Textbook Readings:

Required:


Course description:

The purpose of this course is for students to learn about select mental disorders that pose challenges to people across the lifespan. Biological, psychological, social and environmental factors implicated in vulnerability and resilience to these disorders are examined. Students develop skills in the diagnosis of mental disorders using the most current Diagnostic and Statistical Manual of Mental Disorders (DSM) criteria. Students also learn treatment planning strategies using best practice and evidence-based treatment approaches and models.

Course objectives:

Students who participate in this course will:

1. demonstrate an understanding of factors contributing to vulnerability and resilience to psychopathology;
2. demonstrate how to conduct an intake interview and mental status examination for the purpose of diagnosis and treatment planning;
3. demonstrate a working knowledge of the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);
4. demonstrate an understanding of and systematic approach to case conceptualization and treatment planning;
5. demonstrate how to devise treatment plans for mental disorders;
6. demonstrate an understanding of best practice and evidence-based treatment approaches and models for mental disorders including psychopharmacological medications;
7. demonstrate the ability to match best practice or evidence-based treatment approaches and models to the most relevant mental disorders;
8. demonstrate an understanding of ethical and legal considerations involved in the area of diagnosis and treatment planning.
<table>
<thead>
<tr>
<th>Standard #</th>
<th>Core Curricular Category</th>
<th>Standard</th>
<th>Learning Activities &amp; Experiences</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-G-5-c</td>
<td>Helping Relationships</td>
<td>Essential interviewing and counseling skills</td>
<td>Lecture, course notes &amp; readings; Diagnostic interview &amp; mental status exam role play/assignment; Exam</td>
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<tr>
<td>Standard #</td>
<td>Clinical Mental Health Counseling</td>
<td>Standard</td>
<td>Learning Activities &amp; Experiences</td>
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<tr>
<td>CMHC-A-6</td>
<td>Foundations–Knowledge</td>
<td>Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders</td>
<td>Lecture, course notes &amp; readings; Exam questions</td>
</tr>
<tr>
<td>CMHC-C-2</td>
<td>Counseling, Prevention, and Intervention - Knowledge</td>
<td>Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders</td>
<td>Lecture, course notes &amp; readings; Discussion board questions; Diagnosis &amp; treatment planning case homework; Exam questions</td>
</tr>
<tr>
<td>CMHC-D-1</td>
<td>Counseling, Prevention, and Intervention – Skills &amp; Practices</td>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling</td>
<td>Lecture, course notes &amp; readings; Diagnosis &amp; treatment planning case homework; Exam questions</td>
</tr>
<tr>
<td>CMHC-G-1</td>
<td>Assessment - Knowledge</td>
<td>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</td>
<td>Lecture, course notes &amp; readings; Diagnostic interview &amp; report assignment; Exam questions</td>
</tr>
<tr>
<td>CMHC-G-2</td>
<td>Assessment – Knowledge</td>
<td>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</td>
<td>Lecture, course notes &amp; readings; Diagnostic interview &amp; report assignment (includes mental status exam); Exam questions</td>
</tr>
<tr>
<td>CMHC-H-2</td>
<td>Assessment – Skills and Practices</td>
<td>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</td>
<td>Lecture, course notes &amp; readings; Role plays; Diagnostic interview &amp; report assignment (includes mental status exam); Exam</td>
</tr>
<tr>
<td>CMHC-H-3</td>
<td>Assessment – Skills and Practices</td>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders</td>
<td>Lecture, course notes &amp; readings; Diagnostic interview &amp; report assignment; Exam questions</td>
</tr>
<tr>
<td>CMHC-I-3</td>
<td>Research &amp; Evaluation - Knowledge</td>
<td>Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling</td>
<td>Lecture, course notes &amp; readings; Exam questions; Using &amp; interpreting Outcome Questionnaire-45 (OQ-45)</td>
</tr>
<tr>
<td>CMHC-K-1</td>
<td>Diagnosis - Knowledge</td>
<td>Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the <em>Diagnostic and Statistical Manual of Mental Disorders</em> (DSM)</td>
<td>Lecture, course notes &amp; readings; Diagnosis &amp; treatment planning case homework; Exam questions</td>
</tr>
<tr>
<td>CMHC-K-2</td>
<td>Diagnosis – Knowledge</td>
<td>Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care</td>
<td>Lecture, course notes &amp; readings; Diagnosis &amp; treatment planning case homework; Exam questions</td>
</tr>
<tr>
<td>CMHC-K-3</td>
<td>Diagnosis – Knowledge</td>
<td>Knows the impact of co-occurring substance use disorders on medical and psychological disorders</td>
<td>Lecture, course notes &amp; readings; Diagnosis &amp; treatment planning case homework; Exam questions</td>
</tr>
<tr>
<td>CMHC-K-5</td>
<td>Diagnosis – Knowledge</td>
<td>Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event</td>
<td>Lecture, course notes &amp; readings; Exam questions</td>
</tr>
<tr>
<td>CMHC-L-1</td>
<td>Diagnosis – Skills &amp; Practices</td>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments</td>
<td>Lecture, course notes &amp; readings; Diagnosis &amp; treatment planning case homework; Exam questions</td>
</tr>
<tr>
<td>CMHC-L-2</td>
<td>Diagnosis – Skills &amp; Practices</td>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals</td>
<td>Lecture, course notes &amp; readings; Diagnostic interview &amp; mental status exam role play/assignment; Exam questions</td>
</tr>
<tr>
<td>CMHC-L-3</td>
<td>Diagnosis – Skills &amp; Practices</td>
<td>Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events</td>
<td>Lecture, course notes &amp; readings; Diagnostic interview &amp; mental status exam role play/assignment; Exam questions</td>
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</tbody>
</table>

