

ANTIOCH UNIVERSITY

SEATTLE

COUN 5160 Psychodiagnostics and Treatment Planning

Institutional Information

Antioch University Seattle

Master of Arts in Clinical Mental Health Counseling (CMHC) Program

Basic Course Information

COUN 5150

Psychopathology

3 credits

(Quarter, Year)

Required prerequisites: COUN5004: Essential Topics in Abnormal Psychology; COUN 5060 Communication and Counseling Skills

(First and last day of the course)

(Meeting times and locations (On Campus, Hybrid (w/ ASYNC & SYNC) and/or Online denoted per date)

Instructor Information

(Instructor's name)

2400 3rd Avenue, Suite 200, Seattle, WA 98121

(Individual campus phone number or leave blank for adjunct)

(Antioch email address (only - Do not include personal or other email address.))

Office hours/instructor availability:

(ZOOM Drop-in Hours and link)

Course Owner and Course Liaison Information

- **Primary Course Owner/Liaison:**
Mary Roberts, MA mroberts3@antioch.edu
- **Secondary Course Owner/Liaison:**
Erin Berzins eberzins@antioch.edu
- **Course Consultant:**
Lisa Rudduck, MA lrudduck@antioch.edu

Course Description

A survey of approaches to assessment, steps in delineation and presentation of client patterns and issues, and decision- making procedures for recommending appropriate treatment options for clients. Students become familiar with these of DSM-5 and multiaxial [hierarchical] diagnosis, as well as alternative conceptualizations and approaches, such as family systems assessment.

Program Competencies & Outcomes

By successfully completing the requirements for this course, students will be able to understand and demonstrate competencies in the following areas.

Primary Learning Objectives (PLOs):

By successfully completing the requirements for this course, participants will be able to:

1. Understand and apply processes for self-evaluation and development, including ways in which attitudes, biases, power, and privilege influence how we perceive others.
2. Apply and evaluate semi-structured intake and assessment skills and processes.
3. Understand and evaluate DSM and ICD processes for differential diagnosis and diagnostic assessment.
4. Become familiar with the role of case conceptualization in the diagnostic and treatment planning process.
5. Understand, apply, and evaluate evidence based interventions and intervention plans.

Student Learning Objectives (SLOs):

By the end of the course, students are expected to:

1. Understand and analyze the hierarchical diagnostic system of the DSM-5 and clinical treatment modalities appropriate for various diagnoses.
2. Apply and evaluate the DSM-5 and ICD diagnostic systems for assessing mental health disorders and developing case conceptualization and treatment plans.
3. Develop knowledge and skills in the use of a variety of tests and assessments as well as semi-structured clinical intake interviews.
4. Develop sensitivity to multicultural, developmental, and systemic influences in client functioning and clinician self assessment.
5. Understand the role of case conceptualization in the development and application of various treatment modalities for specific diagnostic categories with the desired counseling goal of wellness and prevention.

Related 2016 CACREP Standards:

2.F.1.k.	Strategies for personal and professional self-evaluation and implications for practice
2.F.2.c.	Multicultural counseling competencies
2.F.2.d.	The impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's view of others
2.F.2.e.	The effects of power and privilege for counselors and clients
2.F.3.h.	A general framework for understanding differing abilities and strategies for differentiated interventions
2.F.5.b.	A systems approach to conceptualizing clients
2.F.5.g.	Essential interviewing, counseling, and case conceptualization skills
2.F.5.h.	Developmentally relevant counseling treatment or intervention plans
2.F.5.i.	Development of measurable outcomes for client
2.F.5.j.	Evidence-based counseling strategies and techniques for prevention and intervention
2.F.5.n.	Processes for aiding students in developing a personal model of counseling
2.F.7.b.	Methods of effectively preparing for and conducting initial assessment meetings
2.F.7.c.	Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
2.F.7.e.	Use of assessments for diagnostic and intervention planning purposes
5.C.1.c.	Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning

5.C.1.e	Psychological tests and assessments specific to clinical mental health counseling
5.C.3.a.	Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
5.C.3.b.	Techniques and interventions for prevention and treatment of a broad range of mental health issues
5.C.2.b	etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
5.C.2.c	mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks
5.C.2.d	diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the <i>International Classification of Diseases (ICD)</i>
5.C.2.h	classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
5.C.2.m	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling
5.C.3.a	intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
5.C.3.d	strategies for interfacing with integrated behavioral health care professionals

Learning Objectives (CACREP 2016)	Key Performance Indications (KPIs) <i>(k) Knowledge, (s) Skills, (d) Dispositions</i>	Direct Evaluation
Understand and analyze the hierarchical diagnostic system of the DSM-5 and clinical treatment modalities appropriate for various diagnoses (2.F.7.e. , 5.C.3.a., 5.C.3.a,b,d.)	<i>Class Participation (s), Discussions (d), Course Readings (k), Individual and Relational Assessments (s)</i>	<i>Individual Assessment</i>
Apply and evaluate the DSM-5 and ICD diagnostic systems for assessing mental health disorders and developing case conceptualization and treatment plans (2.F.5.i., 2.F.7 c., 2.F.7.e., 5.C.3.a., 5.C.3.b.)	<i>Class Participation (s), Discussions (d), Course Readings (k), Individual and Relational Assessments (s), Case Conceptualization and Treatment Plans (k)</i>	<i>Individual Assessment, Case Conceptualization and Treatment Plans (Core Assignment)</i>

Develop knowledge and skills in the use of a variety of tests and assessments as well as semi-structured clinical intake interviews (2.F.5.g., 2.F.7.b., 2.F.7.e., 5.C.1.e, 5.C.2.b, 5.C.3.a.)	<i>Class Participation (s), Discussions (d), Course Readings (k), Individual and Relational Assessments (s)</i>	<i>Individual and Relational Assessments</i>
Develop sensitivity to multicultural, developmental, and systemic influences in client functioning and clinician self assessment (2.F.1.k, 2.F.2.c., 2.F.2.d., 2.F.2.e., 2.F.5.h., 2.F.5.n.)	<i>Class Participation (s), Discussions (d), Course Readings (k), Individual and Relational Assessments (s), Case Conceptualization and treatment Plans (k)</i>	<i>Assessments, Professional Identity Reflections</i>
Understand the role of case conceptualization in the development and application of various treatment modalities for specific diagnostic categories with the desired counseling goals of wellness and prevention (2.F.3.h., 2.F.5.b., 2.F.5.j., 5.C.1.c 5.C.2.c, d, h, m.)	<i>Class Participation (s), Discussions (d), Course Readings (k), Individual and Relational Assessments (s), Case Conceptualizations and Treatment Plans (k)</i>	<i>Case Conceptualization and Treatment Plans</i>

Learning Experiences

Pedagogical Design: This course is a mix of didactic and experiential learning. Students will learn via lecture, reading, discussion, demonstration and practice. This course focuses on understanding the intention of utilizing counseling skills and, then, effectively utilizing these skills in practice.

