Lincoln Memorial University
HARROGATE, TENNESSEE
VALUES • EDUCATION• SERVICE

CG 662 Psychopathology Semester

Course Delivery Method: **Conventional Class Meetings on Campus**
Course Section:
Meeting Time and Place:
Course Credit Hours: 3

FACULTY CONTACT INFORMATION:
OFFICE HOURS: SCHEDULED OFFICE HOURS, BEFORE AND AFTER CLASS, AND BY APPOINTMENT
OFFICE NUMBER:
PHONE:
EMAIL:
Graduate web site:

COURSE and PROGRAM SPECIFIC INFORMATION

I. COURSE DESCRIPTION: This course studies disorders and pathologies that affect children, adolescents and adults. Etiologies and the current diagnostic criteria (DSM-5) are analyzed along with treatments and interventions appropriate for these disorders.

II. COURSE OBJECTIVES:

A. The candidate will demonstrate the possession of mental health diagnostic and management/intervention knowledge and its use in coordination, collaboration, referral, and team-building efforts with teachers, parents, support personnel, and community resources to promote program objectives and facilitate successful development and achievement of those PreK-12 students affected by such issues.
B. The candidate will demonstrate knowledge of crisis intervention strategies.
C. The candidate will demonstrate knowledge of mental health issues that may affect the development and functioning of students (e.g., abuse, violence, eating disorders, attention deficit hyperactivity disorder, childhood depression and suicide);
D. The candidate will demonstrate knowledge of the principles and models of biopsychosocial assessment, case conceptualization, concepts of normalcy and psychopathology, leading to accurate diagnoses and appropriate counseling plans.

E. The candidate will demonstrate knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current edition of the *Diagnostic and Statistical Manual* (DSM-5).

CACREP 2016 Standards

II F.3 HUMAN GROWTH AND DEVELOPMENT

c. theories of normal and abnormal personality development
d. theories and etiology of addictions and addictive behaviors
e. biological, neurological, and physiological factors that affect human development, functioning, and behavior

III. TEXTS/MATERIALS FOR THE COURSE:

***Required*:**

Frances, A. (2013). *Essentials of Psychiatric Diagnosis, Revised Edition: Responding to the Challenge of DSM-5.* New York, NY: Guilford Press. (ISBN-13: 978-1462513482)

And

American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorder* (5th Edition). Arlington, VA: American Psychiatric Association. (ISBN-13: 978-0890425558)

Or:

American Psychiatric Association (2013). *Desk Reference to the Diagnostic Criteria from Diagnostic and Statistical Manual of Mental Disorder* (5th Edition). Arlington, VA: American Psychiatric Association. (ISBN-13: 978-9386217950)

***Recommended*:**

DSM-5 Overview (Quick Study Academic) Pamphlet – (Very inexpensive and very useful)

Additional Readings/Knowledge Base

American Psychiatric Association (2000). *Diagnostic and Statistical Manual of Mental Disorders – Text Revision* (4th Edition). Arlington, VA: American Psychiatric Association.

Barron, J. W. (1998). *Making Diagnosis Meaningful: Enhancing Evaluation and Treatment of Psychological Disorders*. Washington, DC: American Psychological Association.

Kronenberger, W.G.. & Meyer, RG.. (2001). *The Child Clinician's Handbook* (2nd Edition). Needham Heights, MA: Allyn & Bacon.

Lambert, N. M., Hylander, I, & Sandoval, J. H. (2004). *Consultee-Centered Centered Consultation*. Mahwah, NJ: Lawrence Erlbaum Associates.

Maddux, J. E. & Winstead, B. A. (2005). *Psychopathology: Foundations for a Contemporary Understanding*. Mahwah, NJ: Lawrence Erlbaum Associates.

Morrison, J. (2014). *Diagnosis Made Easier: Principles and Techniques for Mental Health Clinicians (2nd ed.)*. New York: Guildford Press.

Morrison, J. (2014). *DSM-5 Made Easy: The Clinician's Guide to Diagnosis.* New York, NY: Guilford Press.

Morrison, J. (2014). The First Interview (4th ed.) New York, NY: Guildford Press.

Rapoport, J. L. & Ismond, D. R. (1996). *DSM-IV Training Guide for Diagnosis of Childhood Disorders*. New York, NY: Brunner-Routledge.

Reid, W.H., & Wise, M.G. (1995). *DSM-IV training guide*. New York, NY: Brunner-Routledge.

Sattler, J.M. (1998). *Clinical and Forensic Interviewing of Children and Families*. Guidelines for the Mental Health, Education, Pediatric, and Child Maltreatment Fields. San Diego, CA: Jerome M. Sattler, Publisher, Inc.

Sattler, J. M. & Hoge, R.D. (2006). *Assessment of Children: Behavioral, Social, and Clinical Foundations (5th Edition).* Sand Diego, CA: Jerome M. Sattler, Publisher, Inc.

IV. COURSE REQUIREMENTS, ASSESSMENT (LEARNING OUTCOMES) AND EVALUATION METHODS

Requirements

Assignment A

Quiz/homework assignments (25 points). These will be assigned for most but not all lessons. They may be finished before, during, or (not too long) after the class. These assignments will be posted in the Blackboard Learning Units section each week before class. The primary purpose of this assignment is to develop mastery of the material that will be found on the comprehensive exam for this class. They will be graded and feedback will be given to you. However, your average score for all of your quizzes will not determine how much of your 25 points you get for this assignment. If you turn in all of these assignments on time and put forth a reasonable effort, you will get the full 25 points. It is crucial that you do not get more than a week behind with these assignments. Remember that these are used as a metric to see how well you are learning and to prepare

you for your comprehensive exam.

Assignment B
Comprehensive Exam (100 Points). This will be comprised of 40-50 multiple choice, short answer, and brief discussion items and will include items from all material covered to that point in class. The exam will be in class and will be open book/open note (closed mouth). You may use any notes or materials you have accumulated during class.

Assignment C
[Key Assignment #1] - **Case Study Analyses** (100 Points) – submitted to Via.
The candidate will utilize their acquired skills in psychopathology, psychodiagnostics and treatment to respond to specific questions about ***two*** provided case studies. S***ee Appendix for detailed instructions.*** *Completed assignment will address the CACREP Professional Identity standards listed below:*

CACREP 2.F.3.c. theories of normal and abnormal personality development
CACREP 2.F.3.d. theories and etiology of addictions and addictive behaviors

Assignment D
[Key Assignment #2] – **Case Study** (100 Points) – submitted to Via.
This project will require the candidate to use acquired knowledge of psychopathology and diagnostic skills to analyze, diagnose, and develop a treatment plan for a client or student. This project will be completed as a group. This case study will be briefly presented in class. ***See Appendix for detailed instructions.***
Completed assignment will address the CACREP Professional Identity standards listed below:

CACREP 2.F.3.c. theories of normal and abnormal personality development
CACREP 2.F.3.e. biological, neurological, and physiological factors that affect human development, functioning, and behavior

Course Evaluation/Assessment

Assignments will be evaluated based on program standards using various assessment tools, including rubrics. The University official Graduate Education grading system will be utilized.

Percentage	Grade
100-95	A
94-90	A-
89-87	B+
86-84	B
83-80	B-
79-75	C
74-70	C-

Grading scale in graduate handbook
Incompletes will only be adjusted if work is completed within the first six weeks of the following semester.

Class Attendance
Regular class attendance and participation in discussions are expected of all class members, and may be considered as part of the grading process. Missing more than 1 class may require completion of an additional written coursework assignment, and/or result in a drop of ½ letter grade for the course. In extreme circumstances and at professor's discretion, an additional major project may be assigned to make up for missed classes.

Assignments will be evaluated based on program standards using various assessment tools, including rubrics. The University official Graduate Education grading system will be utilized.

V. METHODS OF INSTRUCTION:

Methods of Instruction Methods of instruction will include didactic lectures, collaboration, demonstration, evaluation, analyses of research articles, and student presentations. Active participation and learning through dialogue is strongly encouraged in this Masters level course. It is expected that the students will share the responsibility for others and their own learning.

Clinical Experiences: Course includes a field experience component of service learning where student will spend at least 5 hours in Service Learning in a community environment, and submit a Service Learning Reflection to document and reflect upon this experience, as guided by assignment completion guideline and rubric.

VI. INFORMATION LITERACY/TECHNOLOGICAL RESOURCES:

Technology
Incoming students must be computer literate, able to use software for e-mail, word processing, web browsing, and information retrieval. Students must have access to the Internet for communicating with instructors and accessing learning resources. **Computer access must be available on a personal computer**. Course syllabus and Online Gradebook will be maintained

Turn-it-in
Portions of written work may be required to be submitted to *Turn-It-In,* the computer program designed for checking literature duplication. Submitting additional course work to *Turn-It-In* is at the instructor's discretion. Instructions will be available early in the semester on the Graduate Education Office webpage.

