



Department of Counseling and Student Affairs

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## **COURSE**

CNS 567 Mental Health Diagnosis and Treatment. The identification, treatment plans, and referral procedures for emotional concerns in the mental health field.

## **PURPOSE OF THE COURSE**

This course is designed to provide students with an understanding of diagnosis and treatment in the mental health counseling.

## **COURSE OBJECTIVES**

This course is designed to achieve learning outcomes consistent with the 2016 CACREP Accreditation Standards, as well as the Kentucky Education Professional Standards Board (EPSB) as noted below. Students are assessed on the standards noted with an asterisk\*.

### CACREP

#### **PROFESSIONAL COUNSELING IDENTITY: COUNSELING CURRICULUM**

##### **5. HUMAN GROWTH AND DEVELOPMENT**

- h. developmentally relevant counseling treatment or intervention plans
- i. development of measurable outcomes for clients\*

##### **7. ASSESSMENT AND TESTING**

- e. use of assessments for diagnostic and intervention planning purposes

#### **CLINICAL MENTAL HEALTH COUNSELING**

##### **1. FOUNDATIONS**

- c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning

##### **2. CONTEXTUAL DIMENSIONS**

- b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
- g. impact of biological and neurological mechanisms on mental health
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- j. cultural factors relevant to clinical mental health counseling\*
- m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

### 3. PRACTICE

- a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- b. techniques and interventions for prevention and treatment of a broad range of mental health issues\*

### MARRIAGE, COUPLE, AND FAMILY COUNSELING

#### F.2. CONTEXTUAL DIMENSIONS

- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD)
- l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families\*
- p. record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling

### KY EPSB

#### 2.6 COUNSELING AND HELPING RELATIONSHIPS

- 2.6.h. Developmentally relevant counseling treatment or intervention plans
- 2.6.j. Development of measurable outcomes for clients\*.

#### 2.8 ASSESSMENT AND TESTING

- 2.8.e. Strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques for diagnostic and intervention planning purposes.

### REQUIRED AND RECOMMENDED COURSE READINGS

#### ***Required Texts***

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.; DSM-V). Washington, DC: Author. (ISBN# 13: 978-0-89042-5558)

American Psychological Association. (2010). *Publication manual of the American Psychological Association* (6th ed.). Washington, D.C.: Author. (ISBN# 1-4338-0561-8)

Francis, A. (2013). *Saving normal*. New York, NY: HarperCollins. (ISBN# 978-0-06-222925-0)

#### ***Recommended Course Readings***

Sperry, L., Carlson, J., Duba Sauerheber, J., & Sperry, J. (2014). *Psychopathology and psychotherapy: DSM-5 diagnosis, case conceptualization, and treatment* (3rd ed.). New York, NY: Routledge. (ISBN# 13: 978-0-41583-8733)

The instructor will post additional supplemental readings on Blackboard.

## CLASS PREPARATION AND METHODS OF INSTRUCTION

Students should expect to invest about 3-4 hours outside of class each week for each credit of coursework they are enrolled in. During this time they can spend time studying the required reading and researching additional sources to help improve their knowledge and skill base. The course is a mixture of lecture, group discussion/exercises, presentations, panel presentations and blackboard discussions and exercises.

## COURSE REQUIREMENTS

### *1. Attendance, Preparation, and Participation*

#### *Face-to-Face (3 points possible per class meeting)*

Attendance is required during all scheduled class meetings. In the event of an emergency, the student must inform the instructor as soon as possible. Consequences for multiple unexcused absences include receiving an “F” or “Incomplete” in the course; and will be determined in consultation with department head. Students are responsible for all information if class is missed. Students may want to check their schedules for any employment or personal conflicts that would prohibit full participation in this class.

Active participation during each class session will be assessed. Consequently, attendance is strongly encouraged. Students are expected to come to class prepared with all assigned readings, including supplemental materials provided by the instructor. Through class participation and contribution to class discussions, students should be able to demonstrate a level of understanding and/or struggle with the material. Class participation will be evaluated upon the following: class attendance and timeliness; contributions that are based upon a thoughtful synthesis and conceptualization of the required reading; and cooperative, collegial, and respectful interactions. Points are attributed for degree of quality participation in and attendance at each class session.

#### *Participation in Learning Groups-Peer Evaluation (15 points)*

Students will be assigned to a learning group at the beginning of the course. Every member of a learning group is expected to complete the assignments (i.e., reading, writing) associated with that learning group. For example, each learning group may be responsible for *Learning Group Readings*. These are specific readings assigned to a given Learning Group. The learning group should come to class prepared with a synthesis of the readings in order to provide and stimulate an insight conversation within the entire classroom discussion. The group may decide on how to deliver the information. Specific directions on how to complete *Learning Group Assignments* will be covered. At the end the semester, group members will evaluate each other. All peer group evaluations will be averaged and calculated into a grade. Group members should consider the expectations noted for “Face-to-Face” participation.

### *2. Diagnosis Presentation (CACREP Key Assessment, Standard CORE C.2.j., C.3.b., F.2.l.) (44 points)*

Student groups will be assigned a presentation on either Trauma/Stressor Related Disorders, Schizophrenia Spectrum and Other Psychotic Disorders, or Obsessive Compulsive and Related Disorders.

*Presentation Format:* The presentation should be formatted on Power Point. Headings must be used to clearly designate each of the required content elements. (For example, a first level header would be: “Introduction and Overview of the Disorder.” A second level header might be “DSM-5 Definition of the Disorder.”) The power point should be neatly organized, eye catching, and should follow the slide limitations noted (i.e., font, use of bullets, etc.). Correct spelling, grammar and relevant APA formatting (i.e., references on slides, headings) are required. Students are encouraged to review websites on effective power point presentations regarding effective delivery (i.e., presentation content should be not read word for word).

