

George Mason University
College of Education and Human Development
Counseling Program

EDCD 656.001 – Diagnosis and Treatment Planning for Mental Health Professionals
3 Credits, Fall 2021
Wednesdays 7:20 – 10:00 PM
Fairfax campus – Krug Hall Room 107

Faculty

Name: Dr. Jami Murray
Office Hours: By Appointment
Office Location: Krug Hall Suite, 202 (Counseling Office).
Office Phone: 703-993-2087 (Counseling Office)
Email Address: jmurray16@gmu.edu

Prerequisites/Corequisites

B or better in EDCE 603; B or better in EDCE 609 or concurrent.

University Catalog Course Description

Introduces students to fundamental concepts in the classification of psychopathology as well as the clinical interviewing skills necessary to apply DSM-5 diagnoses to clients in a sound and ethical manner. Incorporates an explicit focus on the role of race and culture in diagnosis and treatment.

Course Overview

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

Course Delivery Method

This course will be delivered using a [lecture, lab, seminar, internship, and/or hybrid (2-75% online)] format.

Course Objectives

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

1. Demonstrate knowledge of diagnostic nomenclature, etiology of mental illness, treatment, referral, and the role of counselors in the prevention and treatment of mental and emotional disorders (CACREP 5.C.2.b).
2. Develop an applied understanding of the diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD) (CACREP 5.C.2.d).

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

Professional Standards

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

CACREP Standard	Course Objective Coverage	Course Activities
etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (CACREP 5.C.2.b)	This Standard is part of Course Objective #1, which is addressed in Classes 1 and 2 on “Expectations & Cautions, Cultural Implications around Diagnosis & Assessment” and “History of the DSM, Introduction to Use of the DSM-5, Treatment Planning Overview”	Assigned readings that discuss this Standard include: pages 19-24 in <i>DSM-5</i> , pages 2-31 in <i>The pocket guide to the DSM-5 diagnostic exam</i> , & the Introduction in <i>The adolescent psychotherapy treatment planner</i>
diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i> and the International Classification of Diseases (ICD) (CACREP 5.C.2.d)	This Standard is part of Course Objective #2, which is addressed in Classes 2, 3, 4, 5, 6, 7, and 9 (given the nature of the Standard, it is infused throughout most classes)	Course activities that discuss this Standard include: class-based review of the psychopathology classifications for Disorder groups in the DSM-5 (Depressive Disorders, Bipolar & Related Disorders, Anxiety Disorders, Obsessive-Compulsive and Related Disorders, Trauma and Stressor-Related Disorders, and Schizophrenia Spectrum & Other Psychotic Disorders)
classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (CACREP 5.C.2.h)	This Standard is part of Course Objectives #3 and #6, which are addressed in Classes 9 and 12 on “Schizophrenia Spectrum & Other Psychotic Disorders: Psychopharmacological approaches” and “Neurodevelopmental Disorders: Medical Referrals & Psychopharmacology”	Course activities that discuss this Standard include: presentations of research (connected to course Role-Play assignment) on commonly prescribed psychopharmacology within Disorder groups

cultural factors relevant to clinical mental health counseling (CACREP 5.C.2.j)	This Standard is part of Course Objective #4, which is addressed in Classes 1, 2, and 5 on “Cultural Implications around Diagnosis & Assessment”, “History of the DSM”, and “Cultural Considerations for Mood & Anxiety Related Disorders”	Assigned readings that discuss this Standard include: pages 3-54 in Castillo’s <i>Culture and mental illness: A client centered approach</i> (1997) Additionally, this Standard is measured as part of the Treatment Plan Key Assignment, which assesses KPI A.9-CMHC.b.1
techniques and interventions for prevention and treatment of a broad range of mental health issues (CACREP 5.C.3.b)	This Standard is part of Course Objective #5, which is addressed in Classes 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, and 14 (given the nature of the Standard, it is infused throughout most classes)	Assigned Readings that discuss this Standard include: <i>The adolescent psychotherapy treatment planner</i> , corresponding to all Disorder groups covered in the course Additionally, this Standard is measured as part of the Treatment Plan Key Assignment, which assesses KPI A.9-CMHC.b.1
common medications that affect learning, behavior, and mood in children and adolescents (CACREP 5.G.2.h)	This Standard is part of Course Objective #3, which is addressed in Classes 9 and 12 on “Psychopharmacological approaches” and “Neurodevelopmental Disorders: Medical Referrals & Psychopharmacology”	Course activities that discuss this Standard include: presentations of research (connected to course Role-Play assignment) on commonly prescribed psychopharmacology within Disorder groups related to children and adolescents
theories and etiology of addictions and addictive behaviors (CACREP 2.F.3.d)	This Standard is part of Course Objective #7, which is addressed in Class 14 on “Substance Use Disorders & Process Addictions”	Assigned readings that discuss this Standard include: page 481-590 in <i>DSM-5</i> , pages 199-202 in <i>The pocket guide to the DSM-5 diagnostic exam</i>

