EDCD 656 001: Diagnosis and Treatment Planning for Mental Health Professionals (3:3:0)
Spring 2015
Mondays 7:20 pm-10 pm
Krug Hall 107

Instructor: Judy A. Stone, Ed.D.
Office hours: By appointment
Office location: TBA, Fairfax campus
Office phone:
Email address: jstoned@gmu.edu

COURSE DESCRIPTION:

A. Prerequisites/Corequisites
   Admission to CNDV program; 603 (course may be taken concurrently)

B. University Catalog Course Description
   Reviews diagnostic criteria associated with mental illness, emphasizes the cultural component of mental illness, and helps students develop written plans and simulate implementation for overall diagnosis and treatment of clients and their families.

C. Expanded Course Description
   This course introduces students to fundamental concepts in the classification of psychopathology as well as the clinical interviewing skills necessary to apply DSM-5 diagnoses to clients in a sound and ethical manner. The course incorporates an explicit focus on the role of race and culture in diagnosis and treatment. The course will introduce students to formulating treatment plans utilizing the accepted standards of care in the fields of mental health counseling, clinical and counseling psychology and psychiatry. Finally, the course will focus on clinician self-awareness as a critical dimension in accurate diagnosis and effective treatment planning. Course materials will be delivered in a variety of methods including lecture, required readings, research activities and visual media.

LEARNER OUTCOMES or OBJECTIVES:
This course is designed to enable students to:
1. Use the DSM-5 diagnostic decision trees for diagnosis purposes.

2. Present diagnosis in the model outlined in the DSM-5.


4. Conduct an efficient first interview with a client and gather the necessary information for initial formulation of a treatment plan and a comprehensive understanding of the client and presenting problem.

5. Write a treatment plan for client that includes measurable goals, objective, cultural considerations and that incorporates advocacy as an intervention.

6. Be able to write effectively about that case to convey information to other practitioners.

7. Understand the role of clinical formulation in treatment planning.

8. Have an understanding of how a clinician’s personal worldview and cultural socialization might impact their approach to diagnosis and treatment planning.

**PROFESSIONAL STANDARDS (American Counseling Association):**
The syllabi of all courses taught at the university are designed to meet the specifications of a Specialty Professional Association. The professional association used for the development of this course is from the American Counseling Association (ACA). The code of Ethics and Standards of Care for ACA delineates ethical practice and the following section demonstrates the basis for this course.

Section E, Evaluation, Assessment and Interpretation

E.5. Proper Diagnosis of Mental Disorder

a. Proper Diagnosis: All counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g. locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used (See A.3.a and C.5.c).

b. Cultural Sensitivity. Counselors recognize that culture affects the manner in which client’s problems are defined. Client’s socioeconomic and cultural experience is considered when diagnosing mental disorders.

**REQUIRED TEXTS:**


**Required Readings on Electronic Reserve** (Available at [http://library.gmu.edu](http://library.gmu.edu); select the Reserves tab and then enter the course info and password):


**COURSE ASSIGNMENTS AND EXAMINATIONS:**

**Two Treatment Plans- DUE 2/23/14 & 4/13/14**

An essential element of this course is the ability of the student to be able to formulate and plan for the treatment of the client. You will be required to complete two formal treatment plans. Detailed instructions, case vignettes, and grading rubric will be provided. You will be given feedback on the first treatment plan, which you should incorporate when completing the second treatment plan. The second treatment plan is a C&D required performance-based assessment, which will be entered into TaskStream (see below). Continuation in the program may be contingent on satisfactory performance on this assessment.

**Reaction Paper to Castillo Chapters (Electronic reserve readings 1-3)- DUE 3/30/14**

After reading the three Castillo chapters available on electronic reserve, write a 1-2 page reaction paper on the chapters. What were your reactions, thoughts, and feelings in response to the content? What new ideas do you have about the way that culture influences mental illness? How will the content in these chapters impact your diagnosing and treatment planning as a counselor?

**In-class Role Play and Disorder Information Sheet- DUE dates will be assigned**

The class will be split up into triads. Each triad will be assigned a date in which they will perform an 8-10 minute role-play in front of the class demonstrating a partial diagnostic interview of a specific disorder (disorder will be assigned by instructor). One group member will play the client, one will play the counselor, and the third group member will facilitate the class debriefing after the role-play. Debriefing should focus on what additional information the class would like to gather from the client, discussion of the diagnosis, and thoughts regarding the treatment plan.

