Term/Credits	**Instructor**
Spring 2023 Term 1	Tiffany Gunnells, Ph.D., LPC, LAC
3 semester hours	tgunnells@divinemercy.edu
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Vision: The vision of the School of Counseling is to inspire global training of transformational leaders and social justice advocates who use counseling as an instrument of healing.

Mission: The mission of the Clinical Mental Health Counseling program is to teach and train graduates for community practice as competent, culturally sensitive, ethical, and morally sound professional counselors prepared to provide diagnosis and treatment of mental disorders and to effectively facilitate flourishing and personal transformation. Clinical Mental Health Counseling graduates are prepared to serve in their communities as advocates for social justice, and as service-oriented facilitators of mental health and wellness with a focus on the respect, dignity, and diversity of the person.

NOTE: KEEP A HARD COPY SYLLABUS! Many states require that students submit a copy of each course syllabus in order to document the completed educational content needed for licensure. Each syllabus submitted must be for the same course year in which the course was taken.

I.   COURSE DESCRIPTION

COUN 630 Clinical Diagnosis and Treatment Planning reinforces assessment and diagnostic skills necessary for the diagnoses of psychopathology with a focus on differential diagnosis, case conceptualization, client-engaged treatment planning, and clinical mental health intervention. Students will synthesize understanding the person's biological, psycho-social, spiritual, religious, and cultural domains with critical thinking skills necessary to clinically assess, diagnose, and develop treatment plans. Students will conduct in-depth exploration of the legal and ethical use of appropriate surveys, instruments, and tests accepted in the industry when rendering diagnoses aligned with current Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD) criteria. Students will demonstrate the knowledge and ability to assess and develop working diagnoses and treatment plans for atypical symptoms, multiple diagnoses, co-occurring criteria, and behaviors of potential harm to self and others. (3 credit hrs)

II. COURSE OBJECTIVES

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
1.	Demonstrate interview skills to gather clinical information for the purpose of diagnosis, case conceptualization, and treatment planning.	Mod#1 Discussion: Empathy Mod#2 Discussion: Synchronous Small Group Meeting Mod#2 Assignment: Process Observation Notes Mod#3 Discussion: Synchronous Small Group Meeting Mod#3 Assignment: Process Observation Notes Mod#4 Discussion: Synchronous Small Group Meeting Mod#4 Assignment: Process Observation Notes Mod#5 Discussion: Synchronous Small Group Meeting Mod#5 Assignment: Process Observation Notes Mod#6 Discussion: Synchronous Small Group Meeting Mod#6 Assignment: Process Observation Notes Mod#7 Discussion: Synchronous Small Group Meeting Mod#7 Assignment: Process Observation Notes	**SOC:** 1, 2, 3, 4, 5 **CACREP** Section 2: F.5.b, g, i F.2.c Section #: 5 C.1.c C.3.a
2.	Demonstrate case conceptualization skills that integrate clinical details and psychological theory into an etiological understanding of the client as a whole person (biological, psycho-social, spiritual, religious, and cultural domains).	Mod#3 Assignment: Case Conceptualization Mod#4 Assignment: Case Conceptualization Mod#5 Assignment: Case Conceptualization Mod#6 Assignment: Case Conceptualization Mod#7 Assignment: Final Project: Case Conceptualization	**SOC:** 1, 4 **CACREP** Section 2: F.2. c-h F.3. e,f,i F.5.b, f, g Section #5: C.1.b, c C.2.f, g, j C.3.a
3.	Demonstrate differential diagnostic skills employing the classification systems of the DSM and ICD.	Mod#1 Quiz Mod#2 Quiz Mod#3 Quiz Mod#4 Quiz Mod#5 Quiz Mod#6 Quiz	**SOC:** 1, 3, 4 **CACREP** Section 2: F. 3. c, e, f,