Unit Commitment to Diversity
The School of Education recognizes differences among groups of people and individuals based on ethnicity, race, socioeconomic status, gender, exceptionalities, language, religion, sexual orientation, and geographical area. The unit designs, implements, and evaluates curriculum and provides experiences for candidates to acquire and demonstrate the knowledge, skills, and professional dispositions necessary to help all students learn. Assessments indicate that candidates can demonstrate and apply proficiencies related to diversity. Experiences provided for candidates include working with diverse populations, including higher education and K-12 school faculty, candidates, and students in K-12 schools.

LiveText

Each student will be required to establish an account with the LiveText program by the second class session. LiveText is a web-based application offering a comprehensive suite of development, management, and assessment tools. This suite of tools provides colleges and universities with the capability to assess student work online using assessment instruments that have been developed and implemented by the individual college faculty and/or departments LiveText is located online at *http://www.vialivetext.com* and can be purchased through the LMU Bookstore.

Library Resources

The Carnegie-Vincent Library provides access to many outstanding resources for students in Teacher Education field, including tutorials, databases, and experienced reference librarians. Visit the library's website (library.lmunet.edu) for full details. There are many professional databases including: **ERIC**, the Educational Resource Information Center, the premier database for education related journal articles and documents containing over one million citations and links to more than 100,000 documents in full-text; **ProQuest Education Journals** database which contains access to 760 leading journals of which over 600 are in full-text; **ProQuest Dissertation & Theses Full Text: The Humanities and Social Sciences Collection**: A comprehensive collection of scholarly research in the Humanities and Social Sciences, this database covers more than 1 million dissertations and theses; **Mental Measurements Yearbook** which contains descriptive information & critical reviews of commercially-available standardized English-language educational, personality, aptitude, neuropsychological, achievement & intelligence tests. Additionally, the library provides access to over 100 other databases and can obtain books and articles from libraries worldwide through Interlibrary Loan.

VII. COURSE OUTLINE/ASSIGNMENTS/UNITS OF INSTRUCTION OR CLINIC SCHEDULE:

Schedule of Classes and Assignments*

Week No.	DATE	ASSIGNMENTS/WHAT'S HAPPENING IN CLASS
1		- Introductions. Review syllabus, class content, expectations, university policies. - **Lesson**: *Introduction to Diagnostics and Psychopathology* **Reading Assignment:** DSM 5 Desk Reference (p. 3-14 – pages may vary from DSM-5 to desk reference versions) Frances Text: (p. 1-16) - **Lesson**: ***Overview of the DSM-5 and Differential Diagnosis*** **CACREP 2.F.3.c.** theories of normal and abnormal personality development **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior

2		- **Lesson:** ***Conditions Usually First Diagnosed in Childhood and Adolescence*****.** **Reading Assignment:** DSM-5 (p.219-226) and appropriate pages for conditions discussed in Frances, Chap 2. Frances Text: (p. 21-25) & Chapter 2 **CACREP 2.F.3.c.** theories of normal and abnormal personality development **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
3		- **Lesson**: ***Depressive Disorders*** **Reading Assignment:** Frances Text: Chapter 5 DSM-5: Appropriate Chapter(s) **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
4		- **Lesson:** ***Bipolar Disorders*** **Reading Assignment:** Frances Text: Chapter 4 DSM-5: Appropriate Chapter(s) **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
5		- **Lesson:** ***Anxiety Disorders*** **Reading Assignment:** Frances Text: Chapter 5 DSM-5: Appropriate Chapter(s) **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
6		- Lesson: ***Obsessive-Compulsive and Related Disorders*** **Reading Assignment:**

		Frances Text: Chapter 6 DSM-5: Appropriate Chapter(s) **CACREP 2.F.3.c.** theories of normal and abnormal personality development **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
7		- Lesson: ***Trauma and Stressor-Related Disorders*** **Reading Assignment:** Frances Text: Chapter 7 DSM-5: Appropriate Chapter(s) **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
8		**Mid-Semester Review of Materials Covered, Case Study Analyses**
9		- **Lesson**: ***Schizophrenia Spectrum and Other Psychotic Disorders*** **Reading Assignment:** Frances Text: Chapter 8 DSM-5: Appropriate Chapter(s) **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
10		- **Lesson**: ***Substance-Related Disorders and Behavioral Addictions*** **Reading Assignment:** Frances Text: Chapter 9 DSM-5: Appropriate Chapter **CACREP 2.F.3.d.** theories and etiology of addictions and addictive behaviors **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
11		- Lesson: ***Eating Disorders, Sleep Wake Disorders*** **Reading Assignment:** Frances Text: Chapter 13,14 DSM-5: Appropriate Chapters **CACREP 2.F.3.d.** theories and etiology of addictions and addictive behaviors

		CACREP 2.F.3.e. biological, neurological, and physiological factors that affect human development, functioning, and behavior
12		***Exam (In class, open book/note)***
13		- Lesson: ***Sexual and Gender Issues, Dissociative Disorders*** **Reading Assignment:** Frances Text: Chapter 15, 17 DSM-5: Appropriate Chapters **CACREP 2.F.3.c.** theories of normal and abnormal personality development **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
14		**Special Presentation – Quantitative EEG and Neurofeedback – Review/answer questions about exam.** **CACREP 2.F.3.e.** biological, neurological, and physiological factors that affect human development, functioning, and behavior
15		- Lesson***: Personality Disorders*** **Reading Assignment:** Frances Text: Chapter 11 DSM-5: Appropriate Chapter **CACREP 2.F.3.c.** theories of normal and abnormal personality development - ***Group Presentations***

*CASE STUDIES WILL BE REVIEWED ON EACH DAY A NEW FAMILY OF DISORDERS IS COVERED.

VIII. HONORS CONTRACT ADDENDUM INFORMATION (IF APPLICABLE): N/A

IX. TRANSPARENT INSTRUCTION:

The Quality Enhancement Plan (QEP) for LMU, Transparent Instruction in General Education and Gateway Courses for Student Success, is committed to improving student success through targeted course assignments. LMU is focused on providing instructional assignments to students in a clear and concise manner that is inclusive of all learners.

Each qualiftying course will have a minimum of two transparent assignments in which the Purpose, Tasks, and Criteria (PTC) will be explained. The Purpose will identify the learning objectives including the skills and knowledge to be gained—both for the class and

beyond college. The Tasks will list the activities and steps that students will perform to complete the assignment. The Criteria will detail the grading rubrics and point structure. An annotated example may be provided to model exemplary work.

X. [EACH INSTRUCTOR MAY INSERT MISCELLANEOUS COURSE ELEMENTS HERE, AS DEPARTMENT OR PROGRAM MISSION STATEMENT: DESIRED – NUMBERED IN SEQUENCE]: *[N/A]*

Counseling Program Mission Statement

The Counseling Program has as its primary mission the preparation of culturally and ethically competent counselors to serve the historically underserved peoples of the Appalachian region, and increasingly interlinked global community beyond. Program graduates will be able to utilize psychological principles, developmental understandings, and counseling techniques in a strengths based, solution-focused paradigm to assist students and clients with the best opportunity to achieve healthy functioning in the areas of educational, personal, social and vocational development.

Program offerings, service learning activities and field experiences are designed to encourage personal, professional, and social growth. Graduates of the Counseling Programs are prepared to provide counseling and consultation services in school, mental health, or community agency settings and are eligible to stand for licensure or certification in their respective area of specialty.

XI. IMPORTANT DATES IN THE ACADEMIC CALENDAR SPRING 2020:

Event	Date(s)
Classes Begin	August 17
Last Day to Add Classes	August 26
Labor Day (no classes)	September 7
Last Day to Drop Course without "WD"	September 15
Mid-Terms	October 5-9
Homecoming (classes held as scheduled)	October 8-11
Last Day to Drop Course without "F"	October 23
Thanksgiving holiday (no classes)	November 25-27
Last Day of Classes	December 4
Final Exams	December 7- 11
Commencement (10 a.m.)	December 12

LMU INFORMATION FOR ALL COURSES and PROGRAMS

XII. UNIVERSITY SERVICES:

ACADEMIC SUPPORT SERVICES: LMU offers a variety of Academic Support Services that are available to students to assist them academically. Academic Support is located in the Carnegie-Vincent Library on the Harrogate campus. Visit https://www.lmunet.edu/academic-and-student-services/index.php for more information regarding the Tagge Center for Academic Support, tutoring options, study skills sites, Student Support Services, and the Cornerstone Program

COUNSELING: LMU counselors are available to help current students with personal, career and academic concerns that affect academic success and quality of life. The Director of Counseling, Jason Kishpaugh, can be contacted at jason.kishpaugh@lmunet.edu and/or 423.869.6277 (800-325-0900 ext. 6277).

