

UNIVERSITY OF NORTH TEXAS
 COLLEGE OF EDUCATION—DEPARTMENT OF COUNSELING AND HIGHER EDUCATION
 COUNSELING PROGRAM
COUN 5480 – DIAGNOSIS & TREATMENT PLANNING IN COUNSELING
 SPRING 2015

Instructor:	Elizabeth A. Prosek, PhD
Office:	112 Welch Street Complex II
Office Hours:	Tuesdays 2:00-5:00PM, or by appointment
Phone:	Office: 940.565.2918
E-Mail:	elizabeth.prosek@unt.edu
Class Meetings:	Tuesdays from 5:30 – 8:20pm 225 Business Leadership Building (BLB)
Teaching Assistant:	Cynthia M. Bevly, cynthia.bevly@unt.edu

CATALOG DESCRIPTION

Principles and models of biopsychosocial assessment, case conceptualization, and concepts of normalcy leading to an appropriate framework for counseling treatment plans or referral within a managed care framework. DSM diagnosis, disorder prevention, and promotion of optimal mental health are studied.

GOAL OF COURSE

Students will develop knowledge and skills necessary to conduct systematic and culturally-sensitive biopsychosocial assessment, diagnosis, and evidence-based treatment planning in counseling.

COURSE OBJECTIVES

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

FOUNDATIONS	CACREP	ASSESSMENT
1. Discuss historical trends and philosophies related to diagnosis and treatment of mental disorders.	IIG1a; CMHC A1	Discussion
2. Identify ethical and legal issues related to diagnosis and treatment planning.	IIG1j; CMHC A2, B1; SC A2, B1, SACC A2, B1	Discussion
3. Identify how issues of culture are related to disorder presentation, diagnoses, access to treatment, counselor assessment, and counselor evaluation.	IIG2a; CMHC E1, H1; SC E4; SACC E1	Case Study
4. Discuss the range of mental health service delivery and the counseling services network.	CMHC C5	Discussion
ASSESSMENT	CACREP	ASSESSMENT
5. Explain ways in which developmental crises, disability, psychopathology, and situational and environmental factors affect both normal and abnormal behavior.	IIG3f	Practice cases, Case study, Midterm, Final
6. Use principles and models of assessment, case conceptualization, and concepts of normalcy and psychopathology to develop appropriate diagnoses and counseling treatment plans.	IIG5d; CMHC G1; SC G1; SACC D5, G1	Practice cases, Case study, Midterm, Final
7. Conduct an intake interview, a mental status evaluation, a biopsychosocial history, a diagnostic interview, and a mental	IIG5c; CMHC G2, H2; SC	BPS History, Case Study

health history.	H1; SACC H1	
8. Discuss relevance and potential biases of commonly used diagnostic tools with multicultural populations.	CMHC K4	BPS History, Discussion
DIAGNOSIS	CACREP	ASSESSMENT
9. Utilize knowledge regarding differential diagnosis and nuances of established criteria for mental and emotional disorders to construct accurate <i>DSM</i> diagnoses.	CMHC K1, K2	Practice cases, Case study, Midterm, Final
10. Discuss symptoms and clinical presentation of clients with mental and emotional impairments using <i>DSM</i> language.	CMHC L1, L2	Practice cases, Midterm, Final
11. Recognize the potential for substance use disorders to mimic, co-occur with, and impact a variety of medical and psychological disorders.	CMHC A6, K3	Practice cases, Midterm, Final
12. Distinguish between normal and abnormal (diagnosable) reactions during crises, disasters, and other trauma-causing events.	CMHC K5, L3	Practice cases, Midterm, Final
TREATMENT PLANNING	CACREP	ASSESSMENT
13. Develop measurable outcomes for counseling programs, interventions, and treatments.	CMHC J2; SC J2; SACC J2	Practice cases, BPS History, Case study, Midterm, Final
14. Cite current literature regarding theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.	CMHC E3	Case study, Midterm
15. Use placement criteria within the continuum of care to determine appropriate treatment modalities.	CMHC K2	Practice cases, Case study, Midterm
16. Recognize the importance of family, social networks, and community systems for optimizing functioning and treating mental and emotional disorders.	CMHC C8; SC M1	Practice cases, Case study, Midterm
CULMINATING OBJECTIVES	CACREP	ASSESSMENT
17. Utilize knowledge regarding the etiology, diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders to construct diagnoses and treatment plans.	CMHC C2; SC C3	Practice cases, Midterm, Case study
18. Demonstrate appropriate use of principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	CMHC C7, D7	Practice cases, BPS History, Case study
19. Apply multicultural competencies to case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.	CMHC D2	Case study, Midterm, Final
20. Integrate knowledge of evidence-based treatments and strategies for evaluating counseling outcomes into the treatment planning process.	IIG8e; CMHC I3, J1; SC I3, I5, J1; SACC I3, J1	BPS History, Case study, Midterm
PSYCHOPHARMACOLOGY OBJECTIVES	CACREP	ASSESSMENT
21. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.	CMHC G3	Psychopharmacology quiz

