



## **COUN 540: Psychopathology and Diagnosis in Counseling**

Course Syllabus: Summer II 2022

Online Course

### **INSTRUCTOR INFORMATION**

**Instructor:** Chris Simpson, PhD, LPC-S

**Office Location:** Binnion 226B

**Office Hours:** Monday 3:5pm; Tuesday 11am-2pm

**University Email Address:** chris.simpson@tamuc.edu

**Preferred Method of Communication:** Email

**Communication Response Time:** 24-48 hours

### **COURSE INFORMATION**

#### **Materials – Textbooks, Readings, Supplementary Readings**

##### **Required Textbook**

Kress, V. E., & Paylo, M. J. (2015). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Pearson Education.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Author.

##### **Recommended Textbook**

American Psychological Association. (2019). *Publication manual of the American Psychological Association* (6th ed.). Author.

##### **Required Supplemental Readings**

Alarcón, R. D. (2014). Cultural inroads in DSM-5. *World Psychiatry, 13*, 310-313.  
doi:10.1002/wps.20000

Braun, S. A., & Cox, J. A. (2005). Managed mental health care: Intentional misdiagnosis of mental disorders. *Journal of Counseling & Development, 83*, 425-433.

Ghaemi, S. N. (2014). DSM-5 and the miracle that never happens. *Acta Psychiatrica Scandinavica, 129*, 410-412. doi: 10.1111/acps.12263

Kress, V. E., Barrio Minton, C. A., Adamson, N. A., Paylo, M. J., & Pope, V. (2014). The removal of the multiaxial system in the DSM-5: Implications and practice suggestions for counselor. *The Professional Counselor, 4*, 191-201. doi:10.15241/vek.4.3.191

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Kress, V. E., Hoffman, R. M., Adamson, N., & Eriksen, K. (2013). Informed consent, confidentiality, and diagnosing: Ethical guidelines for counselor practice. *Journal of Mental Health Counseling, 35*, 15-28.

Polanski, P. J., & Hinkle, J. S. (2000). The mental status examination: Its use by professional counselors. *Journal of Counseling & Development, 78*, 357-364. doi:10.1002/j.1556-6676.2000.tb01918.x

Schmit, E. L., & Balkin, R. S. (2014). Evaluating emerging measures in the DSM-5 for counseling practice. *The Professional Counselor, 4*, 216-231. doi:10.15241/els.4.2.216

Seligman, L. (2004). Intake interviews and their role in diagnosis and treatment planning. In *Diagnosis and treatment planning in counseling* (3rd ed.; pp. 138-159). New York: Kluwer.

Ustun, T. B., Kostanjsek, N., Chatterji, S., & Rehm, J. (2010). *Measuring health and disability: Manual for WHO Disability Assessment Schedule [WHODAS 2.0]*. Geneva, Switzerland: World Health Organization.

## **COURSE DESCRIPTION**

### **Catalogue Description of the Course**

#### *COUN 540: Diagnosis and Treatment Planning in Counseling*

Principles and models of biopsychosocial assessment, case conceptualization, and treatment planning for counseling applications within a managed care framework. DSM diagnosis and differential diagnosis formulations, disorder prevention and intervention, and promotion of optimal mental health within counseling settings are studied.

### **General Course Information**

Diagnosis and treatment planning in counseling is intended to provide counseling students with practical training in diagnostic procedures, use of assessment for diagnostic and treatment planning purposes, and exploration of theories and etiology of various DSM disorders. Emphasis of this course is placed on practical applications of DSM diagnosis to treatment planning and counseling interventions.

