

COURSE SYLLABUS

Title of Course: **PSYCHOPATHOLOGY**

Course : COU 610
Classes: Wednesday, 6:00 to 10:30 pm

Instructor: Donald P. Belau, Ph.D. LIPC #238
Phone: (o) 402-466-4774 ext. 325 (c) 402-759-0573
E-mail: donald.belau@doane.edu

I. Catalog Description and Credit Hours of Course:

Intended for career professionals in the mental health field, the course studies the wide spectrum of behavior, cognitive and emotional conditions affecting children, adolescents, and adults. Incorporating current psychological, sociological and educational research, class work involves an applied, as well as conceptual, holistic study of both healthy and abnormal maladaptive mental health conditions.

As a foundation for effective counseling, upon completing the course students will be able to accurately identify and diagnostically classify specific as well as broad categories of emotionally pathological and behaviorally dysfunctional conditions. Emphasis is placed on the use of evidence based, research, theoretical and analytically sound assessment methods including *functional behavior assessment* and *differential diagnostic procedures*. Focus is also directed to the successful application of clinical methods and techniques in the assessment and documentation process, to include accurate case formulations which serve as the basis for interventions and treatment planning. (3 credits)

II. Additional Description:

Study includes assessment utilizing the 5th Edition of the American Psychiatric Association *Diagnostic and Statistical Manual of Mental Disorders*[™]. Essential to a variety of clinical, agency and managed care applications; substantial opportunity is afforded to apply theoretical concepts to real-world case studies. Class work involves the holistic understanding of client styles of temperament, motivation, personality, coping, emotional defense mechanisms, acculturation, as well as social and environmental influences as they affect emotions and behavior.

The course emphasizes current state-of-the art, research and evidence based approaches to diagnostically identifying stage of life as well as dysfunctional mental health conditions, and to the assessment of individuals taking into consideration: age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality and other factors related to the assessment and evaluation of individuals, groups and specific populations.

Etiology and prognosis issues in psychopathology and treatment are addressed, as well as procedures for referral of clients for psychological, medical, educational and/or psychiatric care and; strategies for effective consultation and collaborative treatment of clients. Professional and legal limitations on the scope of assessment, diagnosis and treatment are discussed.

III. Prerequisite(s):

None. Required course.

IV. Textbook(s):

1. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: American Psychiatric Association
ISBN (Paper) 978-0-89042-555-8 (Hardcover) 978-0-89042-554-1

2. Joel Paris, MD. (2013). *The intelligent clinician's guide to the DSM-5*[®]. Oxford, UK: Oxford University Press. ISBN (Paper) 978-0-19-973817-5

DSM and DSM-5 are registered trademarks of the American Psychiatric Association. The American Psychiatric Association is not affiliated with nor endorses this course.

V. Course Content and Lesson Sessions Outline:

Following is an outline of scheduled class sessions and general lesson content. Also shown are notes to guide study and preparation for class. Noted is information reflecting when examinations are scheduled, and assignments due. Lesson topic and content is subject to change without notice.

SESSION NR:	LESSON TITLE, SUBJECT OR DESCRIPTION:	REMARKS/HOURS:
Session 1	● Introduction and overview. ⇒ Class Syllabus; introductions	DSM Intro & incl. pp. xiii to 30 Class hours 4 Outside hours 4
	● Basic concepts of normalcy, abnormality and psychopathology	
	● Theoretical perspectives ✓ Prevalence of mental health problems ✓ "Schools of thought; etiology: * behavioral * cognitive * social learning * biological * psychoanalytical	
	● Case Formulation.	
	● "Differential diagnosis " "An art form and a science" ✓ DSM5, organization, content, use. "Layout" ✓ Overview of disorder categories and diagnostic criteria	
	● "Functional Behavior Assessment" absolutely essential!	
	● Effective and accurate Clinical Assessment procedures: ✓ Intuitive, informal and formal procedures ✓ Conceptualizing <i>client presentations</i> ; recognizing underlying processes ✓ as the route to correct and effecting counseling ✓ Applying differential and intuitive analysis to cases situations ✓ Client coping style and defense mechanisms; adjustive reactions ✓ The client in their social system; a view to accurate diagnosis and treatment	
	● Legal issues in clinic practice: "Are we diagnosing or assessing?"	
	● Client presenting behavior	
	● ICD-10; ICD-11	

