

DEPARTMENT: EDUCATIONAL STUDIES, LEADERSHIP, AND COUNSELING

COURSE PREFIX: CNS

COURSE NUMBER: 676

CREDIT HOURS: 3

I. TITLE: Clinical Diagnosis and Treatment Planning

II. COURSE DESCRIPTION AND PREREQUISITE(S): Course is designed to prepare students in the knowledge and understanding of human behavior, diagnosis, and methods in assessment. Students will gain knowledge and skill in conducting mental status exams, intake assessments, biopsychosocial histories, and risk assessments.

Prerequisite: permission of instructor.

III. COURSE OBJECTIVES:

Class activities will be centered on the attainment of the course objectives listed below. Following each objective, and enclosed in parentheses, are numbers that reference the Council for Accreditation of Counseling & Related Education Programs (CACREP) Standards addressed by that objective. Upon successful completion of this class, students will be able to

- A. Understand diagnostic criteria of psychiatric disorders and methodology utilized in the Diagnostic and Statistical Manual of Mental Disorders 5 and IV –TR (Section II: G.5.d.; Section III CMHC: C2, E2, G1, G2, K2, K4, L1, L2, L3; SC: D3, G1, G2; NASP 2.4);
- B. Demonstrate a basic knowledge and understanding of writing psychological evaluations using mental status exam and psychosocial history when formulating a treatment plan for clients (Section II: G.5.c., G.7.b.; Section III CMHC: C2, C7, D2, G1, G2, H1, H2, K1, K2, K3, L1; SC: D3, D4; NASP 2.4);
- C. recognize basic psychopharmacological interventions for psychological disorders and demonstrate knowledge of commonly used psychotropic medications (Section II, G.5.c, G.7.b.; Section III CMHC: C2, G2, G3; NASP 2.4);
- D. identify ethical and legal issues regarding diagnosis (Section II: G.1.j.; Section III CMHC: D2; Section III SC: A2);
- E. conduct research on best practices/evidenced based treatments (Section II: G.7.b., G.8.e.; Section III CMHC: K1, K2, K4; SC: D3);
- F. understand the wellness/developmental model as distinct from medical model (Section II: G.3.d., G.5.a.; Section III CMHC: C2, G1);
- G. understand and demonstrate principles of risk assessment and identify the impacts of crisis, disaster, and other trauma causing events (Section II G.3.d., G.7.b., G.5.c.; Section III CMHC D6, G1, L1; SC: D4; NASP 2.6);
- H. demonstrate correct diagnoses clients' mental disorders in classroom case studies and related course assignments (Section II: G.5.c.; Section III CMHC: G1, G2, H1, H2, H3, K1, K2, L1, L2; SC: D3, D4, G2);
- I. be familiar with the age, race, cultural and gender assessment issues (Section II: G.3.b., G.3.d., G.3.f., G.7.b.; Section III CMHC: D2, E2, G1, K4; SC: D3, D4); and
- J. demonstrate the ability to create treatment plans consistent with DSM 5 and DSM-IV,TR criteria (Section II: G.5.c.; Section III CMHC: G1, H2 ; Section III SC: G2; NASP 2.4).

The CAEP/EPBSB theme of diversity will be addressed via students engaging in experiential activities, including risk assessments and mental status exams that promote interaction with individuals and populations with whom they would not normally interact. Furthermore, this course promotes reflective decision making as students increase their self-awareness and understanding of how one's biases and judgements can affect the counseling relationship and the diagnosis of mental health disorders.

The MSU counseling faculty recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts (ACA 2014 Code of Ethics Preamble).

IV. CONTENT OUTLINE:

- A. Introduction to Diagnosis
- B. Treatment Planning and Case Documentation
- C. Mental Status Exam
- D. Psychosocial History and Intake Assessments
- E. Risk Assessments
- F. Competency-Based Assessments
- G. Multi axial system
- H. Mental Health Diagnosis
- I. Psychopharmacology

V. INSTRUCTIONAL ACTIVITIES:

- A. Small group and whole class discussions
- B. Assigned readings
- C. Experiential activities
- D. Digital media
- E. Research
- F. Case study applications
- G. Demonstration of risk assessments, intake assessments and mental status examinations

VI. FIELD, CLINICAL, AND/OR LABORATORY EXPERIENCES:

Risk assessment, intake interviews and mental status examination interviews

VII. TEXT AND RESOURCES:

A. Required Texts:

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*. (5th ed.). Washington, D.C: American Psychiatric Press.

Dailey, S. F., Gill, C. S., Karl, S. L., & Barrio Minton, C.A. (2014). *DSM-5 learning companion for counselors*. Alexandria, VA: American Counseling Association.

B. Other Required Selections:

Instructor assigned readings (e.g., journal articles)

C. References:

American Counseling Association. (2014). *ACA Code of Ethics 2014*. Alexandria, VA: Author.

American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: Author.

