

# COUN 5263 – Diagnosis and Treatment Planning

Midwestern State University  
Gordon T. & Ellen West College of Education and Professional Studies  
Semester Credits: 3

## Contact Information

Professor: Zachary Zoet M.A., LPC

Semester: Spring 2025 17 Weeks **\*Week 8 is Spring Break**

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Office Hours: By appointment – please email me!

## In this Syllabi you will find:

- Course Description
- Course Expectations
- Course Outline
- Evaluation and Assignments
- Student Expectations and Policy Information
- Resources
- Appendices

## Instructor Response Policy:

During the week (Monday – Friday) I will respond within 24 hours. Do not expect a response from me on Holidays and weekends. As professionals, it's important that we implement boundaries around home and work. Please ask your questions before the weekend.

**\*The MSU Clinical Mental Health program requires at least a B average. Cs are unacceptable, and more than two (2) C's will put you in danger of being removed from the program. Please consult the Student Handbook for more information.**

## COURSE DESCRIPTION

Dynamics of normal and abnormal behavior with emphasis on the diagnosis of dysfunction and the development of treatment plans. In this course, students will gain the knowledge to effectively diagnose mental health disorders, the purpose of diagnosis, the benefits, biases, and cultural issues related to diagnosis, and become introduced to research related to the treatment for a variety of mental health concerns.

Prerequisites:

Admission to counseling program or permission of the counseling program coordinator.

## **COURSE RATIONALE**

In this course students will gain the knowledge to effectively diagnose mental health disorders, the purpose of diagnosis, the benefits, biases, and cultural issues related to diagnosis, and become introduced to research related to the treatment of a variety of mental health concerns.

## **REQUIRED TEXTBOOK**

Required Text:

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed. TR) DSM V TR*

## **COURSE OBJECTIVES**

Knowledge and Skill Learning Outcomes: CACREP Standards

- Section 3: A.11 self-care, self-awareness, and self-evaluation strategies for ethical and effective practice
- Section 3: B.2 the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on individuals' worldviews
- Section 3: B.3 the influence of heritage, cultural identities, attitudes, values, beliefs, understandings, within-group differences, and acculturative experiences on help-seeking and coping behaviors
- Section 3: B.9 strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
- Section 3: B.10 guidelines developed by professional counseling organizations related to social justice, advocacy, and working with individuals with diverse cultural identities KPI
- Section 3: C.4 theories of personality and psychological development
- Section 3: C.5 theories and neurobiological etiology of addictions
- Section 3: C.8 models of psychosocial adjustment and adaptation to illness and disability
- Section 3.C.9 the role of sexual development and sexuality related to overall wellness
- Section 3: C.11 systemic, cultural, and environmental factors that affect lifespan development, functioning, behavior, resilience, and overall wellness KPI
- Section 3: C.12 the influence of mental and physical health conditions on coping, resilience, and overall wellness for individuals and families across the lifespan
- Section 3: C.13 effects of crises, disasters, stress, grief, and trauma across the lifespan
- Section 3: E.3 case conceptualization skills using a variety of models and approaches
- Section 3: E.9 interviewing, attending, and listening skills in the counseling process
- Section 3: E.11 strategies for adapting and accommodating the counseling process to client culture, context, abilities, and preferences KPI
- Section 3: E.13 developmentally relevant and culturally sustaining counseling treatment or intervention plans

- Section 3: E.14 development of measurable outcomes for clients
- Section 3: E.15 evidence-based counseling strategies and techniques for prevention and intervention KPI
- Section 3: E.16 record-keeping and documentation skills
- Section 3: E.18 classification, effects, and indications of commonly prescribed psychopharmacological medications
- Section 3: E.19 suicide prevention and response models and strategies
- Section 3: E.21 processes for developing a personal model of counseling grounded in theory and research
- Section 3: G.6 ethical and legal considerations for selecting, administering, and interpreting assessments
- Section 3: G.10 use of structured interviewing, symptom checklists, and personality and psychological testing
- Section 3: G.11 diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems KPI
- Section 3: G.12 procedures to identify substance use, addictions, and co-occurring conditions
- Section 3: G.17 procedures for using assessment results for referral and consultation
- Section 3: H.7 use of research methods and procedures to evaluate counseling interventions
- Section 5: C.1 etiology, nomenclature, diagnosis, treatment, referral, and prevention of mental, behavioral, and neurodevelopmental disorders
- Section 5: C.4 intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- Section 5: C.5 techniques and interventions for prevention and treatment of a broad range of mental health issues
- Section 5: C.9 third-party reimbursement and other practice and management issues in clinical mental health counseling

#### Learning Objectives

1. Students will learn 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-5-TR).
2. Students will understand principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
3. Students will understand and can assess for the established diagnostic criteria for mental and emotional disorders and apply appropriate treatment modalities.
4. Students will understand cultural factors relevant to clinical mental health counseling and its impact on diagnosis.
5. Students will understand how trauma and crisis can impact the individual and learn suicide prevention models and strategies.

## **COURSE EXPECTATIONS**

The Clinical Mental Health Counseling Program, its faculty, and its students adhere to the University Code of Conduct, State of Texas licensure laws and regulations, and the American Counseling Association's (2014) *Code of Ethics*. The program has a professional responsibility to ensure that all students display ethical, professional, and personal behaviors that comply with these guidelines. Students are strongly encouraged to review, understand, and consult the [American Counseling Association website](#) for details related to these guidelines.

Department of Counseling students are expected to demonstrate appropriate classroom behavior, consistent with their counselor-in-training roles. Counselors-in-training are expected to convey attentiveness and respect in all professional and classroom settings.

### Online Etiquette:

It is expected that students use formal, professional language when corresponding online. It is expected that you use complete sentences, address one another with respect, follow the American Counseling Association Code of Ethics (2014), and treat all members of the class with respect.

### Inclusivity:

It is my intent to present material and activities that are respectful. It is also my intent that students from all perspectives and diverse backgrounds be well-served by this course, that students' learning needs be addressed both in and out of class, and that students bring to this class be viewed as a resource, strength, and benefit. Your suggestions about how to improve the value of inclusivity in this course are encouraged and appreciated.

### Confidentiality:

Upholding confidentiality is a major responsibility of the student. Anything discussed during supervision, online in this class, or shared by individual students about themselves is considered confidential. Please do not share any information shared to you by other students.

### Academic Dishonesty:

Students at Midwestern State University are an essential part of the academic community and enjoy substantial freedom within the framework of the educational objectives of the institution. The freedom necessary for learning in a community so rich in diversity and achieving success toward our educational objectives requires high standards of academic integrity. Academic dishonesty has no place in an institution of advanced learning. It is each student's responsibility to know what constitutes academic dishonesty and to seek clarification directly from the instructor if necessary. Examples of academic dishonesty include, but are not limited to:

- Submission of an assignment as the student's original work that is entirely or partly the work of another person.
- Failure to appropriately cite references from published or unpublished works or print/non-print materials, including work found on the World Wide Web.
- Observing or assisting another student's work.

- Multiple Submission - Submitting a substantial portion or the entire same work (including oral presentations) for credit in different classes without permission or knowledge of the instructor.
- Usage of Artificial Intelligence (AI) software, this does not include editing tools of Word or Grammarly i.e., spell check or rewriting suggestions for clarity.

