



ROSEMONT COLLEGE
1400 MONTGOMERY AVENUE
ROSEMONT, PA 19010

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| <u>Course Title:</u> | Clinical Mental Health Counseling |
| <u>Course Number:</u> | CNS 6021 |
| <u>Course Date:</u> | Fall 2020 |
| <u>Course Meeting Times:</u> | Thursdays, 7:30 PM – 9:30 PM |
| <u>Course Location:</u> | Good Counsel Hall – Room 207 |
| <u>Course Designation:</u> | Level I Course (Required for the Clinical Mental Health Counseling Program; Level II Course for the School Counseling Program) |
| <u>Semester Hours:</u> | 3 |
| <u>Prerequisites:</u> | Level I Courses (School Counseling Program Only) |
| <u>Limitation on Enrollment:</u> | 18 |

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| Instructor: | Patrick Rowley, Ed.D., NCC |
| Email: | patrick.rowley@rosemont.edu |
| Phone: | Office: 610.527.0200, x 2322; Cell: 610.505.3582 |
| Office: | Good Counsel Hall – Room 211 |
| Office Hours: | M (2:00 PM – 4:00 PM); T (2:00 PM – 4:00 PM); W (2:00 PM – 4:00 PM); R (2:00 PM – 4:00 PM) |

Course Description: This course explores professional practice issues in clinical mental health counseling. It examines the history of the profession, professional counseling identity, roles and functions of clinical mental health counselors, ethical and legal considerations of the profession,

multicultural competencies, and modern trends impacting the field and practice of mental health counseling.

Rosemont Mission Statement: Rosemont College is a community of lifelong learners dedicated to academic excellence and fostering joy in the pursuit of knowledge. Rosemont College seeks to develop in all members of the community open and critical minds, the ability to make reasoned moral decisions, and a sense of responsibility to serve others in our global society. Rooted in Catholicism, Rosemont welcomes all faiths and is guided by the educational principles of Cornelia Connelly and the Society of the Holy Child Jesus to meet the needs of the time. Rosemont College values trust in and reverence for the dignity of each person, diversity with a commitment to building an intercultural community, persistence and courage in promoting justice with compassion, and care for the Earth as our common home.

This syllabus is provided to you as a means of conveying what you should expect from this course. It outlines the responsibilities of the instructor in conducting the class – the course content, planned scheduled of classes and assignments, grade components, and method(s) of grading. It also outlines your responsibilities as a part of this class. By remaining in this class, you indicate your acceptance of your responsibilities as a student and agree to the terms specified in the syllabus.

Professional Performance Evaluation: Rosemont College has identified five professional dispositions that relate to the goals of the Graduate Counseling program. Faculty members will evaluate each student on their professional dispositions during each course at the conclusion of the semester using the Professional Performance Evaluation Form.

1. **Flexibility/Openness:** Open willingness to different perspectives; Flexible to new demands, the environment, and accept necessary changes; Search for peer opinions, accept constructive feedback, and incorporate feedback from peers
2. **Collaboration:** Accept mistakes, avoid blame, apply feedback toward growth, and monitor self for professionalism; Reach consensus, initiate compromise, and show concern for group goals; Invite feedback, incorporate supervisory feedback, and give feedback
3. **Awareness:** Awareness of own impact on others; Ability to deal with conflict; ability to express feelings effectively and appropriately; Understand and demonstrate multicultural concerns and social justice. Identification of biases and prejudices of self and society.
4. **Initiative and Motivation:** Met or exceed all of the class requirements, showed creativity; Adhere to school and SPGS policies; Proficient graduate level oral and written skills

5. **Responsibility:** Maintain professional boundaries, sensitive to diversity, safeguard confidentiality, Dedication to Counseling Profession; Attend and adhere to Ethical Standards

This syllabus is provided to you as a means of conveying what you should expect from this course. It outlines the responsibilities of the instructor in conducting the class – the course content, planned scheduled of classes and assignments, grade components, and method(s) of grading. It also outlines your responsibilities as a part of this class. By remaining in this class, you indicate your acceptance of your responsibilities as a student and agree to the terms specified in the syllabus.

Note: The instructor reserves the right to adjust the course schedule and content during the semester in order to accurately reflect the progress being made by the class. This may result in modifications to assignment and exam due dates and/or course content.

I. Student Learning Outcomes

Upon completion of this course, students will be able to:

- A.** Understand the historical background of clinical mental health as well as its modern-day practices including significant people, events, and philosophies that have helped to shape the field

