

Justin Rock, LPC
CPSY 564-01 - Addiction Treatment in
Family Therapy

**LEWIS & CLARK COLLEGE
GRADUATE SCHOOL OF EDUCATION
AND COUNSELING**

**GRADUATE SCHOOL OF EDUCATION AND COUNSELING
CPSY 564-01: Treating Addictions in MCFT (2 credits)
SUMMER 2017**

Time & Day: Fridays, May 12th, 2017, through July 21st, 2017, 9:00am-12:00pm

Instructor: Justin Rock, LPC

Place: John R. Howard Hall, Room 259

Contact Information: rock@lclark.edu

Office Hours: By Appointment

INSTRUCTOR BIOGRAPHY

Justin Rock is an Existential-Humanistic Family Therapist and an LPC. He has extensive training in working with adolescents, adults, and families on a wide variety of mental health, substance abuse, and behavioral issues. Justin holds a master's degree in Marriage, Couples, and Family Therapy from the COAMFTE nationally accredited program at Lewis & Clark College. Justin has worked as a family therapist in clinical inpatient and outpatient treatment centers for substance abuse. Justin currently works in private practice focusing on families and individuals at end of life, grief, and/or bereavement.

CATALOG DESCRIPTION: TREATING ADDICTIONS IN MCFT

Family Systems view of the development and maintenance of substance abusing patterns for family therapists and other health practitioners. This course will examine the contributions made to the understanding and treatment of substance abuse by family researchers, theorists, and clinicians; and will consider clinical intervention methods of substance abuse with attention to the treatment of adolescents, couples, and families.

COURSE OBJECTIVES

It is generally understood that Addiction, in its many forms is a destructive force in individuals, families, communities, societies and nations. Today, we cannot talk about the field of mental health without including a wide range of issues stemming from various types of addiction. Indeed, most of the clients with whom we come in contact have been affected by addiction in some way, and yet, many practitioners do not address Addiction directly. An air of mystery still surrounds this area of treatment, even as our understanding of the neurological, familial, social and societal dimensions of so-called "substance use disorders" increases. This course will

prepare the participants to question assumptions and biases about the diagnosis, and treatment of addictions and the people who suffer with them, viewing addiction through a systemic lens. Although we will briefly discuss various types of addiction, our primary focus will be on substance addiction, which includes alcohol and other types of psychoactive drugs. Using a wide range of materials from interdisciplinary fields, the participants will be invited to look at the history of substance addiction treatment from its early days to the current practices, including the evidence-based approaches. The discussions will center on the use of self as clinician to invite the afflicted clients into a productive, collaborative engagement, aimed at eliminating clinician bias and distancing, providing opportunities for growth and healing for all parties.

By the end of this semester, students will be able to:

- 1) Have a general understanding of various types of addictive behaviors.
- 2) Know the historical development of a paradigm shift in addiction treatment, which is viewing addiction through a systemic lens (unlike understanding addiction as an intra-psycho process), which includes a broader understanding of the contribution of interpersonal and contextual factors of addictive behaviors.
- 3) Understand the historical development of substance addiction treatment programs, and how the current practices are shaped and influenced by the past.
- 4) Understand addictions from various predominant theoretical models including a bio-psycho-social-spiritual systemic lens.
- 5) Understand various biopsychosocial factors, including neurological and genetic processes as contributing factors in addictive behaviors.
- 6) Understand how substance addiction affects couple and family relationships and various roles and functions within those relational systems.
- 7) Know how to assess and develop interventions for individuals and families that are affected by substance addiction.
- 8) Understand the correlation that exists between substance addiction and various psychiatric disorders (co-occurring disorders).
- 9) Learn the historical antecedents and contributing factors supporting the development of evidence-based approaches to treating addiction in families.
- 10) Become aware of effective family-based treatment models for substance abuse and addiction.
- 11) Understand multicultural and social justice issues relative to the successful treatment of addiction.

READINGS:

Students can find readings listed below under Week's Topics and Readings. Links to the readings will be posted for students to access all the readings to Moodle.

PARTICIPATION:

Participants are required to attend and be actively involved in all scheduled class meetings. This includes being on time, being prepared and engaging with colleagues as fellow professionals. Becoming a therapist involves looking closely at ourselves, our values, beliefs, and biases. This

can be a very personal, and sometimes emotional process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse worldviews may encourage a collaborative milieu of care, in which we can all challenge ourselves and each other, and to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss, and debate and apply the content of readings and actively engage in role-playing activities. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information related to substance addiction treatment. Therefore, if you must miss a class, the instructor will ask you to contribute to the learning community in another way.