Students in group counseling will be in a laboratory environment which means the class will be a fully interactive class. Much of the class time will be involved with experiential and self-reflective activities.

Because of the experiential learning inherent in this course, the instructor uses an emergent design process, which means that the instructor may change the design of the course depending upon group and class development needs. The instructor will discuss this process with student participants.

Learning Resources

Required Textbooks & Readings	
Reading Titles & Authors	ISBN
Gehart, D. (2016). <i>Theory and treatment planning in counseling and psychotherapy</i> . Boston, MA: Cengage Learning.	ISBN 13: 978-1-305-08961-7 ISBN 10: 1-305-08961-8
Lukas, S. (1993). <i>Where to start and what to ask: An assessment handbook</i> . New York, NY: Norton.	ISBN 13: 978-0-393-70152-4 ISBN 10: 0-393-70152-2
American Psychiatric Association. (2013). <i>Diagnostic and statistical manual of mental disorders</i> (5th ed.). Arlington, VA: Author.	AUS Library Online ISBN 13: 978-0-89042-555-8

	ISBN 10: 0-89042-555-8
Ratts, M.J., Singh, A.A., Nassar-McMillan, S., Butler, S.K., McCullough, J.R. (2016). Multicultural and social justice counseling competencies: Guidelines for the counseling profession. <i>Journal of Multicultural Counseling and Development</i> , 44, 28-48. DOI: 10.1002/jmcd.12035.	AUS Library Online
Hays, P. (1996). Addressing the complexities of culture and gender in clinical practice. <i>Journal of Counseling and Development</i> , 74, 332-338.	AUS Library Online
*Other required readings (articles, chapters, etc.) will be posted on Sakai.	

Additional Recommended Reading

Reichenberg, L. & Seligman, L. (2016). *Selecting effective treatments* (5th ed.). San Francisco. CA: Wiley.

MA Programs Multicultural References

Lee, C. C. (Ed.). (2006). *Multicultural issues in counseling: New approaches to diversity* (3rd ed.). Alexandria, VA: American Counseling Association.

McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3rd ed.). New York, NY: Guilford Press.

Course Requirements

1. Adherence to Antioch University Seattle procedures stated in the syllabus and defined in the Antioch University Seattle Catalog:
<http://www.antiochseattle.edu/registrar/aus-catalog/>
2. Submitting ALL course assignments on time—**late work is not accepted** unless emergency documentation is provided
3. Course Evaluations: Students evaluate all courses during mid-term and at the end of the quarter. The final course evaluation is required for all students in all courses.

Additionally, to earn credit for this course, all students must meet minimum attendance (students should not miss any classes unless emergency documentation is provided; missing more than one class will result in a failing grade for this course), scholarship, and competence standards. These requirements are as follows:

Attendance: Students are expected to attend all scheduled classes. Credits may be denied for failure to attend more than 90% of class sessions (see above). (Antioch Seattle University Catalog). Each participant is expected to be on time for all classes and to attend a minimum of 90% of the classes. Arrival to class more than 15 minutes late will result in a “missed class.”

Active participation in class exercises and discussions. (e.g., to engage in both small and large group interactions in a manner that demonstrates interpersonal effectiveness, openness to group membership and leadership experiences, seeking out and being open to feedback, and showing respect for the entire class as a community of learners).

Complete assigned readings (see CLASS SCHEDULE below).

Complete all assignments by due date (see CLASS SCHEDULE below).

Written work should be typed and turned in as a Word .docx to your drop box link on our Sakai site.

Students are expected to **demonstrate graduate level** analytical thinking as well as self-reflection and self-critique.

Assignments are expected to be **on time**. Assessments that do not follow APA writing guidelines will be considered below graduate level work and will place the student in jeopardy of not receiving credit for the course. Instructor may ask students to re-write papers when necessary and students will likely receive an average of the two posted marks.

Course Assignments and Schedule

The schedule of assignments and course content are subject to change at the discretion of the faculty member. Please be available during Week Eleven to accommodate any required changes in schedule (e.g., in response to emergency situations).

Reading: Read all assigned material *before* the class meeting each week.

Assignments

- **Bi-Weekly threaded Sakai discussions.** Beginning week 2, you will provide a brief response to the discussion forum prompt for the upcoming week as well as a response to at least two colleagues. There are four total discussion forums. See course schedule for more details. *Discussion posts are to be substantive and should include at least one citation from the week's required or recommended reading.* Each Discussion Forum consists of three parts: 1) An initial post responding to the prompts on Sakai, 2) Two responses to peers according to the prompts on Sakai, and 3) A final reflection post summarizing and personalizing your work over these two weeks. See Sakai for all discussion prompts, Details, and deadlines. No late posts will be accepted. All posts must be complete and on time in order to receive credit.
- **Individual Assessment and Professional Identity Reflection** – You have been introduced to the Individual Assessment format that will be used during your Case Consultation coursework. You have also had the opportunity to work with a peer in order to practice and gather information in all of the Individual Assessment areas. For this assignment, you are to write up, in total, the information you have gathered for your client, not including the final treatment plans, and turn it in. This should be clearly articulated according to the format, and should include a cultural assessment. Typed, double spaced. Please include a closing reflection on the following:
 - What surprised me about my client?
 - What surprised me about myself as a clinician?
 - In what ways might what I've learned affect my future role as a Professional Counselor or Couple and Family Therapist?
- **Relational/Family Assessment and Professional Identity Reflection** – You have been introduced to the Relational Assessment format that will be used during your Case Consultation coursework. You have also had the opportunity to work with peers in order to practice and gather information in all of the Relational Assessment areas. For this assignment, you are to write up, in total, the information you have gathered for your couple/family, and turn it in. This should be clearly articulated according to the format, and should include a cultural assessment. Typed, double spaced. **Please include a closing reflection on the following:**