		Mod#7 Quiz Mod#8 Quiz Mod#3 Assignment: Case Conceptualization Mod#4 Assignment: Case Conceptualization Mod#5 Assignment: Case Conceptualization Mod#6 Assignment: Case Conceptualization Mod#7 Assignment: Final Project: Case Conceptualization	Section 5: C.2.b, d, e, f
4.	Justify a differential diagnosis when presented with symptomatology that is atypical and/or shared with other diagnostic profiles.	Mod#1 Quiz Mod#2 Quiz Mod#3 Quiz Mod#4 Quiz Mod#5 Quiz Mod#6 Quiz Mod#7 Quiz Mod#8 Quiz Mod#3 Assignment: Case Conceptualization Mod#4 Assignment: Case Conceptualization Mod#5 Assignment: Case Conceptualization Mod#6 Assignment: Case Conceptualization Mod#7 Assignment: Final Project: Case Conceptualization	**SOC:** 1, 2, 3, 4, 5 **CACREP** Section 2: F. 3. e, f, Section 5: C.2.b,d,e,f
5.	Develop treatment plans, including appropriate referrals, informed by current research (evidence-based treatment) and client feedback (practice-based evidence) that flow from the case conceptualization, and are consistent with the whole person, their strengths and resources, and the diagnosis.	Mod#3 Assignment: Case Conceptualization Mod#4 Assignment: Case Conceptualization Mod#5 Assignment: Case Conceptualization Mod#6 Assignment: Case Conceptualization Mod#7 Assignment: Final Project: Case Conceptualization	**SOC:** 1, 2, 3, 4, 5 **CACREP** Section 2: F.5. h,i, j, Section 5: C. 1.c, d, C. 2. b, c, j, C. 3. a, b, e, i

6.	Evaluate techniques and interventions for prevention and treatment of a broad range of mental health issues, including addiction and co-occurring disorders, within a continuum of care of mental health service delivery modalities.	Mod#1 Quiz Mod#2 Quiz Mod#3 Quiz Mod#4 Quiz Mod#5 Quiz Mod#6 Quiz Mod#7 Quiz Mod#8 Quiz Mod#3 Assignment: Case Conceptualization Mod#4 Assignment: Case Conceptualization Mod#5 Assignment: Case Conceptualization Mod#6 Assignment: Case Conceptualization Mod#7 Assignment: Final Project: Case Conceptualization	**SOC:** 1, 4 **CACREP** Section 2: F.5. h,i, j, Section 5: C. 2. c C. 3. b,
7.	Appraise how the CCMMP informs clinical practice during the interviewing, case conceptualization, and treatment planning stages.	Mod#2 Reflection Essay: Faith-Based Elements of the CCMMP & Mental Health Science Mod#8 Discussion: How the CCMMP Informs (or Does Not Inform) Practice	**SOC:** 1, 2, 3, 4, 5 **CACREP** Section 5: C.3.i
KPI	#3 Apply theories of human growth and development in all aspects of professional practice in diverse societies. 12# Evaluate clients' personal, social, and spiritual resources for promoting resiliency, healing, and flourishing informed by the holistic vision of the Catholic Christian Metamodel of the Person (CCMMP) in all aspects of professional practice.	80% of students will achieve a Proficient score or above on the COUN 630 Final Project: Case Conceptualization and Treatment Planning rubric Section Case Conceptualization Presentation Outline which combines client history, development, and personal, social, and spiritual resources [Knowledge]	**Section 2.F.3.i.** Understand and apply ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan.
KPI	#4 Apply career development theories and models to all aspects of educational and career counseling in a global economy	80% of students will demonstrate an integration of career development with the personal background and life experiences of the client vs. simply noted in the Occupation History section of the COUN 630 Final Project: Case Conceptualization assignments will evidence* [Knowledge, Skills]	**Section 2.F.4.g.** strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy
KPI	#7 Apply multiculturally competent psychological measurement theories and concepts in the assessment and evaluation of diverse clients.	80% of students will achieve a Proficient score or above on the rubric section Intake Interview and Mental Status Exam on the COUN 630 Synchronous Triad Skills Lab Role Play Evaluation assignment. 80% of students will have assessment experience in their clinical placements. [Knowledge, Skills]	**Section 2.F.7.m.** ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results
KPI	#8 Analyze counseling research and ethically apply the findings in an evidence-based practice and program evaluation.	80% of students will achieve a Proficient score or above on the COUN 630 Final Project: Case Conceptualization and Treatment Planning rubric section Case Conceptualization Presentation Outline which includes making connections to the counseling literature AND will demonstrate the use of evidenced-based	**Section 2.F.8.b.** identification of evidence-based counseling practices

		treatment options developed from at least two scholarly references. [Knowledge]	
KPI	#11 Apply a biopsychosocial, spiritual, and environmental case conceptualization, including mental health history and etiology of co-occurring disorders, in evaluating clients during intake interviews, mental status evaluations, and administration of psychological assessments for formulating diagnosis, treatment plans, and caseload management strategies.	80% of students will achieve a Proficient score or above on the COUN 630 Final Project: Case Conceptualization and Treatment Planning rubric [Knowledge]	**Section 5.C.1. c. and d.** **c.** principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning **d.** neurobiological and medical foundation and etiology of addiction and co-occurring disorders