*Presentation Content:* Each required element should meet or include the following: (a) information should be synthesized from appropriate references; (b) is elaborated upon with appropriate and/or current antidotal information or current research studies; (c) references are listed on slides; (c) information contributes to the knowledge base of audience (e.g., beyond the information presented through the course). The presentation must address the elements listed below.

A. Introduction and Overview of Disorder

*This section should be presented in 8 slides or less.*

1. Define the disorder according to the DSM-5, including any known etiology, gender relevance, or prognosis. Is there anything that will prevent this disorder?
2. List and define the specific diagnoses covered within your disorder.
3. Explain basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications in relation to this disorder (reference Physician’s Desk Reference). (MCFC 2.l.)
4. Describe the influence of multiple factors associated with the disorder that may affect personal, social, and academic/career functioning, including those that impede and those that enhance functioning. (CMHC 2.j.)
5. Describe the possible impact of any co-occurring substance use disorders on any of the diagnoses within this disorder. Are there any substance use disorders that might mimic and coexist with any of the diagnoses? (MCFC 2.l.)

B. Relevant DSM-5 Diagnoses of Disorder (for each diagnosis within the disorder group)

*This section should be repeated for each diagnoses of the disorder. Each diagnosis should be presented no more than 4 slides.*

1. Bulleted paraphrase of the dimensions of the disorder. (See example below.)
2. What biological, social, and psychological conceptualizations (assessment and treatment) might be associated with this diagnosis? (CMHC 2.j., 3.b.)

C. Reference Page. The last slide should be a reference page that includes all references cited on the presentation. References should be single-spaced and in correct APA formatting and spelling; and should represent the requirements of references for this presentation.

*Example for B.2.*

*Actual DSM-5 Diagnostic Criteria for Narcissistic Personality Disorder (301.81)*

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
2. is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. requires excessive admiration
5. has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
6. is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
7. lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
8. is often envious of others or believes that others are envious of him or her
9. shows arrogant, haughty behaviors or attitudes

*What Bulleted Paraphrase for Power Point Should Look Like*

#### DSM-5 Summary Description of the Narcissistic Personality Disorder

- Individuals with this personality disorder are characterized by an unrelenting pattern of self-centeredness and grandiosity, showing little if any empathy for others.
- Individuals . . .
  - Have an exaggerated sense of their own abilities and achievements. ○ May have a constant need for attention, affirmation and praise. ○ May believe they are unique or special and should only associate with others of the same status.
  - Are likely to have persistent fantasies about attaining success and power and can exploit others for personal gain.
- A sense of entitlement and the expectation of special treatment is common. They may come across as snobbish or arrogant.
- Not uncommonly, they can be envious or think that others are envious of them.

**3. Case Conceptualization Paper** (*CACREP Key Assessment, Standard CORE 5.i., C.2.j., C.3.b., F.2.l.; KY EPSB Key Assessment Standard CORE 2.6.i.*) (52 points)

*Paper Format:* The paper must adhere to all APA formatting guidelines and must be written with correct spelling and grammar. Headings and sub-headings must reflect the given list of required content. (For example, a first level header would be: “Theoretical Perspectives on Diagnosis and Treatment Planning” A second level header would be “Model of Counseling.”) The paper should be approximately 10 pages (including cover and reference page). Please be specific in your responses to the prompts below. Students are encouraged to consult non-required reading in order to successfully address the required content.

*Content of Paper:* Each section and sub-section (i.e., A.1., A.2., B.1., etc.) should demonstrate: (a) thoughtful application of course readings, activities and discussions in your own words (cutting and pasting from various resources is unacceptable.); (b) your opinions supported with relevant, original (i.e., Glasser) references and resources from the course, as well as from outside the course throughout the paper (i.e, books, article, supplemental references, and/or websites). The paper must address the required elements listed below.

A. Theoretical Perspective on Diagnosis and Treatment Planning *Each section should be no more than 2 paragraphs.*

1. Choose a model of counseling that has been approved by the instructor. In no more than two paragraphs, summarize the model chosen. (MCFC students must choose a systems theoretical model.)
2. Explain how counselors using this theoretical model would understand the diagnoses mentioned in terms of what assessments (i.e., status examinations, inventories, and personality assessments; systemic and/or observational assessments) might be used.
3. Explain how counselors using this theoretical model would employ theoretical concepts to identify treatment (goals and interventions) (CMHC 3.b.)

B. Case Conceptualization

*Construct a sample case. Incorporate the theoretical model described above.*

1. Client Characteristics. In one paragraph, provide client demographics including but not limited to age, sex, race/ethnicity, marital status, religious/spiritual affiliation. (CMHC 2.j.)
2. Problem Statement. In one or two sentences, explain the essence of the client’s presenting concern or complaint with the framework of the theory chosen.
3. Bio-psycho-social Evaluation and Assessment

*Each sub-section should be no more than 2 paragraphs.*

- i. Describe symptoms and behaviors that the client is exhibiting that provides support for the problem statement and a particular diagnosis. Describe what issues (based within the theoretical model presented in A.2.) of normalcy and/or psychopathology in the client’s life may have led to the diagnoses.
- ii. Describe how the client’s overall health (i.e., organic issues); life cycle stage (i.e., adult child, parent in launching stage), and systemic and social variables (i.e., family, work environment, etc.) may have impacted the client’s condition. For example, how did the system cause or impact the

client's presenting psychopathology? Include client strengths/resources, as well as liabilities by providing specific examples ("as evidenced by . . ."). (CMHC 2.j., MCFC 2.l.)