- What surprised me about my client?
 - What surprised me about myself as a clinician?
 - In what ways might what I've learned affect my future role as a Professional Counselor or Couple and Family Therapist?
- **Case Conceptualization Draft for Peer Review** – Write two draft case conceptualizations, one using a theory of your choice for your individual client, and the other using a family systems theory of your choice for your relational client. Bring a hard copy to class for peer review. See Sakai for details.
 - **Case Conceptualization and Treatment Plans (Core Assignment)** – In class we covered the intention of treatment planning, and how one should write a treatment plan in behaviorally specific language. We also discussed the way that varied theoretical orientations think about treatment and treatment plans, and how you can translate from your chosen theoretical orientation to a behaviorally specific treatment plan format. This assignment requires that you write four different treatment plans:
 1. Write a case conceptualization and treatment plan based on your Individual Assessment client from a strictly behavioral perspective.
 2. Write a case conceptualization and treatment plan based on your Individual Assessment client from a different theoretical perspective of your choosing, reflecting how this theory would understand what needs to happen for change to occur, and how this would be translated into behavioral language.
 3. Write a case conceptualization and treatment plan based on your Relational Assessment couple/family by writing the plan from a Family Systems theory of your choosing to reflect the how the couple/family need to change for homeostasis to occur.
 4. Write a second case conceptualization and treatment plan from a different theory of your choosing based on your relational assessment, that reflects this theory's understanding of what needs to happen for change to occur.

Each case conceptualization and treatment plan should be clearly articulated and typed, double spaced. Each plan should be 1-2 pages, and should include between 3-5 goals with 3-5 objectives/tasks per goal.

COURSE SCHEDULE

The schedule assignments and course content are subject to change at the discretion of the faculty member(s).

Week No. and Date	Topics & Activities	Reading (Before the Class)	Assignment
Week 1 7/5 On Campus	Introduction; Course overview; introduction to the assessment process; review of microskills; language and terminology in assessment. Individual Assessment (role play): Pair Assignments, Identifying Data	<u>Required Reading:</u> NONE	
Week 2 7/12 Zoom	Building rapport with clients, inclusive of empathy, assessing insight and balancing roles. Mental status exam.	<u>Required Reading:</u> <ul style="list-style-type: none"> ● Lukas: pp. ix-xi, Ch. 1, 2 & 	<i>Discussion Forum #1</i>

	Individual Assessment (role play): Chief Complaint/History of Presenting Problem, Past History, Mental Status Exam.	6, 12 ● Gehart: Ch. 1, 2	Initial Post Due
Week 3 7/19 On Campus	Strategies for information gathering, inclusive of dealing with Resistance and Defenses. The issue of lethality. The ADDRESSING Model. Individual Assessment (role play): Cultural Assessment, Medical History. Diagnostic Formulation. Clinical Case Presentations.	<u>Required Reading:</u> ● Lukas: Ch. 3, 8-10, 13 ● Gehart: Ch. 3-5 ● Additional Materials on Sakai ● Joiner et. Al (2010) ● Meyers (2015)	Discussion Forum #1 Response Posts and Reflection Due
Week 4 7/26 Zoom	Introduction to relational assessments. Data collection with couples and families. Identifying presenting problem. The Relational Assessment: Identifying Data, Presenting Problem. Group Assignments. Role Play.	<u>Required Reading:</u> ● Lukas: Ch. 4-5, 7 ● Gehart: Ch. 6-8 <u>Required Viewing:</u> Ordinary People (1981)	Discussion Forum #2 Initial Post Due Individual Assessment Due
Week 5 8/2 On Campus <i>Mid-Term Evaluation</i>	The Relational Assessment (role play): Clinical Assessment, Description of the family. Intimate Partner Violence (IPV) Assessment. Role Play.	<u>Required Reading:</u> ● Lukas: Ch. 11, 14 ● Gehart: Ch. 9-11 ● George (2007) ● McClosky & Grigsby (2005)	Discussion Forum #2 Response Posts and Reflection Due
Week 6 8/9 Zoom	The Relational Assessment (role play): Cultural Assessment, Hypothesized Etiology, Treatment Goals and Strategies, Tentative Prognosis. Role Play.	<u>Required Reading:</u> ● Gehart: Ch. 12-14	Discussion Forum #3 Initial Post Due
Week 7 8/16 On Campus	Case Conceptualization, Theoretical Integration, Role Plays	<u>Required Reading:</u> ● Gehart Ch. 15, 16	Discussion Forum #3 Response Posts and Reflection Due

			Relational Assessments Due
Week 8 8/23 Zoom	Case Conceptualization, Theoretical Integration, Introduction to Treatment Planning, Clinical Case Presentations		Discussion Forum #4 Initial Post Due Case Conceptualization Drafts Due for Peer Review
Week 9 8/30 On Campus	The Role of Testing in Clinical Practice and Assessment. Attending to the therapeutic process: How to evaluate? When to refer? Community Resources?	Required Reading: <ul style="list-style-type: none"> • Ward (1984) • Goodyear (1981) 	Discussion Forum #4 Response Posts and Reflection Due Case Conceptualizations and Treatment Plans Due
Week 10 9/6 Zoom Final Evaluation	Termination and Referral	Required Reading: <ul style="list-style-type: none"> • Zur Institute Clinical Update: Termination • Code of Ethics Guidelines on Termination and Referral (ACA and COAMFT) 	
Week 11 9/13 On Campus	HOLD FOR EMERGENCY MAKE UP		

University and Course Attendance and Participation

This is an experiential class with dyad/triadic processing activities that provide opportunities to interact with and learn from your peers. Such activities are significant factors in your educational growth and development. Therefore, students are expected to attend class regularly and participate in class discussions, class activities, and peer practice sessions at the graduate level. Students are expected to demonstrate interpersonal effectiveness, openness to feedback, and respect for the community of learners.

