**COUN 7250**

Advanced Assessment & Diagnosis in Counseling

***Summer 2024***

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

**College of Education**

Instructor Information:

**Evelyn A. Hunter, PhD**

**Associate Professor**

**2052 Haley Center**

**eac0006@auburn.edu**

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Office Hours:

**by appointment**

**This course is reserved for students enrolled in graduate programs of the SERC department 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: Evelyn A. Hunter, PhD**

**Contact Info: 2052 Haley (mail: 2084); eac0006@auburn.edu**

**Class Meeting: Haley 2011 11am-1:30pm; Section D01: Asynchronous Online**

**Office Hours: by appointment:** [**https://aub.ie/evelyn-hunter**](https://aub.ie/evelyn-hunter)

**2. Date Syllabus Prepared:** May 2024

**3. Required Readings:**

* **American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.).**[**https://doi.org/10.1176/appi.books.9780890425787**](https://doi.org/10.1176/appi.books.9780890425787)
	+ *The DSM 5 and the DSM 5 Handbook of Differential Diagnosis (recommended resource) are available through the Auburn Library (you will be required to sign it with your AU User ID and Password). You may choose to purchase your own copy or utilize the library resource.*
	+ To view: auburn.edu > Libraries> Databases > Psychiatry Online
* **Symptom Media Online Resource (Cost $30)**
	+ Step 1: Visit: [https://symptommedia.com/subscribe/single-user-license/](https://nam11.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsymptommedia.com%2Fsubscribe%2Fsingle-user-license%2F&data=05%7C01%7Ceac0006%40auburn.edu%7C7e13b97463b24007e87508db3c6dd809%7Cccb6deedbd294b388979d72780f62d3b%7C1%7C0%7C638170214711264466%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=bG7c3M6r6R5S4rRjZ%2FMlazeVEIzUSe75MDBSyviz%2Bcc%3D&reserved=0)
	+ Step 2: Select the **up front payment options:** 4 month subscription for $300
	+ Step 3: On the checkout page, enter the following coupon code: **Auburn**
	+ Step 4: Click the blue "Apply" button, which will apply a 90% discount ($30)
	+ Step 5: Complete the purchase and register your email and password
* **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: 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. (2014). (Ed.). *DSM V Handbook of Differential Diagnosis.* Arlington, VA: American Psychiatric Publishing.

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.

Upon course completion students will:

1. Learn HOW TO Learn the DSM diagnostic classification system (CACREP V.C.2.d)
2. Investigate ways to add to the body of knowledge by continuing to question what we know diagnostically?(CACREP V.C.2.d)
3. Understand the advantages and disadvantages of using diagnostic systems, and especially the DSM. (CACREP V.C.2.d)
4. Understand the relationship between assessment, testing, and diagnostics (CACREP II.F.7.l; II.F.7.a; II.F.7.b; II.F.7.k)
5. Be familiar with the diagnostic categories in the DSM, including the major characteristics of the major categories. (CACREP V.C.2.d)
6. Apply diagnostic knowledge and skills (including differential diagnoses) when given sample case descriptions. (CACREP V.C.2.d)
7. Be familiar with some specific treatments associated with some specific diagnoses, including therapeutic and common psychopharmacological techniques. (CACREP V.C.2.h)
8. Understand the relationship between ICD 9/10 and the DSM. (CACREP V.C.2.d)
9. Be familiar with how diversity (e.g., factors such as culture, ethnicity, and gender) impacts diagnosis.
10. Understand health disparities as they relate to mental health diagnosis and treatment issues.
11. Be familiar with ethical issues that attend the diagnostic process.
12. Be knowledgeable about the relationship between diagnosis and treatment and the current limitations of the relationship.
13. Understand the significant changes made to construct the DSM 5 and the issues attendant to those changes.

