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COUN 615.01: Diagnosis and Treatment Planning

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COUN 615: Diagnosis and Treatment Planning

University of Montana Department of Counseling
Spring 2023 Course Syllabus

Instructor:

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Office location: EDUC 338

Phone: 406-243-4205

Office hours: Wednesdays 9-11, Thursdays 9-12, and by appointment

Class Location and Time:

Phyllis J. Washington College of Education, 334, Wednesdays 2:00-4:50

Required Texts:

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

Jongsma, A. E., Peterson, L. M. & Bruce, T. J. (2021). *The Complete Adult Psychotherapy Treatment Planner (6th Ed)*. Wiley & Sons.

Other readings as assigned, and available on Moodle.

Course Description:

This course examines the diagnostic categories of the current edition of the Diagnostic and Statistical Manual, 5th edition, text revision (DSM-5-TR) as well as appropriate treatment planning of mental and emotional disorders. Biological, psychological, social and environmental factors implicated in vulnerability and resilience to these disorders will be examined. Emphasis is given to the principles and practices that relate to psychopathology, DSM diagnosis, etiology and assessment, interviewing, systematic treatment planning, and short- and long-term interventions. Use of diagnosis for third-party payer reimbursement will also be covered.

Course Objectives:

Upon completion of this course, students will be able to:

- Recognize the utility and limitations of the structure of the DSM-5-TR for mental health practice.
- Describe accepted principles and practices of the diagnostic process, including differential diagnoses and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
- Understand the potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders

- Concisely articulate the etiology, the diagnostic process and nomenclature, treatment, and referral of mental and emotional disorders.
- Incorporate the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
- Examine human behavior, including understanding the effects of trauma, poverty, racism, developmental crises, disability, addiction, and situational and environmental factors that affect both normal and abnormal behavior.
- Incorporate multicultural competencies of clinical mental health counseling involving case conceptualization, diagnosis, treatment, and referral of mental and emotional disorders.
- Conduct an intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- Describe techniques and interventions for prevention and treatment of a broad range of mental health issues
- Describe the relevance and potential biases of commonly used diagnostic tools with multicultural populations.
- Demonstrate integration of information from multiple sources to formulate diagnosis and treatment plans.

CACREP Key Performance Indicators (KPIs) measured in this course

- 2.F.8.a. Students can describe the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice (**KPI 10**; Literature and media presentation)
- 5.C.1.c. Students can identify principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (**KPI 11**; Diagnostic Interview and Treatment Plan)
- 5.C.3.a. Students can describe an intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (**KPI 13**; quizzes)
- 5.C.3.b. Students can identify techniques and interventions for prevention and treatment of a broad range of mental health issues (**KPI 14**; Literature and media presentation)

Method of Instruction:

- a) Experiential learning
- b) Professor lectures
- c) Guest lectures
- d) Class discussion
- e) Presentation of audiovisual material when appropriate
- f) Internet-based learning
- g) Student presentations.

Disability Accommodations:

If you are a student with a disability and wish to discuss reasonable accommodations for this course, contact me privately to discuss the specific modifications you wish to request. Please be advised I may request that you provide a letter from The Office of Disability Equity verifying your right to reasonable modifications. If you have not yet contacted the [Office of Disability Equity](#) located in Aber Hall, first floor, please do so in order to verify your disability and to coordinate your reasonable modifications.

Expectations of Teaching and Learning:

This is an in-person class, and student attendance and participation are expected. If you face extenuating circumstances that prevent you from attending class in person, please communicate that to me as soon as reasonably possible to request an accommodation. My teaching philosophy is based in experiential learning and building a classroom environment conducive to various learning styles. It is my belief that if we can create a safe, trusting, and respectful classroom then authentic discussion and learning can take place. Creating meaning and having ownership and responsibility over your own learning are critical aspects of my teaching philosophy. I value the relationships we all build with each other, and the group as a unit. As such, I will be seeking feedback from you along the way, and I hope you will reach out any time with course feedback.

Remote Learning Accommodations

The Department of Counseling is an in-person program. As we continue the transition from COVID-19, we are aware that the pandemic continues to present risk for some. Should you have health concerns preventing in-person learning, we will work with you to make accommodations.