**Course structure:**

This is a “hybrid” course meaning that part of the course is spent in direct face-to-face contact with the instructor and your classmates while the other part is spent completing Internet-based and related activities. The class meets in person on the following dates:
When the class meets in person, it will consist of lecture and discussion activities as well as small group & role playing exercises. It is important that you participate in classroom discussions and work diligently on projects with your classmates. This course is a “microcosm” of the real world, a world in which you will soon be discussing diagnostic and treatment issues with other mental health professionals. Thus, it is important that you and your classmates start thinking of yourselves as professionals when engaging in class activities.

For each “in-person” class, prepare a discussion question that you might pose to the class for discussion pertaining to that week’s material. Although you might not get the opportunity to ask your question, you should prepare it nonetheless in the event there is time to engage in more informal discussions of the material.

The content of the online portion of the course is presented in “modules” which contain topic-specific material to be covered during a particular time period. For each module, you will read the information contained on the Diagnosis and Treatment Planning in Counseling website and complete any assigned activities associated with a module. These activities will usually entail responding to questions posed by the instructor on an electronic discussion board pertaining to the module material and/or readings for a particular week and participating in discussions “from a distance” (i.e., discussion board activities). Make it a goal to complete the module and any associated discussion board activities or assignments by (or prior to) the date listed on the course outline (which can be found later in this syllabus).

Course notes for the online portion of the course will be available by accessing the Diagnosis and Treatment Planning in Counseling website through D2L (i.e., https://elearn.mtsu.edu/), MTSU’s portal to university-related materials. The instructor will save the course notes (and all other materials) as Adobe/.pdf files, thus you will be required to have the most recent version of Adobe Reader installed on your computer in order to view and print the notes. (NOTE: This program can be downloaded for free by typing the following URL into the address box of your browser: http://get.adobe.com/reader/).

IT IS VERY IMPORTANT THAT YOU CHECK YOUR E-MAIL ACCOUNT WITHIN THE DIAGNOSIS AND TREATMENT PLANNING IN COUNSELING WEBSITE SEVERAL TIMES A WEEK AS THIS IS THE PRIMARY METHOD OF COMMUNICATION BETWEEN YOU AND THE INSTRUCTOR! (NOTE: University e-mail addresses have automatically been entered into the course website by the Office of Information Technology and these are the addresses that must be used for the course. The instructor will not use any other e-mail address for communication purposes.) If at any time you feel you are having trouble keeping up, contact the instructor immediately so the problem can be addressed expediently.

Evaluation of Coursework/Class Participation:

1. Attendance. Given that this class only meets “in person” four times, it is important that you attend all of the class meetings. Indeed, small group work, role plays and classroom discussions are an important part of the learning process, thus you are expected to attend class to contribute to its success. Attendance accounts for approximately 10% of your grade. The breakdown of credit for attendance is as follows:
• Attended four complete class sessions – 30 points
• Attended three complete class sessions – 20 points
• Attended two complete class sessions – 10 points
• Attended one or less complete class sessions – 0 points

If you miss more than one hour of a class on a day the class meets in person, you will not be given credit for attending that day’s class (i.e., no half-credit is given). If you must miss a class for an extenuating circumstance or university-sponsored event (e.g., attending a sporting event as a member of an MTSU sports team), you may make up the points by writing twenty-five (25) “Jeopardy” questions pertaining to the missed class material which can be used for a game-like learning activity to benefit your classmates (e.g., “Deficits in intellectual functions and adaptive functioning are required for this disorder...What is ‘Intellectual Disability.’”). You must write ALL 25 questions to be eligible to receive make-up credit and submit them to the instructor within two weeks following the missed class session. **You may only earn make-up credit once (i.e., for one missed or partially missed class).**

2. **Class participation.** Class participation points are primarily based on the internet-portion of the class. The instructor will be tracking student activities related to assigned class interactions and lesson activities. Personal on-line activities, such as chatting with classmates regarding non-class-related topics, or asking for advice from the instructor, etc. do not count as "participation." You are required to post a response to a discussion question and/or activity on the discussion board by the due date specified by the instructor. In some cases, you will be required to participate more than the minimal amount in order to properly complete an activity.