METHODS OF INSTRUCTION

This lecture-based course is designed to be interactive and students are invited to participate in numerous ways. Didactic lectures are supplemented with video clips demonstrating various mental disorders, discussion prompts, in-class practice activities, and practice case summaries designed to facilitate development of assessment, diagnosis, and treatment planning skills.

REQUIRED TEXTS

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

Kress, V. E., & Paylo, M. J. (2015). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Upper Saddle River, NJ: Person Education, Inc.

Links to additional assigned readings are available on Blackboard:

Kress, V. E., Barrio Minton, C. A., Adamson, N. A., Paylo, M. J., & Pope, V. (2014). The removal of the multiaxial system in the DSM-5: Implications and practice suggestions for counselor. *The Professional Counselor*, 4, 191-201. doi:10.15241/vek.4.3.191

Kress, V. E., Hoffman, R. M., Adamson, N., & Eriksen, K. (2013). Informed consent, confidentiality, and diagnosing: Ethical guidelines for counselor practice. *Journal of Mental Health Counseling*, 35, 15-28. Retrieved from www.amhca.org

Polanski, P. J., & Hinkle, J. S. (2000). The mental status examination: Its use by professional counselors. *Journal of Counseling & Development*, 78, 357-364. doi:10.1002/j.1556-6676.2000.tb01918.x

Schmit, E. L., & Balkin, R. S. (2014). Evaluating emerging measures in the DSM-5 for counseling practice. *The Professional Counselor*, 4, 216-231. doi:10.15241/els.4.2.216

Seligman, L. (2004). Intake interviews and their role in diagnosis and treatment planning. In *Diagnosis and treatment planning in counseling* (3rd ed.) (pp. 138-159). New York: Kluwer.

Ustun, T. B., Kostanjsek, N., Chatterji, S., & Rehm, J. (2010). *Measuring health and disability: Manual for WHO Disability Assessment Schedule [WHODAS 2.0]*. Geneva, Switzerland: World Health Organization.

**Please note there are several additional optional readings available on Blackboard for various diagnostic topic areas.

**Additionally, Chi Sigma Iota: Rho Kappa is hosting a guest speaker on the afternoon of Friday February 27th. The speaker, Dr. Craig Cashwell, is presenting on hypersexual behavior (i.e., sex addiction). This event is an excellent opportunity that coordinates well with the curriculum of COUN 5480. I strongly encourage you to make arrangements to attend.

ASSIGNMENTS

Guiding Theory Treatment Goals Worksheet (15 points):

Students research common counseling goals of their identified guiding theory. Students complete the corresponding worksheet before class on due date (see Appendix A). It is recommended students **bring two copies to class** (one to turn in, one to reference during group discussion).

Peer Biopsychosocial History and Treatment Plan (35 points):

Students demonstrate understanding of concepts and develop assessment and clinical writing skills by constructing a biopsychosocial history and treatment plan regarding a wellness issue for a classmate. Please see Appendix B for assignment guidelines.

