

University of North Texas at Dallas

Fall 2013

SYLLABUS

COUN 5480 Biopsychosocial Assessment and Wellness in Counseling 3 Hours	
Department of	Counseling
Division of	Education
Instructor Name:	Amy McCortney, Ph.D., LPC-S, NCC
Office Location:	Dallas 2 3 rd Floor Adjunct Center
Office Phone:	972-780-1345
Email Address:	amy.mccortney@unt.edu
Office Hours:	By appointment
Virtual Office Hours:	By email
Classroom Location:	DAL2 338
Class Meeting Days & Times:	Thursday 7:00 to 9:50 pm
Course Catalog Description:	Principles and models of biopsychosocial assessment, case conceptualization, and concepts of normalcy leading to an appropriate framework for counseling treatment plans or referral within a managed care framework. DSM-IV diagnosis, disorder prevention, and promotion of optimal mental health are studied.
Prerequisites:	COUN 5680 and COUN 5710
Co-requisites:	
Required Text:	American Psychiatric Association. (2013). <i>Diagnostic and statistical manual of mental disorders</i> (5th ed.). Washington, DC: Author. Seligman, L. & Reichenberg, L.W. (2012). <i>Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders</i> . (4th ed.). San Francisco: John Wiley & Sons.
Recommended Text and References:	Posted on Blackboard
Access to Learning Resources:	UNT Dallas Library: phone: (972) 780-3625; web: http://www.unt.edu/unt-dallas/library.htm UNT Dallas Bookstore: phone: (972) 780-3652; e-mail: 1012mgr@fhq.follett.com
Course Goals or Overview:	
	The goal of this course is to understand principles and models of biopsychosocial assessment, case conceptualization, and concepts of normalcy leading to an appropriate framework for counseling treatment plans or referral within a managed care framework as well as DSM-IV diagnosis, disorder prevention, and promotion of optimal mental health.
Learning Objectives/Outcomes: At the end of this course, the student will	
1	Discuss historical trends and philosophies related to diagnosis and treatment of mental disorders. (CACREP II.G.1.a, CMHC A1)
2	Discuss the range of mental health service delivery and the counseling services network. (CMHC C5)
3	Explain ways in which developmental crises, disability, psychopathology, and situational and environmental factors affect both normal and abnormal behavior. (IIG3f)

4	Use principles and models of assessment, case conceptualization, and concepts of normalcy and psychopathology to develop appropriate diagnoses and counseling treatment plans. (IIG5d; CMHC G1; SC G1; SACC D5, G1)
5	Conduct an intake interview, a mental status evaluation, a biopsychosocial history, a diagnostic interview, and a mental health history. (IIG5c; CMHC G2, H2; SC H1; SACC)
6	Discriminate between what is a disorder and what is not; what is clinically significant impairment and what is not; substance abuse and dependence; and what might be an adjustment disorder rather than a diagnosable condition. (CACREP II.K.3.c; CC C.4, 5; SC C.2.d, h; CUC C.4, 9)
7	Discuss how age, gender, sexual orientation, ethnicity, disability, culture, spirituality, and other factors are related to disorder presentation, diagnoses, access to treatment, counselor assessment, and counselor evaluation (IIG.2.a; CMHC E1, H1; SC E4; SACC E1)
8	Discuss relevance and potential biases of commonly used diagnostic tools with multicultural populations. (CMHC K4)
9	Establish treatment plans which are based on initial assessment and ongoing evaluation of efficacy of interventions used. (CACREP II.K.7.g; CC C.4)
10	Identify and discuss ethical and legal issues related to diagnosis and treatment planning in counseling (CACREP II.G.1.j; CMHC A2, B1; SC A2, B1, SACC A2, B1)
11	Demonstrate familiarity with a variety of empirically supported treatments and counseling modalities (e.g., individual, group, family, and/or other referrals) useful for a variety of diagnoses. (CACREP II.K.5.d; II.K.6.e; CC C.7; SC C.2.a; CUC C.4, 10)
12	Evaluate up-to-date research concerning empirically supported treatments, standards of care, and outcomes based on study of professional journals, books, and internet information. (CACREP II.K.8.c, e; II.K.1.c)
13	Describe methods of conferring with managed care entities and other providers in a confidential and professional manner. (CACREP II.K.1.b, h; CC B.1)
14	Discuss assessment methods used and indicate counseling progress in a manner which will assist in securing funding from managed care and related entities. (CACREP II.K.7.b) <i>Note:</i> CC = Community Counseling; SC = School Counseling Standard; CUC = College/University Counseling