**The minimum amount of participation is to contribute a detailed, well-reasoned response to the discussion board at least four times throughout the course of the class AND to respond to the response of one classmate at least once per discussion board activity (i.e., a total of four responses to classmates).**

**In order to receive credit for discussion board participation, YOU WILL NEED TO DEPOSIT COPIES OF YOUR RESPONSES (I.E., YOUR OWN RESPONSE TO THE QUESTION AND YOUR RESPONSE TO A CLASSMATE’S RESPONSE) IN THE APPROPRIATE “DROP BOX” IN ADDITION TO POSTING YOUR RESPONSES TO THE DISCUSSION BOARD. You must post a response AND place a copy of your response in the drop box by the due date specified by the instructor. This rule is in place to ensure that students are posting responses that are current and do not pertain to an issue that, say, was already covered the previous week.**

**Whenever you deposit a copy of your response in the drop box, please use this specific format for the title of your file:**

```
John Doe (i.e., your name) – Module 1 (or whatever module number the question pertains to that day) discussion board response (or response to classmate’s response)
```

```
e.g., John Doe – Module 1 discussion board response
  e.g., John Doe – Module 1 response to classmate’s response
```

**IMPORTANT:** Simply writing a few words or a sentence and posting this to the discussion board **does not** constitute proper participation (e.g., “I agree with what Ernie said.”). **If it is apparent that you are merely posting a response for the sake of earning participation points, and have not really thought about the issue at**
hand, you will not receive credit for participation. The instructor is looking for well reasoned thoughts, opinions, positions, and/or arguments pertaining to the question or the responses of your classmates. Remember, start thinking of yourself as a professional and let your responses reflect your level of professionalism!

If your responses (i.e., your response to a discussion board activity AND your response to a classmate’s response) for a module are deemed worthy of credit then you will be awarded 5 points for the set of responses. You will be required to post four sets of responses over the course of the semester (you may, and are encouraged, to participate more than the minimal four times). You may only accumulate 5 points per discussion topic/activity, although in some cases you may end up posting more than one response to a particular topic/activity/module.

### Discussion Board Scoring Rubric

<table>
<thead>
<tr>
<th>5 points</th>
<th>0 points</th>
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</thead>
<tbody>
<tr>
<td><strong>Discussion board responses:</strong></td>
<td><strong>Discussion board responses:</strong></td>
</tr>
<tr>
<td>• are made in time for others to read and respond</td>
<td>• may not be made in time for others to read and respond</td>
</tr>
<tr>
<td>• deliver information that is full of thought, insight, and analysis</td>
<td>• are rudimentary and superficial; there is little evidence of insight or analysis</td>
</tr>
<tr>
<td>• make connections to previous or current content or to real-life situations</td>
<td>• contribute few ideas, connections, or applications</td>
</tr>
<tr>
<td>• contain rich and fully developed ideas, connections, or applications</td>
<td>• may be off topic</td>
</tr>
</tbody>
</table>

Class participation via responding to discussion board questions & associated activities will account for approximately 5% of your grade (4 sets of discussion board responses X 5 points = 20 points). Class participation points will be assigned as follows:

- 20 points – if you post to the discussion board & deposit 4 sets of discussion board responses in the drop box within the specified time frame and the instructor deems your responses worthy of credit.
- 15 points – if you post to the discussion board & deposit 3 sets of discussion board responses in the drop box within the specified time frame and the instructor deems your responses worthy of credit.
- 10 points – if you post to the discussion board & deposit 2 sets of discussion board responses in the drop box within the specified time frame and the instructor deems your responses worthy of credit.
- 5 points – if you post to the discussion board & deposit 1 set of discussion board responses in the drop box within the specified time frame and the instructor deems your responses worthy of credit.
- 0 points – if a) you do not post or deposit any discussion board responses in the drop box, b) you fail to post a response to a classmate’s response (or do not deposit it in the appropriate drop box), c) and/or if the instructor deems that your responses are not worthy of credit.