Practice Cases (0 points):

Diagnosis, assessment, and treatment planning are best learned through practice. Therefore, nearly every week students are provided practice exercises to be completed during class or at home. Completion of practice cases as homework is **STRONGLY RECOMMENDED**. We discuss answers at the beginning of each class. Students are responsible for their own learning therefore no points are earned for the completion of these practice cases.

A Silver-Lining Midterm (25 points)

In class, we watch the movie *Silver Linings Playbook*. At home, students complete a diagnostic summary and create a treatment plan for one character of their choosing (see Appendix C). After class discussion, students are no longer allowed to consult with peers regarding cases in accordance to UNT exam policy.

Fictional Case Study (30 points):

Students will select a character from a book, television program, or film to serve as the basis for a comprehensive case study including a biopsychosocial history, DSM-5 diagnostic summary, and a comprehensive evidence-based treatment plan with justification. Please note, characters from *Silver Linings Playbook* are not acceptable choices for this assignment. Please see Appendix D for assignment guidelines.

Case Creation Final (20 points)

Students are assigned one disorder from the DSM-5. Students must 1) create a client case summary for the disorder and 2) provide a diagnostic summary for the client. Please see Appendix E for assignment guidelines.

Psychopharmacology Quiz (20 points)

Students complete the quiz on Blackboard. The quiz must be completed by Tuesday May 12th by 11:59 pm CST. An in-class review for quiz is presented on May 5th. Students may use notes or other resources for the quiz. Student may *not* discuss the quiz with peers.

GRADING SCALE

<u>Assignment</u>	<u>Points</u>	<u>Due Date(s)</u>
Guiding Theory Treatment Goals Worksheet	15	2.10
Peer Biopsychosocial History & Treatment Plan	35	2.24
Practice Cases (In and out of class)	0	Ongoing
A Silver-Lining Midterm	25	3.31
Fictional Case Study	30	4.21
Case Creation Final	20	5.5
Psychopharmacology Quiz	20	5.12
Attendance, Participation, & Professionalism	10	Ongoing (see policy)

A = 141.5—155

B = 123—141.4

C = 122.9—108.5

F < 108.4

IMPORTANT POLICIES

ATTENDANCE, PARTICIPATION, & PROFESSIONALISM (10 POINTS)

Enrollment in COUN 5480 is limited to graduate students who are preparing for professional careers; thus, attendance is required and class participation is expected as just one component of professional responsibility. At all times, students are expected to demonstrate personal characteristics consistent with the characteristics of professional counselors (see *Master's Student Handbook*), engage in ethical behavior as defined in the American Counseling Association *Code of Ethics*, and adhere to UNT's Academic Integrity Policy. As professionals, students also are responsible for coming to class prepared to discuss readings, making productive contributions to class discussions/activities, and attending respectfully to others when not contributing directly.

Please remember, professionalism includes using technology (e.g., laptops, tablets, smart phones) appropriately in class. Students who do not meet expectations regarding professional responsibilities will be evaluated as such. This evaluation may be reflected in a grade reduction, competency concern report, and/or request for other remediation per Counseling Program policies.

ABSENCES

As discussed above, prompt attendance at all class meetings is a professional responsibility. The rigors of graduate training in counseling involve more than simply the ability to earn an "A" or "B" in course material. It is recognized that adult learners have busy, complex lives and that setting priorities is often challenging. As a counselor trainee, this challenge becomes self-evident early in one's graduate life and remains throughout most individuals' professional career. Learning to balance responsibilities within the context of one's life is an essential part of developing into a competent and trustworthy clinician. Students who **miss more than one class period**, for whatever reason, will be considered below professional expectations and will be deducted points. There is UNT protocol if students need to miss an extended period of time, please consult instructor for more information.

DUE DATES

Major assignments are considered late if not received by class on the date expected. No late assignments are accepted in this course. Students in need of an extension must contact the instructor to make arrangements **before the assignment due date**. Extensions may result in a reduction of points on the assignment.

CITATIONS

All sources used for all assignments must be cited in APA (6th edition) format. Excellent papers will reference scholarly sources and reflect a depth of critical thought and a writing style commensurate with graduate-level work. The resource list on Blackboard Learn provides students with many articles that may be of interest or pertinent to assignments.

