



Course Syllabus
Counseling Interventions for Adults
COUN F629

Spring Semester
Wednesday 5:15-8:15 PM – Gruening Building, Room 717

Instructor:
E-mail address:
Telephone:
Office:
Office hours:
Audio Call In:
Video Conferencing:

Course Description: The course examines various intervention strategies for working primarily with adult individuals in a variety of situations. Attention is placed on assisting adults in accomplishing developmental tasks appropriate to their psychosocial growth. Descriptive intervention techniques with respect to assessing individuals in crisis will be discussed and strategies for handling those crises situations will be examined.

Course Objectives: Objectives for this course were developed to meet the 2016 core standards of the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Upon completion of this course, students will be able to identify, utilize, and explain the following areas of the counseling profession based on an understanding of the following 2016 CACREP Standards:

1. Multicultural and pluralistic characteristics within and among diverse groups nationally and internationally (*F.2.a.*).
2. The impact of spiritual beliefs on clients' and counselors' worldviews (*F.2.g.*).
3. Effects of crisis, disasters, and trauma on diverse individuals across the lifespan (*F.3.g.*).
4. A general framework for understanding differing abilities and strategies for differentiated interventions (*F.3.h.*).
5. A systems approach to conceptualizing clients (*F.5.b.*).
6. Developmentally relevant counseling treatment or intervention plans (*F.5.h.*).
7. Evidence-based counseling strategies and techniques for prevention and intervention (*F.5.j.*).
8. Suicide prevention models and strategies (*F.5.l.*).
9. Crisis intervention, trauma-informed, and community based strategies, such as Psychological First Aid (*F.5.m.*).
10. Procedures for assessing risk of aggression or danger to others, self-inflicted harm or suicide (*F.7.c.*).
11. Procedures for identifying trauma and abuse and for reporting abuse (*F.7.d.*).
12. Use of assessments for diagnostic and intervention planning purposes (*F.7.e.*).
13. The importance of research in advancing the counseling profession, including how to critique research to inform counseling practice (*F.8.a.*).
14. Identification of evidence-based counseling practices (*F.8.b.*).

15. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders (*CMHC.1.d.*).
16. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (*CMHC.2.b.*).
17. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment, and after care, and the mental health counseling services networks (*CMHC.2.c.*).
18. Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) (*CMHC.2.d.*).
19. Potential for substance use disorder to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders (*CMHC.2.e.*).
20. Impact of crisis and trauma on individuals with mental health diagnoses (*CMHC.2.f.*).
21. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (*CMHC.2.h.*).
22. Cultural factors relevant to clinical mental health counseling (*CMHC.2.j.*).
23. Record keeping, third part reimbursement, and other practice and management issues in clinical mental health counseling (*CMHC.2.m.*).

Please note: All topics in this course are taught from a multicultural perspective, which emphasizes the differing experiences, cultures, histories, and perspectives of peoples from a variety of ethnic, gender, racial, and social class backgrounds.

Required Texts:

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <http://dx.doi.org/10.1176/appi.books.9780890425596.910646>
- American Psychological Association. (2009). *Publication manual of the American Psychological Association* (6th ed.). Washington, DC: American Psychological Association.
- Jongsma, A., Peterson, L., & Bruce, T. (2014). *The complete adult psychotherapy treatment planner* (5th ed.). Hoboken, NJ: John Wiley & Sons.
- Kanel, K. (2015). *A guide to crisis intervention* (5th ed.). Stamford, CT: Cengage Learning.
- Sinacola, R. S., & Peters-Strickland, T. S. (2011). *Basic psychopharmacology for counselors and psychotherapists* (2nd ed.). Boston, MA: Pearson.

Recommended Texts:

- James, R.K., & Gilliland, B.E. (2013). *Crisis intervention strategies* (7th ed.). Belmont, CA: Brooks/Cole ISBN-10: 1-111-18677-4 ISBN-13: 978-1-111-18677-7
- Jackson-Cherry, L., & Erford, B. (2009). *Crisis intervention and prevention*. Brooks/Cole CA.