4. Diagnosis (DSM-5)
  - i. Provide a DSM-5 diagnosis.
5. Bio-psycho-social Treatment and Interventions *Section should be no more than 1 page.*
  - i. Two theoretically consistent Treatment Goals with 2 Objectives per Goal; measurable and consistent with case conceptualization. (CORE 5.i., CMHC 3.b.; KY EPSB CORE 2.6.i.)
  - ii. Theoretically consistent interventions the counselor can use; how they will be executed; duration/frequency/placement, as well as measurable indications of success. (CORE 5.i., CMHC 3.b.; KY EPSB CORE 2.6.i.)
6. Review multicultural competencies to case conceptualization, diagnosis, treatment and referral on the case *in no more than 2 paragraphs.* (CMHC 2.j.)

#### 4. Quizzes (30 points)

There are 2 Blackboard quizzes worth 30 points total. Quizzes must be completed by the due dates and are unable to be made up once the deadline has passed. It is the student's responsibility to ensure they complete the quizzes before they close. Quizzes are meant to prepare students for the National Counselor Exam; and to assess their knowledge of course objectives.

#### 5. Online and In Class Assignments (30 points total)

*Theoretical Case Conceptualization* (In class assignment-5 points): Students will be assigned a theoretical orientation within their learning groups, as well as provided a case study. Students will lead a class discussion of their approach to the diagnosis and treatment of the case study. (CORE 5.i., CMHC 3.b.; KY EPSB CORE 2.6.i.)

*Character Diagnosis/Treatment Planning* (online assignment-25 points): Student will pick a character from a movie, TV show or book to diagnosis and create a treatment plan for. Further instructors are provided on blackboard. (CORE 5.i., CMHC 3.b.; KY EPSB CORE 2.6.i.)

### STUDENT EVALUATION CRITERIA AND PROCEDURES

Rubrics for the assignments are noted at the end of the syllabus as well as in blackboard. Percentages of points counting towards the final grade are distributed as follows:

Participation/Attendance	39 points
Online/In-Class Assignments	30 points
Peer Group Evaluation Grade	15 points
DSM Diagnosis Presentation	44 points
Case Conceptualization Paper	52 points
Blackboard Quizzes	30 points

Grades for the course are determined by the following:

- A 90% - 100% of total points
- B 80% - 89% of total points
- C 70% - 79% of total points
- D 60% - 69% of total points
- F 59% and below

*Occasionally the professor may offer available Professional Development opportunities to substitute course work. These opportunities are chosen because they are deemed to meet the given objective/s of the course.*

*Critical Performances.* Assignments label Critical Performances must be uploaded to the CEBS Electronic Portfolio System (EPS) by the due date. Another copy of the assignment should be emailed to the instructor by the due date.

### **CACREP ASSESSMENTS**

Assignments that include assessments of CACREP standards must be uploaded to the CEBS Electronic Portfolio System (EPS) by the due date. Assignments not uploaded in the CEBS system prior to finals week (unless due that week) may result in an Incomplete in the course.

### **TITLE IX MISCONDUCT/ASSAULT STATEMENT**

Western Kentucky University (WKU) is committed to supporting faculty, staff and students by upholding WKU's Title IX Sexual Misconduct/Assault Policy (#0.2070) at <https://wku.edu/eoo/documents/titleix/wkutitleixpolicyandgrievanceprocedure.pdf> and Discrimination and Harassment Policy (#0.2040) at [https://wku.edu/policies/hr\\_policies/2040\\_discrimination\\_harassment\\_policy.pdf](https://wku.edu/policies/hr_policies/2040_discrimination_harassment_policy.pdf).

Under these policies, discrimination, harassment and/or sexual misconduct based on sex/gender are prohibited. If you experience an incident of sex/gender-based discrimination, harassment and/or sexual misconduct, you are encouraged to report it to the Title IX Coordinator, Andrea Anderson, 270-745-5398 or Title IX Investigators, Michael Crowe, 270-745-5429 or Joshua Hayes, 270-745-5121. Please note that while you may report an incident of sex/gender based discrimination, harassment and/or sexual misconduct to a faculty member, WKU faculty are "Responsible Employees" of the University and MUST report what you share to WKU's Title IX Coordinator or Title IX Investigator. If you would like to speak with someone who may be able to afford you confidentiality, you may contact WKU's Counseling and Testing Center at 270745-3159.

### **ADA ACCOMMODATION STATEMENT**

In compliance with University policy, students with disabilities who require academic and/or auxiliary accommodations for this course must contact the Student Accessibility Resource Center located in Downing Student Union, 1074. SARC can be reached by phone number at



270745-5004 [270-745-3030 TTY] or via email at [sarc.connect@wku.edu](mailto:sarc.connect@wku.edu) . Please do not request accommodations directly from the professor or instructor without a faculty notification letter (FNL) from The Student Accessibility Resource Center.

## **ACADEMIC AND PROFESSIONAL INTEGRITY**

Academic integrity is an essential component of an academic community. Every student is responsible for fostering and maintaining a culture of academic honesty by making a commitment to the academic values of honesty, integrity, responsibility, trust, respect for self and others, fairness, and justice. In addition, students are expected to abide by the code of ethics for their profession and the student code of conduct for the university. Violations of academic integrity include cheating, plagiarism, or lying about academic matters. Plagiarism is defined as any use of another writer's words, concepts, or sequence of ideas without acknowledging that writer properly. This includes not only direct quotations of another writer's words, but also paraphrases or summaries of another writer's concepts or ideas without acknowledging the writer properly (i.e., citing them). Cheating includes behaviors such as giving or receiving data or information under any circumstances not permitted by the instructor. Lying about academic matters includes falsification of data or information as part of an academic exercise, or knowingly providing false information to a faculty member. Academic dishonesty is a profoundly serious offense because it involves an act of fraud, jeopardizing genuine efforts by faculty and students to teach and learn together. Students who are determined to have plagiarized an assignment or otherwise cheated in their academic work or examination may expect an "F" for the assignment in question or an "F" for the course, at the discretion of the instructor. All incidents of cheating or plagiarism, reported by the instructor, will follow the Student Remediation Process as described in the departmental handbook. Please note: The University does use web-based products to detect plagiarism.

