



**EAST TEXAS A&M**  
UNIVERSITY

**Counseling 540: Diagnosis and Treatment  
Planning  
Spring 2026: Course Syllabus**

**INSTRUCTOR INFORMATION**

**Instructor:** Delarious O. Stewart, EdD, LPC-S, LSP, ACS, NCC, NCSC, NCSP

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**Preferred Form of Communication:** E-mail

**Communication Response Time:** 48 hours, Monday – Friday

**Main Office Location:** 8750 N Central Expy, Dallas, TX 75231

Office Hours: Monday: 1:00 pm -4 pm-; Tuesday: 1 pm -4 pm; Friday: Available upon request

**COURSE INFORMATION**

**Textbook(s) Required:**

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). American Psychiatric Publishing. Author

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

Zuckerman, E. L. (2019). *Clinician's thesaurus: The guide to conducting interviews and writing psychological reports* (8th ed.). New York, NY: The Guilford Press.

**Required Supplemental Reading:**

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

Berghuis, D. J., Peterson, L. M., & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner: Includes DSM-5 updates* (5th ed.). Wiley.

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

Jongsma, A. E., Peterson, L. M., McInnis, W. P., & Bruce, T. J. (2014). *The adolescent psychotherapy treatment planner* (5th ed.). Wiley.

Kress, V. E., Barrio Minton, C. A., Adamson, N. A., Paylo, M. J., & Pope, V. (2014). The removal  
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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.

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.

### **Course Description**

COUN 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 studied.

### **Course Rationale**

This course is designed to cultivate advanced clinical competencies in the diagnosis, assessment, and treatment of mental health disorders, with direct alignment to the 2016 CACREP standards. Through an integrated approach, students will engage in the systematic study of theoretical models, evidence-based interventions, and the ethical and culturally responsive application of clinical mental health counseling practices.

The curriculum emphasizes the development of proficiency in conducting biopsychosocial assessments, formulating treatment plans, and applying DSM-5-TR diagnostic criteria to diverse, real-world case presentations. Instruction will foster the ability to synthesize biological, psychological, and social data into coherent case conceptualizations, while critically evaluating differential diagnoses and potential comorbidities.

Learning experiences are intentionally designed to promote higher-order clinical reasoning, reflective practice, and collaborative engagement through applied assignments, structured discussions, and evaluative assessments. By integrating theoretical knowledge with experiential application, the course prepares students to navigate the multifaceted demands of clinical mental health counseling across varied service delivery settings.

In addition to meeting programmatic and accreditation benchmarks, this course prioritizes the cultivation of professional dispositions, including empathy, ethical integrity, and cultural humility. Successful completion will equip students with the skills and professional judgment necessary to facilitate effective assessment and treatment planning, thereby supporting client wellness and recovery within ethically sound, culturally informed, and evidence-based frameworks.

### **Student Learning Outcomes** **2016 CACREP Standards Addressed in COUN 540**

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<b>Masters Standard</b>	<b>Assessment</b>	<b>Where in Assignment / Rubric</b>
<b>5.C.1.b.</b> theories and models related to clinical mental health counseling	Biopsychosocial History and Treatment Plan; Clinical Diagnosis Project; DSM-5-TR Brochures	<i>Theoretical Framework</i> section in both Biopsychosocial and Clinical Diagnosis rubrics; selection of theory and explanation in brochure treatment sections
<b>5.C.1.c.</b> principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning	Biopsychosocial History and Treatment Plan; Clinical Diagnosis Project	<i>Biopsychosocial History, Analysis of Contributing Factors, Treatment Goals, and Interventions</i> rubric elements
<b>5.C.1.d.</b> neurobiological and medical foundation and etiology of addiction and co-occurring disorders	Biopsychosocial History and Treatment Plan; DSM-5-TR Brochures	<i>Substance Use History</i> criterion in Biopsychosocial rubric; <i>Neurobiology and Medical Etiology</i> in brochure rubric
<b>5.C.1.e.</b> psychological tests and assessments specific to clinical mental health counseling	Clinical Diagnosis Project	<i>Assessment Tools Identification &amp; Evaluation</i> rubric element
<b>5.C.2.a.</b> roles and settings of clinical mental health counselors	Clinical Diagnosis Project	<i>Service Setting &amp; Counselor Role</i> rubric element—requires description of role in chosen setting and role differences in alternative setting
<b>5.C.2.b.</b> etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders	DSM-5-TR Brochures; Clinical Diagnosis Project	Brochure content sections ( <i>Causes &amp; Risk Factors, Treatment Options</i> ); <i>Clinical Diagnosis and Justification</i> and <i>Treatment Plan Quality</i>