XIII. University Policies:

UNDERGRADUATE ATTENDANCE: To maximize the learning experience at Lincoln Memorial University, students are expected to attend all classes. It is the student's responsibility to complete all course requirements even if a class is missed. The University understands that certain absences are unavoidable and recognizes the following as excused absences:

- Personal illness – health care provider validation typically required; chronic illnesses which may cause absences should be disclosed to the instructor (see course syllabus for specific guidelines)
- Death or critical illness in the family as defined in LMU Student Handbook (see Bereavement Policy)
- Jury duty
- Military duties
- Religious observances of a student's faith
- Participation in a university-sponsored activity – with official notification from University personnel

Faculty may require documentation for excused absences. Additional excused absences are determined at the discretion of the faculty member. Faculty members must allow each student who is absent due to a reason recognized as an "excused absence" the opportunity to make up work missed without any reduction in the student's final course grade. The make-up work should be done in a timely manner which is determined at the discretion of the faculty member as outlined in the course syllabus. Responsibility for materials presented in, assignments made for, and tests/quizzes given in regularly scheduled classes, lies solely with the student. In the case of foreseeable absences, students are responsible for notifying the faculty member in advance of the absence. The desired notification method is determined by the faculty member and is outlined in the course syllabus. Failure of the student to notify faculty of an excused absence may result in the absence being considered unexcused, in which case the opportunity for make-up work could be lost. Neither the absence, nor the notification of the absence, relieves the student from course requirements. Misrepresenting the reason for a class absence to a faculty member is a violation of the University's academic integrity policy (which can be found in the LMU Undergraduate Catalog

https://www.lmunet.edu/academics/catalogs.php).

The LMU Athletics Division will provide official notification of excused absences directly to the instructor. It is also the student athlete's responsibility to notify the instructor of any absence PRIOR to the absence. For examinations (tests or quizzes) which conflict with excused athletic absences, the student athlete must notify the instructor BEFORE the absence and reach an exact agreement on the time and date of the make-up exam/quiz. Major projects/papers/presentations affected by excused absences must also follow the make-up process as outlined above.

Online Classes – In the instance of a foreseeable absence that could impact online learning, students should make every effort to complete online assignments as regularly scheduled. If a circumstance arises that prevents a student from having online access during the absence, the student must communicate with the faculty member regarding the reason for the absence, lack of online access, and possible make-up options.
Approved at Academic Council October 18, 2018

UNOFFICIAL WITHDRAWALS: Any student who ceases attending classes before the end of the semester, or summer term, without completing the official withdrawal from the University, automatically receives the grade "F" for such course(s), so noted on the student's academic transcript, and may be administratively withdrawn. Unofficial Withdrawals are reviewed after grades post for each term. Any student earning all F's is considered an Unofficial Withdrawal. Financial Aid confirms attendance past the 60% point of the term and a timeline in which to provide that documentation. Adequate attendance documentation can be an email statement directly from the instructors stating the student attended past the 60% date, hard copy print outs of online coursework submitted after the 60% date, or hard copy tests submitted after the 60% point. If attendance is not confirmed, LMU will make an R2T4 calculation, thru FAA Access, using the 50% point of the term as the withdrawal date. Adjustments are made and refunds returned to the appropriate program(s) with the DOE, at the time of processing the Unofficial Withdrawal student record. Financial Aid then notifies the student of the adjustments made via the results of the R2T4 calculation, why the calculation had to be made, and what financial responsibilities the student has.

ADMINISTRATIVE WITHDRAWALS: Students who have not attended courses by the ninth class meeting of the semester (or equivalent for summer terms) will be reported to the Registrar's Office, Financial Aid, and the Tagge Center and may be administratively withdrawn with a WD recorded on the transcript for each course. Students who cease attending classes prior to the end of the semester, mini-term, or summer term without completing the official withdrawal from the University may also be administratively withdrawn, with an F recorded on the transcript for each course. (See "Unofficial Withdrawal.")

FOR POLICY INFORMATION REGARDING VERIFICATION OF IDENTITY AND IDENTITY PROTECTION PLEASE CLICK ON THE FOLLOWING LINKS:

Verification of Identity
Protection of Identity

No Additional Charges

STUDENTS WITH DISABILITIES POLICY: LMU is committed to providing reasonable accommodations to assist students with disabilities in reaching their academic potential. If you have a disability which may impact your performance, attendance, or grades in this course, please contact Dr. Dan Graves, Director of Accessible Education Services, to discuss your specific needs.

If your disability requires an accommodation, you must register with the Office of Accessible Education Services. The Office of Accessible Education Services is responsible for coordinating classroom accommodations and other services for students with disabilities. Please note that classroom accommodations cannot be provided prior to the course instructor's receipt of an Accommodations Form, signed by you and the Director of Accessible Education Services. To register with the Office of Accessible Education Services, please contact the Director of Accessible Education Services, Dr. Dan Graves at dan.graves@lmunet.edu and/or 423.869.6531 (800-325-0900 ext. 6531).

DISCRIMINATION AND ACADEMIC INTEGRITY POLICIES can be found in the student handbooks and catalogs published online as part of the LMU Website:

Catalogs: https://www.lmunet.edu/academics/catalogs
Handbooks: http://www.lmunet.edu/student-life/handbooks

HARASSMENT, DISCRIMINATION, AND SEXUAL MISCONDUCT :

Lincoln Memorial University prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, veteran status, sexual orientation, marital status, parental status, gender, gender identity, gender expression, and genetic information in all University programs and activities. Lincoln Memorial University prohibits retaliation against any individual for 1) filing, or encouraging someone to file, a complaint of discrimination; 2) participating in an investigation of discrimination; or 3) opposing discrimination. "Retaliation" includes any adverse action or act of revenge against an individual for filing or encouraging someone to file a complaint of discrimination, participating in an investigation of discrimination, or opposing discrimination.

LMU is committed to providing an environment free of all forms of discrimination, including gender or sex based discrimination. All LMU employees are Mandatory Reporters; this means that if you inform any LMU employee of a situation that may involve sexual misconduct, including sexual harassment, sexual assault, stalking, domestic violence, dating violence, or any other form of prohibited gender or sex based discrimination, the employee is required to report the information to the Title IX Coordinator. If you would like to speak with an individual who does not have this obligation, confidential counseling is available to students free of charge through the LMU Office of Mental Health Counseling, Duke Hall 202. For more information, call(423) 869-6277, or schedule an appointment online at https://www.lmunet.edu/counseling/index.php.

If you have experienced discrimination and would like to make a report to the University, contact: Jeana Horton, Title IX Coordinator/Institutional Compliance Officer, by email at titleix@lmunet.edu, or by phone at (423) 869-6618. The Title IX Coordinator/ Insitutional Compliance Officer's office is located at D.A.R.- Whitford Hall, Room 210, and the Duncan School of Law, Room 249. The Harassment, Discrimination, and Sexual Misconduct Policies are located in the Student Handbook.

Help and support is available. LMU offers support to help individuals navigate campus life, access health and counseling services, and obtain academic and/or housing accommodations.

HAZING: Hazing is any reckless or intentional act, occurring on or off campus, that produces mental, emotional, or physical pain, discomfort, embarrassment, humiliation, or ridicule directed toward other students or groups (regardless of their willingness to participate), that is required or expected for affiliation or initiation. This includes any activity, whether it is presented as optional or required, that places individuals in a position of servitude as a condition of affiliation or initiation.

Hazing is strictly prohibited by the University and the State of Tennessee. Any individual or organization found in violation of this policy is subject to disciplinary action and/or criminal prosecution. Retaliation against any person who is involved or cooperates with an investigation of hazing is strictly prohibited. If you are aware of an incident of Hazing, you must report such incident to the Dean of Students.

COURSE EVALUATIONS: In addition to meeting degree requirements specified in the graduate and undergraduate catalogs, all students are required to complete University-administered course evaluations.

OUTCOMES ASSESSMENT TESTING: Degree requirements include participating in all outcomes assessment testing (e.g., general education assessment, major field tests, etc.) and activities when requested. Students may be required to complete one or more questionnaires and to take one or more standardized tests to determine general educational achievement as a prerequisite to graduation (see appropriate catalog for additional information).

All Associate degree students, which includes: Associate of Science – Nursing; Associate of Science – Veterinary Health Science; and Associate of Science – Veterinary Medical Technology; Associate of Arts – General Studies; and Associate of Science – General Studies, students must take the General Education Proficiency Profile examination. Required testing and other measures are used to determine the extent to which students achieve the learning outcomes of The Lincoln Liberal Arts Core Curriculum at both the Associates and Baccalaureate levels. Students graduating from an Associate's degree program are tested in the semester of graduation. Students pursuing a baccalaureate degree are tested when enrolled in LNCN 300. Students are strongly encouraged to become familiar with the tests which are used and to perform at their highest level on each of these

tests. Students achieving scores and ratings demonstrating achievement more than one standard deviation above the LMU average shall receive a LMU General Education Outstanding Achievement Certificate.

Students pursuing a baccalaureate degree must exceed a minimum score on both the ETS Proficiency Profile exam and the ETS Essay Writing Exam or pay an additional fee of $20 per exam to repeat the necessary exam for which they fall below the achievement level set by the LMU General Education Committee. Results of the repeated test(s) will be used by the LMU General Education Committee to determine if the student has met or exceeded the student learning outcomes of The Lincoln Liberal Arts Core Curriculum. If the student's subsequent results from repeated testing fall below the achievement levels set by the LMU GE Committee, the GE Committee will prescribe a specific remediation plan and mechanisms to demonstrate achievement of The Lincoln Liberal Arts Core Curriculum student learning outcomes. Until that achievement is successfully demonstrated, the student will have a grade of No Credit (N.C.) assigned for LNCN 300.

