Instructor: Brandi Sawyer, PhD, LPC-S, NCC
Office: Human Services 228
Office Phone: 936-468-1071
E-mail: brandi.sawyer@sfasu.edu (preferred)
Office Hours: Wednesdays 4:00 PM- 6:00 PM & Thursdays 1:30 PM- 4:30 PM & by appt.
Virtual appts. also available.
Term: Spring 2024
Credits: 3.00

Texts:
American Psychiatric Association (2013). Diagnostic and Statistical Manual of Mental Disorders. 5th Edition. Washington, D.C. or the 5TR (required)


Time/Location Course Meets: Online Delivery

Course Prerequisites:
Students should have completed PCOU 5310 abnormal behaviors course prior to enrollment in this course or at minimum be concurrently enrolled. A basic understanding of abnormal behaviors and the DSM is needed for success in this course.

Course Description
This course is an overview of biopsychosocial framework for the study of mental health and mental disorders. Client conceptualization, assessment and treatment planning are emphasized. Additionally, this course addresses psychiatric rehabilitation philosophy and best practices for working with people who experience persistent or long-term mental illness. It will provide an overview of the diagnostic criteria utilized in the diagnosis of mental illness. Assessment, psychopharmacology, community-based services, treatment, and rehabilitation modalities will be explored. Using lecture and case studies, students will be provided with experience in diagnosing mental disorders and developing appropriate treatment/rehabilitation plans.
TCCNS Credit Hour Justification Seminar Mental Health and Psychopathology - Online Course

This course spans 15 weeks. The course contains extensive written content that includes the same information received by students in a face-to-face lecture course. Students are required to engage with the online modules for at least eight hours per week including responding to discussions which highlight cases and issues related to the treatment of mental health issues in counseling. For discussion initial posts, students are required to use references to support ideas, and they must respond to at least two peers in a substantial fashion. Students also are required to complete an in-depth project where they apply key course concepts regarding the treatment of mental health disorders. Additionally, group and other application assignments in the course allow students to gain insight and understanding into various types of treatments, interventions and issues related to mental disorders in the DSM 5. Also, primary source readings are woven into the module content to support key concepts and provide multiple diverse perspectives on factors pertinent to the treatment of mental disorders within the field of counseling. In addition, students are required complete a final exam over the course content. For every hour a student spends engaging with the content, he/she spends at least two to three hours completing associated activities and assessments.

Intended Learning Outcomes/Goals/Objectives (Program/Student Learning Outcomes): Relation of the Course to the Mission Statement, Values and Vision of the College

Through the activities and objectives in PCOU 5391 students will become prepared, competent, successful, caring and enthusiastic counseling professionals. They will continue to develop a sense of service, leadership, professional and intellectual growth. Through regular class attendance, writing projects, exams, and discussions students will gain academic excellence within the subject area with an emphasis on life-long learning and development. Students will also be given the opportunity for collaboration and be encouraged toward openness to new ideas. Ethics, integrity and service within the counseling profession and following the American Counseling Association guidelines will also be integrated into all aspects of the course. As described in this syllabus, PCOU 5391 follows the mission, vision and core values of the college of education and Stephen F. Austin State University which is aligned with the counseling curriculum, clinical experiences, and assessments.

COUNSELOR EDUCATION PROGRAM

Program Learning Outcomes (Professional Counseling Outcomes and if applicable, their related CACREP accreditation standard. A complete list of PLO’s are on the PCOE website)

Factors Affecting Human Development (CACREP 3.C)
Counselors should consider systemic and environmental factors that affect human development, functioning, and behavior. They apply theories of individual and family development across the lifespan to better understand and assist their clients. Students differentiate the development across the lifespan and the impact on normal and abnormal functioning.

Counseling Theories and Models (CACREP 3.E)
Counselors apply various counseling theories and models to provide effective therapeutic interventions. These may include cognitive-behavioral therapy, person-centered therapy, and more.

**Assessment and Test Administration (CACREP 3.G)**
Counselors select, administer, and interpret assessments and tests ethically and in a culturally relevant manner to support their clients' needs. This involves understanding and analyzing test scores, psychological assessments, and other relevant data to make informed decisions about a client's mental health and to plan appropriate interventions.

**Research and Statistical Principles (CACREP 3.H)**
Counselors need to understand the scientific and statistical principles that underlie evidence-based research. This includes knowledge of research methods, experimental design, data analysis, and the ability to critically evaluate research studies to determine their quality and relevance. Counselors understand the significance of research in advancing the profession. They can critique research to inform their counseling practice and provide evidence-based interventions.

**Research and Statistical Principles (CACREP 3.H)**
Counselors need to understand the scientific and statistical principles that underlie evidence-based research. This includes knowledge of research methods, experimental design, data analysis, and the ability to critically evaluate research studies to determine their quality and relevance. Counselors understand the significance of research in advancing the profession. They can critique research to inform their counseling practice and provide evidence-based interventions.