- B.** Comprehend techniques to establish a greater professional identity within the field of clinical mental health through professional credentialing, including licensure and certification, as well as membership in professional organizations, research on modern-day practices, and current ethical guidelines policy impacting the profession
- C.** Access and interpret appropriate ethical and legal standards and models of decision-making within the field of clinical mental health counseling
- D.** Identify the various roles, settings, and responsibilities of clinical mental health counselors that support clients through individual, group, and career counseling
- E.** Examine and analyze pertinent issues in clinical mental health counseling service delivery, including managed care organizations and their policies, reputation of the profession within the field, scope of practice, and internet-based counseling
- F.** Describe and distinguish various forms of prevention, intervention, and postvention to support clients as well as their programmatic effectiveness through ethical standards and program evaluation to support multicultural populations within clinical mental health counseling
- G.** Demonstrate knowledge of multiple classification systems for assessment and diagnosis within clinical mental health counseling in addition to recognizing the current diagnoses of clients experiencing mental health illness to evaluate effective forms of treatment related to intervention planning and psychopharmacology
- H.** Apply appropriate case conceptualization and documentation techniques in order to view the client from the lenses of different theoretical approaches to gain a better understanding of the client's presenting problem and how to address concerns through treatment
- I.** Characterize the important aspects involved in trauma informed competent care to individuals experiencing forms of crisis and trauma in clinical mental health counseling

II. Course Content

- A.** History and Current Trends of the Profession
 - 1. Context of the inception of professional counseling
 - a. Evolution of the profession

- i. Clifford Beers: A mind that found itself
 - ii. Dorothea Dix
 - iii. Community Mental Health Act of 1963
 - iv. Deinstitutionalization
 - v. HIPAA
 - vi. Mental Health Parity and Addiction Equity Act of 2008
 - vii. Affordable Care Act of 2009
2. Philosophy of clinical mental health counseling
 - a. Wellness-based vs. medical model
 - b. Strength focused
 - c. Holistic

B. Development of Professional Identity

1. Licensure and Certification
 - a. Licensure vs. Certification: Benefits, Limitations, State
 - b. National Board of Certified Counselors (NBCC)
 - c. LPC vs. LAC
 - i. Requirements and Supervision
 - ii. Public policy (state and national level)
 - d. LCADC vs. CADC
 - e. Supervision Certifications
 - i. Approved Clinical Supervisor (ACS)
 - ii. Certified Clinical Supervisor (CCS)
2. Professional Membership
 - a. American Mental Health Counselors Association (AMHCA)
 - b. American Counseling Association (ACA)
 - c. New Jersey Counseling Association (NJCA)

3. CACREP Accreditation

a. Practices and Standards

b. Core Content Areas

4. Research on modern trends

- a. Neuroeducation
 - b. Trauma-Informed Care
 - c. Integrated Healthcare
5. Policy and Legislation
- a. Legislation in Congress
 - b. Medicare
 - c. Medicaid

C. Ethical and Legal Standards

- 1. ACA Code of Ethics
 - a. Fundamental Principles of Ethics
- 2. AMHCA code of Ethics
- 3. Ethical Decision-Making Models
 - a. Kitchener's Ethical Decision-Making Model
 - b. Sileo and Kopala's Beneficence Model
 - c. Forester-Miller and Davis Ethical Decision-Making Model
- 4. Statutes and Regulations of NJ

D. Work Settings and Responsibilities

- 1. Work Settings
 - a. Community Mental Health
 - b. Private Practice
 - c. Hospitals
 - d. Substance Abuse Treatment Centers
 - e. Correctional Facilities
 - i. Forensic Mental Health Counseling
 - f. Nonprofit Organizations
 - g. School Settings
- 2. Responsibilities
 - a. Collaborations with Mental Health Care Systems
 - b. Consultation with Mental Health Providers
 - c. Clinical and Administrative Supervision

- d. Assessment
- e. Evidenced-Based Practices
- f. Ethical Considerations
- g. Referral

E. Professional Issues in Clinical Mental Health Counseling Service Delivery

- 1. Reputation of the Profession
- 2. Managed Care Systems
 - a. HMO
 - b. Affordable Care Act
 - c. TRICARE
 - d. Medicare
 - e. Medicaid
 - f. Reimbursement for Services
 - g. Becoming a Preferred Provider
 - h. National Provider Identifier Standard (NPI); Employer Identification Number (EIN)
- 3. Scope of Practice
- 4. Internet-Based Counseling
 - a. Standards and Ethical Issues
 - b. Forms
 - i. Asynchronous
 - ii. Synchronous

F. Principles of Program Development

- 1. Prevention (Primary)
- 2. Intervention (Secondary)
- 3. Postvention (Tertiary)
- 4. Individual Counseling
 - a. Crisis Intervention
 - i. Models for Intervention
 - b. Intimate Partner Violence
 - c. Suicide Assessment and Non-Suicidal Self-Injury

- d. Physical and Sexual Abuse
 - e. Death, Dying, and Bereavement
 - f. Outpatient Therapy
 - g. Play Therapy
5. Group Counseling
- a. Therapy groups
 - b. Intensive Outpatient Program (IOP)
6. Career Counseling
- a. Assessment and Interpretation
 - b. Intersection with Individual Counseling
7. Least Restrictive vs. Most Restrictive Services
- a. Early intervention
 - b. Outpatient Services
 - c. Intensive Outpatient/Partial Hospitalization Services
 - d. Residential/Inpatient Services
 - e. Intensive Inpatient Services
7. Referrals
8. Evaluation and Assessment
- a. Training, Interpretation, Scoring
 - b. Identifying Stakeholders
9. Multicultural Focus
- a. Race, Ethnicity, Culture, Age, Gender Identity, Sexual Identity, Forms of Disability, Socioeconomic Status, etc.