ACADEMIC INTEGRITY & ACADEMIC MISCONDUCT

As discussed in the UNT Graduate Catalog (www.unt.edu/catalog/grad):

"Cheating and plagiarism are types of academic misconduct for which penalties are described and assessed under the UNT "Code of Student Conduct," which is published in the *Undergraduate Catalog* and also is available on the UNT web site at www.unt.edu/csrr as part of the *Student Handbook*. The following statement on academic misconduct, adopted by the Graduate Council, is based on the *Code of Student Conduct*.

The term "cheating" includes, but is not limited to, (1) use of any unauthorized assistance in taking quizzes, tests or examinations; (2) dependence upon the aid of sources specifically prohibited by the instructor in writing papers, preparing reports, solving problems or carrying out other assignments; (3) the acquisition, without permission, of tests or other academic material belonging to a faculty or staff member of the university; (4) dual submission of a paper or project, or resubmission of a paper or project to a different class without express permission from the instructor(s); (5) any other act designed to give a student an unfair advantage.

The term "plagiarism" includes, but is not limited to, the use, by paraphrase or direct quotation, of the published or unpublished work of another person without full and clear acknowledgment. Plagiarism also includes the unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials.

Specific penalties can be assigned by a faculty member for certain cases of academic misconduct (including cheating and plagiarism). These penalties include: giving a failing grade for the test or assignment; reducing or changing the grade for the test, assignment or course; requiring additional academic work not required of other students; assigning a failing grade in the course. Other specific penalties can be recommended by a faculty member to the appropriate administrative/academic authority, including denying of the degree, expulsion from the university or revocation of a degree already granted.

All graduate students are responsible for making themselves aware of the definitions and implications of academic misconduct. For further information on academic misconduct, penalties and appeal procedures, the student should refer to the *Code of Student Conduct*.”

UNT counseling program students are required to be familiar and comply with UNT’s most recent Academic Integrity Policy (<http://vpaa.unt.edu/academic-integrity.htm>). UNT counseling program students may be required to submit research papers and other written work electronically so that the instructor can use anti-plagiarism software to validate the originality of the student’s work. If I suspect that you have engaged in academic dishonesty, I will deal with the situation as outlined in the University Policy shown above. You will be allowed to remain in the class during the entire time that the academic misconduct accusation is being investigated, adjudicated, and appealed. As noted above, the maximum academic penalty that can be assessed by an instructor is an F in the course. However, university officials use the academic misconduct information to decide if other misconduct sanctions are then to be applied, and the student has separate rights to appeal those decisions, remaining in the class until all appeals are exhausted.

BLACKBOARD

We will be using Blackboard Learn as a course management tool this semester. Students may access the course using their EUID and password via <https://learn.unt.edu>. Once within Blackboard Learn, students will be able to view announcements and download and print copies of course materials.

Tk20

This course requires assignments that will be uploaded and assessed in the UNT Tk20 Assessment System. This will require the one-time purchase of Tk20. Student subscriptions will be effective for seven years from the date of purchase. Please go to the following link for directions on how to purchase Tk20 and to view announcements regarding TK20:

<http://www.coe.unt.edu/tk20>. Download student manual here: <http://www.tk20.com/resources/HigherEdStudent.pdf>

EAGLE CONNECT

All UNT students should activate and regularly check their EagleConnect (e-mail) account. EagleConnect is used for official communication from the University to students. Many important announcements for the University and College are sent to students via EagleConnect. For information about EagleConnect, including how to activate an account and how to have EagleConnect forwarded to another e-mail address, visit <https://eagleconnect.unt.edu>. This is the main electronic contact for all course-related information and/or material.

