

GRADUATE SCHOOL OF APPLIED AND PROFESSIONAL PSYCHOLOGY

Clinical Interviewing and Assessment

18:820:531:01

Fall 2024

Wednesday 2pm-4:45pm

Room A340

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Zoom Link (if necessary):

<https://rutgers.zoom.us/j/9444747642?pwd=ekhLM29LSnkvNERiVzJjL0FhcTBJdz09>

Course Description:

This course is designed to introduce first year students to the clinical interview and to the basic attending and communication skills that are essential to both the initial visit and the ongoing therapeutic process. Students will learn how to conduct different types of intake interviews, including the intake used in the clinic, a more open-ended clinical interview that will be useful in many practicum settings, and semi-structured diagnostic interviews (e.g., SCID), as well as learn how to evaluate the psychometric properties associated with each assessment discussed. Students will also learn how different theoretical orientations approach clinical interviewing and assessment. Importantly, students will learn how to use cultural humility while interviewing clients from diverse backgrounds. Time will be spent in class discussing students' experiences completing intakes in their practicum settings and relating readings and coursework to these experiences.

Course Objectives:

By the end of the course, the successful student will...

- Demonstrate competent performance in clinical interviewing, including use of strategies to establish engagement, how/when to utilize various types of questions, structuring the interview and dealing with different types of clients.
- Demonstrate competent performance in basic psychotherapeutic/helping strategies, including establishing rapport, engagement, identifying central concerns, maintaining focus, exploration of affect, exploration of client strengths, and establishing specific goals for treatment.
- Develop an understanding of the intersectionality of identity and how intersectionality impacts the clinical interview
- Demonstrate cultural humility when interviewing clients from diverse backgrounds
- Develop an awareness of their specific strengths as well as their growth areas as clinical assessors through in-class role-plays, feedback, discussions, and self-critiques.

- Gain knowledge about different ways to conduct a clinical interview
- Develop an awareness of the psychometric properties of existing assessment measures as well as the limitations of using assessment measures with diverse populations

APA Core Competencies/Profession Wide Competencies:

Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communication and Interpersonal Skills; Assessment; Intervention

Readings:

Readings from primary sources will also be provided in advance on Canvas. These readings are listed in the weekly course outline. Students will be required to read a series of chapters and articles that address the major principles and techniques of clinical interviewing. There is an expectation that the readings you are assigned will be closely read prior to class.

Statement on Disabilities:

Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student with a disability must contact the appropriate disability services office at the campus where you are officially enrolled, participate in an intake interview, and provide documentation: <https://ods.rutgers.edu/students/documentation-guidelines>. If the documentation supports your request for reasonable accommodations, your campus's disability services office will provide you with a Letter of Accommodations. Please share this letter with your instructors and discuss the accommodations with them as early in your courses as possible. To begin this process, please complete the Registration form (<https://webapps.rutgers.edu/student-ods/forms/registration>).

Anyone who is not able to navigate this process should feel free to contact me directly, in whatever method works best, to let me know how the classroom environment and our assignments can be tailored to meet your needs. You do **not** need to disclose diagnoses to me to receive support or unofficial accommodation.

Statement on Academic Integrity:

The University's academic integrity policy, to which this class will adhere, can be reviewed at: <http://academicintegrity.rutgers.edu/academic-integrity-at-rutgers/>

Names and Pronouns:

Class rosters are provided to the instructor with the student's legal name. I will gladly honor your request to address you by an alternate name or gender pronoun. Please advise me of this preference early in the semester so that I may make appropriate changes to my records.

Respect for Diversity:

An effective learning environment values diversity, and diverse perspectives will be celebrated and treated with respect in this class. It is my intent that students from diverse backgrounds and perspectives be well-served by this course, that students' learning needs be addressed both in and out of class, and that the diversity that the students bring to this class be viewed as a resource, strength, and benefit.

Every student, regardless of sex, gender, race, ethnicity, socioeconomic status, religion, size, disability, or any other identity category, is a valuable addition to our community. In fact, it is the diversity of our experiences that will enrich the course content, as our fundamental goal is to expand and deepen our understanding of the human condition. I encourage every student to share their own experiences as they choose, but I also stress that no student is ever presumed or asked to speak for anything or anyone more than their own experience.