Required Readings:

- Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist*, 59, 20-28.
- Hansel, T., Osofsky, H. J., Steinberg, A. M., Brymer, M. J., Landis, R., Rise, K., & Speier, A. (2011). Louisiana spirit specialized crisis counseling: Counselor perceptions of training and services. *Psychological Trauma: Theory, Research, Practice, And Policy*, 3(3), 276-282. doi:10.1037/a0024644
- Lambert, S. F., & Lawson, G. (2013). Resilience of professional counselors following Hurricanes Katrina and Rita. *Journal Of Counseling & Development*, 91(3), 261-268. doi:10.1002/j.1556-6676.2013.00094.

Spitzer, R. L., Kroenke, K., Williams, J. W., & Löwe, B. (2006). A brief measure for assessing generalized anxiety disorder: The GAD-7. *Archives Of Internal Medicine*, 166(10), 1092-1097. doi:10.1001/archinte.166.10.1092

Substance Abuse and Mental Health Services Administration. (2008). *Emergency mental health & traumatic stress: Crisis counseling and mental health treatment: Similarities and differences*. Retrieved from http://www.fema.gov/txt/media/2006/ccp_mh.txt

Oriol, W. (n.d.) *Psychosocial issues for older adults in disasters*. Retrieved from <http://store.samhsa.gov/shin/content/SMA11-DISASTER/SMA11-DISASTER-03.pdf>

(All required readings are in the dated file folders under the Session Resources section of Blackboard or available from the Rasmuson Library.)

Methods of Instruction: Methods of instruction include but are not limited to: lecture, small and large group discussion, guest speakers, videos, and computerized/internet instruction.

Course Evaluation: Students are evaluated based on four criteria: (a) class attendance and class participation, (b) the literature review/presentation, (c) the service learning project/paper, and (e) the final paper outline/final paper.

Class attendance and class participation: Be ready to begin promptly at 4:10 PM. Students are expected to come to class prepared, *with assignments turned in before arrival*. Attending class, reading assignments, and participating in class discussions are all expectations for this course. *Speaking out and sharing perspectives enriches the class experience.*

Each student's participation will be assessed each week. One of the primary goals of the course is for students to be comfortable and confident in their ability to discuss the course topics; therefore, participation makes up a large part of the final grade for this reason. The attendance and participation rubric (shown below) will be used weekly to assess attendance participation, and reflection.

Each student must complete one personal reflection every week. A reflection describes a personal reaction to what was learned each week. Students share in reflections how they were affected by the week's topic, how the topic relates to other topics learned in previous courses or in other situations, or how the information might apply to a future job. These posts are at least 100 words but no longer than 300 and can be written in first person. No citations or references are needed. **Reflections for each week are due on Blackboard by Saturday at 4:00 PM, Alaska Standard Time.**

If missing class is unavoidable, I must be notified before the class session. Absence does not relieve a student from the responsibility of completing all assignments before the due date, or for comprehending the material presented during the class session. For any missed class, students are expected to answer the discussion question posted on Blackboard that addresses the material covered in class that day. This assignment is due at the start of the next class session. Excessive absences may result in the student receiving a grade of "Incomplete" for the course.

Be mindful that all personal information shared in class must remain confidential.

Written papers: Students are expected to complete three large written assignments throughout the semester: (a) the literature review, (b) the service learning project/paper, and (c) the final paper. All papers are to be typed, double-spaced, well written, and grammatically correct. Writing should conform to APA style and include headings, citations, and references. *Late assignments will not be accepted without prior approval from the instructor.*

Service Learning Project and Reaction Paper: Students will complete a service learning group project with no more than two other students in this class. Service learning is a form of experiential education in which students engage in activities that address human and community needs together with structured opportunities for reflection designed to achieve desired learning outcomes. Students will complete an 8-10 page reaction paper following completion of a service-learning project.

There are six identified hallmarks of high quality service learning projects:

- * *integrated learning* (the academic purpose of the project is clearly identified);
- * *community service* (the project helps develop community and student assets);
- * *collaborative development and management* (partners work together to plan, implement, and evaluate the project);
- * *engagement and a sense of community responsibility* (critical reflection takes place on the need to engage in local, regional, and international social and political systems);
- * *contemplation*, (critical reflection that leads to a synthesis of knowledge of self, academic topics, and society);
- * *evaluation and disclosure* (analysis and interpretation of the results of the project takes place to determine the learning that occurred).