**Communication and Presentation Skills**
Effective communication is crucial for counselors. They must convey complex mental health concepts and findings to clients, colleagues, and the public. This includes both oral and written communication.

**Course Objectives:**
1. Develop knowledge and understanding of the nature of long-term mental illness and its pursuant impact on those who experience mental illness.
2. Develop an awareness of the diagnostic process employed in the medical model for diagnosis and treatment of long-term mental illness.
3. Develop knowledge of the DSM diagnostic criteria for specific mental illnesses and skills in determining correct diagnosis.
4. Develop knowledge of psychopharmacological interventions used to treat mental illness.
5. Understand the role of psychopharmacological and rehabilitation interventions in the treatment of mental illness.
6. Obtain skills in writing goals and objectives for treatment plans.
7. Provide current best practices used in psychiatric rehabilitation.

**Student Learning Outcomes**
The student will be able to:
1. Utilize the Diagnostic and Statistical Manual in determining an appropriate diagnosis.
2. Identify the typical treatment interventions appropriate to individual categories of mental illness and the concomitant side effects and actions of these medications.
3. Identify the difference between a medical and a rehabilitation/counseling intervention when working with a person who has a long-term mental illness.
4. Identify and discuss interventions currently being used to address psychiatric disabilities.
5. Demonstrate the ability to determine appropriate interventions for specific psychiatric conditions.
6. Describe the impact mental illness has on the lives of consumers/clients.
7. Develop an appropriate treatment/rehabilitation plan to address the needs of the consumer/client and attunement to culturally and developmentally sustaining goals.

**CACAREP and Other Standards:**

<table>
<thead>
<tr>
<th>Objectives/Learning Outcomes</th>
<th>Activities (*indicates a field-based activity)</th>
<th>Performance Assessment</th>
<th>Standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand the human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal behavior.</td>
<td>Readings Discussions Lectures</td>
<td>Exam Individual Treatment Plan</td>
<td>CACREP 3.C.12, 10 CACREP CMHC 5.C.1</td>
</tr>
<tr>
<td>Understand structures involved in impact and protective factors of relationships and bonds in mental illness.</td>
<td>Readings Discussions Lectures</td>
<td>Group Case Study</td>
<td>CACREP 3.C.6, 12</td>
</tr>
<tr>
<td>Recognizes the potential for substance use disorders to mimic and co-occur with a variety of medical and psychological disorders</td>
<td>Readings Discussions Lectures</td>
<td>Exam Group Case Study</td>
<td>CACREP CMHC 5.C.1 CACREP 3.C.5</td>
</tr>
<tr>
<td>Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders</td>
<td>Readings Discussions Lectures</td>
<td>Exam Individual Treatment Plan Paper</td>
<td>CACREP CMHC 5.C.1</td>
</tr>
<tr>
<td>Knows the principles, models, and documentation formats of biopsychosocial assessment, treatment planning, progress reporting.</td>
<td>Readings Discussions Lectures</td>
<td>Group Case Study Exam Individual Treatment Plan Case Notes</td>
<td>CACREP CMHC 5.C.4 CACREP 3.E.12, 13, 14, 16</td>
</tr>
<tr>
<td>Recognizes the importance of family, social networks, and community systems (including integrated behavioral healthcare) in the treatment of mental and emotional disorders.</td>
<td>Readings Discussions Lectures</td>
<td>Exam Individual Treatment Plan</td>
<td>CACREP CMHC 5.C.7 CACREP 3.C.6, 12</td>
</tr>
<tr>
<td>Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories/checklists, and psychoeducational and personality assessments.</td>
<td>Readings Discussions Lectures</td>
<td>Exam Individual Treatment Plan</td>
<td>CACREP CMHC 5.C.4 CACREP CMHC 3.G.10</td>
</tr>
<tr>
<td>Develops clinically relevant, techniques and interventions for the</td>
<td>Readings Discussion</td>
<td>Individual Treatment Plan Group Case Study</td>
<td>CACREP CMHC 5.C.5</td>
</tr>
<tr>
<td>treatment of and prevention of mental health issues.</td>
<td>Lectures</td>
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<tr>
<td>Understand process of treatment planning including collaboration with client, goal-setting, and setting culturally and developmentally sustaining measurable treatment outcomes.</td>
<td>Readings Discussion Lecture</td>
<td>Individual Treatment Plan</td>
<td></td>
</tr>
<tr>
<td>Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the <em>Diagnostic and Statistical Manual of Mental Disorders (DSM)</em></td>
<td>Readings Discussion Lectures</td>
<td>Exam Individual Treatment Plan Group Case Study</td>
<td>CACREP CMHC 5.C.1 CACREP 3.G.11</td>
</tr>
<tr>
<td>Understands mental health service delivery modalities across a continuum of care.</td>
<td>Readings Lectures</td>
<td>Exam</td>
<td>CACREP CMHC 5.C.2</td>
</tr>
<tr>
<td>Understands procedures for using assessments for referral and consultation.</td>
<td>Readings Lectures</td>
<td>Exam Individual Treatment Plan</td>
<td>CACREP 3.G. 17</td>
</tr>
<tr>
<td>Demonstrates basic knowledge of psychopharmacology including types and classification, effects, and indicated use.</td>
<td>Readings Discussion Lecture</td>
<td>Exam</td>
<td>CACREP 3.E.18</td>
</tr>
<tr>
<td>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</td>
<td>Readings Discussions Lectures</td>
<td>Exam</td>
<td>SCH G.1</td>
</tr>
</tbody>
</table>

**College of Education Outcomes:** The content of this course aligns with mission, vision and core values of the James I. Perkins College of Education.