I recognize that I have gaps in my understanding when it comes to aspects of diversity, equity, and inclusion. If there are any aspects of this course that result in barriers to your inclusion in our learning community, or if anything at all comes up that impacts your ability to participate fully in this course, please contact me or the course assistant privately without fear of reprisal. Any suggestions for how I can make this class a more inclusive and inviting space are encouraged and appreciated.

Tentative Weekly Course Outline and Reading List:

Note: The following schedule may be subject to change. It is expected that you will have completed the assigned readings **prior** to each class.

Date	Topic	Assignment/Reading due:
9/4	Introduction and Course Overview; How to Listen Like a Psychotherapist	Basch, M. (1980). Introduction: Listening like a psychotherapist. <i>Doing psychotherapy</i> (pp. 3-6). Basic Books McWilliams, N. (2004). The therapist's preparation. <i>Psychoanalytic psychotherapy: A practitioner's guide</i> (pp. 46-72). New York: Guilford.
9/11	Basic Listening Skills with an Emphasis on Being Anti-Racist in the Therapy Room and Beyond Role Play – Getting to Know Each Other Using Basic Therapeutic Listening Skills	Sommers-Flanagan, J. & Sommers-Flanagan, R. (2017). <i>Clinical Interviewing (6th Ed.)</i> . Hoboken, NJ: John Wiley & Sons, Inc. Chapter 4 – Nondirective Listening Skills Chapter 5 – Directive Listening Skills Roberts, S. O., & Rizzo, M. T. (2020). The Psychology of American Racism. <i>American Psychologist</i> . Advance online publication. http://dx.doi.org/10.1037/amp0000642 Reaction Paper #1 due
9/18	The Importance of Defining the Presenting Problem A Discussion of Test Bias – Issues with	Shea, S. C. (2017). Chapter 3: The dynamic structure of the interview: Core tasks, strategies, and the continuum of open-endedness. <i>Psychiatric Interviewing: The Art of Understanding (3rd Ed.)</i> (pp. 56-111). Philadelphia: Saunders.

	<p>Reliability and Validity in Assessing Individuals from Diverse Backgrounds</p> <p>Role Play – Practice Introducing the GSAPP Adult Intake Protocol and Using the Protocol to Gather Information on Presenting Problem, History, and Treatment Goals</p>	<p>Sayegh, P., Vivian, D., Heller, M. B., Kirk, S., & Kelly, K. (2023). Racial, cultural, and social injustice in psychological assessment: A brief review, call to action, and resources to help reduce inequities and harm. <i>Training and Education in Professional Psychology</i>. Advance online publication.</p>
9/25	<p>Suicide and Risk Assessment</p> <p>Discussion of the Reliability and Validity of the C-SSRS</p> <p>Role Play – Practice Administering the C-SSRS and Using the GSAPP Adult Intake Protocol to Gather Information on Self-Harm Behavior, Homicidal Ideation, and Risky Behaviors</p>	<p>Sommers-Flanagan, J., & Sommers-Flanagan, R. (1995). Intake interviewing with suicidal patients: A systematic approach. <i>Professional Psychology: Research and Practice</i>, 26, 41-47.</p> <p>dickey, l.m. & Budge, S.L. (2020). Suicide and the transgender experience: A public health crisis. <i>American Psychologist</i>, 75, 380-390.</p> <p>Review Columbia-Suicide Severity Rating Scale (C-SSRS) (gold standard in suicide assessment)</p> <p>Posner, K., Brown, G. K., Stanley, B., Brent, D. A., Yershova, K. V., Oquendo, M. A., Currier, G. W., Melvin, G. A., Greenhill, L., Shen, S., & Mann, J. J. (2011). The Columbia-Suicide Severity Rating Scale: initial validity and internal consistency findings from three multisite studies with adolescents and adults. <i>The American Journal of Psychiatry</i>, 168(12), 1266–1277.</p>
10/2	<p><i>No in-person class – asynchronous learning activity</i></p>	<p>Prepare for your <i>Open-Ended Clinical Interview Assignment</i> – review the GSAPP Adult Intake Protocol, practice with a peer outside of class, schedule your role-play with your partner, etc.</p>
10/9	<p>The Wright-Constantine Structured Cultural Interview and Integrating Culture into Case Conceptualization</p>	<p>Wright, A. J., Vardanian, M. M., & Constantine, K. (2023). The Wright-Constantine Structured Cultural Interview and integration of culture into case conceptualization. <i>The Counseling Psychologist</i>, 51(1), 36-61.</p> <p>Wright, A.J. (2022). Deliberate context-driven</p>