*SOC = School of Counseling Program Objectives, listed below; KPI = Key Performance Indicators for the evaluation of the program; CACREP = Council for Accreditation of Counseling and Related Educational Programs standards, Section 2, eight common core areas of all entry-level counselor education graduates, and Section 5, entry-level specialty area, Clinical Mental Health Counseling

Program Objectives

Graduates of the DMU School of Counseling Clinical Mental Health Counseling program will be able to:

1. Exhibit a vibrant professional counselor identity with the foundational knowledge and skills of the profession.
2. Enter the client's life narrative with compassion and respect.
3. Develop person-centered, comprehensive case conceptualization for effective treatment planning.
4. Employ basic social and behavioral sciences, a habit of evidential reasoning, and the multiple roles of professional counseling to promote human flourishing.
5. Embody a vision of the flourishing person that inspires them, as professional counselors, and their clients to have courage to trust, hope and love.

III.   COURSE TEXTBOOKS AND MATERIALS

A. Required

Shea, C. S. (2017). *Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) Cambridge, MA: Elsevier

Duncan, B. (2014). *On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association.

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Zuckerman, E. L. (2019). *Clinician's thesaurus: The guide to conducting interviews and writing psychological reports* (8th ed.). New York, NY: The Guilford Press.

American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychological Association

Required readings will be assigned in each module / week and are listed in the Class Schedule and Assignments and Reference List.

B. Recommended

There are no recommended textbooks for this course.

IV. COURSE REQUIREMENTS

A. Class Attendance and Participation

1. The DMU CMHC program is delivered to students primarily in an online, asynchronous modality; however, portions of this program require synchronous interaction, and additional in-person residency attendance.

2. Attendance in the online classroom is required. Students must post as directed in the online classroom each week. Assignments must be posted on or before due dates.

3. Weeks 2-7 have mandatory, synchronous meetings from 6-8pm CST for the purpose of clinical skills training.

B. Assigned Readings

1. Readings must be read as assigned on the reading schedule in order for the class to "be on the same page" and to facilitate discussions.

2. Additional readings may be given out in class to be read for the next class.

C. Whole Group Asynchronous Discussion

1. Participation in asynchronous discussions with your course colleagues is required in Module 1 and Module 8. Discussion activities include crafting a thoughtful and scholarly response to a prompt, including the personal application of the information to the role of the professional counselor, and responding to at least two colleagues' posting. The whole group asynchronous discussion assignments are worth 35 points each.

    i. 14 points Main Idea of Post (Mastery) – Shows superior knowledge and understanding of course material related to the question asked or topic of the discussion. Seamlessly integrates assigned readings and resources related to the topic. Demonstrates a depth of thought or high level of critical thinking.

    ii. 10.5 points Personal Application (Mastery) – Initial post demonstrates a superior synthesis and personal reaction or analysis of the topic being discussed. Personal application illustrated a high level of critical reflection and is substantive in content.

    iii. 7 points Responses to Colleagues' Posts (Mastery) – Responses show a strong understanding of colleagues' posts; clear and succinct response. Integrates assigned readings and resources related to the topic into the response. Brings a new dimension to the learning of the community.

    iv. 3.5 points Grammar: Coherent Logical (Mastery) – Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

D. Small Group Synchronous Meetings and Process Observation Reflection Assignment (Process Notes)

1. In Modules 2 through 7 you will participate in a synchronous meeting with your colleagues. You will be divided into groups in which you will practice intake interviewing skills and completing a mental status exam. During each meeting, one person will be the counselor, one person will role-play the client, and one person will be the observer. They will role play for one hour. At the end of the meeting, you will develop a 400- to 750-word reflection paper (or process note) based on your role. You will respond to specific prompts and the Client and Observer will complete a Session Rating Scale. Each synchronous meeting reflection (process note) is worth 60 points.

    i. 30 points Main Idea (Mastery) - Provides a thoughtful and thorough reflection addressing all of the components presented in the assignment. Clearly ties the reflection to the concepts presented in the course. Reflection demonstrates deep thinking on the topic.

    ii. 24 points Personal Application (Mastery) - Reflective essay demonstrates a superior introspection and competence in applying the concepts to the personal self and the personhood of the counselor. Personal application illustrates a high level of critical reflection and is substantive in content.

    iii. 6 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error as appropriate.