The reflection paper needs to address:

- * when and where the project took place,
- * the individual(s) who helped set up the project,
- * integrated learning – (the academic purpose of the project is clearly identified). *In other words, what project did you develop and how did you use information from the class to determine how best to address this group?*
- * community service (the project helps develop community and student assets). *In other words, what assets did you hope to develop in the people you worked with and what assets did you hope to develop in yourself?*
- * collaborative development and management (partners work together to plan, implement, and evaluate the project). *In other words, what specifically took place in the process of collaborating, including planning, implementing, and evaluating the project?*
- * engagement and a sense of community responsibility (critical reflection takes place on the need to engage in local, regional, and international social and political systems); *In other words, what do you see as your role in these systems as they relate to this profession? You can also describe how they relate to you personally if you like.*
- * contemplation (critical reflection that leads to a synthesis of knowledge of self, academic topics, and society). *In other words, what did you learn about the topic you addressed, how did learning and sharing that information affect or impact you and how do you think the information affected or impacted the group you worked with?*
- * evaluation and disclosure (analysis and interpretation of the results of the project takes place to determine the learning that occurred). *In other words, what learning occurred in yourself, the group you presented to, the other group members, and the agency you worked with?*

Literature Review: Sign up to review the literature pertaining to one of the following topics: (a) the impact of spiritual beliefs on clients' and counselors' worldviews; (b) cultural factors relevant to clinical mental health counseling; (c) impact of crisis and trauma on individuals with mental health diagnoses; (d) potential for substance use disorder to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders; (e) a systems approach to conceptualizing clients; (f) crisis intervention, trauma-informed, and community based strategies, such as Psychological First Aid; (g) Multicultural and pluralistic characteristics within and among diverse groups nationally and internationally. Review at least 15 recent peer-

reviewed journal articles. (Recent articles are those published within the last five years.) The review must be written in the form of a literature review, which we will discuss at length during the class session on *January 28th*. Reference the articles according to APA formatting. Papers are to be 8 to 10 pages in length (not including the reference page) and students will present their literature reviews in class in a 20-30 minute presentation. Five additional points may be awarded if another person in the course proofs the literature review and submits a thorough review to the instructor. This paper is to be written in third person. *Articles included in the required or optional reading lists for this course cannot be used to complete this assignment.*

The Final Paper: Create a case study and develop an intervention/treatment plan for an adult client by first describing in detail (a) the client’s demographic information, (b) the presenting problem that caused the client to seek assistance, (c) the risk assessment used to determine the client’s immediate need, (d) the DSM 5 Criteria and Description of the presenting problem, including the full name of the diagnosis, associated DSM-5 and ICD-10 codes, and specifiers as appropriate, (e) evidence based assessments for diagnostic and intervention planning; (f) evidence based counseling strategies and mental health delivery modalities; (G) theoretical frameworks that support the counseling intervention and (c) potential psychopharmacological medication interventions. *Cultural factors that might influence diagnosis and treatment should be included throughout the paper.* Other topics may be included if desired. The paper is to be 15 - 20 pages in length (not including the references page), follow APA formatting, and must include at least 15 references (at least ten not included in your reading list). This paper is to be written in third person. You may continue the case study you developed for Cross-Cultural Psychopathology for this assignment.

Final Paper Outline: An outline for the paper, including references is part of the final paper assignment and needs to include information for each section.

Grading: Your course grade will be determined on a point system as follows:

Attendance	15 points		
Weekly Discussion Questions	90 points		
Weekly Reflections	30 points		
Literature Review	90 points		
Literature Review Presentation	25 points		
Case Study Outline	25 points		
Case Study	125 points		
Service Learning Reaction Paper	<u>100 points</u>		
Total	<u>500 points</u>		
		<u>Grading Scale</u>	
		464 points and up (93%)	A
		400 points and up (80%)	B
		350 points and up (70%)	C
		300 points and up (60%)	D
		Less than 300 points	F

Disability Services: *Students with a physical or learning disability, who may need academic accommodations, should contact the Disability Services office. UAF Disability Services is located within the Center for Health and Counseling in the Whitaker Building on the corner of Yukon Drive and North Chandalar (Room 208). The accessible entrance is located on North Chandalar Drive. UAF Disability Services can be contacted by telephone (474-5655) or e-mail (uaf-disabilityservices@alaska.edu). Once documentation of your disability is received, Disability Services will contact me regarding the necessary accommodations.*