	<p>Guest Lecturer: A. Jordan Wright, Ph.D. (3-4:45pm) via Zoom</p>	<p>conceptualization in psychological assessment. <i>Journal of Personality Assessment, 104, 700-709.</i></p> <p>Review the Wright-Constantine Structured Cultural Interview</p>
10/16	<p>Navigating Difficult Clinical Issues</p>	<p>No reading due</p> <p>Open-Ended Clinical Interviewing Assignment due</p>
10/23	<p>Introduction to Semi- Structured Diagnostic Interviewing</p> <p>Discussion of the Reliability and Validity of the SCID-5</p> <p>Categorical vs. Dimensional Assessment Issues</p> <p>Watch SCID-5 Video #1</p>	<p>Shankman, S. A., Funkhouser, C. J., Klein, D. N., Davila, J., Lerner, D., & Hee, D. (2018). Reliability and validity of severity dimensions of psychopathology assessed using the Structured Clinical Interview for DSM-5 (SCID). <i>International Journal of Methods in Psychiatric Research, 27</i>(1), e1590. https://doi.org/10.1002/mpr.1590</p> <p>Begin reviewing the SCID-5, with a particular emphasis on the Mood Episode module</p>
10/30	<p>Watch SCID-5 Video #2</p> <p>Role Play – Practice Administering the SCID-5</p>	<p>Review SCID-5, with a particular emphasis on the Psychotic and Associated Symptoms, Substance Use Disorders, Panic Disorder, Agoraphobia, Social Anxiety Disorder, Generalized Anxiety Disorder, and Obsessive-Compulsive Disorder modules</p>
11/6	<p>Assessing Trauma & Understanding Issues with Reliability and Validity of Existing Trauma Measures</p> <p>Different Theoretical Approaches to Clinical Interviewing</p> <p>Clinical Interview Video (Akhtar)</p>	<p>Review SCID-5, with a particular emphasis on the PTSD module</p> <p>Patel, A.R. & Hall, B.J. (2021). Beyond the DSM-5 diagnoses: A cross-cultural approach to assessing trauma reactions. <i>Focus, 19</i>(2), 197-203.</p> <p>Briere, J.N. & Scott, C. (2013). Chapter 3: Assessing trauma and posttraumatic outcomes. In <i>Principles of trauma therapy: A guide to symptoms, evaluation and treatment</i>. London: Sage Publications.</p> <p>Roberson, K. & Carter, R.T. (2021). The relationship between race-based traumatic stress and the Trauma Symptom Checklist: Does racial trauma differ in</p>

		symptom presentation? <i>Traumatology</i> , advance online publication
11/13	<p>Assessing Personality Pathology</p> <p><i>DSM-5</i> Section II vs. <i>DSM-5</i> AMPD for Assessing Personality Disorders</p> <p>Evidence for the Reliability and Validity of <i>DSM-5</i> AMPD</p> <p>Clinical Interview Video (Kernberg)</p>	<p>Shea, S. C. (2017). Chapter 13: Personality disorders: Before the interview begins – core concepts. <i>Psychiatric Interviewing: The Art of Understanding (3rd Ed.)</i> (pp. 559-573). Philadelphia: Saunders.</p> <p>Section from Shea (2017) - Chapter 14: Common Problems Encountered When Diagnosing Personality Disorders (pp. 586-589).</p> <p>Zimmermann, J. Kerber, A., Rek, K., Hopwood, C.J., & Krueger, R.F. (2019). A brief but comprehensive review of research on the Alternative <i>DSM-5</i> Model for Personality Disorders. <i>Current Psychiatry Reports</i>, 21, 92.</p>
11/20	<p>Different Theoretical Approaches to Clinical Interviewing</p> <p>Clinical Interview Video (Linehan)</p>	No reading due
11/27	<i>No in-person class – asynchronous learning activity</i>	Prepare for your <i>Semi-Structured Interview Assignment</i> – review all SCID modules
12/4	<p>Different Theoretical Approaches to Clinical Interviewing</p> <p>Clinical Interview Videos (Freeman)</p>	<p>No reading due</p> <p><i>Semi-Structured Interview Assignment due</i></p>
12/11	<p>Different Theoretical Approaches to Clinical Interviewing; Course Wrap-Up</p> <p>Clinical Interview Video (Benjamin)</p>	<p>No reading due</p> <p><i>Reaction Paper #2 due</i></p>

Course Requirements and Evaluation of Student Performance:

Student grades will be based on the following activities:

Participation (20% of final grade)

I wish to acknowledge that there are individual differences in talkativeness, assertiveness, etc. which can contribute to it being easier or more difficult to participate in discussions.

