

CNS6535: CMHC Appraisal I Syllabus

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| Instructor/Personal Pronouns | Quarter |
| Instructor Email | Class Days and Times |
| Instructor Phone | Course Location |
| Office Location | Office Hours |
| Technical Support: 866-848-5515 | |

COURSE DESCRIPTION A broad understanding of group and individual educational and psychometric theories, ethical, and legal approaches to appraisal is the goal of this course; also examined are data and information gathering methods; validity and reliability; psychometric statistics; factors influencing appraisals; and use of appraisal results in helping processes. Also, the specific ability to select, administer and interpret tests and inventories to assess abilities, interests, and identify career options is considered.

PREREQUISITES None

COREQUISITES None

CREDIT HOURS 4.5

COURSE MATERIALS

Technological Requirements

Each student in the Clinical Mental Health Counseling program must have access to a reliable computer, internet connection and the required computer software and hardware. Cell phones and tablets are not acceptable computer or laptop replacements.

Requirements include:

- Computer with Windows 7 or higher or Mac OSX 10.7 or higher
- Microsoft Office 365 (available to all South University students)
- Adobe Acrobat Reader
- Browsers
 - For Windows users, Internet Explorer (latest 2 releases), Mozilla Firefox or Google Chrome
 - For Mac users, Apple Safari (2 latest releases), Mozilla Firefox or Google Chrome
- Virtual classes require access to a camera and microphone.

Required Textbooks

Hays, D. (2023). Assessment in counseling: Procedures and practices (7th Edition). Wiley/ACA.

Required Articles

Suggested/Supplemental Readings

Required Materials

GRADING SCALE

- A = 90 – 100
- B = 80 – 89
- C = 70 – 79
- D = 60 – 69
- F = 69 or below

PROGRAM OVERVIEW/MISSION

The South University Master of Arts degree program in Clinical Mental Health Counseling is intended to meet the local and regional need for qualified counselors. The Master of Arts in Clinical Mental Health Counseling is designed to provide advanced and broad training for South University graduate students regarding theories, principles, and dynamic applications in the field. Students develop the skills necessary to engage in effective assessment and treatment practices, achieve competence for ethical, legal, and professional issues, and understand the significance and utility of research to the field. Faculty members are dedicated to maintaining high teaching standards, developing intellectual curiosity, advancing critical thinking, and engaging in service to the University, community, and profession.

Please Note: Successful completion of the MA CMHC program meets the requirements for licensure application in the state where the program is offered. Students considering relocation to another state are encouraged to review the licensure requirements for that state(s) in order to compare required coursework. Completion of the program does not guarantee licensure or certification.

Students enrolled in the Savannah virtual program are aligned to the licensure standards in Georgia.

PROGRAM STUDENT LEARNING OUTCOMES (PSLO)s

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| PSLO 1 | Professional Counseling Orientation and Ethical Practice: Demonstrate knowledge and application of all aspects of professional functioning, to include ethical standards, legal implications, advocacy and social justice, counselor roles, and professional credentialing. |
| PSLO 2 | Social and Cultural Diversity: Demonstrate the ability to apply multicultural research and core theory to issues and relationships in the context of culturally competent counseling. |
| PSLO 3 | Human Growth and Development Through the Lifespan: Apply research and core theory to the needs of diverse individuals across the lifespan, to include atypical personality and neurological development, addictive disorders, family and social relationships, and crisis response. |
| PSLO4 | Lifestyle and Career Development: Demonstrate implementation of research and core theory related to the processes of decision-making in career development and planning in the context of the psychology of work. |

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| PSLO5 | Counseling and the Helping Relationship: Demonstrate knowledge and skill application of the major theories of change, consultation practices, diagnostic impressions, and evidence-based interventions to a diverse clientele for the delivery of effective and ethical treatment. |
| PSLO6 | Group Dynamics and Group Work: Apply culturally appropriate group skills, techniques, and theory-based interventions in the context of group counseling dynamics while exploring effective facilitation styles. |
| PSLO7 | Assessment and Appraisal: Analyze historical and current testing and assessment methods for implementing ethical and accurate appraisal of diverse clients by individual or group methods. |
| PSLO8 | Research and Program Evaluation: Apply needs assessment, program evaluation, and research methods to ethical and effective practice and to add to the body of literature in the counseling profession. |