**Vision:** The James I. Perkins College of Education will be the college of choice for students striving to achieve professional excellence through exemplary programs that are recognized at state, national, and international levels.

**Mission:** The mission of the Perkins College of Education is to prepare competent, successful, caring and enthusiastic professionals from diverse backgrounds dedicated to responsible service, leadership, social justice and continued professional and intellectual development in an interconnected global society. To accomplish this mission, the goals of the Perkins College of Education are to:

- Provide transformational experiences for our students.
- Promote meaningful and sustained enrollment growth.
• Attract/support high quality faculty and staff.
• Improve and maintain an optimal college culture.
• Provide academic & co-curricular innovations.
• Increase connections with stakeholders.

Core Values: In the Perkins College of Education, we value and are committed to:
• Academic excellence through critical, reflective, and creative thinking
• Life-long learning
• Collaboration and shared decision-making
• Openness to new ideas, to culturally diverse people, and to innovation and change
• Integrity, responsibility, diligence, and ethical behavior
• Service that enriches the community

Core Values of the College of Education:
• Academic excellence through critical, reflective, and creative thinking.
• Life-long learning.
• Collaboration and shared decision-making.
• Openness to new ideas, culturally diverse people, and innovation and change.
• Integrity, responsibility, diligence, and ethical behavior.
• Service that enriches the community.

Course Assignments, Activities, Instructional Strategies, use of Technology:
APA Style 7th Edition must be followed for all papers. The Individual Treatment Plan must be submitted to live text and d2l as a .doc or .docx file in 12 point Times Romans font.

1. Class Participation/Discussion Posts will demonstrate knowledge of the text and/or other assigned readings. Students are expected to read the assigned reading for the class discussions and be prepared to fully participate in classroom discussions. Participation in discussions will be graded on a 20 point scale. Discussion posts are due by date/day noted on the timeline. Response posts need to be substantial and simply stating "I agree" is not considered substantial. To earn the full possible points, references should be used to support ideas. You are expected to respond to a minimum of two peers in a substantial fashion. (Please see the grading rubric). Late posts will not earn points. Failure to participate in a discussion will count as an absence from the course. Failure to participate in part of a discussion on-time (either main post or response posts) will count as half of an absence. If you have more than two absences from the course, your final grade will be reduced by one letter grade. Late discussion posts do not earn points.

2. Case Notes – you will demonstrate the ability to write case notes using SOAP format. You will be provided with information from a counseling session and the client’s treatment plan to help you write the notes.

3. Four Group Case Studies: will be completed during the semester. The focus will be on assessment, case conceptualization, diagnosis, and treatment. DSM 5 criteria will be used for the diagnosis. Each paper is worth a maximum of 50 points. You will be assigned to a group the first week of the course. The purpose of these assignments is to allow you the opportunity to consider different viewpoints when it comes to making a diagnosis and determining treatment just like you would do if you were part of a treatment team.
4. **One Individual Treatment Plan** will be completed during the semester. The focus will be on writing a treatment plan. The purpose is to allow you the opportunity to learn to write a basic treatment plan and consider case conceptualization components in your treatment plan.

5. **Review of Treatment Team** (Group Treatment Paper Members). You will be provided the opportunity to provide feedback to the instructor on the members of your group. You will receive 50 points for providing the feedback. The feedback provided will be considered when points are assigned for treatment team participation. Treatment team participation is worth 100 possible points. If a group member is not participating, the rest of the group should let the instructor know ASAP so that appropriate intervention steps may be taken.

6. **A final exam** will be given that will be application in nature consisting of 25 multiple choice questions (2 points each) and two written response questions (25 points each). Review for final will occur the week before the final exam.