### **Student Learning Outcomes**

#### **2016 CACREP Standards Addressed in COUN 597**

<b>CACREP Standard</b>	<b>Learning Activity</b>	<b>Assignment</b>	<b>Assessment</b>	<b>Benchmark</b>
5.C.1.b. theories and models related to clinical mental health counseling	-Schmit & Balkin (2014) -Kress & Paylo Chapters 1, 2 & 3	-Guiding Theory Theory Treatment Goals Worksheet	1. Guiding Theory Treatment Goals Worksheet Rubric 2. Fictional Case Study Rubric	1.& 2. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation

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		-Fictional Case Study		
5.C.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	-Kress et al. (2013) -Kress & Paylo pp. 216- 220	- Guiding Theory Treatment Goals Worksheet -Fictional Case Study	1. Guiding Theory Treatment Goals Worksheet Rubric 2. Fictional Case Study Rubric	1.& 2. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.1.d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders	- Kress & Paylo Chapters 8 & 13	-Fictional Case Study	1. Fictional Case Study Rubric	1. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.1.e. psychological tests and assessments specific to clinical mental health counseling	-WHODAS manual -Polanski & Hinkle (2000)	-Peer Biopsychosocial History & Tx Plan	1. Peer Biopsychosocial History & Tx Plan Rubric	1. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.2.a. roles and settings of clinical mental health counselors	-Seligman 2004 Kress, Hoffman,, Adamson & Eriksen (2013)	-Fictional Case Study	1. Fictional Case Study Rubric	1. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.2.b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	-Kress & Paylo Chapters 4, 5 & 15 -Schmit & Balkin (2014)	-Fictional Case Study	1. Fictional Case Study Rubric	1. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.2.c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks	- Kress, - Barrio Minton, Adamson, Paylo & Pope (2014).	-Fictional Case Study	1. Fictional Case Study Rubric	1. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.2.d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of	-Alarcón (2014) -Kress & Paylo Chapters 4 & 5 DSM pp. 5-25; 31-86; 87-360;	-Fictional Case Study	1. Fictional Case Study Rubric 2. Peer Biopsychosocial History & Tx Plan Rubric	1.& 2. ≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation

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Mental Disorders (DSM) and the International Classification of Diseases (ICD)	461-684; 715-727; 733-782			
5.C.2.e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	Kress & Paylo Chapter 8 & 13	-Fictional Case Study	1. Fictional Case Study Rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation
5.C.2.f. impact of crisis and trauma on individuals with mental health diagnoses	Kress & Paylo Chapter 7	-Fictional Case Study	1. Fictional Case Study Rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation
5.C.2.g. impact of biological and neurological mechanisms on mental health	-Kress & Paylo Chapter 13	-Fictional Case Study	1. Fictional Case Study Rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation

**Content Areas include, but are not limited to, the following:**

I. Assessment

A. Biopsychosocial assessment

1. biological, neurological, and physiological factors that affect human development, functioning, and behavior

B. Intake interview

C. Cultural formulation interview

D. Interpreting assessment results

E. Psychological test

F. Mental status exam

II. Diagnosis

A. Diagnostic process

B. Differential diagnosis

C. Etiology

D. Diagnostic and Statistical Manual of Mental Disorders (DSM)

E. International Classification of Diseases (ICD)

III. Case Conceptualization

A. Counseling Theory

B. Cultural factors

IV. Treatment Planning

A. Use of assessment and diagnosis to formulate treatment goals

B. Use of counseling theory to formulate treatment goals

C. Constructing evidence-based treatment plans

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- D. Selecting evidence-based counseling interventions

## **COURSE REQUIREMENTS**

### **Minimal Technical Skills Needed**

In this class, you will utilize the Learning Management System (LMS) entitled D2L for portions of instructional and learning methods, submitting assignments, participating in online discussions, and completing quizzes. You will need to utilize other technologies such as Microsoft Word, PowerPoint, etc. If you have issues with this system, it is your responsibility to contact the help desk immediately.

### **Instructional Methods**

This course consists of lecture and didactic learning methods, small group discussions, and in-class assignments, and experiential learning and practical application. When we are not meeting face to face, you will be expected to participate and complete all online tasks via D2L. In addition to this, small lecture, discussion, activities, and workshops may be utilized during this course.