In addition to the role-play, the group will create an information sheet for their assigned disorder that will be disseminated to the class following the role-play (bring copies for the class). The information sheet should include the following sections and should be no longer than 2 pages:
Recommended Therapeutic Modalities: Research the types of therapies that are most commonly used/recommended for the disorder and list them in this section (i.e., CBT, DBT, etc).

Commonly Used Medications (if any): Research the medications that are most commonly prescribed for the disorder and list them in this section.

Resources for Counselors: Research professional resources that would be helpful to counselors working with clients with this disorder. The resources could be books, journal articles, or other scholarly sources.

Resources for Clients: Lastly, it is very important that we are able to provide our clients with additional resources that may be useful for them. Research potential client resources associated with your assigned disorder. These resources may include self-help books or other books written for the general public, websites, support groups (in-person/online), organizations, etc.

**Take-home Final Exam (open book/notes)**

**DUE 5/11/15**

**Class Participation**

Attendance, arriving to class on time, and actively participating in class discussions and activities are all included in the participation grade. In order to get an A or A- for class participation you must attend all scheduled classes.

Two Treatment Plans 20 points (10 points each)
Reaction Paper 15 points
In-class Role Play/Debrief 10 points
Disorder Information Sheet 10 points
Take-home Final 25 points
Class participation 20 points
Total 100 points

A = 100-97; A- = 96-94; B+ = 93-91; B = 90-87; B- = 86-84, C = 83-80; F = below 79

**Late Assignments:**

Late assignments will result in a point reduction.

**Attendance Policy:**

C&D attendance policy states that more than one unexcused absence will result in course failure. Excused absences are approved at the discretion of the instructor, but are rare and require documentation.

**TASKSTREAM REQUIREMENTS**

Every student registered for any Counseling & Development course with a required performance-based assessment is required to submit this assessment, Treatment Plan #2 to TaskStream (regardless of whether a course is an elective, a onetime course or part of an undergraduate minor). Evaluation of the performance-based assessment by the course
instructor will also be completed in TaskStream. Failure to submit the assessment to TaskStream will result in the course instructor reporting the course grade as Incomplete (IN). Unless the IN grade is changed upon completion of the required TaskStream submission, the IN will convert to an F nine weeks into the following semester.

George Mason University Policies and Resources for Students

- Academic integrity (honor code, plagiarism) – Students must adhere to guidelines of the George Mason University Honor Code [See http://oai.gmu.edu/the-mason-honor-code/].
- Mason Email – Students are responsible for the content of university communications sent to their George Mason University email account and are required to activate their account and check it regularly. All communication from the university, college, school, division, and program will be sent to students solely through their Mason email account.
- Students must follow the university policy for Responsible Use of Computing [See http://universitypolicy.gmu.edu/policies/responsible-use-of-computing/].
- Counseling and Psychological Services – The George Mason University Counseling and Psychological Services (CAPS) staff consists of professional counseling and clinical psychologists, social workers, and counselors who offer a wide range of services (e.g., individual and group counseling, workshops, and outreach programs) to enhance students’ personal experience and academic performance [See http://caps.gmu.edu/].
- Office of Disability Services – Students with disabilities who seek accommodations in a course must be registered with the George Mason University Office of Disability Services (ODS) and inform their instructor in writing at the beginning of the semester http://ods.gmu.edu/.
- Students must follow the university policy stating that all sound emitting devices shall be turned off during class unless otherwise authorized by the instructor.
- The Writing Center (Optional Resource) – The George Mason University Writing Center staff provides a variety of resources and services (e.g., tutoring, workshops, writing guides, handbooks) intended to support students as they work to construct and share knowledge through writing [See http://writingcenter.gmu.edu/].
- University Libraries (Optional Resource) – The George Mason University Libraries provide numerous services, research tools, and help with using the library resources [See http://library.gmu.edu/].

PROFESSIONAL DISPOSITIONS

Students are expected to exhibit professional behaviors and dispositions at all times.

CORE VALUES COMMITMENT

The College of Education & Human Development is committed to collaboration, ethical leadership, innovation, research-based practice, and social justice. Students are expected to adhere to these principles: http://cehd.gmu.edu/values/.

