**Introduction to Clinical Mental Health Counseling**

**Phase I Course**

**COURSE GUIDE FOR EPCE 5353**

6:00-8:50 T

Education Building

EDUC 350

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**MEd –Clinical Mental Health Counseling: Distinctive Product**

* + Create, implement, and evaluate the impact of treatment plans and programs that serve the needs of the clients, communities, and agencies where our graduates are employed.

**The Activity and Evaluation Assignment**

* Comprehensive Clinical Mental Health Organization

**Fall 2019**

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**Introduction to Mental Health Counseling**

**EPCE 5353**

**Phase 1**

**3 Credit Hours**

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**Meeting Time/Place:** 6:00-8:50 T, Education 350

1. **Course Goals**:

# Conceptual framework

The conceptual framework for this course is captured by the College of Education theme “Leading a Revolution in American Education”. This framework encompasses the college’s nine initiatives for change as follows:

 A. NCATE (now as CAEP, Council for the Accreditation of Educator Preparation)

# Transformation

Across the nation there are calls to drastically reform educator preparation, and Texas Tech University is responding by transforming its programs to meet those demands. A basic part of this transformation is rethinking how education and helping professionals are prepared. Becoming counselors and counselor educators means we must rethink how we advocate, disseminate knowledge, and conduct research. Doing so will transform Texas Tech counselor preparation programs from maintainers of the status quo to innovative leaders preparing counselors to meet the academic and economic challenges of the 21st Century. As such, this course takes into account both NCATE and CACREP accreditation standards.

“Leading a Revolution in American Education” is more than a theme; it captures several initiatives that are transforming educator preparation at the university. Many aspects of these reforms are found throughout this course—reforms that will change you.

* You will develop higher-level skills and products. Learning outcomes in this course will still include knowledge and reasoning, but these will serve as prerequisites to higher level skill and product competencies you will develop.
* You will learn what is valued by employers and counseling professionals. State and national standards (i.e. *ASCA National Model*, advocacy competencies, codes of ethics), CACREP accreditation standards, professional literature, a variety of focus groups, and counseling supervisors/employers were all involved in determining the learning outcomes for this course.
* Instruction will be connected to improved beneficence within the profession as well as positive outcomes of clients/students you will be counseling.
* This course does not stand alone, but is part of an integrated program that has well-articulated and distinctive outcomes.

**B. Trademark Outcomes:** Products for both the Master’s degree in School Counseling and the Master’s degree in Clinical Mental Health Counseling listed as follows:

#  1). Distinctive Products: EPCE: Clinical Mental Health and School

#  Counseling Programs

* **MEd – School Counseling**
	+ **Implement the ASCA National Model, a model whereby school counselors create, implement and evaluate the impact of value-added programs and services responsive to the needs of the school and all stake-holders.**
* **MEd – Clinical Mental Health Counseling**
	+ **Create, implement and evaluate the impact of treatment plans and programs that serve the needs of the clients, communities, and agencies where our graduates are employed.**

  **Distinctive Assessments for Master’s Programs**

* **Comprehensive Clinical Mental health Organization**

 **C. Incorporation of Apply and Evaluate (A&E) activities**

 This course, EPCE 5353, is a Phase I course. A phase I course is a course in which

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**D. Counselor Education Technology Competencies**

Specific technology skills covered in this course include:

1 Be able to use productivity software to develop web pages, word processing documents (letters, reports), basic databases, spreadsheets, and other forms of documentation or materials applicable to practice.

2 Be able to use such audiovisual equipment as video recorders, audio recorders, projection equipment, video conferencing equipment, playback units and other applications available through education and training experiences.

3 Be able to acquire, use and develop multimedia software, (i.e., PowerPoint/Keynote presentations, animated graphics, digital audio, digital video) applicable to education, training, and practice.

6 Be able to use email.

7 Be able to help clients search for and evaluate various types of counseling-related information via the Internet, including information about careers, employment opportunities, educational and training opportunities, financial assistance/scholarships, treatment procedures, and social and personal information.

8 Be able to subscribe, participate in, and sign off counseling related listservs or other internet based professional communication application.

1. Be able to access and use counseling-related research databases.

**E. CACREP Standards**

CACREP Standards are integral to this course. The 2016 CACREP Standards can be viewed at <http://www.cacrep.org/for-programs/2016-cacrep-standards/>. Specific standards for this course are listed as follows:

II.F.1. Professional Orientation and Ethical Practice

1. history and philosophy of the counseling profession;
2. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.
3. counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;
4. the role and process of the professional counselor advocating on behalf of the profession
5. advocacy process needed to address institutional and social barriers that impede access, equity, and success for clients;

f. professional counseling organizations, including membership benefits, activities,

 services to members, and current issues.

g. professional counseling credentialing, including certification, licensure, and

 accreditation

 practices and standards, and the effects of public policy on these issues; and

i. ethical standards of professional organizations and credentialing bodies, and

applications of ethical and legal considerations in professional counseling.

CMHC.C.1.a. history and development of clinical mental health counseling;

CMHC.C.1.b. theories and models related to clinical mental health counseling;

CMHC.C.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning;

CMHC.C.1.d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders; and

CMHC.C.1.e. psychological tests and assessments specific to clinical mental health counseling.

CMHC.C.2.a. roles and settings of clinical mental health counselors;

CMHC.C.2.b. etiology, nomenclature, treatment, referral, and preventions of mental and emotional disorders;

CMHC.C.2.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;

CMHC.C.2.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);

CMHC.C.2.e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders;

CMHC.C.2.f. impact of crisis and trauma on individuals with mental health diagnoses;

CMHC.C.2.g. impact of biological and neurological mechanisms on mental health;

CMHC.C.2.h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation;

CMHC.C.2.i. legislation and government policy relevant to clinical mental health counseling;

CMHC.C.2.j. cultural factors relevant to clinical mental health counseling;

CMHC.C.2.k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.

CMHC.C.2.l. legal and ethical considerations specific to clinical mental health counseling; and

CMHC.C.2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.

# III. Course Purpose

# The Counselor Education Program’s knowledge base is built around the theme of the Responsive Counselor. This course supports that theme by focusing on the reflective analysis of course material, the engagement in critical self-reflection, and the analysis and application of research. The course will expose students to understanding the dynamic interactions between agency organizations and public policy, legal and ethical issues, and multicultural and sociological perspectives.

# IV. Course Description

This course is intended to introduce students to the general activities and the specialties of mental health counseling and the major concepts and theories. This includes history, specific populations and settings, advocacy and research, funding and politics, managed care, public policy issues, and counselor self-care. The course will expose students to understanding the dynamic interactions between agency organizations and public policy, legal and ethical issues, practical issues, and multicultural and sociological perspectives.

In this course, students will critically reflect upon and analyze the historical significance and current practice of mental health counseling. This will involve exposure to the socio-educational, ethical, and political issues underlying this counseling specialty, activities that are at the core of translating learning into Reflective Practice. In addition, self-reflection will be built into all assignments such that students better understand their own unique ways of knowing and understanding the course content. Finally, research literature, including ethical and legal considerations, will inform and guide the course content, and students will be required to scrutinize and analyze research related to mental health counseling activities.