### **Student Responsibilities or Tips for Success in the Course**

As a student in this course, you are responsible for the active learning process. Expectations of this course include the following:

1. You are expected to display professionalism at all times. Be respectful of your professor and peers. Be open to feedback, as you will receive this throughout the program.
2. Prepare for classes. Complete any and all readings prior to class time.
3. Complete all assignments by the deadline.
4. Adhere to the university student code of conduct.
5. Participate. During face-to-face classes, you are expected to actively participate in all activities and discussion. In the online format, you are expected to participate in all online discussions/activities. This is crucial to your learning.
6. All writing assignments must be done according to APA 7<sup>th</sup> edition standards.
7. Regularly check your University email. My suggestion is to check this at least once a day as your instructors and others from the department and University may contact you.
8. Begin your readings ASAP. Sometimes it may take more than one attempt to digest the material.
9. Deadlines are the last possible moment something is due—not the first moment to start. Work ahead. I realize this may not always be possible; however, when you can, do so.
10. Be open to the process. This degree takes time, work, effort, and growth.

### **Assignments/Assessments**

1. **Guiding Theory Treatment Goals Worksheet (30 points):** Students research common counseling goals of their identified guiding theory. Students complete the

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corresponding worksheet before class on due date (see Appendix A). It is recommended students bring two copies to class (one to turn in, one to reference during group discussion). Although students may share resources within guiding theory groups, this is an individual assignment. Thus, duplicated worksheets will be graded as plagiarism, a form of cheating.

**Guiding Theory Treatment Goals Worksheet Rubric**

	1 – Does Not Meet Expectation	2 – Meets Expectation	3 – Exceeds Expectation
Summary of Theory Perspective (10 points)	Summary of Theory Perspective was vague and incomplete; no empirical evidence provided; not representative of graduate level work (0-4.5 points)	Summary of Theory Perspective was fairly clear and missing one or two key points; empirical evidence provided; representative of graduate level work (4.6-7.9 points)	Summary of Theory Perspective was clear and complete with no missing information; empirical evidence provided; representative of graduate level work (8-10 points)
Tx Planning Table (10 points)	Treatment Planning Table was incomplete or missing; no evidence of using previous literature to understand theoretical orientation; not representative of graduate level work (0-4.5 points)	Treatment Planning Table was fairly complete or missing only one or two key points; evidence of using previous literature to understand theoretical orientation; representative of graduate level work (4.6-7.9 points)	Treatment Planning Table was complete with no missing information; evidence of using previous literature to understand theoretical orientation; representative of graduate level work (8-10 points)
Writing Style (10 points)	Writing style was vague and difficult to understand while missing multiple points of the assignment. (0-4.5 points)	Writing style was reasonably easy to understand but missing one or two key points. (4.6-7.9 points)	Writing style was easy to understand without any missing information. (8-10 points)

- 2. Peer Biopsychosocial History and Treatment Plan (30 points):** Students demonstrate understanding of concepts and develop assessment and clinical writing skills by

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constructing a biopsychosocial history and treatment plan with justification regarding a wellness issue for a classmate. Please see Appendix B for assignment guidelines.

**Peer Biopsychosocial History and Treatment Plan Rubric**

	1 – Does Not Meet Expectation	2 – Meets Expectation	3 – Exceeds Expectation
Biopsychosocial (10 points)	Biopsychosocial was vague and incomplete; no empirical evidence provided; not representative of graduate level work (0-4.5 points)	Biopsychosocial was fairly clear and missing one or two key points; empirical evidence provided; representative of graduate level work (4.6-7.9 points)	Biopsychosocial was clear and complete with no missing information; empirical evidence provided; representative of graduate level work (8-10 points)
Treatment Plan (10 points)	Treatment Plan was incomplete or missing; no evidence of using previous literature to understand theoretical orientation; not representative of graduate level work (0-4.5 points)	Treatment Plan was fairly complete or missing only one or two key points; evidence of using previous literature to understand theoretical orientation; representative of graduate level work (4.6-7.9 points)	Treatment Plan was complete with no missing information; evidence of using previous literature to understand theoretical orientation; representative of graduate level work (8-10 points)
Writing Style (10 points)	Writing style was vague and difficult to understand while missing multiple points of the assignment . (0-4.5 points)	Writing style was reasonably easy to understand but missing one or two key points. (4.6-7.9 points)	Writing style easy to understand without any missing information. (8-10 points)

- 3. Fictional Case Study (40 points):** Students will select a character from a book, television program, or film to serve as the basis for a comprehensive case study including a biopsychosocial history, DSM-5 diagnostic summary, and a comprehensive evidence-based treatment plan with justification. Please see Appendix C for assignment guidelines.