CPSY DEPARTMENTAL ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than 10% of the class time may result in failure to complete the class. This would be 4.5 hours of a 45-hour class, 3 hours of a 30-hour class, or 1.5 hours for a 15-hour class. In the case of extreme hardship and also at the discretion of the instructor a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

SPECIAL ASSISTANCE

If you need course adaptations or accommodations because of a disability and/or you have emergency medical information to share please make an appointment with the instructor as soon as possible.

NON-DISCRIMINATION POLICY

Lewis and Clark College adheres to a nondiscriminatory policy with respect to employment, enrollment, and program. The college does not discriminate on the basis of race, color, creed, religion, sex, national origin, age, handicap, or disability, sexual orientation, or marital status and has a firm commitment to promote the letter and spirit of all equal opportunity and civil rights laws.

CONFIDENTIALITY

Because of the nature of classroom work and group dynamics, it is expected that "personal" information shared by students will be kept in confidence. Students are not required to share personal information as part of the classroom dynamics or as a requirement for any evaluation or for grading purposes. Students are asked to be intentional about what they choose to share with other students in the class during classroom activities.

EVALUATING COURSE PARTICIPATION AND GRADING

Your successful course participation and completion will be evaluated based off the following modes of assessment:

1) Completion of all required readings and active participation in class discussions, group, and role-plays (50 points).

All assigned readings must be completed in advance of the class in which they are to be discussed. That is, every student is responsible for coming to class prepared to participate in a meaningful discussion. Classroom group, discussions and role-plays are opportunities to bring up questions about the assigned readings, further your understanding of the concepts under study, and integrate course material into your understanding of the concepts under study, and integrate the material into your clinical practice. You can download class articles directly from the library (Watzek Library) website. If you encounter any difficulty to access reading materials, please contact the librarian early on in the semester.

2) Exploration of self as a therapist within substance abuse and addictive behaviors (40 pts)

Write a 4-6 page paper on your personal experience (or lack of experience) with substance abuse and addiction (this may include personal experiences with substance abuse or addictive behaviors (if applicable), your familial experiences, your peer experiences, your community experiences and so forth). Within the paper, please explore how these experiences may shape your identification, thought process, and an overall understanding of substance abuse and addiction. Please explore how these experiences may cause bias in your clinical work with families (for example increased ability in an identification of use, increase/decrease in empathy, triggers etc.) and how you will be mindful of this within your clinical work.

3) Vignette Paper (100 pts)

Pick a family (it can be from a TV show, a family case study from class, etc.) that struggles with substance abuse or addictive behaviors to present, assess, and specify a family treatment for. The paper should be no more than 6 pages, double spaced, and include at least four references that refer to substance abuse disorders or addictive disorder assessments. Paper and citations should be written in APA format. The paper should introduce the family providing history and context for the family including social location (race, ethnicity, socioeconomic class, gender, gender identity, religion, sexual orientation). The remainder of the paper should provide assessment information about the family and person or persons struggling with addiction, application of a MCFT modality to this family and why that is a good fit for therapy, what the cause of change to the system is planned to be and finally, example applications of the MCFT modality to create the change in the system/family. Some examples of aspects to include are: time of onset, duration of use, cravings, times of a desire or unsuccessful efforts to cut down or control use, patterns of use (ie. times spent in activities necessary to obtain substance, substance use, times of recovering from use, location of use, people whom they may use with, severity of use (is there continued use in which it is physically hazardous?), potential triggers leading to use and so forth), functional impact of use (ie. job, school, family, friendships), intergenerational patterns, contextual factors, tolerance, potential co-occurring disorders, family patterns within the use, family system interventions,

attempts at recovery and specify remission if applicable (early remission; sustained remission), social context family values and/or narrative, goal of therapy, and strengths the individual and/or system have. Finally, rule in or out a diagnosis of substance abuse or addiction.

*If the information needed is not provided within the content of the family selected, you may utilize creative freedom to add if needed information to make the assessment.

4) 12-Step Group Program Attendance and Experiential Paper (30 pts)

Attend a 12- step meeting of your choice. Prepare a 1-2 page, single-spaced summary of the meeting attended. The summary should include the type of meeting (ie. AA, NA etc), address, and time of the meeting. Explore a meta perspective (first and second order cybernetics) for example look at what is happening between individuals within the meeting and the collective group. Additionally, please add your individual reaction to and experience of the meeting. Papers will be discussed during class.