**COURSE LEARNING OUTCOMES ALIGNMENT TO
PROGRAM STUDENT LEARNING OUTCOMES**

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| CLO1 | Understand psychometric and statistical principles related to psychological assessment and evaluation in a multicultural society (including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, correlations, reliability, and validity). | PSLO – 2, 7 |
| CLO2 | Evaluate the basic concepts of standardized and non-standardized testing and other assessment techniques, including norm-referenced and criterion-referenced assessment, environmental assessment, performance assessment, individual and group test and inventory methods, psychological testing, and behavioral observations. | PSLO – 5, 7 |
| CLO3 | Critically evaluate and be able to select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. | PSLO – 2, 3, 5, 7 |
| CLO4 | Think critically about the effects of diversity on the assessment and evaluation of individuals, couples, families, groups, and populations, and be able to demonstrate multicultural competency and advocacy processes needed to | PSLO – 1, 2, 3, 5, 7 |

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| | address institutional and social barriers that impede access, equity, and success for clients. | |
| CLO5 | Analyze the social and cultural factors and the characteristics and concerns between and within diverse groups nationally and internationally in the use of psychological assessment that include age, gender, sexual orientation, ethnicity, language, disability, culture, spirituality, and other factors relative to assessments. | PSLO – 2, 3, 5, 7 |
| CLO6 | Analyze ethical and legal standards in relation to psychological tests and be able to apply ethical strategies for selecting, administering, and interpreting assessment and evaluation instruments and techniques in counseling. | PSLO – 1, 7 |
| CLO7 | Gain awareness of specific psychological tests that are commonly used in assessment (e.g., intellectual, academic, career, psychoeducational, and personality). | PSLO – 7 |
| CLO8 | Demonstrate an awareness of the history, philosophy, and trends concerning the nature and meaning of assessment within clinical mental health counseling. | PSLO – 7 |
| CLO9 | Demonstrate an understanding of general principles and models of evidence-based practice in relation to clinical evaluation (including diagnostic interviews, mental health history, mental status evaluation, symptom inventories, biopsychosocial case conceptualization), leading to a diagnosis(es) of mental disorders and appropriate treatment planning; in addition, be able to screen for clients who are a danger to self and others and/or have co-occurring disorders. | PSLO – 2, 3, 5, 7 |
| CLO10 | Develop an awareness of human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and environmental factors that affect both normal and abnormal functioning, including crisis intervention, suicide prevention, psychological first aid strategies, and other trauma-causing events. | PSLO – 2, 3, 5, 7 |
| CLO11 | Demonstrate an understanding of the scope of practice of clinical mental health counselors, including their roles and functions in various practice settings, the importance of supervision, and the significance of relationships between counselors and other professionals, including interdisciplinary treatment teams. | PSLO – 1, 7 |

CACREP STANDARDS/ASSIGNMENTS

| CAREP STANDARD | ACTIVITY/ PSLO | CHAPTER/ READING | ASSIGNMENT |
|---|-------------------|--|------------|
| SECTION 2.F: COUNSELING CURRICULUM | | | |
| <u>7) ASSESSMENT AND TESTING</u> | | | |
| a. historical perspectives concerning the nature and meaning of assessment and testing in counseling | 1,7 | Neukrug, Ch. 1 | |
| b. methods of effectively preparing for and conducting initial assessment meetings | 5,7 | Whiston, Ch. 1, 2, 6, 8 | |
| c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide | 5,7 | Whiston, Ch. 8 Neukrug, Ch. 11-12 | |
| e. use of assessments for diagnostic and intervention planning purposes | 5,7 | Neukrug, Ch. 3 Whiston, Ch. 15 | |
| f. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments | 5,6,7 | Neukrug Ch. 7 Whiston, Ch. 2 | |
| g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations | 7 | Neukrug, Ch. 5 Whiston, Ch. 2 | |
| h. reliability and validity in the use of assessments | 7 | Neukrug, Ch. 5 Whiston, Ch. 3, 4 | |
| i. use of assessments relevant to academic/educational, career, personal, and social development | 2,3,4,7 | Neukrug, Ch. 8- 12 Whiston, Ch. 8- 14 | |
| j. use of environmental assessments and systematic behavioral observations | 3,7 | Neukrug, Ch. 12 Whiston, Ch. 13 | |

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| k. use of symptom checklists, and personality and psychological testing | 5/7 | Neukrug, Ch. 11 Whiston, Ch. 12 | |
| l. use of assessment results to diagnose developmental, behavioral, and mental disorders | 5,7 | Neukrug, Ch. 3 Whiston, Ch. 15 | |
| m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results | 1,2,3,5,7 | Neukrug, Ch. 2 Whiston, Ch. Appendix A | |
| CLINICAL MENTAL HEALTH COUNSELING STANDARDS | | | |
| 1) FOUNDATIONS | | | |
| e. psychological tests and assessments specific to clinical mental health counseling | 1,2,3,4,5,6,7 | Neukrug, Ch. 8-12 Whiston, Ch. 8-15 | |

GRADUATION REQUIREMENTS

In order to graduate from the Master of Arts in Clinical Mental Health Counseling program, a student must:

1. Evidence a cumulative GPA of 3.0 (on a 4.0 scale) or greater for all academic work required for the degree.
2. Successfully pass the Comprehensive Examination.
3. Successfully remediate or repeat all courses in which a grade lower than a "C" was earned.
4. Successfully meet all conditions of a remediation plan(s) as provided by the Progress & Promotions Policy during periods of probation or suspension.