Because nearly all classes are designed for an in-person curriculum, arrangements for continuous remote learning must be approved by the faculty. Should short term, immediate needs require remote learning (travel due to the loss of a family member, quarantine, illness) please consult with your instructor as soon as possible. Remote learning will not be used to facilitate convenience, accommodate vacations, or the like.

We look forward to having you in class and creating rich learning environments together.

Diversity, Equity, and Inclusion Statement

Consistent with [Diversity, Equity, and Inclusion Plan](#), I will strive to include the representation of different identities, characteristics, experiences and perspectives of all students. I will aim to offer everyone what they need to succeed by increasing access, resources, and opportunities for all, especially for those who are systematically underrepresented and have been historically disadvantaged. I will strive to create a welcoming learning environment in which differences are celebrated and everyone is valued, respected, and able to reach their full potential.

I believe that the learning environment is enriched when students' diverse perspectives are respected and shared. All students bring strengths to the classroom and I honor each student's perspectives in the learning environment. I respect all students' backgrounds, and will thoughtfully work to avoid discrimination on the basis of race, color, national origin, ancestry, religion, creed, sex, age, marital or familial status, physical or mental disability, sexual orientation, gender identity, or gender expression. I will choose course assignments, activities, and readings that are respectful of and responsive to diversity, equity, and inclusion.

I acknowledge that existing systems, like higher education, have led to the oppression and marginalization of a range of minoritized groups, including, but not limited to Indigenous people in Montana, in North America, and around the world. My intent is foster a welcoming classroom environment; yet I recognize that bias or discrimination may occur. UM encourages anyone who experiences or observes unfair or hostile treatment on the basis of identity to speak out for justice and support.

This is meant to be a safe, welcoming, and inclusive classroom environment for students of all races, ethnicities, sexual orientations, gender identities/variances, ages, religions, economic classes, and ability statuses. As such, you will be encouraged and challenged to use language and basic counseling techniques that are respectful, inclusive, representative and culturally appropriate. Aspects of this course are designed to be introspective in nature; that is, they are designed for you to apply course materials to yourselves as a way to increase your personal awareness, and refine your counselor identity. Note: your evaluation in this class is *not* dependent on chosen levels of self-disclosure.

Readings

The readings for this class provide the foundation for the class. Students are expected to come to class having read the material and be prepared to discuss it and engage in activities focused around the readings. It is expected that all readings be completed prior to class in order to maximize class discussions. During class, relevant questions, pertinent comments, and risk taking are welcomed and encouraged.

Assignments

Assignments are to be turned in via Moodle on the day the assignment is due. Only in the event of documentable extenuating circumstances are assignments accepted late. With the exception of documentable emergencies, late assignments will be assessed a **2-point deduction per day** of lateness up to two weeks, after which late assignments will not be accepted. With the exception of quizzes, you are encouraged to work together, however your finished work must always be unique to you, and is your individual responsibility to complete. All assignments will be submitted via Moodle unless otherwise instructed. Please call or e-mail the instructor if you are experiencing difficulties in turning in an assignment on time.

Academic Integrity

Students are expected to practice professionalism and academic integrity in all assignments and class discussions. This includes but is not limited to treating other students and the professor respectfully, engaging in meaningful class discussions, thinking and writing critically and thoughtfully, creating original works, and citing all resources using APA format. Plagiarism will result in loss of credit for this course, and further consequences may result from the university system. All students need to be familiar with the Student Conduct Code. The Code is available for review online at the following link: <https://www.umt.edu/student-affairs/community-standards/default.php>

Respectful Behavior

I believe in creating a learning environment where students experience a sense of safety and trust to support risks of self-expression and class dialogue. This is an environment we must work together to create. Therefore, interacting respectfully (turning off cell phones, etc.) and maintaining a curious and engaged way of being with one another is essential.

Electronic Device Notice

As a matter of courtesy to your classmates and the instructor, please turn off cell phones, and any other electronic devices that make any noise. If you must respond to a phone call or text during class time, please excuse yourself from the classroom to minimize the disruption to other students and the instructor.

E-mail Policy

You are assigned a university e-mail account that will be used by professors. Students should make every effort to get to know their account and check it regularly.