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

Dougherty, J. L. (2005). Ethics in case conceptualization and diagnosis: incorporating a medical model into the developmental counseling tradition. *Counseling and Values, 49*, 132-49.

Herson, M., Turner, S. M., & Beidel, D. C. (Eds.). (2007). *Adult psychopathology and diagnosis*. Hoboken, NJ: Wiley & Sons, Inc.

Ingram, B. L. (2006). *Clinical case formulations: matching the integrative treatment plan to the client*. Hoboken, NJ: Wiley & Sons, Inc.

Ivey, A. E., & Ivey, M. B. (1998). Reframing DSM-IV: positive strategies from developing counseling therapy. *Journal of Counseling & Development*, 76, 334-349.

VIII. EVALUATION AND GRADING PROCEDURES:

A. Course Requirements:

| | |
|-------------------------------|-------------------|
| Diagnosis Belief Paper | 50 points |
| Assessment Demonstration | |
| Intake Assessment | 20 points |
| Mental Status Examination | 20 points |
| Biopsychosocial Assessment | 20 points |
| Risk Assessment Demonstration | 30 points |
| Case Study One | 50 points |
| Case Study Two | 50 points |
| Beck Depression Inventory | 20 points |
| Beck Anxiety Inventory | 20 points |
| Symptom Checklist 90-R | 20 points |
| Pop Culture Paper | 100 points |
| Attendance and Participation | <u>100 points</u> |
| | Total 500 points |

B. Grading Scale:

| | |
|------------|-----|
| A = 91-100 | 91% |
| B = 81- 90 | 81% |
| C = 71- 80 | 71% |

- 1) Diagnosis Belief Paper (50 points).** (CACREP Section II: G.1.b., G.1.j., G.3.b, Section III CMHC: D6; SC: D4) Write a 4-6 page paper, not including title page, abstract, and references, describing your personal beliefs about the purpose, roles, benefits and biases, and dangers of diagnosis. In addition, describe any ethical issues that may arise when diagnosing clients. Describe how you believe the client's developmental level may impact diagnosis. Lastly describe your thoughts/concerns regarding conducting risk assessments. This assignment will be completed in APA (sixth edition) style. **Due 6/1/15**
- 2) Risk Assessment Role Plays (30 points)** (CACREP Section II G.5.c., Section III CMHC: D6; SC: D4). Student will demonstrate via video recording, conducting a risk/suicide assessment. Students will upload the video to Canvas along with an overview of the session and decision regarding the level of care needed for the individual. My preference is that you role play with classmates. In order to get the most out of this assignment, it will be helpful to ask your partner to play someone that is struggling with thoughts of harm to self or suicide. You may use family/friends, however, you must be sure to inform them that this is just practice and you are not in the role of a counselor. **Due 6/3/15**
- 3) Case Study Assignments (Two at 50 points each, total, 100 points).** (CACREP Section II: G.1.j.; Section III CMHC: A2, C2, C4, C7, D1, D2, D6, G1, G3, H1, J2, K1, K2, K3, K4, L1, L2, SC: D4) Write a 5-6 page paper, not including title page, abstract, references, or treatment plan, addressing: **Due 6/8/15 and 6/17/15**
 1. Justify why this individual would be diagnosed with having a mental illness.
 2. Identify the specific disorder and explain why.
 3. Why would this be considered this particular diagnosis and not something else?
 4. Describe any co-occurring issues and/or medical issues that might mimic a diagnosis.
 5. Conduct a risk assessment. Describe how you would assess for suicidal or homicidal ideation.

6. Address any cultural considerations that may be necessary to assess in relation to diagnosis
7. Identify any ethical considerations that need to be addressed.
8. Complete all 5 axes, in to the DSM 5 diagnosis.
9. Identify the assessment instruments utilized to assess client case study (MSE, biopsychosocial assessment, symptom inventories etc.)
10. Determine if there would be a need for any psychopharmacological medications and discuss why or why not.
11. Is there a need for referral and if so to where?
12. Complete a 30 day treatment plan identify measurable outcomes for interventions and treatment goals.

This assignment will be completed in APA (sixth edition) style.

