



Master of Arts in Counseling

Course Syllabus

Course Information

COUN530 - ADVANCED PSYCHOPATHOLOGY
Fall 2024
2 Semester Hours

Location/Date/Time

Room: SB003
Wednesday 9:30-11:30

INSTRUCTOR'S INFORMATION:

Cheree Hammond, PhD

Email: cheree.hammond@emu.edu

Office Phone: 540.432.4228

Student Hours: by appointment

Greet: A 5-10 minute "pop-in" whenever my office door is open to say "hi" and connect

Meet: A 15–30 minute scheduled meeting for advising or to discuss an issue

Work: A longer scheduled meeting to engage in parallel or collaborative work time

(adapted from Hogan & Sathy, 2022, Inclusive teaching: Strategies for promoting equity in the college classroom)

COURSE DESCRIPTION:

While our psychopathology course developed the foundations for strong diagnostic skills, advanced psychopathology works to cultivate skills in integrating theory with diagnosis and intervention planning by looking at the treatment of key diagnostic categories through a number of theoretical lenses, emphasizing evidence-based practices but also providing support for alternative approaches.

FORMAT:

Please be prepared to discuss the readings and to have conversations about the structure of the models being presented in that week's text. We will also practice approaches described in the text, so please be prepared to work as a counselor in this approach in practice sessions, as well as in small groups to develop treatment interventions modeled on these works.

COURSE GOALS AND OBJECTIVES: (Addressing CACREP 2024 Standards) Students in this course will gain advanced practice in diagnostic skills, case conceptualization, and treatment planning. Students will gain insight into the dynamics of life span development, gender and culture in drawing diagnostic conclusions. Successful students will demonstrate proficiency in the following areas:

1. Theories and models of counseling, including relevance to clients from diverse cultural backgrounds (3.E.1.)
2. Students will cultivate critical thinking and reasoning strategies for clinical judgment in the counseling process (3.E.2)
3. Students will cultivate their skills in case conceptualization using a variety of models and approaches (3.E.3)
4. Counseling strategies and techniques used to facilitate the client change process (3.E.10)
5. strategies for adapting and accommodating the counseling process to client culture, context, abilities, and preferences (3.E.11)

6. Goal consensus and collaborative decision-making in the counseling process (3.E.12.)
7. Developmentally relevant and culturally sustaining counseling treatment or intervention plans (3.E.13.)
8. Development of measurable outcomes for clients (3.E.14.)
9. Evidence-based counseling strategies and techniques for prevention and intervention (3.E.15.)
10. Suicide prevention and response models and strategies (3.E.19.)
11. Diagnostic processes, including differential diagnosis and the use of current diagnostic classification systems (3.G.11)
12. Procedures to identify substance use, addictions and co-occurring conditions (3.G.12)
13. Procedures for assessing and responding to risk of aggression or danger to others, self-inflicted harm, and suicide (3.G.13.)
14. Procedures for assessing clients' experience of trauma (3.G.14.)
15. Etiology, nomenclature, diagnosis, treatment, referral, and prevention of mental, behavioral and neurodevelopmental disorders (5.C.1)
16. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (5.C.4.)
17. Techniques and interventions for prevention and treatment of a broad range of mental health issues (5.C.5)
18. Third party reimbursement and other practice and management issues in clinical mental health counseling (5.C.9.)

STUDENT LEARNING OBJECTIVES IN ADDITION TO CACREP STANDARDS:

- Students will practice and demonstrate skill in discerning pertinent diagnostic information from a case study, assessment, or intake
- Students will deepen their working knowledge of the diagnostic criteria for mental and/or emotional disorders
- Students will deepen their ability to work collaboratively in group diagnostic and treatment teams to create developmentally relevant counseling treatment or intervention plans and to develop measurable outcomes for clients
- Students will demonstrate a deepening of the application of theory specific intervention and treatment planning.
- Students will demonstrate an understanding of culturally relevant diagnostic processes

Syllabus Disclaimer:

This syllabus is not a contract. The instructor reserves the right to alter the course requirements, schedule, and/or assignments based on new materials, class discussions, or other legitimate objectives. Students will be given notice of relevant changes in class or via email.

Technology:

- This course will combine discussion with hands-on intervention planning and applied practice of the models we are exploring. Please have a computer or tablet available for writing and submitting your in-class work.

REQUIRED TEXTS AND OTHER RESOURCES:

Tirch, D. (2012). <i>The Compassionate-Mind Guide to Overcoming Anxiety: Using Compassion-Focused Therapy to Calm Worry, Panic and Fear</i>
Peters, B. (2020). <i>Sleep Through Insomnia: End the Anxiety and Discover Sleep Relief with Guided CBT-I Therapy</i>
Courtois, C., & Ford, J. (2015). <i>Treatment of Complex Trauma: A Sequenced, Relationship-Based Approach</i>
Frank E. (2007) <i>Treating Bipolar Disorder: A Clinician's Guide to Interpersonal and Social Rhythm Therapy</i>
Barton S. and Armstrong P. (2019). <i>CBT for Depression: An Integrated Approach.</i>
Van Niekerc, J., & Purdon, C. (2018). <i>A Clinician's Guide to Treating OCD: The Most Effective CBT Approaches for Obsessive-Compulsive Disorder</i>
Various Readings as Required, available on Moodle

Review Materials:

- American Psychiatric Association. . *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: APA.
- Beck, J. (2011). *Cognitive behavioral therapy basics and beyond*. The Guilford Press; 2 edition
- Hammond, C. (2021). *Diagnostic essentials of psychopathology: A case-based approach*. Thousand Oaks; SAGE Press.