Students enrolled in the Department of Counseling and Student Affairs are expected to conduct themselves professionally. For example, students will be asked throughout the program to engage in self-reflection activities in which they will share personal information with other classmates. Such information is not to be shared outside of the class and must remain strictly confidential. A breach of confidentiality is considered a serious ethical and professional violation. Other expectations related to professional behavior include respecting divergent points of view, contributing to a positive classroom environment, receiving and giving feedback from others respectfully. See additional details regarding expectations for professional behavior in the CNS Student Handbook.

## **INFORMED CONSENT**

As graduate students and professionals-in-training, graduate studies should be viewed from the prospective of professional development. All graduate students are expected to develop standards of academic and professional performance and are expected to exhibit personal qualities and characteristics consistent with effective functioning as a helping professional. Some classes require learning experiences, which focus on self-understanding or growth. The letter grade awarded for a class may not reflect an evaluation of personal qualities needed to function as a competent counselor. Admission of a student to a counseling class or program of study does

not guarantee completion or graduation; assessment of a student's fitness is an ongoing process, and students should be aware that the instructor has a continuous responsibility to make such an assessment. See graduate catalog and the Department of Counseling & Student Affairs Student Handbook for more details.

### **USE OF CURRENT RESEARCH**

Course content is continuously revised to include the most recent relevant research. The instructor will post references for relevant current research on the course Blackboard site.

### **USE OF TECHNOLOGY IN COURSE**

E-mail and Blackboard will be used for communication, to distribute relevant course information, as well for the submission of assignments. Students should stay abreast of such communication throughout each week of the course. Cell phones must be turned off at the start of class unless there is an emergency situation. Laptops should only be used during class lectures and should be put away during demonstrations, experiential activities and discussions. Use of cell phones and laptops is considered discourteous when other students and the instructor involved in demonstrations or experiential activities. Points for participation and attendance will be deducted upon inappropriate use of technology during class.

All written assignments should be saved with the file name: Course + SemesterYear \_ last name + first initial. For example, "CNS567Spr16\_JenkinsA." When e-mailing your professor about something related to this course, please use the following heading in the e-mail subject line: Course + last name + first initial. For example, "CNS567JenkinsA."

### **LATE OR MISSING ASSIGNMENTS**

Course assignments are due on the date indicated in the syllabus unless other arrangements are made with the course instructor prior to the due date. Late assignments will be penalized by a deduction of 3 points per each day late (including weekends); assignments past due one week are not accepted. Late submissions for quizzes are not accepted under any circumstance.

### **FLEXIBILITY CLAUSE**

The aforementioned requirements, assignments, policies, evaluation procedures, as well as the course schedule are subject to change. Students' experiences and needs, as well as emerging knowledge, will be considered in modifying this course syllabus. In addition, extenuating circumstances may contribute to modification in course requirements and schedule.

## **Course Schedule: CNS 567 Mental Health Diagnosis**

<b>Date</b>	<b>Class Agenda/Activities</b>	<b>Assignments Due</b>
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Jan 21	No Class: Martin Luther King Jr. Day	
Jan 28	Course Introduction, Learning Groups (LG) Assigned, Case Conceptualizations, Treatment Planning, Stages of Change, Intervention and Treatment <i>CACREP Standards: CORE 5.h.; 5.i.; 7.e.; CMHC 1.c.; 3.a.; 3.b.;</i>	
Feb 4	Feeding and Eating Disorders; DSM-5 pages 329-354 <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	Stages of Change Quiz due by 4pm
Feb 11	Anxiety Disorders; DSM-5, pages 189-234, 734-741; Depressive Disorders <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	
Feb 18	Personality Disorders; DSM-5 pages 645-684 <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	
Feb 25	LG Theoretical Case Conceptualization Discussion Interdisciplinary Treatment Planning, ICD-10, & Case Notes <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 1.c.; 2.b.; 2.d.; 2.g.; 2.h.; 2.j.; 2.m.; 3.a.; 3.b.; MCFC 2.d.; 2.m.; 2.p.;</i>	LGs lead discussions on Theoretical Case Conceptualization
Mar 4	No Class Meeting: Spring Break	
Mar 11	Neurodevelopment Disorders; Disruptive, Impulse-Control, and Conduct Disorders	
Mar 18	Psychopharmacological Medications Multicultural considerations DSM-5 pages 749-759; <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d., 2.l.,</i> Character Assignment Discussion	Character Assignment Due
Mar 25	Motivational Interviewing with Addictions (Guest Speaker) <i>CACREP Standards: CORE 5.i.; CMHC 3.a.; 3.b.;</i>	
Apr 1	No Class-Use the time to get together to work on the LG presentations due next week.	
Apr 8	Presentations: LG: Trauma- and Stressor-Related Disorders	All Presentations Due

