**AUBURN UNIVERSITY**

**SYLLABUS**

**Course Number:** COUN 7250

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

**Credit Hours:** 3 Semester hours

**Prerequisites:** COUN 7320, COUN 7100 or 7950

**Meeting Day/Time:** Mondays 4:00 p.m. – 6:50 p.m.

**Meeting Room:** 2222Haley Center

**Instructor:** Han Na Suh, Ph.D.

**Email:** hzs0091@auburn.edu

**Phone:** (334) 844 - 7606

**Office:** 2060Haley Center

**Office Hours:** By appointment

**Syllabus Prepared & Revised:** January 2018; January 2019

**Required Text:**

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

\*\* Required reading articles for each week are included in the course content. Additional readings may be assigned.

**Recommended Text:**

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

**Course Description:**

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.

**Student Learning Outcomes:**

Upon completion of this course, students will be able to:

1. Apply assessment procedures for diagnosis and treatment planning in counseling;
2. Define the role of assessment and diagnosis in the counseling process;
3. Address issues and theories related to abnormal psychology and behavior;
4. Identify and apply ethical and legal guidelines pertaining to diagnosis;
5. Identify the criteria and components of specific diagnostic categories;
6. Evaluate (using the DSM-5) with consideration of all aspects of the individual’s biological, environmental, psychosocial, cultural, ethnic, racial, and physical attributes;
7. Discuss the reliability and validity factors that contribute to assessment and diagnosis;
8. Identify the cultural, gender, economic, or ethnic factors that influence assessment, diagnosis, and treatment planning;
9. Describe the influence of the developmental process on assessment and diagnosis;
10. Integrate assessment and diagnostic information into treatment planning for counseling.

**Course Content:**

Please note: This schedule is subject to change. Students should read the sections of the

DSM-5 corresponding to the topics scheduled, prior to coming into class.

**Weekly Reading**

\*\*Additional readings may be assigned as needed

Week 1

Pomeroy, E. C., & Anderson, K. (2013). The DSM-5 has arrived. *Social Work, 58*, 3, 197-200.

Week 3

Cole, M. A., Muir, J. J., Gans, J. J., Shin, L. M., D'Esposito, M., Harel, B. T., & Schembri, A. (2015). Simultaneous treatment of neurocognitive and psychiatric symptoms in veterans with post-traumatic stress disorder and history of mild traumatic brain injury: A pilot study of mindfulness-based stress reduction. *Military medicine*, *180*, 9, 956-963.

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*, *55*, 8, 905-913.

Week 4

Myers, N. L. (2010). Culture, stress and recovery from schizophrenia: Lessons from the field for global mental health. *Culture, Medicine, and Psychiatry*, *34*, 3, 500-528.

Subramanian, K., Sarkar, S., & Kattimani, S. (2017). Bipolar disorder in Asia: Illness course and contributing factors. *Asian Journal of Psychiatry*, *29*, 16-29.

Week 5

Leong, F. T., Okazaki, S., & Tak, J. (2003). Assessment of depression and anxiety in East Asia. *Psychological Assessment*, *15*, 3, 290.

Levine, D. S., Himle, J. A., Taylor, R. J., Abelson, J. M., Matusko, N., Muroff, J., & Jackson, J. (2013). Panic disorder among African Americans, Caribbean blacks and non-Hispanic whites. *Social Psychiatry and Psychiatric Epidemiology*, *48*, 5, 711-723.

Week 6

Chavira, D. A., Garrido, H., Bagnarello, M., Azzam, A., Reus, V. I., & Mathews, C. A. (2008). A comparative study of obsessive‐compulsive disorder in Costa Rica and the United States. *Depression and Anxiety*, *25*, 7, 609-619.

Weiss, B. J., Garvert, D. W., & Cloitre, M. (2015). PTSD and trauma‐related difficulties in sexual minority women: The impact of perceived social support. *Journal of Traumatic Stress*, *28*, 6, 563-571.

