

Fall 2017

## CE 651 Syllabus: Diagnosis and Psychopathology of Children

Eric R. Baltrinic  
*Winona State University*

Follow this and additional works at: <https://openriver.winona.edu/counseloreducationsyllabi>



Part of the [Counselor Education Commons](#)

---

### Recommended Citation

Baltrinic, Eric R., "CE 651 Syllabus: Diagnosis and Psychopathology of Children" (2017). *Counselor Education Syllabi*. 115.

<https://openriver.winona.edu/counseloreducationsyllabi/115>

This Syllabus is brought to you for free and open access by the Counselor Education - Graduate Studies at OpenRiver. It has been accepted for inclusion in Counselor Education Syllabi by an authorized administrator of OpenRiver. For more information, please contact [klarson@winona.edu](mailto:klarson@winona.edu).

<b>Winona State University</b> <b>Counselor Education Department</b> <b>CE 651 Diagnosis and Psychopathology of Children and Adolescents (Hybrid; 3 credit hours)</b>		
<b>Course Location</b>	<p>This is a hybrid course that includes in-person and online meetings.</p> <p>In person class meetings are on Monday evenings from 5pm to 8pm on the WSU Winona Campus, in Gildemeister Hall, Room 325 on the following dates: <b>Aug 28, Sept 18, Oct 2, 16, 30, Nov 13, &amp; 27</b></p> <p>In addition to the in person class meetings, there will be seven online weeks— <b>Aug 21</b> (<i>the first week of class</i>), <b>Sept 11, 25, Oct 9, 23, Nov 6, &amp; 20</b>. Please log onto D2L on 8/21/17 for instructions and an introduction to the class.</p>	
<b>Instructor</b>	<p>Eric R. Baltrinic, Ph.D.</p> <p>Preferred Pronouns: <i>He, Him, His</i></p> <p>Preferred Title: “<i>Dr. B</i>” or “<i>Dr. Baltrinic</i>”</p>	
<b>Instructor Phone &amp; E-Mail</b>	<p>(507) 457-2466; ebaltrinic@winona.edu</p>	
<b>Program Website</b>	<p><a href="https://www.winona.edu/counseloreducation/">https://www.winona.edu/counseloreducation/</a></p>	
<b>Instructor Office Location</b>	<p>Gildemeister Hall, Room 116A</p>	
<b>Instructor Office Hours:</b>	<p>Monday: 3:00pm—5:00pm; Wednesday: 1:00pm—5:00pm; Thursday: 1:00pm—5:00pm, and by appointment. <i>No appointments available on Tuesdays.</i></p>	

## I. COURSE DESCRIPTION

The purpose of this course is to introduce students to the etiology and classification of mental disorders in children and adolescents as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). Students will learn to utilize diagnostic information to facilitate the initiation and implementation of case management strategies, treatment plan development, and therapeutic intervention with children and adolescents seeking/receiving mental health counseling services.

## II. COURSE PREREQUISITES

1. Formal admission and good standing with the CED, and graduate status.
2. Successful completion of CE 640: Orientation to Clinical Mental Health Counseling.

## III. COURSE OBJECTIVES (CO)

Students who complete this course will:

1. Build an understanding of the basic principles of etiology, diagnosis, and treatment of mental and emotional disorders in children and adolescents.
2. Develop and demonstrate an understanding of the classification system used in the diagnosis of mental disorders of children and adolescents.

3. Learn to make differential diagnoses.
4. Gain skills in developing and articulating clinical hypotheses of psychopathological behavior based on the assessment of behavioral and emotional data as well as mental status evaluation.
5. Learn to translate dysfunctional behavior, emotional disturbance and mental deficit into appropriate DSM categories.
6. Examine the ethical and multicultural considerations relevant to diagnosis in clinical mental health counseling.

**IV. COURSE REQUIRED TEXTS, RESEARCH BASE, & TECHNOLOGY**

1. American Psychiatric Association (APA) (2013): *Diagnostic and statistical manual of mental disorders*, (5<sup>th</sup> ed.) Washington, DC: Author
2. Morrison, J., & Flegel, K. (2016). *Interviewing children and adolescents (2<sup>nd</sup> ed.): Skills and strategies for effective DSM-5 diagnosis*. New York, NY: Guilford Press.
3. Sommers-Flanagan, J., & Sommers-Flanagan, R. (2007). *Tough kids cool counseling: User-friendly approaches with challenging youth*. Alexandria, VA: American Counseling Association.