Note: Students with a CGPA that falls below 3.0 in any given quarter will need to earn a CGPA of 3.0 or higher in the next quarter to avoid receiving an automatic dismissal notification from the registrar. Students receiving a dismissal notification can appeal for reinstatement in the program. Please see the South University Academic Catalog for appeal processes.

COURSE REQUIREMENTS

COURSE ASSIGNMENTS AND SCHEDULE

| Week | Topic(s) | Required Readings | Activities & Assessments | CACREP Standard |
|------|--|-------------------------|--|-----------------|
| 1 | Introduction to Assessment; Basic Assessment Principles; Ethics & Legal Issues | N Ch.1 W Ch. 2 & 5 | | |
| 2 | Reliability & Validity | W Ch. 3 & 4 | | |
| 3 | Initial Assessment in Counseling | N. Ch 4 W. Ch 6-8 | Biopsychosocial Paper due | |
| 4 | Assessment of Educational Ability Assessing Achievement and Aptitude | N Ch. 8 W Ch. 9 & 10 | Mandated Reporter Training Due | |
| 5 | Midterm Review | | Midterm Exam Due | |
| 6 | Career & Occupational Assessments | N Ch. 10 W Ch. 11 | Group Papers due | |
| 7 | Appraisal of Personality | N Ch. 11 W Ch. 12 | Assessments & Reflections due | |
| 8 | DSM V, Assessment in Marriage & Family Counseling; Treatment Planning | N Ch. 3 W Ch 14 & 15 | Group Presentations due at time of presentation | |
| 9 | Catch up and review for final exam | | Treatment Plans due | |

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| 10 | Assessment in Diverse Populations | N Ch. 12 W Ch. 13 | Suicide Assessment videos due | |
| 11 | FINAL EXAM | N Ch.1 W Ch. 2 & 5 | Final Exam | |

***Note:** Changes in the course schedule may be made at the discretion of the instructor to accommodate time and material constraints.

SAMPLE

ASSIGNMENT WEIGHT

| Assignment | Points | Weight % | Due Date |
|----------------------------|--------|----------|----------|
| Class Participation | 100 | 10 | |
| Biopsychosocial Paper | 100 | 10 | |
| Mandated Reporter Training | 50 | 5 | |
| Midterm | 200 | 20 | |
| Assessment Reflection | 50 X 2 | 5 | |
| Group Presentation | 150 | 15 | |
| Treatment Plan | 50 | 5 | |
| Suicide Assessment Project | 100 | 10 | |
| Final Exam KPI | 200 | 20 | |
| Class Participation | 100 | 10 | |

ASSIGNMENT DESCRIPTIONS

- **Participation**
 - Class participation will be graded based upon your contribution to the class discussion and activities. Readings should be completed prior to each class in order to arrive prepared for the week's discussion and assignments.
- **Biopsychosocial Paper **KPI** (see Appendix B)**
 - The BPSA will be completed on someone you know. They will need to consent to this paper as personal details will be shared. Please use pseudonyms and change any identifying information. The paper will need to be in APA (7th edition) format and between 8-10 pages. A form will be provided to gather information. This information will be the foundation for the contents of the paper.
 - *Note: you do not need to include an abstract*
- **Mandated Reporter Training**
 - Complete an online training course to learn about the assessment of the reasonable suspicion of child abuse. To complete the training, visit <https://www.prosolutionstraining.com/> and create an account. After logging into your account, navigate to "Course Catalog", "Virginia", and select "Recognizing and Reporting Suspected Child Abuse." View the PPT presentation and complete the quiz at the completion of the presentation. Download the certificate of completion and submit to Brightspace. You must successfully pass this training in order to receive credit. There is no cost to take this training.
- **Assessments & Summary**

- You will turn in two parts (scores & reflection) for each assessment listed below:
 - Almost Perfect Scale
 - Big 5 Personality Test
- Part 1 – upload your test results for the assessments
- Part 2 – In 1-2 paragraphs, please write a reflection. The reflection should include insights gained from the results.

- **Group Presentation**
 - Each group will teach a specific topic. This will be determined during class. The group will complete a paper regarding the topic in more depth. The paper will be turned in prior to the presentation. Presentations will need to be concise and engaging. The goal is to teach your fellow classmates. The presentations may be through Prezi, Powerpoint, or any other media/presentation source you prefer.
 - A list of possible topics will be provided to each group.
 - You will turn in three parts to this assignment:
 - One combined paper
 - One combined presentation
 - Evaluation Sheet for peers
 - *Evaluation sheets will be completed by each group member regarding the participation of all other group members and may impact your final grade. All group members may not receive the same grade.