Participation is evaluated on *quality* not quantity of one's contribution. This means that "floor time" is not the major dimension of the evaluation. Quality of participation includes facilitation of group discussion, thoughtful comments and questions related to course readings and lecture material, discussion of clinical material and experiences, and integrating others' ideas and comments. It is also expected that students will come to class prepared to actively participate in all role-plays. Participation also involves arriving for class on time. If you are having difficulty getting to class on time due to family obligations or other issues, please speak to the instructor as soon as possible. Participation will be worth 70 points toward your final grade (5 points per class).

Classroom Climate: In this class, we will be sensitive to how we interact and engage with each other; therefore, we will have periodic check-ins to examine our own dynamics within the classroom.

Attendance Policy: It is expected that each student attends every scheduled class. If you are unable to attend a class due to illness or will be late, please email me prior to class. Students are excused from class when observing religious holidays, in accordance with Rutgers University policy. An excused absence can also occur if the student is ill, and/or the student has been told to quarantine, and/or are experiencing symptoms of any transmittable disease. Students will be responsible for all material covered during their absence. Credit will be given if no more than 2 classes are missed, all written assignments are submitted, and you participate in class presentations and small group discussions. Note, you may need to submit a brief assignment to make up for a missed class.

Reaction Papers (20% of final grade)

Students will be asked to complete two (2) 3-5 page (double-spaced) "reaction papers" on select topics with the goal of enhancing critical thinking. The goal of the reaction paper is not to summarize the readings, but rather to reflect on your thinking about the course material. They can be personal reactions to any part or parts of what you read, clinical experiences related to the material, questions, comments, balanced criticisms, and/or associations to other aspects of psychology. No references are required unless you wish to make explicit what you are referring to. Your grade for these assignments will be primarily based on the thought, depth, and creativity of ideas related to the readings. Each reaction paper will be worth 20 points (20 x 2 = 40 points). Please upload your papers to Canvas.

- **Reaction Paper #1:** Please reflect on your fears, anxieties, hopes, dreams, and overall thoughts about starting clinical work in your 1st year of graduate school. You should also comment on your reactions to the readings from week 1. Please come to class prepared to share your reflections.

- **Reaction Paper #2:** At the end of the semester, we will watch a series of clinical interviews conducted by master clinicians from different theoretical orientations. For this reaction paper, please reflect on your observations of the similarities and differences between the interviewing techniques of the master clinicians. Which interviewing style most closely resembles how you hope to be as a clinical interviewer and why?

Open-Ended Clinical Interview Assignment (30% of final grade)

For this assignment, you will conduct an out of class role-play of a 45-minute open-ended clinical interview with a more advanced graduate student using the GSAPP Adult Intake Protocol. Your role-play should be video-recorded on Zoom. You will then write a brief commentary (3-5 pages, double spaced) on your experience of conducting the role-play, what you learned about yourself as a clinical interviewer, how you think you performed as a clinical interviewer, and what you may want to do differently when interviewing an actual client. The video recording will be worth 80 points and your written commentary will be worth 20 points, for a total of 100 points toward your final grade.

Semi-Structured Interview Assignment (30% of final grade)

For this assignment, you will conduct an out of class role-play of a semi-structured clinical interview (e.g., SCID-5) with a more advanced graduate student. Your role-play should be video-recorded on Zoom and should be no longer than 45 minutes (please note: you may not finish the entire SCID-5 in 45 minutes, but try to complete as much of the interview as possible with a particular emphasis on Mood Disorders and Psychotic and Associated Symptoms). You will then write a brief commentary (3-5 pages, double spaced) on your experience of conducting the role-play, what you learned about yourself as a clinical interviewer, how you think you performed as a clinical interviewer, and what you may want to do differently when interviewing an actual client. At the end of your commentary, please indicate what DSM-5 diagnosis you would assign to your role-play partner, including any rule-out diagnoses. Please provide a clear rationale for your diagnostic impressions based on the interview you conducted. The video recording will be worth 80 points and your written commentary will be worth 20 points, for a total of 100 points toward your final grade.