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<b>5.C.2.c.</b> 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	Clinical Diagnosis Project	<i>Service Setting &amp; Counselor Role</i> rubric element—includes justification for best setting and comparison to at least one alternative
<b>5.C.2.d.</b> 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)	Clinical Diagnosis Project; Biopsychosocial History and Treatment Plan	<i>Diagnosis and Justification</i> rubric element in both assignments; <i>Differential Diagnosis</i> in Clinical Diagnosis rubric
<b>5.C.2.e.</b> potential for substance use disorders to mimic and/or co- occur with a variety of neurological, medical, and psychological disorders	Biopsychosocial History and Treatment Plan	<i>Substance Use History and Analysis of Contributing Factors</i> rubric elements
<b>5.C.2.f.</b> impact of crisis and trauma on individuals with mental health diagnoses	Biopsychosocial History and Treatment Plan; Clinical Diagnosis Project	Addressed within <i>Biopsychosocial History</i> (psychological domain) and <i>Analysis of Contributing Factors</i>
<b>5.C.2.g.</b> impact of biological and neurological mechanisms on mental health	Biopsychosocial History and Treatment Plan; DSM-5-TR Brochures	<i>Biological domain</i> in Biopsychosocial rubric; <i>Neurobiology and Medical Etiology</i> in brochure rubric

## COURSE REQUIREMENTS

### Minimal Technical Skills Needed

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In this class, you will utilize the Learning Management System (LMS) entitled 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**

### **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 always display professionalism. Be respectful of your professor and peers. Be open to feedback, as you will receive this throughout the program.
2. Complete all assignments by the deadline.
3. Adhere to the university's Student Code of Conduct.
4. All writing assignments must be done according to APA 7<sup>th</sup> edition.
5. Regularly check your university email.
6. Begin your reading ASAP. Sometimes it may take more than one attempt to digest the material.
7. 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.
8. Be open to the process. This degree takes time, work, effort, and growth.

## **COURSE ASSIGNMENTS/ASSESSMENTS**

### **Grading Scale**

**90-100 = A**

**80-89=B**

**70-79=C**

**60-69=D**

**0-59= F**

### **Assignment Overview**

- **Biopsychosocial History & Treatment Plan:** Due **May 8** (Finals Week)
- **Clinical Diagnosis Projects:** Due **March 19**, **April 16**, and **April 30**
- **Brochures:** Due almost weekly (**Feb 12 – May 7**) based on disorder coverage

### **Biopsychosocial History and Treatment Plan Assignment (100 points)**

This assignment requires you to demonstrate advanced case conceptualization skills by integrating biopsychosocial assessment, counseling theory, and evidence-based treatment planning. You will conduct an in-depth interview with a volunteer (friend, family member, peer, or other consenting adult) to collect the information needed for this project. The interview will be used to develop a comprehensive biopsychosocial history, identify an appropriate theoretical framework, and create a treatment plan grounded in DSM-5-TR diagnostic criteria. No real identifying information may be

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included in your written submission; all details must be de-identified to protect confidentiality.

### **Biopsychosocial History**

The first section of your paper will present a well-structured biopsychosocial history drawn from your interview. This history must include the client's demographics, presenting concerns, and identified strengths or resources. It must also thoroughly address the biological, psychological, and social domains and clearly connect them to the presenting concerns.