G. DSM-5 Overview

- 1. Iteration Changes
- 2. Mental Health Disorders
 - a. Depressive Disorders
 - b. Bipolar Disorders
 - c. Anxiety Disorder
 - d. Psychotic Disorders
 - e. Obsessive-Compulsive and Related Disorders

- f. Conduct Disorders
 - g. Trauma and Stressor Related Disorders
 - h. Substance-Abuse and Addictive Disorders
- 3. Screens and Assessments
 - a. Evidenced-Based Assessments
 - b. Structured Clinical Interviews
 - c. Unstructured Clinical Interviews
 - d. Biopsychosocial
 - e. Psychological and Psychiatric Evaluations
 - f. Self-Report
- 4. Psychopharmacology Basics
 - a. Short-Term Treatment
 - b. Long-Term Treatment
 - c. Treatment Trees on Severity of Mental Health Disorder
- 5. International Classification of Diseases (ICD)
 - a. Application
 - b. Differences from DSM

H. Case Conceptualization and Documentation

- 1. Diagnostic Summary
- 2. Case Conceptualization
 - a. Theoretical Application
- 3. Treatment Planning
 - a. Principles of Treatment Planning
 - b. Presenting Problem
 - c. Precipitating Factors
 - d. Objectives
 - e. Short-Term, Long-Term Goals
 - f. Interventions
- 4. Record Keeping Standards
 - a. Formats of Case Notes
 - i. SOAP

- ii. DAP
- b. Documentation Guidelines
 - i. Method of Storage
 - ii. Length of Retaining Clinical Records

I. Role of Advocacy

- 1. Legislative Policies
- 2. Advocating for clients
 - a. Individual, Community, and Public Arenas
 - b. Micro-Level versus Macro-Level Advocacy
- 3. Advocacy for the profession
 - a. Promoting Programs
 - b. 20/20: A Vision for the Future of Counseling
- 4. Advocacy models and strategies
 - a. ACA Advocacy Competencies
 - b. Eriksen Model
 - c. Chang, Hays, and Milliken Three-Tiered Model

J. Trauma-Informed Care

- 1. Sociological Perspective
 - a. Principles for Effective Practice
- 2. Trauma Awareness
 - a. Secondary Trauma
 - b. Vicarious Trauma
 - c. Compassion Fatigue
 - i. Self-Care Strategies
- 3. Impact of Trauma

III. **Methods of Instruction**

A. Lecture and Classroom Discussion

B. Assigned Readings

C. Audio-Visual Presentations

- D. Guest Speakers
- E. Peer Processing
- F. Case Studies
- G. Resource Postings

IV. Methods of Assessment

| Assignment | Points |
|------------------------------------|-----------------------|
| A.) Attendance Questions | 13 X 1.16 = 15-Points |
| B.) Current Events Readings | 2 X 5 = 10-Points |
| C.) Article Presentation | 15-Points |
| D.) Case Conceptualization Paper | 20-Points |
| E.) Tour of Mental Health Facility | 15-Points |
| F.) Group Advocacy Project | 25-Points |
| Total Points | 100-Points |

- A. **Attendance Questions:** 5-Questions will be posed at the start of each class session. Each student will respond to all questions as a means to determine whether students are reviewing the assigned readings and comprehending the material. Students will not be penalized for responding incorrectly to the questions. The questions will only function to track attendance as it applies to points towards your final grade.

Student Learning Outcomes: A - I

Total Points: 13 X 1.16 = 15-Points

- B. **Current Events Readings (2):** Students will access the National Institute of Mental Health (NIMH) Website and read one article of their choice to review modern-day research in clinical mental health. Students will have the opportunity to read articles of interest to them. After reading the article, students will create a post on Canvas within a discussion forum addressing the point below. Students must respond to another student's post on Canvas for each submission.

- (1) Title of the article
- (2) Author(s) of the article
- (3) Main insight gained from the article.

NIMH: <https://www.nimh.nih.gov/news/science-news/index.shtml>

Student Learning Outcomes: A, B, E, & F

Total Points: 2 X 5 = 10-Points

- C. **Article Presentation:** Students will be assigned a week at the start of class to present findings from a scholarly article based on the topic for the particular week in class. The instructor will offer options on articles to present. However, students will have the option to research and present on an article of interest to them as an alternative to the options provided. If the student chooses this alternative, the article must be approved by the instructor before presentation.