#  　 1. Prerequisites:

#  　 Admission to the counselor education program

#  2. Methods of Instruction

 This course utilizes didactic teaching, group discussions, class individual and group

 assignments, interactive and experiential assignments, computer assignments, role

 plays, and student generated research presentations. Students are evaluated through

 written papers, attendance, and participation in the aforementioned assignments.

 \*\*This course will be taught in a hybrid format of electronic communication

 including Blackboard and Skype/FaceTime/Link and in class. The setup is what I

 would send instructions for and they can be found at IT Help Central’s website:

 <http://www.depts.ttu.edu/ithelpcentral/solutions/uc/lync/config_for_uc.php>

 Any student having trouble setting this up can call IT Help Central at 742-HELP

 Participation in the Blackboard classes is asynchronous which means students can

 work with course materials at the times that are convenient for them. **Technology**

 **Support:** IT HelpCentral.

# V. Course Objectives/Learning Outcomes and Assessments

|  |  |
| --- | --- |
| *Student Learning Outcomes: at the conclusion* *of the course, students will be able to:* | *Assessments/Evaluation:* |
| Understand the history, philosophy, and trends in clinical mental health counseling.(CACREP II.F.1.a, CMHC.C.1.a, CMHC.C.1.b) | Class discussions, written summaries, case studies, exams and presentations |
| Understand ethical and legal considerations specifically related to the practice of clinical mental health. (CACREP II.F.1.i., CMHC.C.2.i., CMHC.C.2.l) | Class discussions, written summaries, case studies, exams and presentations, counselor interviews, and oral presentations |
| Understand the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams. (CACREP II.F.1.b., II.F.1.c., II.F.1.d., CMHC.C.2.a., CMHC.C.2.c., CMHC.C.2.m) | Class discussions, written summaries, case studies, exams and presentations, counselor interviews, and oral presentations |
| Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling. (CACREP II.F.1.g, CMHC.C.2.k) | Class discussions, written summaries, case studies, exams and presentations |
| Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision. (CACREP CMHC.C.1.b, CMHC.C.1.c) | Read ACA Code of Ethics in class. class discussions, written summaries, case studies, exams and presentations |
| Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.(CACREP CMHC.C.2.d., CMHC.C.2.e.) | Observation of and interaction with mental health agencies, Class discussions, written summaries, case studies, exams, and presentations |
| Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems). (CACREP II.F.1.b., CMHC.C.2.i, CMHC.C.2.l) | Review and critique of a mental health agency or program |
| Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.(CACREP CMHC.C.2.m) | Class discussions, written summaries, case studies, exams and presentations |
| Understands the impact of crises, disasters, and other trauma-causing events on people.(CACREP CMHC.C.2.f) | Class discussions, written summaries, case studies, exams and presentations, counselor interviews, and oral presentations |
| Understands the operations of an emergency management system within clinical mental health agencies and in the community.(CACREP II.F.1.c.0) | Observation of and interaction with community mental health agencies, Class discussions, written summaries, case studies, exams, and presentations |
| Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. (CACREP II.F.1.i., CMHC.C.2.1) | Review and critique of a mental health agency or program |
| Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling. (CACREP II.F.1.g, CMHC.C.2.i) | Class discussions, written summaries, case studies, exams and presentations |
| Describes the principles of mental health , including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society. (CACREP II.F.1.d., II.F.1.E., CMHC.C.2.j) | Class discussions, written summaries, case studies, exams and presentations |
| Know the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.(CACREP CMHC.C.2.b) | Class discussions, written summaries, case studies, exams and presentations. |

# VI. Course Requirements/Methods of Evaluation Employed

**ASSIGNMENTS:**

**Clinical Mental Health Agency Critique (10 points)**

The assignment is to visit a community-based mental health agency/program (as a group), each member of the group will prepare a brief, one-page written summary and outline for the class and make a presentation of your findings (2 points), and prepare a group written report to be turned in to the instructor (8 points).  Some examples of community mental health programs appropriate for this project are small group residential programs, support groups for families of persons with chronic illnesses, any self-help program, and prevention and education programs for children.  The program you choose should be based on your own interest but check with me when you have made a decision regarding which program to review.  If you are at a loss for ideas, I will try to offer suggestions.

The following is a list of aspects to cover in your review.  You need to obtain this information through looking at written material about the program, checking out the programs’ website and through interviews with one or more program personnel and clients (remember to cite using APA).  If one or more of these aspects is not appropriate for your program, you will need to discuss why it is not appropriate and how else this point is being addressed.  Likewise, if there are important aspects of the program that are not on the list, include them in your review. Provide each class member a copy of a 1-page outline to accompany your presentation (the length of which will be determined by the class size).  As a part of your 1 page outline, be sure to include contact information so others can contact the program you’ve reviewed.  For me, you will hand in a written report on your findings.  Be complete rather than superficial in your review!

1. **Assumptions and theory** justifying the organization’s existence;
2. **General program description**.  What services are provided?  Be specific and thorough.
3. Characteristics of clients.  Who are the intended clients of the program?  How are they referred to the program?
4. **Staffing**.  Who staffs the program?  What is the nature of their experience and training?
5. **History**.  When was the program started and how?  How has it evolved?
6. **Organizational Structure**. What programmatic and administrative components does the program have? This includes fiscal management, personnel management (organizational chart showing duties and supervision responsibilities), and legal parameters or considerations.
7. **General philosophy**.  What treatment model does the program follow? What are the mission and vision of the program
8. **Development Activities/Funding**.  From what sources does the program receive operating revenues?  How stable are the funding sources?
9. **Projections for change**.  What projections do program personnel make for program change?
10. **Evaluation**.  How is the program evaluated for effectiveness?  Methods of individual, program, and system evaluation What accountability measures are applied?
11. **Community mental health outreach, integration and acceptance**.  How is the program viewed in the community?  What kinds of public relations efforts are made?

**The Dream Agency: Comprehensive Clinical Mental health Organization (21 pts)**

The major requirement in this class will be to prepare a proposal for a new comprehensive mental health-based program offering counseling services. Students will work in a group of four or five to prepare the proposal and to construct the organization, with individual assignments to be determined by the group. The final project will be due to the end of the semester. A presentation should be about 40 minutes long. The proposal should be typewritten in the latest APA-style. **The group will submit only one written report to the instructor via Blackboard Assignment Tab** with each student’s work and who had primary responsibility for each section clearly stated in the report. \*Students are strongly encouraged to use the information learned from the agency critique to guide the work on this assignment.

The written report should include **a critical review** of your organization’s policies and procedures, evaluation processes**,** delivery of services**,** development activities**,** outreach activities,and unmet needs All group members must participate. The written report will count 25% of the final grade.

You have unlimited resources to construct your agency. You are encouraged to be creative with your presentation. One grade will be assigned to each group project in the following manner: Grading includes writing a report of findings, submitted via Blackboard Assignment Tab and the outline **(15pts)** and sharing the findings in a threaded discussion on Blackboard **(3 pts).** This study will include learning about the following items:

Outline for the project turned in on or before due date on syllabus. (**3points**)

 What is the group of people whose mental health needs you wish to address?