Each student is expected to be on time and attend for all classes. Failure to attend less than 90% of the class meeting time, or 27 clock hours, will result in no credit for the course unless appropriate makeup work is completed. If a student falls below the 90% standard of attendance, it is the student's responsibility to arrange for appropriate makeup work with the instructor. No makeup work will be permitted and no credit will be granted in those cases where 20% or more of the total class meeting time has been missed.

If there is a need to miss a class based on emergency, it is expected that the student will contact the instructor before the missed class. Furthermore, as stated in Antioch University's attendance policy, missing more than one class for any reason may result in a No Credit evaluation. It is the policy of the instructor that students who are more than 15 minutes late will receive a loss of attendance for that class period.

Scholarship

Completion of written assignments should be typed, double-spaced, proof read, and reflect graduate competency in both technical and grammatical arenas utilizing APA format. Students should submit papers electronically through Sakai ("Assignments"). All written papers must conform to M.A. Psychology style and writing standards of graduate level scholarship. Failure to adhere to these standards of scholarly writing will result in the automatic return of a paper. No students will be permitted more than one opportunity to re-write a paper that fails to meet M.A. Psychology scholarship standards. No re-written final papers will be accepted beyond the end of the eleventh week of the quarter.

Competency

All students are expected to demonstrate Required Competency in order to receive credit for the course. Students will be evaluated with regard to the quality and professionalism expected of counseling professionals. Prompt attendance, reflective preparation, demonstration of willingness to learn basic counseling skills, peer collaboration, receive and provide feedback, and synthetic thinking are aspects of professional counselors and expected of students throughout the course. Evaluative feedback will occur both in person and in written throughout the quarter.

Assessment Criteria for CMHC Students

CMHC students are assessed in 9 areas across 5 competency levels as defined below. In order to be granted credit for a specific course, students must demonstrate an overall **minimum level of competency**. In order to successfully move into the internship year, students must demonstrate an overall 50% **competency level** in all courses/learning assessments to date, and in order to successfully graduate the student must demonstrate an overall competency level in at least 75% of course/learning assessments for their program.

Definitions of Competency Areas (CMHC)

To achieve a particular level of competence for the course, students must complete the following:

PCC – Professionalism and SKD – Professional:

Adheres to the ethical guidelines of AAMFT/ACA. Behaves in a professional manner towards supervisors, instructors, peers, and clients (e.g. emotional regulation). Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate with others - shows ability to think abstractly, recognize multiple sides of an issue and generate creative solutions; demonstrates intellectual curiosity, flexibility, and active engagement with new knowledge.

PCC - Reflective Practice and SKD – Perceptual:

Demonstrates capacity to engage in self-analysis, flexibility in thinking, sitting with abstract concepts and complexity. Exhibits ability to take responsibility for behavior, choices, and mistakes.

PCC - Applied Critical Thinking and SKD - Conceptual/Evaluative:

Able to recognize multiple sides of an issues, tolerate ambiguity, accept situations which require flexibility in thinking and creative solutions.

PCC - Diversity and Social Justice and SKD – Executive:

Demonstrates awareness, knowledge, and skills of both self and other, in relation to working with individuals, groups and communities from various cultural backgrounds and identities. Works to dismantle systems of marginalization, domination, oppression, and consciously resists engaging in microaggressions. Microaggressions for these purposes are defined as; subtle or overt communications lacking in cultural awareness that humiliate, offend, or invalidate a person verbally or nonverbally, intentionally or unintentionally

PCC - Written Communication and SKD – Conceptual/Evaluative:

Writes clearly, professionally and reflectively; integrates personal and academic material. Presents ideas and information in an organized format. Demonstrates Master’s level technical writing skills and APA style. Does not engage in plagiarism of any type.

CMHC/CMHC-CAT STUDENTS: Additionally, in order to successfully move into the internship year, students must demonstrate an overall “Intermediate Competency” in at least 50% of “required” courses to date, and in order to successfully graduate the student must demonstrate an overall “Intermediate Competency” in at least 75% of “required” courses. A comprehensive student review by the faculty occurs at early and midpoints in their progress through the curriculum. If the student falls below competency in 50% of “required” courses as they prepare to enter internship, a Student Development Plan (SDP), will be implemented, in collaboration with their advisor, to map out specific steps toward academic improvement. PROFESSIONAL CORE COMPETENCY: In addition to the competencies specific to each course, CFT/CMHC students are also evaluated on 5 areas of Professional Core Competencies (PCC), with subsidiary Skill or Knowledge Domains (SKD), to be demonstrated in each course and throughout their graduate counseling or therapy experience with peers, faculty, clients, and colleagues.

Definitions of Competency Levels

“Below Competency” reflects a failure to sufficiently address all of the issues specified in the guidelines as indicated in the syllabus, which includes inadequate completion in terms of the defined criteria. Failure to meet minimum attendance, graduate-level of written work, submission of assignments, and contribute practice lab sessions. A lack of self-awareness, cultural awareness, and harmful use of counseling skills and interactions with peers. Defensive attitude toward feedback.

“Required Competency” indicates beginning sufficiency in meeting the criteria specified in the syllabus with no major difficulties in terms of the defined criteria. Minimum attendance is met, all the assignments are submitted with graduate-level of written work, and participated all the in-class practice lab sessions. Receive and provided feedback effectively, and demonstrate multicultural awareness. Required Competency is achieved through the satisfactory completion of all course assignments and the quality of class participation and professionalism. The expectation is that all work will be submitted on or before the date it is due (*unless there is a prior arrangement with the instructor, written work submitted beyond the*

due date will not be accepted). As a mastery-learning course, assignments will be returned with a **P** (Pass) or **I** (Incomplete). Prompt attendance, reflective preparation, peer collaboration, and synthetic thinking are aspects of professional leadership and expected of students throughout the course. Academic dishonesty will be penalized in accordance with AUS policies.

“Intermediate Competency” denotes the student has met the “Required Competency” criteria as well as demonstrated a consistently high level of mastery and scholarship in terms of the defined criteria. Demonstrate insightful reflections, synthetic and critical thinking, and active risk-taking in practicing new skills. Reflection papers including intrapersonal challenges and developments, as well as multicultural awareness and competency. Integrate feedback to professional development in both oral and written presentations.