5) Poster Presentation and Handout (80 points)

Conceptualize a research problem relevant to addiction and family therapy field. Pick a topic that you identify as lacking in the current literature. Conceptualize your topic through a family therapy lens/theory. Provide a synthesis of the current literature on your topic. Write about the clinical implication of your topic in the field of substance abuse disorder/addiction within family therapy. For example: How can your topic be applied within a clinical setting? How will families benefit from your topic? If research is limited, how is that gap affecting families in substance abuse disorder/addiction treatment? Then outline areas where you topic can be expanded in the future to further the field. Handouts should be 2-4 pages (one paragraph for each topic on your poster), single-spaced, and should include a reference page with at least six references. If no family therapy literature has covered your topic you may pull from literature from other fields. Handout and citations should be written in APA format. The handout should be an expansion of the poster. The purpose of the handout is to share what you have learned with your colleagues, please bring enough for the class. You will give a one-on-one presentation of your poster to the teacher during the poster presentation class.

For the Poster Presentation please include:

1. Problem statement/Gap (10 pts)
2. Synthesis of current literature (5 pts)
3. Implications for clinical practice (10 pts)
4. Future areas for research (10 pts)
5. Handout for everyone in class (10 pts)
6. APA (5 pts)
7. Style (5 pts)
8. One-on-one Presentation (25 pts)

FINAL GRADING

- A = 93-100
- A- = 90-92
- B + = 88-89
- B = 83-87
- B- = 80-82
- C+ = 78-79
- C = 73-77
- C- = 70-72

WEEK’S TOPICS AND READINGS

WEEKLY TOPICS	READINGS
<p>Week 1, May 12th: What is addiction?</p> <ul style="list-style-type: none"> - Course overview - Definition and Terminology of Addiction - History of Addictions - Drug Classifications - Bio-Psycho-Social-Spiritual Model Overview 	<p>Rober, P. (1999). The Therapist's Inner Conversation in Family Therapy Practice: Some Ideas About the Self of the Therapist, Therapeutic Impasse, and the Process of Reflection. <i>Family Process</i>, 38(2), 209-228.</p>
<p>Week 2, May 26th: Evidence Based Interventions in Family Therapy</p> <ul style="list-style-type: none"> - History of addiction in MCFT - Evidence Based Practice and Substance Abuse - Personal Biases and Treating Abuse/Addiction 	<p>Mate, Gabor , ed. 2008b. "Chapter 3: The Keys of Paradise - Addiction as a Flight from Distress." In <i>In the Realm of Hungry Ghosts</i>, 35–48. North Atlantic Books.</p> <p>Mate, Gabor, ed. 2008a. "Chapter 13: A Different State of the Brain." In <i>In the Realm of Hungry Ghosts</i>, 148–55. North Atlantic Books.</p> <p>Deurzen, Emmy van. 1990. "Philosophical Underpinnings of Counseling Psychology." <i>The British Psychological Society Counselling Psychology Review</i> 5 (2): 8–12.</p> <p>Carr, Alan. 2014. "The Evidence Base for Couple Therapy, Family Therapy and Systemic Interventions for Adult-Focused Problems." <i>Journal of Family Therapy</i> 36 (2): 158–94.</p>