In the biological domain, you are required to explore any known or potential neurobiological mechanisms relevant to the presenting issues, such as brain structures, neurotransmitter systems, and medical conditions. As part of the interview, you must also gather and report information on substance use history. This should include any past or current use of alcohol, prescription medications, or illicit substances, as well as patterns of use, related health issues, and the client's perceptions of their impact. If no substance use is present, you must still address the topic by documenting how it was assessed and how it might hypothetically intersect with the client's concerns if it were present.

### **Theoretical Framework**

Identify a counseling theory or model (e.g., CBT, Person-Centered Therapy, DBT, Adlerian Therapy) to guide your treatment planning. Explain why this theory is appropriate for the client's presenting concerns, diagnosis, and cultural context. Describe how the theory shapes your understanding of the client and influences the structure, focus, and techniques of treatment.

### **Diagnosis and Justification**

Using DSM-5-TR criteria, identify the most accurate diagnosis and any secondary diagnoses. Provide a clear, evidence-based rationale that links details from the interview to the diagnostic criteria. Consider and explain at least one differential diagnosis and why it was ruled out.

### **Treatment Plan**

Develop a professional treatment plan aligned with your theoretical framework and diagnosis. Your plan must include:

- SMART goals that are specific, measurable, achievable, relevant, and time-bound.
- Evidence-based interventions that are explicitly connected to both the goals and the theoretical framework, including frequency, duration, and rationale.
- At least one relevant community resource that could support the client's wellness, with an explanation of its benefit.
- Cultural, ethical, and contextual considerations that may influence diagnosis, treatment, and client engagement.

### **Writing Standards**

Your paper should reflect professional counseling documentation standards, using clear, concise, and precise clinical language. All identifying information must be removed to protect confidentiality.

This assignment ensures that you can integrate theoretical knowledge with practical assessment skills, conduct a structured client interview, and consider the role of substance use disorders in clinical mental health counseling.

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<b>Criteria</b>	<b>Exceeds Expectations (3)</b>	<b>Meets Expectations (2)</b>	<b>Below Expectations (1)</b>
<b>Biopsychosocial History</b> (14 points)	Thoroughly addresses biological, psychological, and social domains; includes demographics, presenting issues, and strengths/resources with rich detail.	Covers all major domains with adequate detail.	Omits one or more domains or provides minimal detail.
<b>Substance Use History</b> (6 points)			
<b>Theoretical Framework</b> (10 Points)	Clearly identifies an appropriate counseling theory and explains how it guides conceptualization and treatment planning; strong connection to diagnosis and client needs.	Identifies an appropriate theory and gives partial explanation of its relevance to the case.	Theory missing, inappropriate, or not linked to case details.
<b>Analysis of Contributing Factors</b> (10 points)	Insightfully connects biopsychosocial factors to presenting concerns; demonstrates deep understanding.	Makes some connections but lacks depth or specificity.	Fails to connect factors to presenting concerns or is superficial.
<b>Diagnosis and Justification</b> (14)	Accurately identifies DSM-5-TR diagnosis; provides clear, evidence-based rationale tied to case data and criteria.	Diagnosis is mostly accurate with partial rationale.	Diagnosis is inaccurate, missing, or unsupported.
<b>Treatment Goals</b> (SMART) (14)	Creates specific, measurable, achievable, relevant, and time-bound goals aligned to diagnosis and client needs.	Goals meet some SMART criteria or partially align with diagnosis.	Goals are vague, incomplete, or unrelated to diagnosis.
<b>Interventions</b> (14 points)	Evidence-based, clearly linked to goals and diagnosis; includes frequency/duration and rationale.	Appropriate but lacking detail or rationale.	Generic, vague, or not evidence-based.
<b>Resources</b> (6 points)	Relevant, specific resource explained clearly in terms of client benefit.	Identifies a resource but with limited relevance or explanation.	Resource is missing, irrelevant, or unexplained.
<b>Cultural, Ethical, and Contextual Considerations</b> (6 points)	Thoughtfully integrates cultural, ethical, and contextual factors into history and plan.	Mentions considerations but without full integration.	Omits or superficially addresses considerations.
<b>Clinical Writing Quality</b> (6 Points)	Clear, concise, professional; uses precise clinical language and organized structure.	Generally clear with occasional lack of precision or organization..	Unclear, disorganized, or incorrect clinical terminology.