“Advanced Competency” is reserved for practicum/internship coursework.

Assessment Criteria for CFT Students:

All CFT participants are expected to demonstrate a **Required** level of Competence in order to receive credit for the course. The different levels of competence that will be assessed for this course are as follows:

Below Competency: Fails to meet the minimum course requirements as outlined in this syllabus. This includes attendance, class participation, and successful completion of all assignments in a manner which demonstrates a basic understanding of Psychodiagnostics and Treatment Planning including the ability to complete full psycho-social assessments in both individual and relational formats, as well as produce theoretically specific treatment plans utilizing behavioral language.

Required Competency: Demonstrates a basic understanding of Psychodiagnostics and Treatment Planning as outlined above, and by meeting all of the minimum requirements for the class, as outlined in the syllabus.

Intermediate Competency: Meets Required Competency as well as demonstrating an ability to think critically in terms of theoretical and multicultural perspectives in psycho-social assessment, and treatment planning. This includes attention to strengths, limitations, contraindications, and multicultural implications.

Advanced Competency is only used for Internship and Case Consultation

Counselor Competency & Fitness

Antioch University is obligated, as a CACREP-equivalent institution, to hold our students to the highest professional, personal, and ethical standards and to respond when those standards are compromised. The 2014 American Counseling Association *Code of Ethics*, Section F.5.b. states that “students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.”

Section F.8.d. states Addressing Personal Concerns Counselor that “educators may require students to address any personal concerns that have the potential to affect professional competency.” Further, Section F.9.b. states “Counselor educators 1) assist students in securing remedial assistance when needed, 2) seek professional consultation and document their decision to dismiss or refer students for assistance, and 3)

ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures.

In this course, you are expected to be: 1) open, 2) flexible, 3) positive, 4) cooperative, 5) willing to use and accept feedback, 6) aware of impact on others, 7) able to deal with conflict, 8) able to accept personal responsibility, and 9) able to express feelings effectively and appropriately. You will be informed by your instructor if your performance on any of these factors is substandard and will be given specific, written feedback with guidelines for improvement.

Counseling not only demands the highest levels of performance, it also subjects counselors to stresses and challenges that may threaten individuals' coping abilities. You are encouraged to seek professional assistance and notify your instructor if you feel that your work is being compromised.

Audio- or Video-recording of Classes

- **Audio- or Video-recording of Classes**

Your instructor may identify times when recording a class session may have educational or academic value. In these cases, the recordings will be used and shared by your instructor in accordance with the [Guidelines for Lecture Capture and Audio/Video Recording](#). The Guidelines provide information about when it is necessary for faculty to obtain permission to use and/or share class recordings. Students will be asked to provide their verbal consent to have the sessions recorded. Faculty may not share or transfer the recordings to third parties outside the class without students' written consent. Students who receive copies of recorded classes may use the recordings for their own personal educational purposes only; for the duration of the course. Students may not share or transfer the recordings to third parties outside the class under any circumstances.

Evaluation Procedures

1. **Attendance:** Students are expected to attend all scheduled classes. Credits may be denied for failure to attend classes.
2. **Conduct:** Students are expected to be treated and to treat others with respect. Failure to do so may result in suspension, dismissal, or exclusion from class.
3. **Plagiarism:** Plagiarism is defined as the presentation of an idea or a product as one's own, when that idea or product is derived from another source and presented without credit to the original source. "Idea or product" includes not only written work but also artworks, images, performances or ideas expressed orally or via any electronic or other medium.
4. **Communication Protocol:** All students must have access to computer technology. AUS maintains computer access in the AUS Library on the third floor and the study center on the second floor.

E-mail accounts and addresses are assigned for all Antioch Seattle students. Students are required to check their e-mail accounts at least weekly and are responsible for being aware of information posted as official announcements and through their programs. To comply with students' record confidentiality and security requirements, official e-mail communication with Antioch Seattle, including e-mail between students and instructors, should originate from and be conducted within

the Antioch University Seattle e-mail system.

5. **Incompletes:** If a student does not satisfactorily complete the assigned work in a course by the end of the term, he or she will be granted No Credit. If a student is unable to complete the work due to extraordinary extending circumstances, he or she should discuss the matter with the instructor and, if approved, the instructor can assign an incomplete (INC) and set a deadline of thirty (30) days for required submission of all remaining assignments. The incomplete will be calculated in the same way as No Credit is when determining the student's academic standing. Upon satisfactory completion of the INC, it will no longer count against the student's academic standing. If the work is not completed by the deadline and an assessment has not been submitted, a No Credit (NC) will be assigned, not subject to change. To earn credit for a course deemed No Credit or permanently incomplete, the student must reenroll in and repay for the course. Incomplete contracts are not available to non-matriculated or visiting students.

Upon withdrawal from Antioch, outstanding incomplete courses are converted to NC (No Credit). An NC is permanent and not subject to change. Students must complete all course and degree requirements prior to or on the last day of classes of a term to be eligible to graduate that term.

University Policies

Antioch University Policies:

Antioch University is committed to building a vibrant and inclusive educational environment that promotes learning and the free exchange of ideas. Our academic and learning communities are based upon the expectation that their members uphold the shared goal of academic excellence through honesty, integrity, and pride in one's own academic efforts and respectful treatment of the academic efforts of others. All students are expected to comply with Antioch University policies, including the Title IX Sexual Harassment and Sexual Violence Policy, Student Academic Integrity Policy, and the Student Conduct Policy. Academic, student, and other university policies are available online: http://aura.antioch.edu/au_policies/

Questions about policies may be directed to Jane Harmon Jacobs, Academic Dean, Jharmonjacobs@antioch.edu or 206.268.4714.

Reasonable Accommodation for Students with Disabilities

Antioch University is committed to providing reasonable accommodations to qualified students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 2008. Students with disabilities may contact the Disability Support Services office to initiate the process and request accommodations that will enable them to have an equal opportunity to benefit from and participate in the institution's programs and services. Students are encouraged to do this as early in the term as possible, since reasonable accommodations are not retroactive. The Disability Support Services office is available to address questions regarding reasonable accommodations at any point in the term.