SETE

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

DISABILITY ACCOMMODATION

The University of North Texas (UNT) is on record as being committed to both the spirit and letter of federal equal opportunity legislation; reference Public Law 92-112 – The Rehabilitation Act of 1973 as amended. With the passage of new federal legislation entitled Americans with Disabilities Act (ADA), pursuant to section 504 of the Rehabilitation Act, there is renewed focus on providing this population with the same opportunities enjoyed by all citizens. As a faculty member, I am required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of disability. If you are a student with a disability, your responsibility primarily rests with informing me of your need for accommodation by providing me with your letter from the UNT Office of Disability Accommodation. Information regarding specific disability diagnostic criteria and policies for obtaining academic accommodations can be found at www.unt.edu/oda. Also, you may visit the Office of Disability Accommodation in the University Union (room 321) or phone (940) 565-4323.

**Please make an appointment with the instructor to present and discuss your letter of accommodation.*

OBSERVATION OF RELIGIOUS HOLY DAYS

If you plan to observe a religious holy day that coincides with a class day, please notify your instructor as soon as possible.

STUDENT BEHAVIOR IN THE CLASSROOM

Student behavior that interferes with an instructor's ability to conduct a class or other students' opportunity to learn is unacceptable and disruptive and will not be tolerated in any instructional forum at UNT. Students engaging in unacceptable behavior will be directed to leave the classroom and the instructor may refer the student to the Center for Student Rights and Responsibilities to consider whether the student's conduct violated the Code of Student Conduct. The university's expectations for student conduct apply to all instructional forums, including university and electronic classroom, labs, discussion groups, and field trips. The Code of Student Conduct can be found at: www.unt.edu/csrr.

TENTATIVE COURSE SCHEDULE

	TOPICS	READINGS & ASSIGNMENTS DUE
Week 1 1.20.15	Introduction to the DSM Role, risks, & benefits of diagnosis	<ul style="list-style-type: none"> ▪ DSM pp. 5- 25 ▪ Blackboard: Kress et al. (2014)
Week 2 1.27.15	Conducting a biopsychosocial history WHODAS 2.0 and Cultural Formulation Mental status assessment/exam (MSE)	<ul style="list-style-type: none"> ▪ DSM pp. 745-759 ▪ Blackboard: Polanski & Hinkle (2000), Seligman (2004)—Read before, but bring copies to class! ▪ Blackboard: WHODAS manual (for reference)
Week 3 2.3.15	Assessments in counseling Treatment plans Evidence-based treatments	<ul style="list-style-type: none"> ▪ Research for guiding theory treatment goals ▪ Blackboard: Schmit & Balkin (2014) ▪ Kress & Paylo Chapters 1 and 2
Week 4 2.10.15	Treatment plans Evidence-based treatments Introduction to psychopharmacology	GUIDING THEORY TREATMENT GOALS WORKSHEET (2 copies)
Week 5 2.17.15	Differential diagnosis Ethical and Cultural Considerations V codes/Z codes Adjustment Disorder	<ul style="list-style-type: none"> ▪ DSM pp. 715-727; 286-289 ▪ Blackboard: Kress et al. (2013) ▪ Kress & Paylo pp. 216-220 (adjustment d/o)
Week 6 2.24.15	Substance-Related and Addictive Disorders	PEER BIOPSYCHOSOCIAL HISTORY & TREATMENT PLAN
Week 7 3.3.15	Bipolar and Related Disorders Depressive Disorders	<ul style="list-style-type: none"> ▪ DSM pp. 123-188 ▪ Kress & Paylo Chapter 4
Week 8 3.10.15	Anxiety Disorders Obsessive-Compulsive and Related Disorders <i>Silver Linings Playbook, viewing</i>	<ul style="list-style-type: none"> ▪ DSM pp. 189-264 ▪ Kress & Paylo Chapters 5 and 6
Week 9 3.17.15	<i>Spring Break, university closed</i>	
Week 10 3.24.15	Trauma-and Stressor-Related Disorders Disruptive, Impulse-Control, and Conduct Disorders	<ul style="list-style-type: none"> ▪ DSM pp. 265-290; 461-480 ▪ Kress & Paylo Chapters 7 and 12
Week 11 3.31.15	<i>Discuss midterm</i> Dissociative Disorders Personality Disorders	A SILVER-LINING MIDTERM
Week 12 4.7.15	Neurodevelopmental Disorders Neurocognitive Disorders	<ul style="list-style-type: none"> ▪ DSM pp. 31-86; 591-644 ▪ Kress & Paylo Chapter 13
Week 13 4.14.15	Schizophrenia Spectrum and Other Psychotic Disorders	<ul style="list-style-type: none"> ▪ DSM pp. 87-122 ▪ Kress & Paylo Chapter 10
Week 14 4.21.15	Somatic Symptoms and Related Disorders Feeding and Eating Disorders	FICTIONAL CASE STUDY
Week 15 4.28.15	Sleep-Wake Disorders Sexual Dysfunctions Gender Dysphoria Paraphilic Disorders	<ul style="list-style-type: none"> ▪ DSM pp. 361-460; 685-706 ▪ Kress & Paylo Chapter 15 <p style="text-align: center;"><i>Have you completed your SETE?</i></p>
Week 16 5.5.15	<i>Case Reviews</i> Conditions for further study Review for psychopharmacology quiz	CASE CREATION FINAL
Week 17 5.12.15	No in-class meeting, complete quiz on Blackboard by 11:59 pm CST today	PSYCHOPHARMACOLOGY QUIZ