Attendance & Participation:

Because the themes of the class are deeply interwoven and we need each other to create a rich learning community, class participation is mandatory. If you have an emergency that requires you to miss class, please contact me ahead of time to arrange an alternate assignment.

Because this class is highly participatory, you are expected to read and be prepared to discuss assigned material **before** each class. You are expected to demonstrate your knowledge and understanding of assigned readings, argue for your point of view while being open to the views of others, and integrate readings and discussion into your own life.

I welcome respectful interaction between students, not just with me. Honesty, enthusiasm, curiosity, imagination, and the ability to recognize connections between one source and another are signs of student involvement and bring energy to the learning environment.

You will receive a participation grade and this will reflect your professionalism including attendance, participation, preparation for class, and professional conduct. Attendance and participation will be worth 30 points towards your final grade. You are allowed one excused absence without losing participation points. Each additional absence will result in the loss of 5 participation points, unless prior arrangements are made with me to make up for missed class time. More than three absences will result in total loss of participation points, and one letter grade reduction for each class missed beyond four classes.

Quizzes:

There will be **four quizzes** in this course. The quizzes will consist of multiple choice questions, true-false questions, and/or short answer questions. Quizzes will be worth 25 points each, and cannot be made up if missed (**KPI 13 - 5.C.3.a**).

Land Acknowledgement:

The University of Montana resides on the traditional lands of many Indigenous peoples including the Selis (Salish), Ksanka (Kootenai), and Qlispe (Kalispel). Many other Indigenous peoples including the Amskapi Pikuni (Blackfeet), Nimiipuu (Nez Perce), Shoshone, Bannock, and Schitsu'umsh (Coeur D'Alene) also relied upon their traditional knowledge and relationships with this land and this space for survival in the past and today.

Action statement: We acknowledge that educational, health, and legal systems have led to the direct removal, oppression, and marginalization of Indigenous people throughout Montana and the nation. The University of Montana strives to improve education, service, and scholarship for all Indigenous peoples through actions aimed at respecting tribal sovereignty, empowering

Indigenous scholars, and creating safe learning environments for all students to live, work, and learn together in equitable and positive ways.

–This statement was developed with the Leadership of Dr. Annie Belcourt (Blackfeet, Mandan, Hidatsa, Chippewa), Professor in the School of Community and Public Health Sciences.



Assignments and Grading:

1. Diagnostic Interview & Treatment Plan: (50 points; KPI 11 - 5.C.1.c)

This is a two-part assignment.

Part 1: Diagnostic Interview (25 points)

You will work in pairs to conduct a record a 20-minute diagnostic interview with another student in the class serving as the client with one (or more) DSM-5-TR disorder(s). The client/actor should role-play an accurate portrayal of a constellation of symptoms associated with a diagnosis you have learned about in class. Each student will record one video (via CORS or Zoom) to be turned in. You will be expected to demonstrate clinical interviewing skills that 1) set the stage for a diagnostic assessment, 2) collect relevant data from your “client,” 3) assess for mental status, substance use, and suicidality, and 4) demonstrate knowledge and skill in assessing for symptoms consistent with the presenting diagnosis.

Part 2: Treatment Plan (25 points)

Each student must complete a corresponding diagnostic interview report and treatment plan using the provided template (on Moodle) that includes the following:

1. Demographics
2. Reason for referral/presenting concerns
3. Biopsychosocial history
4. Mental status exam

5. Symptoms & associated emotional/behavioral problems
6. Diagnosis
7. Treatment plan (using best practices or evidence-based treatment approaches obtained from places such as The Complete Adult Psychotherapy Treatment Planner (2021), 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.)

This report is an opportunity for students to demonstrate formal writing skills as well as their clinical knowledge. For full points reports must follow the provided template, use 3rd person past tense language, and contain evidence of each student's theoretical orientation. Please use Microsoft Word and turn in on Moodle.

2. Literature Review and Presentation: (50 points; KPI 10 - 2.F.8.a, KPI 14 - 5.C.3.b)

This is a 2-part assignment. First, you will choose a diagnostic category as a topic for a literature review and class presentation. This will be a different diagnosis than the one used for the Diagnostic Interview and Treatment Plan assignment. For those categories that include a wide variety of diagnoses (e.g., mood disorders), you will need to choose a specific disorder(s) within the category (e.g., bipolar I).