****All written assignments should be typed, double spaced and follow APA 7th edition guidelines****

**IV. Evaluation and Assessments (Grading):**

<table>
<thead>
<tr>
<th>Participation (Discussions)</th>
<th>200 points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Notes (2 assignments – 50 points each)</td>
<td>100 points</td>
</tr>
<tr>
<td>Group Case Studies (4 papers – 50, Q Classroom submission)</td>
<td>200 points</td>
</tr>
<tr>
<td>Treatment Team Evaluation of Participants</td>
<td>50 points</td>
</tr>
<tr>
<td>Treatment Team Participation</td>
<td>50 points</td>
</tr>
<tr>
<td>Individual Treatment Plan Paper (Q classroom submission)</td>
<td>100 points</td>
</tr>
<tr>
<td>Final Exam</td>
<td>100 points</td>
</tr>
</tbody>
</table>

**TOTAL POSSIBLE POINTS:**

800 points

**Final Grades are based on the points below:**

A = 720-800
B= 640-719
C= 560-718
F = 559 and below

**Discussion Grading Rubric**

<table>
<thead>
<tr>
<th>Skill</th>
<th>Not Done or limited</th>
<th>Basic</th>
<th>Proficient</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial Posts</td>
<td>Demonstrates an understanding of key course concepts, correctly. Supports position with applicable knowledge and/or real world experiences.</td>
<td>Does not demonstrate an understanding of key course concepts.</td>
<td>Applies relevant key course concepts, correctly, References should be used to support ideas.</td>
<td>Analyzes key course concepts, correctly, using examples or supporting evidence. References should be used to support ideas.</td>
</tr>
<tr>
<td></td>
<td>0-5 points</td>
<td>6-7 points</td>
<td>8-9 points</td>
<td>10 points</td>
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<tr>
<td><strong>10 points</strong></td>
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</tbody>
</table>
Case Note Instructions and Rubric (2 @ 50 points each)

1. Uses the form to write the case note based on the case study and on the treatment plan - uses SOAP Format – write in third person! This assignment needs to be written as if it were actually going into the client’s chart.

2. Clearly identifies what goals/objectives were covered in the session links the note to the treatment plan.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Not Done or limited</th>
<th>Basic</th>
<th>Proficient</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>Provides an inaccurate case note of what was done during the session. 0-14 points</td>
<td>Provides a minimally accurate note of what was done in the session the rational is underdeveloped. 15-19 points</td>
<td>Provides an accurate note of the session and links the note back to the treatment plan. 20-23 points</td>
<td>Provides an accurate note of the session linking the note back to the treatment plan in a substantial fashion. 24-25 points</td>
</tr>
<tr>
<td>25 points</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>APA &amp; Writing</td>
<td>Has numerous misspelling and grammar errors 0-14 points</td>
<td>Approaching graduate level writing with references in APA 15-19 points</td>
<td>Demonstrate graduate level writing with few or no errors. Proficient APA on references. Written in third person 20-23 points</td>
<td>Demonstrates graduate level writing with no errors. Written in third person, references in APA 24-25 points</td>
</tr>
<tr>
<td>25 points</td>
<td></td>
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</tbody>
</table>

Group Treatment Paper Information and Rubric
1. Meet with your group and review the case study. Consider possible the possible diagnosis for the client. Attempt to agree upon a diagnosis as well as differential diagnoses – if not possible then list the ones that the group came up with along with the rationale for each. The rationale should be written in third person and be based on the information provided and the criteria in the DSM 5. The rationale needs to be factual (symptoms observed or reported). When writing this
section, consider what you would put in a client’s chart to support your diagnosis. What symptoms does the client have that support the diagnosis?

2. Write a Treatment Plan (state your theory or theories). Include two problems and for each problem, include two objectives, for each objective include at least two interventions. Thus, your treatment plan needs to address at least two problems for the client and should connect back to the diagnosis. You must include strengths and barriers the client has that will help and hinder treatment, respectively. When documenting sessions, often the case note will link back to the diagnosis that is noted and the specific problem, objective, and intervention on the treatment plan. SEE TEMPLATE IN D2L for the format of your treatment plan as well as helpful definitions and examples.

The paper is worth 50 points. Each section is worth 25 points. You will be graded on the accuracy of your diagnosis as well as the ability to write a measurable and reasonable treatment plan. Only one plan/paper needs to be submitted per group. Papers should be submitted in APA Style with exception of the treatment plan portion.

<table>
<thead>
<tr>
<th>Skill</th>
<th>Not Done or limited</th>
<th>Basic</th>
<th>Proficient</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Provides and inaccurate diagnosis and the rationale is not strong. Did not include factual symptoms statements.</td>
<td>Provides a minimally accurate diagnosis and/or the rationale is underdeveloped. Included some factual symptoms but did not link in detail to rationale.</td>
<td>Provides a diagnosis but it may need to be refined further and the rationale is developed. Included factual symptoms but may have missed the mark diagnostically.</td>
<td>Provides an accurate diagnosis/diagnoses and solid rationale. Included factual statements related to client symptoms observed or reported.</td>
</tr>
<tr>
<td>20 points</td>
<td>0 to 11 points</td>
<td>12-15 points</td>
<td>16-18 points</td>
<td>19-20 points</td>
</tr>
<tr>
<td>Treatment Plan</td>
<td>Does not develop an accurate or usable treatment plan</td>
<td>Develops a basic treatment plan but is not specific, or measurable. Did not include sound strengths and barriers or detail was minimal/missing.</td>
<td>Develops a solid treatment plan that includes workable goals, specific objectives, and interventions as well as sound strengths and barriers. It is measurable but may lack some specificity.</td>
<td>Develops a treatment plan that includes workable goals, objectives and interventions that are all measurable as well as sound strengths and barriers.</td>
</tr>
<tr>
<td>20 points</td>
<td>0 to 11 points</td>
<td>12-15 points</td>
<td>16-18 points</td>
<td>19-20 points</td>
</tr>
<tr>
<td>APA Formatting &amp; Writing</td>
<td>Numerous APA and/or grammar mistakes throughout most</td>
<td>Some proper APA formatting, but many errors still exist and/or</td>
<td>Mostly proper APA formatting, Apparent Proofreading, but</td>
<td>NO APA and/or grammatical errors exist.</td>
</tr>
</tbody>
</table>
Individual Treatment Paper Instructions and Grading Rubric