 What in the area is currently being done to address these needs?

 Explain what lead your group to choose this population and this issue to address.

Who are you going to and who have you already contacted in the community to find out

 What is being done about this issue and how your project might work?

**Specific components of the project are as follows:**

1. Description of mental health setting (**3 points** of the written report):

In an initial meeting of the group, a mental health setting for the program proposal will be chosen. This community will be one in which a group member currently resides or has formerly resided. The group should discuss in the initial meeting general characteristics of the community and the appropriateness of the type of mental health program for that community. Descriptive information about the community should then be gathered. Typically this information would be brought back to the group by the person whose community is chosen as the target community.

Examples of information to be gathered are:

1. population statistics
2. racial and ethnic composition
3. income levels
4. nature of the economy
5. health services
6. educational services
7. mental health programs
8. Program Description (**3 points** of the written report):

This is the central piece of the program proposal. Some elements that should be included are the same as listed in the Mental Health Service Agency Description that is also attached to this syllabus. Essentially the significant components of the program being proposed should be summarized in this section.

Among the questions to be answered are:

1. Mission and Vision Statements
2. What services will the program provide?
3. Who will staff the program?
4. What clientele will be served?
5. How will the program be structured? What components will it have?
6. How will the program be created? Over what time period will the program be developed?
7. What will be the prevention component of the program? Will it have primary, secondary, and tertiary prevention aspects? What are those?
8. What sort of support will it need?
9. Program funding (**3 points** of the written report):

A general description of estimated program costs and a plan for funding should be proposed. This section does not have to be highly detailed or specific, but some possible categories are as follows:

* 1. Professional staff
	2. Nonprofessional staff
	3. Building and costs associated with physical facilities
	4. Consumable supplies
	5. Equipment
	6. Transportation

 Some possible categories for funding sources are:

1. client fees
2. federal and state government funds
3. federal and state competitive grants
4. contributions
5. city and county governments
6. Program evaluation (**3** points of the written report):

This section should describe a plan for evaluating the effectiveness of the program. What indicators of effectiveness will be used? How will the data be collected? Some examples are as follows:

1. Client satisfaction surveys
2. Follow-up data on incidence of targeted problems
3. Documentation of program implementation
4. Assessment of program by related agencies
5. Independent evaluation by outside team.
6. You will also receive **3** points for adherence to APA-style, the writing guidelines above, good grammar (spelling, punctuation), and quality writing.
7. The group oral presentation will be worth **3** points.

To recap: Outline 3

 Critique of mental health setting 3

 Program Description 3

Program funding 3

Program evaluation 3

Grammar/APA-style 3

Oral Presentation 3

Total Points 21

\*You are required to use all of the above topics as headings and subheadings in your paper

**Community Mental Health Experience (5 points):**

Students will spend a minimum of five clock hours in contact with a community mental health agency serving marginalized populations or indigenous institutions (i.e. churches, schools, and organizations) or students may *write a reflection paper for the in-class Pre-Business Seminar plus* spend a minimum of two clock hours in an agency/or do a follow-up question with the guest speaker(s). **As a group, you will summarize your experiences and submit the written paper to the instructor via Blackboard using the Assignment Tab and/or participate in a threaded discussion.**

**LPCs Interviews (10 points):**

In a group of 4, you are to interview a minimum of **three** agency, licensed professional counselors representing different settings, client populations, and specialties. Although you have considerable flexibility in how they conduct this research, they will need to collect information related to interviewees: **(10 pts)**

1) lives as mental health agency counselors;

2) how their training best and least prepared them for mental health counseling;

3) how has managed care impacted their mental health agency;

4) what do they do for self-care and;

5) what are the unique challenges to agency counseling.

Write up the results of the interviews into a **twofold paper**: (1) responses from the above questions **(7pts)** and (2) describing what you discovered, what you found most surprising, and what you are resolved to do based on what you learned **(3 pts).** Cover all the above materials and you must specifically address the above underlined headings in your paper.

**Submit the 5 to10 page written paper to the instructor via Blackboard using the Assignment Tab on the due date.**

All three interviews **must** be completed with individuals with **LPCs** or **LMFT** credentials or eligible. Interviewees **cannot** be LCDCs, psychologists, social workers, psychiatrists, ministers (unless they are LPCs). Also, include their credentials.

Students will also do an oral presentation of what they learned to the class via Blackboard. To allow for students’ discussion of their experiences, **students will do an oral presentation and/or participate in a threaded discussion** that requires them to share their experiences and the implication of their activity to mental health counseling.

**Interviews Grading: 10 points**

 Points will be awarded for interviews as follows:

 Superior 10-9 points

 Good effort expended 8-6 points

 Poor effort expended 5-3 points

 Essentially no effort (incomplete) 2-0 points

Completion of the Interviews and Group Project must demonstrate a minimal degree of understanding of the subject - Poor effort expended on the *Discussion Items* and minimal but acceptable contributions; a high level of understanding of the subject - Good effort expended inand well prepared, good contributions; a superior level of understanding of the subject and *at least* one of the multi-option assignments has been completed satisfactorily. Excellent effort expended in *Discussion Items and* excellent class attendance and obviously well prepared, significant contributions.

**Multiple Options Assignment (Choose One) 20 points:**

Counseling is a profession in the mental health field, and this course is designed to give you the opportunity to learn a little bit about the profession, about yourself, and about the suitability between the two. Developing a counseling professional identity is core to our Counselor Education program and requires your commitment. Counseling can be an isolating experience with high incidents of burnout. Counselors who take advantage of counseling, engage in professional development, create and maintain and network of healthy friends, inspired and inspiring professionals, and advocates tend to be less likely to suffer the consequences of burn-out, recognize when they are getting tired, and know how to adjust their professional lives for the enhancement rather than the detriment of themselves and their clients. Thus, throughout the semester, you will be encourage to go to counseling and to attend various professional development activities. See options below.

**Option #1- Counseling Experience as a Client**

You are encouraged to participate in counseling **during this semester** as a client to gain first-hand experience of what the process is like. There are several options available to you: 1) the university counseling center, community mental health agencies, or private therapists (minimum of 3 sessions) or 2) attending a series of seminars or a growth group on-goingthroughout the semester. Please provide **written verification** of your attendance, **not** details of your counseling.

**Option #2 - Indirect Counseling Experience**

If you choose not to be a client, you may select one of the following: 1) consulting (or shadowing) a mental health counselor in the community (a minimum of 21 clock hours); 2) attending a state (e.g. Texas Counseling Association ( www.txca.org) , regional, or national (e.g., American Counseling Association [www.counseling.org](http://www.counseling.org) ) conference in mental health (workshops should focus on agency counseling); or 3) attending the West Texas Counseling Association meetings or workshops (minimum of three); (4) Chi Sigma Iota (Texas Tech Chapter) (minimal of four). See websites for more information.

You are then to write up your experience (Options 1 or 2) in a brief report of 3-5 pages discussing what took place, what you learned, as well as evaluating what you especially liked and disliked. Attach descriptive information from your experience (i.e., brochures, handouts, registration materials)**.**

\*This assignment is not optional, rather it has 2 options.