**6.** **Course Content** **and Schedule:** Course content and schedule is outlined below. This is subject to change at instructor discretion.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEEK** | **DATE** | **CLASS TOPIC/ACTIVITIES** | **READINGS DUE** | **ASSIGNMENTS DUE** |
| 1 | May 21 | Course Intro. Introduction to DSM 5. Cultural/Values Issues. Major Diagnostic Categories. The role of assessment in Diagnosis. Connecting Diagnosis to Treatment. | Syllabus**DSM-5TR Sections:**Key Conceptual Frameworks/ApproachesUse of the Manual |  |
| 2 | May 28 | Differential Diagnoses. Neurodevelopmental Disorders. Feeding and Eating Disorders. Disruptive Impulse-Control. | Article #1 (see required readings)**DSM-5TR Sections:**Neurodevelopmental DisordersFeeding and Eating Disorders Disruptive, Impulse-Control, and Conduct |  |
| 3 | June 4 | Schizophrenia Spectrum and Other Psychotic Disorders. Using the Cultural Formulation Interview | Article #2**DSM-5TR Sections:**Schizophrenia SpectrumCultural and Psychiatric Diagnosis | Disparity Discussion Board Due |
| 4 | June 11 | Depression, Bipolar & Related Disorders. Suicide.\*Reminder: Select your Case Movie | Article # 3**DSM-5TR Sections:**Bipolar and Related DisordersDepressive Disorders | Construct-a-Case Due |
| 5 | June 18 | Anxiety disorders, Obsessive-compulsive & related disorders, and Trauma and stress-related disorders.  | **DSM-5TR Sections:**Anxiety DisordersTrauma and Stressor Related Disorders | Construct-a-Case Diagnosis Due |
| 6 | June 25 | Personality Disorders. Dissociative Disorders. | **DSM-5TR Sections:**Dissociative DisordersPersonality Disorders | Case Conceptualization Due Midterm Case Exam Open |
| 7 | July 2 | NO CLASS |  |  |
| 8 | July 9 | Neurocognitive Disorders. Somatic Disorders.  | Article #4**DSM-5TR Sections:**Neurocognitive DisordersSomatic Disorders | Midterm Exam Due |
| 9 | July 16 | Paraphilic Disorders. Sexual Dysfunctions. Gender Dysphoria. Sleep-Wake Disorders. Elimination Disorder. | **DSM-5TR Sections:**Sexual DysfunctionsGender DysphoriaSleep-Wake DisordersElimination Disorders | Discussion Board replies should be complete by today |
| 10 | July 23 | Case Study Presentations |  | Case Study & Presentations Due  |

**7. Course Requirements/Evaluation:**

**Mental Health Disparities Discussion and Reply**: You will be assigned a particular “identity” at the outset of the semester and a corresponding diagnostic category. 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 discussion board** (1/2-1 page)**. Before the end of the semester, you will reply to two (2) other discussion board posts** with comments related to comparing and contrasting your researched mental health disparity with the post you are commenting on. Students may also be asked to spend 5-10 minutes sharing knowledge on health disparities during class periods.

**Construct-a-Case**: **You will construct a case and submit the case and diagnosis in Canvas. Then, post the CASE ONLY to the Canvas Discussion Board**. You SHOULD NOT post the diagnostic answer to your case on the discussion board. 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.

**Construct-a-Case Diagnosis**: After posting your case on the discussion board, you will choose 1 case submitted by your classmates and attempt to diagnose the case. **When you have selected the case you would like to attempt, post SELECTED underneath so that each classmate selects a different case**. Your discussion board reply should include your diagnosis and rationale.

**Case Conceptualization Worksheet:** Students will complete a case conceptualization worksheet to identify symptomology, diagnostic criteria and impressions, and cultural factors relevant to diagnostic decision-making. You will have the opportunity to select one (of 2) cases to conceptualize. Utilizing the case conceptualization worksheet (available on Canvas) you will conceptualize the case using the worksheet prompts provided.

**Midterm Case Exam**: One (1) midterm case exam will be administered 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.** 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).

**Case Study and Presentation**: The major assignment for the class is a case study (4-6 pages) and in class/recorded presentation (35-45 minutes). You will select a character from a movie. Utilizing course material, empirical literature (i.e., articles from research databases), and self-reflection, your task will be to diagnose the character (including differential diagnoses) and discuss treatment options for the character. This will require you to research the background and experiences of your movie character. You will be allowed to treat client report, collateral report, your observation, and public information (e.g., fan fiction, director cuts, etc.) 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 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! Assignment details follow on the next page. An approved Movie list is located in the Appendix of this syllabus.