3. **Class assignments:**
a. Diagnosis and treatment planning skill development. “Practice makes perfect” when it comes to learning how to diagnose and treat mental disorders. One of the best ways of honing your diagnostic skills is to read through a series of cases and determine what the most likely diagnoses are based on background information, symptoms and behaviors. As such, you will read two cases per week day starting the third week of class and determine the tentative diagnosis and treatment plan for each case based on the information provided by the instructor. In addition, given that many symptoms and behaviors overlap across various mental disorders, you will also be required to list any diagnoses which should be ruled out if you had the opportunity to continue working with the individuals in the case scenarios. The following format should be used when completing these assignments:

- Case # - Name of case:
- Relevant symptoms:
- Tentative diagnosis:
- Page # in DSM-5:
- Diagnostic rule outs/differential diagnosis:
- Tentative treatment plan:

Deposit your diagnosis and treatment planning homework in the designated drop box. The instructor will either post to the discussion board or discuss in class (depending on when the class meets in person) the most likely diagnoses and optimal treatment plans for each case after you and your classmates have submitted your responses. A maximum of ten points can be earned for each homework assignment. Homework assignments will be evaluated based on thoroughness, accuracy of diagnosis, and appropriateness and quality of treatment plan. The assignments will account for approximately 30% of your grade (10 points possible X 10 cases = 100 points).

<table>
<thead>
<tr>
<th>Diagnosis &amp; Treatment Planning Skill Development Case Homework Rubric</th>
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<tbody>
<tr>
<td>Categories upon which student will be evaluated</td>
</tr>
<tr>
<td>Relevant symptoms:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Tentative diagnosis:</td>
</tr>
<tr>
<td>Diagnostic rule outs / Differential diagnosis:</td>
</tr>
</tbody>
</table>
### Tentative Treatment Plan:

<table>
<thead>
<tr>
<th><strong>Goal</strong></th>
<th><strong>Objective</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lists one or more goals that are not logical, relevant and/or “doable” even though percentage reductions/improvements and time frames for specified changes are listed OR lists one or more goals that may lack some logic, relevance and/or “doability,” but percentage reductions/improvements and/or time frames for specified changes are not listed or are not clear, logical and/or realistic.</td>
<td>Lists one or more objectives that lack some clarity, relevance and/or “doability;” may or may not include evidence-based treatment approaches for the specified disorder.</td>
</tr>
<tr>
<td>Lists one or more goals that are logical, relevant and/or “doable,” but does not include percentage reduction/improvement and/or time frame for specified changes (or does not do so in a clear, logical and/or realistic manner) OR lists one or more goals that lack some logic, relevance and/or “doability” even though proper percentage reductions/improvements and time frames for specified changes are listed.</td>
<td>Lists one or more objectives that are clear, relevant and “doable” and includes evidence-based treatment approaches for the specified disorder.</td>
</tr>
</tbody>
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### Overall Rubric Score:

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### Scoring Conversion (Rubric Score to Points):

- **9 or 10 points** – student’s responses fulfill at least 4 out of 5 criteria in Target/Outstanding category; no responses fall in the Unacceptable category (in addition, 8 is the highest score possible if student omits one of the five categories)
- **7 or 8 points** – student’s responses fulfill 3 criteria in Target/Outstanding category and 2 criteria in Marginal/Acceptable category OR all criteria in Marginal/Acceptable category (in addition, 6 is the highest score possible if student omits one of the five categories OR one of the elements is judged to fall in the Unacceptable category)
- **6 or fewer points** – students responses fulfill all or nearly all criteria in Unacceptable category
c. Mental status exam & diagnostic interview. You will conduct a mental status exam and a diagnostic interview with another student serving as a client with one (or more) DSM-5 disorders. These are separate activities and each activity should be video recorded for review and evaluation by the instructor. The clients for both activities – mental status exam and diagnostic interview – should be adults. Each activity is worth 30 points (60 points total) and accounts for approximately 15% of your grade.