**Clinical Diagnosis, Theoretical Framework, and Treatment Planning Project (100 points per case × 3 cases = 300 points total)**

Throughout the semester, you will complete three major projects that require you to interpret psychological evaluation data, apply DSM-5-TR diagnostic criteria, identify and evaluate psychological assessments, integrate a guiding theoretical framework, and develop a comprehensive treatment plan. Each project will be based on a de-identified real-life psychological evaluation in

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which the diagnostic impression has been removed.

You will begin by reviewing all provided materials, including the intake history, behavioral observations, test results, collateral reports, and the mental status examination. As part of your review, identify all psychological tests and assessment tools used in the case. For each tool, explain its purpose and note any strengths or limitations relevant to the client's cultural background, presenting concerns, and diagnosis.

From this case data, determine the most accurate primary and any secondary diagnoses. Support your choices with a clear, evidence-based rationale that directly links client details to DSM-5-TR criteria. Address differential diagnoses by identifying at least one alternative and explaining why it was ruled out.

Next, select a counseling theory or model such as Cognitive Behavioral Therapy, Person-Centered Therapy, Dialectical Behavior Therapy, Adlerian Therapy, Solution-Focused Therapy, or another evidence-based approach to serve as your theoretical framework. Explain why this theory is appropriate for the client's presenting concerns, diagnosis, and cultural context. Describe how the theory shapes your understanding of the client and how it will guide your treatment goals and interventions.

Your treatment plan should start with a concise list of presenting problems stated in measurable, behavioral terms. Create SMART goals that are specific, measurable, achievable, relevant, and time-bound. These goals must align with both the diagnosis and your theoretical framework. For each goal, propose evidence-based interventions, specifying the frequency, duration, and rationale for each one, and showing how each intervention connects to your chosen theory.

For the Service Setting & Counselor Role section, identify the most appropriate service delivery setting for the client, such as inpatient, outpatient, partial hospitalization, or community-based care. Provide a clear rationale for why this setting is the best choice based on the client's needs, diagnosis, and available resources. Compare your chosen setting to at least one alternative setting and explain why the alternative is less appropriate. Your comparison should address differences in level of care, scope of services, and potential impact on treatment outcomes.

In addition, describe the role of the clinical mental health counselor in your chosen setting, including primary responsibilities, collaboration with other providers, and strategies for advocating for the client's needs. Then, explain how the counselor's role would differ if the client were served in the alternative setting you identified. Address differences in responsibilities, interdisciplinary teamwork, documentation requirements, and counselor-client interactions.

Finally, discuss any cultural, ethical, and contextual considerations that may influence diagnosis, treatment planning, or service engagement. Your writing must reflect professional counseling documentation standards, using clear and precise clinical language and a logical, organized structure that makes your reasoning transparent.

This project is designed to strengthen your diagnostic accuracy, deepen your ability to connect theory to practice, improve your understanding of service delivery options, and enhance your awareness of the clinical mental health counselor's role in diverse settings. By integrating diagnosis,

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theory, treatment planning, service delivery comparison, role differentiation, cultural considerations, and assessment analysis, you will produce a comprehensive document that reflects the realities of professional counseling practice.