E. **Small Group Synchronous Meeting Role Play Evaluation**

1. In Modules 5 through 7 the "Counselor" must be observed by the Instructor during the synchronous meeting. The counselor must demonstrate the ability to complete intake interview. The counselor must be able to demonstrate rapport building, intake questions, and questions aimed obtaining a preliminary diagnosis. The counselor will also complete and submit the Mental Status Exam Checklist. This role play evaluation will be graded Pass / Fail and is worth 60 points.

    i. Pass (Mastery) –Demonstrates all of the following:

        • Complete Mental Status Exam performed by student.

        • Demonstrates a non-interrogative interview comprised of the appropriate use of closed and open-ended questions.

        • Demonstrates an interview style that elicits information needed to make a diagnosis.

        • Provides client with SRS form in an appropriate manner and reviews scores with the client.

F. **Reflection Essay Assignment** is assigned in Module 2. You will consider your developing theoretical orientation as a clinical mental health counselor. You will compare how the faith-based elements of the CCMMP and the science-based (evidence-based) practices you are learning in clinical courses might inform your future work as a therapist. This reflection essay is worth 30 points.

    i. 15 points Main Idea (Mastery) - Provides a thoughtful and thorough reflection addressing all of the questions presented in the assignment. Clearly ties the reflection to the concepts presented in the course. Reflection demonstrates deep thinking on the topic.

      ii.   12 points Personal Application (Mastery) - Reflective essay demonstrates a superior introspection and competence in applying the concepts to the personal self and the personhood of the counselor. Personal application illustrates a high level of critical reflection and is substantive in content.

      iii.   3 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

G. **Case Conceptualizations** are assigned in Modules 3 through 6. You will watch a movie focusing on a selected character and develop a case conceptualization that includes a diagnosis and treatment plan using the Client Map. Each case conceptualization Client Map is worth 50 points.

      i.   25 points Main Idea (Mastery) -Thorough response to the assigned prompts in the Client Map. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client); Is substantive and scholarly and includes a thorough discussion of the client.

      ii.   20 points Personal Application (Mastery) - Essay demonstrates a superior introspection on the student's objective, cognitive, and personal response to the scenario; Personal application is substantive.

      iii.   5 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

H. **Final Project: Case Conceptualization** is assigned in Module 7. For your final case conceptualization, you will use the Case Conceptualization Presentation Outline to develop a comprehensive case conceptualization. In 8- to 10-pages you will address all of the required components of the presentation outline. Through this final comprehensive case conceptualization, you need to demonstrate that you are confident in your conceptualization of the case. This assignment is worth 200 points.

      i.   100 points Main Idea (Mastery) - Thorough response to the required components in the Case Conceptualization Presentation Outline. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client); Is substantive and scholarly and includes a thorough discussion of the client.

      ii.   80 points Personal Application (Mastery) –Personal application demonstrates a superior introspection on the student's objective, cognitive, and personal response to the scenario; Personal response is substantive.

      iii.   20 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

I. DSM-5 Quizzes are assigned in Modules 1 through 8. You will complete a 10-question quiz on the assigned readings in the DSM-5. Each quiz is worth 10 points.

V. GRADING

The following scale is used by the School of Counseling as the established criteria for grading assignments.

Final course grade for passing is 86%, B.

A	A-	B+	B	B-	C+	C
940 to 1000	920 to 939	900 to 919	860 to 899	840 to 859	820 to 839	780 to 819

C-	D+	D	D-	F	W	I
760 to 779	740 to 759	700 to 739	680 to 699	0 to 679	Withdrawal	Incomplete

	Requirement	Items	Item Points	Total Points	Hours
	Assigned Readings				**78.2**
1	Shea				46.4
2	Duncan				9.0
3	Reichenberg				1.3
4	DSM-5				15.0
5	Other Readings (see Class Schedule)				.2
6	Viewing course media	16			6.3
	Written Assignments			**1000**	**77.33**
1	Asynchronous Discussions	2	35	70	8.33
2	Synchronous Small Group Meetings and Process Reflection Papers	6	60	360	24.00
3	Small Group Meeting Role Play Evaluation	1	60	60	
4	Reflection Paper	1	30	30	3.00
5	Case Conceptualizations	4	50	200	24.00
6	Final Project: Case Conceptualization	1		200	10.00
7	Quizzes	8	10	80	8.00
	Totals			**1000**	**155.53**

VI. SCHOOL OF COUNSELING POLICIES (Please review your Program Handbook for all policies. These are only listed to highlight key policies for this course)