Required Texts

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

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

Additional Readings:

Castillo, R. J. (1997a). Why culture?. In *Culture and mental illness: A client centered approach* (pp. 3-24). Boston, MA: Brooks/Cole.

Castillo, R. J. (1997b). Culture & clinical reality. In *Culture and mental illness: A client centered approach* (pp. 25-38). Boston, MA: Brooks/Cole.

Castillo, R. J. (1997c). Culture and personality. In *Culture and mental illness: A client centered approach* (pp. 39-54). Boston, MA: Brooks/Cole.

Recommended Readings:

- Bardhoshi, G., Cobb, N., & Erford, B. T. (2019). Determining Evidence-Based Outcomes in School-Aged Youth: Free-Access Instruments for School Counselor Use. *Professional School Counseling*, 22(1b), 1-10.
- Dailey, S. F., Gill, C. S., Ray, S., & Barrio-Minton, C. A. (2014). *DSM-5 Learning companion for counselors*. American Counseling Association.
- Feiss, R., Dolinger, S. B., Merritt, M., Reiche, E., Martin, K., Yanes, J. A., ... & Pangelinan, M. (2019). A systematic review and meta-analysis of school-based stress, anxiety, and depression prevention programs for adolescents. *Journal of youth and adolescence*, 48(9), 1668-1685.
- Frank, H. E., Titone, M. K., Kagan, E. R., Alloy, L. B., & Kendall, P. C. (2020). The Role of Comorbid Depression in Youth Anxiety Treatment Outcomes. *Child Psychiatry & Human Development*, 1-8.
- Klassen, J. (2016). Emerging mental health diagnoses and school disruption: an examination among clinically referred children and youth. *Exceptionality Education International*, 26(2), 5-20.

Course Performance Evaluation

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

- **Assignments and/or Examinations**

Two Treatment Plans- DUE 9/22/21 & 11/10/21

An essential element of this course is the ability of the student to be able to formulate and plan for the treatment of the client. You will be required to complete two formal treatment plans. Detailed instructions, case vignettes, and grading rubric will be provided. You will be given feedback on the first treatment plan, which you should incorporate when completing the second treatment plan. The second treatment plan is a Counseling program required performance-based assessment (specific information to be discussed in class) (**Key Assignment: KPI A.9-CMHC.b.1; CACREP 5.C.3.b, 5.C.2.j**). Continuation in the program may be contingent on satisfactory performance on this assessment.

Cultural Reaction Paper - DUE 10/20/21

Research a cultural issue related to diagnosing and treatment planning in counseling. Find 3 peer reviewed journal articles and/or book chapters (see recommended readings: Castillo, 1997a; 1997b; 1997c) that discuss this cultural issue. After reading the three articles and/or book chapters write a 2-3-page reaction paper. The paper should include: **A.)** a brief description of the cultural issue; **B.)** a discussion of your reactions, thoughts, and feelings in response to the issue; **C.)** describe your ideas you about the way that culture influences mental illness; and **D.)** explain how these articles and/or book chapters will impact your diagnosing and treatment planning skills.

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

The class will be split up into triads. Each triad will be assigned a date in which they will perform a 10-minute role-play in front of the class demonstrating a partial counseling session with a client with a specific disorder (disorder will be assigned by instructor). During the role

play the counselor will ask the client specific questions about the client's symptoms they are experiencing. Also, the counselor will provide the client with a diagnosis and ask questions to assess how the symptoms are impacting the clients functioning.