For more information, please contact Jill Haddaway, Disability Support Services Coordinator: 206-268-4822 or dss.aus@antioch.edu.

Library Services and Research Support

The AUS Library is here to serve you throughout your academic career. On our physical shelves, you will find books carefully selected to help you in your academic pursuits. In addition, you will also find journals, masters' theses, dissertations, and videos/DVDs. The AUS Library provides computers including PCs and Macs, a printer/copier, and scanners available for you to use. You may also bring your laptop and connect to the campus wireless system.

To search the library catalog and beyond, please see the AUS Library web page, <http://www.antiochseattle.edu/library>. Both the catalog and our extensive research databases may be searched from off campus. Please call the AUS Library at 206-268-4120 if you need information on how to access the databases.

The Library teaches **workshops** throughout the year that are designed to help you in your research. Students may also make an appointment with the librarian for individual research help. Call or email Beverly Stuart, Library Director, at 206-268-4507 or bstuart@antioch.edu.

Writing Support at Antioch University

Much of your learning is writing intensive, and you will write in a variety of genres, from critical reflections to more formal research papers. Writing for an academic audience can also require one to gain new understandings about style and format. All students are encouraged to seek writing support for their courses throughout their career at Antioch. Students at AUS have multiple venues for **free writing support**:

Writing Lab (room 323 Library/CTL): The Writing Lab offers *free* peer-based writing consultations (schedule directly online at <https://antiochctl.mywconline>; call 206-268-4416; or email writinglab.aus@antioch.edu) and drop in hours. They also conduct workshops and maintain resources for successful writing at AUS. Writing Lab consultants are graduate students in various programs at AUS and thus have deep understanding of the types of writing done by students here. Check their [website](#) for future workshops on topics related to academic writing.

The Virtual Writing Center (VWC): The VWC is located at antioch.edu/vwc and allows busy AU students to get quality peer-based feedback of their writing within 48 hours. Live conversations with peer e-tutors may also be arranged by emailing vwc@antioch.edu.

The Writers' Exchange (WEX): fee-based writing support

The **Writers' Exchange** (WEX) was developed at Antioch University in direct response to the increase demand of graduate students' need for specialized editing support that exceeded the free peer-editing available at the Virtual Writing Center. If you're working on your thesis or dissertation, or just want professional writing support, visit WEX at wex.antioch.edu.

All WEX editors are professionals who have been vetted for their range of editing experience and the breadth of their expertise. Our fees are competitive and further discounted for the entire AU community.

Appendix A
GUIDELINES FOR FEEDBACK
(Modified with Wood, 2017)

Feedback is information that flows between people that has to do with their interaction in the here and now. Effective feedback is information that:

1. Can be heard by the receiver (as evidenced by the fact that s/he does not get hurt, defensive, etc.).
2. Keeps the relationship intact, open, and healthy (though not devoid of conflict and pain).
3. Validated the feedback process in future interaction (rather than avoiding it because “last time it hurt”).

Giving Feedback

Effective Feedback	Ineffective Feedback
Comes as soon as possible after the behavior.	Is delayed, saved up or dumped.
Refers to behavior the receiver can do something about.	Refers to behaviors over which the receiver has little or no control. “Your southern accent is very annoying.”
Direct, objective, from sender to receiver.	Indirect; ricocheted (“Tom, how do you feel when Jim cracks his knuckles in session?”)
Describes the behavior specifically: “I observed your voice is louder when you were telling the client...”	Uses judgmental statements: “You were being rude to the client.”
Uses “I” messages – the sender takes responsibility for his or her own thoughts, feelings, and reactions. “I think,” “I observed...”	“Ownership” is transferred to “people,” “everybody,” “we,” etc: “Everybody thinks you ask too many closed questions in session.”
Recognizes that this is a “process,” that an interaction between the sender and receiver can occur at any moment.	No recognition of the need to process the feedback.
Be sensitive with cultural dynamic between sender and receiver and be curious in addressing your cultural awareness. “I wonder if that was influenced by cultural difference...,” “I am curious how your culture perceive ...”	Ignore cultural dynamic between sender/receiver or counselor/client.

Receiving Feedback

Effectively Receiving Feedback	Ineffectively Receiving Feedback
Open: listens without frequent interruption or objections.	Defensive: defends personal action, frequently objects to feedback given.
Responsive: willing to hear what's being said without turning the table.	Attacking: verbally attacks the feedback giver and turns the table.
Accepting: accepts the feedback, without denial.	Denies: refutes the accuracy or fairness of the feedback.
Respectful: recognized the value of what is being said and the speaker's right to say it.	Disrespectful: devalue the speaker, what the speaker is saying, or the speaker's right to give feedback.
Engaged: interacts appropriately with the speaker, asking for clarification when needed.	Closed: ignores the feedback, listening blankly without interest.
Active listening: listens carefully and tries to understand the meaning of the feedback.	Inactive listening: makes no attempt to "hear" or understand the meaning of the feedback.
Thoughtful: tries to understand the personal behavior that has led to the feedback.	Rationalization: finds explanations for the feedback that dissolve any personal responsibility.
Interested: is genuinely interested in getting feedback.	Patronizing: listens but shows no real interest.
Sincere: genuinely wants to make personal changes if appropriate.	Superficial: listens and agrees. But gives the impression that the feedback will have little actual effect.
Appreciate: willing to consider multiple perspectives.	Dismiss: ignore or unwilling to consider multiple perspective.

Appendix B

CULTURAL ASSESSMENT

“In an effort to focus practitioners’ attention on those groups that have traditionally been neglected” (Hays, 2001, p. 4), use Hays’ ADDRESSING Model to conduct a mental status examination of clients’ cultural context.