Support Services: *Writing support services are available on the UAF Campus in the Writing Center, located in 801 Gruening, UAF, 907-474-5314, and on the UAA Campus at the Reading/Writing Center, located in 118 Sally Monserud Hall, UAA, 907-786-6918. Note: to access this Center at UAA, students must register in the English Department (907-786-4355) at a*

rate of \$12 per semester. Students who are not on the UAA or UAF campus should contact the Center for Distance Education for details regarding support services that are available by distance.

Plagiarism. *Plagiarism is representing someone else's ideas and work as your own. Plagiarism includes not only copying verbatim, but also rephrasing the ideas of another without properly acknowledging the source. As you prepare and submit work to meet course requirements, whether a draft or a final version of a paper or project, you must take great care to distinguish your own ideas and language from information derived from sources. Sources include published primary and secondary materials, electronic media, and information and opinions gained directly from other people.*

Policy on Discrimination, Harassment, and Violence. *The University of Alaska Board of Regents has clearly stated in BOR Policy that discrimination, harassment and violence will not be tolerated on any campus of the University of Alaska. If you believe you are experiencing discrimination or any form of harassment including sexual harassment/misconduct/assault, you are encouraged to report that behavior. If you report to a faculty member or any university employee, they must notify the UAF Title IX Coordinator about the basic facts of the incident. Your choices for reporting include: 1) You may access confidential counseling by contacting the UAF Health & Counseling Center at 474-7043; 2) You may access support and file a Title IX report by contacting the UAF Title IX Coordinator at 474-6600; 3) You may file a criminal complaint by contacting the University Police Department at 474-7721.*

Class Schedule, Required Readings, Assignment Due Dates

Additional work may be assigned to meet course requirements.

Class Date	Class Content	Readings	Assignments Due	CACREP 2016 Standards
	Course Overview What is Crisis Intervention?	Kanel. (2015). Ch. 1 James & Gilliland (2013). Ch.1 ??		<i>CMHC.2.f.; F.3.g; F.5.m.</i>
	Ethical Issues ABC Model Cultural Factors Spiritual Beliefs	Kanel. (2015). Ch. 2 & 3 Lambert & Lawson (2013). Resilience of professional...		<i>CMHC.2.j.; F.2.a; F.2.g.</i>
	Sample Treatment Plan Using the DSM 5 Assessment Measures	<u>DSM-5</u> . (2013). Review pp. 19-25. <u>DSM-5</u> . p. 733-748 Jongsma et al. (2014). pp. 10-13		<i>CMHC.2.m.</i>
	Depression Seasonal Affective Disorder Crisis of Loss Unresolved Grief/Loss	<u>DSM-5</u> . (2013). Review pp. 789-792. Kanel. (2015). Ch. 6 Jongsma et al. (2014). pp. 200-208 Bonanno (2006). Loss... Oriol. (n.d.). Psychosocial issues...		<i>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
	Sexual Assault and Rape Crisis of Personal Victimization	Kanel. (2015). Ch. 9 Jongsma et al. (2014). p. 354-363 Hansel et al. (2011). Louisiana specialized....		<i>F.f.c.; F.7.d.</i>
	PTSD and Trauma Veteran Related Problems	<u>DSM-5</u> . (2013). Review pp. 265-290. Kanel. (2015). Ch. 7-8 Jongsma et al. (2014). pp. 328-341 SAMSHA. (2008). Emergency mental health...		<i>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
	Bipolar Disorder	<u>DSM-5</u> . (2013). Review pp. Kanel. (2015). Ch. 10 Jongsma et al. (2014). pp. 62-86	Literature Review	<i>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
	Literature Reviews	Prepare Literature Review Presentations	Literature Review Presentation	<i>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
	<i>Spring Break – No Class</i>			
	Substance Abuse	<u>DSM-5</u> . (2013). Review pp. 481-589. Kanel. (2015). Ch. 11 Jongsma et al. (2014). pp. 129-137/413-426		<i>CMHC.1.d.; CMHC.2.e.; F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
	Anxiety Disorders	<u>DSM-5</u> . (2013). Review pp. Kanel. (2015). Ch. 8 Spritzer et al. (2006). A brief measure....	Final Paper Outline	<i>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
	Crises Related to Illness/Disabilities	Kanel. (2015). Ch. 12 Jongsma et al. (2014). p. 105-115		<i>F.3.h.; F.5.h.</i>