- **Treatment Plan**
 - Students will complete a treatment plan based off symptoms of assessments provided to the student. Each treatment plan will include 2-3 goals and 2 objectives each. At the end of the treatment plan a 2-3 paragraph reflection will need to be included to state why you chose the goals that you did for each vignette provided.

- **Suicide Assessment Video (see Appendix A)**
 - Everyone's video should be available for use in class as demonstration and example.
 - In order to keep classroom and video exercises within the boundaries of an academic experience and not move into the realm of personal counseling, students are expected to role play a client who is struggling with suicidal ideation.
 - If a video is not of sufficient quality (i.e., cannot be easily heard and viewed by the instructor), the video will not be accepted and will be considered late until one of sufficient quality is turned in. Please note that BOTH the mock client and counselor should be able to be seen during the entire session.
 - You will conduct a suicide assessment video that is between 15 to 20 minutes to help gain additional experience in conducting a suicide assessment. Videos under 15 minutes or over 20 minutes will be lowered by 10 points automatically. For this video, you will pair up within your triads with a partner who will role-play a suicidal client while your other fellow student will be the observer. Your

grade for the video will be a combination of both demonstrating appropriate counseling micro-skills in addition to the ability to cover all the necessary areas of a suicide assessment.

- For the purposes of this video you will follow a protocol that closely follows the CSSR-S and will be reviewed in class.
- The rubric for this assignment is located in Brightspace. There will be three items to turn in as part of this assignment with information in Brightspace: 1. Upload the video and share it with me. 2. A completed CSSR-S form based on your video. 3. Self-Evaluation using the Suicide Assessment rubric

- **Midterm/Final Exam KPI**

- Midterm – The midterm will cover all information covered in class and through readings from the beginning of the course until the midterm.
- Final - This exam may include any and all assigned textbook material and lecture/discussion content covered throughout the quarter. While the structure of the exam is the professor's discretion, it will consist of a minimum of 50 multiple choice questions.

ATTENDANCE

University Attendance Policy

Note: Students receiving military education benefits should also see the VA Attendance Policy below.

South University maintains a course attendance policy to support the academic achievement of its students. Students are expected to attend all scheduled class, laboratory, and examination periods each week. Students, whether present or absent from class, are responsible for knowing all that is announced, discussed, and/or lectured upon in class or laboratory, as well as for mastering all assigned reading. In addition, students are responsible for submitting on time all assignments and examinations as required in the class.

Students are expected to attend all scheduled activities that are part of the class, including those activities scheduled during class time and those scheduled outside of class time. An individual campus-based or online clinical programs may have specific policies (which in some cases may be more stringent than the general attendance requirements) as to the effect of attendance on class meetings, course assignments, off-campus activities, internships/externships, clinical and practicum activities, and other program requirements.

If the student misses 14 consecutive calendar days in a course, the student will be withdrawn from the course, unless the student

provides official communication (communication directly from the student (letter or email) and the student provides supporting documentation for review) regarding extenuating circumstances (as outlined below) prior to violating the 14 consecutive days. The student must also provide the date the student will return into the current course. If the student fails to return on the scheduled return date the student will be withdrawn from the institution.

Note: Attendance policies for courses involving experiential learning, such as clinical fieldwork, rotations, practicum/internship and externship, are published in the programmatic handbooks (AA, CMHC, PA, Pharm, and PTA programs) and course syllabi.

Veterans Affairs Attendance Policy

Students who receive Veteran Affairs (VA) educational benefits must understand VA benefits, including tuition and fees, the monthly housing allowance, book stipend, and Yellow Ribbon benefits are based in whole or in part on the number of credit hours certified. The school is required to monitor and report enrollment status to the VA. Adjustments in enrollment will likely affect payment of VA benefits. The school will report enrollment as follows:

- VA Students who officially withdraw, the actual last date of attendance (LDA) must be determined and reported for each course to the VA.
- VA students who are administratively withdrawn or stops attending without officially withdrawing, the actual last date of attendance (LDA) must be determined and reported for each course to the VA.
- VA students who complete a course and receive a “NCF” grade, the school will determine and report the actual last date of attendance for each course to the VA.

It is **strongly recommended** you attend every class session as true learning only occurs when one is actively engaged in learning within the classroom setting. Please see the university attendance policy in the Academic Catalog for more information.

TARDINESS

Please arrive ***on time***. Being late is disruptive and distracting to both your instructor and peers.