Students must post their presentation to Canvas. The **15-minute presentation** will include a PowerPoint or Prezi on the scholarly article that includes the following:

- (1) Main focus and conclusions of the article
- (2) Insights gained from the article
- (3) Findings application to the field of counseling
- (4) 2-questions posed to the audience
- (5) Appropriate APA Formatting, including references

Student Learning Outcomes: A - I

Total Points: 15-Points

- D. **Case Conceptualization Paper:** **6 to 7-page written assignment** that highlights your case conceptualization skills, clinical diagnosis capabilities, and treatment planning abilities. Your client should be a fictional character from a movie or television show of your choosing. The character must be approved by the instructor before moving forward with the assignment. Preference for specific characters will be given to the individual that selects and has the character approved by the instructor first. No two students may present on the same character. Please be sure to identify a character whose presenting

problem(s) can sustain a quality case conceptualization sample. Your written assignment must include the following:

- (1) Person from pop culture, which may include movies, television, social media, or mainstream society
- (2) Client background and demographic information
- (3) Contextual and systems consideration regarding the presenting problem of the client
- (4) Evidenced-based assessments that could be conducted to help understand to better understand the presenting problems: <https://www.samhsa.gov/ebp-web-guide>
- (5) Conceptualization of the client from a preferred theoretical framework, i.e. Cognitive-Behavioral, Person-Centered, Solution-Focused.
- (6) An assigned DSM-5 diagnosis for the client with an explanation for this diagnosis. List corresponding symptomatology.
- (7) Recommended evidenced-based interventions to support the client's needs., **Note:** More effective if you match evidenced-based approach with theoretical approach
- (8) Creation of a treatment plan with 3 goals and 3 objectives for the client
- (9) Appropriate APA Formatting used throughout the document

Student Learning Outcomes: D, E, F, G, & H

Total Points: 20-Points

- E. **Tour of Mental Health Facility:** Students will work together within groups of 4-5 to identify a community mental health facility that they would like to tour. Please have the facility approved by your instructor prior to contact to ensure the facility is appropriate. Groups will not be permitted to tour the same site, unless otherwise approved by the instructor. Preference will be given to the group that elects to tour the site first. This assignment will replace one class session during the course of the semester. Students will tour the facility to better understand the services available within the community. Students will do the following to demonstrate evidence of their completion of the assignment:

- (1) Identify the various services the clinical mental health facility provides
- (2) Determine common medications, if any, prescribed to the target population
- (3) Bring 5-questions to the tour to pose to an individual who works at the facility
- (4) Post a comment to a Discussion Board made available through Canvas on the following information:
 - (a) Name and location of the mental health facility
 - (b) Services offered at the mental health facility with brief descriptions of each
 - (c) List of questions and responses posed to the individual providing the tour
 - (d) Upload at least one flyer and/or pamphlet obtained from the mental health facility as an attachment to your Discussion Board posting on Canvas

Students will be able to use the information gathered from each group to start to build a resource guide for future use as a clinical mental health counselor.

Student Learning Outcomes: B, D, E, F, & G

Total Points: 15-Points

- F. **Group Advocacy Project:** Students will work together within group of 3-4 to conduct a **30 to 40-minute presentation** that demonstrates the group's ability to interact and collaborate with peers in the classroom as well as think constructively about a demographic of individuals that require some degree of advocacy within the profession of clinical mental health counseling. Your group topic should be chosen and approved by the instructor. You will have class time to meet with your group for **3 class sessions** during the semester. It is encouraged to have a narrow focus on your group topic so that you can best address the presenting problems or gaps in support of this population, i.e. Older adult males (65+) experiencing depression versus individuals' experiencing depression. Try and be as creative as possible. Think about the many things discussed over the course of the semester and how they may be related to this group project, i.e. consultation, licensed clinicians, managed care organizations, policy and legislation etc. The presentation should include the following:

- (1) Identify the topic of your group
- (2) Express what makes this topic important to you
- (3) Address your level of expertise towards the topic
- (4) Identify the type of setting and location in which the service will be provided
- (5) Communicate evidenced-based practices that will support this group
- (6) Create 4 activity sessions that demonstrate how you will attempt to create positive change in your clients. Note: Your program may include more than 4-sessions. However, I am only asking you to construct 4 activity sessions, i.e. individual counseling or group counseling.
- (6) Include information from 5 scholarly articles to support your project
- (7) Appropriate APA Formatting

Student Learning Outcomes: A, B, D, E, F, G, & H

Total Points: 25-Points

V. **Final Grade Scale**

Note: All students in the Graduate Counseling Program should strive to receive a grade of **“B” or higher**. If a student fails to do so, the student may be required to **repeat the course before continuing in the program**.

Please see the SGPS Academic Catalog or Graduate Counseling Student Handbook for additional information about course grades and academic integrity:

[SGPS Academic Catalog](#)

[Graduate Counseling Student Handbook](#)

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| A | 100 – 93 |
| A- | 90 – 92 |
| B+ | 87 – 89 |
| B | 83 – 86 |
| *B- | 80 – 82 |
| *C+ | 77 – 79 |
| *C | 73 – 76 |
| *C- | 70 – 72 |
| *F | 70 and Below |

Students are responsible to become familiar with and will be held accountable for the information on the following topics that can be found within the Academic Catalog.

