  II.F.7.k.  V.A.1.e.  V.D.2.f |
| Quizzes  -due throughout the semester | 100 | II.F.7.a.  II.F.7.b.  II.F.7.g.  V.A.2.d.  V.A.2.d.  V.A.1.e |
| Mid-term Exam  -due 10/1 by 11:59pm | 100 | II.F.7.a.  II.F.7.b.  II.F.7.g.  V.A.2.d.  V.A.2.d.  V.A.1.e |
| Final Exam  -due 11/21 by 11:59pm | 100 | II.F.7.a.  II.F.7.b.  II.F.7.g.  V.A.2.d.  V.A.2.d.  V.A.1.e |
| **Total** | **360** |  |

Total: 400 Points (100%)

All assignments are due on the announced date. Assignments are due by the *start* of class, unless otherwise indicated on the syllabus. Late assignments will be penalized for each day it is late, up to one week late. Exceptions to this policy will only be given in cases of medical or personal emergencies. NO ASSIGNMENTS WILL BE ACCEPTED FOR CREDIT AFTER 11/28.

The following grading scale will be used:

90-100% =A

80-89% =B

70-79% =C

60-69% =D

Below 60% =F

# Class Policy Statements:

1. Attendance: **Attendance is required** - students are expected to attend all classes and will be held responsible for any content covered in the event of an absence. Should a student need to miss a class, it is up to the student to communicate this with the professor.
2. Mask Policy: As of the start of the semester, masks/face coverings are required in all university buildings, so students and the professor will be expected to wear a mask/face covering during class meetings.
3. Excused absences: Students are granted excused absences from class for the following reasons: illness of the student or serious illness 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 *Tiger Cub* for more information on excused absences.
4. Make-Up Policy: It is the student’s responsibility to communicate any absences with the professor and make necessary arrangements for missed work.
5. Academic Honesty Policy: All portions of the Auburn University student academic honesty code (Title XII) found in the *Tiger Cub* will apply to university courses. 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.
6. Students with Disabilities Statement Disability Accommodations: Students who need accommodations are asked to electronically submit their approved

accommodations through AU Access and to arrange a meeting with the professor to discuss necessary accommodations within the first week of class, or as soon as possible if accommodations are needed immediately. To set up this meeting, please contact me by e-mail. 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).

1. Course contingency: If normal class and/or lab activities are disrupted due to illness, emergency, or crisis situation, the syllabus and other course plans and assignments may be modified to allow completion of the course. If this occurs, an addendum to your syllabus and/or course assignments will replace the original materials.
2. Professionalism: As faculty, staff, and students interact in professional settings, they are expected to demonstrate professional behaviors as defined in the College’s conceptual framework. These professional commitments or dispositions are listed below:
   1. Engage in responsible and ethical professional practices
   2. Contribute to collaborative learning communities
   3. Demonstrate a commitment to diversity
   4. Model and nurture intellectual vitality

# Justification for Graduate Credit:

This course includes advanced content crisis intervention. This includes content as specified by the Council for the Accreditation of Counseling and Related Programs (CACREP, 2009). All academic content approved by CACREP is for advanced Masters and/or Doctoral graduate study. This includes rigorous evaluation standards of students completing the student learning outcomes specified in this syllabus.

*This course syllabus is a general plan for the course. As the instructor of this course, I reserve the right to make any necessary changes to this syllabus. Deviations will be communicated to the class in a timely manner and the revised syllabus will be updated on Canvas as well.*

**COVID-19 Policies**

**Attendance/Subject to Change:** The course schedule and assignments are designed with the most up-to-date information and policies in mind. If the situation changes I will make every effort to keep the schedule as consistent as possible; however, please note that the due dates for assignments and tests may be changed during the semester in response to the changing health and safety requirements or policies of the University. When changes are made, they will be communicated via Canvas Announcement, Canvas message, and all assignment due dates will be updated.

**In the event a student test positive for COVID-19:** Students must conduct daily health checks in accordance with [CDC guidelines (Links to an external site.)](https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html). Students testing positive for COVID-19, exhibiting COVID-19 symptoms or who have been in direct contact with someone testing positive for COVID-19 will not be allowed to attend in-person instructional activities and must leave the venue immediately. Students should contact the [Student Health Center (Links to an external site.)](https://cws.auburn.edu/aumc/) or their health care provider to receive care and who can provide the latest direction on quarantine and self-isolation. Contact your instructor immediately to make instructional and learning arrangements.

**In the event that I test positive:** If I am unable to attend our F2F portions of the class, we will transition to a fully online course until I am allowed to return. If I become ill or unable to lead the class, a backup instructor will be identified, and they will communicate any changes or updates to the course schedule or mode of instruction as soon as possible.