Rubric for In-Class Role Plays

Throughout the semester, you will be asked to participate in a series of in-class role plays designed to allow you to practice your clinical interviewing and assessment skills. These role plays are an important aspect of your professional development as a clinical interviewer.

Below are the areas that the instructor and course assistant will be observing during the in-class role plays. We will use this rubric to periodically provide you with written comments/feedback on the development of your clinical skills throughout the semester. The in-class role plays are not graded, thus, the comments on this rubric should be used to further your development as a clinician.

Domain to be Evaluated	Comments
<p>Familiarity with the Role Play Activity</p> <ul style="list-style-type: none"> • Does the student seem familiar with the aspects of the clinical interview that are being conducted during the in-class role-play? • Is the student fumbling through the interview, seemingly lost, and not attentive to their “client?” 	
<p>Demonstrates Basic Therapy Skills</p> <ul style="list-style-type: none"> • Is the student using a genuine and non-judgmental stance during the role-play? • Is the student using reflective listening? • Is the student active and collaborative with the “client?” • Does the student demonstrate empathy for the “client?” • Does the student demonstrate appropriate eye contact during the role-play? • Does the student use “what” and “when” questions rather than “why” questions? 	
<p>Demonstrates Ability to Offer Constructive Feedback to Peers and/or Accepts Constructive Feedback from Peers</p> <ul style="list-style-type: none"> • Is the student non-defensive in response to constructive feedback from peers? • Can the student reflect on their performance during and after the role-play? • Does the student offer non-judgmental, constructive feedback to peers? 	
<p>Professionalism</p> <ul style="list-style-type: none"> • Is the student clear and concise during the role-play? • Does the student appear take the role-play seriously? • Does the student appear to appreciate that the in-class role-play is an important aspect of clinical development? 	

Additional Comments:

Rubric & Grading Criteria for Open Ended Clinical Interview Video-Recording Assignment

For this assignment, you will conduct an out of class role-play of a 45-minute open-ended clinical interview with an advanced graduate student using the GSAPP Adult Intake Protocol. Your role-play should be video-recorded.

Below are the areas that I will use to evaluate your performance on this assignment. Be sure to review this as you prepare your assignment. The video-recorded role-play is worth 80 points. Please note: you must also turn in your brief commentary about your experience with this assignment, which will be graded separately from the video recording.

Domain to be Evaluated	Possible Points/Your Score
Provides the “Client” with a Clear Introduction and Orientation to the Interview <ul style="list-style-type: none"> • Therapist demonstrates familiarity with the introduction provided in the GSAPP Adult Intake Protocol 	10/_____
Therapist Clearly Identifies the Presenting Problem in Collaboration with the “Client” <ul style="list-style-type: none"> • Therapist collaborates with the “client” to identify the presenting problem • Therapist collects adequate history about the “client’s” presenting problem • Therapist collaborates with the “client” to clearly identify why the “client” is seeking treatment at this time 	10/_____
Therapist Thoroughly Assesses Risk During the Interview <ul style="list-style-type: none"> • Therapist demonstrates familiarity with the C-SSRS • Therapist thoroughly assesses self-injurious behavior and suicidal behavior • Therapist assesses for homicidal ideation and homicidal intent • Therapist assesses for other risky behaviors (e.g., drinking and driving, reckless sex, etc.) 	10/_____
Therapist Thoroughly Assesses Substance Use During the Interview <ul style="list-style-type: none"> • Therapist thoroughly assesses alcohol use • Therapist thoroughly assesses substance use (including abuse of prescription medications) • Therapist thoroughly assesses legal history related to alcohol and substance use 	10/_____
Therapist Thoroughly Explores the “Client’s” Psychosocial History <ul style="list-style-type: none"> • Therapist asks about significant relationships in the “client’s” life (including family, romantic, and peer relationships) • Therapist asks about education and work/occupational history 	10/_____
Therapist Concludes Interview By Focusing on “Client’s” Treatment Goals and Questions <ul style="list-style-type: none"> • Therapist engages in a discussion with the “client” about their treatment goals • Therapist asks if the “client” has any questions at the end of the interview • Therapist ends interview in an empathic and non-judgmental manner 	10/_____

Professionalism <ul style="list-style-type: none"> • Is the therapist clear and concise? • Does the therapist show familiarity with the GSAPP Adult Intake Protocol? • Is the therapist direct, but non-judgmental in their stance toward the “client”? • Does the therapist use reflective listening skills during the interview? • Does the therapist appropriately take notes during the session? • Is the therapist active and collaborative with the “client”? • Therapist uses “what” and “when” questions rather than “why” questions 	20/ _____
TOTAL SCORE	80/ _____

Instructor Comments:

Rubric & Grading Criteria for Semi-Structured Interview Video-Recording Assignment

For this assignment, you will conduct an out of class role-play of a semi-structured clinical interview (e.g., SCID-5) with a more advanced graduate student. Your role-play should be video-recorded and should be no longer than 45 minutes (please note: you may not finish the entire SCID-5 in 45 minutes, but try to complete as much of the interview as possible with a particular emphasis on Mood Disorders and Psychotic and Associated Symptoms).