Part 1: Literature Review (25 points)

Conduct a brief literature review focusing on recent research related to the diagnosis and/or treatment of the disorder you have chosen (3-4 double-spaced pages, not including the cover page and references). This literature review must include a minimum of 3 peer-reviewed journal article references; additional references are also acceptable. Papers should follow APA format, be in Microsoft Word format and submitted electronically on Moodle. This paper is due the day of your presentation.

Part 2: Presentation and Case Study (25 points)

Provide a 20-25-minute presentation and a 10–20-minute case study to the class that includes the following:

- The etiology, diagnostic process and treatment of this disorder.
- Biopsychosocial conceptualization of the disorder informed by your developing theoretical orientation(s).
- Treatment planning for this disorder and evidence-based practices. If there are treatments that are not yet evidence-based (and some are not), include this for your presentation and discussion.
- Include at least one visual from the online, creative, or media arts that brings the diagnostic category to life. This could be a scene from a movie, YouTube clip, a TED Talk, class activity, or something else. Be selective about using a video with professional content. Avoid choosing something that mocks, glamourizes or sensationalizes the disorder. Please keep this portion of your presentation no longer than 10 mins.
- Provide the class with a case study that challenges them to differentiate between the diagnosis you present and other DSM-5-TR diagnoses. You will also ask the class to come up with a brief treatment plan. This can include a written case study, a video you create or find, and instructions for the class. You will then debrief the class on your

thinking and lead a brief discussion. Feel free to collaborate with the professor on this portion of the assignment, or anyone presenting on the same day as you.

Total points possible for course: 230

Breakdown of points:

Attendance and Participation:	30 points
Quizzes (4):	100 points (25 points each)
Diagnostic Interview	25 points
Treatment Plan	25 points
Literature Review	25 points
Presentation & Case Study	25 points

A = 93-100%	B = 83-86%	C = 73-77%	D = 63-66%
A- = 90-92%	B- = 80-82%	C- = 70-72%	D- = 60-62%
B+ = 87-89%	C+ = 77-79%	D+ = 67-69%	F = Below 60%

CLASS SCHEDULE:

WEEK 1: January 18

Topics/Readings:

- Introduction & Review of Syllabus
- Rationale and history of the DSM:
 - <https://psychiatry.org/psychiatrists/practice/dsm/about-dsm/history-of-the-dsm>
- the DSM & Professional Counseling Identity
 - **Eriksen & Kress (2006)**

Assignments/Activities:

- Goal-setting for the semester

WEEK 2: January 25

Topics/Readings:

- Overview of the *DSM-5-TR*
 - **Preface (pp. xxi-lxix); Section 1 (pp. 5-34)**
- Overview of *The Complete Adult Psychotherapy Treatment Planner (CAPTP)*
 - **Introduction**
- Integrating MC & Strengths-based considerations
 - **Tomlinson-Clarke & Georges, 2014** (on Moodle)

Assignments/Activities:

- Assignment of topics for lit review/presentation assignment
- Pairings for diagnostic interview/treatment plan

WEEK 3: February 1

Topics/Readings:

- Mental Status Exam review – <https://positivepsychology.com/mental-status-examination/>
- Systems, culture, and ethics of diagnosis
- DSM-5-TR* –
 - **Section III (pp. 841-880)**

Assignments/Activities:

- MSE practice

WEEK 4: February 8

Topics/Readings:

- DSM-5-TR* –
 - **Bipolar and Related disorders (pp. 139-176)**
- CAPTP* –
 - **Bipolar disorder – depression (pp. 58-69);**
 - **Bipolar disorder – mania (pp. 70-80);**

Assignments/Activities:

- Presentation: Linds – Bipolar I
- Presentation: Kora – Bipolar II

WEEK 5: February 15

Topics/Readings:

- DSM-5-TR* –
 - **Depressive disorders (pp. 177-214)**
- CAPTP* –
 - **Depression – unipolar (pp. 131-142);**
 - **Suicidal ideation (pp. 433-443)**

Assignments/Activities:

- Presentation: Abby - PMDD
- Presentation: Becca - MDD
- Quiz 1 (complete before Feb. 22)

WEEK 6: February 22

Topics/Readings:

- DSM-5-TR* –
 - **Anxiety disorders (pp. 215-262)**
- CAPTP* –
 - **Anxiety (pp. 36-46)**
 - **Panic/agoraphobia (pp. 296-305)**
 - **Phobia (pp. 334-342)**
 - **PTSD (pp. 343-355)**
 - **Social Anxiety (pp. 392-401)**
 - **Type A behavior (pp. 444-454)**

Assignments/Activities:

- Presentation: Diane – Social Anxiety
- Presentation: Gracie – GAD
- Quiz 1 DUE**

WEEK 7: March 1

Topics/Readings:

- DSM-5-TR* –
 - **Obsessive-Compulsive and Related disorders (pp. 263-294)**
 - **Trauma- and Stressor-related disorders (pp. 295-328)**
- CAPTP* –
 - **Obsessive-Compulsive and Related disorders (pp. 273-283)**
 - **Childhood trauma (pp. 92-98)**
 - **Chronic pain (99-109)**

Assignments/Activities:

- Presentation: Madison - RAD
- Presentation: Matt – Acute Stress

WEEK 8: March 8

Topics/Readings:

- DSM-5-TR* –
 - **Substance-related and Addictive disorders (pp. 543-666)**
- CAPTP* –
 - **Legal conflicts (pp. 228-234)**
 - **Opioid use disorder (pp. 284-295)**
 - **Substance use (pp. 420-432)**

Assignments/Activities:

- Presentation: Maggie – Alcohol Related disorders
- Presentation: Caterina – Hallucinogen Related disorders

WEEK 9: March 15

Topics/Readings:

- DSM-5-TR* –
 - **Personality disorders (pp. 733-778)**
- CAPTP* –
 - **Antisocial behavior (pp. 26-35)**
 - **Borderline personality disorder (pp. 81-91)**
 - **Dependency (pp. 122-130)**

Assignments/Activities:

- Presentation: Jadd – Cluster A
- Presentation: Rory – Cluster B
- Quiz 2 (complete before March 29)

Week 10: March 22

SPRING BREAK! NO CLASS

Week 11: March 29

Topics/Readings:

- DSM-5-TR* –
 - Schizophrenia spectrum and other psychotic disorders (pp. 101-138)
 - Dissociative disorders (pp. 329-348)
- CAPTP* –
 - Dissociation (pp. 143-150)
 - Paranoid ideation (pp. 306-312)
 - Psychoticism (pp. 356-366)

Assignments/Activities:

- Presentation: Jack – Schizophrenia spectrum
- Presentation: Ryan - DID
- Quiz 2 DUE

Week 12: April 5

Topics/Readings:

- DSM-5-TR* –
 - Feeding and eating disorders (pp. 371-398)
 - Elimination disorders (pp. 399-406)
 - Disruptive, impulse control, and conduct disorders (pp. 521-542)
- CAPTP* –
 - Anger control problems (pp. 14-25)
 - Eating disorders and obesity (pp. 151-162)
 - Impulse control disorder (pp. 208-217)

Assignments/Activities:

- Presentation: Alli – ODD/CD
- Presentation: Shane – Binge eating

Week 13: April 12

Topics/Readings:

- DSM-5-TR* –
 - Neurodevelopmental disorders (pp. 35-100)
 - Neurocognitive disorders (pp. 667-732)
- CAPTP* –
 - ADHD-Adult (pp. 47-57)
 - Cognitive deficits (pp. 110-121)
 - Educational deficits (pp. 163-170)

Assignments/Activities:

- Presentation: Kyle – Alzheimer’s
- Presentation: McKenzie – ADHD
- Quiz 3 (complete before Apr. 19)
- Diagnostic interview and treatment plan DUE**

Week 14: April 19

Topics/Readings:

- DSM-5-TR* –
 - **Somatic symptom and related disorders (pp. 349-370)**
 - **Gender dysphoria (pp. 511-520)**
- CAPTP* –
 - **Sexual orientation confusion (pp. 376-382)**
 - **Somatic symptom/illness anxiety (pp. 402-413)**