Statement of Disability:

Disability Support Services (DSS) provides services to students with disabilities to insure accessibility to university programs. DSS offers information about accommodations and disability, evaluation referral, adaptive technology training and equipment, and interpreter services for academically related purposes. If you suspect you have a disability that is impacting your academic performance or have been previously documented as a person with a disability, you will need to apply and provide documentation of that disability to the Disability Support Services. This documentation must be supplied by a qualified professional who is licensed or certified to diagnose the disability in question.

The Disability Support Services office is located in Room 168 of the Clark Student Center. If you need assistance, you can also contact them at (940) 397-4140.

Attendance:

You will be required to post at least three academic paragraphs in each week's discussion board. You are also required to reply to at least one other student's discussion board post. This is seen as your weekly attendance in class. Failing to post, reply, or both each week results in loss of points and would be the same as if you did not attend class that week. An academic paragraph needs at least five sentences in it.

Late Work:

All papers and assignments must be turned in the day they are due. **\*No exceptions.** If you have an emergency, please let me know in advance, and/or email me your assignment the same day it is due. Any late papers will be lowered **\*10%**. Late papers can only be turned in before the deadline for the following assignments. Please observe that your assignments are worth a considerable amount of points and skipping even one assignment will most likely significantly lower your grade. Please begin planning your semester schedule accordingly

## COURSE OUTLINE

Class Dates	Class Topics	Assignments/Reading
<p><b>1. Week of Tuesday, January 21, 2025 – Sunday, January 26, 2025</b></p>	<ul style="list-style-type: none"> <li>• Syllabus Review</li> <li>• Section I Basics Introduction, Use of Manual and Cautionary Statement for Forensic Use of DSM-5-TR</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Section I Basics Introduction, Use of Manual and Cautionary Statement for Forensic Use of DSM-5-TR</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>2. Week of Monday, January 27, 2025 – Sunday, February 2, 2025</b></p>	<ul style="list-style-type: none"> <li>• Neurodevelopment Disorders, Schizophrenia Spectrum, and Other Psychotic Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Neurodevelopment Disorders, Schizophrenia Spectrum, and Other Psychotic Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>3. Week of Monday, February 3, 2025 – Sunday, February 9, 2025</b></p>	<ul style="list-style-type: none"> <li>• Bipolar and Related Disorders, and Depressive Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Bipolar and Related Disorders, and Depressive Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>4. Week of Monday, February 10, 2025 – Sunday, February 16, 2025</b></p> <p><b>D2L and TK20</b></p>	<ul style="list-style-type: none"> <li>• Anxiety Disorders and Obsessive-Compulsive and Related Disorders</li> <li>• <b>Movie Diagnosis Appendix B</b></li> <li>• <b>Please turn into D2L and the TK20 link.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Anxiety Disorders and Obsessive-Compulsive and Related Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Movie Diagnosis Appendix B to D2L and the Tk20 link</b></li> </ul>

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Class Dates	Class Topics	Assignments/Reading
<p><b>5. Week of Monday, February 17, 2025 – Sunday, February 23, 2025</b></p>	<ul style="list-style-type: none"> <li>• Trauma and Stress Related Disorders and Dissociative Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Trauma and Stress Related Disorders and Dissociative Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>6. Week of Monday, February 24, 2025 – Sunday, March 2, 2025</b></p>	<ul style="list-style-type: none"> <li>• Somatic Symptom and Related Disorders, Feeding and Eating Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Somatic Symptom and Related Disorders, Feeding and Eating Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>7. Week of Monday, March 3, 2025 – Sunday, March 9, 2025</b></p>	<ul style="list-style-type: none"> <li>• Elimination Disorders, Sleep-Wake Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Elimination Disorders, Sleep-Wake Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>8. Week of Monday, March 10, 2025 – Sunday, March 16, 2025</b></p> <p><b>Spring Break!</b></p>	<ul style="list-style-type: none"> <li>• Nothing is due this week, not even a discussion board post, use this time to catch up on reading, and work on your future papers.</li> </ul>	<ul style="list-style-type: none"> <li>• Nothing is due this week, not even a discussion board post, use this time to catch up on reading, and work on your future papers.</li> </ul>
<p><b>9. Week of Monday, March 17, 2025 – Sunday, March 23, 2025</b></p> <p><b>D2L and Tk20</b></p>	<ul style="list-style-type: none"> <li>• Sexual Dysfunctions and Gender Dysphoria</li> <li>• <b>Case Study and Analysis Appendix C</b></li> <li>• <b>Please turn in assignment to D2L and the TK 20 link.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Sexual Dysfunctions and Gender Dysphoria</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Case Study and Analysis Appendix C to D2L and the TK20 link.</b></li> </ul>

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Class Dates	Class Topics	Assignments/Reading
<p><b>10. Week of Monday, March 24, 2025 – Sunday, March 30, 2025</b></p>	<ul style="list-style-type: none"> <li>• Disruptive, Impulse-Control, and Conduct Disorders, Substance-Related and Addictive Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Disruptive, Impulse-Control, and Conduct Disorders, Substance-Related and Addictive Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>11. Week of Monday, March 31, 2025 – Sunday, April 6, 2025</b></p>	<ul style="list-style-type: none"> <li>• Neurocognitive Disorders, Personality Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Neurocognitive Disorders, Personality Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>12. Week of Monday, April 7, 2025 – Sunday, April 13, 2025</b></p>	<ul style="list-style-type: none"> <li>• Paraphilic Disorders, Other Mental Disorders</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Paraphilic Disorders, Other Mental Disorders</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>13. Week of Monday, April 14, 2025 – Sunday, April 20, 2025</b></p> <p style="text-align: center;"><b>D2L</b></p>	<ul style="list-style-type: none"> <li>• Medication-Induced Movement Disorders and Other Adverse Effects of Medication, Other Conditions That May Be a Focus of Clinical Attention</li> <li>• <b>Diagnosis Research Paper Appendix D</b></li> <li>• <b>Turn into D2L</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Medication-Induced Movement Disorders and Other Adverse Effects of Medication, Other Conditions That May Be a Focus of Clinical Attention</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Turn in Diagnosis Research Paper Appendix D to D2L</b></li> </ul>
<p><b>14. Week of Monday, April 21, 2025 – Sunday, April 27, 2025</b></p>	<ul style="list-style-type: none"> <li>• Section III xx</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Read</b> the DSM-5-TR, Section III Emerging Measures and Models: Assessment Measures, Cultural and Psychiatric Diagnosis, Alternative DSM 5 Model for Personality Disorders, Conditions for Further Study</li> <li>• <b>Do Discussion Board, Post, and Comment</b></li> </ul>
<p><b>15. Week of Monday, April 28, 2025 – Sunday, May 4, 2025</b></p>	<ul style="list-style-type: none"> <li>• <b>Study for Final</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Do Discussion Board, Post, and Comment</b></li> <li>• <b>Study for the final</b></li> </ul>

Class Dates	Class Topics	Assignments/Reading
<p><b>16/17. Week of Monday, May 5, 2025 – Thursday, May 15, 2025</b></p> <p style="text-align: center;"><b>Complete Exam on D2L!</b></p>	<ul style="list-style-type: none"> <li>• <b>Final Exam Appendix E</b></li> <li>• <b>Complete on D2L</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Complete Final Exam before May 15th.</b></li> <li>• <b>Do Discussion Board, Post, and Comment before May 11<sup>th</sup>.</b></li> <li>• <b>Course closes Thursday, May 15<sup>th</sup>.</b></li> </ul>

