

George Mason University
College of Education and Human Development
Counseling Program

EDCD 656.001 – Diagnosis and Treatment Planning for Mental Health Professionals
3 Credits, Spring 2023
Mondays, 4:30 – 7:10 PM
James Buchanan Hall, Room D003

Faculty

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Prerequisites/Corequisites

None

University Catalog Course Description

Covers human development throughout the life span, including emotional, physical, and cognitive development; and emphasizes personal adjustment and achievement.

Course Overview

This course introduces students to fundamental concepts in the classification of psychopathology as well as the clinical interviewing skills necessary to apply DSM-5-TR 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.

Course Delivery Method

This course will be delivered using a lecture format.

Course Objectives

This course is designed to enable students to do the following:

1. Demonstrate knowledge of diagnostic nomenclature, etiology of mental illness, treatment, referral, and the role of counselors in the prevention and treatment of mental and emotional disorders (CACREP 5.C.2.b).
2. Develop an applied understanding of the 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) (CACREP 5.C.2.d).
3. Understand classifications, indications, and contraindications of commonly prescribed psychopharmacological medications (5.C.2.h), including common medications that affect learning, behavior, and mood in children and adolescents (5.G.2.h).

4. Identify cultural factors relevant to clinical mental health counseling, including how a clinician’s personal worldview and cultural socialization impact diagnosis and treatment planning (CACREP 5.C.2.j).
5. Identify techniques and interventions for prevention and treatment for a broad range of mental health issues (CACREP 5.C.3.b) including applied knowledge of diagnostic decision trees, procedures for conducting an intake interview, treatment plan formulation and development, and case conceptualization.
6. Consider the relationships between biology and physiology and mental and emotional disorders and understand how to identify and initiate appropriate medical referrals and case consultation (5.C.2.h).
7. Understand theories and etiology of addictions and addictive behaviors (CACREP 2.F.3.d).

Professional Standards

Council for Accreditation of Counseling and Related Education Programs (CACREP) 2016

CACREP Standard	Course Objective Coverage	Course Activities
etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (CACREP 5.C.2.b)	This Standard is part of Course Objective #1, which is addressed in Classes 1 and 2 on “Expectations & Cautions, Cultural Implications around Diagnosis & Assessment” and “History of the DSM, Introduction to Use of the DSM-5, Treatment Planning Overview”	Assigned readings that discuss this Standard include: <i>Use of the Manual (DSM-5-TR)</i> , <i>Clinical Thinking Skills</i> (Schwitzer & Rubin, 2014) and the <i>Introduction</i> (Jongsma et al., 2021).
diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the International Classification of Diseases (ICD) (CACREP 5.C.2.d)	This Standard is part of Course Objective #2, which is addressed in Classes 2, 3, 4, 5, 6, 7, and 9 (given the nature of the Standard, it is infused throughout most classes)	Course activities that discuss this Standard include: class-based review of the psychopathology classifications for Disorder groups in the <i>DSM-5-TR</i> (Depressive Disorders, Bipolar & Related Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma and Stressor-Related Disorders, and Schizophrenia Spectrum & Other Psychotic Disorders)
classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (CACREP 5.C.2.h)	This Standard is part of Course Objectives #3 and #6, which are addressed in Classes 9 and 12 on “Schizophrenia Spectrum & Other Psychotic Disorders: Psychopharmacological approaches” and “Neurodevelopmental Disorders: Medical	Course activities that discuss this Standard include: presentations of research (connected to course Role-Play assignment) on commonly prescribed psychopharmacology within Disorder groups

	Referrals & Psychopharmacology”	
cultural factors relevant to clinical mental health counseling (CACREP 5.C.2.j)	This Standard is part of Course Objective #4, which is addressed in Classes 1, 2, and 5 on “Cultural Implications around Diagnosis & Assessment”, “History of the DSM”, and “Cultural Considerations for Mood & Anxiety Related Disorders”	Assigned additional readings that discuss this Standard include: Lee, 2008; Phillips, 2021; Mannarino et al., 2009; & Yee, 2019. Additionally, this Standard is measured as part of the Treatment Plan Key Assignment, which assesses KPI A.9-CMHC.b.1
techniques and interventions for prevention and treatment of a broad range of mental health issues (CACREP 5.C.3.b)	This Standard is part of Course Objective #5, which is addressed in Classes 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, and 14 (given the nature of the Standard, it is infused throughout most classes)	Assigned Readings that discuss this Standard include: <i>The adolescent psychotherapy treatment planner</i> , corresponding to all Disorder groups covered in the course Additionally, this Standard is measured as part of the Treatment Plan Key Assignment, which assesses KPI A.9-CMHC.b.1
common medications that affect learning, behavior, and mood in children and adolescents (CACREP 5.G.2.h)	This Standard is part of Course Objective #3, which is addressed in Classes 9 and 12 on “Psychopharmacological approaches” and “Neurodevelopmental Disorders: Medical Referrals & Psychopharmacology”	Course activities that discuss this Standard include: presentations of research (connected to course Role-Play assignment) on commonly prescribed psychopharmacology within Disorder groups related to children and adolescents
theories and etiology of addictions and addictive behaviors (CACREP 2.F.3.d)	This Standard is part of Course Objective #7, which is addressed in Class 14 on “Substance Use Disorders & Process Addictions”	Assigned readings that discuss this Standard include: <i>DSM-5-TR</i> , pp. 543-666 (Substance-Related and Addictive Disorders)