- 4) Intake Interview, Mental Status Evaluation, and Biopsychosocial Assessment Demonstration (60 points total, 20 points each)** (CACREP Section II: G.5.c., G.7.b.; Section III CMHC G2, H2). Students will demonstrate via video recording, conducting a biopsychosocial assessment, intake interview, and mental status examination. Videos will be uploaded to Canvas along with the completed intake interview, mental status exam and biopsychosocial reports. My preference is that you role play these with classmates. You can ask a friend or family member to participate, but you must be clear that this is not a real assessment. Sample forms will be provided in class. For the intake assessment, you will record a shortened intake (about 30 minutes). Follow the blueprints that will be provided in class and on Canvas. You will then write-up the report from the assessment (I recommend using the format provided though you do not have to). You will post the video and the report. For the Mental Status exam, you will complete this after you do the intake. You do not have to record this as you will complete the form based on what was observed in the session. You will upload the completed form. For the Biopsychosocial, you will record the session with a peer and upload both the video and the form. **Due 6/10/15**
- 5) Beck Depression Inventory, Beck Anxiety Inventory, Symptom Checklist 90- Revised (20 points each, 60 total).** Students will complete the above mentioned assessments. Assessments will be conducted using yourself as the subject or a fictional character. You are NOT permitted to perform the assessments on anyone else. These will be discussed in class. **Due 6/22/15**
- 6) Pop Culture Paper (100 points)** (CACREP Section II: G.1.j.; Section III CMHC: A2, C2, C7, D1, D2, D6, G1, G3, H1, J2, K1, K2, K3, K4, L1, L2, SC: D4) Write a 4 page paper on a pop culture icon, celebrity, prominent news-worthy figure that you believe may warrant a clinical diagnosis. You may be as creative as you like (i.e. provide additional informational and observational data based on a clinical interview you conducted with this person). The paper must include a diagnosis, signs and symptoms of the diagnosis, developmental concerns, and a sound rational supporting the diagnosis. Include a description of the risk assessment you would complete with this client and the level of risk he/she is currently at. In addition, include any ethical/cultural concerns that might be present and a treatment plan for working with this client. **Due 6/24/15**

This assignment will be completed in APA (sixth edition) style.

- 7) Attendance & Participation (100 points):** Given the interactive nature of this course, attendance is necessary and mandatory in order to develop knowledge and skills to be ethical and effective professional counselors. This course adheres to the attendance policy published in the current MSU *Graduate Bulletin*. CNS 676 is a didactic as well as experiential and skills-based course. Experiential means in-class participation. Participation includes, but not limited to, application of the learned concepts and techniques, observing others, giving and receiving feedback, discussing, role playing, analyzing case studies, and sharing experiences. Attendance is paramount and sessions cannot be substituted by papers or reading.

In Class Participation: Students are expected to attend all classes and participate in class activities and discussions. If a student is in the borderline between two grades at the end of the semester, attendance and participation in class activities can be the reason for the instructor to give the student the higher grade.

Additional notes on assignments:

- A. For each paper be ready to have a class discussion about the subject matter.
- B. Concerning the assignments, this syllabus is subject to change throughout the course of the semester. Updated versions of the syllabus will be posted on Canvas.
- C. All papers will be written in APA format. If you have questions about formatting, refer to the sample and power point instructions.
- D. All assignments will be posted to Canvas, unless otherwise stated in the syllabus or in class. When uploaded assignments save in the following format **pender_rebecca_nameofassignment**.
- E. *Policy on late assignments:* Due to the fast pace nature of this summer course, late assignments are not accepted. Please see me if you are struggling.

IX. ATTENDANCE POLICY:

Students are expected to adhere to the MSU Attendance Policy outlined in the current *MSU Bulletin*. Additionally, students are expected to be on time for class. Tardiness and/or missed classes can result in a drop in letter grade. Cell phones will need to be off. If you anticipate a situation that requires your immediate attention, put your phone to vibrate.

X. ACADEMIC HONESTY POLICY:

Murray State University takes seriously its moral and educational obligation to maintain high standards of academic honesty and ethical behavior. Instructors are expected to evaluate students' academic achievements accurately, as well as ascertain that work submitted by students is authentic and the result of their own efforts, and consistent with established academic standards. Students are obligated to respect and abide by the basic standards of personal and professional integrity.

Violations of Academic Honesty include:

Cheating - Intentionally using or attempting to use unauthorized information such as books, notes, study aids, or other electronic, online, or digital devices in any academic exercise; as well as unauthorized communication of information by any means to or from others during any academic exercise.

Fabrication and Falsification - Intentional alteration or invention of any information or citation in an academic exercise. Falsification involves changing information whereas fabrication involves inventing or counterfeiting information.

Multiple Submission - The submission of substantial portions of the same academic work, including oral reports, for credit more than once without authorization from the instructor.

Plagiarism - Intentionally or knowingly representing the words, ideas, creative work, or data of someone else as one's own in any academic exercise, without due and proper acknowledgement.

Instructors should outline their expectations that may go beyond the scope of this policy at the beginning of each course and identify such expectations and restrictions in the course syllabus. When an instructor receives evidence, either directly or indirectly, of academic dishonesty, he or she should investigate the instance. The faculty member should then take appropriate disciplinary action.

Disciplinary action may include, but is not limited to the following:

- 1) Requiring the student(s) to repeat the exercise or do additional related exercise(s).
- 2) Lowering the grade or failing the student(s) on the particular exercise(s) involved.
- 3) Lowering the grade or failing the student(s) in the course.

If the disciplinary action results in the awarding of a grade of E in the course, the student(s) may not drop the course.