## EVALUATION AND ASSIGNMENTS

**\*\* ALL WRITTEN ASSIGNMENTS MUST BE SUBMITTED VIA D2L AND ALL WORK MUST BE COMPLETED IN APA 7 STYLE.**

### Discussion Board (30 pts.)

Students are required to answer questions or complete assignments regularly related to the weekly reading. Almost every week students will be required to answer questions about the reading or be asked to reflect on a particular topic for that week. Students may also be required to engage in short creative projects instead of questions about the readings. If there is a discussion, students are required to participate and comment on at least one other person's thread. **The assignments and weekly comments are due by Sunday at 11:59 pm at the end of the week, \*except for the final week of the class.** Follow directions to get full points each week. **\*Late work will not be accepted (See Appendix A).**

### Movie Diagnosis: (36 pts.)

For this assignment, students will select a movie featuring a character who experiences mental health challenges and analyze the character through a clinical lens. Examples can be found within Appendix B. The movie character selected will be viewed as a client coming into counseling. The goal is to apply concepts from the *DSM-5-TR* to diagnose the client, develop a theoretical treatment plan, and reflect on the process. Students should begin by providing a detailed biopsychosocial of the client. Students will need to explore cultural and safety factors that influence the client in their own sections. Next, identify and describe the client's presenting psychological concerns, discussing the context in which these issues arise and how they manifest in the client's behavior and relationships. Using the *DSM-5-TR*, students will diagnose the client by outlining the diagnostic criteria, providing appropriate diagnostic codes, and justifying the diagnosis with specific examples from the movie. Be sure to include in-text citations for the *DSM-5-TR* in your analysis. Following the diagnosis, students will write a detailed case conceptualization of the client. Remember, a case conceptualization is clinical understanding of the psychological issues present using the language of an identified theoretical orientation. These case conceptualizations should be based upon an evidenced-based theory. Next, students will develop a treatment plan tailored to the character's needs. Remember, treatment planning goals must be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant and Time-bound). Your

umbrella goals should be directly related to the diagnosis that you have provided the client. Each umbrella goal should have a correlating objective and intervention. An objective is something that the client will be doing to meet the umbrella goal, and an intervention is something that the counselor will be utilizing with the client in the service of meeting the umbrella goal. Your treatment plan should incorporate evidence-based interventions grounded in your specific therapeutic modality (i.e., the same theory you utilized for your case conceptualization) and include a rationale for your chosen approach. Conclude the paper with a personal reflection on the process of analyzing the client, the assignment, and how it will help you in your future career as a clinical mental health counselor. Reflect on what you learned about clinical assessment, diagnosis, and treatment planning through this exercise. The paper should follow APA 7th Edition formatting, including a properly formatted title page, in-text citations, and a reference page. Additional relevant sources should be used and appropriately cited. Students may refer to Appendix B for a list of suggested movies, a detailed assignment outline, and the grading rubric. However, students are welcome to select a film not listed in Appendix B, provided it features a character with identifiable mental health challenges. **(See Appendix B). KPI: 3.A.11, 3.B.2, 3.B.3, 3.B.9, 3.B.10, 3.C.5, 3.C.8, 3.C.11, 3.C.12, 3.C.13, 3.E.2, 3.E.3, 3.E.11, 3.E.13, 3.E.14, 3.E.15, 3.E.19, 3.E.21, 3.G.11, 3.G.12, 3.H.7, 5.C.1, 5.C.4, 5.C.5** Please turn in the assignment to D2L and the TK 20 link.

### **Case Study and Analysis (36 pts.)**

For this assignment, students will select a famous person who has experienced mental health challenges and analyze the famous person chosen through a clinical lens. Faculty recommends that students select an individual whose mental health concerns are easily researched and verifiable via resources. Examples can be found within Appendix C. The famous person selected will be viewed as a client coming into counseling (students may create the client's presenting concern for pursuing counseling services based off client's life and history). The goal is to apply concepts from the *DSM-5-TR* to diagnose the client, develop a theoretical treatment plan, and reflect on the process. Students should begin by providing a detailed biopsychosocial of the client. Students will need to explore cultural and safety factors that influence the client in their own sections. If students are choosing a more historical figure, please use modern diagnostic criteria, and reasoning skills to showcase your ability to work within current ethical practices. Next, identify and describe the client's presenting psychological concerns, discussing the context in which these issues arise and how they manifest in the client's behavior and relationships. Using the *DSM-5-TR*, students will diagnose the client by outlining the diagnostic criteria, providing appropriate diagnostic codes, and justifying the diagnosis with specific examples from the movie. Be sure to include in-text citations for the *DSM-5-TR* in your analysis. Following the diagnosis, students will write a detailed case conceptualization of the client. Remember, a case conceptualization is clinical understanding of the psychological issues present using the language of an identified theoretical orientation. These case conceptualizations should be based upon an evidenced-based theory. Next, students will develop a treatment plan tailored to the character's needs. Remember, treatment planning goals must be S.M.A.R.T. (Specific, Measurable, Achievable, Relevant and Time-bound). Your umbrella goals should be directly related to the diagnosis that you have provided the client. Each umbrella goal should have a correlating objective and intervention. An objective is something that the client will be doing to meet the umbrella goal, and an intervention is something that the counselor will be utilizing with the client in the service of meeting the umbrella goal. Your treatment plan should incorporate evidence-

based interventions grounded in your specific therapeutic modality (i.e., the same theory you utilized for your case conceptualization) and include a rationale for your chosen approach. Conclude the paper with a personal reflection on the process of analyzing the client, the assignment, and how it will help you in your future career as a clinical mental health counselor. Reflect on what you learned about clinical assessment, diagnosis, and treatment planning through this exercise. The paper should follow APA 7th Edition formatting, including a properly formatted title page, in-text citations, and a reference page. Additional relevant sources should be used and appropriately cited. Students may refer to Appendix C for a list of suggested famous individuals who have dealt with mental health concerns, a detailed assignment outline, and the grading rubric. However, students are welcome to select a famous individual not listed in Appendix C, provided it features someone with identifiable mental health challenges. (See **Appendix C**). **KPI: 3.A.11, 3.B.2, 3.B.3, 3.B.9, 3.B.10, 3.C.5, 3.C.8, 3.C.11, 3.C.12, 3.C.13, 3.E.2, 3.E.3, 3.E.11, 3.E.13, 3.E.14, 3.E.15, 3.E.19, 3.E.21, 3.G.11, 3.G.12, 3.H.7, 5.C.1, 5.C.4, 5.C.5** Please turn in the assignment to D2L and TK 20 link.

### **Diagnosis Research Paper: (48 pts.)**

For this assignment, students will conduct a comprehensive research paper that demonstrates their understanding of the core competencies in clinical mental health diagnosis and treatment planning that they've learned throughout the course, with an added emphasis upon integrating additional advanced foundational competencies. The paper will address key aspects of professional counseling practice (interviewing, attending, listening skills, etc.) to obtain key diagnostic information for an effective diagnosis and treatment plan, effective clinical interventions, demonstrate accurate record-keeping and documentation, and demonstrate knowledge of the ethical/legal implications involved in diagnosis and treatment planning. Additionally, we will ask that students begin to explore the role of sexual development and sexuality in overall wellness, discussing how these factors influence mental health and inform diagnosis and treatment planning. Students will also be expected to begin learning about how commonly prescribed psychopharmacological medications, prescribed by collaborating allied mental health professionals, may play a role in the development of a diagnosis and/or treatment plan for an identified client. We also ask that students develop the additional skillset of accurate assessment and treatment planning of substance abuse, addiction, and co-occurring disorders. Lastly, students should understand how psychological assessment and symptom checklists are used to inform diagnosis and treatment planning – including making appropriate referrals and seeking consultation as needed to improve client outcomes. Graduates of the clinical mental health program at MSU often will work within agencies and systems that are governed by third-party reimbursement and practice management standards; therefore, we expect that your diagnosis and treatment plans will be informed by relevant third-party reimbursement and practice management issues. The student will conclude the paper with a reflection paragraph that reflects on the assignment, and how it will impact their clinical practice in the future. The research paper should adequately cover the topics listed above and include an APA 7 the title page and APA 7 reference page. The entire paper should be formatted in APA 7th Edition style and written at a graduate level. Students must include at least **\*seven** relevant scholarly references to support their analysis. **\*Students should expect to have sources backing their analysis for each competency area.** Clear headings should be used to organize the paper and ensure all required components are addressed. Please see the grading rubric within Appendix D

for further guidance. (See Appendix D). **3.C.9, 3.E.9, 3.E.16, 3.E.18, 3.G.6, 3.G.10, 3.G.12, 3.G.17, and 5.C.9.**

**Final Exam (31 pts.):**

Students will complete an exam to test topics covered within the semester. Please take a moment to do mindful grounding techniques before beginning your exam.