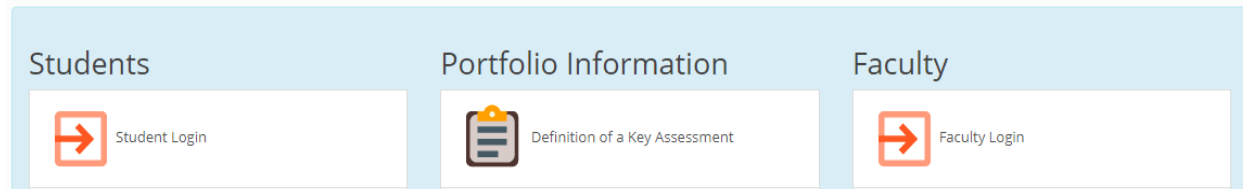
	LG: Schizophrenia Spectrum and Other Psychotic Disorders DSM-5; pages 87-122, 742-744; <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	
Apr 15	Presentations LG: Obsessive-Compulsive and Related Disorders, DSM-5 pages 235-264 Bipolar and Related Disorders DSM-5, pages 123-154, <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	Case Conceptualization Paper Due
Apr 22	Dissociative Disorders; DSM-5; pages 291-308, <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	
April 29	<i>Saving Normal</i> Book Discussion All, <b>Part 1</b> ; LG1-2 <b>Part II</b> ; LG3-4 <b>Part III</b> <i>CACREP Standards: CORE 5.i.; 7.e.; CMHC 2.b.; 2.d.; 2.h.; 2.j.; MCFC 2.d.</i>	
May 6	Course Wrap-Up Finals Week	DSM & Treatment Planning Quiz Due

\*\*Schedule subject to change at the discretion of Dr. Jenkins

<http://edtech2.wku.edu/portfolio>

College of Education and Behavioral Sciences

# E-PASS Portfolio System



**NOTE: ALL Students MUST create an account in the CEBS Electronic Portfolio System.**

Please note that the College of Education and Behavioral Sciences mandates that all students create an account in the CEBS Electronic Portfolio system. Additionally, you are expected to upload assignments for specific classes that indicate that you have met a critical performance standard, which is any piece of evidence (document, image, video, etc.) required by a program and produced by the student that demonstrates the student has met a standard (in whole or in part). For CNS567, you are required to upload your ***DSM Diagnosis Presentation*** and ***Case Conceptualization***. Also, please note that this is a requirement for Council for Accreditation for Educator Preparation (CAEP) accreditation.

If you have not registered for the CEBS Electronic Portfolio, **Create a New Student Account**. If you need directions, please follow the instructions at:  
[http://edtech2.wku.edu/portfolio/studenthelp/student\\_instructions.php](http://edtech2.wku.edu/portfolio/studenthelp/student_instructions.php)

Please note the following directions:

**\*\*\*Your paper should be saved as a Microsoft Word document.**

- Go to <http://www.wku.edu>
- Select "Academics" (on left side)
- Select "College of Education & Behavioral Sciences"
- Select Electronic Portfolio System (under Educational Technology)
- Select "Student Login" (you need your WKU ID and password)
- Select CNS567 (click on "View Critical Performances")
- You will see "Case Conceptualization"
- Click on "Upload/View Files." Upload
  - Your graded assignment (i.e., paper with qualitative feedback)

- o If there is not written feedback on the actual assignment (i.e., power point), include the power point *and* the professor's feedback. The latter may be in a word document or screen shot of feedback in BBD rubric.
- Follow the directions to upload your document (this is similar to adding an email attachment)

<b>KEY ASSESSMENT</b> <b>CNS 567 DSM-5 Diagnosis Presentation</b> <b>Semester: _____ Grade: _____ 44</b> <b>Name: _____ Faculty Name: Dr. Andrea Jenkins</b> <i>(CACREP Standards CMHC 2.j., 3.b., MCFC 2.l.)</i>				
<b>Requirement</b>	<b>Student inconsistently, or rarely meets assignment requirements and expectations 1</b>	<b>Student somewhat meets assignment requirements and expectations 2</b>	<b>Student meets assignment requirements and expectations 3</b>	<b>Student exceeds assignment requirements and expectations 4</b>
1. - Presentation Format. Formatted on Power Point; headings used to clearly designate each of the required content elements; neatly organized, and eye catching	Many elements of assignment were not designated with headings; content was difficult to read, unorganized and unclear; the power point was carelessly constructed; APA formatting almost nonexistent; various spelling and/or grammar errors made throughout the document	Requirement slightly met; some of the required elements of assignment were not designated with headings; content was sometimes not easy to read; lack of organization; multiple mistakes in APA formatting, spelling and/or grammar	Power Point used; headings used to clearly designate each of the required content elements; content delivered with clarity and organization; few errors made in APA formatting and/or spelling and grammar	Various subheadings were used to describe the topic and sub-topics with greater clarity; creativity was used in power point; content was delivered with exceptional clarity, and organization; no mistakes in APA formatting and/or spelling and grammar
2. - Presentation Format	Length requirement not met	Length requirement somewhat met	Length requirement met	Length requirement met