Faculty reserve the right to invalidate any exercise or other evaluative measures if substantial evidence exists that the integrity of the exercise has been compromised. Faculty also reserve the right to document in the course syllabi further academic honesty policy elements related to the individual disciplines.

A student may appeal the decision of the faculty member with the department chair in writing within five working days. Note: If, at any point in this process, the student alleges that actions have taken place that may be in violation of the Murray State University Non-Discrimination Statement, this process must be suspended and the matter be directed to the Office of Institutional Diversity, Equity and Access. Any appeal will be forwarded to the appropriate university committee as determined by the Provost.

XI. NON-DISCRIMINATION POLICY STATEMENT:

Murray State University endorses the intent of all federal and state laws created to prohibit discrimination. Murray State University does not discriminate on the basis of race, color, national origin, gender, sexual orientation, religion, age, veteran status, or disability in employment, admissions, or the provision of services and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford individuals with disabilities equal access to participate in all programs and activities. In particular and without limiting the preceding and pursuant to and consistent with the requirements of Title VI of the Civil Rights Act of 1964 and its regulations 34 CFR 100 et seq.; Section 504 of the Rehabilitation Act of 1973 and its regulations 34 CFR 104; Title IX of the Education Amendments of 1972, 20 USC 1681 et seq., and its regulations 34 CFR 106 et seq; and the Age Discrimination Act of 1975 and its regulations 34 CFR 110, Murray State University does not discriminate on the basis of race, color, national origin, sex, handicap, or age in its educational programs and activities. This non-discrimination in education programs and activities extends to employment and admissions and to recruitment, financial aid, academic programs, student services, athletics, and housing. Murray State is required by Title IX and 34 CFR part 106 not to discriminate on the basis of sex and the prohibition against sex discrimination specifically includes a prohibition of sexual harassment and sexual violence. For more information contact the Executive Director of Institutional Diversity, Equity, and Access/ Murray State University Title IX Coordinator, Murray State University, 103 Wells Hall, Murray, KY 42071 Telephone: [\(270\) 809-3155](tel:(270)809-3155) Fax: [\(270\) 809-6887](tel:(270)809-6887); TDD: [\(270\) 809-3361](tel:(270)809-3361); Email: msu.titleix@murraystate.edu **Course Specifics for CNS 676 (Summer 2016)**

CACREP Counseling Program Specifics for CNS 676

| Clinical Mental Health Counseling Objectives | | Assessment |
|---|---|---|
| Foundations A2 | Understands the history, philosophy, and trends in clinical mental health counseling | Readings, Discussion, DSM 5 Paper |
| Prevention & Intervention C2 | Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Prevention & Intervention C7 | Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Prevention & Intervention C9 | Understands professional issues relevant to the practice of clinical mental health counseling. | Readings, Discussion, DSM 5 Paper |
| Prevention & Intervention D1 | Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Prevention & Intervention D2 | Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders. | Readings, Discussion, Case Studies, Pop Culture Paper |

| | | |
|---|---|--|
| Counseling, Prevention, & Intervention D6 | Demonstrates the ability to use procedures for assessing and managing suicide risk. | Readings, Discussion, Risk Assessment Role Plays, Diagnosis Belief Paper |
| Assessment G1 | Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans. | Readings, Discussion, Case Studies, Pop Culture Paper, DSM 5 Paper |
| Assessment G2 | Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Assessment G3 | Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Assessment H1 | Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Assessment H2 | Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. | Readings, Discussion, Assessment Role Plays |
| Diagnosis K1 | Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> . | Readings, Discussion, Case Studies, Pop Culture Paper |
| Diagnosis K2 | Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Diagnosis K3 | Knows the impact of co-occurring substance use disorders on medical and psychological disorders. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Diagnosis K4 | Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Diagnosis K5 | Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event. | Readings, Discussion, Case Studies |
| Diagnosis L1 | Demonstrates appropriate use of diagnostic tools, including the current edition of the <i>DSM</i> , to describe the symptoms and clinical presentation of clients with mental and emotional impairments. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Diagnosis L2 | Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Diagnosis L3 | Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. | Readings, Discussion, Case Studies, Pop Culture Paper |
| School Counseling Objectives | | Assessment |
| Foundations A2 | Understands ethical and legal considerations specifically related to the practice of school counseling. | Readings, Discussion, DSM 5 Paper |

| | | |
|------------------------------|--|---|
| Prevention & Intervention D3 | Designs and implements prevention and intervention plans related to the effects of (a) atypical growth and development, (b) health and wellness, (c) language, (d) ability level, (e) multicultural issues, and (f) factors of resiliency on student learning and development. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Prevention & Intervention D4 | Demonstrates the ability to use procedures for assessing and managing suicide risk. | Readings, Discussion, Case Studies, Pop Culture Paper, Risk Assessment Role Plays, Diagnosis Belief Paper |
| Assessment G1 | Understands the influence of multiple factors (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression) that may affect the personal, social, and academic functioning of students. | Readings, Discussion, Case Studies, Pop Culture Paper |
| Assessment G2 | Knows signs and symptoms of substance abuse in children and adolescents, as well as the signs and symptoms of living in a home where substance abuse occurs. | Readings, Discussion, Case Studies, Pop Culture Paper |