(See Appendix E). **Complete on D2L.**

Assignment Breakdown

<b>Assignment</b>	<b>Points</b>
Discussion Board Posts *D2L	30
Movie Diagnosis *D2L and Tk20	36
Case Study and Analysis *D2L and Tk20	36
Diagnosis Research Paper *D2L	48
Final Exam *D2L	31
<b>Total Points</b>	<b>181</b>

Grade Classifications:

- A = 90-100 %
- B = 80-89 %
- C = 70-79 %
- D = 60-69 %
- F = 59 % or Below

**DEPARTMENT OF COUNSELING STATEMENT OF EXPECTATIONS**

The counselor education program is charged with the dual task of nurturing the development of counselors-in-training and ensuring quality client care. In order to fulfill these dual responsibilities, faculty must evaluate students based on their academic, professional, and personal qualities. A student's progress in the program may be interrupted for failure to comply with academic standards or if a student's interpersonal or emotional status interferes with training-related requirements. For example, in order to ensure proper training and client care, a counselor-in-training must abide by relevant ethical codes and demonstrate professional knowledge, technical and interpersonal skills, professional attitudes, and professional character. These factors are evaluated based on one's academic performance and one's ability to convey warmth, genuineness, respect, and empathy in interactions with clients, classmates, staff, and faculty. Students should demonstrate the ability to accept and integrate feedback, be aware of their impact on others, accept personal responsibility, and be able to express feelings effectively and appropriately. For further clarification on review and retention refer to the handbook.

Classroom Behaviors:

Department of Counseling students are expected to demonstrate appropriate classroom behavior, consistent with their counselor-in-training roles. Counselors-in-training are expected to convey attentiveness and respect in all professional and classroom settings. Specifically, these include:

- Avoiding tardiness and late arrival to class.
- Being attentive and participative in class and online.
- Not using cell phones and text messaging during class.
- Not surfing the web, emailing, tweeting, or using instant messaging (IM) during class.
- Minimizing eating and disruptive snacking during class.
- Avoiding personal conversations with students during class, which are disruptive to fellow students and the learning environment.

## **STUDENT ETHICS AND OTHER POLICY INFORMATION**

### Ethics:

For further information about Midwestern State University's policies regarding student ethics and conduct, please contact 940-397-4135 (Student Support Services).

### Special Notice:

Students whose names do not appear on the class list will not be permitted to participate (take exams or receive credit) without first showing proof of registration (Schedule of Classes and Statement of Account).

### Campus Carry:

Senate Bill 11 passed by the 84th Texas Legislature allows licensed handgun holders to carry concealed handguns on campus, effective August 1, 2016. Areas excluded from concealed carry are appropriately marked, in accordance with state law. For more information regarding campus carry, please refer to the University's webpage at: [Campus Carry](#). As this is an online class, this policy should not apply, but please familiarize yourself with this and other campus policies.

**\*Please note, open carry of handguns, whether licensed or not, and the carrying of all other firearms, whether open or concealed, are prohibited on campus.**

### Limited Right to Intellectual Property:

By enrolling in this course, the student expressly grants MSU a "limited right" in all intellectual property created by the student for the purpose of this course. The "limited right" shall include but shall not be limited to the right to reproduce the student's work product in order to verify originality and authenticity, and for educational purposes.

### Midwestern State University Mission Statement:

MSU is a leading public liberal arts university committed to providing students with rigorous undergraduate and graduate education in the liberal arts and the professions. Through an emphasis upon teaching, augmented by the opportunity for students to engage in research and creative activities alongside faculty and to participate in co-curricular and service programs, Midwestern State prepares its graduates to embark upon their careers or pursue advanced study. The university's undergraduate education is based upon a comprehensive arts and sciences core curriculum. The understanding that students gain of themselves, others, and the social and natural world prepares them to contribute constructively to society through their work and through their private lives.

Midwestern State University Values:

- People-Centered – Engage others with respect, empathy, and joy.
- Community – Cultivate a welcoming and belonging campus environment.
- Integrity – Always do the right thing.
- Visionary – Adopt innovative ideas to pioneer new paths.
- Connections – Value relationships with broader communities.

Midwestern State University Counseling Program Objectives:

- Reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society
- Reflect input from all persons involved in the conduct of the program, including counselor education program faculty, current and former students, and personnel in cooperating agencies
- Address student learning
- Written so they can be evaluated

**\*Please refer to your Clinical Mental Health student handbook, and or your practicum and internship manual located within the D2L shell for review.**

Desire-to-Learn (D2L):

Extensive use of the MSU D2L program is a part of this course. Each student is expected to be familiar with this program as it provides a primary source of communication regarding assignments, examination materials, and general course information. You can log into [D2L](#) through the MSU Homepage. If you experience difficulties, please contact the technicians listed for the program or contact your instructor.

Important Dates:

Last day for term schedule check date on [Academic Calendar](#).

Deadline to file for graduation check date on [Academic Calendar](#).

Last Day to drop with a grade of “W” check date on [Academic Calendar](#). Refer to: [Drops, Withdrawals & Void](#)

Online Computer Requirements:

Taking an online class requires you to have access to a computer (with Internet access) to complete and upload your assignments. It is your responsibility to have (or have access to) a working computer in this class. ***\*Assignments and tests are due by the due date, and personal computer technical difficulties will not be considered reason for the instructor to allow students extra time to submit assignments, tests, or discussion postings.*** Computers are available on campus in various areas of the buildings as well as the Academic Success Center. ***\*Your computer being down is not an excuse for missing a deadline!!*** There are many places to access your class! Our online classes can be accessed from any computer in the world that is connected to the internet. Contact your instructor immediately upon having computer trouble. If

you have technical difficulties in the course, there is also a student helpdesk available to you. The college cannot work directly on student computers due to both liability and resource limitations however they are able to help you get connected to our online services. For help, log into [D2L](#).

Change of Schedule:

A student dropping a course (but not withdrawing from the University) within the first 12 class days of a regular semester or the first four class days of a summer semester is eligible for a 100% refund of applicable tuition and fees. Dates are published in the [Schedule of Classes](#) each semester.

Refund and Repayment Policy:

A student who withdraws or is administratively withdrawn from Midwestern State University (MSU) may be eligible to receive a refund for all or a portion of the tuition, fees and room/board charges that were paid to MSU for the semester. However, if the student received financial aid (federal/state/institutional grants, loans and/or scholarships), all or a portion of the refund may be returned to the financial aid programs. As described below, two formulas (federal and state) exist in determining the amount of the refund. (Examples of each refund calculation will be made available upon request).