**Online Discussion Questions/Responses (due each week)**

On the first day of class, students will be placed in a discussion group for Blackboard assigned chapter discussions (threaded). Students are to **post 1 to 2 discussion questions** from each chapter and be prepared to write **a reflection** based on their questions and to use those questions as a springboard for participating in the Blackboard threaded discussions.

Students are also required to **respond to a minimal of one question from two persons in your class** for each chapter. The threaded discussions are asynchronous, which means that during the assigned timeframe, students will post their questions on their own time. They will enter the discussion board throughout the assigned timeframe to respond to others’ postings within their groups. All discussion related to the each chapter will be completed before the next chapter assignment is due. Questions must be posted the Thursday before due date. Your responses to your group members questions, must be posted on due date in the **Course Outline.**

**Chapter Threaded Discussion Grading: 18 points**

**Course Summary (2 points) and Book Critique (1 point)**:

At the end of the semester, you must prepare a 3-5 page summary of the course, to include class assignments/activities; and a 1-2 page summary of the book. **Submit both written assignments to the instructor via Blackboard Assignment Tab.**

**Class Participation (4 points) :**

An important aspect of this course is the exchange of ideas, opinions, questions, and information. Consequently, you are expected to come **fully** prepared to participate in classroom discussion.

**Points will be awarded for participation in class discussion as follows**: **4 points**

 Unusually good contributions 2 points

 Good contributions 1 points

 Minimal, but acceptable contributions .5 points

 Essentially no contribution 0 points

 **In arriving at this total, points will be awarded in class participation as follows**:

 Obviously well-prepared, significant contributions 2 points

 Well-prepared, good contributions 1 points

 Some preparation, minimal contributions .5 points

 Simply there, little or no contribution, no participation 0 points

Your point total is determined by averaged ratings of your overall contributions to class sessions.

**GRADING AND COURSE REQUIREMENTS**

To earn the **maximum** number of the points possible for all discussion post assignments, the student will:

1. Provide the required number of postings that contribute to each discussion.
2. Ensure posts are thoughtful and thorough, reflecting critical thinking about the content
	* 1. Posts are not comprised of single sentences.
		2. Posts are not simply “I agree” statements.
		3. Posts are not simple reiterations of other postings.
3. The posts indicate that the student is following the discussion.
	* 1. The postings are not outside the context of the discussion.
		2. The student responds critically to the ideas of others.
		3. The student posts as the discussion progresses instead of all at one time.

You determine your grade by the number of points earned on the various course activities. With this approach, there is no pre-conceived distribution of grades. There are seven different course requirements (with assigned point values) specified below:

**Activity** **Points**

 Mental Health Community Agency Critique 10

Comprehensive Mental health Organization (Dream Agency) 21

 Community Mental health Experience 5

 Interviews 10

 Multiple Options Required Assignment 20

 Online Discussion Questions/Responses (1pts each) 18

 Chapter Quizzes (.5 pt each) 9

 Course Summary 2

 Book Critique 1

 Class Participation 4

**Total**  **100**

Final grades will be assigned as follows:

 “A” At least 93 total points

 “B” An accumulated points at 80

 “C” An accumulated point total between 75-79

 “D” Any point total below 75

**Activity and Evaluation Assignment**

The A&E assignment is the *Comprehensive Mental Health Organization*. Students in groups will: (a) prepare a proposal for a new comprehensive mental health-based program offering counseling services (b) with unlimited resources, they will use that proposal **c**onstruct a dream agency. This study will include vision and mission statements, learning about the organizational structure, including fiscal management, organization, methods of evaluation and assessment, guiding assumptions and theories and clientele. It will also include a critical assessment of the organization’s policies and procedures, evaluation processes, delivery of services, development activities, and outreach activities. Students will submit a written report of their findings, and sharing their findings in an oral report.

To pass, students must score a minimum of 3 on the rubric forComprehensive Clinical Mental Health Organization Assignment

**VII. Class Schedule**

# Date Topic Readings

#

# 8/27 Overview (All students must download the Counselor Education handbook)

#  The Counselor’s Identity: What, Who, and How? Chap 1

#  The Counseling Profession’s Past, Present, and Future Chap 2

# Ongoing Program Evaluation

#  (CACREP II F.1.a,d,f., CMHC.C.2.a,k)

# Stress, Burnout, Self-Care and Self Awareness

 **Student Advising**

#

# 9/3 Standards in the Profession: Ethics, Accreditation, Credentialing,

#  Multicultural Counseling and the Standards Associated with them Chap 3

#  (CACREP II F.1.e,g,i., CMHC.C.2.j,k,l)

# Code of Ethics (CACREP II F.1.g.j, CMHC. C.2.j,k,l)

Blackboard Online Discussion Qs due **9/6**; Responses **9/9** **Chaps 1-3**

# 9/10 Individual Approaches to Counseling Chap 4

#  Counseling Skills Chap 5

#  (CACREP CMHC.C.1.a.b., CMHC.C.2.j)

# 9/17 Couples and Family Counseling (CACREP II.F.1.a.b; CMHC.C.2.a) Chap 6

#  Group Work (CACREP II.F.1.b; CMHC.C.2.a) Chap 7

#  Blackboard Online Discussion Qs due 9/13; Responses 9/16 Chaps 6&7

# Library Tour—6:30-8:00

# 9/24 Clinical Mental Health Counseling Chap 17

#  (CACREP Clinical Mental Health Counseling)

 **Guest Speaker: R Patrice Dunn, MEd**

# 10/1 Consultation and Supervision Chap 8

# (CACREP II.F.1.m)

# Blackboard Online Discussion Qs due 10/4; Responses 10/7 Chaps 17& 8

# 10/8 Development across the Lifespan Chap 9

#  (CACREP CMHC.C.1.b)

 **Community Experience Due (oral and written)**

# 10/15 Abnormal Development, Diagnosis, and Psychopharmacology Chap. 10

#  (CACREP CMHC.C.2.d,e,g,h)

#  Blackboard Online Discussion Qs due 10/18; Responses 10/21 Chaps 9&10

# 10/22 Career Development: The Counselor and the World of Work Chap 11

(CACREP II.F.1.a.b; CMHC.C.2.a)

 **Testing and Assessment** (CACREP CMHC.C.1.e) **Chap 12**

#  Blackboard Online Discussion Qs due 10/25; Responses 10/28 Chaps 11&12

#

**10/29**  **Research and Evaluation**  **Chap 13**

#  (CACREP II.8.a)

**LPC Interviews Assignment Due**

# 11/5 Theory and Concepts of Multicultural Counseling Chap14

# Knowledge and Skills of Multicultural Counseling Chap 15

# (CACREP II F.1.e; CMHC.C.2.j)

#  Blackboard Online Discussion Qs due 11/8; Responses 11/11 Chaps 13-15

#  National Association for Multicultural Education

# 11/12 School Counseling Chap 16

(CACREP II.F.1.a.b; CMHC.C.2.a)

#

# 11/19 Student Affairs and College Counseling Chap 18

(CACREP II.F.1.a.b; CMHC.C.2.a)

# Blackboard Online Discussion Qs due 11/22; Responses 11/25 Chaps 16&18

# Clinical Mental Health Agency Critique Due

# 11/26 Comprehensive Clinical Mental Health Organization proposal due (oral presentations begin)

#  Multiple Options Assignment due

**11/27-12/1 Thanksgiving Holiday!!!!**

# 12/3 Comprehensive Clinical Mental Health Organization oral presentations cont’d.

# Course Summary and Book Critique due

# Food Celebration!

**12/6-11** **Final Examination Period**: **Dec. 6–11**

# Commencement: December 13–14

# \*\*Note: Topics may change when necessary and assignment due dates/schedule may be subject to change based on class need.