3. - Presentation Delivery	Rather ineffective delivery	Inconsistent effectiveness in delivery (i.e., presentation of material, use of time, and coordination of group members); audience was somewhat engaged	Good delivery; adequate presentation of material, use of time, and coordination of group members; for the most part kept audience engaged	Exceptional delivery; effective presentation of material, use of time and coordination of group members; kept audience engaged
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4. - A.1. Presentation Content: Introduction and Overview of Disorder. Define the disorder according to the DSM-5, including any known etiology, gender relevance, or prognosis. Is there anything that will prevent this disorder? (CACREP CMHC 2.d., 2.g., 2.j., MCFC 2.d.,)	Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected	Information is somewhat inadequate and/or is not exactly accurate; presentation inadequately includes antidotal information or current research studies; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience	Correct information is synthesized from appropriate references; presentation includes some antidotal information or current research studies; references are listed on slides; information adequately contributes to the knowledge base of audience	Correct information is synthesized from various and appropriate references; exhausted presentation of current antidotal information or current research studies; multiple references are listed on slides; information significantly contributes to the knowledge base of audience
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<p>5. - A.2. Presentation Content: Introduction and Overview of Disorder. List and define the specific diagnoses covered within your disorder.</p>	<p>Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected</p>	<p>Information is somewhat inadequate and/or is not exactly accurate; presentation inadequately includes antidotal information or current research studies; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from appropriate references; presentation includes some antidotal information or current research studies; references are listed on slides; information adequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from various and appropriate references; exhausted presentation of current antidotal information or current research studies; multiple references are listed on slides; information significantly contributes to the knowledge base of audience</p>
<p>6. - A.3. Presentation Content: Introduction and Overview of Disorder. Explain basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications in relation to this disorder (reference Physician's Desk Reference). (CACREP CMHC 2.d., 2.g., MCFC 2.d., 2.l.)</p>	<p>Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected</p>	<p>Information is somewhat inadequate and/or is not exactly accurate; presentation inadequately includes antidotal information or current research studies; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from appropriate references; presentation includes some antidotal information or current research studies; references are listed on slides; information adequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from various and appropriate references; exhausted presentation of current antidotal information or current research studies; multiple references are listed on slides; information significantly contributes to the knowledge base of audience</p>



<p>7. - A.4. Presentation Content: Introduction and Overview of Disorder. Describe the influence of multiple factors associated with the disorder that may affect personal, social, and academic/career functioning, including those that impede and those that enhance functioning. (CACREP CMHC 2.d., 2.g.,2.j., MCFC 2.d.,)</p>	<p>Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected</p>	<p>Information is somewhat inadequate and/or is not exactly accurate; presentation inadequately includes antidotal information or current research studies; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from appropriate references; presentation includes some antidotal information or current research studies; references are listed on slides; information adequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from various and appropriate references; exhausted presentation of current antidotal information or current research studies; multiple references are listed on slides; information significantly contributes to the knowledge base of audience</p>
<p>8. - A.5. Presentation Content: Introduction and Overview of Disorder. Describe the possible impact of any co-occurring substance use disorders on any of the diagnoses within this disorder. Are there any substance use disorders that might mimic and coexist with any of the diagnoses? (CACREP CMHC 2.b., 2.d., 2.g.,2.j., MCFC 2.d.,2.l.)</p>	<p>Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected</p>	<p>Information is somewhat inadequate and/or is not exactly accurate presentation inadequately includes antidotal information or current research studies; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience</p>	<p>presentation includes some antidotal information or current research studies; references are listed on slides; information adequately contributes to the knowledge base of audience</p>	<p>Correct information is synthesized from various and appropriate references; exhausted presentation of current antidotal information or current research studies; multiple references are listed on slides; information significantly contributes to the knowledge base of audience</p>

9. - B.1. Relevant DSM-5 Diagnoses of Disorder (for each diagnoses within the disorder group). Bulleted paraphrase of the dimensions of the disorder. (See example in syllabus.)	Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected	Information is somewhat inadequate and/or is not exactly accurate; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience	Correct information is presented; references are listed on slides; information adequately contributes to the knowledge base of audience	Correct information is presented and exhaustive; multiple references are listed on slides; information significantly contributes to the knowledge base of audience
10. - B.2. Relevant DSM-5 Diagnoses of Disorder (for each diagnoses within the disorder group). What biological, social, and psychological conceptualizations (assessment and treatment) might be associated with this diagnosis? ( <i>CACREP CMHC 2.b., 2.d., 2.g., 2.j., 3.b MCFC 2.d., 2.l.</i> )	Information is inadequate and/or inaccurate; references are hardly appropriately used; content hardly goes above the expected	Information is somewhat inadequate and/or is not exactly accurate; presentation inadequately includes antidotal information or current research studies; references are inconsistently listed on slides; information somewhat inadequately contributes to the knowledge base of audience	Correct information is synthesized from appropriate references; presentation includes some antidotal information or current research studies; references are listed on slides; information adequately contributes to the knowledge base of audience	Correct information is synthesized from various and appropriate references; exhausted presentation of current antidotal information or current research studies; multiple references are listed on slides; information significantly contributes to the knowledge base of audience
11. - C. Reference Page. The last slide should be a reference page that includes all references cited on the presentation. References should be single-spaced and in correct APA formatting	References rarely meet the requirements	References somewhat, yet inconsistently met the requirements	References adequately met the requirements	All references cited on the presentation are listed; are in single-spaced and in correct APA formatting and spelling; represent the

and spelling; and should represent the requirements of references for this presentation.				requirements of references for this project.
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<p align="center"><b>KEY ASSESSMENT</b></p> <p align="center"><b>CNS 567 Case Conceptualization Paper</b></p> <p align="center"><b>Semester: _____ Grade: _____/52</b></p> <p align="center"><b>Name: _____ Faculty Name: Dr. Andrea Jenkins</b></p> <p align="center"><i>(CACREP Standards CORE 5.i., CMHC 2.j., 3.b., MCFC 2.l.)</i></p>				
<b>Requirement</b>	<b>Student inconsistently, or rarely meets assignment requirements and expectations 1</b>	<b>Student somewhat meets assignment requirements and expectations 2</b>	<b>Student meets assignment requirements and expectations 3</b>	<b>Student exceeds assignment requirements and expectations 4</b>
1. Paper Format. Use of headings and sub-headings that reflect the given list of required content; Relevant APA formatting guidelines	(a) Many of the required headings and sub-headings were not used; (b) APA formatting almost nonexistent	(a) Some of the required headings and sub-headings were not used; (b) multiple mistakes in APA formatting	(a) Headings and sub-headings were used adequately; (b) few errors made in APA formatting	(a) headings and sub-headings were used to reflect the given list of content; (b) no mistakes in APA formatting
2. Paper Format. Spelling and Grammar	Various spelling errors made throughout the document	Multiple mistakes in spelling	Few errors made in spelling	No mistakes