COURSE SCHEDULE

Update all DSM readings for new text.

Date	Topic/Film	Assignments
Aug. 29	Course orientation & introductions Introduction to the DSM Role of diagnosis in counseling Risks & benefits of diagnosis	<ul style="list-style-type: none"> ▪ DSM pp. xxx-37 ▪ Seligman Ch. 1 ▪ Hohenshil (1996); Ivey & Ivey (1998); Grohol (1996); Cosgrove et al. (2006) ▪ Choose a diagnosis for the treatment summary, and submit it to me by mail- first come, first served.
Sept. 5 <i>online</i>	<i>(cont. Lecture 1)</i> V codes	<ul style="list-style-type: none"> ▪ DSM 731-743 ▪ <i>Begin reading for next week</i>
Sept. 12	Introduction to managed care Ethical considerations Multiaxial assessment Mental status assessment Cultural considerations	<ul style="list-style-type: none"> ▪ DSM 27-37; Appendix B & C ▪ Anderson (2000); Braun & Cox (2005); Daniels (2001); Nelson & Nuefeldt (1996); Polanski & Hinkle (2000); Smart & Smart (1997); White Kress et al. (2005)
Sept. 19 <i>online</i>	Differential diagnosis Cognitive disorders Disorders due to general medical conditions	<ul style="list-style-type: none"> ▪ DSM Appendix A ▪ DSM pp. 135-190, 485-517 ▪ Seligman Ch. 7; 9

	Somatoform disorders Factitious disorders	<ul style="list-style-type: none"> Gintner (1995); Hill & Spengler (1997); McLaughlin (2002); Rosenhan (1973)
Sept. 26	Sleep disorders	<ul style="list-style-type: none"> DSM pp. 191-295 (browse); 597-661, 679-683 DSM Appendix I Seligman Ch. 3 HMHL (1994); Kuhn et al. (1999)
Oct. 3 <i>online</i>	Substance-related disorders	<ul style="list-style-type: none"> Seligman Ch. 6 pp. 243-266 Evans (1998)
Oct. 10	Midterm Exam	<ul style="list-style-type: none"> Submit final project option/topic for approval
		<ul style="list-style-type: none">
Oct. 17 <i>online</i>	Personality disorders	<ul style="list-style-type: none"> DSM pp. 685-729 Seligman Ch. 8 Fong (1995)
Oct. 24	Mood and Adjustment disorders	<ul style="list-style-type: none"> DSM pp. 345-428 Seligman Ch. 4 Seligman & Moore (1995)
Oct. 31 <i>online</i>	Anxiety disorders	<ul style="list-style-type: none"> DSM pp. 429-484 Seligman Ch. 5 Beamish et al. (2002); Fong & Silien (1999)
Nov. 7	Schizophrenia & other psychotic disorders	<ul style="list-style-type: none"> DSM pp. 297-343 Seligman Ch. 9 Walker et al. (2004)
Nov. 14 <i>online</i>	Sexual and gender identity disorders	<ul style="list-style-type: none"> DSM pp. 535-582, 583-595, 663-677 Seligman Ch. 6 pp. 274-287 Seligman & Hardenburg (2000); Thanasin (2004)
Nov. 21	Eating disorders Impulse-control disorders not elsewhere classified (cutting, trichotillomania, etc.)	<ul style="list-style-type: none"> Seligman Ch. 6 pp. 266-274, 287-303 Craigen & Foster (2009); White Kress et al. (2004) Final project due
Nov. 28	<i>No class- holiday</i>	<ul style="list-style-type: none">
Dec. 5 <i>online</i>	Exam review	
Dec. 12	Final Exam	<ul style="list-style-type: none"> Course evals

This course will utilize the following instruments to determine student grades and proficiency of the learning outcomes for the course.