The expected levels to demonstrate achievement of The Lincoln Liberal Arts Core Curriculum are:

- Essay Writing - greater than a rating of 2
- ETS Proficiency Profile – greater than one standard deviation less than the three-year LMU average on this exam. Score from repeated exams are not included in this average calculation.

IN THE EVENT OF INCLEMENT WEATHER students should check their LMU email during delays/closures to receive information from individual faculty regarding potential assignments and/or other course information.

INSTRUCTIONAL CONTINUITY IN CASE OF TEMPORARY CAMPUS CLOSURE POLICY: Faculty and students should expect scheduled instruction to continue even if class meetings are cancelled due to weather, epidemic illness, or other factors. Students will be required to complete alternate instructional activities online as directed by the course instructor.

XIV. MISSION STATEMENTS:

LINCOLN MEMORIAL UNIVERSITY MISSION STATEMENT can be found at the following link to LMU's website**:** HTTPS://WWW.LMUNET.EDU/ABOUT-LMU/HERITAGE-MISSION.PHP.

XV. STUDENT COMMUNITY ENGAGEMENT: A cornerstone of the University's mission is service to humanity. As part of the University's Student Service Initiative, undergraduate students receiving any form of institutional aid participate in at least 10 hours of service learning per semester. Students are encouraged to network with one another in classroom settings and with instructors and advisors for searching out and creating appropriate service learning projects related to their field of study. For more information visit: https://www.lmunet.edu/leadership-and-outreach/index.php or contact the Director of Leadership and Outreach, Kaci Ausmus, at Kaci.Ausmus@lmunet.edu.

XVI. **TurnItIn.com notification**: Students agree that by continued enrollment in this course that all required papers may be subject to submission for textual similarity review to TurnItIn.com for detection of plagiarism. All submitted papers will be included as source documents in the TurnItIn.com reference database solely for the purpose of detecting plagiarism of such papers. Use of TurnItIn.com service is subject to the Usage Policy posted at the TurnItIn.com site.

XVII. **THE INSTRUCTOR RESERVES THE RIGHT TO REVISE, ALTER AND/OR AMEND THIS SYLLABUS, AS NECESSARY. STUDENTS WILL BE NOTIFIED IN WRITING AND/OR BY EMAIL OF ANY SUCH REVISIONS, ALTERATIONS AND/OR AMENDMENTS.**

Appendix: Completion Guides for Assignments

Signature Assignment #1: Analysis of Case Study Scenarios (Case Study Analyses)

Directions: Select *the first case study* scenario *and any one (1) of the following three case study scenarios* (#2 - #4) and write reports for each using the guidelines and format described below. You will therefore be writing a total of two case study analyses. Note that the instructions for the first case study write up are different from those for your chosen second scenario and are presented at the end of those three scenarios. The instructions for your second case study follows the the other three scenarios.

Case Study Scenario #1 (required) – Nigel

Nigel is a 17 year old Caucasian male who is a senior at North High School (NHS) in a large city in a state in the southeastern U.S. He is an "A" student, but, at six feet, six inches tall, he is most noted for his tremendous natural talent for basketball. He had attended a private preparatory school in England through his second year of high school, at which time his basketball coach told Nigel's father, "Your son is unusually gifted in basketball. As you know, this is not a popular sport in England, and I don't think I can properly develop his potential at our school. He is a very good student, but even his strong academic potential is exceeded by his extraordinary skills as an athlete. His best future may lie in his basketball." The father was advised to move to America where Nigel could be better groomed for a basketball scholarship at a major university. After doing a bit of research, the father found NHS, with a reputation for a strong basketball program and a history of sending a number of their players to major universities with athletic scholarships.

After moving to America and enrolling at NHS, a skeptical Coach Dobbs allows Nigel to try out for the team as a junior. To his assistant coaches, Coach Dobbs says, "I gotta give a try out to this Brit who is supposed to know how to play basketball. This shouldn't take long." When Nigel finally gets a chance to try out for the team, the coach is amazed at his talent, athletic ability, and his quickness in learning the more subtle aspects of American basketball. When basketball season begins, Nigel quickly becomes a stand out player, averaging more than 30 points per game. He also breaks the school's record for rebounding in a single season. By his senior year, college scouts are a common sight at his games, and he is already getting calls from universities with top basketball programs.

Nigel has always been an humble fellow, shy about his height, with very strong academic skills. He works diligently to maintain his high GPA while complying with a demanding training schedule for basketball. His fellow players have a strong affection for him as he is not a "show-off" and is as likely to pass the ball to a team mate for a shot as to take it himself. They are proud to have one of the most recruited players in the nation on their team. They affectionately call him "Nije." His private school in England was all boys, and he had never seemed to have time to date. After he began playing basketball at NHS, he became an instant celebrity, and, despite his shy nature, his good lucks and status as a star basketball player has attracted the attention of some of the most popular girls in school. Nigel is overwhelmed as he has really never dated before or been serious about a girl, and he easily justifies not pursuing a dating life with his busy

training and studying schedule. He has never been exposed to that many girls of his age and he has always been too busy studying and practicing and otherwise training for basketball. His bed time is 10:00, and he gets up at 5:00 to run three miles each morning before school. He has always had a very regimented life. Then he met Sherrie.

Sherrie is a beautiful, 17 year old student at NHS who is also a very good student, very sure of herself, and is a gifted conversationalist, although she is not outspoken. She sometimes wears business suits to school, where a teacher once commented that she looked like a 25 year old business executive. While a strikingly pretty girl, Sherrie is respected for her intellect and her self-assurance. She is considered not an "easy girl" but a "worldly woman." Unlike some of the other "hot" girls at NHS, Sherrie speaks confidently, like an adult, and she is not intimidated by anyone.

One day Nigel is walking down the hall between classes when he hears one of the "tough" guys make an inappropriate remark to Sherrie before smacking her loudly on her backside. Sherrie is relaxed but focused as she turns around and plants a perfect uppercut on the guy's chin. He is knocked to the ground, but he quickly arises and balls up his fist to strike Sherrie, who has calmly assumed a defensive position. By now, the other students have formed a circle around the two, and are starting to encourage them to fight. Sherrie is no weakling, and she is fearless, but the guy is clearly bigger and stronger and could likely hurt Sherrie. At this time, Nigel steps between the two, and it is clear that the tough guy knows of Nigel's reputation as an athlete and is intimidated by his size. Also, several of Nigel's team mates have now gathered, ready to defend him. The tough guy slinks away and the crowd applauds just as teachers arrive and the crowd disperses.

Nigel asks Sherrie if she is okay, and she says that she is, but Nigel is not sure what she said after she looked up into his eyes. Her deep brown eyes catch his and hold them. She smiles sweetly and sincerely, but not seductively. She takes his hand, gently squeezes it and says, "Again, thanks. No one else came to my aid." Nigel is speechless as she turns and heads for her class. His hand she held feels like it has been shocked. He had never noticed this girl before. She is beautiful, but, more notably…classy, and so self-assured. She has a movie star figure, but she is dressed very well, professionally, not like most other co-eds who have holes in their tight pants, show midriffs, or have plunging necklines. Nigel has never met a girl like her.

Nigel is speechless that evening when Sherrie calls him at his house. He doesn't know how she got his number. She thanks Nigel again for coming to her rescue in the hall and then casually asks him out for dinner. Stammering, Nigel says, "Yes, that would be great." Sherrie tells him that she has never heard him speak before, and she finds his British accent "charming." She suggests Friday, and Nigel says "sure." "I'll pick you up at 6:00," she says. Nigel's parents are intrigued by this bold young woman but tell him they are fine with this plan. "After all," his father says, you will be 18 in a couple of weeks.

On Friday evening before Sherrie arrives, Nigel is sitting on the couch, trying to relax. He has performed on the basketball court in front of hundreds of people, including adoring fans who expect the best from him, and college scouts who are carefully evaluating him as a future recruit for their team…but now, he cannot seem to catch his breath. He tries to calm himself as he

listens for the arrival of her car in the driveway. The knock on the door startles him. He answers the door to find Sherry standing there, stunning in an evening dress that is not too revealing but clearly accentuates her stunning figure. Looking beyond her, he sees her deep brown Tesla, explaining why he didn't hear her arriving. He is struck that the deep brown of the car, perhaps not common for such a sporty car, which matches Sherrie's eyes and her evening dress perfectly. He would have never thought of brown as a color for an evening dress, but looking at Sherrie, he could not imagine a more perfect choice. "Are you ready?" she asks. "Am I dressed appropriately?" Nigel stammers. He is wearing slacks, a sport shirt with open collar, and blazer. "I could get a cravat." She smiles sweetly. "No tie is necessary, she assures him." Nigel's parents have now appeared in the room, and Nigel makes introductions. She smiles and shakes each parent's hand firmly. The father is speechless, but the mother manages to say, "My, are you not a beautiful lass?" Everyone seems tense except Sherrie, who seems to be genuinely enjoying the exchange. "It is really a pleasure to meet you," Sherrie says. "Will midnight be too late to return your handsome son to you?" Nigel blushes scarlet as his father manages to say, "Why certainly. Thank you for asking."