1. Brief Formulation of the Problem: What do you see as the client’s problems and suggest why this client is seeking treatment now? What has the client done in the past to address the problems? How have sociocultural factors (i.e., race, religion, gender, sex, sexual orientation) impacted (negatively or positively) the presenting problems?

2. Provide a Diagnosis for the client/clients (include your rationale for the diagnosis). The rationale should be written in third person and be based on the information provided and the criteria in the DSM 5. The rationale needs to be factual (stated or observed symptoms) not what you feel or think but based on the facts presented. When writing this section, consider what you would put in a client’s chart to support your diagnosis.

3. Brief Developmental Context for the client: How did the client’s problems originally develop? Consider elements of their biopsychosocial history in conceptualization. Consider family of origin roles, family systems structure, and other environmental factors in your response. How do these developmental experiences interact with current stressors, crisis and social supports to shape the client’s subjective worldview and current conflicts? Identify the client’s pathogenic beliefs about himself or herself and faulty expectations of others. Consider lifespan development from a normal perspective and where the client is at and how the client fits with a lifespan development model.

4. Additional Assessments: Based on the presenting problem and context in the above section, what additional assessments are needed to assist with diagnosis, symptom or progress monitoring, or screening? Make sure there is a rationale that aligns with all the other sections of the paper. Use references when citing formal assessments.

5. Referrals: Based on your overall assessment including diagnosis and individual client problems and context, what community, medical, or integrated health referrals might you recommend? This section cannot be left blank, or have an option of no referrals.

6. Write a Treatment Plan (state your theory or theories). Include two problems and for each problem, include two objectives, for each objective include at least two interventions. Include a brief discussion of the theory used for the treatment plan supported by at least three references (two to three paragraphs – paragraphs should be at minimum six to eight sentences) at the end of the treatment plan. Follow the Treatment Planning template.

The paper is worth 100 points. The paper should be four to five pages in length and use peer reviewed sources to support the use of the theory selected.
<table>
<thead>
<tr>
<th>Skill</th>
<th>Not Done or limited</th>
<th>Basic</th>
<th>Proficient</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Formulation of the Problem</strong></td>
<td>Provides very little information regarding the problem, and sociocultural factors not described.</td>
<td>Provides a very basic conceptualization of the case including sociocultural factors and not well described.</td>
<td>Provides an accurate conceptualization of the problem. Includes all sociocultural elements that contribute to conceptualization of problems. Reader has minimal questions.</td>
<td>Provides a solid conceptualization of the case that demonstrates an understanding of human behavior, and is able to relate sociocultural factors contributing to conceptualized problems in full detail in rationale. Reader has no questions.</td>
</tr>
<tr>
<td><strong>Diagnosis</strong></td>
<td>0-11 points</td>
<td>12-15 points</td>
<td>16-18 points</td>
<td>19-20 points</td>
</tr>
<tr>
<td><strong>Developmental Context</strong></td>
<td>Provides an inaccurate diagnosis and the rationale is not strong</td>
<td>Provides a minimally accurate diagnosis and/or the rationale is underdeveloped</td>
<td>Provides a diagnosis but it may need to be refined further and the rationale is developed.</td>
<td>Provides an accurate diagnosis and solid rationale.</td>
</tr>
<tr>
<td><strong>Assessment</strong></td>
<td>Does not explain how the current issues might have developed.</td>
<td>Provides a basic explanation of how the problems have developed because of environmental factors.</td>
<td>Demonstrates a basic understanding of how developmental issues have impacted the client.</td>
<td>Demonstrates a solid understanding of how developmental issues have impacted the client</td>
</tr>
<tr>
<td><strong>Treatment Plan</strong></td>
<td>Does not include assessment and screening tools.</td>
<td>Provides assessments and screening tools but did not have an aligning rationale for selection.</td>
<td>Had assessments and/or screening tools that generally aligned with case and rationale. Details may have been missing to the reader regarding selection.</td>
<td>Included assessments and/or screening tools with a solid rationale for selection. Details present that left no questions for reader related to selection.</td>
</tr>
<tr>
<td><strong>20 Points</strong></td>
<td>0-5 points</td>
<td>6-7 points</td>
<td>8-9 points</td>
<td>10 points</td>
</tr>
<tr>
<td><strong>10 Points</strong></td>
<td>0-5 points</td>
<td>6-7 points</td>
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<tr>
<td>Referrals</td>
<td>Did not address the need for community-based referrals</td>
<td>Addressed referrals but did not explain the rationale or rationale was inconsistent with case issues.</td>
<td>Addressed referrals with rationale. May have left out some details to explain referral justification.</td>
<td>Provided comprehensive referrals with solid rationale. No questions left for reader.</td>
</tr>
<tr>
<td>10 points</td>
<td>0-5 points</td>
<td>6-7 points</td>
<td>8-9 points</td>
<td>10 points</td>
</tr>
<tr>
<td>APA Formatting &amp; Writing</td>
<td>Numerous APA and/or grammar mistakes throughout most of paper. Lack of proofreading initiative is apparent.</td>
<td>Some proper APA formatting, but many errors still exist and/or multiple grammatical errors.</td>
<td>Mostly proper APA formatting. Apparent Proofreading, but still some APA and/or a few grammatical errors exist.</td>
<td>NO APA and/or grammatical errors exist. Strong evidence of proofreading.</td>
</tr>
<tr>
<td>10 Points</td>
<td>0-5 points</td>
<td>6-7 points</td>
<td>8-9 points</td>
<td>10 Points</td>
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</table>