**Conferences:**

**TCA Conference** **(11/13-11/16) Fort Worth, TX**

# NAME Conference (11/6-11-10 Tucson, AZ

# VIII. Required Texts:

# Neukrug, E.V. (2016). The World of the Counselor: An Introduction to the Counseling

# Profession (5th ed). Boston, MA: Cengage Learning

# American Counseling Association. (2014). ACA code of ethics and standards of practice.

#  Alexandria, VA: Author.

**VIX. Course Policies**

1. Attendance: Students are expected to attend all scheduled classes during the semester.
2. Absences: Students are allowed one excused absence during the semester without proof of the reason for the absence. However, if assignments are due on the day absent, the student must arrange for the assignments to be turned in by the due date. For other absences, it is the responsibility of the student to inform the instructor before the absence, if possible. The student must provide proof of illness or emergency (doctor’s excuse, photo of flat tire, etc.).
3. Make-up: Course assignments may be completed and turned in for full credit with proof of illness or emergency.
4. On-line behavior: Class discussions on-line are to be conducted with civility and respect for other students. Students who fail to be civil and respectful will be banned from the discussion forum and receive a 0 for the remaining assignments.

Additional information is available in OP 34.04

**Other Course Policies**

**Assignments**:

All written assignmentsmust be submitted to the instructor via **Black Board Assignment Tab** and all work must be completed using the latest APA edition style.

**REDO Assignments**: should be completed by no later than one week after the original due date. Points will be subtracted for late papers.

Assignments are due at or before the beginning of the class on the date assigned. Late papers and/or presentations not turned in at the beginning of class will be reduced one letter grade for each class late. All assignments must be turned in--a missed assignment will reduce your final grade by one letter grade. In the case of illness or an emergency, exceptions will be made; however, the student must provide written evidence (doctor’s statement) to verify the illness or the emergency. **If you want feedback on you’re your work you must submit a draft one week before the assignment is due.** Students are expected to follow proper APA Publication guidelines for writing assignments and to adhere to ACA ethical standards at all times.

**Class Attendance** will be taken. Students are expected to attend all classes and participate in class discussions. You will be graded 5 points lower for every class missed (after 1 day), for a total of 25 pts. However, you may see instructor for a make-up assignments related to the topic presented on the day you were absent. Students who **have not** signed the daily attendance will be counted absent.

**Incomplete Grades**:

Please note that I do not give a grade of incomplete for any assignment or exam missed or final grade at the end of the course except (as per University policy) in the case of definite extenuating circumstance(s) (illness, death of immediate family, accident, etc.) in which case, the student must provide definite proof (doctor's letter for illness, etc.). Being enrolled in too many classes, overworked at home/job, too much responsibility at job, too busy to attend class, etc. does not constitute valid reasons for a grade of incomplete.

**Unclaimed Materials**: Unclaimed assignments may be pick-up (the 3rd week of the next semester) in the Learning Resource Center (LRC) (Rm 253)**.** Materials not claimed in one year may be destroyed.

**Diversity:** Each of the students taking this course brings an array of different experiences and knowledge to the course. It is the course instructor’s expectation that within each class session students conduct themselves in a manner that is respectful of diversity, gender, sexuality, disability, age, socioeconomic status, ethnicity, race, and culture. If you feel that in some way that respect has been violated or you have recommendations on how to better fulfill this expectation, you are encouraged to meet with the course instructor.

**Inclement Weather:** Class will be held if the University is open. However, each student is encouraged to use personal good judgment and monitor weather conditions to ensure safety.

**Emergency Alert Notification System:** Texas Tech University has implemented an Emergency Alert Notification System to inform students, faculty and staff of important alerts and emergency response information. The system is the official campus emergency communications system and will only be used in critical situations. The system enables TECH to send voice messages to up to four phone numbers, one of which can be designated as text-enabled. In addition, TTY/TDD messaging can be enabled for the hearing impaired. E-mail alerts will be sent to all active e-raider addresses automatically.

**X. Scholastic Dishonesty**

It is the aim of the faculty of Texas Tech University to foster a spirit of complete honesty and high standard of integrity. The attempt of students to present as their own any work not honestly performed is regarded by the faculty and administration as a most serious offense and renders the offenders liable to serious consequences, possibly suspension.

“Scholastic dishonesty” includes, but it not limited to, cheating, plagiarism, collusion, falsifying academic records, misrepresenting facts, and any act designed to give unfair academic advantage to the student (such as, but not limited to, submission of essentially the same written assignment for two courses without the prior permission of the instructor) or the attempt to commit such an act.

Counselor Education students are expected to exhibit ethical conduct at all times.

**XI. Handicapping Conditions**

Any student who, because of a disability, may require special arrangements in order to meet the course requirements should contact the instructor as soon as possible to make any necessary arrangements. Students should present appropriate verification from Student Disability Services during the instructor’s office hours. Please note instructors are not allowed to provide classroom accommodations to a student until appropriate verification from Student Disability Services has been provided. For additional information, you may contact the Student Disability Services office in 335 West Hall or 806-742-2405.

**XII. Religious Observations**

Students may be allowed an excused absence due to certain religious holidays/observances. Students should notify the professor at the beginning of the semester and submit appropriate verification at least one week prior to the anticipated absence. Students must be allowed to take an examination or complete an assignment scheduled for that day within a reasonable time after the absence. Failure to complete these assignments may result in appropriate responses from the instructor.

**XIII. ADA Compliance**

A student must register with Student Disability Services and file appropriate documentation in order to be eligible for any disability benefits and services described in this operating policy. The university-approved mechanism for establishing reasonable accommodation is written notification in the form of a *Letter of Accommodation* from Student Disability Services. The *Letter of Accommodation* indicates to faculty that the student has given proof of her/his disability and that the accommodation noted is considered appropriate and reasonable. No further proof of disability should be required of the student. Students presenting other kinds of verification should be referred to Student Disability Services for the appropriate identification. No requirement exists that accommodation be made prior to completion of the approved university process.

Faculty members are not permitted to provide accommodations for a student’s disability needs unless the student provides a *Letter of Accommodation* from Student Disability Services. Ideally, *Letters of Accommodation* should be presented to instructors at the beginning of the semester; however, *Letters of Accommodation* may be submitted at any point during a semester. If a *Letter of Accommodation* is presented after a semester begins, the accommodation applies only from the date presented to and signed by the faculty member until the completion of the semester. One week is considered a reasonable amount of time to allow the faculty member to implement the accommodation.