Smoking/Tobacco Policy:

College policy strictly prohibits the use of tobacco products in any building on campus. Adult students may smoke only in the outside designated-smoking areas at each location.

Alcohol and Drug Policy:

To comply with the Drug Free Schools and Communities Act of 1989 and subsequent amendments, students and employees of Midwestern State are informed that strictly enforced policies are in place which prohibits the unlawful possession, use or distribution of any illicit drugs, including alcohol, on university property or as part of any university-sponsored activity. Students and employees are also subject to all applicable legal sanctions under local, state and federal law for any offenses involving illicit drugs on university property or at university-sponsored activities.

Grade Appeal Process:

Update as needed. Students who wish to appeal a grade should consult the Midwestern State University [MSU Catalog](#)

**Notice:** Changes in the course syllabus, procedure, assignments, and schedule may be made at the discretion of the instructor.

**RESOURCES**

American Counseling Association. (2014). *2014 ACA Code of Ethics*. Retrieved from

<https://www.counseling.org/resources/aca-code-of-ethics.pdf>

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders (5th ed. TR)*. Author.

American Psychological Association. (2020). *2020 APA Publication Manual*. Retrieved from

<https://apastyle.apa.org/products/publication-manual-7th-edition-spiral>

Council for Accreditation of Counseling and Related Educational Programs. (2016). *2016*

*CACREP Standards*. Retrieved from <https://www.cacrep.org/for-programs/2016-cacrep-standards/>

United States National Library of Medicine, & National Institutes of Health. (n.d.). *National Center for Biotechnology Information*. Retrieved from

<https://www.ncbi.nlm.nih.gov/pmc/>

## APPENDENCIES

### Appendix A

#### Discussion Board Posts (30 pts.)

#### **CACREP Standards Addressed:**

Complete via D2L. No late work is accepted on discussion board posts as this is the student showing up to class each week.

#### **Rubric of Discussion Board Posts (Possible 30 Pts.)**

<b>Week</b>	<b>Points Earned</b>
<b>Week 1 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 2 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 3 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 4 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 5 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 6 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 7 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 8 Spring Break!</b>	<b>Nothing Due!</b>
<b>Week 9 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 10 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 11 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 12 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 13 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 14 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 15 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Week 16/17 (2 pt.)</b>	<b>Out of 2 points</b>
<b>Total Points Earned</b>	<b>Out of 30 points</b>

## Appendix B

Movie Diagnosis (36 pts.)

**\*Turn into D2L and Tk20.**

### **CACREP Standards Addressed:**

**KPI: 3.A.11, 3.B.2, 3.B.3, 3.B.9, 3.B.10, 3.C.5, 3.C.8, 3.C.11, 3.C.12, 3.C.13, 3.E.2, 3.E.3, 3.E.11, 3.E.13, 3.E.14, 3.E.15, 3.E.19, 3.E.21, 3.G.11, 3.G.12, 3.H.7, 5.C.1, 5.C.4, 5.C.5**

### Outline:

- APA 7 Cover Page
- Biopsychosocial of the Client
- Cultural Factors
- Safety Factors
- Presenting Problem
- Diagnostic Criteria
- Case Conceptualization of the Client
- Treatment Plan
- Reflection
- APA 7 Reference Page

Please choose a character from a movie that has themes of grief or trauma, and mental health. Examples are below.

### **1. Trauma from War or Violence**

- **The Deer Hunter** (1978)  
*Themes:* PTSD, emotional scars of war, survivor's guilt.
- **American Sniper** (2014)  
*Themes:* PTSD, moral injury, readjustment to civilian life.
- **Coming Home** (1978)  
*Themes:* Trauma of Vietnam War veterans, relationships impacted by injury and PTSD
- **Saving Private Ryan** (1998)  
*Themes:* PTSD, the psychological toll of combat, and survivor's guilt.
- **Full Metal Jacket** (1987)  
*Themes:* Dehumanization in war, mental breakdowns, and violence.
- **The Hurt Locker** (2008)  
*Themes:* Addiction to adrenaline, PTSD, and alienation.
- **Jacob's Ladder** (1990)  
*Themes:* War trauma, dissociation, and hallucinations.

## 2. Childhood Trauma and Abuse

- **Precious** (2009)  
*Themes:* Surviving severe abuse, finding empowerment through education and therapy.
- **The Perks of Being a Wallflower** (2012)  
*Themes:* PTSD, childhood trauma, social anxiety, healing through friendship.
- **Good Will Hunting** (1997)  
*Themes:* The impact of childhood abuse, fear of intimacy, and self-sabotage.
- **The Tale** (2018)  
*Themes:* Repressed memories, childhood sexual abuse, and uncovering the truth.
- **The Sixth Sense** (1999)  
*Themes:* Childhood trauma, grief, and emotional sensitivity.
- **Antwone Fisher** (2002)  
*Themes:* Abandonment, childhood abuse, and finding closure.
- **Sleepers** (1996)  
*Themes:* Childhood abuse, lifelong trauma, and revenge.
- **Beasts of No Nation** (2015)  
*Themes:* Child soldiers, war trauma, and psychological survival.

## 3. Grief and Loss

- **Manchester by the Sea** (2016)  
*Themes:* Grief, guilt, emotional paralysis after tragedy.
- **Ordinary People** (1980)  
*Themes:* Grieving a loss, family dysfunction, and survivor's guilt.
- **Rabbit Hole** (2010)  
*Themes:* Coping with the death of a child, strained relationships.
- **Steel Magnolias** (1989)  
*Themes:* Coping with loss, female friendship, and resilience.
- **My Girl** (1991)  
*Themes:* Childhood grief, the death of a loved one, and emotional growth.
- **Reign Over Me** (2007)  
*Themes:* Grief after losing family, friendship as healing.
- **Blue Valentine** (2010)  
*Themes:* Loss of love, emotional wounds, and marital breakdown.

## 4. Crisis and Mental Illness

- **A Beautiful Mind** (2001)  
*Themes:* Schizophrenia, the struggle to differentiate between reality and delusion.
- **Black Swan** (2010)  
*Themes:* Perfectionism, paranoia, and psychotic breaks.

- **The Fisher King** (1991)  
*Themes:* PTSD, survivor's guilt, and the healing power of human connection.
- **Sybil** (1976)  
*Themes:* Dissociative identity disorder, childhood trauma, and therapy.
- **Shutter Island** (2010)  
*Themes:* Psychosis, repressed memories, and institutionalization.
- **Melancholia** (2011)  
*Themes:* Depression, existential crisis, and apocalyptic imagery.
- **The Three Faces of Eve** (1957)  
*Themes:* Dissociative identity disorder, mental health treatment.

## 5. Suicide and Depression

- **The Hours** (2002)  
*Themes:* Depression, suicide, and the challenges of finding meaning in life.
- **It's Kind of a Funny Story** (2010)  
*Themes:* Suicidal ideation, pressure on young adults, and recovery.
- **Girl, Interrupted** (1999)  
*Themes:* Borderline personality disorder, institutionalization, and friendship.
- **Dead Poets Society** (1989)  
*Themes:* Depression, societal pressure, and the search for purpose.
- **The Virgin Suicides** (1999)  
*Themes:* Teenage depression, suicide, and parental control.
- **What Dreams May Come** (1998)  
*Themes:* Love, grief, and the afterlife's connection to mental health.
- **The Skeleton Twins** (2014)  
*Themes:* Sibling relationships, depression, and healing.