	<p>Lilienfeld, Scott. 2014. "Evidence-Based Practice: The Misunderstandings Continue." <i>Psychology Today</i>. January 27. https://www.psychologytoday.com/blog/the-skeptical-psychologist/201401/evidence-based-practice-the-misunderstandings-continue.</p>
<p>Week 3, June 2nd: Assessment and Family Dynamics in substance abuse disorders/addiction disorders?</p> <ul style="list-style-type: none"> - Family Dynamics specific to addictions <p>*Exploration of the self of the therapist's paper due</p>	<p>Bray, James H. 2009. "Couple and Family Assessment." In <i>The Wiley-Blackwell Handbook of Family Psychology</i>, 151–64. Blackwell Publishing Ltd.</p> <p>Snyder, Wendy. 2013. "Understanding the Family in Context: Family Systems Theory and Practice." In <i>Family Solutions for Substance Abuse</i>, edited by Phd Terry S. Trepper Eric E. McCollum, 11–37. Routledge.</p> <p>Ghanbaripannah, A., and M. Sharif Mustaffa. 2012. "The Review of Family Assessment in Counseling." <i>International Journal of Fundamental Psychology & Social Sciences</i> 2 (2): 32–35.</p>
<p>Week 4, June 9th: Family Modalities and Interventions</p> <ul style="list-style-type: none"> - Group Assessment Presentations - Interventions, General - Applied Family Therapy, Bowen - Applied Family Therapy, Structural 	<p>O'Farrell, T. J., and W. Fals-Stewart. 2000. "Behavioral Couples Therapy for Alcoholism and Drug Abuse." <i>Journal of Substance Abuse Treatment</i> 18 (1): 51–54.</p> <p>Hargrove, David S. 2009. "Psychotherapy Based on Bowen Family Systems Theory." In <i>The Wiley-Blackwell Handbook of Family Psychology</i>, 286–99. Blackwell Publishing Ltd.</p> <p>Ford, Jeffrey J., Jared A. Durtschi, and Darrell L. Franklin. 2012. "Structural Therapy With a Couple Battling Pornography Addiction." <i>The American Journal of Family Therapy</i> 40 (4): 336–48.</p>
<p>Week 5, June 16th: Family Modalities and Interventions</p> <ul style="list-style-type: none"> - Applied Family Therapy, Strategic/Solution - Applied Family Therapy, Narrative 	<p>McCullough, Lucy, and Murray Anderson. 2013. "Agency Lost and Recovered: A Social Constructionist Approach to Smoking Addiction and Recovery." <i>Addiction Research & Theory</i> 21 (3): 247–57.</p>

	<p>Baldwin, Scott A., Sarah Christian, Arjan Berkeljon, and William R. Shadish. 2012. "The Effects of Family Therapies for Adolescent Delinquency and Substance Abuse: A Meta-Analysis." <i>Journal of Marital and Family Therapy</i> 38 (1): 281–304.</p>
<p>Week 6, June 23rd: Social Location and its impact on individuals and family systems in relation to substance abuse and/or addictive disorder?</p> <ul style="list-style-type: none"> - Law and ethics - Interpersonal Violence - Cultural Power / Privilege - Mandated Clients 	<p>Anderson, Tammy L., Brittany Lynn Scott, and Philip R. Kavanaugh. 2015. "Race, Inequality and the Medicalization of Drug Addiction: An Analysis of Documentary Films." <i>Journal of Substance Use</i> 20 (5): 319–32.</p> <p>Turner, Win C., Randolph D. Muck, Rebekah J. Muck, Robert L. Stephens, and Bhuvana Sukumar. 2004. "Co-Occurring Disorders in the Adolescent Mental Health and Substance Abuse Treatment Systems." <i>Journal of Psychoactive Drugs</i> 36 (4): 455–62.</p> <p>Stevens, Sally. 2012. "Meeting the Substance Abuse Treatment Needs of Lesbian, Bisexual and Transgender Women: Implications from Research to Practice." <i>Substance Abuse and Rehabilitation</i> 3 (Suppl 1): 27–36.</p> <p>Collins, Marietta H., Jawana Ready, John B. Griffin, Kenneth G. Walker, and Nathan Mascaro. 2007. "The Challenge of Transporting Family-Based Interventions for Adolescent Substance Abuse from Research to Urban Community Settings." <i>The American Journal of Family Therapy</i> 35 (5): 429–45.</p>
<p>Week 7, June 30th: 12-step programs and MCFT treatment</p> <ul style="list-style-type: none"> - Applied Modality, 12-Step Programs - Applied Modality, Alternatives to 12-Step Programs <p>*12-Step Group Program Attendance and Experiential Paper Due</p>	<p>Alcoholics Anonymous. (2011). <i>Alcoholics Anonymous, 4th Edition</i>. New York: A.A. World Services. Please read chapters 1-7, 9 & 11 and page 449.</p> <p>Mate, Gabor, ed. 2008. "Chapter 28: Reducing Harm." In <i>In the Realm of Hungry Ghosts</i>, 330–45. North Atlantic Books.E</p>
<p>Week 8, July 7th: Case Studies: MCFT Treatment Planning, Assessment and</p>	<p>Nelson, Thorana S., and Neal J. Sullivan. 2007. "Couple Therapy and Addictions." <i>Journal of</i></p>