Recommended Reading/Additional Resources:

- Chang, et al. (2018). *Treating Depression, Anxiety, and Stress in Ethnic and Racial Groups: Cognitive Behavioral Approaches (Cultural, Racial, and Ethnic Psychology*
- Galanti, R. (2020). *Anxiety Relief for Teens: Essential CBT Skills and Self-Care Practices to Overcome Anxiety and Stress*
- Gilbert, P. (2019). *The Compassionate Mind*. Robinson.
- Hays, P. (2008) *Addressing cultural complexities in practice, 2nd edition.*
- Kolts, R., (2016). *CFT made simple: A clinician's guide to practicing compassion-focused therapy.*
- Kort, J. (2018). *LGBTQ Clients in Therapy: Clinical Issues and Treatment Strategies*
- Lees, K. (2022). *The Trans Guide to Mental Health and Well-Being.*
- Ogden, P. *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment* (Norton Series on Interpersonal Neurobiology)
- Nichols, M. (2020). *The Modern Clinician's Guide to Working with LGBTQ+ Clients: The Inclusive Psychotherapist*
- Phelps (2016). *A spectrum approach to mood disorders.*

- Puliaficio (2017). *The OCD Workbook for Kids: Skills to Help Children Manage Obsessive Thoughts and Compulsive Behaviors* (An Instant Help Book for Parents & Kids)
- Atkins, C. (2014). *Co-Occurring Disorders*.
- Walker, M. (2017). *Why We Sleep: The New Science of Sleep and Dreams*
- Orzech & Moorcroft (2019). *Mindfulness for Insomnia: A Four Week Guided Program to Relax Your Body, Calm Your Mind and Get the Sleep You Need*

Course Requirements and Procedures:

Attendance Policy: Due to the interactive nature of this training experience, students are **required** to attend and actively participate in **ALL** class sessions. Attendance and active participation are necessary for mastery of course material. Class work will build upon weekly assignments. Please make a commitment to attend every class punctually. If you know you will be absent, please let me know at the beginning of the semester or a class period in advance. If an emergency arises, please call or email me and let me know you will not be in class.

Class Participation (5 points): As in our psychopathology course, we will have DXTX teams; when we will spend much of our time together doing work in these teams conceptualizing cases, developing theory-based treatment plans and role playing interventions. You will be evaluated on your participation in the following way:

Participation	Points
Poor use of classroom activity time. Choosing not to ask for help or clarification when help is needed. Creating or contributing to a group environment in which others' ideas are not respected or in which you have not actively contributed to the classroom activity. Failing to read materials and coming to class unprepared to discuss the interventions.	1
Active participation in your group; having come prepared for most discussions by reading most of the required readings. Supporting fellow team-members' ideas and contributing to an environment that is productive and effective. Participating in role plays productively.	3
Excellence in participation in your teams means that you are contributing actively and productively in team discussions around role play, diagnosis of cases, case conceptualization, and treatment planning. Active and productive participation also means that you are contributing equally in discussions and decision-making, encouraging the participation of fellow team members and showing respect for the thoughts and ideas expressed by members of your team.	5

Classroom Activities and Reflections (20): Classroom activities are group activities in which we will conceptualize cases using the theories and models we are exploring. In groups you will also develop treatment goals and role play interventions. Occasionally, you may be asked to reflect on your role play experiences if time does not allow for this in class (CACREP Standards 3.E.1, 3.E.2, 3.E.3., 3.E.10, 3.E. 11, 3.E.12, and 3.E. 13)

Team Presentation (30 points): You will notice that there are a number of front-line interventions for OCD. For this assignment, students will collaborate with team members in the creation of a 25 minute presentation that educates classmates on a particular OCD theoretical frame and approach to intervention. Each team will be assigned one approach, which is outlined in the van Niekerk text. For instance, Team I will explain the premise and use of exposure and response prevention therapy. You have been provided “team presentation guidelines” for this presentation, which can be found in this syllabus. **Observing the time limit for your presentation will be important so we can see all presentations during class.** (CACREP Standards addressed: 3.E.1, 3.E.10, 3.E.11, & 3.E.13.)

NOTE: You will use your in vivo activity, described below, for **three elements** of class. The first is the **participation** in the activity itself, which will contribute to your participation score, the second is your **in vivo character description** (see below) and the third is your **final/competency**, (also discussed below.)