**Additional readings will be posted by the Instructor on D2L (see Course Schedule)**

**V. COURSE CONTENT AREAS**

The course meets the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2009) Standards for Clinical Mental Health Counseling. *Content areas, student learning objectives and the evaluation methods for CE 651 are outlined below.*

2009 CACREP STANDARDS CMHC	COURSE OBJECTIVE(S)	LOCATION OF EVALUATION		
		Written Report	Discussion Posts	Group Presentation
<b>FOUNDATIONS</b>				
<b>A. Knowledge</b> A2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.	6	X	X	
A3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.	1, 6	X	X	
A6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.	3, 4	X	X	X
<b>COUNSELING, PREVENTION, AND INTERVENTION</b>				
<b>C. Knowledge</b> C2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.	1,2, 5	X	X	
C3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).	NA		X	

C5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.	5	X	X	
C7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	3, 4, 5		X	
C8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.	5	X	X	
<b>DIVERSITY AND ADVOCACY</b>				
<b>E. Knowledge</b> E1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.	6			X
<b>ASSESSMENT</b>				
<b>G. Knowledge</b> 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.	3, 4, 5	X	X	
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.	1-5	X	X	X
G4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.	1-2, 4	X	X	
<b>RESEARCH AND EVALUATION</b>				
<b>I. Knowledge</b> I1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.	5, 6	X	X	X
I3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.	4--6		X	X
<b>DIAGNOSIS</b>				
<b>K. Knowledge</b> 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 Diagnostic and Statistical Manual of Mental Disorders (DSM).	1--3	X	X	X
K2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.	2, 4, 5	X	X	X
K3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.	6	X	X	X
K4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.	6	X	X	
<b>L. Skills and Practices</b>				
L1. 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.	1-6	X	X	X
L2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.	DSM-5	X		

## VI. METHODS OF INSTRUCTION

- A. Lecture/ discussion
- B. Case presentations with instructor and peer feedback
- C. Case studies and responses to structured exercises
- D. Use of technology and media including videotapes, films, and Power Points
- E. Modeling
- F. Internet-based learning
- G. Reflective self-evaluations

## VII. COURSE EVALUATION METHODS

Assignment (Description and Number)		Points Possible
1	Attendance, Attitude, and Participation	100
2	Case Study (50) and Written Report (100)	150
3	Discussion Posts (7)	70 (10 x 7 discussion posts = 70)
4	Group Presentation	130
<b>Total Points for Course</b>		<b>450</b>

**Grading Scale (Course)** A-90-100% B-80-89% C-70-79% D-60-69% F Below 60

**NOTE: Due dates for all assignments are located in the COURSE SCHEDULE below**

### Description of Assignments

#### 1. Attendance, Attitude, and Participation (100 points)

Attendance and participation in classroom activities are essential in order for students to gain full benefit from this course. Students are expected to attend all class sessions and contribute to the class by presenting their ideas, reactions, questions and concerns in relation to class discussions. If you know you are going to miss more than one class this semester, it is better to postpone registration until the next semester when you will be able to be present for all the classes. *Please note:* In the event of a missed class, the course instructor expects students to notify the instructor of the reasons for missing the class in writing (e.g., Email). Informing the instructor of an absence from class does not guarantee an “excused” absence. Additional documentation may be requested at the discretion of the course instructor.

#### 2. Case Study and Written Report (150 points)

**CACREP:** Case Study- C.8, E.1, & G.2; Report- A.2-3, A.6, C.2, C.5 & 7, G. 1-2, 4, K.1-4, I.1, & L.1-2

Students will create/select a case study and complete a diagnostic assessment with an emphasis on (a) incorporating parent and youth information, (b) using diagnostic nomenclature from the DSM-5, (c) linking the diagnosis to a theory driven case conceptualization and interventions, and (d) providing a personal reflection about the assignment. Students will be provided with a rubric for structuring the case study and written report. Details of report writing will be discussed in depth during class meetings and during online sessions. Reports must be submitted to the corresponding assignment folders in D2L

by the due date listed in the course schedule below.

### 3. Discussion Posts (70 points)

**CACREP:** A.2-3, A.6, C.2-3, C.5, C.8, G. 1-2, G.4, I.1, 3, K. 1-4, L.1

Students will complete online discussion posts as posted in D2L pertaining the course material. The details of how students can best complete discussion responses for a particular assignment will also be posted in the corresponding D2L Discussion Thread, including specific instructions on the length of response, response to peers posts, use of citations, and a rubric. All discussion posts are due by the dates posted below in the *Course Schedule*.