Dinner is at Antoines, a three-star Michelin restaurant 20 miles away. Nigel is taken aback. "They will require a cra…a tie here, and don't you have to make reservations weeks ahead for this place?" Sherrie smiles and says, "It's been taken care of." The maître greets Sherrie as they enter. "Ah, Ms. Stuart, your table is ready. We have been expecting you." It turns out that Sherrie's father, a former state senator, is a wealthy investor who owns the restaurant, as well as dozens of other businesses. Sherrie readily shares this information when Nigel asks, but she volunteers little information about her family. She concedes that her family is wealthy, but she explains that she doesn't want to project the image of a spoiled rich child. Her father has bought her a house near the school, a modest but well-apportioned chalet on the lake. While her father wanted Sherrie to go to a private school, he respected her wishes to live by herself and attend a public school. Sherrie's older sister, Kara, is a 21 year old college student. Kara is supposed to be a roommate for her sistenr (to provide "adult supervision), but she only stays there about two weekends per month, preferring to spend most of her time at her girlfriend's house nearer campus. Sherrie apologizes for the Tesla. "I really have a more sensible car, but it's in the shop, so Dad let me use one of his cars. The brown one is my favorite." They enjoy a great evening together, discussing a variety of topics, including the history of the United Kingdom. Sherrie's ancestors were Scottish, and they enjoy a stimulating conversation about their heritage on the British Isles. Nigel is astounded that, after being initially so anxious, he begins to feel completely comfortable with Sherrie. While waiting for their food, Sherrie asks Nigel if he would like to share a bottle of wine with her. Nigel, who has downed a few pints of stout with his father before, is hesitant. "Isn't that against the law for our age in the states?" She smiles and tells him that it will not be a problem. She raised her finger and, instantly, a waiter is by her side. "William, we will have a bottle of my favorite." "Very good, Ms. Stuart." In less than a minute, he is pouring glasses for them from a $300 dollar bottle of wine. At the end of their meal, Nigel expresses concern that Sherrie should not drive after having consumed three glasses of wine. Without argument, Sherrie responds, "Very well, I will have someone drive us home." One of the restaurant employees drives her home, followed in another car by another employee. First, they take Nigel home, with him and Sherrie in the backseat of the Tesla.

When they arrive at Nigel's house, Sherrie turns to him and says, "What a lovely evening we

have had. I do hope we can share time together again soon." Nigel, now feeling confident, and just a bit tipsy, says, "You can count on it." Sherrie says, "I'll call you." As Nigel turns to get out of the car, Sherrie takes his head in her hands and kisses him slowly but passionately. "I hope we can get to know each other…even better in the future." Nigel doesn't remember walking up the sidewalk or opening the door. His parents are there to greet them. He looks at the clock on the wall. It is 11:55. His parents, noting the entranced look on his face, ask him no questions. The mother simply says, "I am glad you had a good time. Goodnight son." As the parents walk up the stairs to their bedroom, the father says, "The lad's smitten for sure. Hope this turns out okay."

For the next few weeks, Sherrie and Nigel continue to see each other. Sherrie insists that she will not distract Nigel from his basketball or their studies. She comes to all of his games, but never tries to interfere with his training schedule. When he practices free-throws before going to bed, Sherrie often comes over to rebound the balls for him. Sherrie is herself a standout player on the tennis team, and Nigel, a fair tennis player himself, sometimes volleys with her and attends her competitions on the weekend.

The only potential flaw in their relationship seems to be Sherrie's former boyfriend, Sebastian. He too comes from a wealthy and powerful family, and he had earlier assumed that he and Sherrie would be married and once told her that they would be the "perfect couple." After dating for less than a year, Sherrie had told him that, while fond of him, she could never really love him. "We can't even have real conversations about life," she had told him. "You only want to talk about your plans for our future…all ***your*** plans." Wisely, Nigel asks her no questions about the issue.

Sherrie confides to Nigel that she has smoked marijuana before and experimented with harder drugs (including snorting a few lines of coke). Nigel expresses that he would like to try smoking marijuana with her someday, but they agree that they will put this off until their sports are over for the year. One day, Nigel is at Sherrie's house, talking to her on the couch. As much as they seem to be attracted to each other, they are even more enamored of their discussions, as they share, sometimes in whispered voices, their deepest joys and fears. Suddenly, the lock on the front door turns, and Sebastian bursts in. "What are you doing here, Sebastian, I took your key," Sherrie yells at him. Nigel has never seen her so angry. "I had made a copy. We have to talk," Sebastian hisses. Sherrie regains her control and says, "Nigel, please go to the kitchen and pour some wine for us. By the time you finish, this guy will be gone…forever." Nigel, sensing that Sherrie was able to handle this herself, goes to the kitchen to get the wine. After pouring the wine, Nigel hears Sherrie scream, "get out of my house and get out of my life!" Nigel, alarmed, rushes to the living room as Sebastian storms out the front door. Nigel and Sherrie know each other well enough by this time to know what the other needs at any time. He holds her tightly and says nothing. There is a noise at the back of the house, and Sherrie says, "Oh God, he's used his key to get in the back door." Sherrie calls 911 as Nigel rushes to the back of the house. Nigel arrives at the back door just in time to see Sebastian rushing out the door as he says, "Don't worry; I'm gone now. Have a good time with that selfish b***h." As the police arrive, Sherrie has just finished calling the lock smith to change the key on her doors. After they file a police report, and the policeman stammers, "You know, I'll really need to talk to your dad about this, Ms. Stuart" (every public service employee in town knows her father). "Sure Ed," she said,

"you and dad work this out."

After the police leave, Sherrie asks Nigel to get their wine from the kitchen. "I think we need it now." Nigel returns to the kitchen, smiling as he sees their personalized wine glasses Sherrie's father gave them for their one-month anniversary. He takes the glass with his initials on it and takes a sip before carrying both glasses to the living room. Sherrie takes her glass and they smile and drink toasts to their future. While they want to be together, they both have family commitments that evening, so they drink only one glass of wine, and after Sherrie assures him that she will be fine, Nigel drives home.

As he is driving, Nigel feels a bit strange, but he attributes this to the trauma just experienced. After he gets home, he shares the story with his parents, who reassure him and tell him that he can stay home while they and his sister go to dinner with their friends. "No, I just feel a little shaky and…weird. I think I will lie down for a minute. I'm sure I will be fine." Nigel goes to his room to lie down on his bed. In an hour, the parents note that they have not heard from him, and it is time to start getting ready for their dinner engagement. They send Nigel's little sister upstairs to check on him. She quickly returns, looking shaken. "There's something wrong with Nigel," she cries. The parents rush upstairs to find Nigel dressed only in his underwear, sitting in the floor in a corner. He is sweating profusely; he has vomited in the floor, his eyes look wild. "Make them go away, he screams." His arms are scratched raw. The mother desperately asks him what is wrong, but he is unresponsive and continues to scream about something that is attacking him. The father calls 911. When the paramedics arrive, the parents quickly relate the events of the day, including the confrontation with his girlfriend's former boyfriend and the fact that Nigel had admitted to drinking a glass of wine. An initial examination reveals that Nigel's eyes are dilated, his breathing is rapid, and he remains extremely agitated. They try to get him to stand, but he gets dizzy and staggers. As they talk on the radio to the ER physician on the radio, they decide that he is dehydrated. As it is extremely difficult to start an IV in his condition, and his vital signs are relatively stable, the physician orders an IM injection of lorazepam (1 mg). This calms Nigel just enough to get him on the stretcher and eventually start an IV. They rush him to the hospital.

Write Up Guidelines for this Case Study: (Note: the instructions for your write up for this case study are below. Guidelines for the other case studies are separate).

Given this presentation and history, what tests should be ordered for Nigel at the ER?

What diagnosis (provisional or otherwise) would you consider for Nigel?

What short term treatment would seem appropriate for Nigel?

What long term care would you consider for Nigel?

Do you see a future together for Nigel and Sherrie?

Case Study Scenario #2 – Sharon.

Sharon is a 53 year old black female from southern Mississippi who moved to east Tennessee several years ago after the home her family had lived in over 100 years had been destroyed by a hurricane. Since her husband and daughter were killed 10 years ago in a car accident, Sharon returned to the family home to live with her elderly parents. There was a storm shelter next to the house, so they had decided to ride the storm out in it so they could be close by their house after the storm to help prevent looting. When the hurricane hit, the house was totally destroyed. The noise was deafening. The door to the storm shelter was ripped off, and it was all Sharon, her mother, and 80 year old father could do to hold on to a post inside the shelter and not be sucked out into the storm. Shortly after the storm, her father had a heart attack and died. Shortly after this event, Sharon's mother had a "nervous breakdown" and had to be put in a rest home. Her parents had deeded the house to Sharon, so Medicare was paying for her mother's stay in the rest home. However, the insurance for the house was inadequate, so Sharon bought a modest home in Blount County, Tennessee, where she took a job as a medical transcriptionist.