Attendance Policy: Timely, consistent attendance in class has been shown to have a direct correlation to student performance. Missing classes causes students to fall behind in the course material. The policy for this class is that undocumented absences and tardy attendance are unacceptable. Absences are permitted only in cases of illness or other legitimate causes (family emergency, death in the family, etc.). Official notice that a student has presented documentation for an absence is sent from the Office of the Dean of Students to faculty on a timely basis. In cases of a documented absence from a class, the student has both the opportunity and responsibility to make up all class work missed.

Students are allowed documented absences equivalent to one week of classes for any course in which they are enrolled. This amounts to three absences for a class that meets on MWF schedule, two classes for courses meeting either on a TR or MW schedule, and one class for labs and classes that meet only once a week. Absences are counted from the first day of class.

Entering the class late or leaving the room during class interrupts the classwork in progress and is disruptive to the learning process for students who are trying to learn. Class attendance is required, and roll is taken each period. Serious tardiness may result in a failure of the course.

Academic Integrity: Academic integrity is important to the intellectual climate at Rosemont College. Violations of academic integrity cannot be tolerated and may result in the student's failure in a course and/or suspension or expulsion from Rosemont College. Academic dishonesty includes but is not limited to: plagiarism; fabrication of data, information, or citations; multiple submissions of the same work in different courses; and cheating on exams or assignments. Cheating of any kind WILL result in a zero on the work in question and a letter grade reduction in the course grade after the student's grade is calculated using the zero on the work in question. At the instructor's discretion, it may also result in failing the course and/or reporting of the incident to the administration for further action.

Class Assignments: Assignments that are not completed by the stated deadline will not be accepted, excepting that submission of assignments that are late due to legitimate medical reasons or other extraordinary circumstances will be considered. Such circumstances must be supported by written documentation from an acceptable third party.

Communications: Changes in schedules, assignments, guidance, etc. will be communicated only to your Rosemont e-mail address. E-mail is the preferred way to communicate with the instructor and must be sent to the e-mail address listed on the front of this syllabus.

Disability Statement: If you have been approved for accommodations under ADA/504, please speak with the professor outside of class so that it is certain that all accommodations are provided promptly and completely. If you have not yet been approved for accommodations under ADA/504, but believe you might be entitled to them, please contact the Dean of Students in the Student Life Office at extension 2400 immediately. It would also be wise to speak with your professor, since temporary arrangements may be made under certain circumstances.

Student Concerns: Students who have any course-related concerns should talk directly with their faculty member prior to the next class meeting. If a mutually acceptable resolution cannot

be achieved, the student is advised to follow the procedures outlined in the appropriate Student Handbook.

Cell Phone Use: In order to be able to receive campus-wide safety or weather alerts, cell phones may be left on vibrate only during class. Absent prior permission from the instructor, students may not acknowledge other messages or phone calls nor may they ever send or received text messages during class. Please keep your phone hidden from the class and on vibrate only. Cell phones should not be used for internet purposes unless related to class assignments and instruction.

Use of Laptops or Other Electronic Devices: The use of personal laptops and other electronic devices during class sessions is strongly encouraged for the purposes of researching course material and engaging in classroom discussion. Students should not use their personal laptops for any other purposes during any class session. Failure to abide by this policy may impact your final grade.

The use of personal cell phones during class session is strongly discouraged. If you experience an emergency situation please communicate the potential to receive a phone call during the class session at the start of class. You will be permitted to step outside the classroom to receive your call. Please do your best not to disturb the learning process in the classroom.

Recording Lectures: Neither video nor audio recording may be made of any lecture in this course without the express consent of the instructor.

Inclement Weather: The Rosemont “snow number” is Montgomery County 342. Announcements of closings are also posted on the website and placed on the main college number, 610-527-0200. Students are encouraged to register their cell phone or email address to e2Campus on the iWay for cancellation notices.

Course Website: Information for this course, including, but not limited to, an electronic copy of this syllabus, is available through the course website located in the Rosemont College online learning portal (Canvas) located at <https://rosemont.instructure.com/login/canvas>. See your instructor if you have questions about accessing the course website.

Submitting Papers Electronically: Writing assignments for this course are to be submitted electronically via the course website.

Rosemont College 2018-2019 Graduate Academic Calendar:

https://rosemont.edu/resources/site-pdfs/registrar/2018-2019_sgps_academic_calendar.pdf

VI. Required Texts

- A. Preston, J. & Johnson, J. (2015). *Clinical psychopharmacology made ridiculously simple*. 8th ed. Miami, FL: MedMaster, Inc.
- B. Sheperis, D.S. & Sheperis, C.J. (2015). *Clinical mental health counseling: Fundamentals of applied practice*. Upper Saddle River, NJ: Pearson.
- C. U.S. Department of Health and Human Services. (2014). *A treatment improvement protocol: Trauma informed care in behavioral health services (TIP 57)*. Retrieved from <http://store.samhsa.gov/shin/content//SMA14-4816/SMA14-4816.pdf>