METHODS OF INSTRUCTION

The SOC CMHC program curriculum is delivered mostly online with both asynchronous and synchronous components. The following methods of instruction may be employed:
- Synchronous Instruction: students and faculty will engage in "real-time" using a variety of technology such as chat rooms, web-based conferencing, telephone and during in-person residencies.
- Asynchronous Instruction: student-centered, student-managed facilitation of exchanging information and instructional materials outside of the constraints of "real-time" meetings between students and faculty.
- Reading assignments
- Lecture
- Academic Class Discussion
- Video/Audio Material: students are required to review video material as assigned.
- Demonstration of Skills
- Role Play
- Written Assignments/Papers
- Research Activities
- Quizzes, examinations, and assessment of student learning
- Learning Activities: students are required to engage in critical thinking activities.
- Group Work
- Presentations
- Residencies: Residencies are embedded in three courses across the program.
- Interactive Multimedia
- Clinical Placement in Practicum and Internship courses only.

ACADEMIC INTEGRITY

"Integrity" is a character quality of holding ourselves to strong moral principles and simply maintaining honesty. Academic integrity is synonymous with academic honesty. Academic honesty is expected of all students at DMU in all papers, examinations, transcripts, record keeping, and documentation of clinical experience. Possible sanctions for academic dishonesty include, but are not limited to: grade penalties including course failure, loss of registration privileges, disqualification and dismissal from the institution.

Academic integrity entails a respect and reverence for knowledge as a human good and for the whole academic process, by which that knowledge is pursued and transmitted. Specifically, it entails honesty in all of one's academic dealings. Students at DMU therefore, shall not engage in or tolerate acts of academic dishonesty. These acts include, but are not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act or attempt to commit an act designed to give unfair academic advantage to the student (such as, but not limited to, submission of essentially the same written assignment for two courses without the prior

ACADEMIC INTEGRITY

permission of the instructor, providing false or misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment).

LATE ASSIGNMENT ACCEPTANCE POLICY

In an effort to develop high professional standards, no late work **without deductions** will be accepted unless prior arrangements have been made with the instructor. All requests and approvals for extensions must be documented via email at least one week prior to the due date for the work. Outside of this, no late work will be accepted **without deductions** unless the circumstances are dire and unusual.

If you miss an online course meeting or session of a residency, you must notify the instructor as soon as possible and you are responsible for finding out from the course schedule/syllabus, or a classmate what material was covered and what homework was assigned. You cannot submit assignments late because you missed the online course meeting or session of a residency when the assignment was given or when the assignment was due.

Online assigned work is due at 11:59 pm Eastern USA Time or at the beginning of the session of a residency on the date due. Primary discussion posts are due Saturdays at 3:00 pm Eastern USA Time.

- Assignments: (quiz, vignette, recordings, papers, etc.): No make-ups, no late work accepted **without deductions** unless pre-arranged as noted above.
- Exams: Make-ups only when scheduled/approved in advance.
- Discussion posts: If primary discussion posts (due on Saturdays at 3:00 pm Eastern USA Time) are submitted after the due date, they will receive the 10% per day late deduction for up to four days. No discussion responses will be graded after their due date (Monday, 11:59 pm Eastern USA Time).

Please see the M.S in Counseling Clinical Mental Health Counseling Program Student Program Handbook for more details.

STUDENTS WITH SPECIAL NEEDS

If you are a student who has or thinks you may have special needs, you are encouraged to contact the Disability Support Services, located in the Enrollment Services Office (DSS@divinemercy.edu, ext. 114), regarding accommodations. This office welcomes the opportunity to talk with students about their individual situation so students can make an informed decision about whether or not to seek accommodations. In compliance with the Americans with Disabilities Act (ADA) the University is committed to providing reasonable accommodation to any student who has a disability. Any student who has a documented disability must provide supporting documentation to the Disability Support Services at the

STUDENTS WITH SPECIAL NEEDS
beginning of the first semester. Once documentation is complete, the student should inform the instructor directly during the first week of classes about accommodations made for each class.

SYLLABUS CHANGE POLICY
This syllabus is a guide for the course and is subject to change with advanced notice.

VII. CLASS SCHEDULE AND ASSIGNMENTS

Shea, C. S. (2017). *Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.). Cambridge, MA: Elsevier.

Duncan, B. (2014). *On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association.

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.). Hoboken, NJ: John Wiley & Sons, Inc.

Zuckerman, E. L. (2019). *Clinician's thesaurus: The guide to conducting interviews and writing psychological reports* (8th ed.). New York, NY: The Guilford Press.