<p>Therapy</p> <ul style="list-style-type: none"> - Case Studies - Groups Assessment, Tx Plan and Interventions 	<p><i>Couple & Relationship Therapy</i> 6 (1-2): 45–56.</p> <p>Sexton, Thomas L., and Kristina Coop Gordon. 2009. "Science, Practice, and Evidence-Based Treatments in the Clinical Practice of Family Psychology." In <i>The Wiley-Blackwell Handbook of Family Psychology</i>, 314–26. Blackwell Publishing Ltd.</p>
<p>Week 9, July 14th: Adolescents, Parental Roles and their impact in Substance Abuse and Addictions.</p> <ul style="list-style-type: none"> - Adolescents <ul style="list-style-type: none"> - psychoeducation for parents - parenting/structural work - attachment - resources for family members - Children <ul style="list-style-type: none"> - explaining addiction to children in age appropriate ways 	<p>Baldwin, Scott A., Sarah Christian, Arjan Berkeljon, and William R. Shadish. 2012. "The Effects of Family Therapies for Adolescent Delinquency and Substance Abuse: A Meta-Analysis." <i>Journal of Marital and Family Therapy</i> 38 (1): 281–304.</p> <p>Liddle, Howard A. 2009. "Multidimensional Family Therapy: A Science-Based Treatment System for Adolescent Drug Abuse." In <i>The Wiley-Blackwell Handbook of Family Psychology</i>, 341–54. Blackwell Publishing Ltd.</p>
<p>Week 10, July 21st: What is lacking within the current substance abuse and addictive disorder literature?</p> <p>*Poster Presentation and Paper Due</p> <p>Poster Presentations: Students will stand by their poster and share their findings and answer any questions. Students will provide handouts to interested colleagues.</p>	

Vignette Paper Rubric

	Marginal	Proficient	Accomplished	Total pts: 100
Intro to the family	Basic intro to family with no given social location of the family (0-2 pt)	Descriptive intro to family including some (but not all) social location identifiers (3-7 pts)	Descriptive intro to family including a comprehensive understanding of their social location (race, ethnicity, socioeconomic class, gender, gender identity, religion, sexual orientation) (8-10 pts)	
Comprehensive timeline of substance use or engagement in addictive behaviors (gambling; hypersexuality)	No identifying of use or behavioral engagement with no clear ability to track the timeline of use or behavioral engagement (0-2 pt)	Some identification of use or behavioral engagement with limited ability to track the timeline of use or behavioral engagement (3-7 pts)	Descriptive timeline including times of onset, duration of use, patterns of use, and functional impact of use with supporting examples (8-10 pts)	
Comprehensive understanding of familial and intergenerational patterns that may be impacting current use	Limited to no understanding of how family and intergenerational patterns may be impacting current use or behaviors and limited ability to provide examples of how	Identifies some patterns of familial and intergenerational patterns that may be impacting current use or behaviors, yet lacks an understanding or clear description	Demonstrates an understanding of how familial and intergenerational patterns are impacting current use or behaviors with clear, specific, and concise examples and	

	the patterns connect to current use or behaviors (0-4 pt)	of how it is impacting current use or behaviors (5-14 pts)	explanations (15-20 pts)	
Identifying co-occurring disorders	No explanation of potential co-occurring disorders (0 pt)	Ability to identify potential co-occurring disorder with no clear description of symptoms or ability to determine if or if not the co-occurring disorder may be impacting use or behaviors (3-7 pts)	Ability to identify a potential co-occurring disorder with clear descriptions of symptoms of the co-occurring disorder and a clear description of how this co-occurring disorder is impacting (or not impacting) the substance use or behaviors (8-10 pts)	
Ability to give a complete assessment that provides enough information to rule in or rule out a substance abuse disorder or addictive behavior disorder	Limited to no explanation of how the student ruled in or out a substance abuse disorder or addictive behaviors disorder (0-3 pts)	A ruling in or out of a substance abuse or addictive behaviors disorder with limited or unclear explanation of how the student came to that ruling (4-6 pts)	A ruling in or out a substance abuse or addictive behaviors disorder with a clear explanation of how the student came to that ruling and an understanding of utilizing the information gathered from assessment to rule in or out a diagnosis (7-10 pts)	