**Instructor reserves the right to modify schedule as needed throughout the semester.*

Appendix A

Guiding Theory Treatment Goals Worksheet

Student Name: _____ Identified Guiding Theory: _____

1. Summarize your guiding theory's perspective of treatment planning in counseling:

2. Complete the following table, researching potential sources for future treatment planning:

Disorder Categories	Focus of Treatment <i>Potential goals? Referrals? Overall focus?</i>	Potential Reference(s) <i>Include authors & date</i>
Substance Use Disorders		
Depressive Disorders		
Bipolar Disorders		
Trauma-related Disorders		
Anxiety Disorders		
Psychotic Disorders		
Personality Disorders		
Neurodevelopmental Disorders		
Behavioral Related Disorders		

Peer Biopsychosocial History and Treatment Plan Guidelines

In pairs, classmates complete an interview as a counselor and client. Each student is responsible to complete a biopsychosocial history report and create a treatment plan for his or her peer-client. Specific guidelines include:

1. **Write a peer's biopsychosocial history** according to Seligman's (2004) extended format. Be sure to use professional language (i.e., model after Seligman's example on pp. 150-154). Use the Cultural Formulation interview in the DSM-5 and questions created in class to guide interview process. Students complete a WHODAS 2.0 and present the scores along with diagnostic impression. Presenting issues need not be deficiency based. You may, for example, write a presenting problem around maximizing self-care or personal relationships. This document should be typed, single-spaced, and presented in a way consistent with the Seligman's format. Although duplicating sentence content or structure is not appropriate for other academic assignments, feel free to follow Seligman's patterns closely.
2. Within Seligman's structure there is a section for a mental status exam. **Complete a mental status examination** based on one period of time using the example in Polanski & Hinkle (2000, p. 363). Use the MSE assessment handout to determine what to write, and practice clinical writing skills by including a narrative within the biopsychosocial history. You may (but need not) attach the MSE handout in support of your narrative.
3. **Write a peer's treatment plan.** Use the treatment plan template available on Blackboard. Treatment plans are collaborative in nature representing the client's goals within the framework of the counselor's theoretical orientation. Treatment plans need to include 2-4 objectives total. Remember to use the resources from class to guide the development of the presenting problems, objectives, and treatment recommendations.

A few tips for success

1. Keep writing clear and concise. Do not worry about fancy transitions or explanation. Use professional language. Can your peer read the document without feeling judged?
2. Although you should follow the extended format, you need not include every single detail of history. Try to include just the **most important** aspects.
3. What is not present is just as important as what is present (e.g., if no history of medical illness, then state no history of medical illness), in MSE, e.g., no delusions, no hallucinations.
4. Be sure to attend to strengths in case conceptualization section.
5. **For "diagnostic impression" section do the following**
 - a. **Include 799.9 Diagnosis Deferred or V71.09 No Diagnosis**
 - b. **Include score from WHODAS 2.0**
6. Be sure to make objectives measurable and specific; include comprehensive attention to all areas of the treatment plan.
7. Include a title page with this assignment (which protects the exposure of your peer's information on the following pages).