<p>3. - A.1. Theoretical Perspective on Diagnosis and Treatment Planning (no more than 2 paragraphs). Choose a model of counseling. In no more than two paragraphs, summarize the model chosen. (MCFC students must choose a systems theoretical model.) (<i>CACREP CMHC I.c.,</i>)</p>	<p>Limited description; theoretical perspective is not clearly identifiable and/or not used; examples are either not provide or inappropriate; length requirement is not met</p>	<p>Explanation is somewhat unclear and not clearly based in theory; theoretical perspective is not clearly identifiable and/or incorrect; examples are limited and/or are not theoretically supported; length requirement somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions</p>	<p>Adequate description within theoretical framework; theoretical perspective is identifiable and appropriate; adequate use of examples; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate references to support contentions</p>	<p>Effective, clear, and theoretically sound explanation; theoretical perspective is clearly identifiable and appropriate; exhausted use of examples; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions</p>
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<p>4. - A.2. Theoretical Perspective on Diagnosis and Treatment Planning (no more than 2 paragraphs). Explain how counselors using this theoretical model would understand the diagnoses mentioned in terms of what assessments (i.e., status examinations, inventories, and personality assessments; systemic and/or observational assessments) (<i>CACREP CMHC I.c.,3.b.</i>)</p>	<p>Limited description; theoretical perspective is not clearly identifiable and/or not used; examples are either not provide or inappropriate; length requirement is not met</p>	<p>Explanation is somewhat unclear and not clearly based in theory; theoretical perspective is not clearly identifiable and/or incorrect; examples are limited and/or are not theoretically supported; length requirement somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions</p>	<p>Adequate description within theoretical framework; theoretical perspective is identifiable and appropriate; adequate use of examples; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate references to support contentions</p>	<p>Effective, clear, and theoretically sound explanation; theoretical perspective is clearly identifiable and appropriate; exhausted use of examples; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions</p>
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<p>5. - A.3. Theoretical Perspective on Diagnosis and Treatment Planning (no more than 2 paragraphs). Explain how counselors using this theoretical model would employ theoretical concepts to identify treatment (goals and interventions) (<i>CACREP CORE 5.h.;5.i.;CMHC 3.a.;3.b.;</i>)</p>	<p>Limited description; theoretical perspective is not clearly identifiable and/or not used; examples are either not provide or inappropriate; length requirement is not met</p>	<p>Explanation is somewhat unclear and not clearly based in theory; theoretical perspective is not clearly identifiable and/or incorrect; examples are limited and/or are not theoretically supported; length requirement somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions</p>	<p>Adequate description within theoretical framework; theoretical perspective is identifiable and appropriate; adequate use of examples; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate inclusion of references to support contentions</p>	<p>Effective, clear, and theoretically sound explanation; theoretical perspective is clearly identifiable and appropriate; exhausted use of examples; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions</p>
<p>6. - B.1.Case Conceptualization Incorporate the theoretical model described above. Client Characteristics. In one paragraph, provide client demographics including but not limited to age, sex, race/ethnicity, marital status, religious/spiritual</p>	<p>Limited list of client characteristics; length requirement not met</p>	<p>Abbreviated list of client characteristics; length requirement somewhat met</p>	<p>Relevant client characteristics are identified; meets length requirement</p>	<p>Exhausted, comprehensive and detailed description of client characteristics; meets length requirement; section demonstrates conceptualization of course materials with appropriate</p>