Sharon was used to living in a predominantly black neighborhood, but she has made several friends of several ethnicities since she moved to Tennessee, and believes the neighborhood, which is about 75 percent white has been open and accepting to her. She works from her home as she has been having "problems with her nerves" since the hurricane. While violent storms are rare in her new neighborhood, she panics every time she sees black clouds or hears thunder. She is using some of her modest savings to build a "really good" storm shelter in her back yard. There has been no history of mental illness in her family, and she and her family had always been highly regarded in her formal community (which is about 65 percent black) as "hard-working, honest folks."

You are a counselor at an outpatient mental health facility when you conduct an intake interview on Sharon. She presents as a healthy, slightly built lady who appears her reported age. She is well-groomed and articulate. As she talks, her voice sometimes trembles, and she frequently turns around to look out the window behind her. She said that she feels anxious most of the time, particularly when there is any sign of bad weather. She reported having frequent flashbacks in which she sees her house being ripped apart and her father having a heart attack. She reports having trouble getting to sleep at night, noting that she "hasn't had a good night's sleep since the hurricane. Just last week, as she was walking around in her yard, looking at the sky and trying to determine if there would be any bad weather, she said she heard a voice in her head that told her to build a storm shelter in her back yard. At first, she thought it was "just her nerves," but the voice came back to her the next day, and she had heard the voice at least once every day since that time, always telling her to build a storm shelter in her back yard. Upon further questioning, you find that Sharon is completely oriented and denies any delusional beliefs. She is concerned, however, about the voice telling her to build a storm shelter. She is a deeply religious woman, and she said it may be the voice of God telling her to build the shelter. Sharon denies any thoughts of suicide, although she has nightmares in which she is killed in a storm, and she believes she is developing a fear of death.

Sharon has always taken good care of herself, eating a healthy diet, taking long walks, and seeing her doctor on a regular basis. Sharon was referred to you by her gynecologist, who is treating her with hormone replacement (HRT), to which she seems to be responding with fewer hot flashes, a more stable menstrual cycle, and fewer mood swings. This physician has told Sharon that she is in the early stages of menopause (perimenopause), and that, even with HRT, some of her present emotionality could be exacerbated by this condition. Sharon has also reported that there is a strong history of Parkinson's disease (both of her parents and her maternal grandmother), although she attributes her occasional bouts of trembling to the trauma of recalling the traumatic even of the hurricane. The physician concluded that Sharon does not presently have robust symptoms of Parkinson's disease, although symptoms consistent with this disorder should be reported. He discussed the disorder with her and gave her some literature to read. The physician referred Sharon to you when she shared with her the story of a voice in her head telling her to build a storm shelter.

Case Study Scenario #3 – Harrison

Harrison is a 10 year old Caucasian male in state's custody. He has been in five foster homes in as many years. Frequent replacements have been necessary due to behavioral acting out and juvenile activity. He usually begins his placement at a new foster home exhibiting pleasant, compliant behavior. After a few weeks, he always begins to steal from his foster parents, act aggressively towards any other children in the home, and to abuse pets. He has been noted to play with lighters and matches when not closely supervised. Several mysterious fires have taken place in previous placements for which he is assumed to have some responsibility. He is currently on probation, having been declared an unruly child by juvenile court.

Harrison has two older biological brothers he has not seen since he was an infant. His parents are both in prison for running a meth lab, and they had both received mental health services earlier in their lives. Before he was removed from the home at age three, Child Protective Services had been involved in an ongoing investigation for suspected child abuse and neglect. When Harrison and his brothers were finally removed from their parents, he and his older brothers were found wandering down a street in town. Early foster parents noted that Harrison can be very charming but that he can absolutely not be trusted to tell the truth about anything, regardless of how trivial the issue might be. He never accepts responsibility for anything, and he has often been violent with other kids to get what he wants. While, upon first meeting, Harrison, he typically is very polite and charming, he will not allow anyone else to touch him, even to shake hands. When corrected for misbehavior, he has been noted to get red in the face and tremble, after which he quickly recovers and will soon "get revenge" on the person who corrected him (e.g., steal or destroy a belonging of that person). He sometimes confronts other kids when he is angry, but he typically seems to repress external signs of anger against adults.

Harrison has undergone psychoeducational assessment and found to have high average intellectual ability and grade appropriate academic skills. He has never received special services, but he has had numerous diagnoses related to his behavioral/emotional problems. He has received outpatient counseling and "mood stabilizers" have been prescribed for him, but this latter treatment was judged to be ineffective. Harrison often completes his work at school until he is corrected by a teacher for some (often trivial) infraction. From that time on, Harrison is usually uncooperative with the teacher. Occasionally, he has openly cursed teachers, but he is

usually described as being more passively aggressive, failing to do his work, intentionally taking too long to sharpen his pencil, ask for the directions to an assignment to be repeated (when he seems to have understood them). Then, he will begin stealing and destroying belongings of the teacher.

As a school counselor, you interview Harrison in your office. You note that he is a well-groomed young man with unremarkable affect who communicates effectively, exhibiting a well-articulated speech that is both logical and relevant in content. He appears his stated age, although he is a bit shorter than his peers. You find that you feel somewhat intimidated by the way Harrison maintains almost constant eye contact with you throughout your interview. When asked about his behavior, Harrison admits that he "gets into trouble occasionally, but he is typically treated unfairly by his teachers and other adults in his life." He smiles sweetly as he notes that, "I don't go looking for any trouble, but I don't put up with any crap from anyone." He denies any feelings of depression and any thoughts of suicide (he smiles as he says, "Are you kidding?"). All psychotic symptoms are denied. When asked if he often thinks of hurting people, he responds, "Only when they have it coming." He will not admit to having an specific plans at this time for hurting anyone. When asked if he would mind talking to you on a regular basis, he responds, "I got no problem with that; I've been talking to shrinks for years." While guidance counselors would not use the DSM to make diagnoses, go through the guideline below in writing a report for Harrison.

Case Study Scenario #4 – Ruth

Ruth is a sweet, 11 year old 6th grader. At school this year, she has had an increasing problem separating from her adoptive mother when she goes to school. After her mother drops her off at school, Ruth sometimes screams at the top of her voice, "I wanna go hooooooooooooome!" During these times, she has had to be restrained (with her mother's approval) as she tries to run from the school building, darting into traffic to get to her mother's car as she is leaving. After she is at school for about an hour, she seems to be okay. She is a B student and has relatively good study habits. She has several friends at school and seems to get along with her classmates. She is described by her teachers as being good student who is not a behavior problem, although she often acts "silly" and some other students have said that she acts "immature." While Ruth doesn't seem to have much interest in boys, several of the older boys at school have shown an interest in Ruth. Her mother fears that this is because Ruth "has a really curvy body for her age." Ruth's adoptive parents are in their 50's and provide a warm, affectionate and supportive home for her. The mother noted that Ruth's doctor has determined that she has begun her menses, and that hormone treatment might be considered in the future to help manage what he terms as unusually early onset of puberty. In the meantime, the mother has been advised to use only "organic milk" for her family as some researchers have postulated that steroids given to cows may be passed into their milk and may contribute to this condition. They know nothing of Ruth's father, but the mother had reportedly been hospitalized several times for "mental problems." Ruth was removed from her mother as an infant when she was found to be negligent and incapable of taking care of Ruth. Ruth was adopted at 5 months by her present parents. She knows that she is adopted, but her adoptive parents have no present information on the biological mother or father (DCS was not certain of the identity of the father).

The parents have been taking Ruth to see a counselor, who conducts individual insight-oriented

therapy with her. In addition, Ruth has been seeing a psychiatrist, who has prescribed a "mood stabilizer" and an antidepressant. You have read the psychiatrist's report and note that he has diagnosed Ruth as having Bipolar Disorder, NOS. He specifically said that there were no signs of psychosis with Ruth. The parents are not pleased with the progress Ruth seems to be having with her present counselor, so they have been referred to you, an LPC, by their family doctor.

In your intake interview, Ruth asks if her mother can stay in the therapy room. You manage to compromise by having the mother stay in an adjoining office with the door open. Ruth is a beautiful girl who seems to be several years older than her age, as she has well-developed secondary sexual characteristics. However, she talks in a voice that has the tone of a younger child, in an almost infantile manner. Occasionally, Ruth looks into the adjoining office to ensure that her mother is still there. Ruth is fully oriented and speaks excitedly as she describes her home life. "I have a wonderful room, with lots of dolls and toys." During the conversation, she responds readily to your questions, often volunteering further information. She laughs or giggles frequently, often when it doesn't seem appropriate. For example, when you ask about her sleep habits, Ruth says, "I have the most interesting dreams about mom and dad (giggling uncontrollably)." She goes on, "I keep having this dream where Dad's head falls off his head and goes rolling down the hall. I often have this dream in the day time, and it is so funny, I have to laugh. My mom will ask me what I'm laughing about, and I just can't stop laughing long enough to tell her."