**XIV. Violence and Sexual Harassment:**

The university is committed to providing and strengthening an educational, working, and living environment where students, faculty, staff, and visitors are free from sex discrimination of any kind. In accordance with Title VII, Title IX, the Violence against Women Act (VAWA), the Campus Sexual Violence Elimination Act (SaVE), and other federal and state law, the university prohibits discrimination based on sex and other types of Sexual Misconduct. Sexual Misconduct is a broad term encompassing all forms of gender-based harassment or discrimination and unwelcome behavior of a sexual nature. The term includes sexual harassment, nonconsensual sexual contact, nonconsensual sexual intercourse, sexual assault, sexual exploitation, stalking, public indecency, interpersonal violence, sexual violence, and any other misconduct based on sex. Any acts that fall within the scope of this policy hereinafter are referred to as Sexual Misconduct.

While sexual orientation and gender identity are not explicitly protected categories under state or federal law, it is the university’s policy not to discriminate in employment, admission, or use of programs, activities, facilities, or services on this basis. Discriminatory behavior is prohibited regardless of the manner in which it is exhibited, whether verbally, in writing, by actions, or electronically displayed or conveyed.

This policy applies to all university students and employees, visitors, applicants for admission to or employment with the university, as well as university affiliates and others conducting business on campus. This policy will apply to on-campus and off-campus conduct of which the university is made aware and which adversely impacts the educational and employment environments of the university. The university will take all reasonable steps to prevent recurrence of any Sexual Misconduct and remedy discriminatory effects on the Reporting Party and others, if appropriate.

The full description of the University’s policy on violence and sexual harassment can be found in OP 40.03.

**XV. Classroom Civility/Etiquette**

Students are encouraged to follow the eight ethical principles supported in the *Strive for Honor* brochure. They are:

* *Mutual Respect* – Each member of the Texas Tech community has the right to be treated with respect and dignity.
* *Cooperation and Communication* – We encourage and provide opportunities for the free and open exchange of ideas both inside and outside the classroom.
* *Creativity and Innovation* – A working and learning environment that encourages active participation.
* *Community Service and Leadership* – Exemplary professional and community service through research, creative works, and service programs that extend beyond the university environment.
* *Pursuit of Excellence* – Texas Tech University is committed to achieving excellence following best practices in its professional work, displaying the highest standards in its scholarly work, and offering venues to showcase national and international examples of achievement.
* *Public Accountability* – We strive to do what is honest and ethical even if no one is watching us or compelling us “to do the right thing”.
* *Diversity* – An environment of mutual respect, appreciation, and tolerance for differing values, beliefs, and backgrounds.
* *Academic Integrity* – Being responsible for your own work ensures that grades are earned honestly.

**XVI. Title IX**

TTU Resources for Discrimination, Harassment, and Sexual Violence

Texas Tech University is committed to providing and strengthening an educational, working, and living environment where students, faculty, staff, and visitors are free from gender and/or sex discrimination of any kind. Sexual assault, discrimination, harassment, and other Title IX violations are not tolerated by the University. Report any incidents to the Student Resolution Center, (806)-742-SAFE (7233) or file a report online at titleix.ttu.edu/students. Faculty and staff members at TTU are committed to connecting you to resources on campus. Some of these available resources are: **TTU Student Counseling Center,**806-742-3674, https://www.depts.ttu.edu/scc/*(Provides confidential support on campus.)***TTU Student Counseling Center 24-hour Helpline**,806-742-5555,*(Assists**students who are experiencing a mental health or interpersonal violence crisis.  If you call the helpline, you will speak with a mental health counselor.)***Voice of Hope Lubbock Rape Crisis Center**, 806-763-7273,voice ofhopelubbock.org *(24-hour hotline that provides support for survivors of sexual violence.)***The Risk, Intervention, Safety and Education (RISE) Office**, 806-742-2110, rise.ttu.edu *(Provides a range of resources and support options focused on prevention education and student wellness.)***Texas Tech Police Department**, 806-742-3931, http://www.depts.ttu.edu/ttpd/ *(To report criminal activity that occurs on or near Texas Tech campus*.)

**XVII. Resources for Safe Campus**

Safety is important at Texas Tech. There is an Emergency system across the campus that allows contact with the Campus Police. One is on 18th Street between the Education Building and the Parking Garage. Other resources, including student safety, disability resources, student conduct, and student health services, can be found at <http://www.depts.ttu.edu/dos/bit/available-resources.php>

**XVIII, LGBTQIA**

“I identify as an ally to the lesbian, gay, bisexual, transgender, queer, intersex, and asexual (LGBTQIA) community, and I am available to listen and support you in an affirming manner. I can assist in connecting you with resources on campus to address problems you may face pertaining to sexual orientation and/or gender identity that could interfere with your success at Texas Tech. Please note that additional resources are available through the Office of LGBTQIA within the Center for Campus Life, Student Union Building Room 201, [www.lgbtqia.ttu.edu](http://www.lgbtqia.ttu.edu), 806.742.5433.”

**XVI. References**

# American Counseling Association. (2014). ACA code of ethics and standards of practice.

 Alexandria, VA: Author.

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 *psychodynamic principles and practice*. Routledge.

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 VA: American Counseling Association.

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 CA: Brooks/Cole.

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Henderson, D. & Thompson, C. (2010*). Counseling children* (8th Ed.). Pacific Grove, CA:

 Brooks/Cole.

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Counseling Association.

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 *Perspective* (4th Ed.). Boston, MA: Allyn and Bacon.

Ivey, A. E., D'Andrea, M. J., & Ivey, M. B. (2016). *Theories of Counseling and Psychotherapy: A*

 *Multicultural Perspective: A Multicultural Perspective*. (7th ed.). Thousand Oaks, CA: Sage.

James, R. & Gilliland, B. (2002). *Theories and strategies in counseling and psychotherapy* (5th

 Ed.). Boston, MA: Allyn and Bacon.

Kopp, S. (1976). *Naked therapist*: *A Canterbury Tales collection of embarrassing moments from*

 *more than a dozen eminent psychotherapists*. San Diego: Edits.

Kottler, J. A. (2010*). On being a therapist* (4th ed.). San Francisco: Jossey-Bass.

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Lewis, J., Hayes, B., & Bradley, L. (1992). *Counseling women across the lifespan*. Denver,

CA: Love Publishers.

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 multicultural competency research: Review, introspection, and recommendations. Cultural

 Diversity and Ethnic Minority Psychology, 7(2), 121.

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 and social justice counseling competencies: Guidelines for the counseling profession. *Journal of*

 *Multicultural Counseling and Development*, *44*(1), 28-48.

Rogers, C. (1961). *On becoming a person*. Boston: Houghton Mifflin.

Robinson, T. L. (2017).*The convergence of race, ethnicity, and gender: Multiple identities in*

​ *counseling*(5th ed.).  Thousand Oaks, CA:  Sage

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(7th ed.). John Wiley & Sons.

Williford, A. P., & Shelton, T. L. (2008). Using mental health consultation to decrease disruptive

 behaviors in preschoolers: Adapting an empirically‐supported intervention. *Journal of Child*

 *Psychology and Psychiatry*, *49*(2), 191-200.