COURSE SCHEDULE AND ASSIGNMENTS

| Date | Topic | Assignments/ Readings Due | CACREP Standard(s) |
|---------|--|---|---|
| 5/27/15 | Introduction to Diagnosis Treatment Planning and Case Documentation, Mental Status Examination, Psychosocial History Risk Assessment | | CACREP Section II: G.1.b., G.1.j., G.3.b., G.5.c., G.5.d., G.7.b.; Section III CMHC: C2, D6, E2, G1, G2, H2, K2, K4, L1, L2, L3; SC: D3, D4, G1, G2 |
| 6/1/15 | Introduction to Competency-Based Assessment Formulating the Competency-Based Assessment: The Basics Using the Multi Axil System Structural and Philosophical Changes in the DSM | Dailey et al: Chapter 1 and 2 Diagnosis Belief Paper Due | Section II: G.1.b., G.1.j., G.3.b., G.5.d.; Section III CMHC: A2, C2, C9, D6, E2, G1, G2, K2, K4, L1, L2, L3; SC: A2, D3, D4, G1, G2 |
| 6/3/15 | Neurodevelopmental Disorders, Elimination Disorders, Gender Dysphoria, Impulse Control and Conduct Disorders | Dailey et al.: Chapter 12 (Neurodevelopmental section), 8, 10, and Chapter 11 (elimination disorder section) DSM 5: Neurodevelopmental Disorders, Elimination Disorders, Gender Dysphoria, Impulse Control and Conduct Disorders Risk Assessment Demonstration Due | Section II: G.5.d.; Section III CMHC: C2, D6, E2, G1, G2, K2, K4, L1, L2, L3; SC: D3, D4, G1, G2 |

| | | | |
|---------|---|---|--|
| 6/8/15 | Neurocognitive Disorders, Substance Related and Addictive Disorders | Dailey et al: Chapters 12 (Neurocognitive section), and 9 DSM 5: Neurocognitive Disorders and Substance Related and Addictive Disorder Case Study One Due | Section II: G.5.d.; Section III CMHC: C2, E2, G1, G2, K2, K4, L1, L2, L3; SC: D3, G1, G2 |
| 6/10/15 | Schizophrenia Spectrum and Other Psychotic Disorders Bipolar and Related Disorders; Depressive Disorders | Dailey et al: Chapters 13, 3 and 4 DSM 5: Schizophrenia Spectrum and Other Psychotic Disorders; Bipolar and Related Disorders; Depressive Disorders; Intake, MSE, and Biopsychosocial Due | Section II: G.5.d.; Section III CMHC: C2, E2, G1, G2, K2, K4, L1, L2, L3; SC: D3, G1, G2 |
| 6/15/15 | Anxiety Disorders; Obsessive-Compulsive and Related Disorders; Trauma- and Stressor-Related Disorders | Dailey et al: Chapters 5, 6, and 7 DSM 5: Anxiety Disorders; Obsessive-Compulsive and Related Disorders; Trauma- and Stressor-Related Disorders | Section II: G.5.d.; Section III CMHC: C2, E2, G1, G2, K2, K4, L1, L2, L3; SC: D3, G1, G2 |
| 6/17/15 | Somatic Symptom and Related Disorders Dissociative Disorders Personality Disorders | Dailey et al: Chapters 14, 15, 16 DSM 5: Somatic Symptom and Related Disorders; Dissociative Disorders; Personality Disorders Case Study Two Due | Section II: G.1.j., G.5.d.; Section III CMHC: A2, C2, C4, C7, D1, D2, D6, E2, G1, G2, G3, H1, J2, K1, K2, K3, K4, L1, L2, L3; SC: D3, D4, G1, G2 |
| 6/22/15 | Paraphillic Disorders Other Mental Disorders Medication-Induced Movement Disorders and Other Adverse Effects of Medication Other condition That May be Focus of Clinical Attention | Dailey et al: Chapter 11 (paraphillic disorders section) DSM 5: Paraphillic Disorders; Other Mental Disorders; Medication-Induced Movement Disorders and Other Adverse Effects of Medication; Other condition That May be Focus of Clinical Attention BDI, BAI, SCL-90-R Due | Section II: G.5.d.; Section III CMHC: C2, E2, G1, G2, K2, K4, L1, L2, L3; SC: D3, G1, G2 |
| 6/24/15 | Feeding and Eating Disorders Sleep-Wake Disorders Sexual Dysfunctions Course Wrap-up, Evaluations | Dailey et al.: Chapter 11 (feeding/eating; sleep-wake; sexual dysfunctions sections) DSM 5: Feeding and Eating Disorders; Sleep-Wake Disorders; Sexual Dysfunctions Pop Culture Paper Due | Section II: G.1.j., G.5.d.; Section III CMHC: A2, C2, C7, D1, D2, D6, E2, G1, G2, G3, H1, J2, K1, K2, K3, K4, L1, L2, L3; SC: D4 |