VIRTUAL/ONLINE NETIQUETTE

If a student is required to engage in a virtual session it must be private and free of distractions. Considerations should include the use of headphones, being alone in your meeting space, deidentifying client information, protecting written material from being read by others outside the class, and not discussing cases outside of class with colleagues, family members, friends, and classmates.

With the growth of telemental health services, students should be mindful of the importance of professional dress and demeanor during virtual instruction. All learning experiences must be treated "as if" you are in a live classroom or seated across from a future client. Therefore, if you would not wear it, eat it, or do it during a session, please refrain from doing so during your online class.

Finally, any interactions with colleagues online either via virtual meetings or written correspondence (e.g., emails, discussions) should be composed in a manner that is both professional and respectful. If you have any questions or concerns regarding this requirement, please discuss with the instructor during office hours.

Full Audio-Visual Functionality: It is the student's responsibility to have functioning audio and visual for the entirety of the class. You should check with IT Helpdesk support prior if necessary.

ACADEMIC INTEGRITY

ACADEMIC INTEGRITY

South University defines academic integrity as the complete, accurate, specific, and truthful representation of authorship, origin of ideas, mastery of material, and data, including access to and authorized use of resources. Students must maintain academic integrity in all activities, including observing and reporting academic integrity violations committed by others.

VIOLATIONS OF ACADEMIC INTEGRITY

- Cheating. Receiving unauthorized assistance on tests/examinations or other academic work. *Contract Cheating* is a form of cheating in which students get another to complete their coursework (paid or unpaid). Cheating also includes *collusion* in which students participate in unauthorized conspiring with another for work offered as credit.
- Plagiarism. The practice of taking someone else's work or ideas and passing them off as your own work or ideas. *Self-plagiarism* is a form of plagiarism in which students submit an identical or very similar work without receiving permission from the current faculty member prior to submission.
- Fabrication. Inventing or falsifying information or data.
- Sabotage. The willful attempt to hinder another student's work.

- **Academic Misconduct.** Includes the alteration of grades, involvement in the acquisition or distribution of un-administered tests, or failure to report integrity violations committed by others.

For emphasis, students are required to complete their assignments on their own unless involved in a team/group project with fellow students. This includes written papers, take home exams, and projects associated with the completion of required coursework. Students needing assistance with completing assignments, written work, or other areas associated with the completion of coursework should contact the instructor or the Academic Success Center.

All written work must be original; use minimal direct quotes; be sourced from credible sources including academic peer-reviewed journals; and must follow APA 7 guidelines.

ARTIFICIAL INTELLIGENCE POLICY

In this course, any element of a class assignment must be original and fully prepared by the student. The use of generative artificial intelligence (AI) tools (ex: chat GPT) for any part of your work will be treated as plagiarism and an honor code violation. At any time, the instructor reserves the right to request evidence that student work is authentic and original. They may do this in one or more of the following ways: requesting submission of first drafts of your work or drafts containing Track Changes showing the edits you made to your assignment as you completed it; an oral interview; and/or an additional written response. The format(s) of inquiry is up to the instructor's discretion and the professor will determine the method and timeline for the assessment of original work.

Instructors may require students to submit assignments via Brightspace using Turnitin. Assignments submitted outside of the instructor's submission policy will result in a zero. If you are struggling to upload the assignment, you can receive assistance from the campus Academic Success Coordinator or the instructor.

If you have questions about this policy, please contact the instructor.

ELECTRONIC RECORDINGS

Because class discussions and experiential activities often involve disclosure of a personal nature and because discussions often involve client cases, recording of classes (audio or video) is prohibited unless approved by South University Disability Services as a reasonable accommodation for students utilizing disability services. Taking pictures of exams or quizzes is also prohibited.

Students should refer to the South University Academic Integrity Policy in the Academic Catalog for all information regarding the Integrity Policy, Classification of Violations and Possible Penalties.

STUDENT SERVICES

DISABILITY SERVICES

South University Disability Services ensures students with disabilities equal access to the College's educational programs, opportunities and activities. Qualified students requesting reasonable and appropriate accommodations receive services to eliminate physical, programmatic and attitudinal barriers that may arise with disabilities.

Students who seek reasonable accommodations should notify the Dean of Student Affairs at their campus location. Students will be asked to submit medical documentation of the need for accommodation to the campus Dean of Student Affairs. Classroom accommodations are not retroactive, but are effective only upon the student sharing approved accommodations with the instructor. Therefore, students are encouraged to request accommodations as early as during the Admissions process to allow for time to gather necessary documentation. If you have further questions, contact the **Dean of Student Affairs, insert name, email and phone number at the ^^^^^^^^ campus.**

*Complaints will be handled in accordance with the school's Internal Grievance Procedure for Complaints of Discrimination and Harassment included in this section of the Academic Catalog.