**Case Study & Presentation Components**

You will draft a 4-6 page case study in APA format and create a 35-45 minute in class OR recorded presentation outlining your case study. All data included in the report must be written using professional language, based on evidence provided in the media source, and supported with a sound clinical rationale. Students are encouraged to consider and document multiple sources of information (e.g., client report, collateral report, observation).

**Components**

***Ethics Note:*** All case study components, including written report and presentation should begin with the following 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.*

***Assessment & Intake (5 pts total)*:** 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. Specifically, you should include the following components in this section:

* **Brief (3-5 min) review of the movie and Background of Character**
* **Presenting Problem/ Biopsychosocial history: 1point**
	+ Client presenting problem and biopsychosocial history. Include a picture or video of the client.
* **Mental Status Report: 1 point**
* **Assessment: 3 points**
	+ Include relevant assessment instruments (at least 2) you would utilize to confirm your diagnosis of this client, rationale for the choice, and results you might expect from each assessment.

***Diagnostic Considerations (5 pts)*:** 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. Specifically, you should include the following components in this section:

* **Differential Diagnosis(es): 2 points**
	+ Differential Diagnosis: What diagnosis(es) did you consider and rule out for this client. Be specific in criteria used to rule out.
* **Cultural Considerations: 3 points**
	+ Cultural Considerations and Relevant Therapist Characteristics that might affect txt
	+ Utilize at least two questions from the Cultural Formulation Interview that would allow you to understand cultural aspects relevant to assessment/diagnosis and treatment planning
	+ Identify relevant health disparity issues for your client’s cultural background and any empirical resources related to diagnosis and treatment.

***Principal Diagnosis & Rationale (7.5 pts)*:** Outline your 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. Specifically, you should include the following components in this section:

* **DSM 5 Diagnosis(es): 5.5 points**
	+ Diagnosis**:** What is/are the DSM 5 diagnosis(es) you would assign this client based on your assessment
* **Cultural Differential: 2 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 are questions may get you started and guide you in this section.
		- 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?
	+ assessment?

***Potential Treatment Recommendations (7.5 pts)*:** You are asked to develop a brief summary 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. Specifically, you should include the following components in this section:

* **Evidenced-based Treatment Plan (goals/objectives) w/ Empirical Justification: 6.5 points**
	+ Treatment Planning**:** What treatment would be best for this client?
	+ Identify 3 treatment goals.
	+ 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.
	+ Would you recommend this client to a psychiatric provider, would that be supported by evidence, and if so, what might you expect the providers initial suggestions based on your diagnosis?
	+ Therapeutic Strengths and Weaknesses**:** The positives and negatives of your treatment choice
* **References: 1 point**

**Overall Course Evaluation**:

**Assessments**

 Midterm Case Exam 25 Points

**Writing Assignments**

 Construct-a-Case 10 points

 Construct-a-Case Diagnosis 10 points

 Case Conceptualization Worksheet 20 points

 MH Disparities Discussion Board 6 points

 MH Disparities Discussion Reply (2@2pts) 4 points

**Course Presentations**

Case Study & Presentation 25 points

**Total 100 points**

**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

**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: Attendance is required and students are expected to attend all class meetings. Active, cooperative, and collaborative learning are strongly emphasized in this class. Thus, open and active participation is expected from students.

*On Campus/ Synchronous Learners*: **Students with more than one unexcused absence will result in an Unsatisfactory/F 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.**

*Asynchronous Learners*: Class attendance is measured by engagement in the online learning content (i.e., recorded lecture material). **Students are required to view a minimum of 80% of the recorded lecture content to meet the attendance requirement in this class.** (This is equivalent to 1 unexcused absence in a traditional in-person class context). This engagement will be measured utilizing the Panopto Recording viewer analytics. **Students with less than 80% recorded lecture engagement will receive an Unsatisfactory/F grade in this 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) and Council for Accreditation of Counseling and Related Educational Programs (CACREP). This includes rigorous evaluation standards of students completing the student learning outcomes specified in this syllabus.

**APPENDIX**

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)* |  |