Instructions for Writing Report

Write a Brief Report (4-6 pages) in which you describe background information, reason for referral, produce a complete diagnostic profile. Be sure to provide DSM-5 diagnosis(es). Include a discussion of any disorder that could be reasonably considered, documenting, as appropriate, why you may have ***ruled out*** conditions. Also, describe any further assessment or information you think would be useful and describe a course of treatment. If you suspect there is a condition for which psychopharmacologic treatment may be appropriate, document this in your recommendations (e.g., "Refer to physician to determine if medication is appropriate for anxiety suspected anxiety disorder."). In the section in which you list your diagnoses, describe the information/data available to you on the right for making each diagnoses (see template below). Be sure to discuss any disorder you considered but ruled out on the right column. If you think it is appropriate, you could make that a provisional diagnosis or state, Rule Out (R/O)…and discuss why you ruled it out. In trying to build support for your diagnoses, you may specify further information you would need before recommending one or more diagnoses. The information provided for each case should compromise the knowledge base for your report.

I. Reason for Referral

II. Background information/Interview Information

Consider the sample below as a guideline.

III. Diagnosis

	Diagnosis	Reason/Support (Include Dx considered)
1.	**F90.2 ADHD, Combined Type**	**Child is active and impulsive (runs in front of cars) – mother report. Child is inattentive in class – teacher report. Child can't maintain attention – self report in interview.** **(You should follow this with a list of the specific symptoms listed in the DSM 5 for this condition that the client meets).**
2.	**Rule out: F40.10 Social Anxiety Disorder**	**While the client does have trouble performing in front of the class, this seems to be more related to distractibility associated with ADHD as evidenced by…..**

Standards and Scoring Rubrics for Key Assignment #1: Case Study Analyses

CACREP (2016) Standards

II F.3 HUMAN GROWTH AND DEVELOPMENT

c. theories of normal and abnormal personality development

d. theories and etiology of addictions and addictive behaviors

Rubric for Key Assignment #1 – Case Study Analyses

Element	Above Sufficient (3 pts)	Sufficient (2 pts)	Below Sufficient (1 pt)
Identification, Spelling, Grammar	Author, title, source, dates, etc. follows APA style, Excellent grammar, spelling and academic voice are used.	Author, title, source dates, etc. approach correct APA style. Proficient grammar, spelling and academic voice are used.	Author, title, source, dates, etc. are flawed but appear to be informed by APA style. Somewhat acceptable grammar spelling and academic voice are used
Understanding of theories of normal and abnormal personality development **CACREP 2016 Standard 2.F.3.c**	The candidate demonstrates a mastery of basic theory of how normal and abnormal behaviors are developed, thoroughly discussing the factors of heritability, medical, and environmental influences in this development. The candidate articulates how these factors can lead to the development of specific mental disorders and how a consideration of these factors leads to accurate diagnoses and effective	The candidate demonstrates significant but incomplete mastery of the process in which one or more factors of heritable, environmental, and medical influences can lead to the development mental disorders. The candidate makes significant use of this information to development accurate diagnoses and an effective treatment plan for a given client.	The candidate demonstrates minimal mastery of theoretical assumptions of how heritable, environmental, and medical influences can develop normal and abnormal behavior and links this information minimally or not at all to the diagnosis of mental disorders and development of a treatment plan for a given client.

Element	Above Sufficient (3 pts)	Sufficient (2 pts)	Below Sufficient (1 pt)
	treatments for a given client.		
Understanding of theories and etiology of addictions and addictive behavior **CACREP 2016 Standard 2.F.3.d**	The candidate demonstrates a mastery of accepted theories of how addictions and addictive behaviors develop. Factors in this development include heratibility, medical, environmental, and comorbidity issues. The candidate is able to use this knowledge to accurately and reliably identifying addictive disorders and behaviors and determine how these were developed in given client. The candidate will also demonstrate how this knowledge is used to develop effective treatments for this client.	The candidate demonstrates some mastery of accepted theories of addiction and includes a discussion of at least one of the following influences on this development: heritability, medical, environmental, and comorbidity issues. The candidate uses this knowledge to identify addictive-related mental disorders and develop a treatment program for that client.	The candidate demonstrates some mastery of addiction theory by being able to identify at last one factor that may have led to addictive behavior and how identification of this factor for a given client assists in the identification of one or more addictive-related disorders and a treatment plan for that client.

Signature Assignment #2: Case Study (write up and presentation)

CACREP (2016) Standards addressed:

II F.3 HUMAN GROWTH AND DEVELOPMENT

c. theories of normal and abnormal personality development

e. biological, neurological, and physiological factors that affect human development, functioning, and behavior

Requirements for selecting the participant for the case study are fairly broad, although I encourage you to pick someone who you for whom you have or have had significant contact with to complete a good case study. Examples of good participants for this case study would be students, current and former associates through the workplace, children and teens met through school or agency work, neighbors, etc. Be sure and ***protect the confidentiality*** of the person on whom you are conducting you case study. Don't use their real name, date of birth, address, the school they attend, etc. ***For information you think don't have but would like to have for your case study, you may:***

1. Discuss what the implications would have been for diagnosis and treatment if you ***did*** have it (e.g, there was some support of agoraphobia with panic attacks, but, from the information available, it was not certain that she had true panic attacks), or
2. Create additional information to add to your case study. This is a learning experience, and you are trying to demonstrate your ability to use this information to develop a complete diagnostic profile and at least general guidelines for treatment, and it is acceptable to add limited information to your case study to enable you to better able to demonstrate these skills.

The length of the case study write up should be 6-8 pages.
You may write up your case study using either of the two options below (A or B).

Each group will present their case study in class. Power point presentation and other visual aids should be utilized. Every member of the group should take part in the presentation, and every member should be familiar with all aspects of the case study, even if each member completed only part of the case study (if you divided up the assignment; this is fine, but all members need to know the entire case study). Each member of the group will submit the exact same write up to Live Text.

Write Up Format Option A

I. **Clinical Description**

A. **Diagnostic Considerations**

Diagnostic criteria summarized in descriptive form.
Client reported anhedonia (loss of experiencing pleasure), dysphoria (sadness), suicidal ideation, and increased intake of alcohol from one drink per day to four or more per day.

B. **Appearance and Features**

A description of the psychological, behavior, and social of the client.

The client, a 44 year-old Caucasian male, was disheveled and exhibited poor personal hygiene. He was reluctant to separate from his friend from the homeless shelter who brought him to the clinic.

C. **Etiology**

This is a summary of possible reasons, antecedents, or explanations for the client's presented problem(s).

There is a documented history of depression in the client's family (both parents, two maternal uncles). The client initially exhibited signs of depression following graduation from high school, with an increase of dysphoria and suicidal ideation during his second year of college with increasing academic demands; it was also at this time that the client broke up with his high school sweetheart.

II. Assessment Patterns

A. Broad Assessment Strategies

1. Cognitive Assessment (if available)

Assessment of intellect (IQ) testing, special ability testing (e.g., neuropsychological assessment [Halstead-Reitan, Luriah Nebraska], adaptive behaviors (self-help, social, self-help skills [Vineland Adaptive Behavior Scale].

IQ testing is suggested to help ascertain possible effects or reported earlier use of inhalants.

2. Psychological Assessment (if available)

This type of broad-based assessment can include objective or projective tests, such as the MMPI and the Rorschach, respectively, to assess undifferentiated psychological symptoms (i.e., there is evidence of numerous possible psychological disorders).

Projective testing, including the Rorschach and MMPI are recommended to rule out a thought disorder (psychosis) and possible anti-social and paranoid symptoms.

3. Behavioral Assessment (if available)

Behavioral assessments involve an analysis of behavior that is observed and/or reported. The emphasis is on behavior exhibited, not suspected psychological issues. This might involve the ABC observation (see form), a functional behavioral assessment (FBA – conducted primarily in schools). This may include behavioral checklists.

It is recommended that a functional behavioral assessment be conducted at the client's school to determine the dynamics of his behavior problems (e.g., consequences and setting events) in that environment.

4. Family Assessment

Standardized scales may be used to assess family dynamics. Analysis of family dynamics/functioning can also be accomplished by interviews and observations of family environments in a clinical setting and/or in the home environment.

An analysis of family behavior should be completed during a home visit to determine the dynamics that may be contributing to the child's behavior problem in the home environment that

is not noted in school.

B. Syndrome Specific Tests

These instruments/procedures should be completed when specific disorders are suspected. A few examples are the Attention Deficit Disorder Evaluation Scale (ADDES), the Beck Depression Scale, or the Beck Anxiety Scale).

It is recommended that the Beck Anxiety Scale and the ADDES be completed on the client who is currently unsuccessfully treated for ADHD but who also exhibits symptoms of a possible anxiety disorder.