<b>Criteria</b>	<b>Exceeds Expectations (3)</b>	<b>Meets Expectations (2)</b>	<b>Below Expectations (1)</b>
<b>Diagnostic Accuracy</b> (16 points)	Identifies accurate primary and secondary diagnoses; provides clear, specific, and well-supported rationale from case data; applies DSM-5-TR criteria precisely.	Identifies correct primary diagnosis; secondary diagnoses mostly accurate; rationale generally supported by case data.	Misidentifies primary diagnosis or omits major secondary diagnoses; rationale vague, unsupported, or inconsistent with data.
<b>Differential Diagnosis</b> (8 points)	Considers at least two plausible alternatives; provides strong, evidence-based rationale for ruling them out.	Considers at least one plausible alternative; provides partial rationale for ruling out.	Does not consider alternatives or rationale is unclear/unsupported.
<b>Assessment Tools Identification &amp; Evaluation</b> (10 points)	Clearly identifies all psychological tests and assessment tools used in the case; accurately explains their purpose, cultural considerations, and strengths/limitations relevant to the client.	Identifies most assessments and explains their general purpose with minimal discussion of strengths/limitations or cultural considerations.	Fails to identify assessments, misidentifies them, or provides little/no explanation of purpose, limitations, or cultural considerations.
<b>Theoretical Framework</b> (14 points)	Clearly identifies an appropriate counseling theory and explains how it guides conceptualization and treatment planning; strong connection to diagnosis and client needs.	Identifies an appropriate theory and gives partial explanation of its relevance to the case.	Theory missing, inappropriate, or not linked to case details.
<b>Treatment Plan Quality</b> (16 points)	Goals and objectives are measurable, specific, and clinically relevant; interventions are evidence-based, linked to diagnosis, and include frequency/duration.	Goals and objectives are present but may be vague; interventions are mostly appropriate but lack some detail.	Goals and objectives are unclear or missing; interventions are generic or not linked to diagnosis.
<b>Service Setting &amp;</b>	Identifies the most	Identifies an	Setting and/or role missing,

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<b>Counselor Role</b> (10 points)	appropriate setting; provides strong rationale; thoroughly describes the counselor's role, responsibilities, and collaboration in that setting.	appropriate setting and counselor role but with limited detail or rationale.	inappropriate, or not connected to case needs.
<b>Use of DSM-5-TR Criteria</b> (8 points)	Directly maps multiple symptoms and contextual factors to DSM-5-TR criteria with detailed explanation.	Maps some symptoms to DSM-5-TR criteria with partial explanation.	Little to no connection between case data and DSM-5-TR criteria.
<b>Cultural &amp; Ethical Considerations</b> (8 points)	Insightful integration of cultural identity, diversity, and ethical issues into diagnosis and treatment plan.	Addresses cultural and ethical considerations but without full integration into plan.	Omits or minimally addresses cultural and ethical considerations.
<b>Clinical Writing Quality</b> (10 points)	Writing is concise, clear, and professional; uses precise clinical language; documentation mirrors professional counseling standards; no jargon misuse.	Writing is generally clear with occasional lack of precision in clinical language; organization is adequate.	Writing is unclear, disorganized, or uses inappropriate/incorrect clinical terminology.

### DSM-5-TR Mental Health Brochures (25 points each × 12 brochures = 300 points total)

Over the course of the semester, you will create twelve professional, client-friendly brochures, each focusing on a different mental health diagnosis from the DSM-5-TR. The diagnosis you select for each brochure must align with the topic of the week in the course schedule. By the end of the term, you will have produced a collection of twelve unique brochures.

This project is designed to strengthen your ability to understand diagnostic criteria and clinical concepts, translate complex mental health information into clear and supportive language, and develop accessible psychoeducational materials for clients, families, and the public. These skills are essential to professional counseling practice, as psychoeducation is a core component of both clinical work and community mental health outreach.