CMHC DIVERSITY AND INCLUSION STATEMENT

The Clinical Mental Health Counseling program at South University attests to the common belief that diversity, equity, and inclusion are the essential foundation for cultivating a safe and productive learning environment. Instructors are expected to promote diversity, equity, and inclusion throughout all areas of student engagement. This includes, but is not limited to:

- a. representation of diversity in lived experience across course design;
- b. implementation of multicultural competencies throughout learning goals and objectives;
- c. modeling a practice of cultural humility;
- d. supporting student efforts toward empowerment and advocacy;

- e. facilitating open and respectful student discourse;
- f. building counselor efficacy from a strengths-based approach;
- g. and, preparing students to identify and navigate cultural differences and systemic barriers in the field.

To ensure fidelity, students are highly encouraged to provide feedback regarding how they perceive these initiatives are being maintained within their course of study through end of course evaluations. As a result, it is the hope of the CMHC program that students may find the freedom to conceptualize their professional identities from a clinical lens that is both authentic to their own experiences, as well as, inclusive of the lives of others.

HEALTH AND WELLNESS

Students of South University have access to our student assistance program, Be Well at South University, for counseling needs 24 hours a day, 7 days per week. You can access the service by calling **833-434-1217** or via application, **Telehealth**, or **in-person** counseling sessions with a local provider. These are available to you regardless of location, and no insurance is necessary.

The Wellness Hub includes articles and videos on mental health and wellness topics, including mental and emotional health, fitness and nutrition, academic performance, stress management, healthy relationships, and more. To access the Wellness Hub, go to bewellatsouth.com or download the CampusWell app at campuswell.com/get-the-app; the program is easy and confidential.

Be Well at South University Program licensed counselors are available to assist you with balancing school with work and other responsibilities, short-term counseling services, life, and career coaching, medical advocacy, and personal concierge services. Please contact the Dean of Student Affairs with any questions about this service.

WRITING SUPPORT

Students may utilize Tutor.com to help with writing support by submitting papers for review ahead of submitting them in class. It is important to plan ahead if you utilize this service as it may take up to 24 hours turnaround time.

<https://leo.tutor.com/Student/Index>

LIBRARY SERVICES

South University provides library facilities for its students at each of the main campus locations. Virtual support services are provided for all campuses, including branches. The libraries are easily accessible and house print collections consisting of general and reference books, periodicals, and other non-print media to support students in their studies. Campus library facilities offer students group and quiet study spaces. Campus libraries post their operating hours.

Electronic resources are available to all students, faculty, and staff through the Library's web site. Digital resources include e-books, journals, and video content. Electronic resources are available 24 hours a day/365 day a year. Virtual support services include email, text, and chat services. Chat hours are posted on the Library home page.

EQUAL OPPORTUNITY EDUCATION POLICY

South University, campus does not discriminate or harass on the basis of race, color, national origin, sex, gender, sexual orientation, disability, age, religion, genetic marker, or any other characteristic protected by state, local or federal law, in our programs and activities. South University provides reasonable accommodations to qualified individuals with disabilities. South University will not retaliate against persons bringing forward allegations of harassment or discrimination. The campus Dean of Student Affairs has been designated to handle inquiries and coordinate the campus' compliance efforts regarding the Non-Discrimination policy.

Appendix A: Suicide Assessment Rubric

| Skills | Insufficient/ Unacceptable (D/F-range) | Emerging (C-range) | Proficient (B-range) | Exceptional (A-range) |
|--|---|--|---|--|
| <p><u>Attitude & Approach:</u></p> <p>1. Manage one's own reactions to suicide</p> | <p>Student demonstrates limited to no awareness and/or understanding of the impact of clinician's emotional reactions, attitudes, and beliefs on the client</p> | <p>Student demonstrates basic understanding of the impact of clinician's emotional reactions, attitudes, and beliefs on the client</p> | <p>Student demonstrates above average understanding of the impact of clinician's emotional reactions, attitudes, and beliefs on the client in addition to tolerating and regulating one's emotional reaction to suicide</p> | <p>Student demonstrates superior understanding of the impact of clinician's emotional reactions, attitudes, and beliefs on the client in addition to tolerating and regulating one's emotional reaction to suicide and understands the value of obtaining professional assistance with suicide</p> |
| <p>2. Reconcile the difference between clinician's goal to prevent suicide and the client's desire to eliminate psychological pain by using suicide</p> | <p>Student demonstrates limited to no evidence of recognizing suicide makes sense to the client when viewed in the context of his/her vulnerabilities</p> | <p>Student demonstrates basic evidence of evidence of recognizing suicide makes sense to the client when viewed in the context of his/her vulnerabilities and validates the depth of the client's strong</p> | <p>Student demonstrates above average evidence of recognizing suicide makes sense to the client when viewed in the context of his/her vulnerabilities and validates the depth of the client's strong</p> | <p>Student demonstrates superior evidence of recognizing suicide makes sense to the client when viewed in the context of his/her vulnerabilities and validates the depth of the client's strong</p> |