## 6. Anxiety and Coping Mechanisms

- **Silver Linings Playbook** (2012)  
*Themes:* Bipolar disorder, family dynamics, and second chances.
- **As Good as It Gets** (1997)  
*Themes:* Obsessive-compulsive disorder (OCD), relationships, and self-improvement.
- **Eighth Grade** (2018)  
*Themes:* Social anxiety, identity struggles, and resilience in adolescence.
- **Revolutionary Road** (2008)  
*Themes:* Discontentment, anxiety, and strained relationships.
- **Requiem for a Dream** (2000)  
*Themes:* Addiction, despair, and mental health deterioration.
- **Punch-Drunk Love** (2002)  
*Themes:* Social anxiety, trauma, and unconventional romance.
- **The King of Staten Island** (2020)  
*Themes:* Anxiety, grief, and self-discovery.

## 7. Post-Trauma Healing

- **Room** (2015)  
*Themes:* Coping with captivity, PTSD, and reintegration into society.
- **Short Term 12** (2013)  
*Themes:* Impact of foster care trauma, caretaking, and personal growth.
- **Wild** (2014)  
*Themes:* Healing from trauma and grief through physical and emotional journey.
- **The Pursuit of Happiness** (2006)  
*Themes:* Economic struggles, resilience, and finding hope.
- **Hacksaw Ridge** (2016)  
*Themes:* War trauma, courage, and moral conviction.
- **Lion** (2016)  
*Themes:* Adoption, identity, and healing through reconnection.
- **127 Hours** (2010)  
*Themes:* Survival trauma, self-reflection, and resilience.

### Movie Diagnosis Rubric (Possible 36 Pts.)

Movie Diagnosis Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Biopsychosocial of the Client</b>  <b>Section 3: C.8</b> <b>Section 5: C.4</b>	Minimal or no mention of biological, psychological, or social factors. No evidence of effort to explore these areas.	Basic identification of biopsychosocial factors but lacks depth and integration. Minimal evidence or vague examples.	Clear identification of biological, psychological, and social factors with some integration. Includes evidence from the movie to support findings.	Detailed exploration of all biopsychosocial areas with strong integration. Links factors to the character's behavior or functioning in the movie.	Comprehensive and nuanced biopsychosocial analysis with exceptional depth. Strong integration with movie evidence and relevant theoretical frameworks.
<b>Cultural Factors</b>  <b>Section 3: B.2</b> <b>Section 3: B.3</b> <b>Section 3: B.9</b> <b>Section 3: B.10</b> <b>Section 3: C.11</b> <b>Section 3: E.11</b>	Cultural context is ignored or superficially mentioned.	Basic acknowledgment of cultural factors with little relevance to the character's experiences or behavior.	Identifies relevant cultural factors and connects them to the character's presenting issues. Some evidence from the movie supports this analysis.	Thorough analysis of cultural factors, demonstrating an understanding of their influence on the character's experiences, identity, or behavior.	Culturally informed and critically reflective analysis, integrating theoretical perspectives and specific examples from the movie.

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Movie Diagnosis Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Safety Factors</b>  <b>Section 3: C.5</b> <b>Section 3: C.13</b> <b>Section 3: E.19</b> <b>Section 3: G.12</b>	No mention of safety concerns or risks to the character or others.	Basic identification of safety factors but lacks specificity or depth.	Clear identification of safety concerns, including potential risks (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances). Evidence is supported by scenes or dialogue.	Detailed and nuanced analysis of safety factors (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances), addressing how risks manifest and their implications for treatment.	Comprehensive safety factors (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances) assessment with recommendations for interventions, supported by robust analysis and evidence from the movie.
<b>Presenting Problem</b>  <b>Section 3: E.2</b>	Fails to identify or inaccurately describes the character's presenting problem.	Provides a general or vague description of the presenting problem with minimal analysis.	Clearly identifies and explains the presenting problem, with evidence from the movie supporting the description.	Thorough and precise description of the presenting problem, linked to biopsychosocial factors and cultural context.	Exceptional clarity and insight into the presenting problem, integrating evidence, theory, and context to offer a sophisticated understanding.
<b>Diagnostic Criteria</b>  <b>Section 3: G.11</b> <b>Section 3: H.7</b>	No attempt to align the character's issues with DSM-5-TR diagnostic criteria.	Attempts to align character's issues with DSM-5-TR diagnostic criteria but lacks accuracy or depth.	Accurately aligns character's behavior with DSM-5-TR criteria, including evidence from the movie.	Thorough application of DSM-5-TR criteria with detailed evidence. Demonstrates a clear understanding of differential diagnosis.	Sophisticated and critically reflective application of DSM-5-TR criteria, integrating evidence, differential diagnoses, and theoretical insights.
<b>Case Conceptualization of the Client</b>  <b>Section 3: C.12</b> <b>Section 3: E.3</b> <b>Section 3: E.21</b> <b>Section 5: C.1</b>	No case conceptualization or minimal effort.	Basic or superficial attempt at case conceptualization with limited insight.	Provides a coherent case conceptualization that integrates presenting problems, diagnosis, and biopsychosocial factors.	Detailed case conceptualization, linking theory, diagnosis, and biopsychosocial factors in a meaningful way.	Exceptional case conceptualization demonstrating advanced critical thinking, integration of theory, and practical implications.

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Movie Diagnosis Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Treatment Plan</b>  <b>Section 3: E.13</b> <b>Section 3: E.14</b> <b>Section 3: E.15</b> <b>Section 5: C.5</b>	No treatment plan or minimal effort.	Basic treatment plan with limited goals or interventions.	Develops a clear treatment plan with goals, interventions, objectives and timelines, supported by evidence from the character's diagnosis.	Detailed and realistic treatment plan with specific, measurable goals, culturally sensitive interventions, clearly defined objectives and rationale.	Comprehensive and innovative treatment plan with detailed, realistic, and culturally sensitive interventions, featuring specific, measurable goals, clearly defined objectives, and a sophisticated integration of evidence, theory, and character-specific factors.
<b>Reflection</b>  <b>Section 3: A.11</b>	No reflection or personal insight provided.	Limited or superficial reflection on the process or content of the analysis.	Reflects meaningfully on insights gained, challenges faced, and learning outcomes.	Thoughtful and critical reflection demonstrating deep engagement with the material and process.	Exceptional depth of reflection with critical self-analysis and connections to professional growth and understanding.
<b>Academic Writing, APA 7, and Grammar</b>	Numerous errors in grammar, APA formatting, and structure. Writing is unclear or disorganized.	Some effort to follow APA 7 guidelines, but with frequent errors. Grammar and structure need improvement.	Writing is clear and mostly follows APA 7 guidelines. Few grammar or formatting errors.	Writing is clear, well-organized, and closely follows APA 7 guidelines. Minimal errors.	Writing is polished, engaging, and fully adheres to APA 7 guidelines. No errors.

Appendix C

Case Study and Analysis (36 pts.)

**\*Turn into D2L and Tk20.**

**CACREP Standards Addressed:**

**KPI: 3.A.11, 3.B.2, 3.B.3, 3.B.9, 3.B.10, 3.C.5, 3.C.8, 3.C.11, 3.C.12, 3.C.13, 3.E.2, 3.E.3, 3.E.11, 3.E.13, 3.E.14, 3.E.15, 3.E.19, 3.E.21, 3.G.11, 3.G.12, 3.H.7, 5.C.1, 5.C.4, 5.C.5**

Outline:

- APA 7 Cover Page
- Biopsychosocial of the Client
- Cultural Factors
- Safety Factors
- Presenting Problem
- Diagnostic Criteria
- Case Conceptualization of the Client
- Treatment Plan
- Reflection
- APA 7 Reference Page

Please choose someone famous whom you can research their history of mental health issues to complete this assignment. Examples are below.