**Fictional Case Study Rubric**

	1 – Does Not Meet Expectation	2 – Meets Expectation	3 – Exceeds Expectation
Presenting Problem (15 points)	Presenting Problem was vague and incomplete; no empirical evidence provided; not representative of graduate level work (0-6.9points)	Presenting Problem was fairly clear and missing one or two key points; empirical evidence provided; representative of graduate level work (7-12.9 points)	Presenting Problem was clear and complete with no missing information; empirical evidence provided; representative of graduate level work (13-15 points)
Biopsychosocial & MSE (10 points)	Biopsychosocial & MSE were incomplete or missing; no evidence of using previous literature to understand theoretical orientation; not representative of graduate level work (0-4.5 points)	Biopsychosocial & MSE were fairly complete or missing only one or two key points; evidence of using previous literature to understand theoretical orientation; representative of graduate level work (4.6-7.9 points)	Biopsychosocial & MSE were complete with no missing information; evidence of using previous literature to understand theoretical orientation; representative of graduate level work ( 8-10 points)
Treatment Plan (5 points)	Treatment Plan was vague and difficult to understand while missing multiple points of the assignment . (0-2.5 points)	Treatment Plan was reasonably easy to understand but missing one or two key points. (2.6-3.9 points)	Treatment Plan easy to understand without any missing information. (4-5 points)

**GRADING**

Final grades in this course will be based on the following scale:

90%-100%	A
80%-89%	B
70%-79%	C
60%-69%	D
< 59%	F

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<b>Assignment/Assessment</b>	<b>Point Value</b>
Guiding Theory Treatment Goals Worksheet	30
Peer Biopsychosocial History and Treatment Plan	30
Fictional Case Study	40

Total points possible = 100. Your Final Grade is determined adding the point values earned from each assignment and dividing by 100. For example:  $(84 \text{ [points earned]}/100) = 84\%$

Assignments are due on the day noted in the syllabus. Unless noted otherwise, all assignments are due at the beginning of the class period. Late assignments will have 10% deduction per day late from the final score. After three days, the assignment will no longer be accepted unless prior arrangements have been made with the course instructor.

## **TECHNOLOGY REQUIREMENTS**

### **Browser support**

D2L is committed to performing key application testing when new browser versions are released. New and updated functionality is also tested against the latest version of supported browsers. However, due to the frequency of some browser releases, D2L cannot guarantee that each browser version will perform as expected. If you encounter any issues with any of the browser versions listed in the tables below, contact D2L Support, who will determine the best course of action for resolution. Reported issues are prioritized by supported browsers and then maintenance browsers.

Supported browsers are the latest or most recent browser versions that are tested against new versions of D2L products. Customers can report problems and receive support for issues. For an optimal experience, D2L recommends using supported browsers with D2L products.

Maintenance browsers are older browser versions that are not tested extensively against new versions of D2L products. Customers can still report problems and receive support for critical issues; however, D2L does not guarantee all issues will be addressed. A maintenance browser becomes officially unsupported after one year.

Note the following:

- Ensure that your browser has JavaScript and Cookies enabled.
- For desktop systems, you must have Adobe Flash Player 10.1 or greater.
- The Brightspace Support features are now optimized for production environments when using the Google Chrome browser, Apple Safari browser, Microsoft Edge browser, Microsoft Internet Explorer browser, and Mozilla Firefox browsers.

### Desktop Support

Browser	Supported Browser Version(s)	Maintenance Browser Version(s)
Microsoft® Edge	Latest	N/A
Microsoft® Internet Explorer®	N/A	11
Mozilla® Firefox®	Latest, ESR	N/A
Google® Chrome™	Latest	N/A
Apple® Safari®	Latest	N/A

### Tablet and Mobile Support

Device	Operating System	Browser	Supported Browser Version(s)
Android™	Android 4.4+	Chrome	Latest
Apple	iOS®	Safari, Chrome	The current major version of iOS (the latest minor or <b>point</b> release of that major version) and the previous major version of iOS (the latest minor or <b>point</b> release of that major version). For example, as of June 7, 2017, D2L supports iOS 10.3.2 and iOS 9.3.5, but not iOS 10.2.1, 9.0.2, or any other version.  Chrome: Latest version for the iOS browser.
Windows	Windows 10	Edge, Chrome, Firefox	Latest of all browsers, and Firefox ESR.

