I. Course Description

CNEP 5381, Psychodiagnosis and Treatment Strategies, covers types of human distress, as described in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IVTR), including the development of tools for the understanding and critical appraisal of abnormal human behavior across the life-span. Strategies and techniques for working with clients in a variety of settings are considered.

II. Rationale

Helping professionals (counselors, teachers, ministers, mental-health workers, and social workers) must be aware of a variety of counseling strategies and must be able to effectively apply these strategies to different populations of clients in a variety of different settings. Knowledge, awareness, and skills are all necessary to be able to be effective in ‘helping’ roles.

III. State Adopted Proficiencies for Teachers and/or Administrators/Counselors

Standard I: Learner-Centered Knowledge: The certified school counselor has a broad knowledge base.

Standard II: Learner-Centered Skills: The certified school counselor applies the knowledge base to promote the educational, personal, social, and career development of the learner.

Standard III: Learner-Centered Process: The certified school counselor participates in the development, monitoring, and evaluation of a developmental school guidance and counseling program that promotes learners’ knowledge, skills, motivation, and personal growth.

Standard IV: Learner-Centered Equity and Excellence for All Learners: The certified school counselor promotes academic success for all learners by acknowledging, respecting, and responding to diversity while building on similarities that bond all people.

IV. TExES Competencies

Competency 001 (Human Development): The school counselor understands processes of human development and applies this knowledge to provide a developmental guidance program, including counseling services, that meets the needs of all students.

Competency 002 (Student Diversity): The school counselor understands human diversity and applies this knowledge to ensure that the developmental guidance and counseling program is responsive to all students.

Competency 003 (Factors Affecting Students): The school counselor understands factors that may affect students’ development and school achievement and applies this knowledge to promote
students' ability to achieve their potential.

**Competency 006 (Counseling):** The school counselor understands how to provide effective counseling services to individuals and small groups.

**Competency 009 (Collaboration with Others in the School and Community):** The school counselor understands how to work collaboratively with other professionals and with community members to promote positive change and to facilitate student learning.

V. **Course Objectives/Learning Outcomes**

This course is designed to enable students to study psychological problems in people, including developing an understanding of the general principles and methods of case conceptualization, assessment and/or diagnoses of mental and emotional disorders, utilizing the DSM-IV-TR. The following CACREP standards are covered and assessed in this course.

Core
1. **CACREP Standard II G-1-c:** counselors’ roles and responsibilities as members of an interdisciplinary emergency management response team during a local, regional, or national crisis, disaster or other trauma-causing event;
2. **CACREP Standard II G-3-c:** effects of crises, disasters, and other trauma-causing events on persons of all ages;
3. **CACREP Standard II G-3-e:** a general framework for understanding exceptional abilities and strategies for differentiated interventions;
4. **CACREP Standard II G-3-f:** human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior;
5. **CACREP Standard II-G-3-g:** theories and etiology of addictions and addictive behaviors, including strategies for prevention, intervention, and treatment;
6. **CACREP Standard II-G-5-b:** counselor characteristics and behaviors that influence helping processes;
7. **CACREP Standard II-G-5-d:** counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;
8. **CACREP Standard II-G-5-g:** crisis intervention and suicide prevention models, including the use of psychological first aid.
9. **CACREP Standard II-G-8-e:** the use of research to inform evidence-based practice.

In addition to the objectives listed above, the student will satisfy the following objectives based on their area of emphasis:

**School Counseling**

As a result of completing this course, the school counseling student will be able to meet:

1. **CACREP Standard A-7:** understands the operation of the school emergency management plan and the roles and responsibilities of the school counselor during crises, disasters, and other trauma-causing events.
2. **CACREP Standard C-6:** understands the potential impact of crises, emergencies, and disasters on students, educators, and schools, and knows the skills needed for crisis intervention;
3. **CACREP Standard G-1:** understands the influence of multiple factors (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression) that may
affect the personal, social, and academic functioning of students;
4. CACREP Standard G-2: knows the signs and symptoms of substance abuse in children and adolescents, as well as the signs and symptoms of living in a home where substance abuse occurs;

**Marriage and Family Counseling**

As a result of completing this course, the student will be able to meet:

1. CACREP Standard A-7: understands the impact of crises, disasters, and other trauma-causing events on marriages, couples, families, and households;
2. CACREP Standard C-2: recognizes specific problems (e.g., addictive behaviors, domestic violence, suicide risk, immigration) and interventions that can enhance family functioning;
3. CACREP Standard D-4: demonstrates the ability to use procedures for assessing and managing suicide risk;
4. CACREP Standard G-3: understands the impact of addiction, trauma, psychopharmacology, physical and mental health, wellness, and illness on marriage, couple, and family functioning.