One group member will play the client, one will play the counselor, and the third group member will facilitate a class debriefing after the role-play. The debriefing should focus on what additional information the class would like to gather from the student, discussion of the diagnosis, and thoughts regarding the goal plan.

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

- A. Recommended Therapeutic Interventions:** List recommended interventions school counselors/counselors can use for students with the disorder (i.e., CBT, DBT, etc.).
- B. Resources for Counselors:** List professional resources that would be helpful to counselors working with clients with this disorder. The resources should include professional literature, assessment tools, cultural considerations.
- C. Commonly Used Medications (if any):** List the medications that are most prescribed for the disorder.
- D. Resources for Students/Clients:** It is very important that we can provide students/clients with additional resources that may be useful for them. Research potential resources for students/clients with your assigned disorder. These resources may include books (written for the public), websites, and support groups (in-person/online).

Final Exam (open book/notes)- Last Class

- **Other Requirements**
Class Participation

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

- **Grading**

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

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

Graded Assignments

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

Late Assignments: Late assignments will result in a point reduction

Professional Dispositions

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

Students must adhere to program professional dispositions:

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

Professional Dispositions Assessment

Professional Dispositions are assessed in all required courses. The minimum score (benchmark) is based on the level of the course, as described below.

Level of Assessment	CMHC	SC	Minimum Score
Basic	602, 609, 606, 601, 525, 603, 604, 656 654, 652, 658	602, 606, 609, 601, 525, 603, 604, 656 613, 611, 626	2
Intermediate	608, 750, 660, 628, 619, 610, 797	608, 751, 660, 628, 619, 610, 797	3
Advanced	792, 793	794, 795	4

Professional Dispositions assessments are scored as follows:

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

Class Schedule

Week	Date	Topic	Readings / Assignments Due	Course Obj. #
Wk 1	8/25/21	Introductions Review of Syllabus Expectations & Cautions Reflections on Experiences of Mental Illness Cultural Implications around Diagnosis & Assessment		1, 4
Wk 2	9/1/21	Introduction to Assessment & Diagnosis History of the DSM Introduction to Use of the DSM-5 Treatment Planning Overview	DSM-5- pp. 19-24 Tx Planner- Introduction	1, 2, 4
Wk 3	9/8/21	Depressive Disorders - Disruptive Mood Dysregulation D/O - Major Depressive D/O - Persistent Depressive D/O (Dysthymia) - Other Specified & Unspecified Depressive D/O Role-Play & Fact Sheet: _____	DSM-5- pp. 155-188 Tx Planner- Unipolar Depression; Low Self Esteem	2, 5
Wk 4	9/15/21	Bipolar & Related Disorders - Bipolar I D/O - Bipolar II D/O - Cyclothymic D/O - Other Specified & Unspecified Bipolar and Related D/O Role-Play & Fact Sheet: _____	DSM-5- pp. 123-154 Tx Planner- Bipolar Disorder	2, 5
Wk 5	9/22/21	Anxiety Disorders - Separation Anxiety D/O - Specific Phobia - Social Anxiety D/O (Social Phobia) - Panic D/O - Agoraphobia - Generalized Anxiety D/O - Other Specified & Unspecified Anxiety D/O Cultural Considerations for Mood & Anxiety Related D/Os Role-Play & Fact Sheet: _____	DSM-5- pp. 189-233 Tx Planner- Anxiety; Panic/Agoraphobia; Social Anxiety; Specific Phobia; DUE: Treatment Plan #1	2, 5, 4
Wk 6	9/29/21	Obsessive-Compulsive and Related Disorders - Obsessive-Compulsive D/O - Body Dysmorphic D/O	DSM-5- pp. 235-264 Tx Planner- Obsessive-Compulsive Disorder	2, 5