VII. Tentative Course Schedule

| Date | Topics/Activities | Reading/Assignments Due |
|-----------------------|---|---|
| Week 1: 09/06/2018 | Course Review; Historical Overview of Mental Health Counselor Professional Identity, Licensure | Canvas Overview Scheduling Assignments S&S Ch. 1 S&S Ch. 3 |
| Week 2: 09/13/2018 | Ethical and Legal Considerations Employment Settings | S&S Ch. 2 S&S Ch. 4 |
| Week 3: 09/20/2018 | Professional Advocacy Social Advocacy and Social Justice Managed Care | S&S Ch. 5 S&S Ch. 8 Article Presentations 1 & 2 |
| Week 4: 09/27/2018 | Managed Care System Forensic Mental Health Court System | S&S Ch. 8 S&S Ch. 12 Article Presentations 3 & 4 |
| Week 5: 10/04/2018 | DSM-5 Overview The Consultation Process | S&S Ch. 6 S&S Ch. 7 S&S Ch. 9 Article Presentations 5 & 6 |

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| Week 6: 10/11/2018 | Overview of Clinical Supervision Prevention, Crisis Intervention, Postvention Crisis Assessment & Intervention Death & Dying, Grieving | S&S Ch. 14 S&S Ch. 10 Monthly Current Event Reading Due |
| Week 7: 10/18/2018 | Crisis Intervention Domestic Violence Physical Abuse, Sexual Abuse Canine Assisted Therapy | Case Conceptualization Paper Due |
| Week 8: 10/25/2018 | Tour of Mental Health Facility (No Class) | S&S Ch. 10 |
| Week 9: 11/01/2018 | Nonsuicidal Injury Family Crisis Intervention Overview of Online & Internet Counseling | S&S Ch. 15 Group Advocacy Project Team Meeting: References Article Presentations 7 & 8 |
| Week 10: 11/08/2018 | Overview of Trauma Informed Counseling Introduction to Psychopharmacology | HHS Ch. 1-2 P&J Ch. 1-5 Group Advocacy Project Team Meeting: Brief Outline Article Presentations 9 & 10 |
| Week 11: 11/15/2018 | Trauma Informed Counseling & Psychopharmacology Continued | HHS Ch. 3-4 P&J Ch. 6-8 Monthly Current Event Reading Due Group Advocacy Project Team Meeting: Final Questions |
| Week 12: 11/22/2018 | No Class – Thanksgiving Holiday | |

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| Week 13: 11/29/2018 | Overview of Addictions Group Presentations | S&S Ch. 13 Group Advocacy Presentations |
| Week 14: 12/06/2018 | Class Concludes Group Presentations | Group Advocacy Presentations Student Evaluations |

VIII. Bibliography

A. Seminal Resources

ACA code of ethics. (2006). *Journal of Counseling & Development*, 84(2), 235-254.

doi:10.1002/j.1556-6678.2006.tb00401.x

Braun, S. & Cox, J, (2005). Managed mental health care: Intentional misdiagnosis of mental disorders. *Journal of Counseling and Development*, 83, 425-433.

Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.

Colangelo, J.J. (2009). The American Mental Health Counselors Association: Reflection on 30 historic years. *Journal of Counseling and Development*, 87(2), 234-240.

Field, T. A. (2017). Clinical mental health counseling: A 40-year retrospective. *Journal of Mental Health Counseling*, 39(1), 1-11. doi:10.17744/mehc.39.1.01

Leibert, T. (2006) Making change visible: The possibilities in assessing mental health counseling outcomes. *Journal of Counseling & Development*, 84, 108-113.

MacCluskie, K.C., & Ingersoll, R.E. (2001). *Becoming a 21st century agency counselor: Personal and professional explorations*. Belmont, CA: Wadsworth/Thompson Learning.

Stevens, J., & Benz, N. (2010) AMHCA revises its code of ethics. *The Advocate (American Health Counselors Association)*., 33(2), 10.

B. Print Resources

Arredondo, P. (1999). Multicultural counseling competencies as tools to address oppression and racism. *Journal of Counseling & Development*, 77(1), 102-108. doi:10.1002/j.1556-6676.1999.tb02427.x

- Blocher, D., Heppner, M., & Johnston, J. (2004). Taking care of yourself, so that you can take care of business. *Counseling and Human Development, 36*, 1-9.
- Boyer, C. A., & Lutfey, K. E. (2010). Examining critical health policy issues within and beyond the clinical encounter: Patient-Provider relationships and help-seeking behaviors. *Journal of Health and Social Behavior, 5*(1_suppl), S80-S93. doi:10.1177/0022146510383489
- Brennan, C. (2013). Ensuring ethical practice: Guidelines for mental health counselors in private practice. *Journal of Mental Health Counseling, 35*(3), 245-261.
- Calley, N. (2009). Comprehensive program development in mental health counseling: Design, implementation, and evaluation. *Journal of Mental Health Counseling, 31*(1), 9-21.
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C. Non-Print Resources

- American Counseling Association: <http://www.counseling.org>
- American Mental Health Counselors Association: <http://www.amhca.org/home>
- Mental Health Counseling Association <http://www.mhca.org>
- National Board of Certified Counselors (NBCC): www.nbcc.org
- Chi Sigma Iota (International Honor Society for Counseling Students): <http://www.csi-net.org>
- SAMSHA: <https://www.samhsa.gov/>