**Clinical Mental Health Counseling**

As a result of completing this course, the student will be able to meet:

1. CACREP Standard A-6: recognizes the potential for substance abuse disorders to mimic and coexist with a variety of medical and psychological disorders;
2. CACREP Standard A-7: identifies professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems);
3. CACREP Standard A-9: comprehends the impact of crises, disasters, and other trauma-causing events on people;
4. CACREP Standard C-2: knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders;
5. CACREP Standard C-4: knows the disease concept and etiology of addiction and co-occurring disorders;
6. CACREP Standard C-5: understands the range of mental health service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network;
7. CACREP Standard C-6: understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events;
8. CACREP Standard C-7: knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning;
9. CACREP Standard C-8: recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders;
10. CACREP Standard D-2: applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
11. CACREP Standard D-6: demonstrates the ability to use procedures for assessing and managing suicide risk;
12. CACREP Standard D-8: provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders;
13. CACREP Standard E-3: understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders;
14. CACREP Standard F-3: demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.
15. CACREP Standard G-1: knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normality and psychopathology leading to diagnoses and appropriate counseling treatment plans;
16. CACREP Standard G-2: understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments;

17. CACREP Standard G-3: understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified;

18. CACREP Standard H-1: selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

19. CACREP Standard K-1: knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM);

20. CACREP Standard K-2: understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care;

21. CACREP Standard K-3: knows the impact of co-occurring substance abuse disorders on medical and psychological disorders;

22. CACREP Standard K-5: understands appropriate use of diagnosing during a crisis, disaster, or other trauma-causing event;

23. CACREP Standard L-1: demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments;

24. CACREP Standard L-2: able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals;

25. CACREP Standard L-3: differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

Addictions Counseling

As a result of completing this course, the student will be able to meet:

1. CACREP Standard K-1: knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).

2. CACREP Standard K-2: knows the impact of co-occurring addictive disorders on medical and psychological disorders.

Specific student learning outcomes (SLOs) for this course include the following:

1. Students will demonstrate understanding of counselor roles during a crisis, disaster, or other trauma-causing event, including impact of violence on children, by appropriately responding to a case study, including formulation of appropriate responses to multiple victim/survivor scenarios. Achievement of this SLO will be evaluated by obtaining a grade of 70 or better on the group case study project. CACREP standards II-G-1-c, II-G-3; CACREP SC Standard G-1

2. Students will differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events, and will demonstrate the ability to use psychological first aid, by appropriately responding to a case study which includes evaluation and appropriate responses to multiple victim/survivor scenarios. Achievement of this SLO will be evaluated by obtaining a grade of 70 or above on the group case study project. CACREP Standard II-G-5-g; CACREP CMH Standards K-5 and L-3
3. Students will demonstrate understanding of the diagnostic process and treatment planning by providing accurate multi-axial diagnosis; appropriate treatment objectives, planning, and intervention strategies; appropriate use of medical and adjunctive services; placement criteria and referral services within the continuum of care; and preferred clinician characteristics for multiple case studies designed to reflect a variety mental and emotional disorders as described in the DSM-IV. Assessment will be based on responses to multiple case studies and the final project. Achievement of this SLO will be evaluated based on a grade of 70 or above average on case studies and a grade of 280 or above on the final project. CACREP Standard II-G-5-b; CACREP CMH Standards C-2, G-1,H-1, K-2, K-3, L-1, L-2; CACREP Addictions Standard K-1; CACREP SC Standard G-1

4. Students will differentially describe counselor characteristics and behaviors that influence helping processes across multiple case studies and the final project, which are designed to reflect a variety of DSM-IV diagnostic categories. Achievement of this SLO will be evaluated based on a grade of 70 or above average on case studies and a grade of 280 or above on the final project. CACREP Standard II-G-5-b

5. Students will demonstrate principles of biopsychosocial case conceptualization and treatment planning as assessed by evaluation of responses to multiple case studies and the final project. Achievement of this SLO will be evaluated based on a grade of 70 or above average on case studies and a grade of 280 or above on the final project. CACREP CMH Standard C-7

6. Students will identify appropriate approaches to clinical evaluation, including diagnostic interviews, mental status examinations, symptom inventories, and other assessments, across a variety of DSM-IV categories and diagnoses. Assessment will be based on selection of appropriate evaluation strategies and measures on multiple quiz case studies and the final project. Achievement of this SLO will be evaluated based on a grade of 70 or above average on case studies and a grade of 280 or above on the final project. CACREP CMH Standard G-2