SESSION NR:	LESSON TITLE, SUBJECT OR DESCRIPTION:	REMARKS/HOURS:
Session 2	<ul style="list-style-type: none"> ● Neurodevelopmental Disorders ● Schizophrenia Spectrum and Psychotic Disorders 	Class hours 4 Outside study 3 Videos: *Schizophrenia *Lifting the Veil
Session 3	<ul style="list-style-type: none"> ● Depressive Disorders <ul style="list-style-type: none"> ✓ Suicide warning signs and course of action ● Bipolar and Related Disorders 	Videos: * Major Depressive Disorders *Bipolar Disorders Class hours 4 Outside study 5
Session 4	<ul style="list-style-type: none"> ● Anxiety Disorders ● Trauma and Stressor Related Disorders ● Obsessive Compulsive Disorders 	Video: Panic Disorders Video: Obsessive-Compulsive Class hours 4 Outside study 3
Session 5	<ul style="list-style-type: none"> ● Midterm Examination ● Dissociative Disorders ● Somatic Symptom and Related Disorders ● Feeding and Eating Disorders ● Elimination Disorders ● Case studies 1 & 2 	Outside study 5 Class hours 4 Video: Anorexia Nervosa <i>Applying theoretical material</i> Case Studies distributed
Session 6	<ul style="list-style-type: none"> ● Neurocognitive Disorders ● Sleep-Wake Disorders ● Gender Dysphoria ● Sexual Dysfunctions ● Review critique of Midterm Examination ● Analysis; diagnostic <i>critique</i> of Case Study 1 & 2 ● Case Study 3 	Video TBI Outside study 8 Class hours 4 Video: Sexual dysfunction ▽ Turn-in Case Reports <i>Applying theoretical material</i> Case Study distributed
Session 7	<ul style="list-style-type: none"> ● Personality Disorders ● Substance Related and Addictive Disorders ● Analysis: diagnostic critique of Case Study 3 	Video: Antisocial Personality Video: Alcohol addiction ▽ Turn-in Case 2 Report Class hours 4 Outside study 8
Session 8	<ul style="list-style-type: none"> ● Disruptive Impulse Control and Conduct Disorders ● Paraphilia Disorders ● Other Mental Disorders ● Medication-Induced Movement Disorders and Other Adverse Effects of Medication ● Other Conditions Focus of Clinical Attention ● Review: clinical mental health conditions diagnosis methods and procedures. 	Class hours 4 Outside study 4 General discussion Review texts and all lessons prior to class.
Session 9	<ul style="list-style-type: none"> ● Clarification of issues and concepts ● Class Summary; Course conclusion ● Final Examination 	Class hours 4

VI. Expectations of Students:

DESCRIPTIONS OF GRADED AND PERFORMANCE LEARNING ACTIVITIES:

1. STUDY GROUP:

Each individual will be paired with several other students to form a small study group.

The paired or partner "group" is intended to enhance and facilitate your learning through several important functions, some of which include providing a setting in which you:

- collectively analyze presented cases
- review textbook, lecture, DSM and other course material
- clarify issues, review diagnostic strategies and concepts
- prepare for examinations
- help analyze and prepare Intake Evaluation(s)
- assist in research and preparation of Source of Information papers

Study groups may meet weekly or at times and places selected by its members. In general, it is expected groups will engage actively 2 to 3 hours weekly.