Week 7

Goldsmith, R. E., Cheit, R. E., & Wood, M. E. (2009). Evidence of Dissociative Amnesia in Science and Literature: Culture-Bound Approaches to Trauma in. *Journal of Trauma & Dissociation*, *10*, 3, 237-253.

So, J. K. (2008). Somatization as cultural idiom of distress: rethinking mind and body in a multicultural society. *Counselling Psychology Quarterly*, *21*, 2, 167-174.

Week 9

Arkell, J., & Robinson, P. (2008). A pilot case series using qualitative and quantitative methods: biological, psychological and social outcome in severe and enduring eating disorder (anorexia nervosa). *International Journal of Eating Disorders*, *41*, 7, 650-656.

Week 10

Brendan S. Abel (2014). Hormone treatment of children and adolescents with gender dysphoria: An ethical analysis. LGBT Bioethics: Visibility, Disparities, and Dialogue, special report, *Hastings Center Report, 44*, 5, 23-27.

Puszczyk, M., & Czajeczny, D. (2017). Gender dysphoria and gender variance in children–diagnostic and therapeutic controversies. *Archives of Psychiatry and Psychotherapy*, *19*, 3, 34-42.

Week 11

Betancourt, T. S., Rubin-Smith, J. E., Beardslee, W. R., Stulac, S. N., Fayida, I., & Safren, S. (2011). Understanding locally, culturally, and contextually relevant mental health problems among Rwandan children and adolescents affected by HIV/AIDS. *AIDS care*, *23*, 4, 401-412.

Croff, R. L., Rieckmann, T. R., & Spence, J. D. (2014). Provider and state perspectives on implementing cultural-based models of care for American Indian and Alaska Native patients with substance use disorders. *The Journal of Behavioral Health Services & Research*, *41*, 1, 64-79.

Week 12

Winsper, C., Lereya, S. T., Marwaha, S., Thompson, A., Eyden, J., & Singh, S. P. (2016). The aetiological and psychopathological validity of borderline personality disorder in youth: a systematic review and meta-analysis. *Clinical psychology review*, *44*, 13-24.

Narayanan, G., & Rao, K. Personality Disorders in the Indian Culture: Reconsidering Self-Perceptions, Traditional Society and Values. *Psychological Studies*, 1-10.

**Course Requirements:**

1. Complete 9 quizzes (90 pts)
2. Complete mid-term examination (50 pts)
3. Complete final examination (100 pts)
   * The midterm and final examinations will consist of some multi-choice questions and a series of written case vignettes. As for case vignettes, you will derive and justify a DSM-5 diagnosis for each client, including your reasoning, cultural issues, and any differential diagnoses considered.
4. Complete final presentation project (100 pts; extra 20 pts)
   * The final projects will be group presentations, based on assigned identities during the first week of the semester. Students will select a case for approval by Feb 13. Presentations need to consist of the following components:
     1. A case vignette that includes the identity aspect you are assigned to (20 pts);
     2. Describe the disorder with reasoning (20 pts);
     3. When diagnosing, discuss on one or more controversial issues in diagnosis regarding the cultural issues regarding the identity (20 pts);
     4. A set of comprehensive and culturally appropriate treatment plans for the diagnoses, including assessment instruments and/or methods and treatment plans (20 pts);
     5. How you will present this diagnosis and treatment plan to the client in the session via role play (extra 20 pts);
   * A maximum 3-pages reflection papers will be submitted individually (20 pts).
   * You should include the following note at the beginning and end of your presentation:

**ETHICS NOTE** It is Unethical to Diagnose or Offer a Clinical assessment of someone in the public arena without a) Clinically Informed txt and/or Assessment of the person, and B) Informed consent to share results of that assessment from said person. This exercise is class-based and meant to mimic assessment and diagnosis on real-life clients. This presentation is not based on confirmed personal details and should not be considered an accurate assessment or Diagnosis of the public figure within.

**Grading and Evaluation Procedures:**

The final grade for the course will be based in the following:

Quizzes (9 worth 10 Pts Each, 90 Pts)

Mid-term Examination (50 Pts)

Final Examination (100 Pts)

Final Project (100 Pts)

Total: 340 Points (100%)

All assignments are due on the announced date, at the *start* of class. Late assignments will be penalized 5% for each late day. Exceptions to this policy will only be given in cases of medical or personal emergencies.