**XIX. Rubrics**

**Appendix A**

**LPCs Interviews**

**CACREP Standards Addressed:**

II.F.1.b. The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.

* II.F.1.c. Counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams.
* II.F.1.d. The role and process of the professional counselor advocating on behalf of the profession;
* II.F.1.g. Professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;
* II.F.1.i. Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.
* CMHC.C.2.a. Roles and settings of clinical mental health counselors.
* MHC.C.2.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.
* CMHC.C.2.i. Legislation and government policy relevant to clinical mental health counseling.
* CMHC.C.2.l. Legal and ethical considerations specific to clinical mental health counseling.
* CMHC.C.2.m. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.

**LPCs Interviews Scoring Rubric**

Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Interviews** | Essentially no effort  0.35 pt | Poor effort expended 0.7 pt | Good effort expended 1.05 pts | Superior 1.4 pts |
| Q1 Lives as MHC |  |  |  |  |
| Q2 Training Prepared |  |  |  |  |
| Q3 Managed Care Impact |  |  |  |  |
| Q4 Self-Care |  |  |  |  |
| Q5 Unique Challenges |  |  |  |  |
| **Reflection** | Essentially no effort 0.25 pt | Poor effort expended0.5 pt | Good effort expended0.75 pt | Superior 1 pt |
| What you discovered |  |  |  |  |
| Found Most Surprising |  |  |  |  |
| Resolved to Do |  |  |  |  |

**Appendix B**

**The Dream Agency: Comprehensive Clinical Mental health Organization**

**CACREP Standards Addressed:**

II.F.1.b. The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.

II.F.1.c. Counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams.

CMHC.C.2.a. Roles and settings of clinical mental health counselors.

CMHC.C.2.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.

CMHC.C.2.i. Legislation and government policy relevant to clinical mental health counseling.

CMHC.C.2.k. Professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.

CMHC.C.2.l. Legal and ethical considerations specific to clinical mental health counseling.

CMHC.C.2.m. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.

**A & E Activity: Comprehensive Clinical Dream Agency Project Evaluation Rubric**

Name:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Beginning1 | Basic2 | Proficient3 | Advanced4 | Exceptional5 | Score |
| Written Report Critical Review(CACREP II.F.1.b, c; CMHC.C.2.a, c, i, k, l, m) | No critical review; Missing most of the major areas | Review of agency, but minimal critique some major areas covered | Comprehensive Review, basic critique; all areas covered | Excellent Review and CritiqueAll areas covered in-depth | Excellent Review and CritiqueAll areas covered in-depth. Clear connections to the text, readings, and research |  |
| Description of MH setting(CACREP CMHC.C.2.k) | Vague and lacking major components andmost of the major areas | Limited understanding of the MH agency; some major areas covered | Basic understanding of MH agency; All areas covered | Good understanding of the MH agency; All areas covered | In-depth understanding of MH agency; All areas covered; Clear connections to the text, readings, and research |  |
| Program Description(CACREP II.F.1.b, c; CMHC.C.2.a, c, i, l, m) | Sketchy Description<4 areas covered | Sketchy Description5 areas covered | Basic description with minimal elaborations;6 areas covered | Good Description, good elaboration on each area7 areas covered | In-depth description, detailed elaborations in all areas, tied to the text, readings, researchAll 8 areas covered |  |
| Program Funding(CACREP II.F.1.c, CMHC.C.2.c, m) | No funding sources listed | Limited; some major areas covered | Basic; appropriate funding sources; all areas covered | Good; Multiple funding sources; all areas covered | Comprehensive; Multiple funding sources, in-depth elaborations; tied to the text, readings, All areas covered |  |
| Program Evaluation(CACREP CMHC.C.2.m) | No evidence of any Program Evaluation | Limited comprehension; some major areas covered | Basic comprehension;All areas covered | Good Comprehension;All areas covered | Thorough understanding, excellent and comprehensive descriptions; All areas covered |  |
| Oral Presentation(CACREP II.F.1.b, c; CMHC.C.2.a, c, i, k,l, m) | Shows no interest in the agency experience; no sequence of information | shows little positive attitude of experience; difficulty following presentation;jumps around | Shows positive attitude about the experience; At ease with questions with no elaborations | Demonstrates a positive attitude about experience; comfortable with questions with some elaborations | Demonstrates a strong positive attitude about experience; answering all class questions with explanations and elaborations |  |
| APA-style/ Grammar  |  Poor APA | Acceptable APA | Good APA |  Great APA | Perfect APA |  |
| 1 page Outline & Summary  | Less than 2 areas covered | 3 areas covered | 4 areas covered | 5 areas covered | All 6 areas covered |  |
| Total  |  |  |  |  |  |  |

**Comprehensive Clinical Dream Agency Project Written Scoring Rubric**

Name:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Beginning1 | Basic1.5 | Proficient2 | Advanced2.5 | Exceptional3 | Score |
| Description of MH setting(CACREP CMHC.C.2.k) | Vague and lacking major components andmost of the major areas | Limited understanding of the MH agency; some major areas covered | Basic understanding of MH agency; All areas covered | Good understanding of the MH agency; All areas covered | In-depth understanding of MH agency; All areas covered; Clear connections to the text, readings, and research |  |
| Program Description(CACREP II.F.1.b, c; CMHC.C.2.a, c, i, k, l, m) | Sketchy Description<4 areas covered | Sketchy Description5 areas covered | Basic description with minimal elaborations;6 areas covered | Good Description, good elaboration on each area7 areas covered | In-depth description, detailed elaborations in all areas, tied to the text, readings, researchAll 8 areas covered |  |
| Program Funding(CACREP II.F.1.c, CMHC.C.2.c, m) | No funding sources listed | Limited; some major areas covered | Basic; appropriate funding sources; all areas covered | Good; Multiple funding sources; all areas covered | Comprehensive; Multiple funding sources, in-depth elaborations; tied to the text, readings, All areas covered |  |
| Program Evaluation(CACREP CMHC.C.2.m) | No evidence of any Program Evaluation | Limited comprehension; some major areas covered | Basic comprehension;All areas covered | Good Comprehension;All areas covered | Thorough understanding, excellent and comprehensive descriptions; All areas covered |  |
| Oral Presentation(CACREP II.F.1.b, c; CMHC.C.2.a, c, i, k, l, m) | Shows no interest in the agency experience; no sequence of information | shows little positive attitude of experience; difficulty following presentation;jumps around | Shows positive attitude about the experience; At ease with questions with no elaborations | Demonstrates a positive attitude about experience; comfortable with questions with some elaborations | Demonstrates a strong positive attitude about experience; answering all class questions with explanations and elaborations |  |
| APA-style/ Grammar  |  Poor APA | Acceptable APA | Good APA |  Great APA | Perfect APA |  |
| 1 page Outline & Summary  | Less than 2 areas covered | 3 areas covered | 4 areas covered | 5 areas covered | All 6 areas covered |  |
| Total  |  |  |  |  |  |  /21 |

**Appendix C**

**Class participation**

**CACREP Standards Addressed:**

II.F.1.a. history and philosophy of the counseling profession;

II.F.1.b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.