American Psychological Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: American Psychological Association

Module Week	Topic	Author	Reading	Graded Assignments
1	The Principles of Clinical Interviewing	SOC Shea, C. S. (2017).	Syllabus *Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 1, "The Delicate Dance: Engagement and Empathy" (pp. 2-35)	**Discussion:** Empathy and the Clinical Interview **Quiz:** DSM-5 **Looking Ahead:** Synchronous Triad SkillsLabs

Module Week	Topic	Author	Reading	Graded Assignments
			• Chapter 2, "Beyond Empathy: Cornerstone Concepts and Techniques for Enhancing Engagement" (pp. 36-55) • Chapter 3, "The Dynamic Structure of the Interview: Core Tasks, Strategies, and the Continuum of Open-Endedness" (pp. 56-111) • Chapter 16, "The Mental Status: How to Perform and Document It Effectively," (pp. 662-681)	
		Duncan (2014).	*On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. • Chapter 1, "So You Want to be a Better Therapist" (pp. 3-34) • Chapter 2, "Becoming a Better Therapist with PCOMS", (pp. 35-70) • Session Rating Scale (V.3.0)	

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			• Review Section II: Diagnostic Criteria and Codes
			  o Substance-Related and Addictive Disorders
			  o Feeding and Eating Disorders	

		Divine Mercy University	*Group Informed Consent* *Welcome to the Course*	

Module Week	Topic	Author	Reading	Graded Assignments
		Divine Mercy University Shea, C. S. (2017).	1.1 *Introduction to Integrated Video Package [11:54 min]* 1.2 *Effectively Using Empathic Statements [42:34 min]* 2.1 *Conveying Empathy with Fact-Finding Questions* [21:39 min] 3.1 *Macrostructure of the Interview: The Graceful Unfolding of the Introduction, Opening, and Body of the Interview* [14:57 min] 16.1 *Principles and Components of the Mental Status* [32:41 min] 16.2 *The Formal Cognitive Mental Status Examination: The Art of Sensitively Uncovering Cognitive Deficits* [22:24 min] *ESTs, EBTs, & EMP: A Rose by Any Other Name?* [54:00 min]	
		Heart and Soul of Counseling (2012).		

Module Week	Topic	Author	Reading	Graded Assignments
2	The Art of Clinical Interviewing	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.)	**Small Group Synchronous Triad Skills Labs** **Small Group Synchronous Meeting:** Reflection (Process Note)

Module Week	Topic	Author	Reading	Graded Assignments
		Duncan (2014).	• Chapter 4, "Facilics: The Art of Transforming Interviews into Conversations" (pp. 112-147) • Chapter 5, "Validity Techniques for Exploring Sensitive Material and Uncovering the Truth" (pp. 148-185) • Chapter 6, "Understanding the Person Beneath the Diagnosis: The Search for Uniqueness, Wellness, and Cultural Context" (pp. 186-219) *On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. • Chapter 3, "How Being Bad Can Make You Better", (pp. 71-98) • Session Rating Scale (V.3.0)	**Reflection Essay:** Faith-Based Elements of the CCMMP & Mental Health Science **Quiz:** DSM-5

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			• Review Section II: Diagnostic Criteria and Codes
			  ○ Personality Disorders
			  ○ Dissociative Disorders	

		Shea, C. S. (2017).	4.1 *Creating Graceful Transitions Using Natural Gates* [21:17 min] 5.1*Validity Techniques: Effective Use* [47:02 min]	

Module Week	Topic	Author	Reading	Graded Assignments
			5.2 *Validity Techniques Illustrated: Complete Interview with Ben without Didactics and without Labels for Interviewing* [11:24 min]	
			5.3 *Validity Techniques Illustrated: Complete Interview with Ben without Didactics but with Labels for Interviewing Techniques* [11:24 min]	
			5.4 *Interviewing Techniques for Uncovering Malingering* [4:27 min]	
		Psychotherapy.net (2014).	*Clinical interviewing: Intake, assessment, & therapeutic alliance with John Sommers-Flanagan and Rita Sommers-Flanagan*	
			Note: Watch the following chapters of this video: ● Introduction (00:00–02:48); Intake Interview (58:57 – 01:22:24) ● Mental Status Examination (01:22:25 – 01:44:38) ● Suicide Assessment Interview (01:44:39–02:08:45)	
		Heart and Soul of Counseling (2010).	*Client Video: Introducing the SRIS* [2:00 min]	
			Client Video: Integrating the ORS [4:00 min]	
			The Nuances of the Session Rating Scale [20:25 min]	