Informed Consent Disclaimer: I will be collecting this assignment to provide feedback on your professional/clinical writing style. I will focus my feedback on the style (not content) of what is presented. However, if you disclose something about yourself that raises reasonable concerns about your fitness to continue in the program or in the counseling profession, I have an ethical obligation to act on that information. Please protect your privacy by omitting any information you would not like to share in this academic setting. Please do not, however, add false information related to suicidality, violence, psychosis, or severe substance abuse. Please remember your code of ethics and confidentiality when conducting the interview and completing the assignment. A breach in peer confidentiality will result in a review of your competency in the counseling program. Audio recording of interview requires an informed consent document above and beyond this disclaimer. Your peer is not expected to allow you to record. All recordings must be erased after completion of assignment.

Submission: Each student submits a hardcopy in class on due date.

Appendix C

A Silver-Lining Midterm

In class, students view the movie *Silver Linings Playbook*. Students chose one character (Pat Sr., Pat, or Tiffany) from the movie and complete the following:

- 1. Diagnostic summary form.** Provide an accurate diagnosis using the DSM-5, providing support for each criterion of the diagnosis. Remember, evidential support represents examples drawn from the film. Be sure to include differential diagnosis.
- 2. Treatment plan.** Use the treatment plan template available on Blackboard. Students should offer an evidence-based rationale for treatment plan choices by integrating information from at least **five original, scholarly sources** in a narrative justification (include a reference page in APA format). Treatment plans should include 3-5 objectives total.

The midterm is an individual assignment; therefore, collaboration among peers is not acceptable. Collaboration with peers is considered cheating on an exam and will be processed as such using the UNT Student Code of Conduct.

Submission: Each student submits a hardcopy in class on due date.

Appendix D

Fictional Case Study Guidelines

Students select a **fictional character** from a book, television program, or film to serve as the basis for a comprehensive case study including:

- a) Biopsychosocial history with expanded, narrative-style mental status report
 - a. Use Seligman (2004) and Polanski & Hinkle (2000) for format.
- b) DSM-5 diagnosis and justification with particular attention to differential diagnosis and issues of culture. **Include a diagnostic summary form completed with all details.**
- c) Comprehensive evidence-based treatment plan with justification. Students should offer an evidence-based rationale for treatment plan choices by integrating information from at least **five original, scholarly sources** in a narrative justification (include a reference page in APA format). Treatment plans include 3-5 objectives total.

Although students make take creative liberties when developing profile information not originally included in the source, all data included in the report must be written using professional language and supported with rationale.

Case studies will be evaluated based on coverage of:

- Presenting problem, mental status report, and biopsychosocial history
- DSM-5 diagnosis and justification with differential diagnosis
- Treatment plan and evidence-based justification
- Explicit attention to historical-social-political-**cultural** issues throughout all of above
- Quality of writing and APA style in-text citations and reference page

Submission: Each student submits an electronic copy to Tk20. Each student brings one hardcopy to class on due date.

Note: Although students have until the end of the semester to submit projects, you will have the knowledge and skills to complete this project well in advance. I strongly encourage you to complete this project prior to the deadline.

Appendix E

Case Creation Final

Students are assigned one disorder from the DSM-5. For each assigned disorder, students create a client case summary and “answer key” diagnostic summary.

1. **Client summary.** In the summary, students create a story of a client who could be diagnosed with the assigned disorder. The summary must include the required criteria of the disorder within the client story. (This summary is similar to those we use in class for practice.) Students should offer demographic information, environmental factors, and cultural considerations.
2. **Diagnostic summary.** Students utilize the diagnostic summary template from Blackboard and complete a corresponding “answer key” for the client summary. Students are sure to pay attention to differential diagnosis and include evidence of the disorder as per specific elements provided in the summary.

Submission: Each student brings a hardcopy of the assignment to class on due date.

Note: Although students have until the end of the semester to submit projects, you will have the knowledge and skills to complete this project well in advance. I strongly encourage you to complete this project prior to the deadline.