7. Students will identify appropriate uses of a variety of psychotropic medications, including indications and contraindications, as well as demonstrate understanding of appropriate medical referral, as related to a variety of DSM-IV categories and diagnoses. Assessment will be based on multiple quiz case studies and the final project. Achievement of this SLO will be evaluated based on a grade of 70 or above average on case studies and a grade of 280 or above on the final project. CACREP CMH Standard G-3

8. Students will demonstrate understanding of co-occurring substance abuse disorders and their impact on psychological and medical disorders through responses to multiple case studies reflecting a wide range of DSM-IV categories and diagnoses. Achievement of this SLO will be evaluated based on a grade of 70 or above average on case studies and a grade of 280 or above on the final project. CACREP CMH Standard K-3; CACREP Addictions Standard K-2; CACREP SC Standard G-1.

VI. Course Topics

The major topics to be considered are:
Knowledge, awareness, and skills in diagnosis and treatment planning, to be gained by studying the psychological problems that many people experience as categorized in the DSMIV-TR, and effective counseling strategies for dealing with these concerns. A detailed list is included under the Tentative Course Schedule section.

VII. Instructional Methods and Activities

Methods and activities for instruction include:

A. Traditional Experiences: lecture and discussion, demonstration, videos, and readings.
B. Clinical Experiences: role play, case study examinations, group project.
VIII. Evaluation and Grade Assignment
The methods of evaluation and the criteria for grade assignment are:

A. Evaluation Methods and Scoring

1. Attendance: Since much of the learning in this course occurs in the context of discussion and demonstrations, students are expected to be present for all class meetings. Because attendance is so important, you will receive a grade based on the number of classes you attend. You can earn a maximum of 100 points in attendance. Since we will meet 15 times, each absence will deduct 7 points from your attendance score. While I realize that you will always have a good reason when you miss class, excused and unexcused are not concepts that are relevant to this score. If you are not here, you lose the points.

2. Exams: There will be 4 take-home exams during this course. Each quiz is due at the beginning of class on the date assigned. See separate handout for details and due dates. The first exam covers the DO A CLIENT MAP structure and information from the psychopharmacology text. All subsequent exams are case studies covering material in the DSM, the Seligman & Reichenberg text, the psychopharmacology text, and class lecture/discussion. See separate document for details and due dates.

    Exams will not be accepted late and there will be no make-up quizzes provided; however, the lowest exam grade for each student will be dropped. While not recommended, students who fail to submit up to one exam will not be penalized.

3. Homework: There will be 7 homework assignments. Each is due at the beginning of class on the date assigned. See separate handout for details. Each covers vignettes relevant to the previous class’ topic. A multiaxial diagnosis, objectives of treatment, interventions, medications if applicable, and clinician characteristics must be included for each vignette.

    Homework will not be accepted late, and no make-up will be provided; however, the lowest homework grade will be dropped. As with exams, students who fail to submit up to one homework assignment will not be penalized.

4. Disaster/Crisis/Trauma-Causing Event Assessment and Intervention: Students will work in groups to address a case study concerning a disaster, a crisis situation, and/or a trauma-causing event. Case studies will be provided in class and submitted via BlackBoard prior to the following class meeting.

5. Final Project: You will select one of three case studies provided. See separate handout for details.

B. Grading Scale

<table>
<thead>
<tr>
<th>Component</th>
<th>Points</th>
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<tbody>
<tr>
<td>Attendance</td>
<td>100</td>
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<tr>
<td>Quizzes</td>
<td>100</td>
</tr>
<tr>
<td>Group Case Study</td>
<td>100</td>
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<td>Final Project</td>
<td>400</td>
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<td><strong>TOTAL</strong></td>
<td><strong>1500</strong></td>
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A= 1350 - 1500; B=1200 - 1349; C= 1050 - 1199; D=900 - 1049; F=below 900
All written assignments must reflect graduate level presentation, including APA (6th ed.) format, correct spelling, and appropriate punctuation and grammar. Point deductions will be taken for errors in writing skills and APA style.

Please talk with me if you are having problems (sooner rather than later).

IX. Course Schedule and Policies

A. Tentative Course Schedule

Marvarene Oliver, Ed.D., LPC, LMFT  marvarene.oliver@tamucc.edu
ECDC 149, 825-3362    Office Hours: T R 1:00-5:00 or by appointment

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Reference</th>
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<tbody>
<tr>
<td>01/28</td>
<td>Introduction and Healthy Human Functioning</td>
<td>S &amp; R, ch. 1</td>
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<tr>
<td></td>
<td>Introduction to Effective Treatment Planning</td>
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<tr>
<td>02/04</td>
<td>DSM-IV-TR &amp; how it should be utilized</td>
<td>DSM IV-TR</td>
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<td>Introduction, Use of Manual, Multiaxial Assessment, Morrison, Intro</td>
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<td>02/11</td>
<td>Mental Disorders in Infants, Children, and Adolescents (Part I)</td>
<td>S &amp; R, 52-106</td>
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<td>DSM, 39-102</td>
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<td></td>
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<td>Morrison, ch. 16</td>
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<td></td>
<td>Quiz 1 due</td>
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<td>02/18</td>
<td>Mental Disorders in Infants, Children, and Adolescents (Part II)</td>
<td>S &amp; R, 106-154</td>
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<td></td>
<td>DSM, 103-134</td>
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<td>Morrison, ch. 16</td>
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<td>Quiz 2 due</td>
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<td>02/25</td>
<td>Mood Disorders (Part I)</td>
<td>S &amp; R, pp. 180-208</td>
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<td>DSM, 345-382;</td>
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<td>Morrison, ch. 5</td>
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<td>Quiz 3 due</td>
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<td>03/04</td>
<td>Mood Disorders (Part II)</td>
<td>S &amp; R, 208-232</td>
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<td>DSM, 382-428;</td>
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<td>Morrison, ch. 5</td>
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<td>Quiz 4 due</td>
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<td>03/11</td>
<td>Disaster/Crisis/Trauma-Causing Event Assessment and Intervention</td>
<td>Quiz 5 due</td>
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<td>Anxiety Disorders (Part I)</td>
<td>S &amp; R, 233-265</td>
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<td>DSM, 429-456</td>
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<td>Morrison, ch. 6</td>
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<tr>
<td>Date</td>
<td>Event</td>
<td>Case Study Due</td>
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<td>04/1</td>
<td>Anxiety Disorders (Part II)</td>
<td>S &amp; R, 265-289</td>
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<td>DSM 456-484</td>
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<td>Morrison, ch. 6</td>
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<td><strong>Quiz 6 due</strong></td>
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<td>04/8</td>
<td>Library; Individual/small group consultation with instructor as needed; date of this session subject to change</td>
<td><strong>Quiz 7 due</strong></td>
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<td>04/15</td>
<td>Situationally-Precipitated Conditions and Disorders; Other Disorders That May be Focus of Clinical Attention</td>
<td>S &amp; R, 126-149</td>
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<td>DSM, 679-684</td>
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<td>Morrison, ch. 14, 17</td>
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<td>04/22</td>
<td>Substance Related Disorders &amp; Eating Disorders</td>
<td>S &amp; R, 290-386</td>
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<td>DSM, 191-296</td>
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<td>&amp; 583-596</td>
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<td>Morrison, ch. 3, 11</td>
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<td>04/29</td>
<td>Personality Disorders</td>
<td>S &amp; R, 418-485</td>
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<td>DSM, 685-730</td>
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<td>Morrison, ch. 15</td>
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<td><strong>Quiz 9 due</strong></td>
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<td>05/06</td>
<td>Psychotic &amp; Dissociative Disorders</td>
<td>S &amp; R, 486-527</td>
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<td>DSM, 297-344</td>
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<td>&amp; 519-534</td>
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<td>Morrison, ch. 4 &amp; 9</td>
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<td><strong>Quiz 10 due</strong></td>
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<tr>
<td>05/11</td>
<td>Saturday night - <strong>Final Project Due midnight</strong></td>
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<td>05/13</td>
<td>Conclusions</td>
<td>S &amp; R, 528-541</td>
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<td>Morrison, ch. 18</td>
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<tr>
<td></td>
<td><strong>Quiz 11 due</strong></td>
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**B. Course Policies**

**BlackBoard**
This course uses BlackBoard for delivery of materials necessary for class. Students may contact me or class members via the email function of BlackBoard. For more rapid response from me, please use my university email address listed above.

**Contacting Me**
In addition to using BlackBoard or university email, you may also call the office or come in during office hours. Please be aware that when I supervise, I do not answer my telephone and thus, your
speediest response from me is likely to be via university email. I will also be setting up individual
and clinic supervision hours once the semester is underway; thus, office hours listed above may
change. While I will always try to see you when you drop in, it is always a safe bet to arrange an
appointment.

Electronic Device Notice
As a matter of courtesy to your classmates and the instructor, please turn off your beepers, cell
phones, pagers, MP3 players, texting devices, and any other electronic toys. Students who, because
of work, child, or other external requirements, must have pagers or cell phones turned on should
place them on courtesy mode and should respond only to emergency messages. Unnecessary use of
electronic devices will result in being asked to leave class. Participation points will be lost for that
class period. Please limit in-class use of your computer to note-taking.

Academic Integrity Policy
The TAMUCC (2010) Graduate Catalog and the TAMUCC Student Handbook provide
definitions of academic integrity. Specifically, university students are expected to conduct
themselves in a manner that reflects the highest standards of academic honesty. Academic
misconduct for which a student is subject to penalty includes all forms of cheating, such as illicit
possession of examinations or examination materials, plagiarism, complicity, and forgery.

Students are responsible for familiarizing themselves with university academic integrity
policies, procedures, and penalties. Ignorance of policy is not an acceptable defense in my
class or in graduate work.

Students should make note that using materials from websites also require appropriate
documentation from the specific website from which the material is obtained. Copying material
from websites without appropriate attribution is a form of plagiarism and will be treated as such.
Only scholarly web materials are acceptable for reference materials.
Any student who is found to have violated the academic integrity policy in this course is subject to
a grade of 0 on the particular assignment and a grade of F in the course. The faculty member must
file a record for each case of academic dishonesty with the Dean, who will forward a copy to the
Office of Student Affairs. The student has the right to appeal the judgment or the penalty and
should contact the Office of Student Affairs for guidance about how to do this. Academic
misconduct may also be referred to the CNEP department for consideration. Please note: saving
of any quizzes or case studies is considered a violation of academic integrity in this class.

While I understand that you may need to download the quizzes and case study document to
use during the course, you must delete it once this course is completed. Sharing the
information with students who come after you, even though quizzes and case studies are
changed each semester, is a form of cheating and will be dealt with as such. Losing a flash
drive from which you have not deleted this information is not an excuse.

Textbooks
The textbooks adopted for this course are:

Seligman, L. & Reichenberg, L. (2012). Selecting effective treatments: A comprehensive,
Guilford Press.
XI. Bibliography

The knowledge base that supports course content and procedures includes but is not limited to:


Play Therapy


XII. Grade Appeals

As stated in University Rule 13.02.99.C2, Student Grade Appeals, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Rule 13.02.99.C2, Student Grade Appeals, and University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Web site at http://www.tamucc.edu/provost/university_rules/index.html. For assistance and/or guidance in the grade appeal process, students may contact the Office of Student Affairs.

XIII. Disabilities Accommodations

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Driftwood 101.

If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.

XIV. Grading Rubrics

**Quizzes:** Quiz 1 (100 points) requires full definition and discussion of each of the elements of DO A CLIENT MAP and provides an orientation to all subsequent quizzes. D is worth 30 points, O and C are worth 8 points each, and all other elements are worth 6 points. Quizzes 2-11 (100 points each) are case studies. D must include the multiaxial diagnosis, as well as the rationale for arriving at the diagnosis. All other elements must be specific to the case study (meaning appropriate for the client as presented) as well as appropriate for the diagnosis. D is worth 30 points, O=10 pts., A=7 pts., C=8 pts., L=5 pts., I=10 pts., E, N, T, M, A, and P = 5 pts. each. Appropriate citation and references are required. Bullet or outline presentation of material is acceptable.

**Group Project:** The disaster/crisis/trauma-causing event assessment and intervention case study (100 points) will be assessed based on appropriate responses to a variety of victim scenarios. Students will work in groups outside of class, and will present one project on the due date. Evaluation of responses will be based on ability to assess what is needed and how to respond in each scenario.

**Final Project:** This project (400 points) involves a detailed case presentation of a treatment protocol for a client. The protocol must include, but is not limited to, a multiaxial diagnosis with justification, and two treatment approaches based on two different theoretical orientations,
excluding the cognitive-behavioral approach favored by your Seligman & Reichenberg text. Each approach must include basic tenets of each theory, reasons you chose each theory, expected outcomes (using appropriate terminology, techniques, etc., for that theory), and –O A CLIENT MAP for each theory using the appropriate terminology, techniques, etc., for that theory. Thus, your final project will include a total of five sections, and should have five major headings, as follows:

1. Multiaxial diagnosis and justification (80 points)
2. Theory 1 (tenets, rationale, outcomes) (80 points)
3. –O A CLIENT MAP for theory 1 (70 points)
4. Theory 2 (tenets, rationale, outcomes) (80 points)
5. –O A CLIENT MAP for theory 2 (70 points)

In addition to the above point structure, there will be 20 points for writing style, APA 6th adherence, bibliography, and other writing issues. Students may lose additional points for serious citation issues within the body of the paper.