- You will need regular access to a computer with a broadband Internet connection. The minimum computer requirements are:
  - 512 MB of RAM, 1 GB or more preferred
  - Broadband connection required courses are heavily video intensive

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- Video display capable of high-color 16-bit display 1024 x 768 or higher resolution
- **For YouSeeU Sync Meeting sessions 8 Mbps is required.** Additional system requirements found here: <https://support.youseeu.com/hc/en-us/articles/115007031107-Basic-System-Requirements>
- You must have a:
  - Sound card, which is usually integrated into your desktop or laptop computer
  - Speakers or headphones.
  - \*For courses utilizing video-conferencing tools and/or an online proctoring solution, a webcam and microphone are required.
- Both versions of Java (32 bit and 64 bit) must be installed and up to date on your machine. At a minimum Java 7, update 51, is required to support the learning management system. The most current version of Java can be downloaded at: [JAVA web site](http://www.java.com/en/download/manual.jsp)  
<http://www.java.com/en/download/manual.jsp>
- Current anti-virus software must be installed and kept up to date.

Running the browser check will ensure your internet browser is supported.

Pop-ups are allowed.

JavaScript is enabled.

Cookies are enabled.

- You will need some additional free software (plug-ins) for enhanced web browsing. Ensure that you download the free versions of the following software:
  - [Adobe Reader](https://get.adobe.com/reader/) <https://get.adobe.com/reader/>
  - [Adobe Flash Player \(version 17 or later\)](https://get.adobe.com/flashplayer/) <https://get.adobe.com/flashplayer/>
  - [Adobe Shockwave Player](https://get.adobe.com/shockwave/) <https://get.adobe.com/shockwave/>
  - [Apple Quick Time](http://www.apple.com/quicktime/download/) <http://www.apple.com/quicktime/download/>
- At a minimum, you must have Microsoft Office 2013, 2010, 2007 or Open Office. Microsoft Office is the standard office productivity software utilized by faculty, students, and staff. Microsoft Word is the standard word processing software, Microsoft Excel is the standard spreadsheet software, and Microsoft PowerPoint is the standard presentation software. Copying and pasting, along with attaching/uploading documents for assignment submission, will also be required. If you do not have Microsoft Office, you can check with the bookstore to see if they have any student copies.



## ACCESS AND NAVIGATION

You will need your campus-wide ID (CWID) and password to log into the course. If you do not know your CWID or have forgotten your password, contact the Center for IT Excellence (CITE) at 903.468.6000 or [helpdesk@tamuc.edu](mailto:helpdesk@tamuc.edu).

**Note:** Personal computer and internet connection problems do not excuse the requirement to complete all course work in a timely and satisfactory manner. Each student needs to have a backup method to deal with these inevitable problems. These methods might include the availability of a backup PC at home or work, the temporary use of a computer at a friend's home, the local library, office service companies, Starbucks, a TAMUC campus open computer lab, etc.

## COMMUNICATION AND SUPPORT

### Brightspace Support

#### Need Help?

#### Student Support

If you have any questions or are having difficulties with the course material, please contact your Instructor.

### Technical Support

If you are having technical difficulty with any part of Brightspace, please contact Brightspace Technical Support at 1-877-325-7778 or click on the **Live Chat** or click on the words “click here” to submit an issue via email.



### System Maintenance

Please note that on the 4th Sunday of each month there will be System Maintenance which means the system will not be available 12 pm-6 am CST.

### Interaction with Instructor Statement

Communication with your professors is key to your professional growth. I am here to support and guide you along your academic journey. With that being said, I cannot help you if you do not communicate with me. Please make an appointment if you have any concerns or questions. Because I teach in different locations, email is the best way to reach me. I will attempt to answer all emails within 24 hours, Monday-Friday, but at times will need up to 72 hours to do so. When emailing, please use your university email and address me with courtesy and respect.