**Attendance:** Your health and safety, and the health and safety of your peers, are my top priorities. If you are experiencing any symptoms of COVID-19, or if you discover that you have been in close contact with others who have symptoms or who have tested positive, you should not attend in-person classes. You will not be penalized for such an absence, nor will you be asked to provide formal documentation from a healthcare provider. My hope is that if you are feeling ill or if you have been exposed to someone with the virus, you will stay home to protect others. I don’t want the need for documentation to discourage you from self-isolating when you are experiencing symptoms.

Please do the following in the event of an illness or COVID-related absence:

* Notify me in advance of your absence if possible
* Keep up with coursework as much as possible
* Participate in class activities and submit assignments electronically as much as possible
* Notify me if you require a modification to the deadline of an assignment or exam

Finally, if remaining in a class and fulfilling the necessary requirements becomes impossible due to illness or other COVID-related issues, please let me know as soon as possible so we can discuss your options

# Diagnosis Case Study Project

**Diagnosis Case Study Project – Final Case Study (50 pts):**

Students will select a character from a movie (see list below) to serve as the basis for a comprehensive case study.

Please address the following components:

**Assessment and Intake (10):** Identify critical background and intake information that will provide the foundation for your diagnostic process. You are also asked to identify assessment tools including assessment measures that would be considered as part of the process of diagnosis in this case.

**Diagnostic Considerations (10):** This discussion should focus on any diagnostic considerations that may help you make a differential diagnosis, rule in or out a diagnosis or consider a dual diagnosis. This may include cultural, gender, or other components of the diagnostic process.

**Principal Diagnosis and Rationale (15):** Outline you full diagnosis (and if appropriate dual diagnosis). Using the diagnostic considerations discuss briefly your rationale and justification (based on presenting information and intake) for the diagnosis you have outlined.

**Potential Treatment Recommendations (15):** You are asked to develop a brief summary (2-3 pages APA format, and 1-2 pages of references) of the recommended and empirically supported treatment options for your primary diagnosis. This may include psychopharmacological, group and individual counseling, specific theoretical models, and other treatment modalities. As outlined in the module, this should also include strengths and limitations of these approaches.

# Movie List

|  |  |
| --- | --- |
| *Forrest Gump* | *The King’s Speech* |
| *One Flew Over the Cuckoo’s Nest* | *A Beautiful Mind* |
| *Radio* | *The Fisher King (1991)* |
| *I am Sam* | *Awakenings (1990)* |
| *Shutter Island* | *The Soloist* |
| *Any Day Now* | *Take Shelter (2011)* |
| *There’s Something About Mary* | *Black Swan (2010)* |
| *Adam (2009)* | *He Loves me, He Loves Me Not (2002, France)* |
| *Breaking and Entering (2006)* | *The Beaver (2011)* |
| *Rain Man* | *It’s a Wonderful Life (1946)* |
| *Silent Fall (1994)* | *Silver Linings Playbook (2012)* |
| *To Kill A Mockingbird* | *Mr. Jones* |
| *Thumbsucker (2005)* | *Running with Scissors (2006)* |
| *Michael Clayton (2007)* | *Boy Interrupted (2009)* |
| *House of Sand and Fog (2003)* | *The Hours (2002)* |
| *Dead Poets Society (1989)* | *The Aviator (2004)* |
| *Matchstick Men (2003)* | *As Good As It Gets (1997)* |
| *Somethings Gotta Give (2003)* | *Panic Room (2002)* |
| *Kissing Jessica Stein (2002)* | *The Dryland (2010)* |
| *The Manchurian Candidate (2004)* | *The Upside of Anger (2005)* |
| *The Three Faces of Eve (1957)* | *What About Bob?* |
| *Psycho (1960)* | *Sybil (1976)* |
| *Swimming Pool (2002)* | *Frankie and Alice (2010)* |
| *Nurse Betty (2000)* | *Insomnia (2002)* |
| *Lost In Translation (2003)* | *Girl Interrupted (1999)* |
| *What’s Eating Gilbert Grape? (1993)* | *Boys Don’t Cry (1999)* |
| *Soldier’s Girl (2003)* | *We Need to Talk About Kevin (2012)* |
| *My First Mister (2001)* | *Little Miss Sunshine (2006)* |
| *Flight (2012)* | *Smashed (2012)* |
| *I’m Dancing As Fast As I Can (1982)* | *Memento (2000)* |
| *The Notebook (2004)* | *No Country For Old Men (2007)* |
| *Lakeview Terrance (2009)* | *Reign Over Me (2007)* |
| *Blue Jasmine (2013)* | *Leap Year (2010)* |
| *Kill Bill (2003; 2004)* | *What About Bob? (1991)* |
| *When A Man Loves A Woman (1994)* | *The Lost Weekend (1945)* |
| *Iris (2010)* | *Away From Her (2007)* |
| *A Clockwork of Orange (1971)* |  |

\*Students may request to do additional characters, but this request must be communicated **and** approved by the professor\*