2. EXAMINATIONS:

Two (2) formal exams are scheduled, covering specified chapters of material presented in course texts, class lecture and discussions. These exams will consist primarily of multiple-choice items and descriptive response or essay questions calling for definition or explanation of a specific term or concept.

One of these will be a final examination is scheduled for the last class session. It will consist of multiple-choice questions, a series of items requiring a brief definition of a term or concept, and will also include one or two "cases" which you are to analyze and then identify as to the type or types of psychopathology being described. You will be expected to correctly classify each condition; and you may be asked to explain what clues you used to arrive at your solution.

Both examinations will cover information presented in specified text chapters, lectures, video presentations and group discussions.

3. CASE DIAGNOSTIC ASSIGNMENTS:

An enjoyable and important part of the course involves the translation of theory and procedural concepts into *applied* practical skills. About mid-way through the semester you will have learned methods for diagnosis and classification of mental health disorders along with sources of information to facilitate your differentiating one condition from another.

By that time you will have a firm grasp of many of the dynamics of various conditions and of the evaluation process sufficient to begin identifying psychopathological conditions. You will be ready to practice conceptualizing client symptom presentations, history, viewing functional and dysfunctional emotional and behavior patterns and relating these to effective counseling conditions and interventions.

To facilitate your mastery, you will be presented with two studies drawn from actual client cases identified and treated by the instructor and/or as described in literature. Using correct assessment procedures are then to "diagnose" the condition which is occurring, and prepare a written report defining your determination and explaining your analysis.

Case study reports must be typed, from one to not more than three pages in length, and correspond to current clinical formats which as a minimum must include:

- (1) A DSM based diagnostic determination of the dysfunctional mental health condition(s) being experienced by the individual to include ICD-10 alpha numeric code number and correct title with appropriate specifiers and severity.
- (2) An explanation of your analysis, i.e., basis for making the determination(s). This must specify what your diagnostic evidence was in relation to stipulated DSM criteria. This requires citing specific DSM criteria followed by an example of relevant presenting symptoms associated with your identified condition(s). If you specified comorbid conditions, explain why you chose those particular ones, also citing criteria and presenting dysfunctional behavior.
- (3) Briefly, cite the *functional behavior analysis* factors eliciting and maintaining conditions you have identified as etiologically influential ---which must be addressed in your case formulation and treatment
 - (a) what factors are causing and
 - (b) maintaining the condition or behavior
- (4) A possible counseling-therapy approach to address the condition(s) you have identified.

You are to write a "professional style report." It should have a heading, clinical style format, and be written in an "organized sequence" with clear topic or content sections.

Although you are individually responsible for what you submit, you may elect to ---and in fact are encouraged to "solve" your assigned cases participating as a member of the outside-of-class study group. Developing the astute ability to correctly identify mental health conditions is significantly facilitated through the colleague discussion which takes place in these groups.

4. WRITING SKILLS CRITERION

Written communication is the development and expression of ideas in writing. The counseling profession demands the practitioner have proficiency in writing skills in several formats including APA writing style, reflective writing skills and written professional communication. A clinical case analysis is one example of the latter.

APA writing style demands clarity and structure for the ease of communicating in paper, brief assignments, or whatever concepts are to be expressed. Reflective writing allows the author to synthesize knowledge and consider how the information has impacted their values, beliefs, growth and development. Development of a professional writing style, which is concise and precise in word selection, is appropriate for tasks such as: psycho-social diagnosis, treatment plans, and the personal professional identity statement.

As the student progresses in the Doane program, writing proficiency is expected to grow and develop with feedback from instructors who will utilize professional judgment as well as a scoring rubric.

4. INTERMITTENT, ON-THE-SPOT QUIZZES

Several times, at the beginning of or during class periods there may be “on-the-spot” diagnostic quizzes. These “pop-writes” will not be announced in advance. Their objective is to assess how well you have prepared for class and provide opportunities to practice diagnostic skills.