Additional professional standards addressed in this course:

- This course addresses the following Virginia Department of Education (VDOE) School Counselor Prek-12 Competency Topic requirements: 8VAC20-543-610.2
- This course addresses the following Virginia Department of Education (VDOE) Professional Studies requirements for Prek-12 Endorsements: 8VAC20-543-140.1.a, 1.b
- This course fulfills the Virginia Board of Counseling Licensed Professional Counselor (LPC) coursework requirement (18VAC115-20-51) for “Human growth & development”

Required Texts

*** You may access the DSM-5-TR through George Mason's Library or purchase the manual. In the event the DSM-5-TR is no longer available through the library you are responsible for having a personal copy for use during the course***

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders, text-revision* (5th ed.). Author.

Jongsma, A. E., Peterson, L. M., & Bruce, T. J. (2021). *The complete adult psychotherapy treatment planner* (6th ed.). John Wiley and Sons, Inc.

Schwitzer, A. M., & Rubin, L. C. (2014). *Diagnosis and treatment planning skills: A popular culture casebook approach* (2nd ed.). Sage Publications, Inc.

Additional Readings:

Lee, C. (2008). *Elements of Culturally Competent Counseling*. Retrieved May 17, 2022, from <https://www.counseling.org/resources/library/ACA%20Digests/ACAPCD-24.pdf>

Phillips, L. (2021, November 22). *Culture-centered counseling*. Counseling Today. Retrieved May 16, 2022, from <https://ct.counseling.org/2021/11/culture-centered-counseling/>

Mannarino, M. B., Loughran, M. J., & Hamilton, D. (2009). The professional counselor and the diagnostic process: Challenges and opportunities for education and training. *Paper based on a program presented at the Association for Counselor Education and Supervision Annual Conference*, Columbus, OH. Retrieved May 17, 2022, from <https://www.counseling.org/Resources/Library/VISTAS/2009-V-Online/Mannarino-Loughran-Hamilton.pdf>

Yee, E. (2019, January 3). *Why Cultural Competence Matters*. ACA Counseling Corner Blog. American Counseling Association. Retrieved May 16, 2022, from <https://www.counseling.org/news/aca-blogs/aca-counseling-corner/aca-member-blogs/2019/01/03/why-cultural-competence-matters>

Course Performance Evaluation

Students are expected to submit all assignments on time in the manner outlined by the instructor (e.g., VIA).

Assignments and/or Examinations

Treatment Plan 1 & Treatment Plan 2 (10 points each; **DUE Week 6 [#1] & Week 12 [#2]**)

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 separate treatment plans based on two different case studies (Treatment Plan #1 – Marco and Treatment Plan #2 – Teresa). Case studies are provided on Blackboard. The grading rubric is the same and can be found at the end of this syllabus. **You must use the Individualized Treatment Plan Template provided on Blackboard for these submissions.**

Feedback: For Treatment Plan #1 (based upon the Marco case study), you will be given peer feedback (submitted Weeks 5 & 11) **and** instructor feedback (following final submission Weeks 6 & 12). Peer and instructor feedback will be based upon the rubric and feedback from Treatment Plan 1 should be incorporated when completing the second treatment plan.