<table>
<thead>
<tr>
<th>Mental Status Exam (MSE) Video Rubric</th>
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<tbody>
<tr>
<td><strong>Categories upon which student will be evaluated</strong></td>
</tr>
<tr>
<td><strong>Length of MSE</strong></td>
</tr>
<tr>
<td>MSE lasted less than 6 minutes</td>
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<tr>
<td><strong>Introducing the MSE</strong></td>
</tr>
<tr>
<td><strong>Categories covered during MSE</strong></td>
</tr>
<tr>
<td><strong>Amount &amp; quality of information obtained during MSE</strong></td>
</tr>
<tr>
<td><strong>Listening skill elements</strong></td>
</tr>
</tbody>
</table>

**Overall rubric score:** ______

**Scoring conversion (overall rubric score to points):**
- 9 or 10 rubric points = 27 – 30 points – student’s responses fulfill at least 4 out of 5 criteria in
Target/Outstanding category: no responses fall in the Unacceptable category (in addition, 8 is the highest score possible if student omits one of the five categories)

- **7 or 8 rubric points = 21 – 26 points** - student’s responses fulfill 3 criteria in Target/Outstanding category and 2 criteria in Marginal/Acceptable category OR all criteria in Marginal/Acceptable category (in addition, 6 is the highest score possible if student omits one of the five categories OR one of the elements is judged to fall in the Unacceptable category)

- **6 or fewer rubric points – 0 - 10 points** - students responses fulfill all or nearly all criteria in Unacceptable category

### Diagnostic Interview Video Rubric

<table>
<thead>
<tr>
<th>Categories upon which student will be evaluated</th>
<th>Points awarded for each category based on fulfillment of specific criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Length of interview</td>
<td><strong>Unacceptable</strong></td>
</tr>
<tr>
<td>Interview lasted for less than 15 minutes</td>
<td>6 or less</td>
</tr>
<tr>
<td>Categories/topics covered in interview</td>
<td>Addresses few or no categories/topic areas listed in interview protocol</td>
</tr>
<tr>
<td>(NOTE: It is not necessary to ask every question that is listed within a category/topic area in the protocol.)</td>
<td>Does not determine if situation is crisis/trauma-related and, if so, if client’s reaction is developmentally-appropriate/expected OR indicative of pathology by asking questions pertaining to onset, frequency, intensity, and duration of symptoms/behaviors and impact on functioning</td>
</tr>
<tr>
<td>Quality of information obtained in interview</td>
<td>Does not obtain relevant, detailed, and/or sufficient information from client that would assist with diagnosis and/or case conceptualization purposes; balances</td>
</tr>
</tbody>
</table>
### Diagnosis and Treatment Planning Syllabus

<table>
<thead>
<tr>
<th>Information gathering and relationship building</th>
<th>Diagnosis and/or conceptualization of case; may not be thorough and/or concise in many areas</th>
<th>Conceptualization of case; may be too thorough in some areas and not enough in others</th>
<th>Thoroughness with conciseness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asks relevant questions, but misses many opportunities to provide empathic and other relationship responses (or vice-versa) throughout course of interview; may place a heavy emphasis on “fact-finding”</strong></td>
<td></td>
<td></td>
<td>Provides a good balance of asking relevant questions to obtain information and providing empathic and other relationship-building responses throughout course of interview</td>
</tr>
<tr>
<td><strong>Develops one goal and an associated objective with client; Goal and objective are clear, relevant and “doable;” Goal includes percentage reduction/improvement and time frame for specified changes.</strong></td>
<td><strong>Does not develop goal and/or objective OR develops one goal and an associated objective with client; Goal and objective lacks a great deal of clarity, relevance and/or “doability;” Goal, if developed, may or may not include percentage reduction/improvement and/or time frame for specified changes.</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Develops one goal and an associated objective with client; Goal and objective lack some clarity, relevance and/or “doability;” Goal includes percentage reduction/improvement and time frame for specified changes.</strong></td>
<td><strong>Asks relevant questions, but misses some opportunities to provide empathic and other relationship-building responses (or vice-versa) throughout course of interview; tends to engage in “fact-finding”</strong></td>
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</tr>
</tbody>
</table>

**Overall rubric score:**

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**Scoring conversion (overall rubric score to points):**

- **9 or 10 rubric points = 27 – 30 points** – student’s responses fulfill at least 4 out of 5 criteria in Target/Outstanding category; no responses fall in the Unacceptable category (in addition, 8 is the highest score possible if student omits one of the five categories)
- **7 or 8 rubric points = 21 – 26 points** – student’s responses fulfill 3 criteria in Target/Outstanding category and 2 criteria in Marginal/Acceptable category OR all criteria in Marginal/Acceptable category (in addition, 6 is the highest score possible if student omits one of the five categories OR one of the elements is judged to fall in the Unacceptable category)
- **6 or fewer rubric points – 0 - 10 points** – students responses fulfill all or nearly all criteria in Unacceptable category
d. Diagnostic interview reports. A diagnostic report must be submitted to the instructor with the video recording. The report structure should be as follows:

- Identifying information
- Reason for referral/presenting concerns
- Psychosocial history (not necessary for the Mental Status Exam/Diagnostic Interview #1 assignment)
- Mental status (not necessary for the Diagnostic Interview #2 assignment)
- Symptoms & associated emotional/behavioral problems
- Diagnosis
- Treatment plan (using best practices or evidence-based treatment approaches obtained from places such as SAMHSA’s National Registry of Evidence-based Programs and Practices website, Society of Clinical Psychology Research-Supported Psychological Treatments website, Evidence-Based Behavioral Practice website, Effective Child Therapy website, textbooks, journal articles, etc.)