For additional information on the College of Education and Human Development, Graduate School of Education, please visit our website http://gse.gmu.edu/.
### Proposed Class Schedule:

<table>
<thead>
<tr>
<th>Date</th>
<th>Topics</th>
<th>Readings/Assignments Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/26/15</td>
<td>Introductions&lt;br&gt;Review of Syllabus&lt;br&gt;Expectations &amp; Cautions&lt;br&gt;Reflections on Experiences of Mental Illness</td>
<td></td>
</tr>
<tr>
<td>2/2/15</td>
<td>Introduction to Assessment &amp; Diagnosis&lt;br&gt;History of the DSM&lt;br&gt;Introduction to Use of the DSM-5&lt;br&gt;Treatment Planning Overview</td>
<td>DSM-5- pp. 19-24&lt;br&gt;Pocket Guide- pp. 3-31&lt;br&gt;Tx Planner- Introduction</td>
</tr>
<tr>
<td>2/9/15</td>
<td>Depressive Disorders&lt;br&gt;- Disruptive Mood Dysregulation D/O&lt;br&gt;- Major Depressive D/O&lt;br&gt;- Persistent Depressive D/O (Dysthymia)&lt;br&gt;- Other Specified Depressive D/O&lt;br&gt;- Unspecified Depressive D/O</td>
<td>DSM-5- pp. 155-188&lt;br&gt;Pocket Guide- pp. 77-81&lt;br&gt;Tx Planner- Unipolar Depression; Low Self Esteem</td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 1:</td>
<td></td>
</tr>
<tr>
<td>2/16/15</td>
<td>Bipolar &amp; Related Disorders&lt;br&gt;- Bipolar I D/O&lt;br&gt;- Bipolar II D/O&lt;br&gt;- Cyclothymic D/O&lt;br&gt;- Other Specified Bipolar and Related D/O&lt;br&gt;- Unspecified Bipolar and Related D/O</td>
<td>DSM-5- pp. 123-154&lt;br&gt;Pocket Guide- pp. 72-76&lt;br&gt;Tx Planner- Bipolar Disorder – Depression; Bipolar Disorder-Mania</td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 2:</td>
<td></td>
</tr>
<tr>
<td>2/23/15</td>
<td>Anxiety Disorders&lt;br&gt;- Separation Anxiety D/O&lt;br&gt;- Specific Phobia&lt;br&gt;- Social Anxiety D/O (Social Phobia)&lt;br&gt;- Panic D/O&lt;br&gt;- Agoraphobia&lt;br&gt;- Generalized Anxiety D/O&lt;br&gt;- Other Specified Anxiety D/O&lt;br&gt;- Unspecified Anxiety D/O</td>
<td>DSM-5- pp. 189-233&lt;br&gt;Pocket Guide- pp. 82-86&lt;br&gt;Tx Planner- Anxiety; Phobia; Panic/Agoraphobia</td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 3:</td>
<td><strong>DUE: Treatment Plan #1</strong></td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 4:</td>
<td><strong>Required Reading 1</strong></td>
</tr>
<tr>
<td>3/9/15</td>
<td>Spring Break- NO CLASS</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Disorder Type</td>
<td>DSM-5 Pages</td>
</tr>
<tr>
<td>------------</td>
<td>--------------------------------------------------------</td>
<td>-------------</td>
</tr>
<tr>
<td>3/16/15</td>
<td>Trauma and Stressor-Related Disorders</td>
<td>pp. 265-290</td>
</tr>
<tr>
<td></td>
<td>- Posttraumatic Stress D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Acute Stress D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Adjustment D/O’s</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other Specified Trauma- and Stressor-Related D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Trauma- and Stressor-Related D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 5:__________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Schizotypal (Personality) D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Delusional D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Brief Psychotic D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Schizophreniform D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Schizophrenia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Schizoaffective D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other Specified Schizophrenia Spectrum and Other Psychotic D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Schizophrenia Spectrum and Other Psychotic D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 6:__________________</td>
<td></td>
</tr>
<tr>
<td>3/30/15</td>
<td>Neurodevelopmental Disorders</td>
<td>pp. 31-86</td>
</tr>
<tr>
<td></td>