**Late Work Policy:** All assignments are on the date/time indicated on the syllabus and/or in BrightSpace. Assignments cannot be submitted in person, hand delivered, dropped off, mailed, faxed, or emailed. Unless previously communicated, late assignments will not be accepted. The final exam is not eligible for late submission.

**Extra Credit:** Students are afforded sufficient credit opportunities by fulfilling class requirements. There are no extra credit opportunities in the course.

**Dropping the Course:** Students that need/want to drop the course will need to consult the academic calendar and the registrar’s office for dates, deadlines, fees, and official arrangements to drop the course. Students should meet with their faculty advisor to discuss how dropping the course affects their degree plan.

**Candidacy:** Course instructors continually observe students and share these observations in a variety of ways during the current course as well as during candidacy. Informal and formal feedback from instructors is intended to facilitate student growth towards the attitude, knowledge, and skills to become an ethical and professional counselor.

**Course Evaluations:** Near the conclusion of each semester, students in the College of Education can electronically evaluate courses. Evaluation data is used for a variety of important purposes
including course and program improvement, planning, and accreditation; instruction evaluation purposes; and making decisions on faculty tenure, promotion, pay and retention. As you evaluate this course, please be thoughtful, thorough, and accurate in completing the evaluation. Please know that the PCOE faculty is committed to excellence in teaching and continued improvement.

In the James I. Perkins College of Education, the course evaluation process has been simplified and is completed electronically through MySFA. Although the instructor will be able to view the names of students who complete the survey, all ratings and comments are confidential and anonymous, and will not be available to the instructor until after final grades are posted.

**Student Ethics and Policies:**

**Student Code of Conduct: Policy 10.4**

The Code of Student Conduct and Academic Integrity (HOP 04-106) outlines the prohibited conduct by any student enrolled in a course at SFA. It is the responsibility of all members of all faculty, staff, and students to adhere to and uphold this policy.

Articles IV, VI, and VII of the new Code of Student Conduct and Academic Integrity outline the violations and procedures concerning academic conduct, including cheating, plagiarism, collusion, and misrepresentation. Cheating includes, but is not limited to: (1) Copying from the test paper (or other assignment) of another student, (2) Possession and/or use during a test of materials that are not authorized by the person giving the test, (3) Using, obtaining, or attempting to obtain by any means the whole or any part of a non-administered test, test key, homework solution, or computer program, or using a test that has been administered in prior classes or semesters without permission of the Faculty member, (4) Substituting for another person, or permitting another person to substitute for one’s self, to take a test, (5) Falsifying research data, laboratory reports, and/or other records or academic work offered for credit, (6) Using any sort of unauthorized resources or technology in completion of educational activities.

Plagiarism is the appropriation of material that is attributable in whole or in part to another source or the use of one’s own previous work in another context without citing that it was used previously, without any indication of the original source, including words, ideas, illustrations, structure, computer code, and other expression or media, and presenting that material as one’s own academic work being offered for credit or in conjunction with a program course or degree requirements.

Collusion is the unauthorized collaboration with another person in preparing academic assignments offered for credit or collaboration with another person to commit a violation of any provision of the rules on academic dishonesty, including disclosing and/or distributing the contents of an exam.

Misrepresentation is providing false grades or résumés; providing false or misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment for the purpose of obtaining an academic or financial benefit for oneself or another individual or to injure another student academically or financially. For additional information, go to [https://www.sfasu.edu/docs/hops/04-106.pdf](https://www.sfasu.edu/docs/hops/04-106.pdf).
The use of artificial intelligence in this particular course is prohibited and will be considered plagiarism if used.