**COUN 7250 Advanced Assessment and Diagnosis**

**Diagnosis and Assessment Case: Final Case Rubric**

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| --- | --- | --- | --- | --- |
| **Rating** | **Diagnosis and Assessment Skills** | **Exceeds Expectations**  **(Full credit)** | **Meets Expectations**  **(Full-partial credit)** | **Does not Meet Expectations**  **(Minimal credit)** |
|  | Summary of background information and intake | Able to identify and integrate intake information into providing a strong rationale for diagnosis decision-making | Provides a summary of the primary intake areas that correspond to diagnostic decision-making. | Unable to integrate intake information into the rationale for the diagnostic decision- making |
|  | Applies knowledge of testing and diagnosis to assessment process | Able to identify appropriate assessment tools required for this diagnosis. This includes a strong justification for the use of the assessment tool(s) or procedures | Provides a summary of the appropriate assessment tools and procedures required for this diagnosis. This includes providing support for the assessment recommendation | Unable to provide or limited rationale for the appropriate assessment tools and procedures for this diagnosis. |
|  | Identification of specific criteria and descriptors | Able to integrate intake, assessment and presenting information into a strong presentation of critical criteria and diagnostic descriptors | Provides a summary of intake, assessment and presenting information to support identification of critical criteria and diagnostic descriptors | Unable to provide intake, assessment and presenting information to support identification of critical criteria and diagnostic descriptors |
|  | Principal Diagnosis and Differential Diagnosis Rationale | Integration of all supporting information to provide a detailed and strong rationale for the Principal Diagnosis and Differential Diagnostic Rationale. This should include identifying significant culture, gender and other diagnostic issues | Integration of supporting information to provide a rationale for the Principal Diagnosis and Differential Diagnostic Rationale. This should include identifying significant culture, gender and other diagnostic issues | Unable to integrate supporting information to provide a rationale for the Principal Diagnosis and Differential Diagnostic Rationale, and not adequately addressing significant culture, gender and other diagnostic issues |
|  | Identify potential treatment recommendations | Provides a strong and well supported discussion of recommended treatment and therapy recommendations, based on empirical research. | Discusses recommended treatment and therapy recommendations, based on empirical research. | Unable to provide empirically supported recommendations for treatment or therapy. |
| **Overall Rating**:  **Feedback**: | | | | | |

**Cultural Bias in Diagnosis - Case Conceptualization Assignment**

**Rubric**

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| **Diagnostic Conceptualization Skills** | **Exceeds Expectations**  **(Full credit)**  **2 pts** | **Meets Expectations**  **(Full-partial credit)**  **1-2 pts** | **Does not Meet Expectations**  **(Minimal credit)**  **0-1 pts** |
| Summary of symptoms (onset, duration, intensity, precipitants) | Identifies all relevant biopsychosocial symptoms within case. Indicates onset, duration, intensity and precipitants of each symptom. | Identifies most of the relevant biopsychosocial symptoms within case. Indicates onset, duration, intensity and precipitants of each symptom. | Does not identify relevant biopsychosocial symptoms within case. Lacks information on onset, duration, intensity and precipitants of symptoms. |
| Diagnostic Decision-Making (initial diagnosis/es, differential diagnoses) | Identifies relevant diagnostic criteria, as evidenced by symptomology. Dictates initial diagnosis correctly, with applicable specifiers and Z codes. Considers multiple relevant differential diagnoses. | Identifies relevant diagnostic criteria, as evidenced by symptomology. Dictates initial diagnosis correctly, with applicable specifiers and Z codes. Considers at least one relevant differential. | Does not identify relevant diagnostic criteria. Dictates initial diagnosis, but lacks applicable specifiers and Z codes, or lacks differential diagnoses. |
| Client’s cultural background considerations (client’s culture, alternative/culturally-situated explanations for symptoms) | Describes known and relevant cultural identities/experiences of the client. Indicates multiple possible alternative, culturally-situated explanations for symptoms. | Describes some relevant cultural identities/experiences of the client. Indicates at least one possible alternative, culturally-situated explanation for symptoms. | Does not describe relevant cultural identities/ experiences of the client. Does not indicate a possible alternative, culturally-situated explanation for symptoms. |
| Student cultural considerations (cultural bias, relevant contextual factors impacting diagnostic criteria) | Describes multiple cultural identities/experiences that influence personal view of the symptom(s)/issue at hand. Indicates multiple contextual factors that impact diagnostic criteria. | Describes some cultural identities/experiences that influence personal view of the symptom(s)/issue at hand. Indicates some contextual factors that impact diagnostic criteria. | Does not Describe cultural identities/experiences that influence personal view of the symptom(s)/issue at hand. Does not indicate contextual factors that impact diagnostic criteria. |
| Rationale for Diagnosis | Integration of all supporting information to provide a detailed and strong rationale for the Initial Diagnosis and Differential Diagnoses. | Integration of all supporting information to provide a rationale for the Initial Diagnosis and Differential Diagnoses. | Does not integrate supporting information to provide a rationale for the Initial Diagnosis and Differential Diagnoses. |
| **Overall Score**: /10  **Feedback**: | | | |