Counseling 540 01W 27240
Diagnosis and Treatment Planning
Course Syllabus
Spring 2023
January 17 to May 12
Web-based

INSTRUCTOR INFORMATION

Instructor: Dr. Zaidy MohdZain
Office Location: Binnion 229
Office Hours: by appointment
University Email Address: zaidy.mohdzain@tamuc.edu
Preferred Form of Communication: E-mail
Communication Response Time: 48 hours

COURSE INFORMATION

Textbook(s) Required:

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

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive,
    systematic guide to treating mental disorders.* (5th ed.). John Wiley & Sons, Inc.

Required Supplemental Reading:

Alarcón, R. D. (2014). Cultural inroads in DSM-5. *World Psychiatry, 13*, 310-313.
    doi:10.1002/wps.20132

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
    counselors. *The Professional Counselor, 4*, 191-201. doi:10.15241/vek.4.3.191

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.
                    The *syllabus/schedule are subject to change.*

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

Optional Texts and/or Materials:

American Psychological Association. (2020). *Publication manual of the American Psychological Association.* (7th ed.). https://doi.org/10.1037/0000165-000

Course Description

540. *Diagnosis and Treatment Planning.* Three semester hours.
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 studded.

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 540

Masters Standard	Learning Activity	Assignment	Assessment Rubric	Benchmark
5.C.1.b. theories and models related to clinical mental health counseling	R & S (2016)	Build-a-Client Case Vignette	B-a-C Rubric	≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	Kress et al. (2013) R & S (2016)	Build-a-Client Case Vignette	B-a-C Rubric	≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation
5.C.1.d. neurobiological and medical foundation	APA (2013)	Diagnostic Teams	Diagnostic Teams Rubric	≥ 80% of average rubric scores will

The *syllabus/schedule are subject to change.*

and etiology of addiction and co-occurring disorders	R & S (2016) Ch. 17			either meet (2) or exceed (3) expectation
5.C.1.e. psychological tests and assessments specific to clinical mental health counseling	Polanski & Hinkle (2000) Schmit & Balkin (2014)	Biopsychosocial & Treatment Plan Paper		≥ 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	Kress, Hoffman, Adamson, & Eriksen (2013)	Examinations	Midterm Exam	≥ 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	APA (2013) Schmit & Balkin (2014)	Diagnostic Teams	Diagnostic Teams Rubric	≥ 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 network	Kress, Bario Minton, Adamson, Paylo, & Pope (2014)	Biopsychosocial & Treatment Plan Paper	Biopsychosocial & Treatment Plan Rubric	≥ 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 Mental Disorders (DSM) and the International Classification of Diseases (ICD)	Alarcón (2014) APA (2013)	Build-a-Client Case Vignette	B-a-C Rubric	≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation

The *syllabus/schedule are subject to change.*

5.C.2.e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders	R & S (2016) Ch. 17	Examinations	Final Exam	≥ 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	R & S (2016) Ch. 8	Diagnostic Teams	Diagnostic Teams Rubric	≥ 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	APA (2013)	Biopsychosocial and Treatment Plan Paper	Biopsychosocial and Treatment Plan Rubric	≥ 80% of average rubric scores will either meet (2) or exceed (3) expectation

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

- **Assessment**
    - Biopsychosocial assessment
        - Biological, neurological, and physiological factors that affect human development, functioning, and behavior
    - Intake interview
    - Cultural formulation interview
    - Interpreting assessment results
    - Psychological tests
    - Mental status examination
- **Diagnosis**
    - Diagnostic process
    - Differential diagnosis
    - Etiology
    - Diagnostic and Statistical Manual of Mental Disorders (DSM)
    - International Classification of Diseases (ICD)
- **Case Conceptualization**
    - Counseling theories
    - Cultural factors
- **Treatment Planning**
    - Use of assessment and diagnosis to formulate treatment goals
    - Use of counseling theory to formulate treatment goals

The *syllabus/schedule are subject to change.*

       o   Constructing evidence-based treatment plans

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 also need to download the Zoom application to your personal computer or smart phone in order to access office hours and other virtual meetings. To complete assignments, 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, coupled with 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 and Tips for Success in the Course
As a student in this course, you are responsible for being active in your 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's 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 7th edition.
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.