**Penalties for Academic Dishonesty:** Penalties may include, but are not limited to, reprimand, no credit for the assignment or exam, re-submission of the work, make-up exam, failure of the course, or expulsion from the university.

**Student Appeals:** A student who wishes to appeal decisions related to academic dishonesty should follow procedures outlined in the [The Code of Student Conduct and Academic Integrity](#).

**Withheld Grades (HOP policy 02-206)**
Ordinarily, at the discretion of the instructor of record and with the approval of the academic chair/director, a grade of WH will be assigned only if the student cannot complete the coursework because of unavoidable circumstances. Students must complete the work within one calendar year from the end of the semester in which they receive a WH, or the grade automatically becomes an F. If students register for the same course in future terms the WH will automatically become an F and will be counted as a repeated course to compute the grade point average. For additional information, go to [https://www.sfasu.edu/docs/hops/02-206.pdf](https://www.sfasu.edu/docs/hops/02-206.pdf).

**Students with Disabilities**
To obtain disability-related accommodations, alternate formats, and/or auxiliary aids, students with disabilities must contact the Office of Disability Services (ODS), Human Services Building, and Room 325, 468-3004 / 468-1004 (TDD) as early as possible in the semester. Once verified, ODS will notify the course instructor and outline the accommodation and/or auxiliary aids to be provided. Failure to request services promptly may delay your accommodations. For additional information, go to [http://www.sfasu.edu/disabilityservices/](http://www.sfasu.edu/disabilityservices/).

**Institutional Absences (HOP 04-110)**
An Institutional Absence may be granted to a student who participates as a representative of the University in academic (including research), extra- or cocurricular, or athletic activities. Students will be excused for institutional purposes from otherwise required academic activity only when a valid Institutional Absence is approved by the appropriate administrative unit or official and the documentation of approval is provided to the faculty member at least five (5) days in advance.

Institutional absences will not be approved for keystone events, defined as: a special or unique assignment, test, project, experience, or other academic exercise identified by the Faculty member as critical for successful completion of standards of the class and unable to be missed. These events must be identified on the syllabus at the beginning of the semester and communicated to the students. Events added to the syllabus at a later date will not qualify for Keystone Event status. Keystone Events where the date/time is changed will no longer be considered a Keystone Event. Students should make themselves aware of any Keystone Events identified in the syllabus to ensure there are no conflicts.

For keystone events where the assignment dates vary, it is incumbent upon the students to work with their faculty member to not select a conflicting date.
More information on Institutional Absences, including how to apply, can be found at https://www.sfasu.edu/deanofstudents/student-resources/institutional-absences.

**Student Wellness and Well-Being**
SFA values students’ overall well-being, mental health and the role it plays in academic and overall student success. Students may experience stressors that can impact both their academic experience and their personal well-being. These may include academic pressure and challenges associated with relationships, emotional well-being, alcohol and other drugs, identities, finances, etc.

If you are experiencing concerns, seeking help, SFA provides a variety of resources to support students’ mental health and wellness. Many of these resources are free, and all of them are confidential.

**Other important course-related policies:**
***Other SFA policy information is found in the Handbook of Operating Procedures (HOP)

**Student Counselor Ethical and Professional Behavior:** All students are expected to adhere to the ACA Code of Ethics and the Rules and Regulations outlined by the Texas State Board of Examiners of Licensed Professional Counselors throughout the program. Violations of the ethical code or professional rules or regulations will be reviewed with the Counselor Education Faculty to determine the most appropriate consequences.

**Student Mental Health and Wellness Resources:** SFASU values students’ mental health and the role it plays in academic and overall student success. SFA provides a variety of resources to Support students’ mental health and wellness. Many of these resources are free, and all of them are confidential.

**The Dean of Students Office (Rusk Building, 3rd floor lobby)**
[www.sfasu.edu/deanofstudents](http://www.sfasu.edu/deanofstudents)
936.468.7249
dos@sfasu.edu

**SFASU Counseling Services** • [www.sfasu.edu/counselingservices](http://www.sfasu.edu/counselingservices)
Health and Wellness Hub (corner of E. College and Raguet) • 936-468-2401

**SFASU Human Services Counseling Clinic** • [www.sfasu.edu/humanservices/139.asp](http://www.sfasu.edu/humanservices/139.asp)
Human Services Room 202 • 936-468-1041

**The Health and Wellness Hub “The Hub”**
Location: corner of E. College and Raguet St.
To support the health and well-being of every Lumberjack, the Health and Wellness Hub offers comprehensive services that treat the whole person – mind, body and spirit. Services include:

- Health Services
- Counseling Services
- Student Outreach and Support
- Food Pantry
- Wellness Coaching
- Alcohol and Other Drug Education

www.sfasu.edu/thehub
936.468.4008
thehub@sfasu.edu

Crisis Resources:
- Burke 24-hour crisis line 1(800) 392-8343
- National Suicide Crisis Prevention: 9-8-8
- Suicide Prevention Lifeline 1(800) 273-TALK (8255)
- Crisis Text Line: Text HELLO to 741-741

Other Relevant Course Information:
This is an online course thus you should have a backup plan in case your primary computer that you use goes out. It is also a good idea to backup your work especially for major assignments. Also, if you need to contact me, please use my regular email wkkillam@sfasu.edu rather than the email in d2l.