PARTICIPATION, PREPARATION, & HOMEWORK

This is a reading-intensive course, and students are expected to complete scheduled readings prior to class on the due date. Careful preparation will facilitate understanding of lectures and successful completion of in-class exercises. Readings from the DSM-IV TR and Seligman (1998) text are always required. Supplemental required and recommended readings are available via **Blackboard**. At instructor's discretion you will be provided with practice exercises to be completed during class or before the next class.

Participation is best manifested by readiness and *active* participation in class discussion. It may be helpful to jot

down thoughts or questions during your reading time, and bring these to class to stimulate discussion. ...there are no "stupid" questions or observations.

Class attendance is mandatory, because it is necessary for your exposure to and learning of counseling theory. Level of class participation is qualitatively determined by my subjective appraisal of your class interaction and attentiveness. Appropriate class behavior and participation consistent with that of graduate students is expected. **Students are therefore expected to refrain from all inappropriate behavior including but not limited to: passing notes, sleeping, text-messaging, surfing the internet, emailing, and working on other material during class time.** To that end, please turn off your cellphones during class and close laptops during experiential exercises, videos, and/or during any other class activity during which your attention is expected. Inappropriate behavior or low participation will result in one-on-one conferences, a remedial action plan, faculty review, and a low-effectiveness report in your permanent student file.

MIDTERM & FINAL EXAMINATION

Two in-class examinations are required for this course. Exams may include objective questions (true/false, multiple-choice, short-answer) and case vignettes which require the assignment of multiaxial diagnoses and treatment plans. Use of the DSM-IV-TR is allowed.

MEDICATION & TREATMENT METHODS AWARENESS SUMMARY

Regardless of your work setting or guiding theory, you will be expected to have a high degree of familiarity regarding psychotropic medications and commonly used treatments for a variety of diagnosable disorders. The purpose of this assignment is to assist students to build a reference source regarding medications and counseling methods used to treat a variety of specific disorders. A secondary purpose of the assignment is to familiarize students with methods for obtaining such information; over the course of the semester, students will have the opportunity to compile a notebook of resources/readings they may use in their future professional careers. It is expected that this information may also be used to enhance empathy, educate clients, collaborate with other professionals, and converse with managed care personnel. These goals will be accomplished by assigning each student a diagnosis for which he or she will become an expert. Students will compile and share a minimum of two resources for this assignment, and will present these in a very brief class presentation.

First, compile a **1-page listing of psychotropic medications** currently used to treat the specific diagnosis you are assigned. For each medication include as much of the following as possible:

- a) All names/classifications of medication (i.e., name-brand, generics)
- b) Typical prescription dosage
- c) Time it takes for medication to work
- d) Potential benefits of the medication for the client
- e) Potential risks/side effects of the medication for the client

Second, compile a **1-2 page listing and brief description of Empirically Supported Treatments (ESTs)** [aka: Evidenced-Based Treatments (EBTs), Empirically Validated Treatments (EVTs), or Evidence-Based Best Practices (EBBP)] for the assigned diagnosis. Include as much of the following information as possible:

- a) Type of treatment
- b) Length of treatment
- c) Sample counseling goals/objectives
- d) Specific methodology used in the treatment
- e) Potential benefits
- f) Risks/contraindications

Students are encouraged to use professional and online resources, sources must be cited, and references must be included on the handouts. Assignments are due on the day we are scheduled to cover the assigned diagnosis. On the due date, **bring enough copies to share with all classmates and be prepared to present a short (5-8 minute), informal oral summary** of the highlights. The assignment will be graded as follows:

- Accuracy, quality, and thoroughness of information (8 points)
- Professional appearance of summaries (2 points)

- Professionalism/preparedness of oral summary (2 points)
- Grammar, use of APA style citations and references (3 points)

Projects should be submitted to www.turnitin.com by the due date. Your class ID is 4278302; your initial password is DSMIV.