Module Week	Topic	Author	Reading	Graded Assignments
3	The Work of Clinical Interviewing	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 7, "Assessment Perspectives and the Human Matrix: Bridges to Effective Treatment Planning in the Initial Interview," (pp. 220-273) ● Chapter 8, "Nonverbal Behavior: The Interview as Mime," (pp. 274-334)	**Small Group Synchronous Triad Skills Labs** **Small Group Synchronous Meeting:** Reflection (Process Note) **Case Conceptualization:** Client Map **Quiz:** DSM-5
		Duncan (2014).	*On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. ● Chapter 4, "Getting Better with Couples, Families, and Youth," (pp. 99-126) ● Session Rating Scale (V.3.0)	
		Reichenberg, L. W., & Seligman, L. (2016)	*Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.) ● Chapter 1, "Introduction to Effective Treatment Planning," (pp. 1-32)	
		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).* ● Review Section II: Diagnostic Criteria and Codes 　o Obsessive-Compulsive and Related Disorders	

Module Week	Topic	Author	Reading	Graded Assignments
			o Trauma and Stressor Related Disorders o Dissociative Disorders	
		Heart and Soul of Counseling (2010).	*Client Video: Discussing the SRS* [3:00 min]	

Module Week	Topic	Author	Reading	Graded Assignments
4	Understanding the Person with a Mood Disorder	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 9, "Mood Disorders: How to Sensitively Arrive at a Differential Diagnosis," (pp. 336-411) ● Chapter 10, "Interviewing techniques for Understanding the Person Beneath the Mood Disorder," (pp. 412 – 435)	**Small Group Synchronous Triad Skills Labs** **Small Group Synchronous Meeting:** Reflection (Process Note) **Case Conceptualization:** Client Map **Quiz:** DSM-5 **Looking Ahead: Small Group Synchronous Meeting:** Role Play Evaluation
		Duncan (2014).	*On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. ● Chapter 5, "Using PCOMS to Accelerate Your Development," (pp. 127-146) ● Session Rating Scale (V.3.0)	

Module Week	Topic	Author	Reading	Graded Assignments

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			● Review Section II: Diagnostic Criteria and Codes
			  o Anxiety Disorders
			  o Depressive Disorders	

		Payne, H. (2017).	Triadic labs: Zoom recordings.	
		Shea, C. S. (2017).	9.1 *Sensitively Uncovering the Symptoms of Major Depressive Disorder [17:19 min]* 9.2 *Sensitively Exploring the Diagnostic Criteria for Other Psychiatric Disorders such as Panic Disorder, Generalized Anxiety Disorder, and Adult Attention-Deficit Disorder [48:00 min]*	

Module Week	Topic	Author	Reading	Graded Assignments
5	Understanding the Person with a Psychotic Disorder	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 11, "Psychotic Disorders: How to Sensitively Arrive at a Differential Diagnosis," (pp. 436-505) ● Chapter 12, "Interviewing Techniques for Understanding the Person Beneath the Psychosis," (pp. 506-557)	**Small Group Synchronous Triad Skills Labs** **Small Group Synchronous Meeting:** Reflection (Process Note) **Small Group Synchronous Meeting:** Role Play Evaluation **Case Conceptualization:** Client Map **Quiz:** DSM-5

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Module Week	Topic	Author	Reading	Graded Assignments
		Duncan (2014).	*On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. ● Chapter 6, "The Heart and Soul of Change," (pp. 147-174) ● Session Rating Scale (V.3.0)	

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			● Review Section II: Diagnostic Criteria and Codes
			   o Schizophrenia Spectrum and Other Psychotic Disorders
			   o Bipolar and Related Disorders	

		Microtraining Associates (2011).	*Feedback-informed Treatment (FIT) [2:12:52]* ● *Joanne and the SRS (1:24:45 – 1:37:38)*	

Module Week	Topic	Author	Reading	Graded Assignments
6	Understanding the Person with a Personality Disorder	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 13, "Personality Disorders: Before the Interview Begins – Core Concepts," (pp. 558-573) ● Chapter 14, "Personality Disorders: How to Sensitively Arrive at a	**Small Group Synchronous Triad Skills Labs** **Small Group Synchronous Meeting:** Reflection (Process Note) **Small Group Synchronous Meeting:** Role Play Evaluation **Case Conceptualization:** Client Map

Module Week	Topic	Author	Reading	Graded Assignments
		Duncan (2014).	Differential Diagnosis," (pp. 574-557) ● Chapter 15, "Understanding and Effectively Engaging People with Difficult Personality Disorders: The Psychodynamic Lens," (pp. 626-660) *On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. ● Chapter 7, "Wizards, Humbugs, or Witches" (pp. 175-190) ● Session Rating Scale (V.3.0)	**Quiz:** DSM-5