affiliation. ( <i>CACREP CORE</i> <i>5.h.;5.i.;CMHC</i> <i>2.j.;3.a.;3.b.;</i> )				and exhausted inclusion of references to support description
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7. - B.2.Case Conceptualization Incorporate the theoretical model described above. Problem Statement. In one or two sentences, explain the essence of the client's presenting concern or complaint with the framework of the theory chosen. ( <i>CACREP CORE</i> <i>5.h.;5.i.;CMHC</i> <i>3.a.;3.b.;</i> )	Limited explanation of client's presenting concern; theoretical perspective is not clearly identifiable and/or not used; length requirement not met	Explanation of client's presenting concern is somewhat unclear and not clearly based in theory; theoretical perspective is not clearly identifiable and/or incorrect; length requirement somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions	Adequate explanation of client's presenting concern within theoretical framework; theoretical perspective is identifiable and appropriate; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate inclusion of references to support contentions	Effective, clear, and theoretically sound explanation of client's presenting concern; theoretical perspective is clearly identifiable and appropriate; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions
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<p>8. - B.3. i. Biopsychosocial Evaluation and Assessment. Each sub-section should be no more than 2 paragraphs. Describe symptoms and behaviors that the client is exhibiting that provides support for the problem statement and a particular diagnosis. Describe what issues (based within the theoretical model presented in A.2.) of normalcy and/or psychopathology in the client's life may have led to the diagnoses. (CACREP CMHC2.g.;2.j., 3.a.;3.b.;MCFC 2.l)</p>	<p>Limited description; theoretical perspective is not clearly identifiable and/or not used; length requirement not met</p>	<p>Inconsistent or somewhat inadequate support for the diagnosis; inconsistent or somewhat inadequate description of what issues of normalcy and/or psychopathology in the client's life may have led to the diagnoses; theoretical perspective is inconsistently identifiable and/or inappropriate; length requirement is somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions</p>	<p>Adequate and theoretical support for the diagnosis; adequate description of what issues of normalcy and/or psychopathology in the client's life may have led to the diagnoses; theoretical perspective is clearly identifiable and appropriate; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate inclusion of references to support contentions</p>	<p>Effective, clear, and theoretically sound support for the diagnosis; elaborate description of what issues of normalcy and/or psychopathology in the client's life may have led to the diagnoses; theoretical perspective is clearly identifiable and appropriate; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions</p>
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<p>9. - B.3. ii. Biopsychosocial Evaluation and Assessment. Each sub-section should be no more than 2 paragraphs. Describe how the client's overall health (i.e., organic issues); life cycle stage (i.e., adult child, parent in launching stage), and systemic and social variables (i.e., family, work environment, etc.) may have impacted the client's condition. For example, how did the system cause or impact the client's presenting psychopathology? Include client strengths/resources, as well as liabilities by providing specific examples ("as evidenced by . . ."). (CACREP CMHC 2.j., MCFC 2.I.)</p>	<p>Limited description; theoretical perspective is not clearly identifiable and/or not used; length requirement not met</p>	<p>Inconsistent or limited theoretical description of the client's biopsychosocial health; somewhat inadequate description of how the system caused or impacted the client's presenting psychopathology; with limited or inappropriate inclusion of client strengths/resources, as well as liabilities; length requirement is somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions</p>	<p>Adequate theoretical description of the client's biopsychosocial health; adequate description of how the system caused or impacted the client's presenting psychopathology; with appropriate inclusion of client strengths/resources, as well as liabilities; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate inclusion of references to support contentions</p>	<p>Effective, clear, and theoretically sound description of the client's biopsychosocial health; elaborate description of how the system caused or impacted the client's presenting psychopathology; with appropriate inclusion of client strengths/resources, as well as liabilities by providing specific examples; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions</p>
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<p>10.- 4. Diagnosis (DSM-V) Provide a DSM-V diagnosis including the numerical diagnosis. (<i>CACREP CORE 7.e.;CMHC 2.d., MCFC 2.d.</i>)</p>	<p>The diagnosis components are incorrect or inappropriate; support for diagnosis is hardly clear and hardly consistent with initial assessment and theoretical approach; support for differentiating among diagnoses is limited at best</p>	<p>Some of the diagnosis components are correct and/or appropriate; support for diagnosis is somewhat clear and consistent with initial assessment and theoretical approach; support for differentiating among diagnoses is somewhat inconsistent; some evidence of conceptualization of the DSM</p>	<p>Appropriate diagnosis; support for diagnosis is clear and consistent with initial assessment and theoretical approach; adequate support for differentiating among diagnoses, evidence of conceptualization of the DSM; section demonstrates adequate conceptualization of course materials with appropriate and inclusion of references to support contentions</p>	<p>Exhausted, appropriate and consistent diagnosis; support for diagnosis is clear and consistent with initial assessment and theoretical approach; support for differentiating among diagnoses goes beyond the expected; section demonstrates conceptualization of course materials with appropriate and inclusion of references to support contentions</p>
<p>11. - 5. i. Biopsychosocial Treatment and Interventions. Section should be no more than 1 page. Two theoretically consistent Treatment Goals with 2 Objectives per Goal; measurable and consistent with case conceptualization. (<i>CACREP CORE</i></p>	<p>Treatment goals and objectives are hardly theoretically based; hardly consistent with case; inconsistently measurable; length requirement is not met</p>	<p>Treatment goals and objectives are somewhat theoretically based; goals/objectives are somewhat inconsistent with case; goals/objectives are somewhat measurable; length requirement is somewhat met; section demonstrates somewhat</p>	<p>Theoretically based treatment goals and objectives; goals/objectives are consistent with case; goals/objectives are measurable; meets length requirement; section demonstrates adequate conceptualization of course materials</p>	<p>Comprehensive, appropriate, and theoretically-based treatment goals and objectives; goals/objectives are consistent with case; goals/objectives are clearly measurable; meets length requirement; section demonstrates conceptualization</p>

5.i., CMHC 3.b)		inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions	with appropriate inclusion of references to support contentions	of course materials with appropriate and exhausted inclusion of references to support contentions
12. - 5.ii. Biopsychosocial Treatment and Interventions. Section should be no more than 1 page. Theoretically consistent interventions the counselor can use; how they will be executed; duration/frequency placement, as well as measurable indications of success. (CACREP CORE 5.h.; 5.i., CMHC 2.m.; 3.b.; MCFC 2.p.)	Interventions are somewhat inappropriate and/or inconsistent with theory and/or case; limited indications of success; length requirement is not met	Somewhat inadequate description of theoretically based interventions; somewhat measurable indications of success; length requirement is somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions	Adequate description of theoretically based interventions including how they will be executed, duration/frequency /placement; measurable and appropriate indications of success that are consistent with theory, diagnosis and case conceptualization n; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate inclusion of references to support contentions	Comprehensive description of theoretically-based interventions including how they will be executed, duration/frequency / placement; exhausted, measurable, and appropriate indications of success that are consistent with theory, diagnosis and case conceptualization; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to

				support contentions
13. - 6. Review multicultural competencies to case conceptualization, diagnosis, treatment and referral in no more than 2 paragraphs. <i>(CACREP CORE 5.i., CMHC 2.j., 3.b)</i>	Limited description; length requirement not met	Somewhat inadequate or inappropriate; length requirement somewhat met; section demonstrates somewhat inadequate conceptualization of course materials with limited and/or inappropriate inclusion of references to support contentions	Adequate description and consideration of multicultural competencies as they relate to the case; meets length requirement; section demonstrates adequate conceptualization of course materials with appropriate inclusion of references to support contentions	Effective and clear description and consideration of multicultural competencies as they relate to the case; meets length requirement; section demonstrates conceptualization of course materials with appropriate and exhausted inclusion of references to support contentions