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## **COURSE AND UNIVERSITY PROCEDURES/POLICIES**

### **Course Specific Procedures/Policies**

Written assignments are due on the day noted in the syllabus. All papers are due at the beginning of the class period. Late papers will have 10% deduction per day late from the final score.

### **Syllabus Change Policy**

The syllabus is a guide. Circumstances and events, such as student progress, may make it necessary for the instructor to modify the syllabus during the semester. Any changes made to the syllabus will be announced in advance.

### **University Specific Procedures**

#### **Student Conduct**

All students enrolled at the University shall follow the tenets of common decency and acceptable behavior conducive to a positive learning environment. The Code of Student Conduct is described in detail in the Student Guidebook.

<http://www.tamuc.edu/Admissions/oneStopShop/undergraduateAdmissions/studentGuidebook.aspx>

Students should also consult the Rules of Netiquette for more information regarding how to interact with students in an online forum: Netiquette

<http://www.albion.com/netiquette/corerules.html>

#### **TAMUC Attendance**

For more information about the attendance policy please visit the Attendance webpage and Procedure 13.99.99.R0.01.

<http://www.tamuc.edu/admissions/registrar/generalInformation/attendance.aspx>

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/academic/13.99.99.R0.01.pdf>

#### **Academic Integrity**

Students at Texas A&M University-Commerce are expected to maintain high standards of integrity and honesty in all of their scholastic work. For more details and the definition of academic dishonesty see the following procedures:

Undergraduate Academic Dishonesty 13.99.99.R0.03

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/undergraduates/13.99.99.R0.03UndergraduateAcademicDishonesty.pdf>

Graduate Student Academic Dishonesty 13.99.99.R0.10

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<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/graduate/13.99.99.R0.10GraduateStudentAcademicDishonesty.pdf>

## **ADA Statement**

### **Students with Disabilities**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

### **Office of Student Disability Resources and Services**

Texas A&M University-Commerce  
Gee Library- Room 162  
Phone (903) 886-5150 or (903) 886-5835  
Fax (903) 468-8148  
Email: [studentdisabilityservices@tamuc.edu](mailto:studentdisabilityservices@tamuc.edu)

Website: [Office of Student Disability Resources and Services](#)

<http://www.tamuc.edu/campusLife/campusServices/studentDisabilityResourcesAndServices/>

### **Nondiscrimination Notice**

Texas A&M University-Commerce will comply in the classroom, and in online courses, with all federal and state laws prohibiting discrimination and related retaliation on the basis of race, color, religion, sex, national origin, disability, age, genetic information or veteran status. Further, an environment free from discrimination on the basis of sexual orientation, gender identity, or gender expression will be maintained.

### **Campus Concealed Carry Statement**

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in Texas A&M University-Commerce buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and A&M-Commerce Rule 34.06.02.R1, license holders may not carry a concealed handgun in restricted locations.

For a list of locations, please refer to the [Carrying Concealed Handguns On Campus](#) document and/or consult your event organizer.

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Web url:

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/34SafetyOfEmployeesAndStudents/34.06.02.R1.pdf>

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all A&M-Commerce campuses. Report violations to the University Police Department at 903-886-5868 or 9-1-1.

## COURSE OUTLINE / CALENDAR

### Course Calendar

Date	Topic	CACREP Standard(s)	Readings	Assignments
Week 1 Week of July 11	-Introduction to the DSM -Role, risks, & benefits of diagnosis -Intake Session: Conducting a biopsychosocial history -Mental status assessment/exam (MSE)	5.C.1.e. 5.C.2.d.	-Alarcón (2014) -DSM pp. 5- 25; 745-759 -Kress et al. (2014) -Polanski & Hinkle (2000); Seligman (2004)	
Week 2 Week of July 18	-Assessments in counseling -Treatment plans -Evidence-based treatments -Differential diagnosis -Ethical and Cultural Considerations	5.C.1.b 5.C.1.c. 5.C.2.c.	-DSM pp. 733-744 -Schmit & Balkin (2014) -Kress & Paylo Chapters 1, 2 & 3 -DSM pp. 715-727; 286-289 -Kress et al. (2013) -Kress & Paylo pp. 216-220	
Week 3 Week of July 25	-V codes/Z codes -Adjustment Disorder -Substance-Related and Addictive Disorders -Bipolar and Related Disorders -Depressive Disorders -Anxiety Disorders	5.C.1.d 5.C.2.e.	- DSM pp.123-234; 481-590 - Kress & Paylo Chapters 4, 5 & 8	<b>GUIDING THEORY TREATMENT GOALS WORKSHEET DUE</b>
Week 4 Week of August 1	-Obsessive-Compulsive and Related Disorders -Trauma-and Stressor-Related Disorders	5.C.2.f. 5.C.2.g.	DSM pp. 31-86; 87-122; 235-290; 291-308; 309-360; 461-480; 591-644; 645-684; 761-782 Kress & Paylo Chapters 6, 7, 9, 11, 12, 13 & 14	<b>PEER BIOPSYCHOSOCIAL HISTORY &amp; Tx PLAN DUE</b>

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	<ul style="list-style-type: none"><li>-Disruptive, Impulse-Control, and Conduct Disorders</li><li>-Dissociative Disorders</li><li>-Personality Disorders</li><li>-Schizophrenia Spectrum and Other Psychotic Disorders</li><li>-Neurodevelopmental Disorders</li><li>-Neurocognitive Disorders</li></ul>			
Week 5 Week of August 8	<ul style="list-style-type: none"><li>-Somatic Symptoms and Related Disorders</li><li>-Feeding and Eating Disorders</li><li>-Elimination Disorders</li><li>-Sleep-Wake Disorders</li><li>-Sexual Dysfunctions</li><li>-Gender Dysphoria</li><li>-Paraphilic Disorders</li></ul>	<b>5.C.2.a.</b> <b>5.C.2.b.</b>	<ul style="list-style-type: none"><li>-DSM pp. 361-460; 685-706; 783-808</li><li>-Kress &amp; Paylo Chapter 15</li><li>- Kress, Hoffman,, Adamson &amp; Eriksen (2013)</li></ul>	<b>FICTIONAL CASE STUDY DUE</b>

Appendix A

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### Guiding Theory Treatment Goals Worksheet

Student Name: \_\_\_\_\_ Identified Guiding Theory: \_\_\_\_\_

1. Summarize your guiding theory's perspective of treatment planning in counseling:

2. Complete the following table, researching potential sources for future treatment planning:

<b>Disorder Categories</b>	<b>Focus of Treatment</b> <i>Potential goals? Referrals? Overall focus?</i>	<b>Potential Reference(s)</b> <i>Include authors &amp; date</i>
<b>Substance Use Disorders</b>		
<b>Depressive Disorders</b>		
<b>Bipolar Disorders</b>		
<b>Trauma-related Disorders</b>		
<b>Anxiety Disorders</b>		
<b>Psychotic Disorders</b>		
<b>Personality Disorders</b>		
<b>Neurodevelopmental Disorders</b>		
<b>Behavioral Related Disorders</b>		

#### Appendix B

*The syllabus/schedule are subject to change.*

### **Peer Biopsychosocial History and Treatment Plan Guidelines**

In pairs, classmates complete an interview as a counselor and client. Each student is responsible to complete a biopsychosocial history report and create a treatment plan for his or her peer-client. Specific guidelines include:

1. **Write a peer's biopsychosocial history** according to Seligman's (2004) extended format. Be sure to use professional language (i.e., model after Seligman's example on pp. 150-154). Use the Cultural Formulation interview in the DSM-5 and questions created in class to guide interview process. Presenting issues need not be deficiency based. You may, for example, write a presenting problem around maximizing self-care or personal relationships. This document should be typed, single-spaced, and presented in a way consistent with the Seligman's format. Although duplicating sentence content or structure is not appropriate for other academic assignments, feel free to follow Seligman's patterns closely.
2. Within Seligman's structure there is a section for a mental status exam. **Complete a mental status examination** based on one period of time using the example in Polanski & Hinkle (2000, p. 363). Use the MSE assessment handout to determine what to write, and practice clinical writing skills by including a narrative within the biopsychosocial history. You may (but need not) attach the MSE handout in support of your narrative.
3. **Write a peer's treatment plan.** Use the treatment plan template available on Blackboard. Treatment plans are collaborative in nature representing the client's goals within the framework of the counselor's theoretical orientation. Treatment plans need to include 2-4 objectives total. Remember to use the resources from class to guide the development of the presenting problems, objectives, and treatment recommendations. Students should offer an evidence-based rationale for treatment plan choices by integrating information from at least **five original, scholarly sources** in a narrative justification of the treatment plan (include a reference page in APA format).

#### **A few tips for success:**

- Keep writing clear and concise. Do not worry about fancy transitions or explanation. Use professional language. Can your peer read the document without feeling judged?
- Although you should follow the extended format, you need not include every single detail of history. Try to include only the **most important** aspects.
- What is not present is as important as what is present (e.g., if no history of mental illness, then state no history of mental illness), in MSE, e.g., no delusions, no hallucinations, no suicidal or homicidal ideation.
- For "diagnostic impression" section do the following:
  - Include 799.9 Diagnosis Deferred or V71.09 No Diagnosis
  - Include statement, "Client is an appropriate candidate for counseling services."



- Include a title page with this assignment (which protects the exposure of your peer's information on the following pages).

**Informed Consent Disclaimer:** I will be collecting this assignment to provide feedback on your professional/clinical writing style. I will focus my feedback on the style (not content) of what is presented. However, if you disclose something about yourself that raises reasonable concerns about your fitness to continue in the program or in the counseling profession, I have an ethical obligation to act on that information. Please protect your privacy by omitting any information you would not like to share in this academic setting. Please do not, however, add false information related to suicidality, violence, psychosis, or severe substance abuse. Please remember your code of ethics and confidentiality when conducting the interview and completing the assignment. A breach in peer confidentiality will result in a review of your competency in the counseling program.

**Submission:** Each student submits a digital copy in the course D2L dropbox on due date.

Appendix C

**Fictional Case Study Guidelines**

Students select a **fictional character** from a book, television program, graphic novel, video game, musical, or film to serve as the basis for a comprehensive case study including:

**1. Biopsychosocial history with expanded, narrative-style mental status report**

- a. Biopsychosocial history report: Be sure to use professional language (i.e., model after Seligman's (2004) example on pp. 150-154). This document should be typed, single-spaced, and presented in a way consistent with the Seligman's format. Although duplicating sentence content or structure is not appropriate for other academic assignments, feel free to follow Seligman's patterns closely. Remember to address cultural considerations of the client and disorder symptoms (either throughout the document or in an identified section).
- b. Expanded, narrative-style mental status report: Within Seligman's structure there is a section for a mental status exam. Complete a mental status examination based on one period of time using the example in Polanski & Hinkle (2000, p. 363). Use the MSE assessment handout to determine what to write and practice clinical writing skills by including a narrative within the biopsychosocial history. You may (but need not) attach the MSE handout in support of your narrative. Remember, what is not present is also important to report (i.e., suicidal ideation, homicidal ideation, hallucinations, and delusions).

**2. Diagnostic summary form**

- a. DSM-5 diagnosis with evidential support that **comes directly from the information provided in the BPS** report. Remember to include differential diagnosis and level of functioning.

**3. Treatment plan**

- a. Comprehensive evidence-based treatment plan with justification. Students should offer an evidence-based rationale for treatment plan choices by integrating information from at least **five original, scholarly sources** in a narrative justification of the treatment plan (include a reference page in APA format). Treatment plans include **3-5 objectives total**.

Students make take creative liberties when developing profile information not originally included in the media source. All data included in the report must be written using professional language.

Case studies will be evaluated based on coverage of:

- Presenting problem, mental status report, and biopsychosocial history
- Accuracy of DSM-5 diagnosis and rationale with differential diagnosis



- Treatment plan and evidence-based justification
- **Explicit attention to historical-social-political-cultural issues throughout all of above** (i.e., can you articulate how cultural factors may or may not influence the disorder symptoms or diagnostic criteria)
- Quality of writing and APA style in-text citations and reference page

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