FINAL PROJECT

Students will select one of the following options to comprise a final project; be prepared to submit option and topic in class on **October 18th**.

OPTION 1: CASE STUDY

Students will select a character from a book (preferred) or public figure to serve as the basis for a *comprehensive* case study. Students will use what they know of this character to construct an in-depth case conceptualization using

Resource C and covering the following:

- Presenting problem
- Biopsychosocial history
- Mental status report
- DSM-IV-TR diagnosis
- Treatment goals and objectives
- Evidence-based treatment plan including attention to ongoing assessment

All data included in the report must be written using professional language, based on evidence provided in the media source(s), and supported with rationale. Students are encouraged to consider and document multiple sources of information (e.g., client report, collateral report, observation). When information is not available, the student should indicate information is needed and propose methods for gathering such information. Evidence of differential diagnosis should be provided. Finally, students will provide a rationale for treatment plan choices by incorporating data from at least three (3) scholarly sources.

Students are welcome to format treatment documents (e.g., history, mental status, diagnosis, treatment goals, treatment plan) as they would in a professional setting. Text and rationale for the above topics should be in narrative form and formatted according to APA guidelines. Specific grading criteria will be distributed in class.

Movies are NOT acceptable. Sources must be confirmed with me prior to beginning.

Accepted resources:

- Burgess, A. (1962). *A clockwork orange*. New York: Norton
- Chase, T. (1987). *When rabbit howls*. New York: E.P. Dutton.
- Fitzgerald, F.S. (1925) *The great Gatsby*. New York: Charles Scribner.
- Frey, J. (2003). *A million little pieces*. New York: Doubleday.
- Garland, A. (1997). *The beach*. New York: Riverhead.
- Golding, W. (1954). *Lord of the flies*. New York: Perigree.
- Greenberg, J. (1964). *I never promised you a rose garden*. New York: Penguin.
- Hautzig, D. (1999). *Second star to the right*. New York: Penguin.
- Hornbacher, M. (1998). *Wasted: A memoir of anorexia and bulimia*. New York: HarperCollins.
- Leathan, V. (2006). *Bloodletting: A memoir of secrets, self-harm, & survival*. Oakland, CA: Harbinger.
- Menzie, M. (2003). *Diary of an anorexic girl*. Nashville: W Publishing.
- Miller, J. (2001). *The day I went missing*. New York: St. Martin's.
- Orion, D. R. (1997). *I know you really love me: A psychiatrist's journal of erotomania, stalking, and obsessive love*. New York: Macmillan.
- Rogers, A. G. (1995). *A shining affliction: A story of harm and healing in psychotherapy*. New York: Penguin.
- Salinger, J.D. (1951). *The catcher in the rye*. New York: Back Bay.
- Schiller, L., & Bennett, A. (1994). *The quiet room: A journey out of the torment of madness*. New York: Warner.
- Schreiber, F. R. (1973). *Sybil*. New York: Warner.

Slater, L. (1998). *Prozac diary*. New York: Penguin.
 Steele, K., & Berman, C. (2001). *The day the voices stopped: A schizophrenic's journey from madness to hope*. New York: Basic.
 Theroux, P. (1982). *The mosquito coast*. New York: Avon.
 Wurtzel, E. (1995). *Prozac nation: Young and depressed in America*. New York: Penguin.