IX. CACREP Standards Assessment Crosswalk

| CACREP Standard | Assessment | Learning Outcomes |
|---|---|--------------------------|
| Understand the history and philosophy of the counseling profession and its specialty areas. (1a. Professional Counseling Orientation and Ethical Practice) | Attendance & Tour of Mental Health Facility | (A) |
| The multiple professional roles and functions of counselors across specialty areas, and their relationship with human service and integrated behavioral health care systems, including interagency and inter-organizational collaboration and consultation. (1b. Professional Counseling Orientation and Ethical Practice) | Tour of Mental Health Facility | (D) |
| Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency. (1c. Professional Counseling Orientation and Ethical Practice) | Attendance & Tour of Mental Health Facility | (D) |
| The role and process of the professional counselor advocating on behalf of the profession. (1d. Professional Counseling Orientation and Ethical Practice) | Attendance, Current Events Readings, & Tour of Mental Health Facility | (D) |
| Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients. (1e. Professional Counseling Orientation and Ethical Practice) | Attendance & Current Events Readings | (B) (C) (E) |
| Professional counseling organizations, including membership benefits, activities, services to members and current issues. (1f. Professional Counseling Orientation and Ethical Practice) | Attendance & Current Events Readings | (B) |
| Professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues. (1g. Professional Counseling Orientation and Ethical Practice) | Attendance & Tour of Mental Health Facility | (B) |
| Ethical standards of professional counseling organizations for credentialing bodies, and applications of ethical and legal considerations in professional counseling. (1i. Professional Counseling Orientation and Ethical Practice) | Attendance & Tour of Mental Health Facility | (B) (C) |

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| Technology's impact on the counseling profession. (1j. Professional Counseling Orientation and Ethical Practice) | Attendance & Current Events Readings | (A) (B) (E) |
| The role of counseling supervision in the profession. (1m. Professional Counseling Orientation and Ethical Practice) | Attendance | (D) |
| Theories and models of multicultural counseling, cultural identity developments, and social justice, and advocacy. (2b. Social and Cultural Diversity) | Attendance & Article Presentation | (A) (B) (C) (E) |
| The impact of heritage, attitudes, beliefs, understanding, and acculturative experiences on an individual's views of others (2d. Social and Cultural Diversity) | Case Conceptualization Paper & Group Advocacy Project | (B) (F) |
| Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. (2h. Social and Cultural Diversity) | Article Presentation, Case Conceptualization Paper, & Group Advocacy Project | (B) (C) (E) |
| Systemic and environmental factors that affect human development, functioning, and behavior (3f. Human Growth and Development) | Attendance, Case Conceptualization Paper, Tour of Mental Health Facility, & Group Advocacy Project | (E) (F) (G) (H) |
| Effects of crisis, disasters, and trauma on diverse individuals across the lifespan (3g. Human Growth and Development) | Attendance | (B) (E) (H) (I) |
| Approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors (4b. Career Development) | Case Conceptualization Paper | (H) |
| Approaches for assessing the conditions of the work environment on clients' life experiences (4d. Career Development) | Case Conceptualization Paper | (H) |
| Strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy (4g. Career Development) | Case Conceptualization Paper | (D) (H) |
| Strategies for facilitating client skills development for career, educational, and life-work planning and management (4h. Career Development) | Case Conceptualization Paper | (D) (H) |
| Theories and models of counseling. (5a. Counseling and Helping Relationships) | Attendance & Case Conceptualization Paper | (A) |

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| A systems approach to conceptualizing clients. (5b. Counseling and Helping Relationships) | Case Conceptualization Paper | (G) (H) |
| Theories, models, strategies for understanding and practicing consultation. (5c. Counseling and Helping Relationships) | Attendance, Article Presentation, & Tour of Mental Health Facility | (C) |
| Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships. (5d. Counseling and Helping Relationships) | Attendance, Current Events Readings, & Article Presentation | (A) (B) (C) (E) |
| The impact of technology on the counseling process. (5e. Counseling and Helping Relationships) | Attendance & Article Presentation | (A) (B) (E) |
| Developmentally relevant counseling treatment or intervention plans (5h. Counseling and Helping Relationships) | Case Conceptualization & Group Advocacy Project | (F) (G) (H) |
| Development of measurable outcomes for clients (5i. Counseling and Helping Relationships) | Case Conceptualization & Group Advocacy Project | (F) (G) (H) |
| Evidenced-based counseling strategies and techniques for prevention and intervention. (5j. Counseling and Helping Relationships) | Attendance, Article Presentation, Case Conceptualization Paper, & Group Advocacy Project | (A) (B) (C) (F) (H) |
| Strategies to promote client understanding of and access to a variety of community-based resources (5k. Counseling and Helping Relationships) | Tour of Mental Health Facility | (F) |
| Suicide prevention models and strategies. (5l. Counseling and Helping Relationships) | Attendance & Article Presentation | (C) (F) (I) |
| Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid. (5m. Counseling and Helping Relationships) | Attendance & Article Presentation | (A) (B) (E) (F) (I) |
| Therapeutic factors and how they contribute to group effectiveness (6c. Group Counseling and Group Work) | Attendance, Article Presentation, & Group Advocacy Project | (A) (C) (E) (H) |
| Types of groups and other considerations that affect conducting groups in various settings (6f. Group Counseling and Group Work) | Tour of Mental Health Facility & Group Advocacy Project | (D) (F) |
| Ethical and culturally relevant strategies for designing and facilitating groups. (6g. Group Counseling and Group Work) | Attendance & Group Advocacy Project | (B) (C) (F) |
| Methods of effectively preparing for and conducting initial assessment meetings (7b. Assessment and Testing) | Group Advocacy Project | (E) (F) |