		<ul style="list-style-type: none"> - Hoarding D/O - Trichotillomania - Excoriation (Skin-Picking) D/O - Other Specified & Unspecified Obsessive-Compulsive and Related D/O <p>Case Consultation & Referral</p> <p>Role-Play Triad 4: _____</p>		
Wk 7	10/6/21	<p>Trauma and Stressor-Related Disorders</p> <ul style="list-style-type: none"> - Posttraumatic Stress D/O - Acute Stress D/O - Adjustment D/O's - Other Specified & Unspecified Trauma- and Stressor-Related D/O <p>Case Consultation & Referral</p> <p>Role-Play & Fact Sheet: _____</p>	<p>DSM-5- pp. 265-290</p> <p>Tx Planner- posttraumatic stress disorder (PTSD); Physical Emotional Abuse Victim; Sexual Abuse Victim</p>	2, 5
Wk 8	10/13/21	<p>Schizophrenia Spectrum & Other Psychotic Disorders</p> <ul style="list-style-type: none"> - Schizotypal (Personality) D/O - Delusional D/O - Brief Psychotic D/O - Schizophreniform D/O - Schizophrenia - Schizoaffective D/O - Other Specified & Unspecified Schizophrenia Spectrum and Other Psychotic D/O <p>Psychopharmacological approaches</p> <p>Role-Play & Fact Sheet: _____</p>	<p>DSM-5- pp. 87-122</p> <p>Tx Planner- Psychoticism</p>	2, 5, 3, 6
Wk 9	10/20/21	<p>Neurodevelopmental Disorders</p> <ul style="list-style-type: none"> - Autism Spectrum D/O - Attention-Deficit/Hyper. D/O - Specific Learning Disorder <p>Medical Referrals & Psychopharmacology</p> <p>Role-Play & Fact Sheet: _____</p>	<p>DSM-5- pp. 31-86</p> <p>Tx Planner- Attention Deficit Hyperactivity Disorder; Autism Spectrum Disorder; Intellectual Developmental Disorder</p> <p>DUE: Cultural Reaction Paper</p>	5, 3, 6
Wk 11	10/27/21	<p>Disruptive, Impulse-Control & Conduct Disorders</p> <ul style="list-style-type: none"> - Oppositional Defiant D/O - Intermittent Explosive D/O - Conduct D/O - Pyromania - Kleptomania - Other Specified & Unspecified Impulse-Control, and Conduct D/O 	<p>DSM-5- pp. 461-480; 715-727</p> <p>Tx Planner- Anger Control Problems; Conduct Disorder/Delinquency; Oppositional Defiant Disorder</p>	5

		Role-Play & Fact Sheet: _____		
Wk 12	11/3/21	Personality Disorders - Cluster A Personality D/O's - Cluster B Personality D/O's - Cluster C Personality D/O's Role-Play & Fact Sheet: _____	DSM-5- pp. 645-684 Tx Planner- Runaway; School Violence Perpetrator; Sexual Abuse Perpetrator; Sexual Promiscuity; Substance Abuse	5
Wk 13	11/10/21	Feeding & Eating Disorders - Pica - Anorexia Nervosa - Bulimia Nervosa - Binge-Eating D/O - Other Specified & Unspecified Feeding or Eating D/O Case Consultation & Referrals Role-Play & Fact Sheet: _____	DSM-5- pp. 329-354 Tx Planner- Eating Disorders DUE: Treatment Plan #2	5, 6
Wk 14	11/17/21	Substance Use Disorders & Process Addictions - Substance Use Criterion - Differential Diagnosis Etiology of addictions and addictive behaviors	DSM-5- pp. 481-590 Tx Planner- Substance Use Disorders	5, 7
	11/24/21	No class		
Wk 15	4/28/21	Wrapping Up - FINAL EXAM		

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

Counseling Program Mission Statement

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

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

Core Values Commitment

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

GMU Policies and Resources for Students

Policies

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

Campus Resources

- Support for submission of assignments to Tk20 should be directed to tk20help@gmu.edu or <https://cehd.gmu.edu/aero/tk20>. Questions or concerns regarding use of Blackboard should be directed to <https://its.gmu.edu/knowledge-base/blackboard-instructional-technology-support-for-students/>.
- For information on student support resources on campus, see <https://ctfe.gmu.edu/teaching/student-support-resources-on-campus>

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

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

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

Assessment Rubric:

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

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