Each report should be typed and conform to the following requirements:

- Double-spaced
- 12-inch Times Roman Font,
- 1” margins
- No longer than five pages

The reports will be worth 20 points each (40 points total) and accounts for approximately 10% of your grade.

<table>
<thead>
<tr>
<th>Category</th>
<th>Simple Holistic Rubric – Written Assignments*</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target/Outstanding</td>
<td>• Exceptionally well written</td>
<td>9 – 10</td>
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<tr>
<td></td>
<td>• Excellent integration, synthesis and/or analysis of ideas</td>
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<td></td>
<td>• Professional/high quality</td>
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<td>• Comprehensive and coherent</td>
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<td></td>
<td>• Logical flow and sequencing of ideas; excellent transitions from point to point</td>
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<td></td>
<td>• Includes all required elements</td>
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<td></td>
<td>• Very clear and specific</td>
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<td>• Provides ample citations and examples to support positions taken in written product</td>
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<td>• Excellent sentence structure</td>
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<td></td>
<td>• No (or very few) grammatical errors</td>
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<td>• Mastery of APA style (when required by professor)</td>
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<tr>
<td>Marginal/Acetable</td>
<td>• Well written</td>
<td>8</td>
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<td></td>
<td>• Good integration, synthesis and/or analysis of ideas</td>
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<tr>
<td></td>
<td>• Reasonably professional/high quality</td>
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<td></td>
<td>• Includes most required elements</td>
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<td>• Largely comprehensive and coherent</td>
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<td>Good</td>
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<tr>
<td>Reasonably good flow/sequencing of ideas; may have a few unclear transitions</td>
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<tr>
<td>Lacks some clarity and/or specificity</td>
<td></td>
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<tr>
<td>Provides citations and examples to support most positions taken in written product</td>
<td></td>
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<tr>
<td>Good sentence structure</td>
<td></td>
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<tr>
<td>Some grammatical errors, but does not detract from overall quality of written product</td>
<td></td>
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</tr>
<tr>
<td>Good use of APA style (when required by professor); some minor errors</td>
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<tr>
<td>Simplistically written</td>
<td></td>
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<tr>
<td>Descent presentation of ideas, but little effort to integrate, synthesize and/or analyze ideas</td>
<td></td>
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<tr>
<td>Lacks “polish”/marginal quality</td>
<td></td>
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<tr>
<td>Superficial presentation of ideas</td>
<td></td>
<td></td>
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<tr>
<td>Lacks logical flow/sequencing of ideas; weak transitions</td>
<td></td>
<td></td>
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<tr>
<td>Lacks many required elements</td>
<td></td>
<td></td>
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<tr>
<td>Lacks much clarity and/or specificity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lacks citations and examples to support some key positions taken in written product</td>
<td></td>
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<tr>
<td>Fairly good sentence structure, but awkward phrasing detracts from written product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Several grammatical errors, but does not seriously detract from quality of written product</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Several errors in use of APA style (when required by professor)</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Unacceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorly written</td>
</tr>
<tr>
<td>Numerous writing errors</td>
</tr>
<tr>
<td>Difficult to understand</td>
</tr>
<tr>
<td>Lacks structure</td>
</tr>
<tr>
<td>Very unclear and/or non-specific</td>
</tr>
<tr>
<td>Very little flow or logical sequencing of ideas; transitions confusing or unclear</td>
</tr>
<tr>
<td>Lacks nearly all required elements</td>
</tr>
<tr>
<td>Very few citations and examples to support most key positions taken in written product</td>
</tr>
<tr>
<td>Poor sentence structure seriously detracts from written product</td>
</tr>
<tr>
<td>Grammatical errors seriously detract from quality of written product</td>
</tr>
<tr>
<td>Does not use APA style or makes a substantial number of errors in use of APA style (when required by professor)</td>
</tr>
</tbody>
</table>

**Scoring conversion (overall rubric score to points):**

- 9 or 10 rubric points = 18 - 20 points
- 7 or 8 rubric points = 14 – 17 points
- 6 or fewer rubric points = 0 – 10 points
e. Portrayals of diagnoses. When you serve as the “client” in your partner’s videos/audios, you will be graded according to accuracy of portraying the diagnosis. You should use the DSM-5 and any relevant case studies to prepare for your portrayal (you may also consult with the instructor). The second video/audio (i.e., diagnostic interview) should involve a client portraying a dual diagnosis (i.e., “co-morbid” or two diagnoses); starting in fall ‘14 one of the two diagnoses must be some type of substance use disorder. Portrayals are worth 10 points each (20 points total) and account for approximately 5% of your grade.