In Vivo Character Description (45 points): For this assignment you are asked to create a typed description of the client you have developed and will role play in the in vivo. You will need to create a character that you can role play that has a **dual diagnosis of two or more distinct disorders** that we are exploring more closely this semester: insomnia, depression, bipolar disorder, anxiety and OCD. You should be prepared to role play this client live in class while a classmate works with you to build a treatment plan for your work together. **You should type up a description of the client you’ve developed, their history and diagnosis (1 ½-2 pages).** (Find a template for this activity in this syllabus). (CACREP Standards addressed: 3.E.11, 5.C.1)

PLEASE DO NOT PLAY YOURSELF OR A LOVED-ONE AS THE CLIENT. It is a boundary-crossing and is awkward for your classmate to diagnose and create a treatment plan for someone in their cohort.

Final Exam (Competency) (100 points): The final exam is also your psychopathology competency, the Competency/Final Exam Template & Rubric included, please attend to both as you write your final exam. (CACREP Standards addressed: 3.E.1, 3.E.10, 3.E.11, 3.E.13, 3.E.14, 3.E.15, 3.G.11, 5.C.1)

Your final exam is to write up an **integrated case conceptualization** of your in vivo client and a **diagnosis, justification** and a **complete treatment plan**. Please look over the template and example as well as the competency rubric for details.

OCD Presentation Guidelines

Summarize the Approach	Offer an overview, including key theories and reasoning behind the approach you are presenting. (3.E.1., 3.E.10, 5.C.5)	/5
Cultural Distinctions	Please note the cultural considerations that must be made when considering this particular model and its interventions (3.E.1.,	/5

	3.E.11, 3.E.13.)	
Handout: Summary and The Treatment Plan	In your handout be sure you have outlined the steps of the approach and create sample treatment goals (for instance, if there are 4 basic steps, develop 4 goals to demonstrate for your peers how this would look. (3.E.1., 3.E.10., 5.C.5)	/9
The Approach in Action	Describe what actually happens in the therapy room; for instance, your team may need to describe the process of immersion, how the specifics of the immersion are co-created with the client and how it is then conducted in the therapy room and any cultural adaptations you anticipate; this can be described, demonstrated or a clip might be used (3.E.1. , 3.E.10, 3.E.11, 5.C.5)	/10
Time	The content of the this presentation should be 20 minutes with 5 minutes for questions or 25 minutes with no question time	/1
Total		/30
Avoid:	<p>Do not use your group time to explain the basics of OCD, for example, defining intrusive thoughts and compulsions, focus on the unique information of your theory and approach.</p> <p>If you use a clip for demonstration or explanation, create it yourselves, please do not pull a clip from the web.</p> <p>Do not use your handout to duplicate information that is already in your text. Instead use your handout to provide an example of treatment planning built around your specific model.</p> <p>Reading from notecards or other materials while presenting will leave the impression that you don't understand your topic well, please avoid reading your presentation.</p>	
Be Sure To:	<p>Practice your presentation</p> <p>Contribute equally to the development and final product of the presentation</p> <p>Respect the members of your team</p>	

In Vivo Character Description Guidelines

Dual Diagnosis:	The character you develop should have a dual diagnosis: Identify and justify each. (2-4 paragraphs total) (3.G.11)	/20
Demographics & Brief History:	In a page or page and ½ please describe your client's basic demographic and key historical information leading up to the current problems. (5.C.4.)	/25
Total		/45
Avoid:	<p>Avoid extreme presentations, for instance long trauma descriptions that will hijack your partner's work (if you are unsure if your idea might be 'extreme' please contact me)</p> <p>Avoid describing characters that are based upon your own experiences or those of those dear to you (i.e. family or friends)</p> <p>Avoid complicating the diagnostic picture and intervention plan with substance use issues.</p>	
Be Sure To:	Keep your written description to no more than 2.5 pages	

Competency/Final Exam Template & Rubric

Student name		
In vivo partner		
Integrated Case Conceptualization:	<ol style="list-style-type: none"> 1. Use the BASIC ID (Ingram) and the integrated conceptualization approach to describe your client (you will find a copy of the BASIC ID template in this syllabus) (10 points): <ol style="list-style-type: none"> a. All elements are covered clearly and with some depth (10) b. Most elements are covered clearly and with some depth (8) c. Elements are covered but not identified (6) 2. Incorporate theory from our readings about what may be causing the difficulties your client is experiencing (for example, if your client has OCD and you are using ACT to understand and treat the OCD, please use the ACT framework to explain your client's symptoms. If you want to use a framework not explored in class please come see me. (13 points) <ol style="list-style-type: none"> a. The theories taken from intervention models are used to frame the client's difficulty clearly and with depth (13) b. The theories taken from intervention models are used to frame the client's difficulty (8) c. Theories are mentioned but not applied to the client (4) d. Theories are not applied to the client (0) 3. (2-3 pages total) (3.E.1., 5.C.4.) <p>**Please note that theory from your readings is NOT included in the sample competency (available on Moodle). This is because to include a theory from one of our readings would privilege some of the class (if their client has the same or a similar presentation) over others (those whose client does not experience that presentation. Instead, I have included theoretical conceptualizations using the Ingram model.</p>	xx/25 pts
Hypothesis Statement:	In a single sentence, or two, please concisely state the source of your client's difficulty. 3.E.1.	xx/5