Submission: Peer feedback will be managed individually by students, with a Discussion Board confirmation that Treatment Plans have been submitted for peer review (see Discussion Board for clarity). Submit Treatment Plan #1 and Treatment Plan #2 on Blackboard under Assignments. Treatment Plan #2 will take you to Watermark/VIA, but the link can be accessed on Blackboard. *Please use the Assessment Rubric at the end of this syllabus! I cannot give you points for things you did not include!*

Students are STRONGLY encouraged to use their text and resources from Blackboard:

- Treatment Planning Training (on Blackboard)
- The Clinician Guide to Treatment Planning (your textbook)
- School Counseling Sample Treatment Plans (two examples on Blackboard)
- Mental Health Treatment Plans (two examples on Blackboard)

Cultural Formulation Interview & Reflection (15 points; DUE Week 9)

To complete this three part assignment students must **find a classroom partner** (you are responsible for finding a partner to complete this assignment). The student pair will **conduct a Cultural Formulation Interview** with one another (using the *DSM-5 TR Cultural Formulation Interview – Core*). Using notes taken during the interview, each student will write up the **Biopsychosocial History** of their partner (the interviewee) based on the information the student gathered during the interview. Students will then complete a personal **Cultural Formulation Reflection Paper** about being the interviewer and conducting the CFI with your partner. Upon completion, each student will submit the completed assignment with all three parts: 1) Cultural Formulation Interview, 2) Biopsychosocial History, and a 3) Cultural Formulation Reflection paper. Details below:

Part 1. Cultural Formulation Interview (CFI) Template: The *DSM-5 TR Cultural Formulation Interview (CFI)* is an evidence-based tool is composed of a series of questionnaires that assist clinicians in making person-centered cultural assessments to inform diagnosis and treatment planning. The CFI can be used in clinical encounters with all patients and all clinicians, not just with cultural minorities or in situations of obvious cultural difference between clinicians and patients. This is because all of us bring our own cultures, values, and expectations to the clinical encounter, including often invisible influences on how we approach specific aspects of care. The CFI is published (in print) in the *DSM-5-TR* and can be found online under DSM-5-TR Online Assessment Measures (<https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures>).

You will be required to use the CFI to guide your interview and to write the “client’s” (your peer’s) biopsychosocial history. For your convenience, a word version of the CFI can be found on Blackboard - use this template to write or type notes into the template during the interview. **THE CFI TEMPLATE IS WHAT YOU WILL SUBMIT.** Students who are unfamiliar with MS Word may have trouble with formatting, so be patient and troubleshoot. *If I cannot read your assignment, you will not receive a grade.* CFI interviews will NOT be recorded due to honoring privacy.

NOTE: If desired, presenting issues can be fictional and focus on diagnosis(es) that will be of focus in this course, for example, a student can present with symptoms related to posttraumatic stress disorder (PTSD) or Major Depressive Disorder, recurrent, severe. However, the student being interviewed **MUST** become familiar with the criteria and cultural manifestations of symptom presentation related to that disorder.

Part 2. Biopsychosocial Assessment Form: Following the CFI interview, students will complete the Biopsychosocial Assessment Form using their notes and the *DSM-5*. The purpose is to begin to learn the process for conducting a thorough biopsychosocial assessment in a systematic manner. In the assessment you will find the following high-level topics: Presenting Problem, Presenting Symptoms, History of Problem, Familial/Significant Relationships, Childhood/Adolescent History, Social History, Cultural/Ethnic/Spiritual Considerations, Legal History, Educational/Occupational/ Military History, Leisure Activities, Physical Health, Substance Use, and Prior Treatment History.

Part 3. Cultural Formulation Reflection Paper: Having completed the CFI Template and Biopsychosocial Assessment Form, you will write a personal reflection addressing the following:

- a) A brief description of the “client” and “client’s” presenting problem;
- b) A discussion of your reactions, thoughts, and feelings in response to the client’s presenting problem and how your own cultural, ethnic, and spiritual identity influenced your reactions, thoughts, and feelings;
- c) Describe your ideas how BOTH the client and counselor’s culture influence mental illness, using examples from the interview and biopsychosocial assessment process
- d) Explain how the CFI assisted you in collecting information from your participant.

The Cultural Formulation Reflection Paper should be 1-2 pages (no more), typed, single-spaced, and include relevant demographic (age, gender identity, race, ethnicity, spiritual/religious background, immigration status if applicable) information. You will NOT reveal the identity of the peer you interviewed. You should cite all appropriate references (no minimum/maximum), using APA Style 7th edition to cite all references.

All three parts should be submitted, in one consolidated document (word preferred, pdf accepted), on the date designed in the course schedule.

NOTE: The *Cultural Formulation Interview Training* and the *APA Cultural Formulation Interview* documents provided on Blackboard are for reference only. I will only accept the CFI Template and Biopsychosocial Assessment Form for Part 1 and Part 2 of this assignment.