RUBRICS

Assessment Demonstration Rubric 60 points (Assessed through video demonstration and write-up)

| CACREP Standards | Exceeds Standards | Meets Standards | Developing Standards | Does Not Meet Standards | Score |
|---|---|--|--|--|--------------|
| Section II Helping Relationships: G.5.c.; Assessment: G.7.b.; Section III Assessment: G2, H2 | Student demonstrates a thorough understanding of how to conduct a MSE. = 10 | Student demonstrates an understanding of how to conduct a MSE. =7 | Student partially demonstrates an understanding of how to conduct a MSE. =4 | Student fails to demonstrate a thorough understanding of how to conduct a MSE, =0 | |
| Write-up | Student submits a thorough written report and summary of mental status exam. = 10 | Student submits a written report and summary of mental status exam. = 7 | Student submits a partial written report and summary of mental status exam. = 4 | Student does not submit written report and summary of mental status exam. = 0 | |
| Section II Helping Relationships: G.5.c.; Assessment: G.7.b.; Section III Assessment: G2, H2 | Student demonstrates a thorough understanding of how to conduct a biopsychosocial assessment. =10 | Student demonstrates an understanding of how to conduct a biopsychosocial assessment. =7 | Student partially demonstrates an understanding of how to conduct a biopsychosocial assessment=4 | Student fails to demonstrate a thorough understanding of how to conduct biopsychosocial assessment=0 | |
| Write-up | Student submits a thorough written report and summary of biopsychosocial assessment. = 10 | Student submits a written report and summary of biopsychosocial assessment. = 7 | Student submits a partial written report and summary of biopsychosocial assessment. = 4 | Student does not submit written report and summary of biopsychosocial assessment. = 0 | |
| Section II Helping Relationships: G.5.c.; Assessment: G.7.b.; Section III Assessment: G2, H2 | Student demonstrates a thorough understanding of how to conduct a symptoms assessment. =5 | Student demonstrates an understanding of how to conduct a symptoms assessment. =3 | Student partially demonstrates an understanding of how to conduct a symptoms assessment= 1 | Student fails to demonstrate a thorough understanding of how to conduct symptoms assessment =0 | |
| | Student submits a thorough written report and summary of intake assessment. = 10 | Student submits a written report and summary of intake assessment. = 7 | Student submits a partial written report and summary of intake assessment. = 4 | Student does not submit written report and summary of intake assessment. = 0 | |

| | |
|----------------------------------|------------|
| Total Points Possible: 60 | /60 |
|----------------------------------|------------|

Risk Assessment Role Play Rubric 30 points (Assessed through video demonstration)

| CACREP Standards | Exceeds Standards | Meets Standards | Developing Standards | Does Not Meet Standards | Score |
|--|---|--|---|---|--------------|
| Section II Helping Relationships: G.5.c. | Student demonstrates a thorough understanding of how to conduct risk assessments (process, documentation, and follow-up) = 15 | Student demonstrates a thorough understanding of how to conduct risk assessments (process, documentation, and follow-up) =10 | Student demonstrates a thorough understanding of how to conduct risk assessments (process, documentation, and follow-up) =5 | Student demonstrates a thorough understanding of how to conduct risk assessments (process, documentation, and follow-up) =0 | |
| Section III Counseling, Prevention, Intervention CMHC: D6; SC: D4 | Student demonstrates how to conduct, document and follow up on a risk assessment. = 715 | Student demonstrates how to conduct, document and follow up on a risk assessment. = 10 | Student demonstrates how to conduct, document and follow up on a risk assessment. =5 | Student demonstrates how to conduct, document and follow up on a risk assessment. =0 | |
| Total Points Possible: 30 | | | | | /30 |

Diagnosis Belief Paper Rubric (50 points)

| CACREP Standards | Exceeds Standards | Meets Standards | Developing Standards | Does Not Meet Standards | Score |
|---|--|---|---|---|--------------|
| Section II Professional Orientation and Ethical Practice: G.1.b. | Describes a thorough understanding of personal beliefs regarding diagnosis. = 10 | Describes the understanding of personal beliefs regarding diagnosis. =7 | Partially Describes the understanding of personal beliefs regarding diagnosis. =4 | Fails to address Describes the understanding of personal beliefs regarding diagnosis. =0 | |
| Section II Professional Orientation and Ethical Practice: G.1.j. | Thoroughly describes the ethical implications of diagnosis in counseling. = 10 | Describes the ethical implications of diagnosis in counseling. = 7 | Partially describes the ethical implications of diagnosis in counseling. =4 | Fails to describe the ethical implication of diagnosis in counseling. = 0 | |
| Section II Human Growth and Development: G.3.b. | Fully describes how the client's developmental level may impact diagnosis and treatment planning. = 10 | Describes how the client's developmental level may impact diagnosis and treatment planning. = 7 | Partially describes how the client's developmental level may impact diagnosis and treatment planning. = 4 | Fails to describe how the client's developmental level may impact diagnosis and treatment planning. = 0 | |