You should plan to receive feedback and a grade of an assignment approximately 7-10 days from the instructor after the deadline of the assignment.

#### TIPS AND EXPECTATIONS FOR COMPLETING DISCUSSION POSTS:

- Work out any potential conflicts, disagreements or issues occurring during a discussion in a respectful, solution-focused way. Professional conduct is a requirement in the counseling field, and therefore, it is expected in this course. Students are expected to ensure the online classroom is a safe and respectful environment for all students.
- Complete the assignments on time
- Be sure to respond to class members discussions when prompted to do so by the instructor. These should not responses that are evaluative (e.g., great job); rather, try to use microskills and/or group leadership skills (e.g., questioning, reflection, clarifying, linking, supporting, blocking, etc.).
- Please include citations in APA format for all references to course materials in your discussion posts, papers, etc. For example: Corey (2013) reported the three necessary conditions of person centered therapy as...

### 4. Group Presentations (130 points)

**CACREP:** C. 3-4, E. 1, G.1, I.1 & 3, & K.4

Students will create a group presentation assignment of their choosing based on learning goals for the course, and topics of interest. This assignment will be decided as a class facilitated by the instructor on the first or second in-person class meeting.

- Group Presentation (100 points per group member)
- Handouts & PowerPoint Slides (30 points per group member)

Students will be provided with a rubric for structuring the group presentation. All handouts/PPT slides must be submitted to the corresponding assignment folders in D2L by the due date listed in the course schedule below.

## VIII. UNIVERSITY EXPECTATIONS & COURSE POLICIES

### A. University Expectations and Resources

**Diversity Statement:** 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.

**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. The collegiate policy on plagiarism and cheating is outlined in the Student Handbook. It is your responsibility to be aware of this policy. You can also find it online at: <http://www.winona.edu/sld/academicintegrity.asp>.

**Electronic Device Notice:** As a matter of courtesy to your classmates and the instructor, please turn off your beepers, cell phones, and any other electronic devices that make any noise.

**Laptop/PDA Policy:** Excluding students with a documented disability, the use of laptops and PDAs in class is prohibited without prior permission of the instructor.

**Class Visitor Policy:** Due to the clinical nature of this course in this curriculum, visitors of any age are not allowed without prior permission of 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.

**Accommodations:** Students with documented disabilities who may need accommodations, who have any medical emergency information the instructor should know of, or who need special arrangements in the event of an evacuation, should make an appointment with the instructor as soon as possible, no later than the 1st week of the term. According to Section 504 of the Rehabilitation Act of 1973, students with disabilities have the right to receive necessary reasonable accommodations and support services to allow equal access at Winona State University. If you have a disability that requires accommodations, you are eligible for support through access services, found at <http://www.winona.edu/accessservices/gettingstarted.asp>.

**Commitment to Inclusive Excellence:** WSU recognizes that our individual differences can deepen our understanding of one another and the world around us, rather than divide us. In this class, people of all ethnicities, genders and gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities are strongly encouraged to share their rich array of perspectives and experiences. If you feel your differences may in some way isolate you from WSU's community or if you have a need of any specific accommodations, please speak with the instructor early in the semester about your concerns and what we can do together to help you become an active and engaged member of our class and community. Campus resources for students: <http://www.winona.edu/diversity/estatement.asp>.

## B. Graduate Student Resources

**General Information:** Academic calendar, forms and other procedures for graduate students can be found at <http://www.winona.edu/gradstudies/currentstudents.asp>

WSU-Rochester Student & Campus Services, UCR Room SS128, 285-7100,  
([www.winona.edu/rochester/](http://www.winona.edu/rochester/)):  
RCTC Counseling Center, UCR Room SS133; 285-7260  
([www.rctc.edu/counseling\\_career\\_center/](http://www.rctc.edu/counseling_career_center/))  
UCR Learning Center, UCR Room AT306; 285-7182

**Counseling Services:** Graduate school can be very stressful. Counselors are available in Winona and through partnership with RCTC on the UCR campus to help you with a wide range of difficulties.

WSU counselors in Winona are located in the Integrated Wellness Complex 222 and they can be reached at 457-5330. The RCTC Counseling Center is located in SS 133 and can be reached at 285-7260.

**Other Support Services:** WSU-Rochester Student & Campus Services Office and the WSU Inclusion and Diversity Office are dedicated to helping students of all races, ethnicities, economic backgrounds, nationalities, and sexual orientations. They offer tutoring and a wide range of other resources.