Quizzes will consist of the instructor presenting either orally, by video tape, or computer, a brief set of dysfunctional behaviors emulating a specific type of psychopathology. You will be given from five to ten minutes to figure-out what the symptoms diagnostically present and then record your judgment on a written quiz form. This will not be “open-book” and individual work will be required. The symptoms described will be taken from material to be covered during that evenings class work, or drawn from preceding lessons and/or text material.

VII. General Information:

1. Study responsibility: There is a very substantial body of knowledge covered in this course. Lessons will emphasize information contained in assigned course text which comprehensively covers the field of psychopathology. To broaden the scope of instruction, and develop the professional skills, you will have opportunity to effectively apply theoretical concepts or techniques through such activities as observing and practicing case assessment. These activities will be structured to give you a chance to benefit from the observations and positive *feedback* of your colleagues and the course instructor.

During the course you will need to study our course text book and APA DSM in a fairly organized, disciplined fashion. To keep abreast of weekly in-class instruction and discussion, outside reading is essential. In some instances specific text material that should be reviewed is cited in the remarks column appearing in the Course Content and Lesson Sessions Outline section of this Syllabus. However, in general it is necessary for you to review each book completely, from cover to cover independently. Regarding the DSM, for example, you will want to pay attention to the glossary, appendices, sections on “Z” and additional codes, as well as criteria sets for further study.

It is advised that content from this study be reviewed during weekly Group Study sessions. Remember, there are more conditions described in the DSM that time permits coverage in class. You will, nevertheless, need to know the information, and where content can be found for future reference.

Even if “something” is not *specifically* mentioned in class, *you* are still individually responsible for learning the information presented in course textbook, whether or not actually discussed by the instructor.

2. Individual assistance and participation: The instructor recognizes that you are taking this elective course to learn! The structure of instructor led in-class discussions and opportunities afforded by cooperative collaborative learning groups are some of the venues in which questions can be addressed, theories analyzed, and general learning facilitated.

- ❑ You are *encouraged* to raise questions during class so that inquiry will disclose where clarification is needed, and afford opportunity to add depth to lesson activities and resolve questions likely held by more than one person.
- ❑ Your comments, personal-life experience, observations, and ideas *are* welcome and *beneficial* to everyone’s learning. This is particularly true in this type course.

It is important *you* be given personal attention. In addition to consultation by the instructor *during* class sessions, to resolve questions not clarified in class, or to address something that concerns you, the instructor will be available after class. But because each session lasts until 10:30 pm, you may wish to make an appointment to visit with the instructor at another time. Appointments are encouraged.

If you wish to contact the instructor, refer to the telephone numbers listed on Page 1 of this Syllabus. If you live on campus, please call *collect*; the instructor will pay for all long distance from-campus calls.

3. Cancellations: Should bad weather or unforeseen event because cancellation of a lecture session, every attempt will be made to reschedule the class. Please insure the instructor has a current email and phone number where you can be notified of class changes, or in some cases, if the instructor needs to contact you.

4. Attendance: This graduate course involves not only text study and outside of class research and group learning activity, but most importantly significantly revolves around class instruction. This class instruction includes discussions, concepts presented via lectures, dysfunctional mental health conditions taught using media presentations and planned learning experiences, and examples of conditions and analysis presented by students as well as professor. A class lesson cannot be duplicated. Just one evening class is equivalent to four, one hour, weekly on-campus lecture sessions.

Diagnostic methods and techniques are best learned from practice, observation and insight gained during class presentation and discussion. Because how well you will be able to learn the characteristics of pathological conditions and be able to *recognize* them in your professional work hinges substantially on class discussion and lesson presentations intended to develop and refine your knowledge and professional skills. You must attend class for adequate learning, *no make-up* work is available for missed classes.

You are required to attend all sessions and/or make-up sessions held because of bad weather cancellations. *Grades will be automatically reduced for absence.* The exception to this rule would be if you were seriously incapacitated, i.e., ill, or injured, or a significant circumstance existed i.e., major illness in your immediate family which unavoidably required your presence.