| | | | | | |
|---|---|--|--|--|------------|
| Section III CMHC Counseling, Prevention, Intervention: D6 SC: D4 | Fully describes the importance and dangers of assessment and diagnosis in counseling and feelings/thoughts regarding conducting risk assessments. = 10 | Fully describes the importance and dangers of assessment and diagnosis in counseling and feelings/thoughts regarding conducting risk assessments. =7 | Fully describes the importance and dangers of assessment and diagnosis in counseling and feelings/thoughts regarding conducting risk assessments. =4 | Fully describes the importance and dangers of assessment and diagnosis in counseling and feelings/thoughts regarding conducting risk assessments. =0 | |
| Professional Writing | Refined level of writing that excellently adheres to APA format, including appropriate margins, font, running head, sentence & paragraph structure, spelling, citations & reference list (if necessary). = 10 | Appropriate level of writing that adheres to APA format with few mistakes in margins, font, running head, sentence & paragraph structure, spelling, citations & reference list (if necessary). = 7 | Writing mostly does not demonstrate APA format. = 4 | Inappropriate writing and missing APA formatting. = 0 | |
| Total Points Possible: 50 | | | | | /50 |

Diagnosis Case Study Rubric (50 points)

| CACREP Standards | Exceeds Standards | Meets Standards | Developing Standards | Does Not Meet Standards | Score |
|---|--|---|---|---|--------------|
| Section II Professional Orientation and Ethical Practice: G.1.j. | Fully describes any ethical considerations pertaining to diagnosis and treatment planning. =5 | Describes any ethical considerations pertaining to diagnosis and treatment planning. =3 | Partially describes any ethical considerations pertaining to diagnosis and treatment planning. =1 | Fails to describe any ethical considerations pertaining to diagnosis and treatment planning. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: C2 | Student thoroughly utilizes the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =5 | Student utilizes the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =3 | Student partially utilizes the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =1 | Student fails to utilize the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: | Thoroughly identifies the documentation formats of biopsychosocial case conceptualization and | Partially identifies the documentation formats of biopsychosocial case conceptualization and treatment planning | Partially identifies the documentation formats of biopsychosocial case conceptualization and treatment planning | Fails to identify the documentation formats of biopsychosocial case conceptualization and treatment planning | |

| | | | | | |
|--|--|---|---|--|--|
| C7; Section III CMHC Assessment: G2; Section III CMHC Diagnosis: K1 | treatment planning and how he/she would utilize them in the case study. =5 | and how he/she would utilize them in the case study. =3 | and how he/she would utilize them in the case study. =1 | and how he/she would utilize them in the case study. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: D1; Section III CMHC Diagnosis: K2, L1, L2 | Student thoroughly utilizes and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code). =5 | Student utilizes and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code). =3 | Student partially utilizes and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code).. =1 | Student fails to utilize and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code). =0 | |
| Section III CMHC Counseling, Prevention, Intervention: D2; Section III CMHC Diagnosis: K4 | Student thoroughly addresses multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =5 | Student addresses multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =3 | Student partially addresses multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =1 | Student fails to address multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: D6; SC: D4 | Student thoroughly identifies the risk assessment procedures followed for case study. =5 | Student identifies the risk assessment procedures followed for case study. =3 | Student partially identifies the risk assessment procedures followed for case study. =1 | Student fails to identify the risk assessment procedures followed for case study. =0 | |
| Section III CMHC Assessment: G1; Section III CMHC Assessment: H1 | Student thoroughly identifies the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =5 | Student identifies the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =3 | Student partially identifies the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =1 | Student fails to identify the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =0 | |
| Section III CMHC Assessment: G3 | Student thoroughly identifies psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =5 | Student identifies psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =3 | Student partially identifies psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =1 | Student failed to identify psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =0 | |
| Section III CMHC Research and Evaluation: J2 | Student thoroughly develops measurable outcomes for interventions and treatment goals in treatment plan. = 5 | Student develops measurable outcomes for interventions and treatment goals in treatment plan. = 3 | Student partially develops measurable outcomes for interventions and treatment goals in treatment plan. = 1 | Student fails to develop measurable outcomes for interventions and treatment goals in treatment plan. = 0 | |

| | | | | | |
|----------------------------------|--|--|---|---|------------|
| Professional Writing | Refined level of writing that excellently adheres to APA format, including appropriate margins, font, running head, sentence & paragraph structure, spelling, citations & reference list (if necessary). = 5 | Appropriate level of writing that adheres to APA format with few mistakes in margins, font, running head, sentence & paragraph structure, spelling, citations & reference list (if necessary). = 3 | Writing mostly does not demonstrate APA format. = 1 | Inappropriate writing and missing APA formatting. = 0 | |
| Total Points Possible: 50 | | | | | /50 |