The WSU-R Student & Campus Services Office is located in Room SS128 on the UCR campus and can be reached at 285-7100. The WSU Inclusion & Diversity Office is located in Kryzsko Commons Room 122, and they can be reached at 457-5595. Information about the *KEAP Center*, dedicated to supporting diversity on campus, can be found here: <http://www.winona.edu/diversity/22.asp>.

**UCR Learning Center – Rochester:** For help with writing and the development of papers on the WSU-Rochester campus, contact personnel in AT306 or call 285-7182.

**Writing Center - Winona:** The Writing Center offers free, individualized instruction in all forms and disciplines during any stage of writing, reading, or research. Call 507.457.5505 for an appointment. Walk-ins also welcome.

**Student Grievances:** Students are encouraged to speak directly with instructors when concerns arise. When issues cannot be resolved between the student and the instructor, students have the right to due process. Such complaint procedures are available online at: <http://www.winona.edu/sld/studentgrievance.asp>

**IX. COURSE SCHEDULE** (This schedule is subject to change in the event of extenuating circumstances)

DATE	CACREP CMHC Standards	CLASS DISCUSSION TOPICS AND READINGS (SEE COURSE SCHEDULE KEY BELOW)	WEEKLY ASSIGNMENTS (COMPLETE READINGS TO BE PREPARED FOR CLASS)
8/21/17 Online	A2, 3, 6	<b>*Readings:</b> <i>M &amp; F, Chpt 1-3 &amp; Appendix 1; SF, Chpt 1-2; DSM, pp. 5-25</i>	<ol style="list-style-type: none"> <li>1. Watch course introduction video by Dr. B</li> <li>2. Review course syllabus</li> <li>3. Complete readings listed in <b>Learning Materials</b> for 8/28/17 class discussion</li> <li>4. Complete <b>discussion post #1</b> on D2L, which opens on 8/21/17 and is due by 8/27/17 at 5pm</li> </ol>
8/28/17 In-person	G1-2, 4; K1-4	<b>**Discussion Topics:</b> Diagnosing youth versus adults, Diagnostic interviewing techniques, and the structure of the DSM-5	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in class discussion &amp; activities</li> <li>2. <u>Bring DSM-5 books to class</u></li> <li>3. Group members and topics will be selected for group presentation assignments</li> </ol>
9/4/17	NA	<b>LABOR DAY HOLIDAY-- NO CLASS</b>	<ol style="list-style-type: none"> <li>1. No assignments due</li> </ol>
9/11/17 Online	C2, 3, 5, 7, 8	<b>Readings:</b> <i>M &amp; F, Chpt 8-10; and, Appendix 2 &amp; 3; DSM, pp. 733-745</i>	<ol style="list-style-type: none"> <li>1. Complete readings listed in <b>Learning Materials</b> for 9/18/17 class discussion</li> <li>2. Complete <b>discussion post #2</b> on D2L, which opens on 9/11/17 at 9am and is due by 9/17/17 at 5pm</li> </ol>
9/18/17 In-person	C7; K1-4 L1-2	<b>Discussion Topics:</b> Developmentally appropriate clinical interviews, deriving diagnoses, & the diagnostic assessment written report	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in class discussion &amp; activities</li> </ol>
9/25/17 Online	C2	<b>Readings:</b> <i>M &amp; F, Chpt 1; DSM, pp. 31-86</i>	<ol style="list-style-type: none"> <li>1. Complete readings listed in <b>Learning Materials</b> for 10/2/17 class discussion</li> <li>2. Complete <b>discussion post #3</b> on D2L, which opens on 9/25/17 at 9am and is due by 10/1/17 at 5pm</li> </ol>
10/2/17 In-person	G1-2	<b>Discussion Topics:</b> Neurodevelopmental Disorders	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in class discussion &amp; activities</li> </ol>
10/9/17 Online	—	<b>Readings:</b> <i>M &amp; F, Chpt 23; SF, Chpt 3; DSM, 461-480</i>	<ol style="list-style-type: none"> <li>1. Complete readings listed in <b>Learning Materials</b> for 10/16/17 class discussion</li> <li>2. Complete <b>discussion post #4</b> on D2L, which opens on 10/9/17 at 9am and is due by 10/15/17 at 5pm</li> <li>3. Post rough draft of <b>Case Study</b> to D2L assignment folder by 10/11/17 by 11:59pm</li> </ol>
10/16/17 In-person	G1-2	<b>Discussion Topics:</b> Disruptive, Impulse-Control, and Conduct Disorders	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in class discussion &amp; activities</li> </ol>