<p>Ability to apply MCFT modality and apply theory to specific therapeutic interventions to the case presented.</p>	<p>No specification (0 pt)</p>	<p>Theory explained but with no specific explanation to case presented.</p> <p>Theory generally applied to case, but not specific examples to family presented.</p> <p>(4-14 pts)</p>	<p>Theory applied specifically to family presented with example interventions given.</p> <p>(15-20 pts)</p>	
<p>APA Format Language Professional writing (sentence fluency, punctuation, grammar), headings, and citations</p>	<p>Confusing, redundant, general Some run-ons or fragments. Limited variety in sentence structure; some errors in grammar, mechanics, and/or spelling Does not follow APA guidelines for heading organization Does not follow APA guidelines for citations with consistency (0-3 pt)</p>	<p>Some lack of clarity and redundancy Uses simple compound, and complex, sentences; few to no errors in grammar, mechanics, and/or spelling. Does not follow APA guidelines for heading organization Few errors in APA guidelines for all citations (4-7 pts)</p>	<p>Clear, specific, concise, plain Consistent variety of sentence structure throughout; no errors in grammar, mechanics, and/or spelling. Follows APA guidelines for heading organization Follows APA guidelines for all citations (8-10 pts)</p>	
<p>Overall Quality and Completion of Paper</p>	<p>Includes most necessary elements at or below minimal level (0 -4 pt)</p>	<p>Includes all necessary elements adequately to meet expectations. (5-8 pts)</p>	<p>Exceeds expectations for all or nearly all categories. (9-10 pts)</p>	

Poster Presentation and Handout Rubric (80 points)

	Marginal	Proficient	Accomplished	Total pts:100
Problem statement/Gap	<p>Identified problem (0-2pt)</p> <p>Little reasoning</p> <p>Lacks systemic lens and/or addiction application</p>	<p>Identified problem with reasoning (3-6 pts)</p> <p>Some systemic understanding and integration with addiction</p>	<p>Identified problem with clear and concise reasoning (7-10 pts)</p> <p>Integration of systems and addiction as well as a clear argument for why the problem is important to the field</p>	10
Synthesis of current literature	<p>Synthesis is missing critical references and/or information about a topic. (0-1 pts)</p> <p>Cursory or incomplete</p>	<p>Synthesis includes important references and information on topic chosen (2-4 pts)</p> <p>In-depth and concise</p>	<p>Synthesis includes all important references (5)</p> <p>In-depth concise clearly written</p>	5
Implications for clinical practice	<p>Identification of possible interventions (0-6 pts)</p>	<p>Identification of possible interventions with rationale (7-8pts)</p> <p>Lacks contextual integration of topic with implications of family's social</p>	<p>Identification of possible interventions with rationale and clear application (9-10 pts)</p> <p>Includes contextual integration with social location of family as well as demonstrates a</p>	10

		location and larger systems	clear benefit to families and to the field	
Future areas for research	Identification of possible future areas of research (0-6pts)	Identification of possible future areas of research with rationale (7-8 pts)	Identification of possible future areas of research with clear rationale (9-10pts)	10
Handout for class	Lacks focus or unclear Confusing, redundant, general (0-3 pts)	Rationale is given but may lack clarity or specificity Some lack of clarity and redundancy (4-7 pts)	Specific areas identified and clearly reasoned Clear, specific, concise (8-10 pts)	10
APA	Major APA mistakes Missing or incomplete information Some run-ons or Fragments sentences	Some APA mistakes Covered all areas of the poster. Provide mostly complete information Uses simple	Few to no APA mistakes Covered all areas of the poster. Provided complete information Consistent variety of sentence structure throughout	5

	<p>Limited variety in sentence structure some errors in grammar, and mechanics (0-1 pts)</p>	<p>compound, and complex, sentences few to no errors in grammar, mechanics, and/or spelling. (2-4 pts)</p>	<p>no errors in grammar, mechanics, and/or spelling. (5 pts)</p>	
Style	<p>Not visually pleasing Little to no organization Not professional (0-1 pts)</p>	<p>Visual pleasing Lacks some organization Lacks some professional quality (2-4 pts)</p>	<p>Visual pleasing, neat, organized, professional quality (5 pts)</p>	5
One-on-one presentation	<p>Lacks focus or unclear Confusing, redundant, general (0-5 pts)</p>	<p>Rationale is given but may lack clarity or specificity Some lack of clarity and redundancy Lacks explanation of some specific areas identified (6-20 pts)</p>	<p>Specific areas identified and clearly reasoned Clear, specific, concise (20-25 pts)</p>	25