	<ul style="list-style-type: none"> ● Hypothesis is theory informed (3) ● Hypothesis matches conceptualization but does not capture the theory (2) ● Hypothesis is insufficient or does not match the conceptualization (1) ● Hypothesis is absent(0) 	
Justification 1	(be careful to use appropriate coding and structure) 3.G.11, 5.C.1 <ul style="list-style-type: none"> ● Follows standard structure (4) ● Element or elements of the structure are absent (0-3) ● Specifiers are justified, if present (1) ● Specifiers are absent (0) 	xx/5
Diagnosis 1	(be careful to use appropriate coding and structure; use specifiers) 3.G.11, 5.C.1 <ul style="list-style-type: none"> ● No coding error (4) ● No notation error (6) xx	xx/10
Justification 2	(be careful to use appropriate coding and structure) 3.G.11, 5.C.1 <ul style="list-style-type: none"> ● Follows standard structure (4) ● Specifiers are justified, if present (1) 	xx/5
Diagnosis 2	(be careful to use appropriate coding and structure; use specifiers) 3.G.11, 5.C.1 <ul style="list-style-type: none"> ● No coding error (4) ● No notation error (6) xx	xx/10
Questions:	<p>If you have outstanding questions that have direct bearing on the diagnosis, please list those and note how the answers would influence your diagnosis.</p> <p>If you have questions about your client's demographics or history that may have direct bearing on your choice of intervention you may list those as well. 3.G.11</p> xx	
Therapeutic Approach or Models	Here, list the model or models you will be using to guide your treatment plan. If you decide to use a model that we have not	xx/5

	<p>covered in this class, you will need to attach a reference to the book or books you are using as well as a summary of the approach. 3.E.1., 3.E.10, 3.E.11, 3.E.13., 3.E.15., 5.C.5</p> <ul style="list-style-type: none"> ● Models are identified (3) ● Rationale for selecting those models explained (2) 	
Models for Treatment	<p>Recall that you do not list the work of the therapist in your treatment goals, so this is the place to describe what your work will be. If you are using a number of interventions you may summarize your work. This should be no more than a paragraph 3.E.1., 3.E.10, 3.E.11, 3.E.13., 3.E.15., 5.C.5</p> <ul style="list-style-type: none"> ● Specific interventions identified (2) ● Interventions are represented in the treatment plan (1) ● Clear rationale for using those interventions are described (2) 	xx/5
List Problem Statements	<ol style="list-style-type: none"> 1. Please list your client's problems <ol style="list-style-type: none"> a. Problem statements are comprehensive (2) b. Problem statements are included but not complete (1) 2. Please offer a prioritization note <ol style="list-style-type: none"> a. Note is clear and reasoned (3) b. Rationalization is clear but not depthful (2) c. No rationale is included (0) 	xx/5
Treatment Plan: Goals:	<ol style="list-style-type: none"> 1. Be sure that your outcome goals conform to a standard format and are measurable. 2. Be sure that your goals mirror the theory and approach that you have chosen for your client (3.E.1., 3.E.13, 3.E.10, 3.E.11 , 3.E.14., 3.E.15., 5.C.5) <ul style="list-style-type: none"> ● Theory informed (4) ● Measurable (4) ● Clear (1) ● Follows standard formula (1) <p>xx</p>	xx/10
Treatment Plan: Subgoals:	<ol style="list-style-type: none"> 3. Be sure that your subgoals conform to a standard format, are step-wise, and are measurable. 4. Be sure your subgoals follow logically from your outcome goal. 5. Be sure that your goals mirror the theory and approach that you have chosen for your client (3.E.1., 3.E.13 ,3.E.10, 3.E.11 , 3.E.13., 3.E.14., 3.E.15., 5.C.5) <ul style="list-style-type: none"> ● Theory informed (5) ● Stepwise (5) ● Measurable (4) 	xx/15

	<ul style="list-style-type: none"> ● Clear (1) xx	
Self-Assessment	Please note the score you believe you earned on this competency	/100
Total Final Exam Score		xx /100
Total Competency Score		xx /5

Ingram's BASIC-ID Conceptualization Model

(Adapted from Ingram, 2011)

Ingram's Conceptualization and BASIC-ID Conceptualization Model

Steps to Conceptualization

1	Intake: Gather Data	Conduct a thorough intake interview and make use of any relevant assessments; include demographics and relevant history, including mental health symptoms (your demographic information should include your client's identities: gender, race and ethnicity, sexual orientation, religious or spiritual affiliation, socioeconomic status, age, ability status and educational level.)
2	Develop Problem Statements	Create a complete list of problem statements: Statements should be value-free, direct & independent of theory; Prioritize these problem statements

3	Group the Data into meaningful categories	Group the problems into related themes or sources (such as those related to a depression diagnosis, those related to work and those related to relationship). DON't forget to include data related to identities where these identities pertain.
4	Apply theory	Identify a hypothesis or hypotheses (see below)
5	Draft Treatment Goals	Create one goal for each of the problem statements
6	Map your subgoals or objectives	For each goal outline sub-goals that describe the discrete milestones to achieving the goal (usually 3 or more)
7	Identify your Interventions	Describe the therapeutic interventions that you anticipate using to support your client in reaching the goal
8	Implement & evaluate your plan	Follow your treatment plan, periodically reviewing your plan and evaluating its efficacy. Make any needed changes to increase the efficacy of your work together.