10/23/17 Online	—	<b>Readings:</b> <i>M &amp; F, Chpt 24; SF, Chpt 4, 8-9; DSM, 481-590</i>	<ol style="list-style-type: none"> <li>1. Complete readings listed in <b>Learning Materials</b> for 10/30/17 class discussion</li> <li>2. Complete <b>discussion post #5</b> on D2L, which opens on 10/23/17 at 9am and is due by 10/29/17 at 5pm</li> </ol>
10/30/17 In-person	G1-2; K3	<b>Discussion Topics:</b> Substance-Related & Addictive Disorders, Suicidal Youth, Medication, & Mood Management Skills	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in class discussion &amp; activities</li> </ol>
11/6/17 Online	—	<b>Readings:</b> <i>M &amp; F, Chpt 27; SF Chpt 7; DSM, pp. 715-732</i>	<ol style="list-style-type: none"> <li>1. Complete readings listed in <b>Learning Materials</b> for 11/13/17 class discussion</li> <li>2. Complete <b>discussion post #6</b> on D2L, which opens on 11/6/17 at 9am and is due by 11/12/17 at 5pm</li> <li>3. Post rough draft of <b>Written Report</b> by 11/10/17 at 11:59pm.</li> </ol>
11/13/17 In-person	G1-2; I1	<b>Discussion Topics:</b> Other Diagnostic Issues, Working with Parents & Collateral Sources	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in class discussion &amp; activities</li> <li>2. Conduct <b>Group Presentations</b> in class; handouts and other materials due on D2L by 5pm.</li> </ol>
11/20/17 Online	—	<b>Readings:</b> <i>M &amp; F, Chpt 4-7; SF, Chpt 5-6</i>	<ol style="list-style-type: none"> <li>1. Complete readings listed in <b>Learning Materials</b> for 11/27/17 class discussion</li> <li>2. Complete <b>discussion post #7</b> on D2L, which opens on 11/20/17 at 9am and is due by 11/27/17 at 5pm</li> </ol>
11/27/17 In-person	I1, 3	<b>Discussion Topics:</b> Interviewing children using play therapy, creative interventions, & self-care	<ol style="list-style-type: none"> <li>1. Be prepared and participate actively in play therapy lecture/activities with Dr. Heather J. Fye.</li> <li>2. Post final <b>Case Study</b> and <b>Written Report</b> in D2L assignment folder by 11/27/17 at 5pm</li> </ol>
12/4/17	NA	<b>FINALS WEEK—NO FINAL FOR CLASS—NO CLASS MEETING</b>	<ol style="list-style-type: none"> <li>1. Complete evaluations of teaching and learning (Qualtrics Survey)</li> </ol>

### COURSE SCHEDULE KEY

**\*Readings:** PLEASE NOTE that readings assigned for the week are due for the following week's class discussion.

**DSM** = American Psychiatric Association (APA) (2013): *Diagnostic and statistical manual of mental disorders, (5th ed.)* Washington, DC: Author.

**NOTE:** you are not expected to memorize the content of the DSM-5. Rather, when reading/reviewing the assigned readings, become familiar with (a) the content in general, (b) the relationship of the DSM content to other course readings/discussions, and (c) the structure of the DSM-5 to later use as a reference.

**M & F** = Morrison, J., & Flegel, K. (2016). *Interviewing children and adolescents (2<sup>nd</sup> ed.): Skills and strategies for effective DSM-5 diagnosis*. New York, NY: Guilford Press.

**SF** = Sommers-Flanagan, J., & Sommers-Flanagan, R. (2007). *Tough kids cool counseling: User-friendly approaches with challenging youth*. Alexandria, VA: American Counseling Association.

**\*\* Discussion Topics:**

References, additional resources, handouts, rubrics, and PowerPoint slides (if applicable) will be posted in D2L by the instructor *on the day of class*. Bring a computer or device if you want to access them in class.