Alternative to the book, you may select a well-known public figure or celebrity for your case study. Following are some suggestions:

- Jodi Arias
- Casey Anthony
- Kate or John Gosselin
- James Holmes
- Lindsay Lohan
- Marilyn Monroe
- Hemy Neuman
- Charlie Sheen
- Nadya Suleman
- Kanye West

Other potentially appropriate materials (including films or autobiographies) will be considered on a case-by-case basis only (please consult me). **Minimum 5 pages, not including title page and any reference page (it will be exceedingly difficult to complete this assignment fully and accurately with fewer than 5 pages).**

OPTION 2: POSITION STATEMENT

Students will select a controversial issue related to the DSM-IV-TR and submit a research paper in which they define the issue, outline a history of the issue, use scholarly sources to provide evidence related to multiple sides of the issue, critique this information, and present their own position and rationale. The following topics are provided as *sample issues* that would be appropriate for the project:

- a) Are DSM-IV-TR [insert diagnosis(es)] diagnoses culturally appropriate for use with [insert population]?
- b) Are DSM-IV-TR [insert diagnosis(es)] diagnoses gender-biased?
- c) Are [insert diagnosis(es)] overdiagnosed in [insert population]?
- d) Should [insert diagnosis(es)] be included in the DSM-V?
- e) Should a diagnosis related to self-injurious behavior be added to the DSM-V?
- f) Should Premenstrual Dysphoric Disorder (PMDD) be included in the DSM-V?
- g) Other issues related to specific diagnoses (e.g., Gender Identity Disorder, Dissociative Identity Disorder, personality disorders)

Students are expected to use a minimum of 10 scholarly sources (e.g., professional journal articles or book chapters) in construction of this position statement, and it is expected that position statements will be approximately 7-10 pages in length text. Papers must be written and formatted in accordance with APA style. Specific grading criteria will be distributed in class.

All projects are due by the beginning of class on November 29th. Projects should be submitted to www.turnitin.com; bring hard copies to class.

Grading Matrix:

Instrument	Points
PARTICIPATION, PREPARATION, & HOMEWORK	20
MIDTERM	20
FINAL EXAMINATION	20
MEDICATION & TREATMENT METHODS	15

AWARENESS SUMMARY	
FINAL PROJECT	25
TOTAL	100

Grade Determination:

A = 100–90 points

B = 89-80 points

C = 79-70 points

D = 69-60 points

F = 59 or below

READINGS

- Albrecht, F., & Wallace, M. (1998). Detecting chronic fatigue syndrome: The role of counselors. *Journal of Counseling & Development, 76*, 183-188.
- Anderson, C. E. (2000). Dealing constructively with managed care: Suggestions from an insider. *Journal of Mental Health Counseling, 22*, 343-353.
- Bardick, A. B., & Bernes, K. B. (2005). A closer examination of bipolar disorder in school-aged children. *Professional School Counseling, 9*, 72-77.
- Bardick, A. D., Berries, K. B., McCulloch, A. R. M., Witko, K. M., Spriddle, J. W., & Roest, A. R. (2004). Eating disorder intervention, prevention, and treatment: Recommendations for school counselors. *Professional School Counseling, 8*, 168-175.
- Barrio, C. (2005). Assessing suicide risk in children: Guidelines for developmentally appropriate interviewing. Manuscript submitted for publication: University of North Texas.
- Beamish, P. M., Granello, D. H., & Belcastro, A. L. (2002). Treatment of panic disorder: Practical guidelines. *Journal of Mental Health Counseling, 24*, 224-246.
- Braun, S. A., & Cox, J. A. (2005). Managed mental health care: Intentional misdiagnosis of mental disorders. *Journal of Counseling & Development, 83*, 425-433.
- Brown, M. B. (2000). Diagnosis and treatment of children and adolescents with attention-deficit/hyperactivity disorder. *Journal of Counseling & Development, 78*, 195-203.
- Costa, L., & Altekruise, M. (1994). Duty-to-warn guidelines for mental health counselors. *Journal of Counseling & Development, 72*, 346-350.
- Daniels, J. A. (2001). Managed care, ethics, and counseling. *Journal of Counseling & Development, 79*, 119-122.
- Daniels, J. A. (2002). Assessing threats of school violence: Implications for counselors. *Journal of Counseling & Development, 80*, 215-218.
- Evans, W. N. (1998). Assessment and diagnosis of the substance use disorders (SUDs). *Journal of Counseling & Development, 76*, 325-333.
- Fall, K. A., & Craig, S. W. (1998). Borderline personality in adolescence: An overview for counselors. *Journal of Mental Health Counseling, 20*, 315-331.
- Fong, M. L. (1995). Assessment and *DSM-IV* diagnosis of personality disorders: A primer for counselors.