6. Recommended readings, resources and outside class activity: Between class sessions, you are expected to study the course texts, complete designated assignments, *prepare* for group discussion and role-play case demonstration activities. As the "new DSM" emerges on the mental health scene, individual research and study outside of class is valuable and encouraged.

7. "Old-hand" with experience vs. "New kid on the block": It is recognized not all students enter Counseling 610 with the same experience background in counseling, diagnostics, sociology or psychology. This class focuses on *developing* your ability, your knowledge and professional skills. You will be graded on how well you learn and apply appropriate mental health clinical knowledge and skills *taught in this* course. You are not graded competitively or comparatively with more experienced classmates on a curve.

8. Copies of previous course examinations are circulating. Feel free to obtain a copy from one of your friends who have previously taken the class. You may use one or more previous tests in your review and general study; however, except as stipulated in Part 2 of the Course Final Exam you may *not* refer to, look at, or reference prior tests or notes during an actual class examination or "on-the-spot" "pop-quiz."

9. Professional competencies: One of the hallmarks of this course is the excellent opportunity it affords for you to actually practice and receive "feedback" regarding the effectiveness identifying "problems" affecting clients who will depend upon your expertise. It is a "really great" course to develop your skill determining a particular theoretical strategy you might elect to use in a given case. When you subscribe to the class, you can look forward to one of the few opportunities mental health professionals experience in their careers to advise colleagues and in-turn, receive positive suggestions from them.

This is an extremely challenging graduate course, with significant and complex content and "depth." Classes cover information you need to know to be successful in your professional work and to effectively assist clients. It is, realistically speaking, a "meat and potatoes class."

As a professional career course engaged in training mental health counselors --- the second grade for the class, and successful completion of course requirements entails your receiving a written professional performance critique and constructively acting upon suggestions.

Keep in mind that this is a professional course designed to facilitate your effectiveness as a counselor in the complex process of *identifying* and then successfully addressing the needs of *clients*.

10. Unless specifically trained and licensed to do so, in terms of professional scope and practice, mental health counselors *do not* give clients *medical* advice or information. Psychiatrists, physicians and physician assistants will inform and treat their patients and families regarding medication, dosage, physical and medical issues. Our course text book is written for medical practitioners as well as counselors and, therefore, covers psychopharmacology extensively.

From a background perspective, understanding pharmacology, i.e., medication and related treatment is essential to the degree that it enables you to effectively work in conjunction with medical personnel to address a wide range of conditions. Indeed, CACREP cites knowledge of psychopharmacology as being important. In this respect, you are, therefore, advised to briefly review text book and outside reference material on this subject, along with the primary topics of course study. Remember, however, to practice only within the scope of your license, qualifications, education and training. Medical determinations and treatment reside with physicians.

VIII. Basis for Student Evaluation:

You will receive two "grades" for this course; one reflecting *academic knowledge and skills*, and one reflecting your *professional skill* development.

Academic and professional performance grades are earned on the basis of how well you display "mastery" of course objectives. Your performance, associated with your individual effort and acquired knowledge and skills will be evaluated using formative and summative assessment by the instructor on the basis of several types of information including:

1. Attendance and participation	15%
2. Written examinations	70%
(a) Midterm examination	
(b) Final examination	
3. Case assignments:	15%
	<hr/>
	100%

In addition to performance on formal evaluations, your *professional development evaluation (PPE)* and *academic grade* will also be based upon:

- ✓ Demonstrated competency effectively analyzing cases during class discussion as well as analysis of those presented as case assignments.
- ✓ "Professional sophistication, maturity, effort and attitude."
- ✓ Quality of contributions to class discussion and interaction with other members of the class.
- ✓ Attendance and preparation for class.
- ✓ Professional quality; i.e. appearance of written case assignments.
- ✓ Acceptance of responsibility for your performance.