<b>Assignment</b>	<b>WRITTEN INTAKE REPORT</b>			
<b>CMHC Standards</b>	CMHC: A.2-3, A.6, C.2, C.5 & 7, G. 1-2, 4, K.1-4, I.1, & L.1-2			
<b>Purpose</b>	A summative written <i>skill-based assignments</i> to approximate the application of diagnostic knowledge and report writing to client cases in order to better meet the requirements of agencies and other settings in which students will complete practicum and internship experiences.			
<b>Description of Assignment from Syllabus</b>	Students will complete a diagnostic assessment with an emphasis on (a) incorporating clinical and other relevant cultural and contextual information, (b) using diagnostic nomenclature from the DSM-5, (c) linking the diagnosis to a theory driven case conceptualization and interventions, and (d) considering ethical and professional practice issues while providing a personal reflection about the assignment.			
<b>RUBRIC</b>				
<b>Criterion</b>	<b>Description</b>			<b>Range</b>
<b>Content Areas YOUTH FOCUS</b>	Clearly addresses the primary goal and responds effectively to all aspects of the assignment (See <b>CONTENT AREAS FOR WRITTEN INTAKE REPORT</b> )			<b>58-60</b>
	Clearly address all topics, but may respond to some aspects of the assignment more effectively than others			<b>50-57</b>
	Addresses the topic, but misses aspects of the topic			<b>40-49</b>
	Indicates confusion about the topic or neglects important aspects of the assignment			<b>30-39</b>
	Does not address the assignment or to respond meaningfully to the topic			<b>0-29</b>
	<b>Total for Section</b>			<b>_/60</b>
<b>Communication of Ideas</b>	Explores the issues showing thorough comprehension; goes beyond the obvious or class discussion; clearly and concisely incorporates diagnostic components; uses examples to illustrate key points.			<b>23-25</b>
	Shows some depth and complexity of thought			<b>20-22</b>
	May treat the topic simplistically or repetitively; doesn't demonstrate sufficient comprehension of the content			<b>14-19</b>
	Lacks focus, lacks depth of understanding, and/or fails to communicate ideas			<b>10-13</b>
	Is unfocused, illogical, incoherent or disorganized			<b>0-12</b>
	<b>Total for Section</b>			<b>_/25</b>
<b>Organization</b>	Is coherently organized with <b>topic headings (see I—XI below)</b> to help direct the reader, and supported by a strong reasons and examples			<b>14-15</b>
	Is well organized and developed with appropriate reasons and examples			<b>11-13</b>
	Is adequately organized and developed, generally supporting ideas with reasons and examples			<b>7-10</b>
	Is poorly organized and/or undeveloped; lacks support from the text or other course materials			<b>3-6</b>
	Is undeveloped; provides little or no relevant support			<b>0-2</b>
	<b>Total for Section</b>			<b>_/15</b>
<b>Total Score: _/100</b>	<b>Excellent 90-100</b>	<b>Good 80-89</b>	<b>Fair 70-79</b>	<b>Poor 69 or less</b>

COMMENTS:

## CONTENT AREAS FOR THE WRITTEN INTAKE REPORT (YOUTH)

### I. Identifying Information and Reason for Referral

Client name, Age, Sex and gender identity; Racial/ethnic/cultural information, & marital or relationship status  
Referral source (and telephone number, when possible), Reason for referral (why has the client been sent to you for a consultation/intake session?); Information sources (e.g., include here files reviewed, length of interview, informants consulted, specific assessment instruments used, etc.); Presenting complaint (use a quote from the client to describe the complaint); Ethical issues

### II. Behavioral Observations (and/or Mental Status Examination)

Appearance (including hygiene, body posture, and facial expression); Quality and quantity of speech and responsiveness to questioning; Client description of mood (use a quote in; Primary thought content (including presence or absence of suicide ideation); Client cooperation or attitude toward the interview; Estimate of adequacy of the data obtained

### III. History of the Current Problems including Substance-related Disorders)

Include one paragraph describing the client's presenting problems and associated current stressors.; Include one or two paragraphs outlining when the problem initially began and the course or development of symptoms.; Repeat, as needed, paragraph-long descriptions of additional current problems identified during the intake interview. (Client problems are often organized using diagnostic—*ICD* or *DSM*—groupings and by describing specific symptoms; however, suicide ideation, homicide ideation, relationship problems, and other symptoms or problems may be listed.); Follow, as appropriate, with relevant negative or rule-out statements. (For example, with a clinically depressed client, it's important to rule out mania: "The client denied any history of manic episodes.")

### IV. Past Treatment History and Family Treatment History

Include a description of previous problems or episodes not included in section III. (For example, if the client presents with an anxiety problem, but has a history of treatment for an eating disorder, note the eating disorder here.); Description of previous treatment received, including hospitalization, medications, psychotherapy or counseling, and case management.; List psychiatric and substance abuse disorders in all blood relatives (i.e., parents, siblings, grandparents, and children, but also possibly aunts, uncles, and cousins). List significant major medical disorders in blood relatives (e.g., cancer, diabetes, seizure disorders, thyroid disease).