Journal of Counseling & Development, 73, 635-639.

Fong, M. L., & Silien, K. A. (1999). Assessment and diagnosis of *DSM-IV* anxiety disorders. *Journal of Counseling & Development, 77, 209-217.*

Ginter, G. G. (1995). Differential diagnosis in older adults: Dementia, depression, and delirium. *Journal of Counseling & Development, 73, 346-351.*

University Policies and Procedures

Students with Disabilities (ADA Compliance):

The University of North Texas Dallas faculty is committed to complying with the Americans with Disabilities Act (ADA). Students' with documented disabilities are responsible for informing faculty of their needs for reasonable accommodations and providing written authorized documentation. Grades assigned before an accommodation is provided will not be changed as accommodations are not retroactive. For more information, you may visit the Student Life Office, Suite 200, Building 2 or call Laura Smith at 972-780-3632.

Student Evaluation of Teaching Effectiveness Policy:

The Student Evaluation of Teaching Effectiveness (SETE) is a requirement for all organized classes at UNT. This short survey will be made available to you at the end of the semester, providing you a chance to comment on how this class is taught. I am very interested in the feedback I get from students, as I work to continually improve my teaching. I consider the SETE to be an important part of your participation in this class.

Assignment Policy:

Assignments submitted late will have points deducted as determined by the instructor.

Exam Policy:

Exams should be taken as scheduled. No makeup examinations will be allowed except for documented emergencies (See Student Handbook).

Academic Integrity:

Academic integrity is a hallmark of higher education. You are expected to abide by the University's code of Academic Integrity policy. Any person suspected of academic dishonesty (i.e., cheating or plagiarism) will be handled in accordance with the University's policies and procedures. Refer to the Student Code of Academic Integrity at <http://www.unt.edu/unt-dallas/policies/Chapter%2007%20Student%20Affairs,%20Education,%20and%20Funding/7.002%20Code%20of%20Academic%20Integrity.pdf> for complete provisions of this code.

In addition, all academic work submitted for this class, including exams, papers, and written assignments should include the following statement:

On my honor, I have not given, nor received, nor witnessed any unauthorized assistance that violates the UNTD Academic Integrity Policy.

Bad Weather Policy:

On those days that present severe weather and driving conditions, a decision may be made to close the campus. In case of inclement weather, call UNT Dallas Campuses main voicemail number (972) 780-3600 or search postings on the campus website www.unt.edu/dallas. Students are encouraged to update their Eagle Alert contact information, so they will receive this information automatically.

Attendance and Participation Policy:

The University attendance policy is in effect for this course. Class attendance and participation is expected because the class is designed as a shared learning experience and because essential information not in the textbook will be discussed in class. The dynamic and intensive nature of this course makes it impossible for students to make-up or to receive credit for missed classes. Attendance and participation in all class meetings is essential to the integration of course material and your ability to demonstrate proficiency. Students are responsible to notify the instructor if they are missing class and for what reason. Students are also responsible to make up any work covered in class. It is recommended that each student coordinate with a student colleague to obtain a copy of the class notes, if they are absent.

Diversity/Tolerance Policy: Students are encouraged to contribute their perspectives and insights to class discussions. However, offensive & inappropriate language (swearing) and remarks offensive to others of particular nationalities, ethnic groups, sexual orientation, religious groups, genders, or other ascribed statuses will not be

tolerated. Disruptions which violate the Code of Student Conduct will be referred to the Office of Student Life as the instructor deems appropriate.