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. Any unexcused absences will result with 5 points deduction. Also, students will not be permitted to make-up Quizzes as a result of unexcused absences.
2. Cellphones, Tablets, Laptops:

Use of electronic devices during class is not allowed without permission. Under no circumstances should text messages be read or sent during class. Tablets and laptops are to be used only for notetaking or for other purposes. No web browsers should be open without permission.

1. 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 AU Student Policy eHandbook <http://www.auburn.edu/student_info/student_policies/> for more information on excused absences.
2. Make-Up Policy: Arrangement to make-up a missed major examination (e.g., mid-term exam) due to properly authorized excused absences must be initiated by the student within one week of the end of the period of the excused absence(s). Except in extraordinary circumstances, no make-up exams will be arranged during the last three days before the final exam period begins.
3. Academic Honesty Policy: All portions of the Auburn University student academic honesty code (Title XII) found in the AU Student Policy eHandbook <http://www.auburn.edu/student_info/student_policies/> 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.
4. Disability Accommodations: Students who need accommodations are asked to *electronically submit their approved accommodations through AU Access and to* *arrange a meeting during office hours the first week of classes, 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, make an appointment with the Office of Accessibility, 1228 Haley Center, 844-2096 <https://accessibility.auburn.edu/>
5. 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.
6. 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 including content as specified by the Council for the Accreditation of Counseling and Related Programs (CACREP) and the American Psychological Association (APA). All academic content approved by CACREP and APA 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.

**Weekly Schedule**

**\*\*\*Students should read the sections of the DSM-5 corresponding to the topics scheduled, prior to coming into class.**

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| **Weeks** | **Topics** | **Quiz/Assignments** | **Readings** |
| Week 1  (1/14) | Syllabus Review DSM Basics Differential Diagnosis V-codes Mental State Exam |  | Pomeroy & Anderson (2013) |
| Week 2  (1/21) | M.L.K. Jr. Day - No Class |  |  |
| Week 3  (1/28) | Neurodevelopmental Disorders Neurocognitive Disorders | Quiz 1 | Morgan et al. (2014) Cole et al. (2015) |
| Week 4  (2/4) | Schizophrenia Spectrum and Other Psychotic Disorders Bipolar and Related Disorders | Quiz 2 | Myers (2010) Subramanian et al (2017) |
| Week 5  (2/11) | Depressive Disorders Anxiety Disorders | Quiz 3 | Leong et al (2003) Levine et al (2013) |
| Week 6  (2/18) | Obsessive-Compulsive Disorders Trauma and Stressor-Related Disorders | Quiz 4 | Chavira et al (2008) Weiss et al (2015) |
| Week 7  (2/25) | Dissociative Disorders Somatic Symptom and Related Disorders Cultural Formulation | Quiz 5 | Goldsmith et al (2009) So (2008) |
| Week 8  (3/4) | Midterm Exam | Midterm Exam |  |
|  | Spring Break - No Class |  |  |
| Week 10  (3/18) | Feeding and Eating Disorders Elimination Disorders Sleep-Wake Disorders | Quiz6 | Arkell & Robinson (2008) |
| Week 11 (3/25) | Sexual Dysfunction Gender Dysphoria | Quiz7 | Abel (2014) Puszczyk & Czajeczny (2017) |
| Week 12  (4/1) | Disruptive, Impulse-Control, and Conduct Disorder Substance-Related and Addictive Disorders | Quiz8 | Betancourt et al (2011) Croff et al (2014) |
| Week 13  (4/8) | Personality Disorders Paraphilic Disorders Alternative DSM-5 Model for Personality Disorders | Quiz9 | Winsper et al (2016) Narayanan & Rao (2018) |
| Week 14  (4/15) | Presentation (1) (2) | Final Presentation |  |
| Week 15 (4/22) | Presentation (3) (4) | Final Presentation |  |
| Week 16  (4/29) | Finals Week | Final Exam |  |