Assignments/Activities:

- Presentation: Kylee – Somatic symptom disorder
- Quiz 3 DUE**

Week 15: April 26

Topics/Readings:

- DSM-5-TR* –
 - **Sleep-wake disorders (pp. 407-476)**
 - **Sexual dysfunctions (pp. 477-510)**
 - **Paraphilic disorders (pp. 779-802)**
- CAPTP* –
 - **Female sexual dysfunction (pp. 181-191)**
 - **Male sexual dysfunction (pp. 253-262)**
 - **Sleep disturbance (pp. 383-391)**

Assignments/Activities:

- Presentation: Gavi – Insomnia
- Presentation: Brooke – Paraphilia

Week 16: May 3

Topics/Readings:

- DSM-5-TR* –
 - **Other mental disorders and additional codes (pp. 803-806)**
 - **Medication-induced movement disorders and other adverse effects of medication (pp. 807-820)**
 - **Other conditions that may be a focus of clinical attention (pp. 821-840)**
- CAPTP* –

- **Family conflict (pp. 171-180)**
- **Financial stress (pp. 192-198)**
- **Grief/loss unresolved (pp. 199-207)**
- **Intimate relationship conflict (pp. 218-227)**
- **Loneliness (pp. 235-252)**
- **Low self-esteem (pp. 246-252)**
- **Medical issues (pp. 263-272)**
- **Parenting (pp. 313-324)**
- **Phase of life problems (pp. 325-333)**
- **Sexual abuse victim (pp. 367-375)**
- **Spiritual confusion (pp. 414-419)**
- **Vocational stress (pp. 454-464)**

Assignments/Activities:

- Presentation: Kateri – Spouse or Partner Violence, etc.
- Presentation: Paulee - NSSI
- Quiz 4 (complete by May 10)**

Scoring Rubrics

Each assignment in this course has a specialized rubric that reflects the different components of the assignment and the expectations of each component. Please keep this in mind as you are completing these assignments.

Attendance and Participation (30 points)

<i>Points Possible</i>	<i>Description</i>
30 to 27	Regularly asks questions or makes observations that indicate reflection, knowledge of readings for class, participates actively in small groups in class, attends class regularly (no missed classes or one with prior arrangement).
26-24	Occasionally asks questions or makes observations that indicate reflections, some knowledge of readings for class, participates in small groups, misses 1 class with prior arrangement, is never late or leaves early w/out due reason.
23-21	Rarely asks questions or makes comments that indicate familiarity with the topics prepared for class, does not actively participate in small groups, misses no more than 1 classes w/o prior arrangement, is occasionally late or leaves early w/out due reason.
20 and below	Does not ask questions or make comments that indicate familiarity with topics for class, does not participate actively in small groups, misses class often, is often late or leaves early w/out due reason.

Diagnostic Interview (25 points)

<i>Interviewing skills (10 points)</i>	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
	Creates rapport with client. Demonstrates informed consent process, motivates client to share, assesses for suicidality, MSE, and other areas of importance.	Creates rapport with client. One element missing or incomplete – demonstration of informed consent, motivating client to share, assessing for suicidality, MSE, and/or other areas of importance.	Creates marginal rapport with client. More than one element missing or incomplete – demonstration of informed consent, motivating client to share, assessing for suicidality, MSE, and/or other areas of importance.	Relevant components of the clinical interview not present, or significantly deficient.
<i>Diagnostic skills (10 points)</i>	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
	Demonstrates excellent diagnostic sensitivity, including assessing relevant symptoms that result in an appropriate diagnostic category. Clearly incorporates cultural considerations into assessment.	Demonstrates acceptable diagnostic sensitivity, including assessing relevant symptoms that result in an appropriate diagnostic category. Incorporates cultural considerations into assessment.	Demonstrates marginal diagnostic sensitivity, OR asks some irrelevant questions about symptoms that result in an unclear diagnostic category. OR, does not incorporate cultural considerations into assessment.	Poor demonstration of diagnostic skills resulting in an unclear diagnosis, OR failure to incorporate cultural considerations into diagnostic assessment.
<i>Structure of interview (5 points)</i>	<i>5 points</i>	<i>4 points</i>	<i>3 points</i>	<i>Below 3 points</i>
	Interview flows smoothly, and relevant information is gathered within an appropriate amount of time.	Interview flows smoothly, and relevant information is gathered, but is too long, or too short.	Interview flows is marginal, OR interview is too long, or too short.	Interview flow is choppy, and interviewer fails to gather relevant information, or struggles with session management.