### V. Relevant Medical History

List past hospitalizations and major medical illnesses (e.g., asthma, HIV-positive status, and hypertension); Describe the client's current health status (use client or physician quote).; List current medications and dosages.; List primary care physician (and/or specialty physician) and telephone.

### VI. Developmental History

Birth-related and/or Congenital Issues; Possible Traumatic events; Developmental Milestones (e.g., fine/gross motor skills, language/speech, temperament/mood, intellectual capacity, and relationships).

### VII. Social and Family History (use categories as needed)

Early memories/experiences; Educational history; Employment history; Military history; Romantic relationship history; Sexual history; Aggression/violence history; Alcohol/drug history (if not previously covered as a primary problem area); Legal history; Recreational history; Spiritual/religious history

### VIII. Current Situation and Functioning

A description of typical daily activities; Self-perceived strengths and weaknesses; Ability to complete normal activities of daily living

### IX. Formal Assessment Data (OPTIONAL)

Self-report questionnaires and rating scales; Projective testing; Data from direct observation or informant (e.g., teacher, parent) ratings; & other formal assessment data

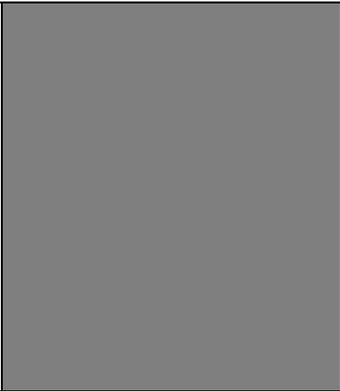
### X. Diagnostic Impressions

Brief discussion of diagnostic issues (1 paragraph summary); Diagnostic codes and labels from *ICD-10* or *DSM-5* are listed in a safety hierarchy; Label and list Differential Diagnoses; Co-occurring disorders

### XI. Case Formulation and Treatment Plan

Case formulation: Include a paragraph description of how you conceptualize the case; Treatment plan: Include a paragraph description (or list) of recommended treatment procedures and goals; Role of the CMHC

Assignment	DEVELOPING A CREATIVE CASE STUDY			
CMHC Standards	CMHC: C.8, E.1, & G.2			
Purpose	The purpose of developing the case study versus working from a preconceived case study is to help you become familiar with both the humanistic and the clinical aspects of diagnosis, build empathy for clients, and actively use key learning concepts.			
Description of Assignment from Syllabus	Students will create a case study and complete a diagnostic assessment with an emphasis on (a) incorporating clinical and other relevant information, (b) using diagnostic nomenclature from the DSM-5, (c) linking the diagnosis to a theory driven case conceptualization and interventions, and (d) providing a personal reflection about the assignment. Students will be provided with a guide to create the case study, which will serve as the basis for in-class role-plays, and will be provided with a rubric for structuring the written report. Reports must be submitted to the corresponding assignment folders in D2L by the due date listed in the course schedule below.			
RUBRIC				
Criterion	Description			Range
Content Areas (YOUTH FOCUS)	Clearly addresses the primary goal and responds effectively to all aspects of the assignment. Provides sufficient detail and context. (See DEVELOPING CREATIVE CASE STUDIES FOR TREATMENT PLANS)			25
	Clearly address all topics, but may respond to some aspects of the assignment more effectively than others			23-24
	Addresses the topic, but misses aspects of the topic			20-22
	Indicates confusion about the topic or neglects important aspects of the assignment			15-19
	Does not address the assignment or to respond meaningfully to the topic			0-14
	<b>Total for Section</b>			<b>___/25</b>
Communication of Ideas	Explores the issues showing thorough comprehension; goes beyond the obvious or class discussion; clearly and concisely incorporates relevant diagnostic signs and symptoms, cultural variables, and other issues that may warrant clinical attention; uses examples to illustrate key points.			15
	Shows some depth and complexity of thought, but could be more detailed, clear, and diagnostically relevant			13-14
	May treat the topic simplistically or repetitively; doesn't demonstrate sufficient comprehension of the content			11-12
	Lacks focus, lacks depth of understanding, and/or fails to communicate ideas			9-10
	Is unfocused, illogical, incoherent or disorganized			0-8
	<b>Total for Section</b>			<b>___/15</b>
Organization	Is coherently organized with <b>topic headings (see I—VII below)</b> to help direct the reader, and supported by a strong reasons and examples			10
	Is organized and developed with appropriate reasons and examples			9
	Is adequately organized and developed, generally supporting ideas with reasons and examples			7-8
	Is poorly organized and/or undeveloped; lacks support from the text or other course materials			5-6
	Is undeveloped; provides little or no relevant support			0-4
	<b>Total for Section</b>			<b>___/10</b>
<b>Total Score: ___/50</b>	<b>Excellent</b> 45-50	<b>Good</b> 40-44	<b>Fair</b> 30-39	<b>Poor</b> 29 or below