<td>- Autism Spectrum D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Attention-Deficit/Hyperactivity D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Specific Learning Disorder</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 7:__________________</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Oppositional Defiant D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Intermittent Explosive D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Conduct D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Antisocial Personality D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Pyromania</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Kleptomania</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other Specified Disruptive, Impulse-Control, and Conduct D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Disruptive, Impulse-Control, and Conduct D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other Conditions That May Be a Focus of Clinical Attention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 8:__________________</td>
<td></td>
</tr>
<tr>
<td>4/13/15</td>
<td>Personality Disorders</td>
<td>pp. 645-684</td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>Resources</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>4/20/15</td>
<td>Feeding &amp; Eating Disorders</td>
<td>DSM-5  pp. 329-354</td>
</tr>
<tr>
<td></td>
<td>- Pica</td>
<td>Pocket Guide pp. 101-104</td>
</tr>
<tr>
<td></td>
<td>- Anorexia Nervosa</td>
<td>Tx Planner Eating Disorders &amp; Obesity</td>
</tr>
<tr>
<td></td>
<td>- Bulimia Nervosa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Binge-Eating D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other Specified Feeding or Eating D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Feeding or Eating D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Role-Play Triad 10: ______________________</td>
<td></td>
</tr>
<tr>
<td>4/27/15 &amp;</td>
<td>Wrapping Up</td>
<td></td>
</tr>
<tr>
<td>5/4/15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5/11/15</td>
<td>DUE: Take-home final exam (upload to Blackboard by 11:59 pm)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Topic</td>
<td>DSM/Pocket/Tx Planner</td>
</tr>
<tr>
<td>------------</td>
<td>------------------------------------------------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>3/6/14</td>
<td>Trauma and Stressor-Related Disorders</td>
<td>DSM-5- pp. 265-290</td>
</tr>
<tr>
<td></td>
<td>- Posttraumatic Stress D/O</td>
<td>Pocket Guide- pp. 90-94</td>
</tr>
<tr>
<td></td>
<td>- Acute Stress D/O</td>
<td>Tx Planner- pp. 62-67; 229-237</td>
</tr>
<tr>
<td></td>
<td>- Adjustment D/O’s</td>
<td>Required Reading 2</td>
</tr>
<tr>
<td></td>
<td>- Other Specified Trauma- and Stressor-Related D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Trauma- and Stressor- Related D/O</td>
<td></td>
</tr>
<tr>
<td>3/13/14</td>
<td>Spring Break- NO CLASS</td>
<td></td>
</tr>
<tr>
<td>3/20/14</td>
<td>Schizophrenia Spectrum and Other Psychotic Disorders</td>
<td>DSM-5- pp. 87-122</td>
</tr>
<tr>
<td></td>
<td>- Schizotypal (Personality) D/O</td>
<td>Pocket Guide- pp. 68-71</td>
</tr>
<tr>
<td></td>
<td>- Delusional D/O</td>
<td>Tx Planner- pp. 201-205; 238-243</td>
</tr>
<tr>
<td></td>
<td>- Brief Psychotic D/O</td>
<td>Required Reading 3</td>
</tr>
<tr>
<td></td>
<td>- Schizophreniform D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Schizophrenia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Schizoaffective D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other Specified Schizophrenia Spectrum and Other Psychotic D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Schizophrenia Spectrum and Other Psychotic</td>
<td></td>
</tr>
<tr>
<td>3/27/14</td>
<td>NO CLASS due to ACA Conference</td>
<td>Independent study: work on Castillo reaction paper due next</td>
</tr>
<tr>
<td>4/3/14</td>
<td>Neurodevelopmental Disorders</td>
<td>DSM-5- pp. 31-86</td>
</tr>
<tr>
<td></td>
<td>- Attention-Deficit/Hyperactivity D/O</td>
<td>Tx Planner- pp. 32-38; 105-109</td>
</tr>
<tr>
<td></td>
<td>- Specific Learning Disorder</td>
<td>DUE: Reaction Paper to Castillo Chapters</td>
</tr>
<tr>
<td>4/10/14</td>
<td>Disruptive, Impulse-Control, and Conduct Disorders</td>
<td>DSM-5- pp. 461-480; 715-727</td>
</tr>
<tr>
<td></td>
<td>- Oppositional Defiant D/O</td>
<td>Pocket Guide- pp. 124-128; 180-189</td>
</tr>
<tr>
<td></td>
<td>- Intermittent Explosive D/O</td>
<td>Tx Planner- pp. 10-23; 139-143</td>
</tr>
</tbody>
</table>