Treatment Plan (25 points)

	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
<i>Content (10 points)</i>	Clear diagnosis of participant as a whole, thorough report of diagnostic assessment; specific and measurable treatment plan proposed.	Accurate diagnosis of participant; some content missing or irrelevant content included, or lack of specificity in treatment plan.	Inaccurate or unclear diagnosis, missing information included, or inappropriate or unclear treatment plan.	Requirements not met.
	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
<i>Writing Skills (10 points)</i>	Excellent writing skills, clear articulation of assessment results and treatment plan.	Good writing skills, clear articulation of diagnostic assessment and treatment plan. Some minor errors, or marginal professional writing skills.	Marginal writing skills, or unclear articulation of diagnostic assessment and treatment plan. Several errors, or weak professional writing skills.	Requirements not met.
	<i>5 points</i>	<i>4 points</i>	<i>3 points</i>	<i>Below 3 points</i>
<i>Depth of Understanding (5 points)</i>	All aspects of the assignment attended to thoroughly, no errors.	Most aspects of the assignment attended to thoroughly, few errors.	Some aspects of the assignment missing, several errors.	Requirements not met.

Literature Review (25 points)

<i>Writing skills (10 points)</i>	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
	Excellent writing skills. No grammatical errors. Literature organized well, thoughtful and thorough completion of assignment.	Good writing skills. Adequate organization of literature; few errors.	Adequate writing skills. Several grammatical errors. Poor organization of literature review.	Weak writing skills. Several grammatical errors. No evidence of organization of literature review.
<i>Content (10 points)</i>	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
	Literature review clearly describes the diagnostic category assigned, is relevant (within the last 10 years) and is taken from scholarly sources. Resource requirement met.	Literature review adequately describes the diagnostic category assigned, is relevant (within the last 10 years) and mostly is drawn from scholarly sources. Resource requirement met.	Literature review inadequately describes diagnostic category, OR is dated (more than 10 years old), OR not from reputable sources.	Requirements not met.
<i>APA format (5 points)</i>	<i>5 points</i>	<i>4 points</i>	<i>3 points</i>	<i>Below 3 points</i>
	Correct APA format	Good APA formatting, with few errors	Some APA formatting errors or disregard for correct APA formatting	Several APA formatting errors.

Presentation and Case Study (25 points)

	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
<i>Content and Engagement with Audience (10 points)</i>	Clear description of diagnostic category, speaks clearly, effectively “teaches” audience about his/her disorder. All components of assignment included. Presentation is within appropriate time limits. Engaged with the audience, uses creativity to get audience involved.	Mostly clear description of diagnostic category. Most components of assignment included. Where there is lack of clarity, student adequately addresses questions. Presentation is excessively long or not well-planned. Moderately engaged with the audience.	Unclear description of diagnostic category, fails to effectively “teach” his/her content to the audience. Several components of assignment missing. Presentation is not detailed enough to convey a clear picture of diagnostic category. Not engaged with audience.	Requirements not met.
	<i>10-9 points</i>	<i>8 points</i>	<i>7 points</i>	<i>Below 7 points</i>
<i>Case Study Component (10 points)</i>	Presents case study that represents diagnostic category, and engages the class in developing relevant treatment plan.	Presents case study that represents diagnostic category, and marginally engages the class in developing a treatment plan.	Presents case study that fails to represent diagnostic category, OR does not engage the class in developing relevant treatment plan.	Requirements not met.
	<i>5 points</i>	<i>4 points</i>	<i>3 points</i>	<i>Below 3 points</i>
<i>Visual Aids (5 points)</i>	Utilizes technology or other supplemental material in a creative and engaging manner. Relevant media representation of disorder.	Little supplemental material utilized. Relevant media representation of disorder.	Little supplemental material utilized, or weak/inappropriate media representation of disorder.	Requirements not met.