Each week, you will choose one DSM-5-TR diagnosis that corresponds with the week's focus. For example, in weeks devoted to mood disorders, you may select Major Depressive Disorder; during weeks on anxiety disorders, you might choose Generalized Anxiety Disorder; during weeks on trauma-related disorders, you could choose Posttraumatic Stress Disorder. Once a diagnosis is selected, you will create a tri-fold brochure using Word, PowerPoint, Canva, or another approved design tool. The brochure should be visually clear, logically organized, and accessible to a general audience. You must save and submit the final product as a PDF.

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Every brochure must include specific content. You will begin with a section titled “What Is [Name of Disorder]?” that offers a client-friendly definition and a brief explanation of how the disorder affects thoughts, feelings, and behaviors. The next section will outline the diagnostic criteria, summarizing the DSM-5-TR requirements in clear, layman’s terms and highlighting the key symptoms and how they must present for diagnosis. You will then describe the causes and risk factors, including relevant biological, psychological, social, and environmental influences.

The treatment section must identify evidence-based therapies such as CBT, DBT, or EMDR; note any effective medications when applicable; and discuss complementary or alternative approaches that have demonstrated benefit. A coping strategies section should present healthy, practical tips for managing symptoms, including self-care, supportive routines, and available peer or community support options. You will also include a section on cultural and social considerations, addressing how cultural identity, stigma, or access to care may influence diagnosis or treatment. Finally, the brochure will list credible resources, such as national and local mental health organizations, reputable websites, and helplines, with examples like the National Institute of Mental Health and the Substance Abuse and Mental Health Services Administration.

<b>Criteria</b>	<b>Exceeds Expectations (3)</b>	<b>Meets Expectations (2)</b>	<b>Below Expectations (1)</b>
<b>Content Accuracy &amp; Completeness (8 points)</b>	All sections required are included; information is accurate, evidence-based, and clearly connected to the week’s topic.	Most sections included; information mostly accurate with minor errors or gaps.	Multiple sections missing; content inaccurate or not relevant to the week’s topic.
<b>Clarity &amp; Accessibility for General Audience (5 points)</b>	Language is client-friendly, free of jargon, and easy to understand; concepts are explained in plain terms without losing accuracy.	Language is mostly clear but may include occasional jargon or overly technical terms.	Language is unclear, too technical, or inappropriate for a general audience.
<b>Organization &amp; Design Quality (3 points)</b>	Layout is logical, visually appealing, and easy to navigate; headings and visuals enhance understanding.	Layout is functional but may be cluttered or inconsistently formatted; visuals moderately support content.	Layout is disorganized, visually distracting, or hinders understanding.
<b>Cultural &amp; Social Considerations (4 points)</b>	Insightfully addresses cultural, social, or access-to-care factors that may influence diagnosis and treatment.	Mentions cultural or social considerations but without depth or integration.	Omits cultural or social considerations entirely.
<b>Neurobiology and Medical Etiology (5 points)</b>	Provides clear, accurate, and relevant discussion of neurobiological mechanisms and medical foundations for the	Provides partial or general discussion of neurobiological or medical aspects but lacks depth or	Omits discussion or presents inaccurate/irrelevant information.

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	disorder; integrates into case conceptualization and/or psychoeducation.	integration.	
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### **LATE ASSIGNMENTS**

Late assignments will generally not be accepted. However, I understand that life happens, and special consideration may be given on a case-by-case basis. If you are facing extenuating circumstances, please communicate with me as soon as possible to discuss potential extensions. Open and timely communication is key.

### **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 will attempt to answer all emails within 48 hours, Monday-Friday. When emailing, please use your university email.

### **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**

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<b>Browser</b>	<b>Supported Browser Version(s)</b>	<b>Maintenance Browser Version(s)</b>
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**

<b>Device</b>	<b>Operating System</b>	<b>Browser</b>	<b>Supported Browser Version(s)</b>
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
- Video display capable of high-color 16-bit display 1024 x 768 or higher resolution

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

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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/> o [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 "Need Help?" 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.