NOTE: One-quarter of the possible points that could be earned for a given assignment will be deducted each day that an assignment is turned in late.

4. Exams. There are two (2) exams for this course that can be accessed on the D2L course website. These involve multiple-choice and short-answer essay questions based on classroom and online lecture materials as well as textbook readings and readings distributed in class. You will also be asked to analyze cases and come up with suitable diagnoses and treatment plans. Short-answer essay questions will be evaluated on the basis of their accuracy, thoroughness, and the successful application and integration of relevant course material in answering the specific questions that are posed. The exams are open-book and open-note, but must be completed individually (i.e., no consulting with your classmates – you’re on the honor system!). Each exam is worth 40 points (80 points total); exams account for approximately 25% of your grade.

Grading system:

There are a total of 350 points that can be earned in this course. There is no opportunity to earn extra credit! A standard grading scale will be used to calculate students’ scores as follows:

<table>
<thead>
<tr>
<th>Point total</th>
<th>Percentage</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>325 - 350</td>
<td>93 – 100%</td>
<td>A</td>
</tr>
<tr>
<td>315 - 324</td>
<td>90 – 92%</td>
<td>A-</td>
</tr>
<tr>
<td>305 - 314</td>
<td>87 – 89%</td>
<td>B+</td>
</tr>
<tr>
<td>294 - 304</td>
<td>84 – 86%</td>
<td>B</td>
</tr>
<tr>
<td>280 - 293</td>
<td>80 – 83%</td>
<td>B-</td>
</tr>
<tr>
<td>270 - 279</td>
<td>77 – 79%</td>
<td>C+</td>
</tr>
<tr>
<td>259 - 269</td>
<td>74 – 76%</td>
<td>C</td>
</tr>
<tr>
<td>245 - 258</td>
<td>70 – 73%</td>
<td>C-</td>
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<tr>
<td>244 and below</td>
<td>Below 70%</td>
<td>F</td>
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</table>

Counseling Dispositions

Students in the Professional Counseling program are required to demonstrate program Dispositions (i.e., being
collaborative, ethical, professional, reflective, self-directed, and critical-thinking students) in this class and in all other academic and professional endeavors. Information regarding demonstration of these dispositions may be communicated to program faculty and used as a component of the faculty’s continuous evaluation of student progress. (See Professional Counseling Program Handbook for details.)

**Reasonable Accommodations for Students with Disabilities**

If you have a documented disability as described by Section 504 of the Rehabilitation Act of 1973 and the American with Disabilities Act (ADA) and would like to request academic and/or physical accommodations, please contact John Harris, Director, Disabled Student Services, KUC 120 (898-2783) as soon as possible.

Course requirements will not be waived, but reasonable accommodations may be provided as appropriate.