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| | | feelings and desire to be pain free | feelings and desire to be pain free in a nonjudgmental and supportive stance | feelings and desire to be pain free in a nonjudgmental and supportive stance using a voice with authentic concern and true desire to help the client taking into account the cultural context of the client's life. |
| 3. Maintain a collaborative, non-adversarial stance | Student demonstrates limited to no understanding for maintaining a collaborative, non-adversarial stance with the client | Student demonstrates basic understanding to maintain a collaborative, non-adversarial stance with the client by listening thoroughly to attain a shared understanding of client's suicidality and goals, communicate that helping to achieve resolution of the client's problem is paramount | Student demonstrates above average understanding to maintain a collaborative, non-adversarial stance with the client by listening thoroughly to attain a shared understanding of client's suicidality and goals, communicate that helping to achieve resolution of the client's problem is paramount, create a safe area for client to share information about their suicidal thoughts, behaviors, and plan, and share | Student demonstrates superior understanding to maintain a collaborative, non-adversarial stance with the client by listening thoroughly to attain a shared understanding of client's suicidality and goals, communicate that helping to achieve resolution of the client's problem is paramount, create a safe area for client to share information about their suicidal thoughts, behaviors, and plan, and share |

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| | | | what you know about the suicidal state of mind | what you know about the suicidal state of mind, honestly express to the client why it is important that the person continue to live, work with the client and not abandon him/her, and be empathic to the suicidal wish. |
| <u>Collecting Accurate Assessment Information</u> | Student demonstrates limited to no ability to collect information on risk and protective factors, ideation, behavior, plans, warning signs of imminent risk of suicide, and verifying information reported | Student demonstrates basic ability to collect information on risk and protective factors, ideation, behavior, plans, warning signs of imminent risk of suicide, and verifying information. | Student demonstrates above average ability to collect information on risk and protective factors, ideation, behavior, plans, warning signs of imminent risk of suicide, and verifying information reported using a rating scale of suicidality levels | Student demonstrates superior knowledge ability to collect information on risk and protective factors, ideation, behavior, plans, warning signs of imminent risk of suicide, and verifying information reported using a rating scale of suicidality levels and client's willingness to get help |
| <u>Formulating Risk Level of Suicide</u> | Student demonstrates limited ability to make a clinical judgment of the risk | Student demonstrates basic knowledge and ability to make a clinical judgment of | Student demonstrates above average knowledge and ability to make a clinical judgment of | Student demonstrates superior knowledge and ability to make a clinical judgment of |

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| | <p>that a client will attempt or complete suicide in the short/long run by integrating and prioritizing the information collected</p> <p>OR</p> <p>Student demonstrates no ability to make a clinical judgment of the risk that a client will attempt or complete suicide in the short/long run</p> | <p>the risk that a client will attempt or complete suicide in the short/long run by integrating and prioritizing the information collected, assessing the client's motivation to minimize risk of suicide</p> | <p>the risk that a client will attempt or complete suicide in the short/long run by integrating and prioritizing the information collected, assessing the client's motivation to minimize risk of suicide, assess acute/imminent or chronic/ongoing suicidality,</p> | <p>the risk that a client will attempt or complete suicide in the short/long run by integrating and prioritizing the information collected, assessing the client's motivation to minimize risk of suicide, assess acute/imminent or chronic/ongoing suicidality, and consider developmental, cultural, and gender-related issues related to the suicidality</p> |
| <p><u>Developing a Treatment and Service Plan</u></p> | <p>Student demonstrates limited to no ability to develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable.</p> | <p>Student demonstrates basic knowledge and ability to develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable by addressing key modifiable risk and protective factors.</p> | <p>Student demonstrates above average knowledge and ability to develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable by addressing key modifiable risk and</p> | <p>Student demonstrates superior knowledge and ability to develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable by addressing key modifiable risk and</p> |

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| | | | protective factors by specifying the setting and frequency of the intervention and identify a range of treatment alternatives. | protective factors by specifying the setting and frequency of the intervention, and identify a range of treatment alternatives developing the plan to include the client, family members, and significant others in addition to coordinating with other treatment and service providers in an interdisciplinary team approach. |
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SAMPLE