- A: age and generational influences (e.g., children, adolescents, elders)
- D/D: disability (e.g., people who have developmental or acquired physical, cognitive, psychological disabilities)
- R: religion and spiritual orientation (e.g., people of Muslim, Jewish, Buddhist, Hindu, other minority religions and faiths)
- E: ethnicity (e.g., people of Asian, South Asian, Pacific Islander, Latino, African, African American, Arab, Middle Eastern heritage)
- S: socioeconomic status (e.g., people of lower status by occupation, education, income, rural or urban habitat, family name)
- S: sexual orientation (e.g., people who are gay, lesbian, bisexual)
- I: Indigenous heritage (e.g., in North America—American Indians, Alaska Natives, Inuit, Metis, Pacific Americans, including Native Hawaiians, Samoans, and the Chamorro people of Guam)
- N: National origin (e.g., immigrants, refugees, international students)
- G: Gender (e.g., women, transgendered people)

Appendix C

INDIVIDUAL ASSESSMENT

IDENTIFYING DATA

- A. Client's name, date of intake, number of sessions
- B. Source and reason for referral
- C. Overview of demographic data relevant to presenting concern

PRIMARY PRESENTING ISSUE(S) AND HISTORY OF PRESENTING ISSUE(S)

- A. Primary presenting issue(s) in client's words.
- B. Chronology of presenting issues, symptoms, circumstances about the issues: start, frequency and duration, aggravating and alleviating factors, triggering events, current status, client's understand of causal factors.

PAST HISTORY

- A. Previous psychological history including symptoms, problems, treatments and response, violence.
- B. Personal history including developmental history, childhood adjustments, educational and social history, sexual history, work history, family and social relations, significant events, traumas, changes/transitions.
- C. Substance abuse history
- D. Suicide/harm to self/other assessment

CULTURAL/ECOLOGICAL ASSESSMENT

Apply a cultural/ecological assessment to the following areas:

- A. **Identity** including ethnic or cultural reference group, involvement with culture of origin/reference; involvement with host culture (if applicable). Utilize the ADDRESSING model.
- B. **Explanation of presenting problems** including the cultural language that describes the distress, the meaning and perceived severity of the symptoms in relation to the cultural group's norms, the local community and/or family explanations, the perceived cause and/or explanatory models, and the current and/or past preference for and experience of professional and/or popular sources of care.
- C. **Factors related to psychosocial environment and levels of functioning** including the culturally relevant interpretations of social stressors, available support systems, and levels of functioning and disability.
- D. **Elements of the relationship between the individual/system and the clinician** including the differences between the clinician and the client(s), the possible problems that these differences may cause in diagnosis and treatment.
- E. **Overall assessment for diagnosis and care**, including considerations of how cultural factors will influence diagnosis and care.

MEDICAL HISTORY

- A. Physical symptoms
- B. Past and present illnesses
- C. Medication, including drug allergies

MENTAL STATUS EXAM/BEHAVIORAL OBSERVATIONS

- A. Appearance, behavior, relationship with interviewer
- B. Speech: quality, quantity, flow
- C. Mood and affect: nature, range, lability, appropriateness

- D. Thought content: major themes, obsessions, ruminations, phobias, ideas of reference, delusions
- E. Formal characteristics of thought: clarity, logic, disorganization (i.e., circumstantial, vague, looseness of associations); **give examples**
- F. Perceptions: unusual perceptual experiences, modality and nature of illusions and hallucinations
- G. Cognition: level of consciousness, orientation, memory, general information, intellectual ability
- H. Abstraction, judgement, insight: ability to plan wisely, understanding of personal difficulties
- I. Suicide, homicide, violence history and risk
- J. Specific symptoms: sleep, appetite, energy level, sexual disturbance, etc.
- K. Physical examination results if applicable

COLLATORAL INFORMATION

Summary of information about client gathered from supplemental sources (medical, school, criminal justice system, previous counseling records)

Include any psychological testing or formal assessments that have been done with this client, or that you believe need to be done in order to arrive at a well-formulated diagnosis (if applicable).

FORMULATION

Organized summary of relevant data in the form of an explanatory hypothesis regarding client's condition, **including client's strengths**. Integrate theoretical perspective.

DIAGNOSTIC IMPRESSIONS (DSM-5)

List appropriate Diagnosis(es). If more than one diagnosis, indicate primary, secondary. Use DSM-5 documentation processes.

TREATMENT GOALS

A. General overall goals for treatment in client's words.

Appendix D

CONSTRUCTING A RELATIONAL/FAMILY ASSESSMENT

IDENTIFYING DATA

- A. Who is the client? (couple/family members), date of intake, number of sessions seen.
- B. Ages, ethnicities, genders, source and reason for referral.

PRESENTING PROBLEM

Give a concise statement of the family's/couple's reported reason for seeking therapy. Determine if the presenting problem(s) is acute (short-term) or chronic (long-term). Also provide a summary of prior mental health treatment and pertinent medical history.

CLINICAL ASSESSMENT

Give a summary of your early clinical impressions at the following five levels:

1. each family member's own individual development with regard to level of differentiation, capacity for intimacy, and ability to manage stress.
2. the family's development and difficulties in working through various tasks associated with different stages of the life-cycle.
3. interpersonal dynamics between family members in terms of problems with boundary setting, sustaining closeness, management of conflict, and tendencies towards triangulation.
4. the broad family system including transgenerational patterns such as myths, secrets, and coalitions.
5. the family's social network including residential, environmental, employment, educational, religious, ethnic, and other influential factors.

DESCRIPTION OF THE FAMILY

Provide a detailed description of the presenting client(s) and of all significantly related nuclear and extended family members. Develop a three-generational genogram in terms of this information. Also trace the highlights and transitions from the parent's own family of origin through adolescent separation and courtship, to mate selection, family formation, and birth and rearing of children. Identify significant losses, illnesses, geographic changes, career moves, and so on.

CULTURAL ASSESSMENT

- A. **Cultural identity** including ethnic or cultural reference group, involvement with culture of origin/reference, involvement with host culture (if applicable). Utilize the ADDRESSING model.
- B. **Cultural expression of presenting problem(s)** including the cultural language that describes the distress, the meaning and perceived severity of the symptoms in relation to the cultural group's

norms, the local community and/or family explanations, the perceived cause and/or explanatory models, and the current and/or past preference for and experience of professional and/or popular sources of care.

- C. **Cultural factors related to psychosocial environment and levels of functioning** including the culturally relevant interpretations of social stressors, available support systems, and levels of functioning and disability.
- D. **Cultural elements of the relationship between the individual/system and the clinician** including differences between the clinician and the client(s), and the possible problems that these differences may cause in diagnosis and treatment.
- E. **Overall cultural assessment for diagnosis and care**, including considerations of how cultural factors will influence diagnosis and care.