Pop Culture Paper Rubric

| CACREP Standards | Exceeds Standards | Meets Standards | Developing Standards | Does Not Meet Standards | Score |
|---|---|---|---|--|--------------|
| Section II Professional Orientation and Ethical Practice: G.1.j. | Fully describes any ethical considerations pertaining to diagnosis and treatment planning. =10 | Describes any ethical considerations pertaining to diagnosis and treatment planning. =7 | Partially describes any ethical considerations pertaining to diagnosis and treatment planning. =4 | Fails to describe any ethical considerations pertaining to diagnosis and treatment planning. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: C2 | Student thoroughly utilizes the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =10 | Student utilizes the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =7 | Student partially utilizes the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =4 | Student fails to utilize the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: C7; Section III CMHC Assessment: G2; Section III CMHC Diagnosis: K1 | Thoroughly identifies the documentation formats of biopsychosocial case conceptualization and treatment planning and how he/she would utilize them in the case study. =10 | Partially identifies the documentation formats of biopsychosocial case conceptualization and treatment planning and how he/she would utilize them in the case study. =7 | Partially identifies the documentation formats of biopsychosocial case conceptualization and treatment planning and how he/she would utilize them in the case study. =4 | Fails to identify the documentation formats of biopsychosocial case conceptualization and treatment planning and how he/she would utilize them in the case study. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: D1; Section III CMHC | Student thoroughly utilizes and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code). =10 | Student utilizes and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code). =7 | Student partially utilizes and practices diagnosis, treatment, and referral of mental disorders (using diagnostic code). =4 | Student fails to utilize and practices diagnosis, treatment, and referral of mental disorders including (using diagnostic code). =0 | |

| | | | | | |
|--|---|--|---|--|-------------|
| Diagnosis: K2, L1, L2 | | | | | |
| Section III CMHC Counseling, Prevention, Intervention: D2; Section III CMHC Diagnosis: K4 | Student thoroughly addresses multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =10 | Student addresses multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =7 | Student partially addresses multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =4 | Student fails to address multicultural concerns related to case conceptualization, diagnosis, and treatment of mental disorders. =0 | |
| Section III CMHC Counseling, Prevention, Intervention: D6; SC: D4 | Student thoroughly identifies the risk assessment procedures followed for case study. =10 | Student identifies the risk assessment procedures followed for case study. =7 | Student partially identifies the risk assessment procedures followed for case study. =4 | Student fails to identify the risk assessment procedures followed for case study. =0 | |
| Section III CMHC Assessment: G1; Section III CMHC Assessment: H1 | Student thoroughly identifies the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =10 | Student identifies the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =7 | Student partially identifies the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =4 | Student fails to identify the models of assessment, case conceptualization and concepts of psychopathology leading to diagnoses and appropriate treatment planning. =0 | |
| Section III CMHC Assessment: G3 | Student thoroughly identifies psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =10 | Student identifies psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =7 | Student partially identifies psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =4 | Student failed to identify psychopharmacological medications that would be appropriate for client diagnosis and any necessary referrals. =0 | |
| Section III CMHC Research and Evaluation: J2 | Student thoroughly develops measurable outcomes for interventions and treatment goals in treatment plan. = 10 | Student develops measurable outcomes for interventions and treatment goals in treatment plan. = 7 | Student partially develops measurable outcomes for interventions and treatment goals in treatment plan. = 4 | Student fails to develop measurable outcomes for interventions and treatment goals in treatment plan. = 0 | |
| Professional Writing | Refined level of writing that excellently adheres to APA format, including appropriate margins, font, running head, sentence & paragraph structure, spelling, citations & reference list (if necessary). = 10 | Appropriate level of writing that adheres to APA format with few mistakes in margins, font, running head, sentence & paragraph structure, spelling, citations & reference list (if necessary). = 7 | Writing mostly does not demonstrate APA format. = 4 | Inappropriate writing and missing APA formatting. = 0 | |
| Total Points Possible: 100 | | | | | /100 |

| CACREP Standards | Exceeds Standards | Does Not Meet Standards | Score |
|----------------------------------|--|--|--------------|
| BDI | Student completed the Beck Depression Inventory = 20 | Student did not complete the Beck Depression Inventory = 0 | |
| BAI | Student completed the Beck Anxiety Inventory =20 | Student did not complete the Beck Anxiety Inventory =0 | |
| SCL-90-R | Student completed the Symptom Checklist 90 = 20 | Student did not complete the Symptom Checklist 90 = 0 | |
| Total Points Possible: 30 | | | /30 |