Ingram's Basic ID

	Category	Symptom Impairments
B	Behavior	This section of your conceptualization includes observable behaviors (Ex: missing school, self-harm, restricting food, etc.)
A	Affect	Observed or reported emotional states, patterns and cycles

S	Sensation	Bodily sensations your client is aware of as well as your client's relationship with the senses (Ex. Frequent headaches, tingling sensations in the hands that cause worry, sensitivity to sound)
I	Imagery	The aspect of cognition related to mental imagery including dreams, memories and symbols that arise frequently
C	Cognitive	Thought patterns, perceptual patterns, cognitive flexibility, ease of learning, relationship with thoughts (for example having a balance between trusting thoughts and doubting them, negative mind, expectations of failure)
S	Spiritual	Includes spiritual/religious preferences, worldview, values/morals as well as creativity
I	Interpersonal, Social & Cultural	Describe cultural influences on your client's emerging difficulty, including culturally shaped beliefs about the cause and meaning of the difficulty as well as any obstacles to gaining help, internal or external. This domain also includes relationships with self, family, friends and community**See the ADDRESSING Model below for further guidance.
D	Drugs & Biological Components	Include any medical conditions that influence your client's wellbeing as well as any drugs (including alcohol) your client uses, either prescribed or recreational

****USE THE ADDRESSING MODEL TO HELP GUIDE YOUR SOCIAL AND CULTURAL CONCEPTUALIZATION**

ADDRESSING MODEL OF CASE CONCEPTUALIZATION

ADAPTED FROM THE ORIGINAL BY PAMELA HAYS (2008)

AGE & GENERATION	Describe your client's age/generation and how this developmental stage may be influencing the experience of and ability to respond to the presenting problem
DEVELOPMENTAL DISABILITIES	If your client has a developmental disability please describe how this disability may be influencing the experience of and ability to respond to the presenting problem. Describe how this difference in ability status may influence your approach to counseling or the need to adapt your intervention (for instance, if your client is on the autistic spectrum, how might you need to adapt the chosen intervention to fit your client's needs?

DISABILITY (ACQUIRED)	If your client has an acquired disability, or their mental health has effectively created a functional inability to meet some daily needs, please describe how this acquired disability may be influencing the experience of and ability to respond to the presenting problem. Describe how this difference in ability status may influence your approach to counseling or the need to adapt your intervention.
RELIGIOUS OR SPIRITUAL IDENTITY	Describe how your client's religious, spiritual beliefs influence the experience of and response to the presenting problem. Describe how this worldview may influence your approach to counseling or the need to adapt your intervention.
ETHNICITY & RACE	Describe your client's racial and ethnic identity and what adaptations you may need to make to the model you have chosen in order to create culturally appropriate interventions.
SOCIOECONOMIC STATUS	Describe how your client's socioeconomic status may influence your approach to counseling or the need to adapt your intervention.
SEXUAL ORIENTATION	Describe how your client's sexual orientation may influence your approach to counseling or the need to adapt your intervention.
NATIONAL ORIGIN AND FIRST LANGUAGE	Describe how your client's nation of origin or first language status may influence your approach to counseling or the need to adapt your intervention.
GENDER IDENTITY	Describe how your client's gender identity may influence your approach to counseling or the need to adapt your intervention.
MILITARY/VETERAN	Describe how your client's military history may influence your approach to counseling or the need to adapt your intervention.

SCHEDULE AND TOPICS:

Course Schedule

Date	Subject	Reading/Assignments
8/28	Integrating Theory and Intervention (5.C.4., 5.C.5)	
9/04	Treating Insomnia 3.E.1., 3.G.11, 3.E.1., 3.E.10, 3.E.14., 3.E.15., 5.C.1, 5.C.5, 5.C.9. In the first half of class we will discuss this book. In the second half we will discuss how to develop treatment goals using this book. We will also develop a sleep goal in a small group activity.	Read: Peters: read in its entirety carefully Read: Treating Insomnia in Patients with Comorbid Psychiatric Disorders Read: Kress et al. Multicultural Diagnosis and Case Conceptualization, located on Moodle Read and make use of: Our case study, Javier, found on Moodle: we will use this case to create a treatment goal and apply the sleep consolidation method
9/11	Treating Insomnia DXTX: Role Play, Treatment Planning 3.E.1., 3.E.10, 3.E.13, 3.E.14., 3.E.15., 5.C.1, 5.C.4., 5.C.5 In this class we will spend the first half of class practicing the implementation of this model. Today we will practice assessing sleep difficulties. Please come to class prepared to practice assessing your client's sleep; please also come prepared to either talk about your own sleep or to create a character to role play. In the second half of class we will process our experiences.	In Vivo Character Description Due: (Can not be accepted late) Due after class: Role Play Reflection/Treatment Goal #1 Look Over: Pittsburgh Sleep Quality Look Over: Insomnia Severity
9/18	Treating Depression 3.E.1., 3.E.10, 3.E.14. 3.E.15., 3.E.19, 3.G.11, 3.G.13., 5.C.1, 5.C.5, 5.C.9. In the first half of class we will discuss this book. In the second half we will discuss how to develop treatment goals focusing on chapter 6. We will also develop a goal in a small group activity. (Your outlines will support this activity)	Read: Barton & Armstrong; recommend outlining chapter 6 treatment process for class: you may want to do this collaboratively Read: Treating Insomnia in Depression Read and make use of: Our case study, Sam, we will use this case to conceptualize and to develop treatment goals.
9/25	Treating Depression 3.E.1., 3.E.10, 3.E.13, 3.E.14., 3.E.15. 3.E.19., 5.C.1, 5.C.4., 5.C.5 In this class we will spend the first half of class practicing the implementation of this model. Today you will role play	Due after class: Role Play Reflection/Treatment Plan #2

	the implementation of the acute phase of therapy.	
10/02	Treating BiPolar Disorder 3.E.1., 3.E.10, 3.E.14, 3.E.15., 3.G.11, 3.G.12, 3.G.13., 5.C.1, 5.C.5, 5.C.9.	Read: Frank chapters 1-7, careful reading Read and make use of: Our case study, Rowan, available on Moodle Class Activity: Conceptualization and Treatment Goal
10/09	Treating BiPolar Disorder (3.E.1., 3.E.10, 3.G.12, 3.E.13, 3.E.14, 3.E.15., 3.E.19, 3.G.13., 5.C.1, 5.C.4., 5.C.5)	Read: Frank chapters 8-14, careful reading Read and make use of: Our case study, Rowan, available on Moodle Class Activity: Role Play Due: Role play reflection due 5:00pm Friday
10/16	Mid-Semester Recess 17-20 No Class Treating Generalized Anxiety DXTX: Role Play and Treatment Planning Treating OCD (3.E.1., 3.E.10, 3.E.13, 3.E.14., 3.E.15., 3.E.19, 3.G.11, 5.C.1, 5.C.5, 5.C.9.)	Read: Tirsch, chapters 1-5, thoughtful skimming careful reading of 6-9 Recommended Activity: Outline a procedure for transforming this model to treatment Recommended Activity: Develop a Treatment Goal
10/23	Treating Generalized Anxiety DXTX: Role Play and Treatment Planning (3.E.1., 3.E.10, 3.E.13, 3.E.14., 3.E.15., 3.E.19, 5.C.1, 5.C.4., 5.C.5) In this class we will spend the first half of class practicing the implementation of this model. Today you will role play the implementation of your choice of a key intervention phase of therapy (not assessment of the anxiety).	Read: Tirsch, chapters 1-4, Due after class: Role Play Due: Role play reflection due 5:00pm Friday
10/30	Treating OCD (3.E.1., 3.E.10, 3.E.14., 3.E.15., 3.E.19, 3.G.11, 5.C.1, 5.C.5, 5.C.9.) Student Presentations Today	Read: van Niekerk Chapters carefully, available on Moodle Read: van Niekerk judicious skim of Chs 1 & 2 (Available to you): Your team should carefully read your assigned chapter and be prepared to present it (Chapter will be provided to your team: Team I: Ch 3 Team II: Ch 4 Team III: Ch 7
11/06	Treating OCD DXTX: Role Play, Treatment Planning (3.E.1., 3.E.10, 3.E.13, 3.E.14., 3.E.15., 3.E.19, 3.G.11, 5.C.1, 5.C.4., 5.C.5)	Due 11/10: Role Play Reflection

	In this class we will spend the first half of class practicing the implementation of this model for treating OCD. Please come prepared to explain the intervention to your client and to practice the intervention together. Please role play client A, B or C (posted on Moodle).	
11/13	In Vivo Role Play (3.E.1., 3.E.10,3.E.13, 3.E.14., 3.E.15., 3.E19, 3.G.11, 5.C.1, 5.C.5)	
11/20	NO CLASS: Thanksgiving Week	
11/27	Complex Trauma & PTSD (3.E.1. , 3.E.10,3.E.13, 3.E.14., 3.E.15., 3.E19, 3.G.11, 3.G.14., 5.C.1, 5.C.5, 5.C.9.) In the first half of class we will discuss this complex book; come prepared to outline the approach together. In the second half we will discuss how to develop treatment goals using this book.	Read: Curtois & Ford Chs 3-6;
12/04	Complex Trauma & PTSD DXTX: Role Play, Treatment Planning (3.E.1., 3.E.10,3.E.13, 3.E.14., 3.E.15., 3.E19, 3.G.11, 3.G.14., 5.C.1, 5.C.4. 5.C.5) Come prepared to develop treatment goals and to role play an intervention of your choice.	Read: Curtois & Ford Chs 7-10; judicious skim Final Exam Due
12/11	Class Closure	

Please Note: The above schedule and procedures for this course are subject to change in the event of extenuating circumstances.

GRADING CRITERIA AND OTHER POLICIES:

Participation	5 points	2.5%
Classroom Activities/Reflections	20 points	10%
OCD Presentation	30 points	15%
In Vivo Character Description	45 points	22.5%
Final Exam	100 points	50%
Total	200	100%

A	190-200	B	172-185	C	155-159
A-	186-189	B-	160-169		

Note: I am committed to helping to support each and every one of you to master the content of this course. If you find that you are struggling with some aspect of the material or how to apply it, please make an appointment to talk with me right away. Most questions can be cleared up quickly in a short one-to-one instructions session. Please don't struggle in silence!

Meeting your competency requirement: Each student can expect to receive feedback on their competency submission. You will need to make any indicated changes in accordance with your feedback, have those changes approved, and then place both your original exam and your final approved changes in your portfolio. Please contact me if you have questions.

PROFESSIONAL BEHAVIOR

CLASSROOM CULTURE & RELATED POLICIES

EMU's [Life Together](#) statement describes the sort of learning community that we aspire to be. Learning thrives where there is free and open exchange of ideas, thoughts, emotions, and convictions. Open discourse requires trust and safety. While I anticipate that you may find that some aspects of the class challenge your views and theoretical frameworks, I invite you to respectfully express either agreement or disagreement without fear of consequences. If you feel that I am violating this commitment, please make an appointment to meet outside of class so that we can discuss the issue.

I hope we can welcome differences and demonstrate a willingness to analyze issues from frameworks that may or may not feel comfortable. I have opinions, which I may express from time to time. Please be sensitive in your class participation by not unfairly dominating discussions. Be aware of others' right to speak and welcome questions from your classmates. My goal is to create a brave space in which everyone learns to participate in scholarly dialogue that values listening, thinking, feeling, study, and professionalism. (Adapted from Margaret Saltee and Kathryn Roulston)

1. Our primary commitment is to learn from each other. We will listen to each other and not talk at each other. We welcome differences amongst us in backgrounds, skills, interests, and values. We realize that it is these very differences that will increase our awareness and understanding through this process.
2. We will trust that people are always doing the best they can.
3. Challenge the idea and not the person. We debate ideas, not the individual sharing this idea or practice.
4. Each of us will strive to speak our discomfort. When something is bothering you, please practice sharing this with the group. Often our emotional reactions offer valuable learning opportunities.
5. Step Up, Step Back. Be mindful of taking up much more space than others. On the same note, empower yourself to speak up when others are dominating the conversation.
6. Stay engaged. When overwhelmed or stressed, it can be tempting to slip away from the class or group while meeting. Let us honor one another with focused connection. When we catch ourselves disengaging, let us gently refocus on the tasks at hand.

INCLUSIVE, COMMUNITY-CREATING LANGUAGE POLICY

EMU is committed to creating and maintaining an inclusive, safe, supportive educational environment that fosters respect for others and is free from intolerance directed toward individuals or groups. As such, EMU expects all its faculty, staff, and students to adopt inclusive written and spoken language that welcomes everyone regardless of race or ethnicity, religious identity, gender, disabilities, age, and sexual orientation. We will strive to use respectful and welcoming language in our classrooms.

As an inclusive community, we strive to sustain safety and belonging for students of all gender and sexual identities expressed in the LGBTQIA+ Student Support Policy.

BIAS RESPONSE

Bias incidents are harmful to the EMU community and/or individuals within the EMU community. Bias can be intentional or unintentional and may be directed toward an individual or group. A bias incident may take the form of a verbal interaction, cyber-interaction, physical interaction, or interaction with property. Bias reporting is a resource for anyone who needs to communicate an incident or explore a better understanding around issues of discrimination and learning how to effectively respond. All members of the university community are encouraged to [report](#) incidents of bias.

ATTENDANCE POLICY & LEARNING ENGAGEMENT

Your participation contributes not only to your own learning but to other's learning as well. Your ideas and perspectives are informed by your unique experiences and meaning making, your contribution is unique and can't be substituted. Please come willing to share your thoughts and ideas as well as to listen meaningfully to the thoughts and ideas that others bring.

Students are expected to attend all class meetings. If unusual or emergency circumstances prevent class attendance, the student should notify the professor in advance if possible. If a student misses 2 class periods, they are expected to write a 1-page reflection paper on the content missed (drawing from class readings, resources on Moodle, and conversations with classmates). A third missed class may result in failing the course. The student is responsible for the material presented in classes missed. Students should be aware of the importance of regular class attendance, particularly in the case of classes that only meet once a week or over several weekends. Being absent for more than one class leads to a student missing a large portion of the class content. In addition to consistent class attendance, students should make every effort to arrive to class on time out of respect for the learning process, fellow students and faculty.

RELIGIOUS HOLIDAYS

EMU respects the diversity of religious holidays and wishes to provide reasonable accommodations for students who may be unable to fully participate in class, lab, exams, or other assignments due to observation of a significant religious holiday. Students should provide adequate notice (a week in advance) to the faculty of such requests.

COURSE EXTENSIONS AND OUTSTANDING GRADES

For fall and spring semesters, all coursework is due by the end of the semester. If a student will not be able to complete a course on time, the student must submit a request one week before the end of the

semester for an extension (up to 6 months), by emailing the instructor, academic advisor and the Academic Program Coordinator. If the request is granted the student will receive an “I (incomplete) for the course which will later be replaced by a final grade when the work has been turned in on the agreed upon date. If the request for an extension is denied, the student will receive a grade for the work that has been completed up until the time the course was expected to have been completed. If no work has been submitted, the final grade will be an F (or W under unusual circumstances and with permission of the Program Director). Extensions will be given only for legitimate and unusual situations. Extensions are contracted by the student with the program for up to a maximum of 6 months after the deadline for the course work. **PLEASE NOTE:** Grades for coursework submitted late may be reduced at the instructor’s discretion and in line with their course policy on turning in coursework after the due date. If the extension deadline is not met, the instructor will submit the final grade based on what has been received to date.

WRITING GUIDELINES

EMU has adopted a set of writing [guidelines](#) for graduate programs that include six sets of criteria: content, structure, rhetoric and style, information literacy, source integrity, and conventions.

GRADUATE & PROFESSIONAL STUDIES WRITING CENTER Please utilize the [writing program](#)! They offer free individual tutoring from a [graduate writing](#) coach. Please visit the website to schedule an appointment.

ACADEMIC ACCOUNTABILITY & INTEGRITY

In accordance with EMU mission, vision, and life together statements, we expect academic integrity of all members of the community. Responses to violations of academic integrity will be handled according to the [Academic Accountability Policy and Procedures](#). EMU fosters a culture where faculty, staff, and students respect themselves and others. EMU faculty and staff care about the integrity of their own work and the work of their students. They create assignments that promote interpretative thinking and work intentionally with students during the learning process. Honesty, integrity, trust, fairness, respect, and responsibility are characteristics of a community that is active in loving mercy, doing justice, and walking humbly before God. At EMU, a transparent account for academic work involves producing and submitting one’s own work in papers, essays, projects, quizzes and tests; correctly and consistently acknowledging sources used; factually representing research results, one’s credentials, and facts or opinions; and appropriately documenting use of technology.

TECHNOLOGY REQUIREMENTS AND COMMUNICATION

Communication will largely be accomplished via the Moodle platform utilized by EMU and your EMU email. Check both frequently during the semester.

MOODLE

[Moodle](#) is the online learning platform that EMU has chosen to provide to faculty, administrators and students. Students will have access to course information within Moodle for any class they are registered for in a given term. The amount of time a student has access to information before and after the class is somewhat dependent on the access given to students by the individual faculty member. However, please note that courses are not in Moodle permanently – after two years the class will no longer be accessible. Please be sure to download resources from Moodle that you wish to have ongoing access to.

LIBRARY

The [Hartzler Library](#) offers research support (via email, chat, phone, or SSC campus). The library home page offers subject guides to help start your research.

DISABILITY RESOURCES

EMU seeks to meet the needs of all admitted students. We are committed to provide both physical and programmatic access with reasonable accommodations for all qualified documented students who are served through the Office of Academic Access. Our policies for students with disabilities are consistent with the necessity of ensuring reasonable accommodations under federal law, the Americans with Disabilities Act, and the 2008 ADA Amendments Act.

If you have a physical, psychological, medical, or learning disability that may impact your work in this course, it is your responsibility to contact the [Office of Academic Access](#) on the third floor of the Hartzler library. This office will work with you to establish eligibility and to coordinate reasonable accommodations. All information and documentation is treated confidentially. To request services, use the [online request form](#) or call the coordinator of the Office of Academic Access at (540) 432-4638.

TITLE IX

The following policy applies to any incidents that occur (on or off campus) while you are a student registered at EMU. It does not apply to incidents that happened prior to your enrollment at EMU.

It is important for you to know that all faculty and staff members are required to report known or alleged incidents of sexual violence (including sexual assault, domestic/relationship violence, stalking). That means that faculty and staff members cannot keep information about sexual violence confidential if you share that information with them. For example, if you inform a faculty or staff member of an issue of sexual harassment, sexual assault, or discrimination, they will keep the information as private as possible. However, they are required to bring it to the attention of the institution's Title IX Coordinator. If you would like to talk to the Title IX Coordinator (Kimberly Anderson, JD) directly, she can be reached at 540-432-4849 (4TIX) or titleixcoordinator@emu.edu. You can also report incidents or complaints through the [online portal](#). You may confidentially report incidents of sexual violence if you speak to Counseling Services counselors, University Chaplain and Seminary Campus Pastor, or Health Services personnel providing clinical care. These individuals, as well as the Title IX Coordinator, can provide you with information on both internal and external support resources.