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| Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide. (7c. Assessment and Testing) | Attendance, Article Presentation, & Case Conceptualization Paper | (C) (I) |
| Procedures for identifying trauma and abuse and for reporting abuse. (7d. Assessment and Testing) | Attendance | (B) (C) (E) (I) |
| Ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results. (7m. Assessment and Testing) | Case Conceptualization Paper & Group Advocacy Project | (B) (C) |
| The importance of research in advancing the counseling profession, including how to critique research to inform counseling practice (8a. Research and Evaluation) | Current Events Readings, Article Presentation, & Group Advocacy Project | (A) (B) (F) |
| Identification of evidence-based counseling practices (8b. Research and Evaluation) | Article Presentation, Case Conceptualization Paper, & Group Advocacy Project | (A) (B) (C) (F) |
| Needs assessments (8c. Research and Evaluation) | Attendance & Case Conceptualization Paper | (F) |
| Ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation (8j. Research and Evaluation) | Attendance, Article Presentation, & Group Advocacy Project | (B) (C) (F) |

X. CACREP Specialty Area (Clinical Mental Health Counseling) Crosswalk

| CACREP Specialty Area | Assessment | Learning Outcome |
|---|--|-------------------------|
| 1. Foundations | | |
| A. History and development of clinical mental health counseling | Attendance | (A) |
| B. Theories and models related to clinical mental health counseling | Attendance & Article Presentation | (A) (H) |
| C. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning | Attendance & Case Conceptualization Paper | (H) |
| D. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders | Attendance, Article Presentation, & Case Conceptualization Paper | (E) (G) (H) |
| E. Psychological tests and assessments specific to clinical mental health counseling | Attendance, Case Conceptualization Paper, & Group Advocacy Project | (E) (F) |

| 2. Contextual Dimensions | | |
|--|---|------------------------|
| A. Roles and settings of clinical mental health counselor | Attendance & Mental Health Facility Tour | (D) |
| B. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders | Attendance, Article Presentation, & Case Conceptualization Paper | (G) (H) |
| C. Mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks | Attendance, Mental Health Facility Tour, & Group Advocacy Project | (D) (F) |
| D. 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) | Attendance, Article Presentation, & Case Conceptualization Paper | (A) (C) (G) (H) |
| E. Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorder | Attendance & Case Conceptualization Paper | (E) (G) (H) |
| F. Impact of crisis and trauma on individuals with mental health diagnoses | Attendance & Article Presentation | (B) (E) (G) (I) |
| G. Impact of biological and neurological mechanisms on mental health | Current Events Readings & Article Presentation | (E) (G) (H) |
| H. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation | Attendance & Mental Health Facility Tour | (G) |
| I. Legislation and government policy relevant to clinical mental health counseling | Attendance & Current Events Readings | (A) (B) (C) |
| J. Cultural factors relevant to clinical mental health counseling | Case Conceptualization Paper & Group Advocacy Project | (B) (C) (H) |
| K. Professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling | Attendance & Mental Health Facility Tour | (B) (C) |
| L. Legal and ethical considerations specific to clinical mental health counseling | Attendance & Article Presentation | (B) (C) |
| M. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling | Attendance & Mental Health Facility Tour | (E) |

| 3. Practice | | |
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| A. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management | Case Conceptualization Paper & Group Advocacy Project | (D) (F) |
| B. Techniques and interventions for prevention and treatment of a broad range of mental health issues | Case Conceptualization Paper & Group Advocacy Project | (D) (F) (H) |
| C. Strategies for interfacing with the legal system regarding court-referred clients | Attendance & Article Presentation | (D) (F) |
| D. Strategies for interfacing with integrated behavioral health care professionals | Attendance & Mental Health Facility Tour | (D) (F) |
| E. Strategies to advocate for persons with mental health issues | Attendance, Article Presentation, & Group Advocacy Project | (D) (F) |

XI. CACREP Specialty Area (School Counseling) Crosswalk

| CACREP Specialty Area | Assessment | Learning Outcome |
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| 2. Contextual Dimensions | | |
| G. Characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders | Attendance & Article Presentation | (H) (I) |
| H. Common medications that affect learning, behavior, and mood in children and adolescents | Attendance & Mental Health Facility Tour | (G) |
| K. Community resources and referral sources | Attendance & Mental Health Facility Tour | (F) |