Throughout the course you will receive feedback from the instructor, as well as grades on various assignments and examinations that reflect your acquisition of knowledge and skills. You will also have

the opportunity to benefit from observing others diagnostic reasoning as they conduct presentations, analyze cases and participate in two-way Socratic discussion.

Grading scale: Letter grades are used to reflect performance. The point value attached to those grades is stated in the Doane College Catalog. For the course as a whole, or any single activity where grades are determined, the following guidelines apply:

A+	95 to 100%	B+	85 to 86%	C	70 to 74%
A	90 to 94%	B	80 to 83%	F	< 70
A-	86 to 89%	C+	75 to 79%		

IX. Methods of Instruction:

This course includes nine (9) evening sessions, each lasting four hours, thirty minutes (4:30). A combination of instruction techniques will be used to facilitate learning, including: *collaborative* activities; traditional style lectures; independent research; outside class group study; media presentation; demonstrations; video sessions conducted by 3 psychiatrists, a psychologist, clinical social worker and psychiatric nurse with "real" cases depicting various mental health pathological conditions, interview methods and diagnostic discussion; individual student presentations; and class discussions.

You will be given background handouts addressing various issues. Lessons will be professionally scripted and presented using Power Point technology and associated notes to facilitate and enhance your understanding and insure complete subject coverage.

To maximize learning, the course is structured to facilitate each student's taking an active and collegial approach to course studies including: (a) working with other graduate students to achieve learning goals while (b) retaining individual accountability for one's own performance as well as the success of small-group and end results; (c) Collaboration analyzing case assignments, preparing for examinations and individual study projects; (d) decision making, communicating; (e) providing colleagues with positive feedback regarding the their work; (f) group processing and planning; (g) learning and demonstrating comprehensive knowledge of psychopathological theory, identification and treatment.

X. Academic Policy Statement:

In addition to policies and guidelines detailed in Section 5, it is important to keep in mind that academic honesty is one of the most important qualities influencing the character and vitality of Doane College. Academic dishonesty is defined to include those acts which would deceive, cheat, or defraud so as to promote or enhance one's scholastic record. It includes: academic misconduct, dishonesty, plagiarism and cheating or knowingly or actively assisting another person in doing the same.

Violations of academic honesty represent a serious breach of discipline and professional conduct, and may be considered grounds for disciplinary action, including dismissal from the Master of Arts Counseling Program and from the College. Students are responsible for upholding the principles of academic honesty as they would another professional and ethical standard. Refer to: <http://www6.Doane.edu/judaffairs/code.html>

Honest, ethical conduct during examinations dictates that individual work is mandatory. Students are required to *Turn-off* all electronic devices; cell phones, pagers and place them off the desk/table top, *out-of-sight*. Use of notes, texts or other materials during an examination, asking questions of another student or looking at other student's test paper or answers is forbidden. Violation of these directions and/or Doane College examination policies will result in an automatic failing grade for an examination where violation occurs.

XI. Students with Disabilities:

If a student has a special need addressed by the Americans with Disabilities Act (ADA) or feels a need for a particular accommodation or assistance to facilitate their effective attainment of course objectives and successful learning, please notify the instructor at the beginning of the course.

You must register as a student with a disability in the office of the Dean, Master of Arts in Counseling. It is the responsibility of the student to notify the instructor prior to requesting reasonable accommodation. Failure to do this may result in not receiving the requested accommodation or assistance. Refer to: <http://www.doane.edu/cs/services/disability.htm>

XI. Civility, Respect and Classroom Etiquette:

Doane College strives to offer learning experiences and opportunities designed to help students think effectively, develop the capacity to communicate, differentiate values, and make relevant judgments. To do this successfully, many times multiple perspectives will be presented; some of which may represent points of view on which everyone will not agree. A successful educational experience requires a shared sense of respect among and between students, the instructor and various points of view.