In-Class Role Play & Disorder Information Sheet (20 points; DUE DATE ASSIGNED)

To complete this two part assignment students must find a group of three [or four if necessary] students, develop and demonstrate a role-play based on a disorder assigned by the instructor, and create a 1-page disorder information sheet for the class. Students are responsible for finding their own groups to complete this assignment.

Part 1. In-Class Role Play (10 points): In groups of three or four (ideally three), students will be assigned a date by the instructor to role-play an 8-10 minute demonstration of a partial counseling session with a student (SC students) or client (CMHC students). The focus of the demonstration will be presenting problems and symptoms associated with a

specific disorder (assigned by instructor). One group member will role-play the student/client, one group member will role-play the counselor, and the third group member will facilitate a class debriefing after the role-play demonstration.

The debriefing should focus on what additional information the class would like to gather from the student/client, discussion of the diagnosis, and thoughts regarding the treatment plan/goals for the student/client. The class debriefer will submit the assignment to Blackboard and it will be graded as a Group Assignment.

Part 2. Disorder Information Sheet (10 points): In addition to the role-play, the group will create an information sheet for their assigned disorder that will be disseminated to the class **AFTER** the role-play (bring copies for the class). The information sheet should be in outline format, single spaced, no longer than 1 page, and include the following sections:

- A. Recommended Therapeutic Interventions:** List recommended interventions school counselors/counselors can use for students with the disorder (i.e., CBT, DBT, etc.).
- B. Resources for School Counselors/Counselors:** List professional resources that would be helpful to counselors working with students/clients who present with this disorder (i.e., classroom/clinical supports, books, journal articles, websites, trainings, etc.).
- C. Commonly Used Medications (if any):** List the medications that are most prescribed for the disorder, be sure to include common contraindications (if applicable).
- D. Resources for Students/Clients:** It is very important that we can provide students/clients with additional resources that may be useful for them. Potential resources may include books (written for the general public), websites, social media channels (i.e., NAMI, SAMHSA - use caution here!), and/or support groups (in-person/online).

Final Exam (25 points; DUE May 6th [last day of GMU classes])

The test will be posted on Blackboard under Assignments. It will be released on 5/1/23 (May 1st) at 11:59 PM and will be due to on 5/6/23 (May 6th) at 11:59 PM, please submit on Blackboard under Assignments.

• Other Requirements

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.

• Grading

Graded Assignments

Two Treatment Plans	20 points (10 points each)
Cultural Interview Formulation	15 points
In-class Role Play/Info Sheet	20 points
Take-home Final	25 points
Class participation	<u>20 points</u>
Total	100 points

Late Assignments: Late assignments will result in a point reduction

In accordance with the George Mason University Grading Policy, the following grades may be achieved:

A [100-94]; A- [93-90]; B+ [89-87]; B [86-84]; B- [83-80]; C [79 - 70]; F [69 and below]

Professional Dispositions

See <https://cehd.gmu.edu/students/polices-procedures/>

Students must adhere to program professional dispositions:

<https://cehd.gmu.edu/assets/docs/forms/Professional%20Dispositions.pdf>

Professional Dispositions Assessment

Professional Dispositions Assessment are completed by instructors in all courses except electives and field experience courses (Practicum: 750/751; Internship 1: 792/793; and Internship 2: 794/795). In electives and field experience courses, instructors or supervisors may choose to complete a Professional Disposition Assessment should the need arise. In field experience classes, University and Site Supervisors will assess students on a Student Evaluation that is specific to P&I.

A developmental approach to PD Assessment is used, understanding that students are developing in their awareness, skills, and abilities throughout the course of the Counseling Program. In general, students in “basic or pre-practicum level” courses may demonstrate the disposition sometimes or inconsistently. Students in “intermediate or practicum level” courses should demonstrate the disposition more often or frequently. The courses are assigned to levels as follows:

<i>Course Level</i>	<i>Courses</i>
Basic (Pre-Practicum)	<i>Core: 602, 601, 525, 603, 609, 606, 604, 656 CMHC: 654, 652, 658 / SC: 613, 611, 626</i>
Intermediate (Practicum)	<i>Core: 608, 660, 628, 619, 610, 797</i>

Professional Dispositions assessments are scored as follows:

- **4: Consistently Evident** – The student demonstrates the disposition all or almost all of the time. This rank is considered exceptional, particularly for students who are at the beginning of their program. Students who are advanced in the program (i.e., in their last year of the program and enrolled in Internship I or II) should expect to achieve this rank.
- **3: Frequently Evident** – The student demonstrates the disposition often or most of the time. It is expected that students in the middle of the program (i.e., usually the second year for full time or third year for part time students) will achieve this rank. This reflects that they have moved beyond the initial phase of counselor training and are developing well towards being a professional counselor.
- **2: Sometimes Evident** – The student demonstrates the disposition sometimes or inconsistently. It is expected that students at the beginning of the program (i.e., first year for most students) will achieve this rank. Students at the beginning of the program are expected to be developing towards these professional dispositions as a part of their counselor training and preparation for their future as a professional counselor.
- **1: Seldom Evident** – The student demonstrates the disposition rarely or not at all. In some instances, this may also indicate a harmful demonstration of professional disposition(s). Students at the beginning of their program may achieve this rank, which can be developmentally appropriate as they learn the expectations for students and future professional counselors. Should this occur, students should expect to meet with their advisor, who will assist them in addressing the area of concern.

- **N/A: Not Applicable** – An instructor or supervisor may use this to note that they did not have the opportunity to observe the disposition or that it was not relevant in the given context. This is most likely to occur at the beginning of the program when some dispositions may not be germane to the particular class.

Class Schedule

PLEASE READ: Readings and review of lecture content for the week is due the *day we meet for class (Monday)*. It is expected that all students will come to class prepared, having completed all weekly readings/lecture material review on Blackboard (BB). In the schedule below, the Jongsma et al. (2021) text is referred to as “*Tx Planner*” and the Schwitzer and Rubin (2014) text is referred to as “*Dx & TP Skills*”. Students are responsible for following the class format (in-person / asynchronous) outlined in the class schedule below.

Week/Class Format	Topic	Readings / Assignments Due	Course Obj. #
Wk. 1 1/23 – 1/29 <i>in-person</i>	Introductions Review of Syllabus Expectations & Cautions Reflections on Experiences of Mental Illness Cultural Implications around Diagnosis & Assessment History of the DSM	DSM-5-TR: Read <i>Section I DSM-5 Basics</i> , pp. 5-29 DSM-5-TR: Review (do not read) <i>DSM-5-TR Classifications</i> , pp. xxvii - lxix (this will help you understand what is in the DSM-5-TR) Dx & TP Skills: Chapter 1 (pp. 13-30; Diagnosis, Case Conceptualization, and Treatment Planning) Review Blackboard Content	1, 4
Wk. 2 1/30 – 2/5 <i>asynchronous</i>	Introduction to Assessment & Diagnosis Introduction to the Use of the DSM-5 Treatment Planning Introduction	Tx Planner: Introduction (pp. 1-13) Dx & TP Skills: Chapters 2 & 3 (pp. 31-106) Ch 2: Understanding and Using the DSM-5 Ch. 3: Case Conceptualization: Making Sense of the Client’s Concerns Review Blackboard Content	1, 2, 4
Wk. 3 2/6 – 2/12 <i>in-person</i>	Re-Introduction to the DSM-5 & Treatment Planning Neurodevelopmental Disorders: Diagnostic Criteria and Diagnostic Features - Intellectual Disability - Autism Spectrum D/O - Attention-Deficit/Hyperactivity D/O - Specific Learning Disorder - Motor Disorders	DSM-5-TR: Neurodevelopmental Disorders (pp. 35-99) Tx Planner: Attention Deficit Hyperactivity Disorder; Autism Spectrum Disorder; Intellectual Developmental Disorder (pp. 47-57) Dx & TP Skills: Case 5.1 (pp. 135-151), Case 5.10 (pp. 273-290) Review Blackboard Content	2, 5