II.F.1.c. counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;

II.F.1.d. the role and process of the professional counselor advocating on behalf of the profession

II.F.1.e. advocacy process needed to address institutional and social barriers that impede access, equity, and success for clients;

II.F.1.g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; and

II.F.1.i. ethical standards of professional organizations and credentialing bodies, and

applications of ethical and legal considerations in professional counseling.

CMHC.C.1.a. history and development of clinical mental health counseling;

CMHC.C.1.b. theories and models related to clinical mental health counseling;

CMHC.C.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning;

CMHC.C.1.d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders; and

CMHC.C.1.e. psychological tests and assessments specific to clinical mental health counseling.

CMHC.C.2.a. roles and settings of clinical mental health counselors;

CMHC.C.2.b. etiology, nomenclature, treatment, referral, and preventions of mental and emotional disorders;

CMHC.C.2.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;

CMHC.C.2.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);

CMHC.C.2.e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders;

CMHC.C.2.f. impact of crisis and trauma on individuals with mental health diagnoses;

CMHC.C.2.g. impact of biological and neurological mechanisms on mental health;

CMHC.C.2.h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation;

CMHC.C.2.i. legislation and government policy relevant to clinical mental health counseling;

CMHC.C.2.j. cultural factors relevant to clinical mental health counseling;

CMHC.C.2.k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.

CMHC.C.2.l. legal and ethical considerations specific to clinical mental health counseling; and

CMHC.C.2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.

**Class participation Scoring Rubric**

EPCE 5353

Name:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Points will be awarded: | Essentially no contribution**0 pt** | Minimal, but acceptable contributions**.5 pt**  | Good contribution**1 pt** | Obviously well-prepared, significant contributions  **2 pts**  |
| **Class Discussion** |  |  |  |  |
| Points will be awarded: | Simply there, little or no contribution, no participation**0 pt** | Some preparation, minimal contributions**.5 pt** | Well-prepared, good contributions**1 pt** | Obviously well-prepared, significant contributions2 **pts** |
| **Class Participation** |  |  |  |  |

**Appendix D**

**Online Discussion Questions/Responses**

**CACREP Standards Addressed:**

II.F.1.a. history and philosophy of the counseling profession;

II.F.1.b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.

II.F.1.c. counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;

II.F.1.d. the role and process of the professional counselor advocating on behalf of the profession

II.F.1.e. advocacy process needed to address institutional and social barriers that impede access, equity, and success for clients;

II.F.1.g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; and

II.F.1.i. ethical standards of professional organizations and credentialing bodies, and

applications of ethical and legal considerations in professional counseling.

CMHC.C.1.a. history and development of clinical mental health counseling;

CMHC.C.1.b. theories and models related to clinical mental health counseling;

CMHC.C.1.c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning;

CMHC.C.1.d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders; and

CMHC.C.1.e. psychological tests and assessments specific to clinical mental health counseling.

CMHC.C.2.a. roles and settings of clinical mental health counselors;

CMHC.C.2.b. etiology, nomenclature, treatment, referral, and preventions of mental and emotional disorders;

CMHC.C.2.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;

CMHC.C.2.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);

CMHC.C.2.e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders;

CMHC.C.2.f. impact of crisis and trauma on individuals with mental health diagnoses;

CMHC.C.2.g. impact of biological and neurological mechanisms on mental health;

CMHC.C.2.h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation;

CMHC.C.2.i. legislation and government policy relevant to clinical mental health counseling;

CMHC.C.2.j. cultural factors relevant to clinical mental health counseling;

CMHC.C.2.k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.

CMHC.C.2.l. legal and ethical considerations specific to clinical mental health counseling; and

CMHC.C.2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.

**Online Discussion Questions/Responses Scoring Rubric (EPCE 5353)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Beginning**0 pt**  | Proficient**.25 pts** | Advanced**.5 pts**  | Exceptional **1 pts** |
| Questions | Trivial; closed question requiring a “yes” or “no” answer. If an explanation is required, the explanation is a rote answer that can be found in textbook.  | Unimportant and/or open-ended requiring only rote answers that can be found in textbook | Significant, open-ended enough to drive inquiry and clearly linked to the theme, issue, or question, | Compelling, open-ended; inquiry by raising other important question |
| Responses | Answer is incomplete; unrelated discussion; fails to address all parts of the question ;and no sequence of information  | Answer is brief’ insufficient detail;addresses parts of the question; unrelated information introduced; jumps around | Answer is mostly complete; appropriate explanations without elaborations | Answer is complete; responds all parts of question thoroughly; appropriate explanations and elaborations |

**Appendix E**

**Clinical Mental Health Community Agency Critique**

**CACREP Standards Addressed:**

II.F.1.b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation.

II.F.1.c. counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams;

II.F.1.g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues; and

II.F.1.i. ethical standards of professional organizations and credentialing bodies, and

applications of ethical and legal considerations in professional counseling.

CMHC.C.1.a. history and development of clinical mental health counseling;

CMHC.C.2.a. roles and settings of clinical mental health counselors;

CMHC.C.2.b. etiology, nomenclature, treatment, referral, and preventions of mental and emotional disorders;

CMHC.C.2.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;

CMHC.C.2.i. legislation and government policy relevant to clinical mental health counseling;

CMHC.C.2.j. cultural factors relevant to clinical mental health counseling;

CMHC.C.2.k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.

CMHC.C.2.l. legal and ethical considerations specific to clinical mental health counseling; and

CMHC.C.2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.

**Clinical Mental Health Agency Critique Scoring Rubric**

EPCE 5353

Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Beginning Less than 5 points** | **Basic** **(7-6 pts)** | **Proficient** **(8 pts)** | **Advanced** **(9 pts)** | **Exceptional (10 pts)** |
| Written Report (5pts) | Little understanding of the community-based mental health agency (< 7 areas covered) | Limited understanding of the community-based mental health agency(8 areas covered) | Basic understanding of the community-based mental health agency (9 areas covered) | Good understanding of the community-based mental health agency(10 areas covered) | In-depth understanding of the community-based mental health agency (All 11 areas covered) |
| Oral Presentation (2 pts) | Shows absolutely no interest in the agency experienceAudience cannot understand presentation because there is no sequence of information | Rarely shows positive attitude about the agency experience Audience has difficulty following presentation because student jumps around | Occasionally shows positive attitude about the agency experience Student is at ease with expected questions without elaborations | Demonstrates a positive attitude about the agency experience Student is comfortable with expected questions without some elaborations | Demonstrates a strong positive attitude about the agency experience during entire presentationDemonstrates full knowledge by answering all class questions with explanations and elaborations |
| APA-style/ Grammar (1pt) | Demonstrates **Poor APA** | Demonstrates **Acceptable APA** | Demonstrates **Good APA** | Demonstrates **Great APA** | Demonstrates **Perfect APA** |
| 1 page Outline & Summary (2pts) | Less than 5 areas covered | 6/11 areas covered | 8/11 areas covered | 9/11 areas covered | All 11 areas covered |