Schizophrenia Spectrum and other Psychotic Disorders	<i>DSM-5</i> . (2013). <i>Review</i> pp. 87-122. Kanel. (2015). Ch. 4 Jongsma et al. (2014). pp. 342-353	Service Learning Project	
Obsessive-Compulsive and Related Disorders Eating Disorders	<i>DSM-5</i> . (2013). <i>Review</i> pp. Jongsma et al. (2014). pp. 268-277/147-160		<i>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>
Suicidal Ideation	Jongsma et al. (2014). pp. 427-436 http://zerosuicide.sprc.org/toolkit/identify/screening-and-assessing-suicide-risk	Final Paper	<i>F.5.l; F.7.c.; F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</i>

Specific Assignments Meeting CACREP Requirements

Week of Instruction	Evaluation Component	CACREP 2016 Standard Assessed
Week One	<p>Discussion Question #1: addresses effects of crisis, disasters, and trauma on diverse individuals across the lifespan.</p> <p>Discussion Question #2: addresses impact of crisis and trauma on individuals with mental health diagnoses.</p> <p>Lecture and Reflection: Crisis intervention, trauma-informed, and community based strategies, such as Psychological first Aid</p>	<p>F.3.g.</p> <p>CMHC.2.f.</p> <p>F.5.m.</p>
Week Two	<p>Discussion Question #1: addresses cultural factors relevant to clinical mental health counseling.</p> <p>Discussion Question #2: addresses the impact of spiritual beliefs on clients' and counselors' worldviews.</p> <p>Lecture and Reflection: Multicultural and pluralistic characteristics within and among diverse groups nationally and internationally</p>	<p>CMHC.2.j.</p> <p>F.2.a.</p> <p>F.2.g.</p>
Week Three	<p>Lecture, Examination, and Reflection: Record keeping, third part reimbursement, and other practice and management issues in clinical mental health counseling including using the DSM-5 for diagnosis and assessment.</p>	CMHC.2.m
Week Four	<p>Review DSM 5 Criteria and Description: Depression, Seasonal Affective Disorder, Crisis of Loss, Unresolved Grief/Loss</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b CMHC 2.c.; CHMC 2.h.</p>
Week Five	Lecture and Discussion: Procedures for	F.7.c.; F.7.d.

	<p>assessing risk of aggression or danger to others, self-inflicted harm or suicide.</p> <p>Guest Speaker, Discussion, and Reflection: Procedures for identifying trauma and abuse and for reporting abuse.</p>	
Week Six	<p>Review DSM 5 Criteria and Description: PTSD and Trauma and Veterans' Related Problems</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>
Week Seven	<p>Review DSM 5 Criteria and Description: Bipolar Disorder</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>
Week Eight	<p>Review DSM 5 Criteria and Description: Schizophrenia Spectrum and other Psychotic Disorders</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>
Week Nine	<p>Review DSM 5 Criteria and Description: Substance Abuse</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>
Week Ten	<p>Review DSM 5 Criteria and Description: Anxiety Disorders</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>

Week Eleven	<p>Discussion Question #1: A general framework for understanding differing abilities and strategies for differentiated interventions.</p> <p>Discussion Question #2: Developmentally relevant counseling treatment or intervention plans.</p>	<p>F.3.h.</p> <p>F.5.h.</p>
Week Twelve	<p>Review DSM 5 Criteria and Description:</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>
Week Thirteen	<p>Review DSM 5 Criteria and Description: Obsessive-Compulsive and Related Disorders Eating Disorders</p> <p>Lecture and Discussion: addressing (a) evidence based assessments for diagnostic and intervention planning; (b) evidence based counseling strategies and mental health delivery modalities; and (c) potential psychopharmacological medication interventions.</p>	<p>CMHC 2.b.; CMHC 2.d.</p> <p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.c.; CHMC 2.h.</p>
Week Fourteen	<p>Suicide Prevention Guest Speaker Discussion and Reflection on Speaker's Presentation.</p>	<p>F.5.j; F.7.e; F.8.a; F.8.b.; CMHC 2.b.; CMHC 2.c.; CMHC 2.d.; CHMC 2.h.</p>