<p>Wk. 4 2/13 – 2/19 <i>in-person</i></p>	<p>Schizophrenia Spectrum & Other Psychotic Disorders</p> <ul style="list-style-type: none"> - Schizotypal (Personality) D/O - Delusional D/O - Brief Psychotic D/O - Schizophreniform D/O - Schizophrenia - Schizoaffective D/O - Other Specified & Unspecified Schizophrenia Spectrum and Other Psychotic D/O 	<p>DSM-5-TR: Schizophrenia Spectrum & Other Psychotic Disorders (pp. 101-138)</p> <p>Tx Planner: Psychoticism (pp. 356-366); Paranoid Ideation (pp. 306-312)</p> <p>Dx & TP Skills: Chapter 4 (Chapter 4: Treatment Planning: Designing a Plan for Change)</p> <p>Review Blackboard Content</p>	<p>2, 5</p>
<p>Wk. 5 2/20 – 2/26 <i>asynchronous</i></p>	<p>Bipolar & Related Disorders</p> <ul style="list-style-type: none"> - Bipolar I D/O - Bipolar II D/O - Cyclothymic D/O - Other Specified & Unspecified Bipolar and Related D/O <p>Psychopharmacological approaches</p> <p>*Role-Play Triad 1: _____</p>	<p>DSM-5-TR: Bipolar & Related Disorders (pp. 139-175)</p> <p>Tx Planner: Bipolar Disorder</p> <p>Dx & TP Skills: Case 5.6 (pp. 208-223)</p> <p>Review Blackboard Content</p> <p>DUE: Treatment Plan #1 (Submit for Peer Review & Complete Discussion Post)</p>	<p>2, 5</p>
<p>Wk. 6 2/27 – 3/5 <i>in-person</i></p>	<p>Depressive Disorders</p> <ul style="list-style-type: none"> - Major Depressive D/O - Persistent Depressive D/O (Dysthymia) - Other Specified & Unspecified Depressive D/O <p>Medical Referrals & Psychopharmacology</p> <p>*Role-Play Triad 2: _____</p>	<p>DSM-5-TR: Depressive Disorders (pp. 177-214)</p> <p>Tx Planner: Unipolar Depression; Low Self Esteem</p> <p>Dx & TP Skills: Case 5.2 (pp. 152-165), Case 5.7 (pp. 224-241), Case 5.8 (pp. 242-260)</p> <p>Review Blackboard Content</p> <p>DUE: Treatment Plan #1 (Final Draft Submitted on Blackboard under Assignments)</p>	<p>2, 5</p>
<p>Wk. 7 3/6 – 3/12 <i>in-person</i></p>	<p>Anxiety Disorders</p> <ul style="list-style-type: none"> - Separation Anxiety D/O - Specific Phobia - Social Anxiety D/O (Social Phobia) - Panic D/O - Agoraphobia - Generalized Anxiety D/O - Other Specified & Unspecified Anxiety D/O <p>Cultural Considerations for Mood & Anxiety Related D/O's</p> <p>*Role-Play Triad 3: _____</p>	<p>DSM-5-TR: Anxiety Disorders (pp. 215-262)</p> <p>Tx Planner: Anxiety, Panic/Agoraphobia; Social Anxiety; Specific Phobia</p> <p>Case 5.4</p> <p>Review Blackboard Content</p>	<p>2, 5, 4</p>

Wk. 8 3/13 – 3/19	Fall Break (Classes Do Not Meet)	No readings or assignments due	
Wk. 9 3/20 – 3/26 <i>in-person</i>	Obsessive-Compulsive and Related Disorders <ul style="list-style-type: none"> - Obsessive-Compulsive D/O - Body Dysmorphic D/O - Hoarding D/O - Trichotillomania - Excoriation (Skin-Picking) D/O - Other Specified & Unspecified Obsessive Compulsive and Related D/O <p>Case Consultation & Referral</p> <p>*Role-Play Triad 4: _____</p>	DSM-5-TR: Obsessive-Compulsive and Related Disorders (pp. 263-294) Tx Planner: Obsessive-Compulsive Disorder Review Blackboard Content	2, 5
Wk. 10 3/27 – 4/2 <i>in-person</i>	Trauma, Stressor-Related, and Dissociative, Disorders <ul style="list-style-type: none"> - Posttraumatic Stress D/O - Acute Stress D/O - Adjustment D/O's - Other Specified & Unspecified Trauma- and Stressor-Related D/O - Dissociative Identity D/O - Dissociative Amnesia - Depersonalization/Derealization D/O - Other Specified Dissociative D/O - Unspecified Dissociative D/O <p>Case Consultation & Referral</p> <p>*Role-Play Triad 5: _____</p>	DSM-5-TR: Trauma, Stressor-Related, and Dissociative, Disorders (pp. 295-328 & 329-348) Tx Planner: Posttraumatic Stress Disorder (PTSD); Physical Emotional Abuse Victim; Sexual Abuse Victim Case 5.3, 5.5 Review Blackboard Content DUE: Cultural Interview Formation	2, 5
Wk. 11 4/3 – 4/9 <i>asynchronous</i>	Disruptive, Impulse-Control & Conduct Disorders <ul style="list-style-type: none"> - Oppositional Defiant D/O - Intermittent Explosive D/O - Conduct D/O - Pyromania - Kleptomania - Other Specified & Unspecified Impulse Control, and Conduct D/O <p>*Role-Play Triad 6: _____</p>	DSM-5-TR: Disruptive, Impulse-Control & Conduct Disorders Tx Planner: Anger Control Problems; Conduct Disorder/Delinquency; Oppositional Defiant Disorder Review Blackboard Content DUE: Treatment Plan #2 (Submit for Peer Review & Complete Discussion Post)	2, 5, 3, 6