Meeting the requirements as outlined is the student’s avenue for successful completion of the course. No additional assignments will be given or accepted for “extra credit.” Late work is not accepted unless arrangements are made in advance or there is a major extenuating circumstance (ie death in immediate the family or unexpected hospitalization).

Please be respectful and considerate of others. Due to the seminar nature of this course and the fact that at times even well-seasoned professionals disagree on ethical and moral issues, you may find yourself disagreeing with others. Please feel free to express your opinion but also listen to and respect opinions that may substantially differ from your own. Email is the quickest way to reach the instructor but typically the instructor does not respond to emails on weekends or holidays.

Tentative Course Outline/Timeline:
*Subject to Change with Notice
All assignments due the Sunday of the week for which it is posted by 11:59 pm unless otherwise noted. Due dates are in D2L associated with the activity or assignment. Do NOT email me assignments even if you are submitting late.

<table>
<thead>
<tr>
<th>Dates</th>
<th>Text Readings/Modules</th>
<th>Activities/Assignments</th>
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</thead>
<tbody>
<tr>
<td>Week 1</td>
<td>Read Syllabus Overview Video Getting Started Week One Module All Review Materials</td>
<td>Assign Groups- Introduce self Introduce yourself Discussion post for week one module due by Sunday</td>
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| Week 2 | Chapters 1 and 2  
Developing Effective Treatment Plans  
Real World Treatment Planning: Systems, Culture, and Ethics  
Week two module and materials  
Case Notes Module | Discussion post due by Sunday |
| --- | --- | --- |
| Week 3 | Chapter 3  
Safety-Related Clinical Issues and Treatment Planning  
SAMHSA Material Treatment Planning Module | Discussion post due by Sunday |
| Week 4 | Chapters 4 and 5  
Depressive, Bipolar, and Related Disorders  
Anxiety Disorders  
Week 4 Module | Case Note 1 due Sunday  
Discussion due by Sunday |
| Week 5 | Chapter 6  
Obsessive-Compulsive and Related Disorders | Group Treatment Plan 1 Due Sunday |
| Week 6 | Chapter 7  
Trauma- and Stressor-Related Disorders | Discussion Post due Sunday |
| Week 7 | Chapter 8  
Substance-Related and Addictive Disorders | Case Note 2 Due |
| Week 8 | Chapter 9  
Personality Disorders | Group Treatment Plan 2 Due by Sunday  
Discussion due by Sunday |
| Week 9 | NA | OUT- SPRING BREAK |
| Week 10 | Chapter 10  
Schizophrenia Spectrum and Other Psychotic Disorders | Discussion Post due by Sunday |
<table>
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<tr>
<th>Week</th>
<th>Chapter</th>
<th>Assignments</th>
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<tbody>
<tr>
<td>Week 11</td>
<td>Chapter 12 Disruptive, Impulse-Control, and</td>
<td>Group Treatment Plan 3 Due by Sunday</td>
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<td>Conduct Disorders, and Elimination Disorders</td>
<td>Discussion Post Due by Sunday</td>
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<tr>
<td>Week 12</td>
<td>Chapters 13 Neurodevelopmental and Neurocognitive Disorders</td>
<td>No assignments due for 2 weeks Take this time to get caught upon readings, get started on your final group paper and your individual treatment plan paper.</td>
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<td>Week 13</td>
<td>Easter Holiday- Beginning Thursday. Get</td>
<td>See above</td>
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<td>caught up and start your remaining two</td>
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<td>assignment</td>
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<td>Week 14</td>
<td>Chapter 14 Dissociative Disorders and Somatic</td>
<td>Discussion Post due by Sunday</td>
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<td>Symptom and Related Disorders</td>
<td>Group Treatment Plan 4 Due</td>
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<td>Treatment Team Evaluation due 4/16</td>
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<td>Week 15</td>
<td>Chapter 15 Wake Disorders, Sexual Dysfunctions,</td>
<td>Discussion Posts (2) due by Sunday</td>
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<td>Paraphilic Disorders, and Gender Dysphoria</td>
<td>Individual Treatment Plan Paper Due by Sunday</td>
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<td>Final Review</td>
<td>Final Review</td>
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<td>Week 16</td>
<td>Study for final exam</td>
<td>Final Exam</td>
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<td></td>
<td>Open from Monday at 8 am to Thursday at 5 pm during finals week- D2L Open</td>
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<td>notes, book</td>
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