<table>
<thead>
<tr>
<th>Week</th>
<th>Module &amp; Topic</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Module #1</strong></td>
<td></td>
</tr>
<tr>
<td>Date (Meet in person)</td>
<td>Developmental psychopathology</td>
<td>The Domain of Developmental Psychopathology (Sroufe &amp; Rutter)</td>
</tr>
<tr>
<td></td>
<td><strong>Module #2</strong></td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>The ABC’s of Diagnosis</td>
<td>Chapters 1, 2 &amp; 3 (House)</td>
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<tr>
<td></td>
<td>The Mental Status Exam</td>
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<tr>
<td></td>
<td>Evaluations of Infants, Children &amp; Adolescents</td>
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<td></td>
<td>Sources of Data</td>
<td></td>
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<tr>
<td></td>
<td><strong>Module #3</strong></td>
<td></td>
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<tr>
<td>Date (Meet in person)</td>
<td>Diagnostic and Statistical Manual of Mental Disorders - Overview</td>
<td>Use of the Manual</td>
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<tr>
<td></td>
<td><strong>Module #4</strong></td>
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<tr>
<td></td>
<td>Evaluation of Cognitive</td>
<td>DSM-5 Classification</td>
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<td></td>
<td></td>
<td>Chapter 4 (House)</td>
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<tr>
<td>Date</td>
<td>Problems in Children</td>
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<tr>
<td>• Case #1 homework (Due 9/20/13)</td>
<td></td>
<td>• Intellectual Disability (Intellectual Developmental Disorder)</td>
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<tr>
<td>Module #5</td>
<td>• Evaluating Pervasive Problems in Children</td>
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<tr>
<td></td>
<td>• Autism Spectrum Disorder</td>
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<tr>
<td>Module #6</td>
<td>• Evaluating Behavior Problems in Children and Adolescents</td>
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<tr>
<td></td>
<td>• Attention-Deficit/Hyperactivity Disorder</td>
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<td></td>
<td>• Conduct Disorder</td>
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<tr>
<td></td>
<td>• Oppositional Defiant Disorder</td>
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<tr>
<td>Module #7</td>
<td>• Tourette’s Disorder</td>
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<td></td>
<td>• Encopresis &amp; Enuresis</td>
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<td></td>
<td>• Separation Anxiety Disorder</td>
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<tr>
<td>Module #8</td>
<td>• Feeding and Eating Disorders</td>
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<tr>
<td></td>
<td>• Anorexia Nervosa</td>
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<td></td>
<td>• Bulimia Nervosa</td>
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<tr>
<td>Module #9</td>
<td>• Evaluating Emotional Problems in Children</td>
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<td></td>
<td>• Depressive Disorders</td>
<td></td>
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<tr>
<td></td>
<td>• Major Depressive</td>
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<tr>
<td></td>
<td>• Neurodevelopmental Disorders (DSM-5)</td>
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<tr>
<td></td>
<td>• Bipolar and Related</td>
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<tr>
<td>Module</td>
<td>Topics</td>
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<tr>
<td>#10</td>
<td>Persistent Depressive Disorder (Dysthymia)</td>
<td>Substance-Related and Addictive Disorders</td>
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<td></td>
<td>Bipolar and Related Disorders</td>
<td>Chapter 9 (House)</td>
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<tr>
<td></td>
<td>Bipolar I &amp; II Disorder</td>
<td>Substance-Related and Addictive Disorders (DSM-5)</td>
</tr>
<tr>
<td></td>
<td>Cyclothymic Disorder</td>
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<tr>
<td></td>
<td><strong>Module #11 (Part I)</strong></td>
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<tr>
<td></td>
<td>Anxiety Disorders</td>
<td>Anxiety Disorders (DSM-5)</td>
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<tr>
<td></td>
<td>Panic Disorder</td>
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<tr>
<td></td>
<td>Agoraphobia</td>
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<tr>
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<td><strong>Module #11 (Part II)</strong></td>
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<tr>
<td></td>
<td>Anxiety Disorders</td>
<td>Anxiety Disorders (DSM-5)</td>
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<tr>
<td></td>
<td>Specific Phobia</td>
<td>Obsessive-Compulsive and Related Disorders (DSM-5)</td>
</tr>
<tr>
<td></td>
<td>Social Anxiety Disorder (Social Phobia)</td>
<td>Trauma and Stressor-Related Disorders (DSM-5)</td>
</tr>
<tr>
<td></td>
<td>Obsessive-Compulsive and Related Disorders</td>
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<tr>
<td></td>
<td>Obsessive-Compulsive Disorder</td>
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<td></td>
<td><strong>Module #12</strong></td>
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<tr>
<td></td>
<td>Adjustment Disorders</td>
<td>Trauma and Stressor-Related Disorders (DSM-5)</td>
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<tr>
<td></td>
<td>With Depressed Mood</td>
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<td>With Anxiety</td>
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<td>With Mixed Anxiety and Depressed Mood</td>
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<td></td>
<td>With Disturbance of Conduct</td>
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<tr>
<td></td>
<td>With Mixed Disturbance of Emotions and Conduct</td>
<td></td>
</tr>
</tbody>
</table>
(Note: The instructor has been granted permission to use portions of elements contained in the Diagnosis & Treatment Planning syllabi of Drs. Elliot Davis, James Messina, Steven Meyers, Alexis Miranda, Donald Nims, and David Wasieleski.)

The instructor reserves the right to modify course requirements.

<table>
<thead>
<tr>
<th>Date</th>
<th>Module #14</th>
<th>Module #15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case #10 homework (Due Date)</td>
<td>Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease</td>
<td>Neurocognitive Disorders (DSM-5)</td>
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<tr>
<td>Diagnostic interview video/audio &amp; report #2 (Due Date)</td>
<td>Major or Mild Vascular Neurocognitive Disorder</td>
<td></td>
</tr>
<tr>
<td>Exam #2 (Due Date)</td>
<td>Overview of personality disorders</td>
<td>Personality disorders (DSM-5)</td>
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