<p>Wk. 12 4/10 – 4/16 <i>asynchronous</i></p>	<p>Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Elimination Disorders Sleep-Wake Disorders</p> <ul style="list-style-type: none"> - Pica - Anorexia Nervosa - Bulimia Nervosa - Binge-Eating D/O - Other Specified & Unspecified Feeding or Eating D/O <p>Case Consultation & Referrals</p>	<p>DSM-5-TR: Somatic Symptom and Related Disorders, Feeding and Eating Disorders, Elimination Disorders Sleep-Wake Disorders</p> <p>Tx Planner: Eating Disorders</p> <p>Review Blackboard Content</p> <p>DUE: Treatment Plan #2 (Final Draft Submitted on Blackboard under Assignments)</p>	<p>5</p>
<p>Wk. 13 4/17 – 4/23 <i>in-person</i></p>	<p>Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders</p> <ul style="list-style-type: none"> - Delayed Ejaculation - Erectile D/O - Female Orgasmic D/O - Female Sexual Interest/Arousal D/O - Genito-Pelvic Pain/penetration D/O - Male Hyperactive Sexual Desire D/O - Premature (Early) Ejaculation - Other Specified Sexual Dysfunction - Unspecified Sexual Dysfunction - Gender Dysphoria - Other Specified Gender Dysphoria - Unspecified Gender Dysphoria - Voyeuristic D/O - Exhibitionistic D/O - Frotteuristic D/O - Sexual Masochism D/O - Sexual Sadism D/O - Fetishistic D/O - Transvestic D/O - Other Specified Paraphilic D/O - Unspecified Paraphilic D/O 	<p>DSM-5-TR: Sexual Dysfunctions, Gender Dysphoria, and Paraphilic Disorders</p> <p>Tx Planner: Female Sexual Dysfunction; Male Sexual Dysfunction; Sexual Abuse; Sexual Identity Confusion-Adult</p> <p>Review Blackboard Content</p>	<p>5, 3, 6</p>
<p>Wk. 14 4/24 – 4/30 <i>asynchronous</i></p>	<p>Personality Disorders</p> <p>Cluster A Personality D/O's</p> <ul style="list-style-type: none"> - Paranoid Personality Disorder - Schizoid Personality Disorder - Schizotypal Personality Disorder <p>Cluster B Personality D/O's</p> <ul style="list-style-type: none"> - Antisocial Personality Disorder - Borderline Personality Disorder - Histrionic Personality Disorder - Narcissistic Personality Disorder <p>Cluster C Personality D/O's</p> <ul style="list-style-type: none"> - Avoidant Personality Disorder - Dependent Personality Disorder - Obsessive-Compulsive Personality Disorder 	<p>DSM-5-TR: Personality Disorders</p> <p>Tx Planner: Runaway; School Violence Perpetrator; Sexual Promiscuity; Substance Abuse</p> <p>DSM-5-TR: Other Mental Disorders and Additional Codes</p> <p>Case 5.9 (pp. 261-272)</p> <p>Review Blackboard Content</p>	<p>5</p>

	<p>Other Mental Disorders and Additional Codes</p> <ul style="list-style-type: none"> - Relational Problems - Abuse and Neglect - Educational and Occupational Problems - Housing and Economic Problems - Other Problems Related to the Social Environment - Problems Related to Crime or Interaction With the Legal System - Other Health Service Encounters for Counseling and Medical Advice - Problems Related to Other Psychosocial, Personal, and Environmental Circumstances - Other Circumstances of Personal History 		
<p>Wk. 15 5/1 – 5/6 <i>in-person</i></p>	<p>Substance Use Disorders & Process Addictions</p> <ul style="list-style-type: none"> - Substance Use Criterion - Differential Diagnosis <p>Etiology of addictions and addictive behaviors</p> <p>Wrapping Up - FINAL EXAM</p>	<p>DSM-5-TR: Substance Use Disorders & Process Addictions</p> <p>Tx Planner: Substance Use Disorders</p> <p>DUE: Take-home final exam (upload to Blackboard by May 6 11:59PM)</p>	5, 7

Note: Faculty reserves the right to alter the schedule as necessary, with notification to students.

