Final Exam – Question Outline & Grading Rubric

Purpose and examination format

The final is an individual, in-class case-based assessment. The Sabine case study and the seven assessment names are available in advance. Completed assessments, actual scores, and full questions will be provided during the exam. Your task is to score the measures accurately, interpret them critically, and support clinical conclusions with the case facts.

Outline

Part A - Assessment scoring and reporting (20 points)

Be prepared to score the PHQ-9, BDI-II, GAD-7, PSWQ, Cambridge Depersonalisation Scale, OQ-45.2, and WHO-5 using the instructions provided with the forms.

Part B – Clinical Interpretation (90 points)

1. Overall presentation and assessment priorities (10 points)

2. Depression and depressive symptom assessment (15 points)

3. Anxiety, worry, and coping strategies (15 points)

4. Depersonalization and derealization (15 points)

5. Psychological distress, functioning, and well-being (10 points)

6. Integrating the assessment and planning next steps (15 points)

Grading Rubric (110 Points)

Component	Points	What earns credit
Assessment scoring and reporting	20	Accurately calculate and report all seven assessment scores, including reverse scoring, subscale totals where applicable, and the WHO-5 conversion. Record results clearly.
1. Overall presentation	15	Prioritize salient concerns, time course, functioning, protective factors, and clinically important unanswered questions.
2. Depression	15	Integrate PHQ-9 and BDI-II findings, distinguish their symptom coverage, interpret severity in context, and identify limits and follow-up needs before diagnosis.
3. Anxiety, worry, and coping	15	Compare recent anxiety with persistent worry and use case evidence to explain possible maintenance patterns.
4. Depersonalization and derealization	15	Interpret CDS cautiously, discuss reality testing, associated factors, differential explanations, and further assessment.
5. Distress, functioning, and well-being	15	Interpret OQ-45.2 domains alongside WHO-5 well-being; reconcile strengths and impairment, and explain how both can monitor recovery over time.
6. Integrating assessment	15	Offer a coherent, appropriately tentative formulation and prioritized next steps using evidence and clear limitations.