C. Diagnoses

List diagnoses and justifications.

	Diagnosis	Reason/Support (Include Dx considered)
1.	**F90.2 ADHD, Combined Type**	**Child is active and impulsive (runs in front of cars) – mother report. Child is inattentive in class – teacher report. Child can't maintain attention – self report in interview. You may list symptoms in terms of enumerating how many are present for a required diagnosis (for example, "Meets six criteria for inattention and seven symptoms for hyperactivity/impulsivity."). You don't have to always give this much information if it is not available.**

III. Treatment Options (all that are appropriate)

A. Behavioral Interventions

These can include all manner of classical/operant conditioning and other behavior management strategies.

A program of behavior management is recommended for the client to increase work completion in the classroom. This program may include reinforcement with extra free time for increasing percentages of work completion along with teacher and student/self-monitoring of on-task behavior.

B. Psychotherapy

This can include all manner of therapy models (client-centered, rational-emotive behavioral therapy, gestalt therapy, family therapy, etc.).

Cognitive-behavioral therapy, including systematic-desensitization, to reduce the client's fear of snakes. Some form of insight therapy, with an emphasis on social skills training, is recommended to help the client to improve social relations.

C. Family Interventions

This may involve therapy sessions with the entire family, management of family issues by a case-worker, or other support services.
Home visits by a DHS case worker is recommended to monitor and develop better behavior management practices for the youth (client). In addition, a visit by the school family resource coordinator is recommended to determine if there are other support services that may be available for the family.

D. **Medication**

Psychotropic medications may be appropriate for a variety of mental disorders. A diverse combination of medications may be used for clients with complex symptom presentation. E.g., the client may take an antidepressant for dysphoria and an antipsychotic for manic symptoms in a young client with Bipolar NOS.
An assessment by an appropriate medical professional should be conducted to determine if medication is indicated for depressive disorder.

E. **Inpatient Hospitalization**

Hospitalization is indicated for clients with extreme symptom presentation, particularly when there is a danger to the client or others.
Hospitalization should be considered for detox and to further observe and assess psychotic symptoms.

F. **Special Education**

Special education services are determined by appropriate personnel in the client's school. Special education is a service that is provided by an "eligible" when their educational needs cannot be provided without special services.
It is recommended that the client's school consider appropriate evaluations for a suspected educational disability due to the client's chronic performance problems in school.

G. **Referral**

Referrals are made when it is determined that the client needs the diagnostic and/or treatment services of another professional to meet their needs.
A neurological examination is recommended for the client who reports headaches, dizziness, and confusion of recent and sudden onset.

Write Up Format Option B

To complete this case study, please complete the following categories: Introduction, Background/Psychosocial History, Current Functioning/Issues, Diagnostic Considerations, Diagnosis, and Treatment Recommendations. Clearly, having a fair amount of knowledge and history about your participant will be helpful, and additional information—such as access to parents or chart would be helpful and to your project. Following is a brief outline to help you write this paper and satisfactorily complete all requirements.

Section 1: Introduction/background

In this section, briefly describe how you know the participant, and give a brief introduction or outline sketch. Per the rubric, make sure to include two things in this section:

1. A statement regarding confidentiality, such as, *"To ensure the confidentiality of the participants in this study, all names and nonessential identifying information have been changed."* As you are submitting this online to Vialivetext, it is good form to always change names identifying information
2. A few sentences or paragraph describing sources of information and how you gain the information for the study. For instance, you may include a statement such as, *"For this paper I obtain the information through direct observation of the student daily in my classroom, and have spoken with the parents once to gather additional information on family background."*

Section 2: Background History

In this section, you will describe the background development of the child or adolescent in your case study. Many different areas can be analyzed here, such as academic, social, family background. Records of any information from early childhood (or parents best recollection), activities or groups, physical posture, grooming habits, style of dress, and anything along these lines that describes the physical development or presentation of the subject of your case study.

Looking at factors such as: how this person connects with others? If a young child, is he or she in foster or day care? Is the child home-schooled? How large of a family and how much contact with family does the person in your case study have? What is level his or her of social support and community involvement with?

Especially important in this section is developing a history and background information based on the eventual diagnosis that you will be giving. How early in development were signs of abnormal development present? What etiological factors (etiology = the study of causation) do you think played development of the disorder—genetic? Family background? Past trauma? Lack of parental nurturance and structure? Lack of support and education? History of maternal substance abuse? Other factors?

Section 3: Current Functioning/Issues

In this section you will describe the current functioning and issues in the life of the personal in your case study. How does this person interact in the various spheres of life? How is his or her social, academic, occupational functioning? What symptoms does this person display? How is their sleep, eating? How is his or her mood most days? How do they handle difficult situations? What symptoms of the disorder are present?

Section 4: Diagnostic Considerations and Diagnosis(es)

In this section you will describe your reasoning for choosing the diagnosis(es). What other diagnoses may fit this case? What diagnoses did you rule out and why? What justification(s) do

you have for the diagnosis(es)? What additional diagnostic information would be useful to provide more comprehensive diagnostic information? What evidence do you have for inclusion of medical disorders?

Section 5: Diagnosis

In this section you will record your diagnosis(es) from the DSM-5.

	Diagnosis	Reason/Support (Include Dx considered)
	F90.2 ADHD, Combined Type	**Child is active and impulsive (runs in front of cars) – mother report. Child is inattentive in class – teacher report. Child can't maintain attention – self report in interview.**
		Use the same guidelines as for case studies, using rule out (R/O) of conditions or making a provisional diagnosis as appropriate. Remember to consider all possible diagnoses, but be careful about the ones you actually endorse for your client. Remember not to use "redundant" diagnoses of co-morbid conditions.

Section 6: Treatment Recommendations

To finish the paper with a positive focus, please speculate as to the treatment recommendations you would make for the person in your case study. You can re-state help that the client is currently receiving, or specify what you think would help this client most. Academic supports? Family therapy? Long-term residential treatment? Individual counseling? Social support group? Moving to a different place and starting over? Medication? What support is there from the course text or treatment literature for your interventions? Rather than just making this a brief summary with standard interventions, really think through what might help the subject of your case study better cope with his or her disorder—and state the reasons why.

Standards and Scoring Rubrics for Key Assignment #2 – Case Study

Rubric for Key Assignment #2 – Case Study

Element	Above Sufficient (3 pts)	Sufficient (2 pts)	Below Sufficient (1 pt)
Identification, Spelling, Grammar	Author, title, source, dates, etc. follows APA style, Excellent grammar, spelling and academic voice are used.	Author, title, source dates, etc. approach correct APA style. Proficient grammar, spelling and academic	Author, title, source, dates, etc. are flawed but appear to be informed by APA style. Somewhat acceptable

Element	Above Sufficient (3 pts)	Sufficient (2 pts)	Below Sufficient (1 pt)
		voice are used.	grammar spelling and academic voice are used
Understanding of theories of normal and abnormal behaviors **CACREP 2016 Standard 2016.2.F.3.c**	The candidate demonstrates a mastery of the process of developing normal and abnormal behaviors, thoroughly discussing the factors of heritability, medical, and environmental influences in this development. The candidate articulates how these factors can lead to the development of specific mental disorders and how a consideration of these factors leads to accurate diagnoses and effective treatments.	The candidate demonstrates significant but incomplete mastery of the process in which one or more factors of heritable, environmental, and medical influences can lead to the development mental disorders. The candidate makes significant use of this information to development accurate diagnoses and an effective treatment plan for a given client.	The candidate demonstrates minimal mastery of theoretical assumptions of how heritable, environmental, and medical influences can develop normal and abnormal behavior and links this information minimally or not at all to the diagnosis of mental disorders and development of a treatment plan for a given client.
Understanding of biological and physiological factors that affect human development, functioning, and behavior Demonstrate ability to use basic helping skills **CACREP Standard 2016.2.F.3.e**	The candidate demonstrates a thorough knowledge of the biologic and physiological factors affecting human development, functioning, and behavior, and how these factors can lead to or contribute to the development of mental disorders. The candidate uses this knowledge to assist in the identification of mental disorders in a given client and assist in the development of an effective treatment plan, Addressing these factors	The candidate demonstrates some knowledge of how biologic and physiologic factors affect human development, functioning, and behavior and uses this information to help identify mental disorders and develop appropriate treatment programs for a given client. The candidate shows some understanding of the need to make referrals to and consult with appropriate medical professionals to develop appropriate diagnoses	The candidate demonstrates minimal knowledge of how biological and physiological factors affect human development, functioning, and behavior and utilizes this information minimally or not at all to identify mental disorders in a given client and develop a treatment plan. The candidate demonstrates little or no knowledge of the importance of making medical referrals and consulting with medical

Element	Above Sufficient (3 pts)	Sufficient (2 pts)	Below Sufficient (1 pt)
	includes knowledge of how to appropriately ***refer and consult with medical professionals*** to development accurate diagnoses and comprehensive treatment plans.	and treatment plans.	professionals to develop diagnoses and treatments.