<b>Vincent van Gogh</b> (1853–1890)	<b>Isaac Newton</b> (1643–1727)	<b>Charlotte Perkins Gilman</b> (1860–1935)	<b>Michael Phelps</b> (1985)
<b>Virginia Woolf</b> (1882–1941)	<b>Edgar Allan Poe</b> (1809–1849)	<b>Tennessee Williams</b> (1911–1983)	<b>Simone Biles</b> (1997)
<b>Abraham Lincoln</b> (1809–1865)	<b>Ernest Hemingway</b> (1899–1961)	<b>Anne Sexton</b> (1928–1974)	<b>Prince Harry</b> (1984)
<b>Ludwig van Beethoven</b> (1770–1827)	<b>Howard Hughes</b> (1905–1976):	<b>Jim Carey</b> (1962)	<b>Taraji P. Henson</b> (1970)
<b>Winston Churchill</b> (1874–1965)	<b>Frida Kahlo</b> (1907–1954)	<b>Selena Gomez</b> (1992)	<b>Billie Eilish</b> (2001)
<b>Sylvia Plath</b> (1932–1963)	<b>Diana Spencer, Princess of Wales</b> (1961-1997)	<b>Demi Lovato</b> (1992)	<b>Kesha</b> (1987)

**Case Study and Analysis Rubric (Possible 36 Pts.)**

Case Study and Analysis Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Biopsychosocial of the Client</b>  <b>Section 3: C.8</b> <b>Section 5: C.4</b>	Minimal or no mention of biological, psychological, or social factors. No evidence of effort to explore these areas.	Basic identification of biopsychosocial factors but lacks depth and integration. Minimal evidence or vague examples.	Clear identification of biological, psychological, and social factors with some integration. Includes evidence from the client's life to support findings.	Detailed exploration of all biopsychosocial areas with strong integration. Links factors to the client's behavior or functioning.	Comprehensive and nuanced biopsychosocial analysis with exceptional depth. Strong integration with client's history and relevant theoretical frameworks.
<b>Cultural Factors</b>  <b>Section 3: B.2</b> <b>Section 3: B.3</b> <b>Section 3: B.9</b> <b>Section 3: B.10</b> <b>Section 3: C.11</b> <b>Section 3: E.11</b>	Cultural context is ignored or superficially mentioned.	Basic acknowledgment of cultural factors with little relevance to the client's experiences or behavior.	Identifies relevant cultural factors and connects them to the client's presenting issues. Some evidence from client's life to supports this analysis.	Thorough analysis of cultural factors, demonstrating an understanding of their influence on the client's experiences, identity, or behavior.	Culturally informed and critically reflective analysis, integrating theoretical perspectives and specific examples from the client's life.
<b>Safety Factors</b>  <b>Section 3: C.5</b> <b>Section 3: C.13</b> <b>Section 3: E.19</b> <b>Section 3: G.12</b>	No mention of safety concerns or risks to the client or others.	Basic identification of safety factors but lacks specificity or depth.	Clear identification of safety concerns, including potential risks (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances). Evidence is supported by client's history.	Detailed and nuanced analysis of safety factors (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances), addressing how risks manifest and their implications for treatment.	Comprehensive safety factors (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances) assessment with recommendations for interventions, supported by robust analysis and evidence from the client's life.
<b>Presenting Problem</b>  <b>Section 3: E.2</b>	Fails to identify or inaccurately describes the client's presenting problem.	Provides a general or vague description of the presenting problem with minimal analysis.	Clearly identifies and explains the presenting problem, with evidence from the client's life supporting the description.	Thorough and precise description of the presenting problem, linked to biopsychosocial factors and cultural context.	Exceptional clarity and insight into the presenting problem, integrating evidence, theory, and context to offer a sophisticated understanding.
<b>Diagnostic Criteria</b>  <b>Section 3: G.11</b>	No attempt to align the client's issues with DSM-5-	Attempts to align client's issues with DSM-5-TR diagnostic	Accurately aligns client's behavior with DSM-5-TR criteria, including	Thorough application of DSM-5-TR criteria with	Sophisticated and critically reflective application of

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Case Study and Analysis Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Section 3: H.7</b>	TR diagnostic criteria.	criteria but lacks accuracy or depth.	evidence from the client's life.	detailed evidence. Demonstrates a clear understanding of differential diagnosis.	DSM-5-TR criteria, integrating evidence, differential diagnoses, and theoretical insights.
<b>Case Conceptualization of the Client</b>  <b>Section 3: C.12</b> <b>Section 3: E.3</b> <b>Section 3: E.21</b> <b>Section 5: C.1</b>	No case conceptualization or minimal effort.	Basic or superficial attempt at case conceptualization with limited insight.	Provides a coherent case conceptualization that integrates presenting problems, diagnosis, and biopsychosocial factors.	Detailed case conceptualization, linking theory, diagnosis, and biopsychosocial factors in a meaningful way.	Exceptional case conceptualization demonstrating advanced critical thinking, integration of theory, and practical implications.
<b>Treatment Plan</b>  <b>Section 3: E.13</b> <b>Section 3: E.14</b> <b>Section 3: E.15</b> <b>Section 5: C.5</b>	No treatment plan or minimal effort.	Basic treatment plan with limited goals or interventions.	Develops a clear treatment plan with goals, interventions, objectives and timelines, supported by evidence from the character's diagnosis.	Detailed and realistic treatment plan with specific, measurable goals, culturally sensitive interventions, clearly defined objectives and rationale.	Comprehensive and innovative treatment plan with detailed, realistic, and culturally sensitive interventions, featuring specific, measurable goals, clearly defined objectives, and a sophisticated integration of evidence, theory, and client-specific factors.
<b>Reflection</b>  <b>Section 3: A.11</b>	No reflection or personal insight provided.	Limited or superficial reflection on the process or content of the analysis.	Reflects meaningfully on insights gained, challenges faced, and learning outcomes.	Thoughtful and critical reflection demonstrating deep engagement with the material and process.	Exceptional depth of reflection with critical self-analysis and connections to professional growth and understanding.
<b>Academic Writing, APA 7, and Grammar</b>	Numerous errors in grammar, APA formatting, and structure. Writing is unclear or disorganized.	Some effort to follow APA 7 guidelines, but with frequent errors. Grammar and structure need improvement.	Writing is clear and mostly follows APA 7 guidelines. Few grammar or formatting errors.	Writing is clear, well-organized, and closely follows APA 7 guidelines. Minimal errors.	Writing is polished, engaging, and fully adheres to APA 7 guidelines. No errors.

Appendix D

Diagnosis Research Paper (48 pts.)