Further, it is to be expected that the instructor will treat all students with dignity and respect –it is also expected that student will treat the instructor and other students with the same respect. In order to facilitate this process more effectively, students are asked the following:

- 1) Before class *turn-off* all electronic devices including cell phone, ipad, laptop computer and note pads.
- 2) Place all electronic equipment out-of-sight;
- 3) Refrain from text messaging during class;
- 4) Avoid distracting behavior, e.g., popping gum, noisy eating, clipping finder nails;
- 5) Cease talking and side conversation when the instructor or other students are speaking;
- 6) Maintain respectful interactions.

Finally, personal criticism, ridicule or harassment of any kind will not be tolerated.

XII. Professional Performance Evaluation (PPE):

As previously noted, in addition to, and distinctly separate from an *academic grade* that reflects demonstrated knowledge and clinical skills acquired during the course, each student's "professionalism" will be evaluated. Referred to as a PPE, at the conclusion of the course a written evaluation gauging performance in this area is completed following a MAC program format.

Some of the criteria upon which the PPE evaluates have been cited in Section X of this Syllabus. In addition, Professional Performance as assessed within the Master of Arts in Counseling program is guided by the characteristics identified in the Graduate Catalog and described in the rubrics published in the Student Handbook. The beliefs and attitudes related to the areas of *competence, reflection* and *caring*, are the guiding influence, with the nine foundational counselor dispositions assessed throughout the program. These are: 1) Genuineness, 2) Congruence, 3) Non-judgmental Respect, 4) Emotional Awareness, 5) Ethical Understanding, 6) Concreteness, 7) Empathy, and 8) Professional Commitment.

XIII. Professional Identity and Theoretical Orientation

An online portfolio is maintained in the student's personal file on the Program website. See <http://www4.Doane.edu/counsel/Program/know-base.htm> (link to be built).

XIV. Course Integrated into Focus area:

Mental Health Focus	Addictions Focus
Required	Elective

XV. Course as Relates to External Requirements

CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to work as clinical mental health counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health counseling context. In addition to the common core curricular experiences outlined in Section II.G, programs must provide evidence that student learning has occurred in the following domains:

CACREP Standards (2009)

FOUNDATIONS

A. Knowledge

1. Understands the history, philosophy, and trends in clinical mental health counseling.
2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.
3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.
4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.
5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.
6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.
7. Is aware of 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).
8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.
9. Understands the impact of crises, disasters, and other trauma-causing events on people.
10. Understands the operation of an emergency management system within clinical mental health agencies and in the community.

B. Skills and Practices

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.
2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

COUNSELING, PREVENTION, AND INTERVENTION

C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.
2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).
4. Knows the disease concept and etiology of addiction and co-occurring disorders.
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.
6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.
7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
9. Understands professional issues relevant to the practice of clinical mental health counseling.

D. Skills and Practices

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.
4. Applies effective strategies to promote client understanding of and access to a variety of community resources.
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.
6. Demonstrates the ability to use procedures for assessing and managing suicide risk.
7. Applies current record-keeping standards related to clinical mental health counseling.
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

DIVERSITY AND ADVOCACY

E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one's own life and career and those of the client.
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.
4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

F. Skills and Practices

1. Maintains information regarding community resources to make appropriate referrals.
2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.
3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

ASSESSMENT

G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
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.
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.
4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

H. Skills and Practices

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.
2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.
3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.
4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

RESEARCH AND EVALUATION

I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.
2. Knows models of program evaluation for clinical mental health programs.
3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

J. Skills and Practices

1. Applies relevant research findings to inform the practice of clinical mental health counseling.
2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

DIAGNOSIS

K. Knowledge

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. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.
3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.
4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.
5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

L. Skills and Practices

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.
2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.
3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.

XVI. Student Learning Outcomes and Assessment Measures.

Specific student learning outcomes, and CACREP standards will be assessed through direct and indirect assessments that will be administered throughout the course utilizing LiveText technology.