Below are the areas that I will use to evaluate your performance on this assignment. Be sure to review this as you prepare your assignment. The video-recorded role-play is worth 80 points. Please note: you must also turn in your brief commentary about your experience with this assignment, which will be graded separately from the video recording.

Domain to be Evaluated	Possible Points/Your Score
Therapist Provides the “Client” with a Clear Introduction and Orientation to the Interview <ul style="list-style-type: none"> • Therapist introduces the SCID-5 interview to the “client” and asks the “client” if they have any questions prior to beginning the interview 	10/ _____
Therapist Thoroughly Assesses for Current and Past Mood Disorders <ul style="list-style-type: none"> • Therapist demonstrates familiarity with the criteria for a major depressive episode • Therapist demonstrates familiarity with the criteria for a manic and a hypomanic episode • Therapist demonstrates familiarity with the criteria for persistent depressive disorder 	20/ _____
Therapist Thoroughly Assesses Psychotic and Associated Symptoms <ul style="list-style-type: none"> • Therapist demonstrates familiarity with the criteria for psychotic and associated symptoms • For any psychotic symptom reported, the therapist assesses if alcohol or substance use (including the mis-use of prescription medication) may be a factor in the symptom 	20/ _____
Therapist Demonstrates Overall Familiarity with the SCID-5 Interview <ul style="list-style-type: none"> • For the remainder of the sections of the SCID-5, the therapist demonstrates familiarity with the criteria for each disorder (e.g., substance use, anxiety, OCD, PTSD, etc.) 	20/ _____
Professionalism <ul style="list-style-type: none"> • Is the therapist clear and concise? • Is the therapist direct, but non-judgmental in their stance toward the “client”? • Does the therapist use reflective listening skills during the interview? • Does the therapist appropriately take notes during the session? • Is the therapist active and collaborative with the “client”? 	10/ _____
TOTAL SCORE	80/ _____

Instructor Comments:

Rubric for Graduate Reaction Papers

Grade: ____/20 =

Reaction papers are graded on a 20-point scale. If you would like more explanation about your grade and how to improve your writing, please see Dr. Cain.

Area	0	3	5	Your Score
A. Adequacy of the Reaction Paper	Under minimum page count AND is so brief that it does not provide adequate commentary on the readings for the topic.	Under minimum page count OR is too brief and cursory to adequately provide commentary on the readings for the topic despite meeting page count.	Meets minimum page count, provides adequate commentary on the readings for the topic	
B. Language, Spelling & Grammar	Many sentences with grammatical errors, typos, awkward phrases. A coherent flow and organization is lacking from the paper, making it difficult to read.	The paper makes a point, but the language is not always clear. Paragraphs could have better flow or organization. Sentences may contain a few grammatical errors, typos, awkward sentences, but it does not interfere with making the point.	A well-written work that persuades the reader by using well thought-out paragraphs, appropriate language use. Sentences are free of grammatical errors.	
C. Sufficiently, Thoroughly Discusses Reactions	Does not provide sufficient commentary. The paper seems rushed, as if it were written minutes before class.	Commentary is introduced but strays from the readings being discussed, not on point, uses too much jargon or detail that is tangential to the readings OR not enough detail, ideas are referenced but not fully developed, comments feel under-elaborated, incomplete.	Accurate, complete, appropriate level of detail, on point, free of jargon. It succinctly introduces the phenomenon of interest and provides appropriate commentary.	
D. Original Commentary	No sense of the student's unique perspective on the readings, hardly more than a summary and/or rehashes the author's own comments.	Commentary is reasonable but somewhat generic; strays towards more summary than commentary; more effort could have been put into an original statement about the readings.	Commentary on readings makes an original statement, thoughtful, has depth and complexity. The student's unique perspective on the readings shines through.	