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

*The syllabus/schedule are subject to change.*

## ***University-Specific Procedures***

### **Academic Integrity**

Students at East Texas A&M University 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:

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

East Texas A&M University Gee Library- Room  
132

Phone (903) 886-5150 or (903) 886-5835

Fax (903) 468-8148

Email: [Rebecca.Tuerk@tamuc.edu](mailto:Rebecca.Tuerk@tamuc.edu)

Website: [Office of Student Disability Resources and Services](http://www.tamuc.edu/campusLife/campusServices/studentDisabilityResourcesAndServices/)

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

### **Attendance**

For more information about the attendance policy please visit the [Attendance](#) webpage and [Procedure 13.99.99.R0.01](#).

### **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](#).

### **Nondiscrimination Notice**

East Texas A&M University 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.

### **Mental Health and Well-Being**

The university aims to provide students with essential knowledge and tools to understand and support mental health. As part of our commitment to your well-being, we offer access to Telus Health, a service available 24/7/365 via chat, phone, or webinar. Scan the QR code to download the app and explore the resources

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available to you for guidance and support whenever you need it.



### **Campus Concealed Carry Statement**

Texas Senate Bill - 11 (Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in East Texas A&M University 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.

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.

### **AI use policy as of May 25, 2023**

East Texas A&M University acknowledges that there are legitimate uses of Artificial Intelligence, ChatBots, or other software that has the capacity to generate text, or suggest replacements for text beyond individual words, as determined by the instructor of the course.

Any use of such software must be documented. Any undocumented use of such software constitutes an instance of academic dishonesty (plagiarism).

Individual instructors may disallow entirely the use of such software for individual assignments or for the entire course. Students should be aware of such requirements and follow their instructors' guidelines. If no instructions are provided the student should assume that the use of such software is disallowed.

In any case, students are fully responsible for the content of any assignment they submit, regardless of whether they used an AI, in any way. This specifically includes cases in which the AI plagiarized another text or misrepresented sources.

13.99.99.R0.03 Undergraduate Academic Dishonesty 13.99.99.R0.10  
Graduate Student Academic Dishonesty

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

### *University-Specific Procedures*

#### **Academic Integrity**

Students at East Texas A&M University 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>

#### **ETAMU Attendance**

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).

#### **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 reasonable accommodation of their disabilities. If you have a disability requiring an accommodation, please contact:

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

East Texas A&M University

Velma K. Waters Library Rm 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/>

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## **Student Counseling Services**

The Counseling Center, 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](http://www.tamuc.edu/counsel)

## **Nondiscrimination Notice**

East Texas A&M University 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.

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For a list of locations, please refer to the [Carrying Concealed Handguns On Campus](#) 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.*

**FLEXIBLE COURSE OUTLINE / CALENDAR**  
**Fall 2025 Semester**

<b>Week / Date</b>	<b>Topic</b>	<b>Assignment Due</b>
Jan 29 (Thu)	Syllabus Review, Intro to DSM, Treatment Planning	
Feb 5	Assessments in Counseling, MSE	
Feb 12	Neurodevelopmental Disorders	Brochure #1
Feb 19	Disruptive, Feeding, and Eating Disorders	Brochure #2
Feb 26	Mood Disorders	Brochure #3
Mar 5	Anxiety and OCD Disorders	Brochure #4
Mar 9–13	Spring Break	No Class
Mar 19	Ethics in Diagnosis	Clinical Diagnosis Project #1 Due
Mar 26	Trauma & Somatic Disorders	Brochure #5
Apr 2	Psychotic Disorders	Brochure #6
Apr 9	Dissociative Disorders	Brochure #7
Apr 16	Substance Use Disorders	Brochure #8, Clinical Diagnosis Project #2 Due
Apr 23	Personality Disorders	Brochure #9
Apr 30	Sleep & Elimination Disorders	Brochure #10, Clinical Diagnosis Project #3 Due
May 7 (Finals Week)	Neurocognitive & Other Disorders	Brochure #11, Brochure #12
May 8		Biopsychosocial History & Treatment Plan Due

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