Role-Play Triad 4:

- Other Specified Obsessive-Compulsive and Related D/O
- Unspecified Obsessive-Compulsive and Related D/O

Role-Play Triad 5:

- DSM-5 - pp. 265-290
- Pocket Guide - pp. 90-94
- Tx Planner - pp. 62-67; 229-237
- Required Reading 2

Role-Play Triad 6:

- DSM-5 - pp. 87-122
- Pocket Guide - pp. 68-71
- Tx Planner - pp. 201-205; 238-243
- Required Reading 3

Role-Play Triad 7:

- DSM-5 - pp. 461-480; 715-727
- Pocket Guide - pp. 124-128; 180-189
- Tx Planner - pp. 10-23; 139-143
<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>4/17/14</td>
<td>Personality Disorders</td>
<td>DSM-5- pp. 645-684</td>
</tr>
<tr>
<td></td>
<td>- Cluster A Personality D/O’s</td>
<td>Pocket Guide- pp. 165-175</td>
</tr>
<tr>
<td></td>
<td>- Cluster B Personality D/O’s</td>
<td>Tx Planner- pp. 39-45; 80-85;</td>
</tr>
<tr>
<td></td>
<td>- Cluster C Personality D/O’s</td>
<td></td>
</tr>
<tr>
<td>4/24/14</td>
<td>Feeding &amp; Eating Disorders</td>
<td>DSM-5- pp. 329-354</td>
</tr>
<tr>
<td></td>
<td>- Pica</td>
<td>Pocket Guide- pp. 101-104 Tx Planner- pp. 97-104</td>
</tr>
<tr>
<td></td>
<td>- Anorexia Nervosa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Bulimia Nervosa</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Binge-Eating D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Other Specified Feeding or Eating D/O</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Unspecified Feeding or Eating D/O</td>
<td></td>
</tr>
<tr>
<td>5/1/14</td>
<td>Wrapping Up</td>
<td></td>
</tr>
<tr>
<td>5/8/14</td>
<td>DUE: Take-home final exam (upload to Blackboard by 11:59 pm)</td>
<td></td>
</tr>
</tbody>
</table>

*** Instructor reserves the right to modify the syllabus as needed***
**ASSESSMENT RUBRIC(S):**

**EDCD 656 Treatment Plan Rubric**

<table>
<thead>
<tr>
<th></th>
<th><strong>(4) Excellent</strong></th>
<th><strong>(3) Satisfactory</strong></th>
<th><strong>(2) Needs Improvement</strong></th>
<th><strong>(1) Unsatisfactory</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diagnosis</td>
<td>Diagnosis fully captures all symptoms (4)</td>
<td>Diagnosis captures most of the symptoms (3)</td>
<td>Diagnosis captures some of the symptoms (2)</td>
<td>No evidence that the diagnosis captures the symptoms (1)</td>
</tr>
<tr>
<td>2. Behavioral Definition of Problems</td>
<td>Includes four behavioral definitions that are conceptualized from the case vignette (4)</td>
<td>Includes three behavioral definitions that are conceptualized from the case vignette (3)</td>
<td>Includes two behavioral definitions that are conceptualized from the case vignette (2)</td>
<td>Includes one or fewer behavioral definitions that are conceptualized from the case vignette (1)</td>
</tr>
<tr>
<td>3. Goals for Change</td>
<td>Includes four goals for change that are conceptualized from the case vignette (4)</td>
<td>Includes three goals for change that are conceptualized from the case vignette (3)</td>
<td>Includes two goals for change that are conceptualized from the case vignette (2)</td>
<td>Includes one or fewer goals for change that are conceptualized from the case vignette (1)</td>
</tr>
<tr>
<td>4. Therapeutic Interventions</td>
<td>Includes four therapeutic interventions that are conceptualized from the case</td>
<td>Includes three therapeutic interventions that are conceptualized from the case vignette (3)</td>
<td>Includes two therapeutic interventions that are conceptualized from the case vignette (2)</td>
<td>Includes one or fewer therapeutic interventions that are conceptualized from the case vignette (1)</td>
</tr>
<tr>
<td>5. Outcome Measures</td>
<td>Includes four outcome measures that are conceptualized from the case vignette (4)</td>
<td>Includes three outcome measures that are conceptualized from the case vignette (3)</td>
<td>Includes two outcome measures that are conceptualized from the case vignette (2)</td>
<td>Includes one or fewer outcome measures that are conceptualized from the case vignette (1)</td>
</tr>
</tbody>
</table>