<p><b>Delivery Methods</b> ___/30 points</p>	<p>All three methods present:                  ___Didactic/lecture style used                  ___Experiential activities included (e.g., group activities)                  ___Clear examples provided and questions accurately and appropriately addressed                  ___Role-play or other teaching methods used to demonstrate procedures and skills  <b>(10 bonus points possible)</b></p>	<p>Two of three methods used</p>	<p>One of three methods used</p>	
--	---	----------------------------------	----------------------------------	---

**CE 651: Total Score: \_\_\_/130**

**COMMENTS:**

<b>Assignment</b>	<b>DISCUSSION POSTS</b>
<b>CMHC Standards</b>	<b>CMHC: A.2-3, A.6, C.2-3, C.5, C.8, G. 1-2, G.4, I.1, 3, K. 1-4, L.1</b>
<b>Purpose</b>	The purpose of the discussion posts is to assess students' comprehension and ability to apply content from in-person class meetings and out-of-class readings and assignments. Discussion posts are completed asynchronously.
<b>Description of Assignment from Syllabus</b>	Students will complete online discussion posts as posted in D2L pertaining the course material The details of how students can best complete discussion responses for a particular assignment will also be posted in the corresponding D2L Discussion Thread, including specific instructions on the length of response, response to peers posts, use of citations, and a rubric. All discussion posts are due by the dates posted below in the <i>Course Schedule</i> .

Post Type	CRITERIA		
	Excellent 9-10 points	Acceptable 6-8 points	Unacceptable 5 or less points
<b>ORIGINAL DISCUSSION POST</b>  <i>Length of post = 2-3 paragraphs maximum</i>	___ 1. Post addresses all questions asked; is appropriate length to stimulate further discussion  ___ 2. Contribution is thoughtful, analytical, and original  ___ 3. Author makes connections between course content and personal reflection, current events, etc.  ___ 4. Response is well structured, logical, and free of grammatical/spelling errors  ___ 5. Post was submitted before completion deadline	___ 1. Post is appropriate length, but ideas developed for discussion are minimal or vaguely developed  ___ 2. Contribution shows evidence of some original thought, but not to the level of an excellent post  ___ 3. Author makes some connections between course content and personal reflection or current events, but connections are not sufficient or clearly explained  ___ 4. Response has some structure, but organization could be stronger, *or* response contains grammatical/spelling errors  ___ 5. Post was submitted next day after completion deadline	___ 1. Post is short, does not address all questions asked, or does not develop ideas  ___ 2. Contribution relies on others' posts or lacks insight into/ shows little understanding of the questions asked  ___ 3. Author does not connect course content to personal reflection or current events  ___ 4. Post contains texting language, has no organization, and/or contains spelling and grammatical errors  ___ 5. Post was submitted two + days after completion deadline
<b>REPLY TO PEERS' DISCUSSION POST</b>  <i>Length of post = 1-2 paragraphs maximum</i>	___ 1. Reply shows insight, depth and understanding; relevant to the topic; includes supporting material.  ___ 2. Personal opinion is expressed in a respectful manner and is clearly related to the original post.  ___ 3. Shows a high level of understanding related to the original post.  ___ 4. Free of grammatical/spelling errors.  ___ 5. Post was submitted by the assignment deadline.	___ 1. Post is appropriate length, but relationship to original post is weak or unclear.  ___ 2. Personal opinion is expressed in a respectful manner, but the relationship to the original post is somewhat unclear.  ___ 3. Shows some understanding related to the original post  ___ 4. Some grammatical/spelling errors.  ___ 5. Post was submitted by the assignment deadline.	___ 1. Reply comment does not add value to the discussion; shows little understanding of the original post.  ___ 2. Does not express opinion clearly, and/or shows no relationship to the original post.  ___ 3. Written in informal language (using abbreviations or text lingo).  ___ 4. Poor spelling and many grammatical errors.  ___ 5. Post was submitted by the assignment deadline.