Counseling Mission Statement

The Counseling Program is committed to preparing counselors who promote the social, psychological, physical, and spiritual health of individuals, families, communities, and organizations in order to contribute to the advancement of global well-being. The program strives for national and international excellence in implementing a counseling perspective which provides a foundation in basic counseling skills and focuses on social justice, multiculturalism, international, advocacy and leadership. It is our belief that a global perspective on development across the life span, and an understanding and appreciation of multiculturalism, diversity, and social justice are integral to the preparation of professional counselors, requiring that professional counselors are prepared to assume leadership roles, be proactive change agents and become advocates for social, economic and political justice. The program is committed to accomplish this mission by working through interdisciplinary teams as well as promote the interconnectedness of teaching, research, service and professional practice. Through this mission faculty will facilitate a continued tradition

of international, national and regional leadership through the development of collaborative partnerships and projects, research, publications, presentations, consultation, and training.

Core Values Commitment

The College of Education and 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/>.

GMU Policies and Resources for Students

Policies

- Students must adhere to the guidelines of the Mason Honor Code (see <https://catalog.gmu.edu/policies/honor-code-system/>).
- Students must follow the university policy for Responsible Use of Computing (see <https://universitypolicy.gmu.edu/policies/responsible-use-of-computing/>).
- Students are responsible for the content of university communications sent to their Mason email account and are required to activate their account and check it regularly. All communication from the university, college, school, and program will be sent to students **solely** through their Mason email account.
- Students with disabilities who seek accommodations in a course must be registered with George Mason University Disability Services. Approved accommodations will begin at the time the written letter from Disability Services is received by the instructor (see <https://ds.gmu.edu/>).
- Students must silence all sound emitting devices during class unless otherwise authorized by the instructor.

Campus Resources

- Questions or concerns regarding use of Blackboard should be directed to <https://its.gmu.edu/knowledge-base/blackboard-instructional-technology-support-for-students/>.
- For information on student support resources on campus, see <https://ctfe.gmu.edu/teaching/student-support-resources-on-campus>

Notice of mandatory reporting of sexual assault, interpersonal violence, and stalking:

As a faculty member, I am designated as a “Responsible Employee,” and must report all disclosures of sexual assault, interpersonal violence, and stalking to Mason’s Title IX Coordinator per University Policy 1202. If you wish to speak with someone confidentially, please contact one of Mason’s confidential resources, such as Student Support and Advocacy Center (SSAC) at 703-993-3686, Counseling and Psychological Services (CAPS) at 703-993-2380, or the 24-Hour Sexual and Interpersonal Violence Crisis Line at (703) 380-1434. You may also seek assistance from Mason’s Title IX Coordinator by calling 703-993-8730 or emailing titleix@gmu.edu.

For additional information on the College of Education and Human Development, please visit our website <https://cehd.gmu.edu/students/>.

Assessment Rubric:

EDCD 656 Treatment Plan Rubric (Key Assignment: KPI A.9-CMHC.b.1; CACREP 5.C.3.b, 5.C.2.j)

	Exceeds Standards 4	Meets Standards 3	Approaching Standards 2	Below Standards 1
1. Diagnosis KPI A.9-CMHC.b.1; CACREP 5.C.3.b	Diagnosis fully captures all symptoms	Diagnosis captures most of the symptoms	Diagnosis captures some of the symptoms	No evidence that the diagnosis captures the symptoms
2. Behavioral Definition of Problems KPI A.9-CMHC.b.1; CACREP 5.C.3.b; 5.C.2.j	Includes four behavioral definitions that are conceptualized from the case vignette and include relevant cultural factors	Includes three behavioral definitions that are conceptualized from the case vignette and include relevant cultural factors	Includes two behavioral definitions that are conceptualized from the case vignette and include relevant cultural factors	Includes one or fewer behavioral definitions that are conceptualized from the case vignette
3. Goals for Change KPI A.9-CMHC.b.1; CACREP 5.C.3.b	Includes four goals for change that are conceptualized from the case vignette	Includes three goals for change that are conceptualized from the case vignette	Includes two goals for change that are conceptualized from the case vignette	Includes one or fewer goals for change that are conceptualized from the case vignette
4. Therapeutic Interventions KPI A.9-CMHC.b.1; CACREP 5.C.3.b	Includes four therapeutic interventions that are conceptualized from the case vignette	Includes three therapeutic interventions that are conceptualized from the case vignette	Includes two therapeutic interventions that are conceptualized from the case vignette	Includes one or fewer therapeutic interventions that are conceptualized from the case vignette
5. Outcome Measures	Includes four outcome measures that are conceptualized from the case vignette	Includes three outcome measures that are conceptualized from the case vignette	Includes two outcome measures that are conceptualized from the case vignette	Includes one or fewer outcome measures that are conceptualized from the case vignette