Course Rubrics

Attendance and Participation

	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
ATTENDANCE	Is often late for class and leaves early without prior arrangement.	Misses no more than one class without prior arrangement. Is never late and does not leave early without prior arrangement.	Attends all classes. No missed classes without prior arrangement.	Attends all classes. No missed classes without prior arrangement. Engages other students before and after class and during breaks.
LARGE GROUP PARTICIPATION	Does not ask questions or make comments that indicate familiarity with class topics.	Rarely asks questions or makes comments that indicate familiarity with the class topics.	Occasionally asks questions or makes comments that indicate reflection and familiarity with the class topics.	Regularly asks questions or makes observations that indicate reflection and familiarity with the class topics.
SMALL GROUP PARTICIPATION	Does not participate actively in small groups.	Rarely participates actively in small groups.	Participates in small groups.	Actively participates in small groups and is adequately prepared to discuss the class topics.
BLACKBOARD PARTICIPATION	Does not open Blackboard to access information.	Rarely opens Blackboard to access information.	Regularly uses Blackboard to enhance the classroom experience.	Actively uses Blackboard to enhance the classroom experience.

Papers and Critiques

	UNSATISFACTORY	BASIC	PROFICIENT	DISTINGUISHED
CLARITY	The paper is incomprehensible even after repeated readings.	Most of the paper is comprehensible, but some passages require interpretation by the reader. Some passages have poor organization.	The paper is comprehensible, but there are a few passages that are difficult to understand. The organization is generally good.	The paper is easy to understand; it is concise and well organized.
GRAMMAR	The paper has many grammatical errors. The errors interfere with comprehension.	The paper has a number of major grammatical errors. Some of the errors interfere with comprehension.	The paper has a few major grammatical errors, but the errors do not significantly interfere with comprehension.	The paper has no major grammatical errors.
AUDIENCE	There is little evidence of writing for scholar/practitioners; much of the paper includes colloquial expressions, use of first person, etc.	Many parts of the paper include colloquial expressions, the use of first person, etc.	The paper is generally written for scholar/practitioners, but it includes some colloquial expressions, the use of first person, etc.	The paper is written for scholar/practitioners.
COMPLETENESS	The paper does not address all the areas required by the assignment.	The paper addresses most of the areas required by the assignment.	The paper addresses all of the areas required by the assignment.	The paper addresses all of the areas required by the assignment in an engaging manner.
CONCISENESS	The paper presents a significant amount of irrelevant information.	The paper contains some irrelevant information.	The paper contains irrelevant information but the information does not significantly compromise the paper.	The paper has no irrelevant information.
APA FORMATTING	The paper has many departures from the APA Publication Manual, 6 th Edition.	The paper has some departures from the APA Publication Manual.	The paper has a small number of departures from the APA Publication Manual.	The paper is written in accordance with the APA Publication Manual.

Class Presentations

	Unsatisfactory	Basic	Proficient	Distinguished
KNOWLEDGE OF MATERIAL	The presenters appear to lack a basic understanding of the topic.	The presenters have a basic understanding of the topic.	The presenters have a very good understanding of the topic.	The presenters have an excellent understanding of the topic and include extra information in the presentation.
AUDIENCE ENGAGEMENT	The audience is not engaged and appears bored during the presentation.	The audience is minimally engaged, paying attention at times and not paying attention at other times.	The audience is engaged throughout the presentation.	The audience is actively engaged and appears to enjoy the presentation.
PRESENTER PARTICIPATION	Some members of the presentation team do not appear to participate.	All members of the presentation team participate, but some are not as involved as others.	All member of the presentation team participate equally.	All members of the presentation team present equally and the members appear to work as a team.
USE OF TEACHING TOOLS	Only one teaching tool is used.	More than one teaching tool is used but there is a lack of cohesion between the two tools.	Two or more teaching tools are used together effectively.	Two or more teaching tools are used together with a high level of audience response.