The syllabus/schedule are subject to change.

COURSE ASSIGNMENTS/ASSESSMENTS

1. **Class Participation and Attendance – Diagnostic Teams (20%)**. Consultation and collaboration with other mental health providers is an integral part of accurate diagnosis, particularly in clinical mental health settings such as community agencies, hospitals, crisis centers, and private practices. As part of your attendance and participation requirement for this course, you will become part of a diagnostic team this semester. Each week, you and your team will receive a case vignette representative of one or more diagnoses covered in the assigned reading. Working collaboratively, you and your teammates will identify and justify the diagnoses for that client vignette. After you have done so, you will elect a team representative to present the case example, provide a diagnosis, and justify your decision to the class.

   Beyond participation in diagnostic teams, students are expected to demonstrate consistent attendance. Attendance is defined as being present at the start of class, being in class during class time, and staying until the end of class. Students cannot miss more than 10% of the courses. The policy allows for two (2) absences. Any absence missed after two (2) absences will result in loss of credit for the course.

   Students must participate in discussions such that their preparation for class is evident. Active participation and professional courtesy are expected. A general guide for in-class participation follows:

Class Participation and Attendance (Diagnostic Teams) Rubric

	1 – Does Not Meet Expectation	2 – Meets Expectation	3 – Exceeds Expectations
Attendance and Participation (20%)	Passive participation: present, awake, alert, attentive, but not actively involved or invested; Or Uninvolved: absent, present but not attentive, sleeping, texting/surfing, irrelevant contributions. Absence or lateness on one or more of the 10-hour small group experience. More than two absences/pattern of lateness evident.	Reactive participation: supportive, follow-up contributions that are relevant and of value, but rely on the leadership and study of others, or reflect opinion/personal self-disclosure rather than study, contemplation, synthesis, and evaluation. Full attendance in the 10- hour small group experience. Two or less absences/no evident pattern of lateness.	Proactive participation: leading, originating, informing, challenging contributions that reflect in-depth study, thought, and analysis of the topic under consideration. This does not mean dominating discussion or self-disclosure inappropriate to the circumstances. Full attendance in the 10-hour small group experience. No more than one absence/no evident pattern of lateness.

2. **Build-a-Client Case Vignette and Treatment Plan (25%).** You will create a client case vignette exploring the impact of a particular DSM-5 diagnosis on a fictional client's

The *syllabus/schedule are subject to change.*

functioning. Your build-a-client vignette should be written with sufficient detail such that it clearly illustrates the diagnostic criteria associated with the disorder you have chosen. You must provide a clinical justification using the DSM-5 criteria associated with the diagnose(s) you have assigned.

After you have chosen a particular diagnosis and built a client vignette which clearly illustrates the associated symptoms, you will build an evidence-based treatment plan that delineates strategies for working with that particular disorder. You should use your Reichenberg and Seligman (2016) text and a **minimum of five (5) other peer-reviewed sources** (e.g., textbooks, journal articles, ACA practice briefs, etc.) to build an evidence-based treatment plan for your fictional client.

Your Build-a-Client Case Vignettes and Treatment Plan should include, at a minimum, a:

- Detailed description of the client's demographics (i.e., age, gender, ethnicity, socioeconomic background, occupation and/or educational level, marital status and/or familial context)
- Description of the client's problem(s) and emotional, behavioral, and cognitive symptoms
- Diagnostic impression, including justification using DSM-5 criteria
- Identification of the client's strengths and resources (e.g., interpersonal or tangible resources such as a supportive family or comprehensive mental health coverage via insurance)
- Evidence-based goals, objectives, and interventions for treatment supported by peer-reviewed academic resources
- One real community resource or referral within the DFW area that could support the client (or their family) throughout the treatment process.

3. **Peer Biopsychosocial History and Treatment Plan (25%).** Students will demonstrate an understanding of biopsychosocial constructs and develop their assessment and clinical writing skills by constructing a biopsychosocial history and treatment plan regarding a wellness issue for a classmate. Specific guidance for this assignment will be given in class and supporting documents will be uploaded to D2L as well.

Peer Biopsychosocial History and Treatment Plan Rubric

	1 – Does Not Meet Expectation	2 – Meets Expectation	3 – Exceeds Expectations
Biopsychosocial History (10 points)	Biopsychosocial was vague and incomplete; no empirical evidence provided; not representative of graduate level work	Biopsychosocial was vague and incomplete; no empirical evidence provided; not representative of graduate level work	Biopsychosocial was vague and incomplete; no empirical evidence provided; not representative of graduate level work

The *syllabus/schedule are subject to change.*

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.	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.	Treatment Plan was complete with no missing information; evidence of using previous literature to understand theoretical orientation; representative of graduate level work.
APA 7ᵗʰ Edition Style and Formatting (5 points)	Substantial APA errors (> 6 errors). Does not adhere to APA style; Poor grammar and sentence structure. Paper is disorganized; omission of intext citations and references. Poor quality. Not indicative of graduate level work.	Some APA errors (3-4 errors). Mostly adhere to APA style; sufficient grammar and sentence structure; paper is fairly organized; Use of intext citations and references. Representative of graduate level work.	Little to no errors (1-2 errors). Completely adhere to APA style; sufficient grammar and sentence structure; paper is well-organized; Use of in-text citations and references. Representative of graduate level work.

4. **Examinations.** Your midterm and final examinations will consist of information reviewed in the Reichenberg and Seligman (2016) text as well as the DSM-5. In addition to multiple choice and/or true-false questions, you will be given case vignettes describing people with one or more diagnoses. You will be required to arrive at a correct diagnosis for each vignette and provide a justification that supports the diagnose(s) you have chosen. These exams will be take-home (available online via D2L) and open-book, to simulate real-life diagnostic procedures.

GRADING SCALE

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

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

Assignment	Percentage
Diagnostic Teams (Participation)	20 %
Build-a-Client Vignette	25%
Biopsychosocial History/Tx Plan	25%
Midterm Exam	15%
Final Exam	15%

The syllabus/schedule are subject to change.

LATE ASSIGNMENTS

While you cannot make up your participation grade in your Diagnostic Teams, I will accept late assignments for written work up to 3 days past their submission date for a reduction of 10% each day past due (i.e., 10% off for 1 day, 20% off for 2 days, and 30% off for 3 days). Also: I do understand that life happens! If you will communicate with me as soon as possible, I will consider extensions for assignments when extenuating circumstances arise.

COMMUNICATION AND SUPPORT

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 reach out if you have any concerns or questions. Because I teach in different locations, email is the best way to reach me. I strive to answer all emails within 24 hours, Monday-Friday. When emailing, please use your university email. Also, I will be more than happy to meet with you if needed. Please reach out to me so we can set up a convenient time to get together via Zoom.

TECHNOLOGY REQUIREMENTS

LMS

All course sections offered by Texas A&M University-Commerce have a corresponding course shell in the myLeo Online Learning Management System (LMS). Below are technical requirements

LMS Requirements:
https://community.brightspace.com/s/article/Brightspace-Platform-Requirements

LMS Browser Support:
https://documentation.brightspace.com/EN/brightspace/requirements/all/browser_support.htm

YouSeeU Virtual Classroom Requirements:
https://support.youseeu.com/hc/en-us/articles/115007031107-Basic-System-Requirements

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**.**

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

The *syllabus/schedule are subject to change.*

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.

Technical Support

If you are having technical difficulty with any part of Brightspace, please contact Brightspace Technical Support at 1-877-325-7778. Other support options can be found here:

https://community.brightspace.com/support/s/contactsupport

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.

COURSE AND UNIVERSITY PROCEDURES/POLICIES

University-Specific Procedures

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, click here.

Graduate Student Academic Dishonesty Form

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.

Students should also consult the Rules of Netiquette for more information regarding how to interact with students in an online forum: https://www.britannica.com/topic/netiquette

TAMUC Attendance

Students in this course are expected to attend class and be active participants in class activities. Participation is required, and those who actively participate in class almost always receive higher grades than those who do not. Attendance is required. Students are expected to demonstrate consistent attendance. Attendance is defined as being present at the start of class, being in class during class time, and staying until the end of class. Students cannot miss more than 10% of the course meetings. This policy allows for two (2) absences. Any absence missed after two (2) absences will result in loss of credit for the course. Students who anticipate frequently missing class, arriving late, or leaving early should consider dropping the class.

The *syllabus/schedule are subject to change.*

Students are expected to have completed assigned readings prior to the class period in which they will be discussed. You are also strongly encouraged to ask questions at any point during the class, as discussion generally allows students to learn better (and tends to make the class a lot more fun, too).

If you must miss class on a night when you are due to take an examination or give a presentation, you must provide your instructor with university approved documentation reflecting the purpose of your absence. This documentation will be used as a tool to evaluate whether your instructor can provide an exception to the absence policy (e.g., hospital admittance/discharge paperwork, funeral announcements, etc.).

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

Students with Disabilities - ADA Statement

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
Velma K. Waters Library Rm 162
Phone (903) 886-5150 or (903) 886-5835
Fax (903) 468-8148
Email: studentdisabilityservices@tamuc.edu

Website: Office of Student Disability Resources and Services

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

Student Counseling Services

The Counseling Center at A&M-Commerce, located in the Halladay Building, Room 203, offers counseling services, educational programming, and connection to community resources for students. Students have 24/7 access to the Counseling Center's crisis assessment services by calling 903-886-5145. For more information regarding Counseling Center events and confidential services, please visit www.tamuc.edu/counsel

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.

The syllabus/schedule are subject to change.

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](http://www.tamuc.edu) document and/or consult your event organizer.

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.

The *syllabus/schedule are subject to change.*

COURSE OUTLINE / CALENDAR
Spring 2023 Semester: January 17 – May 12, 2023

Week/Date	Topic	Reading	Assignment
Week 1: 1/17	Syllabus Review Introduction to the DSM Role, Risks and Benefits of Dx Introduction to Effective Treatment Planning	R & S Ch. 1 DSM p. 5-30	Form Diagnostic Teams
Week 2: 1/23	Assessments in Counseling (Biopsychosocial, MSE) Differential Diagnosis Ethical and Cultural Considerations	Schmit & Balkin (2014) Kress et al. (2013) DSM p. 715-727 DSM p. 733-744	
Week 3: 1/30	Neurodevelopmental Disorders	R & S Ch. 2 DSM p. 31-86	
Week 4: 2/6	Disruptive, Impulse Control, and Conduct D/Os Feeding and Eating Disorders	R & S Ch. 11, 16 DSM p. 461-480 DSM p. 329-354	Biopsychosocial History/Tx Plan Assignment (D2L)
Week 5: 2/13	Depressive Disorders Bipolar Disorders	R & S Ch. 4, 5 DSM p. 155-188 DSM p. 123-154	
Week 6: 2/20	Anxiety Disorders Obsessive-Compulsive D/Os	R & S Ch. 6, 7 DSM p. 189-234	
Week 7: 2/27	Trauma and Stressor-Related Dissociative Disorders Somatic Disorders	R & S Chs. 8, 9 DSM p. 265-290 DSM p. 291-308	
Week 8: 3/6	Midterm Examination – Take online via D2L		Midterm Exam
Week 9: 3/13	**NO CLASS –** Spring Break!	Rest your brain ©	Do something fun!
Week 10: 3/20	Somatic Disorders	R & S Ch. 3, 10	

The *syllabus/schedule are subject to change.*

	Schizophrenia Spectrum and Other Psychotic Disorders	DSM p. 87-122 DSM p. 309-328	
Week 11: 3/27	Substance-Related and Addictive Disorders	R & S Ch. 17 DSM p. 481-590	
Week 12: 4/3	Personality Disorders	R & S Ch. 19 DSM p. 645-684 DSM p. 761-782	
Week 13: 4/10	Elimination Disorders Sleep-Wake Disorders	R & S Ch. 12, 13 DSM p. 355-360 DSM p. 361-422	
Week 14: 4/17	Sexual Dysfunctions Gender Dysphoria Paraphilic Disorders	R & S Ch. 14, 15, 20 DSM p. 423-450 DSM p. 451-460 DSM p. 685-706	
Week 15: 4/24	Neurocognitive Disorders Other Mental Disorders	R & S Ch. 18 DSM p. 591-644 DSM p. 707-760 DSM p. 783-806	Build-a-Client Case Vignette
Week 16: 5/1	Consultation – Wrap up		
Week 16: 5/8	Final Examination – Take online via D2L		Final Exam

The *syllabus/schedule are subject to change.*