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			● Review Section II: Diagnostic Criteria and Codes
			  ○ Personality Disorders
			● Review Section III: Emerging Measures and Models
			  ○ Cultural Formulation
			● Review Appendix
			  ○ Glossary of Cultural Concepts of Distress	

		Shea, C. S. (2017).	14.1 *Sensitively Uncovering Criteria for Antisocial Personality Disorder [16:10 min]*	

Module Week	Topic	Author	Reading	Graded Assignments
7	Interviewing Tasks of Everyday Clinical Practice	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 16, "The Mental Status: How to Perform and Document It Effectively" (pp. 662-681) ● Chapter 17, "Exploring Suicidal Ideation: The Delicate Art of Suicide Assessment," (pp. 682-761) ● Chapter 18, "Exploring Violent and Homicidal Ideation: From Domestic Violence to Mass Murder," (pp. 762 – 790)	**Small Group Synchronous Triad Skills Labs** **Small Group Synchronous Meeting:** Reflection (Process Note) **Small Group Synchronous Meeting:** Role Play Evaluation **Final Project:** Case Conceptualization **Quiz:** DSM-5
		Duncan (2014).	*On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. ● Chapter 8, "Becoming a Better Agency" (pp. 191-216) ● Session Rating Scale (V.3.0)	

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			● Review Section II: Diagnostic Criteria and Codes
			  ○ Substance-Related and Addictive Disorders
			  ○ NeurocognitiveDisorders	

Module Week	Topic	Author	Reading	Graded Assignments
		Divine Mercy University. (2017).	Case Conceptualization Presentation Outline.	
		Shea, C. S. (2017).	16.1 *Principles and Components of the Mental Status [32:41 min]* 16.2 *The Formal Cognitive Mental Status Examination: The Art of Sensitively Uncovering Cognitive Deficits [22:24 min]*	
		Corman, C. & Streisand, B. (1991).	*Prince of Tides [Motion Picture]*	

Module Week	Topic	Author	Reading	Graded Assignments
8	Specialized Topics and Advanced Interviewing Skills	Shea, C. S. (2017).	*Psychiatric interviewing: The art of understanding a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.) ● Chapter 19, "Transforming Anger, Confrontation, and Other Points of Disengagement" (pp. 6-24) [Online] ● Chapter 20, "Culturally Adaptive Interviewing: The Challenging Art of Exploring Culture, Worldview, and Spirituality" (pp. 66-159) [Online] ● Chapter 21, "Vantage Points: Bridges to Psychotherapy" (pp. 160-198) [Online]	**Discussion:** Helping a Client Who Doesn't Want to Flourish **Quiz:** DSM-5

Module Week	Topic	Author	Reading	Graded Assignments
		Duncan (2014).	*On becoming a better therapist: Evidence-based practice one client at a time* (2nd ed.). Washington, D.C.: American Psychological Association. ● Chapter 9, "For the Love of Work" (pp. 217-236)	

		American Psychological Association	*Diagnostic and statistical manual of mental disorders (5th ed.).*
			● Review Section II: Diagnostic Criteria and Codes
			   ○ Sexual Dysfunctions
			   ○ Gender Dysphoria
			   ○ Disruptive, Impulse Control, and Conduct Disorders	

		Shea, C. S. (2017).	Video Module 17.1: *The Delicate Art of Uncovering Suicidal Ideation and Intent – Part 1 – Core Principles and Theory* [15:37 min] Video Module 17.2: *The Delicate Art of Uncovering Suicidal Ideation and Intent – Part 2 – From Theory to Practice (Annotated Video Clips)* [48:08 min] Video Module 17.3: *The Delicate Art of Uncovering Suicidal Ideation and Intent – Part 3 – Flexibly Utilize the CASE Approach with Patients of High Lethality (Annotated Video Clips)* [37:11 min] 17.4*CASE Approach Illustrated: Complete Interview with Amy #1 without Didactics and without Labels for*	

Module Week	Topic	Author	Reading	Graded Assignments
			Interviewing Techniques [13:52 min] 17.5 *CASE Approach Illustrated: Complete Interview with Amy #1 without Didactics but with Labels for Interviewing Techniques* [13:52 min] 17.6 *CASE Approach Illustrated: Complete Interview with Amy #2 and with Amy #3 without Didactics and without Labels for Interviewing Techniques* [20 min.]	

VIII. REFERENCE LIST

Required Reading:

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Divine Mercy University. (2017). Group informed consent form. Arlington, VA.

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