Appendix B: Biopsychosocial Paper

| Biopsychosocial Paper | Exceptional (A-range) | Proficient (B-range) | Emerging (C-range) | Insufficient/Unacceptable (D/F-range) | Comments |
|---|---|--|---|--|----------|
| <p>Biopsychosocial history interview and assessment 20% 5.C.3.a, 2.F.7.b, 2.F.7.c, 2.F.7.d, 2.F.7.f, 2.F.7.g, 2.F.7.h, 2.F.7.k, 2.F.7.m, 5.C.2.g</p> | <p>Interview contained relevant primary and follow-up questions; helper was able to discuss the purpose and findings from the WHODAS 2.0 and integrate them into the report using appropriate clinical language.</p> | <p>Interview contained relevant primary questions but missed some important follow-up questions; helper discussed WHODAS 2.0 score, however, did not integrate them into the report in a meaningful way.</p> | <p>Interview had primary questions but lacked relevant follow-up questions; helper did not adequately report WHODAS 2.0 score and it was disjointed from the rest of the report (see instructor comments)</p> | <p>Interview questions had significant problems and did not illicit clinically relevant information; no follow-up questions or they were irrelevant; WHODAS 2.0 score not reported (see instructor comments)</p> | |
| <p>Mental Status Exam 20% 5.C.3.a, 5.C.3.e, 2.F.7.j, 2.F.7.d, 2.F.7.i, 2.F.7.k,</p> | <p>MSE was completed by the helper and integrated seamlessly into the biopsychosocial report using appropriate clinical descriptors along with results that were consistent with other information obtained in the session.</p> | <p>MSE was completed and reported in the biopsychosocial report; however, the writing lacked some appropriate clinical descriptors and not all elements of the MSE were integrated into the report.</p> | <p>MSE was incomplete and did not use clinical descriptors (ex: describes client's mood as <i>unpleasant instead of dysphoric</i>); MSE was disjointed in the report (see instructor comments).</p> | <p>MSE lacked sufficient detail, clinical descriptors, and was not appropriately integrated into the report (see instructor comments).</p> | |

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| <p>Treatment Plan 20% 2.F.5.h, 2.F.5.i, 5.C.2.b, 2.F.7.e,</p> | <p>Treatment plan includes a presenting problem with a clear goal and 2-4 objectives that are all aligned with each other (SMART). Treatment plan is written from a distinct theoretical orientation (helper) and evidence-based practices that will be used to carry out the treatment plan are explained and supported by scholarly research.</p> | <p>Treatment plan has a presenting problem, goal, and objectives; however, the language is lacking SMART detail. Treatment plan is loosely aligned with a theoretical orientation. Contains some evidence-based practices that will be used to carry out the treatment plan and some scholarly research to support the proposed treatment plan.</p> | <p>Treatment plan is lacking in at least two key areas: Treatment plan is missing one of the following: presenting problem, goal, 2-4 objectives. Treatment plan is missing one of the following: lack of clear theoretical orientation, evidence-based practices that will be used to carry out the treatment plan, scholarly research to support the proposed treatment plan (see instructor comments for details).</p> | <p>Treatment plan is missing more than two key areas: presenting problem, goal, objectives, clear theoretical orientation, evidence-based practices, scholarly research to support the proposed treatment plan (see instructor comments for additional details).</p> | |
| <p>Proper use of diagnostic criteria and classifications in forming clinical impressions 20%</p> | <p>Used most current DSM diagnostic criteria and classifications in reporting client symptomology;</p> | <p>Used most current DSM diagnostic criteria and classifications in reporting client symptomology,</p> | <p>Reported symptomology, but lacked DSM language to describe the client's presenting</p> | <p>Lack of relevant symptomology; did not use the DSM appropriately; no diagnosis or diagnosis grossly</p> | |

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| 5.C.2.d, 2.F.7.l, | diagnostic criteria integrated into treatment plan effectively. | however, symptomology did not lead to the most accurate diagnosis. | problem; diagnosis not accurate (see instructor comments). | inaccurate (see instructor comments). | |
| Clinical/Academic Writing 20% 5.C.1.c | Used 5 or more scholarly sources to support evidence-based practices used in treatment plan; cited sources using appropriate APA formatting; clinical writing was clear, precise, and could be understood by a range of mental health and other medical professionals. | Used 4 scholarly sources to support evidence-based practices used in treatment plan; cited sources, but had errors in APA formatting; clinical writing was sufficient and has room for improvement (see instructor comments). | Used 2-3 scholarly sources to support evidence-based practices used in treatment plan; several problems with citations and APA formatting; clinical writing had significant errors (see instructor comments). | Used 0-1 scholarly sources to support evidence-based practices used in treatment plan; lack of APA formatting throughout the report; did not use clinical writing that is appropriate for other mental health or medical professionals (see instructor comments). | |
| Total Points | | | | | |