**\*Turn into D2L**

**CACREP Standards to be addressed include:  
3.C.9, 3.E.9, 3.E.16, 3.E.18, 3.G.6, 3.G.10, 3.G.12, 3.G.17, and 5.C.9.**

Outline:

- APA 7 Cover Page
- Introduction to the Assignment
- Role of Sexual Development and Sexuality in Overall Wellness
- Interviewing, Attending, and Listening Skills in Counseling
- Record-Keeping and Documentation Skills
- Classification, Effects, and Indications of Psychopharmacological Medications
- Ethical and Legal Considerations in Assessment
- Use of Assessment Results for Referrals and Consultations
- Use of Structured Interviewing, Symptom Checklists, and Psychological Testing
- Procedures for Identifying Substance Use, Addictions, and Co-Occurring Conditions
- Third-Party Reimbursement and Practice Management Issues
- Reflection
- APA 7 Reference Page (at least 7 relevant sources)

**Diagnosis Research Paper Rubric (Possible 48 Pts.)**

Critique Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Role of Sexual Development and Sexuality in Overall Wellness</b>  <b>Section 3: C.9</b>	The paper does not address the role of sexual development and sexuality.	The paper mentions sexual development and sexuality but lacks analysis of their impact on mental health.	The paper discusses the basic role of sexual development and sexuality in wellness and mental health.	The paper analyzes how sexual development and sexuality influence mental health, diagnosis, and treatment planning.	The paper provides a comprehensive analysis of the complex interactions between sexual development, sexuality, and mental health with insightful implications for diagnosis and treatment.
<b>Interviewing, Attending, and Listening Skills in Counseling</b>  <b>Section 3: E.9</b>	The paper does not address interviewing, attending, or listening skills.	The paper mentions record-keeping and documentation but lacks depth on ethical and legal aspects.	The paper identifies the importance of record-keeping and documentation and some ethical and legal implications.	The paper analyzes ethical and legal implications of documentation and how it supports treatment planning and client outcomes.	The paper demonstrates a comprehensive understanding of ethical, legal, and clinical implications, and shows an understanding of how proper documentation supports overall client success.
<b>Record-Keeping and Documentation Skills</b>  <b>Section 3: E.16</b>	The paper does not discuss record-keeping and documentation.	Basic identification of safety factors but lacks specificity or depth.	Clear identification of safety concerns, including potential risks (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances). Evidence is supported by scenes or dialogue.	Detailed and nuanced analysis of safety factors (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances), addressing how risks manifest and their implications for treatment.	Comprehensive safety factors (e.g., self-harm, suicidal thoughts, risky behaviors, harm to others, substances) assessment with recommendations for interventions, supported by robust analysis and evidence from the movie.
<b>Classification, Effects, and Indications of Psychopharmacological Medications</b>  <b>Section 3: E.18</b>	The paper does not discuss psychopharmacological medications.	The paper mentions medications but lacks discussion of classifications, effects, and indications.	The paper identifies the basic classifications, effects, and indications of common medications.	The paper analyzes how medications are integrated into treatment plans through collaboration with prescribers.	The paper demonstrates a comprehensive understanding of the complexities of psychopharmacology and its place in treatment plans with nuanced insights into collaborative practices.

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Critique Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<b>Ethical and Legal Considerations in Assessment</b>  <b>Section 3: G.6</b>	The paper does not address ethical and legal considerations in assessment.	The paper mentions ethical and legal considerations in assessment but lacks explanation.	The paper identifies ethical and legal considerations in the selection, administration, and interpretation of assessments.	The paper analyzes how ethical and legal considerations impact the assessment process.	The paper provides a comprehensive analysis of ethical and legal considerations with strategic applications for the assessment process, demonstrating mastery.
<b>Use of Assessment Results for Referrals and Consultations</b>  <b>Section 3: G.17</b>	The paper does not address referrals and consultations.	The paper mentions these areas but lacks explanation on use of assessment results.	The paper explains how assessment results are used to inform referrals and consultations.	The paper analyzes the role of interdisciplinary collaboration.	The paper provides an exceptional analysis of how to use assessment results to create strategic referrals and consultations within an interdisciplinary setting, showing mastery.
<b>Use of Structured Interviewing, Symptom Checklists, and Psychological Testing</b>  <b>Section 3: G.10</b>	The paper does not address structured interviews, symptom checklists, or psychological testing.	The paper mentions these assessment tools but lacks explanation of their use in diagnosis.	The paper explains how these tools support diagnosis and treatment planning.	The paper analyzes the application of these tools in clinical settings.	The paper provides a nuanced and comprehensive analysis of the application of multiple structured assessment tools, showing their strategic value in diagnosis and treatment.
<b>Procedures for Identifying Substance Use, Addictions, and Co-occurring Conditions</b>  <b>Section 3: G.12</b>	The paper does not address substance use, addictions, or co-occurring conditions.	The paper mentions these areas but lacks information on identification procedures.	The paper outlines procedures for identifying these issues.	The paper emphasizes the importance of integrating these factors into assessment and treatment.	The paper provides an in-depth analysis of complex procedures for identification of co-occurring conditions, showing a high level of strategic integration into treatment planning.

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Critique Criterion	Beginning 0	Basic 1	Proficient 2	Advanced 3	Exceptional 4
<p style="text-align: center;"><b>Third-Party Reimbursement and Practice Management Issues</b></p> <p style="text-align: center;"><b>Section 5: C. 9</b></p>	The paper does not address third-party reimbursement or practice management.	The paper mentions these areas but lacks depth or explanation.	The paper identifies third-party reimbursement and some practice management issues.	The paper analyzes how these issues impact service delivery and treatment planning.	The paper offers a nuanced and sophisticated understanding of the challenges of third-party reimbursement and their strategic role in practice management decisions.
<p style="text-align: center;"><b>Reflection</b></p> <p style="text-align: center;"><b>Section 3: A.11</b></p>	No reflection or personal insight provided.	Limited or superficial reflection on the research paper assignment.	Reflects meaningfully on insights gained, challenges faced, and learning outcomes.	Thoughtful and critical reflection demonstrating deep engagement with the research paper.	Exceptional depth of reflection with critical self-analysis and connections to professional growth and understanding.
<p style="text-align: center;"><b>APA 7th Edition Formatting and Scholarly References</b></p>	The paper has major issues with APA formatting and reference use.	The paper demonstrates basic APA format but has multiple errors.	The paper follows APA formatting and includes at least seven relevant scholarly references but has some minor errors.	The paper adheres to APA 7th edition formatting and includes seven or more relevant scholarly references.	The paper demonstrates impeccable APA 7th edition formatting and thoughtfully integrates seven or more relevant scholarly references.
<p style="text-align: center;"><b>Clarity and Organization</b></p>	The paper is unclear, disorganized, and hard to follow.	The paper has some clarity and organization issues.	The paper is generally clear and follows a basic organizational structure.	The paper is clearly written and organized with appropriate headings.	The paper is written with exceptional clarity and is exceptionally well-organized with clear, logical headings and a high level of coherence.

Appendix E

Final Exam (31 pts.)

**\*Complete on D2L**

Students will complete an exam to test topics covered within the semester. Please take a moment to do mindful grounding techniques before beginning your exam.

**Breathing Exercises:**

- **Breath Focus**
  - **Bringing intentional attention to each breath.**
- **Deep Breathing**
  - **Inhale for 4 seconds, hold until 7, and exhale at 8.**
- **Diaphragmatic Breathing**
  - **Lie down, place one hand on your chest, and one below rib cage, focus on deep body breathing.**
- **Pursed Lip Breathing**
  - **Inhale slowly, pucker/purse lips, exhale slowly**
- **Resonant or Coherent Breathing**
  - **Inhale for 5 seconds, Exhale for 5 seconds**

**Grounding Techniques:**

- **Progressive Muscle Relaxation**
- **Counting backwards from 100 by 7**
- **Play categories**
- **Cool water on the skin**
- **Reframing**

**I have abided by the Midwestern State University Code of Academic Integrity on the above assignments.**