HYPOTHESIZED ETIOLOGY

Hypothesize about both the immediate and underlying factors precipitating the family's presenting problem(s). Be sure to include developmental, interactional, and multicultural factors in this hypothesis.

TREATMENT GOALS AND STRATEGIES

Develop a statement of what can be accomplished realistically with regard to the immediate presenting symptoms, and to any pertinent relationship difficulties contributing to maintenance of these symptoms. Project a recommended treatment of choice and identify the other actors (grandparents, extended family, friends, etc.) that need to be involved in the therapy. Also identify the expected pattern, frequency, and duration of the projected treatment, and provide a rationale for it.

TENTATIVE PROGNOSIS

Attempt to project the family's potential for homeostatic renewal (stabilization) and/or systemic change (fundamental restructuring). Also try to anticipate issues that may occur in the treatment process and/or reciprocal behavior by the family outside of treatment (e.g., sabotaging, resistances, acting out behaviors).

Appendix E
Assessment (Individual or Relational) Rubric

Criterion	<i>Below Minimum Competency</i>	<i>Required Competency</i>	<i>Intermediate Competency</i>	Notes
Identifying Data	Incomplete, biased, or theory-specific language, does not acknowledge relevant cultural or demographic factors	Complete, somewhat tangential or profuse language; acknowledges relevant cultural or demographic factors	Complete, concise but thorough, acknowledges relevant cultural or demographic factors	
Presenting Issue or Problem	Storytelling, biased or judgmental language, does not include all factors per assignment description	Fairly concise, objective, and includes most factors per assignment description	Concise, clinical language, complete without narration or judgment, includes all factors per assignment description	
Description of the Family/Past History/Family of Origin	Mostly narration of client's story, lacks clinical significance, clinically incomplete, or excessively descriptive	Fairly concise, minimal narration, mostly clinically significant information	Concise, direct, clinically significant, objective, and complete	
Clinical Impressions/Clinical Assessment (including diagnostic impressions, mental status)	Minimal basis for clinical impressions, diagnostic process seems rushed, lacks rationale or incomplete rationale for Dx and differential Dx, incomplete mental status evaluation	Some basis for clinical impressions, evident diagnostic process including final Dx and differential Dx with reasonable rationale, complete mental status evaluation	Rational basis for clinical impressions, objective language, strong rationale for Dx process including final Dx and differential Dx, complete mental status evaluation with clinical explication	
Cultural Assessment	Incomplete, lacks meaning-making, lacks connection to presenting issue and wider culture, does not demonstrate cultural awareness and social responsibility	Mostly complete, begins to address meaning-making and connection to wider culture, demonstrates some cultural awareness and social responsibility	Complete, addresses meaning-making from a hypothetical, nonjudgmental stance, connects to wider culture, demonstrates strong cultural awareness and social responsibility	
Client's Treatment Goals	Somewhat concise, in clinician's words or from clinician opinion	Concise, includes some of client's perspective	Concise, is directly from client's perspective, entirely in client's words	
Personal Reflection	Minimally addresses most criterion	Adequately addresses all criterion	Thoroughly addresses all criterion plus additional as	

			needed, describes personal meaning and/or growth	
Role Play Process	Minimally demonstrates critical thinking, emotional maturity, and interpersonal skills necessary for counselors in training, accepts but does not integrate peer and instructor feedback	Adequately demonstrates critical thinking, emotional maturity, and interpersonal skills necessary for counselors in training at a level commensurate with program status, accepts and attempts to integrate peer and instructor feedback	Thoroughly demonstrates critical thinking, emotional maturity, and interpersonal skills necessary for counselors in training at a level commensurate with program status, accepts and integrates peer and instructor feedback	
Communication	Verbal and oral communication minimally or do not demonstrate graduate level expectations per syllabus; written communication lacks professionalism	Verbal and oral communication meet graduate level expectations per syllabus, written communication is professional and graduate level (APA as necessary)	Verbal and oral communication exceed graduate level expectations per syllabus, written communication exceeds graduate level professionalism, including formatting and approach	

Overall Individual/Relational Assessment Competency:

Appendix F
Case Conceptualization and Treatment Planning Rubric
(Core Assignment)

Criterion	Below Minimum	Required	Intermediate	Notes
CC – Basic assumptions of chosen theory	Minimally describes theory but not assumptions behind it	Adequately describes basic assumptions of theory per assignment	Thoroughly but concisely describes basic assumptions of chosen theory	
CC – Statement of conceptualization according to theory	Does not use theoretical lens, or minimally uses theoretical lens to view and explain case, including etiology and maintenance of problem, role of the counselor, and treatment strategies/goals	Adequately uses theoretical lens to view and explain case, including etiology and maintenance of problem, role of the counselor, and treatment strategies/goals	Thoroughly but concisely uses theoretical lens to view and explain case, including etiology and maintenance of problem, role of the counselor, and treatment strategies/goals	
Tx Plan – Overall goals	Goals are minimally relevant to chosen theory and overall Tx, and connection is minimally or not at all described	Goals are adequately relevant to chosen theory and overall Tx, and connection is somewhat described	Goals are clearly relevant to chosen theory and overall Tx, and connection is thoroughly and concisely described	
Tx Plan – Objectives/Tasks	Objectives/Tasks are somewhat connected to theoretical orientation, many are cognitive/behavioral and measurable if appropriate	Objectives/Tasks are substantively connected to theoretical orientation, most are cognitive/behavioral and measurable if appropriate	Objectives/Tasks are thoroughly connected to theoretical orientation, make sense in terms of clinical arc, and are almost completely measurable if appropriate	
Overall Approach	Student’s attitude and approach demonstrated below-graduate level intent and skill related to critical thinking, cultural	Student’s attitude and approach demonstrated graduate level intent and skill, including critical thinking, cultural	Student’s attitude and approach demonstrated advanced intent and skill, including critical thinking, cultural awareness, and	

	awareness, and emotional maturity	awareness, and emotional maturity	emotional maturity	
Written Communication	Below graduate level expectations, including APA where appropriate	Meets graduate level expectations, including APA where appropriate	Exceeds graduate level expectations, including APA where appropriate	

Overall Case Conceptualization and Treatment Plan Competency: