

MENTAL HEALTH COUNSELING INTERNSHIP (COU 785)

INSTRUCTOR INFORMATION:

Instructor Name:

Email:

STUDENT SUCCESS AND INCLUSIVITY:

At Missouri State University we are committed to your success and the creation of an environment where all students are welcome. As a community of learners, we acknowledge the value in the engagement and exchange of ideas with individuals, whose backgrounds may be different than our own.

A key element to your success as a student is to actively engage in the course activities, with your peers, and me - your instructor. If you anticipate or experience academic barriers during the course, contact me right away so we can discuss options for addressing those barriers. Missouri State University (as an institution) and I (as a human being and instructor of this course) are committed to full inclusion in education for all persons. Services and reasonable accommodations are available to persons with temporary and permanent disabilities, to students facing mental health or other personal challenges, and to students with other kinds of learning challenges. Please let me know if there are circumstances affecting your ability to participate in class. Some resources that might be of use include:

- <u>Disability Resource Center</u>
- Counseling Center
- Multicultural Center
- Academic Advising & Transfer Center

COUNSELING PROGRAM OBJECTIVES

Knowledge. Students will demonstrate appropriate breadth and depth of knowledge and comprehension in the areas of culturally relevant service, prevention, treatment, referral, and program management associated with the broader field of counseling as well as the selected specialty (i.e., mental health or school counseling).

Clinical Skills. Students will demonstrate meaningful, therapeutic alliances that utilize culturally sensitive appraisal and assessment techniques for working with individuals and groups in a culturally pluralistic world.

Research and Appraisal. Students will demonstrate analytical knowledge and skills for appraising and contributing to professional counseling literature and program evaluation in selected specialty areas ((i.e., mental health or school counseling).

Professional Dispositions. Students will conduct themselves in accordance with the highest ethical standards and values of professional counseling and develop an understanding of oneself and the use of self in the counseling process.

Specialty Areas. Students will demonstrate appropriate breadths and depth of knowledge and skills in their respective specialty areas (i.e., mental health or school counseling).

<u>DEFINITION OF COUNSELING</u>: Recently ACA and 28 other Counseling Organizations adopted the following definition: "Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals."

REFLECTIVE COUNSELING PRACTICE: The Counseling Programs are committed to providing students with opportunities for self-reflection as those practices are congruent with the beliefs of the Professional Education Unit at Missouri State University and constitute the cornerstone of modern professionalism. Self-reflective practice requires openness, awareness, honesty, self-analysis, problem solving, conflict resolution, tolerance, and responsibility. These personal attributes and skills are crucial to the development of excellence in our schools and community agencies serving a diverse, multicultural society.

COURSE DESCRIPTION:

Prerequisite: admission to Counseling program; and either COU 780 or COU 784; and department permission. Supervised experiences (individual, family, and group) in counseling at an approved community agency site. Minimum of 300 hours on-site. Students will receive individual supervision on-site, and small group supervision from the department. May be repeated to 9 credit hours. Graded Pass/Not Pass only. Supplemental course fee. 3(3-0) D

METHODS OF INSTRUCTION:

Didactic In-Person: This course is a "traditional" learning style in the classroom. Methods involved in this form of student-centered approach include small group discussion, problembased learning, reflective writing, and contemplative work as well as skills practice and report writing.

COURSE MATERIALS:

Required Texts:

ACA Ethical Code of Ethics and Standards of Practice. Alexandria, VA: American Counseling Association. (also available on the ACA website): https://www.counseling.org/resources/aca-code-of-ethics.pdf

Current Research Articles in Course:

Day-Vines, N., Bryan, J., & Brodar, J. (2022). Grappling with race: A national study of the broaching attitudes and behavior of school counselors, clinical mental health counselors, and counselor trainees. *Journal of Multicultural Counseling and Development*, 50(1).

Hilert, A. (2021). Counseling in the Anthropocene: Addressing social justice amid climate change. *Journal of Multicultural Counseling & Development*, 49(3), p175-191.

- Litam, S. D. A., Ausloos, C. D., & Harrichand, J. J. S. (2021). Stress and resilience among professional counselors during the COVID-19 pandemic. *Journal of Counseling & Development*, 99(2).
- Moffatt, G. (2022). Voice of experience: The future of mental health. *Counseling Today, October 19, 2022.*
- Rollins, J. (2021). The forces that could shape counseling's future. *Counseling Today, January 2021*.

Additional readings may be required throughout the semester and will be furnished in advance of expected completion.

MSU COUNSELING SYLLABUS MATRIX

This course is designed to meet certain content standards for accreditation adopted by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) 2016 standards. As such, CACREP standards covered in the course, goals, learning outcomes, learning objectives, curricular activities, and curricular assessments are displayed below:

THEMES	LEARNING	CACREP	LEARNING	LEARNING	EVALUATION
	OBJECTIVES	STANDAR	ACTIVITIES	OUTCOMES	TOOLS
		DS (2016)			
Demonstrate	processes for	2.F.5.n	Case	Students will	Case
ethical and	aiding students in		presentation;	demonstrate	Conceptualization
effective	developing a		Peer feedback	application of their	Presentation
therapeutic	personal model of		and discussion;	personal model of	(CCP)
relationship	counseling;			counseling as	
skills with	demonstrate	5.C.3.b		applied to a current	
awareness of	techniques and			counseling client	
personal	interventions for			case.	
model of	prevention and				Performance
counseling	treatment of a				Fitness
	broad range of				Evaluation (PFE)
	mental health				
	issues;				
	demonstrate	4.G.			
	professional				
	dispositions				
	inherent in				
	becoming an				
	effective,				
	reflective				
	counseling				
	practitioner;	5.0.2			
	intake interview,	5.C.3.a.			
	mental status				
	evaluation,				
	biopsychosocial				
	history, mental				

	health history, and psychological assessment for treatment planning and caseload management				
Keeping accurate and timely data on client services.	record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling	5.C.2.m.	Weekly file review		Weekly audits of file paperwork
Integrate contemporary professional issues into counseling practice	strategies for interfacing with the legal system regarding court- referred clients; strategies for interfacing with integrated	5.3.C.d.	Weekly group supervision; guest speakers		CCP (Case Conceptualization Presentation) Participation in weekly group supervision, discussion
	behavioral health care professionals; strategies to advocate for persons with mental health issues	5.3.C.e.			following guest speakers
	 Key Performance l	Evaluation: CC	P (Conceptualizati	ion Case Presentation)	

COURSE EXPECTATIONS

Attendance and Engagement Policy: I ask that you attend each class and be a consistent, appropriate, and knowledgeable participant in class discussion. Unexcused absences, excessive excused absences as well as repeated tardiness or leaving class early, will result in lowering of your final course grade. Given the nature of this course, students who miss more than two classes will be dropped from the course and will be encouraged to take the course at its next offering. Everyone learns differently, and it is important to me to honor a variety of learning styles and ways of knowing. If you are unsure how you are engaging in the class, please set up a meeting with me and we can discuss perceptions. Engaged and contemplative engagement can be demonstrated by the following:

- verbal contributions in larger classroom discussion
- verbal contributions in small group discussions
- clear demonstration of course content knowledge in assignments

- introspection of course content
- voicing dissenting thoughts in a respectful way to course content
- asking questions/adding comments which indicate thoughtful reflection on material
- gaining and compiling resources outside of what is required for the course
- engaging in advocacy outside of course

Technology: The use of technology is a part of our everyday lives at the university and there is important information you should know about your own computer's capabilities, Internet access, Blackboard, and other technology tools whether you are participating in a classroom on campus or taking an online class. For information on the basic computer requirements to be successful in class visit the Knowledge Base for Computer Requirements on the Missouri State University website. It is strongly recommended that, in addition to your standard means of access, you have an alternative plan for acquiring course materials, should your computer fail to function, or your Internet connectivity becomes disrupted. The MSU campus library is an excellent option if it is nearby; otherwise, most public libraries offer Internet access. If you have a laptop computer, then familiarity with local "hotspots" might also serve you well. It is your responsibility to actively and proactively address technical problems, therefore, develop a plan to address technical problems before they arise. If you need assistance with Blackboard the MSU helpdesk can be reached by phone at 417-836-5891 or by emailing HelpDesk@MissouriState.edu. You can also visit the Help Desk website for a live chat option.

Blackboard. We will utilize Blackboard throughout the semester. I will use the announcements tool to post information about the course as the semester progresses. All course assessments will be submitted through Blackboard (this includes any written assignments, quizzes, tests, etc.), and should be **uploaded in PDF format only**. You will also have access to view your grades through the My Grades link so you can stay up to date on how you are doing in the course. If you are unfamiliar with how to use Blackboard, I recommend reviewing the <u>Blackboard Basics for Students</u> on the Computer Services Knowledge Base. **Blackboard Ally:** To help ensure you have access to your digital learning materials in formats that work for your different devices, learning needs, and preferences, Blackboard includes a new tool called Ally. Explore the <u>Accessibility website</u> to learn more.

Classroom Expectations for Students using Digital Learning Platforms: Students using a digital learning platform (Zoom, Blackboard, Teams) should maintain professional, focused behavior while in class. Be aware that the instructor and other students are observing your behavior. Successful students find that consistently using a distraction-free, well-lit, "study area" works best. Unprofessional behavior such as attending class while driving, lying in bed or stretched out on the couch, eating, playing with children or pets; or multi-tasking including texting, or working with other documents or apps while attending class using Zoom or Teams contributes to poor performance and is unprofessional. Students who engage in unprofessional behavior while using Zoom or Teams technology will be reminded of these expectations privately one time. If the behavior continues, this will be reflected in assessment of their professional dispositions, and related grading policies for participation will apply.

Digital Delivery Netiquette

- I. Make sure you have a camera so that you can be seen through video when possible. Experiment with your lighting so that your face can be seen, especially for breakout sessions.
- II. Be aware of what/who is behind you and any other sounds in the area. Choose the quietest space available and mute yourself when you are not talking. Use earphones or buds when feasible.
- III. All participants should dress appropriately, as you would for class.
- IV. Use the chat box for comments, and the Q&A section for questions, or raise your hand for questions that involve discussion with the entire class.
- V. Please do not engage in other activities on your computer during class, since research shows that our brains cannot multitask.

Participation in Asynchronous and Synchronous Learning: Participation in experiential learning, case studies, and class discussions is required. Each student is expected to treat each person with respect, even when there are differences in experiences or viewpoints. Participation points will be awarded based on class participation and in some weeks, student questions demonstrating grasp of materials to be handed in at the end of class. (Substantive contributions based on readings and class experiences, raising questions that demonstrate either the student's areas of confusion or the depth of the student's understanding and a furthering of the topics at hand.) Each person has something important to contribute to the collective learning in our class experience, so it is the expectation that each student will participate in class discussions. Here are some "ground rules" participation:

- 1. Breathe and settle your body when conversations are tough. A Mindful approach to learning has been correlated with an increase in cultural consciousness (Anderson & Blisard, 2013).
- 2. Be open to learning, perhaps from a new perspective than you have previously considered, especially when it comes to systems-level analysis of our society. Try to move outside your comfort zone.
- 3. Be fully present and be an active participant. Use "I" language and speak from your own experience.
- 4. Respect each person's right to be heard and to have their own experience that may differ from yours.
- 5. Listen to others before responding.
- 6. Don't mistake your discomfort of feeling ideas challenged as a lack of safety—we will aim for "Brave" space of mutual respect for each other's humanity while we strive to understand the impact of individual and group experiences as future counselors.
- 7. Be responsible for your own growth and development. Notice your own reactions and become curious about them as a source of deeper understanding.
- 8. Do not judge another person's feelings, and do not mistake your feelings for "fact"; the goal is truly hearing and understanding. Be soft on people and hard on the barriers to understanding.
- 9. Be gentle with yourself and others as we all learn and grow.

Student Engagement: Participation and questions are expected in class discussions. It is the responsibility of each of us to treat each other with respect, even when there are differences in experiences or viewpoints. Participation points will be awarded based on class participation and in some weeks, student worksheets or exit tickets demonstrating grasp of materials will be handed in at the end of class or posted to Blackboard. Student engagement and understanding attained from worksheets or exit surveys should demonstrate your depth of understanding of the material and a furthering of the topic at hand.)

Expectations for Written Work. Students are expected to have read required materials prior to class. These readings are complementary and cumulative and will be used as a basis for all class activities, including quizzes. My expectation is that we will build upon the readings and develop higher-order applications of the concepts: analyzing, evaluating, creating (Anderson, Krathwol & Bloom, 2001), rather than simply review the readings, so your preparation is critical. We will have guest speakers, watch films and have discussions or participation activities (graded) meant to build on the readings. If you don't understand concepts in the book or want discussion, it is up to you to initiate that conversation!

All written projects are expected to adhere to the proper use of grammar, spelling and word choice, use of nonsexist and culturally sensitive language, as well as proper acknowledgment of quotations and citations. Journals are less formal stylistically but should use proper grammar and respectful language. Assignments in this class do not require APA style for formatting sections. Instead, please use the assigned prompts in the paper itself (single spaced) and write your response below them (double spaced). All written work should demonstrate graduate-level thought and analysis (see comments regarding Bloom's revised taxonomy in #7 above), and should reflect understanding and integration of course materials and process. If you need assistance, please don't hesitate to consult the Missouri State University writing lab and the "Bear Claw" in the library. For help with APA style: https://owl.purdue.edu/owl/purdue_owl.html

Plagiarism or cheating of any form will not be tolerated (see Academic Integrity and all other University policies here):

Key Performance Indicator Policy: A key performance indicator measures your performance in either a CACREP common core area or specialty area (clinical mental health counseling or school counseling). Failure to demonstrate proficiency on a Key Performance Indicator Assignment requires for you to re-do the assignment. If one is unable to demonstrate competency after a second review, one is required to retake the course to ensure that successful demonstration of knowledge and skill in the related area is achieved.

STUDENT OUTCOME TOOLS

1. Attendance: Any classes missed beyond one will need to be made up the following semester above and beyond any requirements for subsequent internship classes. Until the make-up is complete, the student will not receive a Passing grade (and then only provided all other requirements are met satisfactorily).

2. Professionalism & Ethics: Students are expected to maintain professional and ethical behavior at their field site, in class and in all areas related to this class. Students are expected to behave in accordance with the Code of Ethics of the American Counseling Association. In addition, personal characteristics and/or problems/issues should not interfere with the student's ability to be an effective helping professional. In instances in which the ethical code is violated, or dispositional/personal issues interfere with effective helping, the student will not receive a passing grade for the field experience. In some instances, dismissal from the program may be initiated.

Note Regarding Professionalism: Becoming a professional counselor means assuming responsibility for not only your clients' well-being, but for the well-being of the school or agency where you work, as well as the reputation of the profession itself. As such, we expect you to conduct yourself with the same level of professionalism that will be expected of you in a work setting. This includes things like confidentiality and respect in your presentations and management of clinical material; professional dress while working with clients; respect for colleagues, clients, faculty and others in your conversation and behavior; timeliness, attentiveness, and participation in all class meetings, assignments and activities (including clinical documentation); timely and respectful communication with faculty and colleagues; willingness to deepen your self-awareness and growth; responsibility for your own personal wellness; and so forth.

- 3. Field Hours: Students must complete all required field hours, including face-to-face supervision hours, documented and signed by site supervisor on forms provided by the department. Completion of each semester of internship consists of 300 hours, of which 120 must be direct client contact hours. (total Internship experience is 600 hours, 240 direct).
- **4.** CASE PRESENTATION (CACREP 2016 standards covered as part of this assignment: 2.F.5.n, 5.C.3.b, 4.G., 5.C.3.a., 5.C.2.m., 5.3.C.c., 5.3.C.d., 5.3.C.e.): Students will present a video of a counseling session with a brief case conceptualization (format provided). This conceptualization will be theory based, according to the student's personal theoretical model of counseling at this time.

Case Presentations: Prepare case presentations for consultation/supervision in class. Remember, you are invited to share client cases which may represent cases of concern or struggle, in addition to those which highlight your strengths throughout the semester. This presentation will include a brief case presentation write up with copies for all your classmates and specifications for "what you need and how classmates can help", and presentation of a video recorded session. It is important that you take the time to view the session prior to presentation so that you can clearly identify what you need from the supervision session. Your recorded session should be cued to the appropriate point in the session to facilitate the desired feedback. Please be prepared to show a continuous 12-15-minute clip. The conceptualization of your client needs to reflect your guiding theory of counseling. Students will be expected to participate in class discussions and present cases for review by peers and the instructor in a clinical staffing format. This presentation should be conducted within 40 minutes and should be scheduled per syllabus guidelines.

WRITTEN CASE CONCEPTUALIZATION PAPER: Students will be required to submit a comprehensive case conceptualization paper at the time of their presentation, or by the due date in the syllabus if the student has not presented by that date. These should be revised per instructor feedback and must be submitted within one week following their in-class presentation of the case.

5. GROUP COUNSELING: Each student will complete a 6-week group following completion of their Group Counseling class. The student is required to co-facilitate a group as part of their field experience. Students should work cooperatively with their site supervisor to determine the purpose of the group and to complete a treatment plan for the group. The group must be counseling in nature (require a mental health professional to conduct) and approved by the professor. Students may later facilitate groups that are within their scope of practice after the initial co-facilitation. The site supervisor will oversee the completion and then sign the student's Group Evaluation form (included in this syllabus). The student may elect to conduct this group in either their first or second semester of Internship.

NOTE: A "group" is defined as a minimum of six persons. A "group session" is to be a minimum of $1\frac{1}{2}$ hours in length. The sessions will run weekly for six consecutive weeks.

- 6. WEEKLY GROUP SUPERVISION (CACREP 2016 standards covered as part of this assignment: 2.F.5.n, 5.C.3.b, 4.G., 5.C.3.a., 5.C.2.m., 5.3.C.c., 5.3.C.d., 5.3.C.e.): All students are expected to discuss their internship experience weekly and to present challenges from their site and/or clients for peer feedback. Students are expected to discuss these topics in an ethical and professional manner; to be open to their own blind spots and to offer constructive feedback to peers.
- 7. RESEARCH ARTICLE presentation with RESOURCE (CACREP 2016 standards covered as part of this assignment: 2.F.5.n, 5.C.3.b, 4.G., 5.C.3.a., 5.C.2.m., 5.3.C.c., 5.3.C.d., 5.3.C.e.): Students will work individually, or in pairs or small groups as assigned to prepare a resource to share with peers (per schedule created in class). This will include presentation of a research article of the students' choice (cited and briefly summarized, both written and shared in class), then some resource related to that topic or population. This could be a reading list, suggestions of films, websites, or other resources, an assessment or client handout, activity, or other "tool" that would help peers feel better prepared for post-graduate professional counseling experience. Total time 15-20 minutes. Let the instructor know in advance if you want to conduct an activity that may take longer.
- 8. Facilitate Site Visits: Site visits will be made at least once during the semester for each student's site. These may be virtual visits with the site supervisor if most prudent given public health considerations during COVID pandemic, or in the case of distant sites. You will provide contact information and may or may not be on-site when the instructor conducts the site visit. The purpose may be for additional external supervision (particularly at sites where recording is not permitted, i.e. criminal justice

sites), and for additional feedback from site supervisors on measures of support and resolving any issues the site may have with an excellent training site relationship with MSU Counseling.

- **9.** Paperwork Requirements (CACREP 2016 standards covered as part of this assignment: 5.C.2.m.): Maintain Paperwork in a timely and accurate fashion, following logs and other sheets furnished by your instructor.
- 10. Counseling Performance (CACREP 2016 standards covered as part of this assignment: 2.F.5.n, 5.C.3.b, 4.G., 5.C.3.a., 5.C.2.m., 5.3.C.c., 5.3.C.d., 5.3.C.e.): Each student's professional skills and dispositions will be assessed by the site supervisor on criteria outlined in the evaluation form (Performance Fitness Evaluation or PFE). This will be assessed by site supervisor formally at midterm and at the end of the semester, and will by observed (validated or refuted) by the internship instructor throughout the semester in the counselor-trainee's participation in group supervision and other course activities. Students are expected to inquire about their performance if there are any concerns, and certainly make an appointment for individual time if needed. The instructor will make every effort to communicate feedback regarding each student's progress on a regular basis. Some students may require more than one semester to develop the competencies in the counseling skill areas which are appropriate for this level of training. If a student does not meet the *minimum* competencies in these areas as evaluated by the supervisor and/or course instructor, the student will receive either an I (incomplete) or NP (no pass) for the semester.

A mean of 3 is required on section Professional Dispositions and Social-Emotional Maturity & Integrity and Ethical Standards as well as Counseling Skills for you to pass this class and progress forward in the program.

The course instructor will evaluate student performance on carrying out the counselor responsibilities as evidenced by feedback from the site supervisor and participation in the class. A student with questions and/or concerns regarding his/her progress should review his/her attendance record and field hours, and stay in communication with his/her site instructor. Each student must receive a satisfactory evaluation from the course instructor in order to receive a passing grade in the field experience.

COURSE GRADING

This is a Pass/Not-Pass Course. Failure to participate fully in group supervision, or more than two absences may result in a grade of Not Pass.

UNIVERSITY POLICIES

The purpose of the <u>University Syllabus Policy Statements</u> is to support teaching and learning on the Missouri State campus. The established policies are in place to ensure that students, faculty, and staff may pursue academic endeavors with as few obstacles as possible. As a student at Missouri State University, you are a part of the university community therefore, you are responsible for familiarizing yourself with the <u>University Syllabus Policy Statements</u>. These policies cover topics such as nondiscrimination, disability accommodation, academic integrity, among many others. For program and course specific policies please refer to the individual course syllabus provided by your instructor.

COPYRIGHT AND RECORDING

Class lectures are protected by copyright law and constitute the intellectual property of the faculty member. Accordingly, students are not permitted to record lectures or other class activities unless they have received an approved disability accommodation authorizing such recording, or they have obtained permission from the faculty member prior to recording. Distribution or sale of recordings or other course materials is prohibited without the written permission of the instructor and other students who are recorded. Distribution without permission is a violation of copyright law and the Code of Student Rights and Responsibilities (Sections 4.6, 4.8, 4.9). The faculty member, however, reserves the right to record lectures or other class activities, and may make any such recordings available to student who have missed a lecture or activity due to illness or another excused reason.

SUICIDE PREVENTION, AVAILABLE SUICIDE PROGRAMS AND RELATED PROCEDURES:

In accordance with Missouri law (Mo. Rev. Stat. §173.1200), Missouri State has established a new policy regarding Suicide Prevention, Available Suicide Programs and Related Procedures. The Suicide Prevention Resource Policy can be found at the following link: https://www.missouristate.edu/policy/Op1_08-suicide-prevention-available-suicide-programs-and-related-procedures.htm

COPYRIGHT & FAIR USE STATEMENT

This course may contain copyrighted material, the use of which may not have been specifically authorized by the copyright owner. This material is available in an effort to explain issues relevant to the course or to illustrate the use and benefits of an educational tool. The material contained in this course is distributed without profit for research and educational purposes. Only small portions of the original work are being used and those could not be used easily to duplicate the original work. This should constitute a 'fair use' of any such copyrighted material (referenced and provided for in section 107 of the US Copyright Law). In other cases, materials reflect the instructor's original intellectual work, including games, models and other educational tools. These have implied copyright whether previously published or not. If you wish to use any material from this course for purposes of your own that go beyond 'fair use', you must obtain expressed permission from the copyright owner.

DISABILITY ACCOMMODATION POLICY FOR STUDENTS

MSU perceives students with disabilities as a valued identity group and integral to our campus diversity. We strive to proactively create usable, equitable, inclusive learning environments. However, due to the design of a University course or program, students with disabilities may experience barriers to their full and meaningful participation. When this occurs students should request an environmental or course adaptation through the process outlined below. It is the policy of Missouri State University to comply with all applicable federal and state laws prohibiting disability discrimination.

The Disability Resource Center (DRC) is the University office responsible for the evaluation and implementation of reasonable accommodations based on a disability. The DRC provides resources and collaborates with all students with disabilities. The DRC is the entry point for all disability resources and accommodations for the Springfield Campus. Students interested in receiving a reasonable accommodation must contact the DRC information: Meyer Library, Suite 111, 417-836-4192 (voice) or 417-836-6792 (TTY), MissouriState.edu/Disability.

On the West Plains and Mountain Grove Campuses, students should contact the Advisement and Academic Coaching Center for Empowering Student Success (AACCESS), 128 Garfield, 417-255-7222, WPAACCESS@MissouriState.edu.

Requesting Accommodations

Students with disabilities who experience or anticipate barriers to their participation are encouraged to request accommodations by going through the following process. Students should request accommodations as soon as a barrier to participation is anticipated as accommodations cannot be provided retroactively. Distance learning students should follow this same accommodation process. Students with disabilities should contact the DRC for an appointment. The purpose of the appointment is to discuss the barriers the student has experienced or anticipates. Students should then complete the online request for accommodation form and submit it. Students may also fill out a hardcopy form through the appropriate resource offic

COURSE CALENDAR: TOPICS, ASSIGNMENTS AND CACREP STANDARDS

Statement of Flexibility: Please note that the course calendar, my office hours, removing or altering assignments in advance of their due date, etc. are subject to change due to inclement weather, student needs, instructional delays, etc. I will communicate any changes that may occur in class (when possible) and through the course announcements on Blackboard.

Wk	Topics	2016 CACREP	Assignments, Experiences	
		Standards Addressed		
1	Introductions/ Check-Ins, Syllabus over Verification of Forms: • (all): Copies of signed site agree	<u> </u>	on contract, first meeting checklist,	
	most recent CTPA,			
	 (Internship 2), copies of summa 	ry page from last semester,	all interim documentation	
	Site visit arrangements			
	Suggestions for topics covered in Interr Dates for presentations below may chan	nship nge due to site visits/meeting	g at other sites. I'll keep you posted!	
2	Neuro-Counseling/Trauma basics	As the final course in	Day-Vines article	
	Introduction and/or Review	the student's	Hilert article	
	Cultural Consciousness in	specialization area,		
	Counseling	CACREP standards		
3	Future of Counseling	are integrated	Moffat article	
		throughout the	Rollins article	
		semester, and	Litam article	
4	Student case presentation	additional standards		
	Student resource and research	are reflected in the		
	article presentation	KPI Case		
5	Student case presentation	Conceptualization		
	Student resource and research	Paper (see worksheet		
	article presentation	in syllabus):		
6	Student case presentation	2.F.5.n		
	Student resource and research	5.C.3.b		
	article presentation	4.G.		
7	Student case presentation	5.C.3.a.		
	Student resource and research	5.C.2.m. 5.3.C.c.		
_	article presentation	5.3.C.c. 5.3.C.d.		
8	Student case presentation			
	Student resource and research	5.3.C.e.		
	article presentation			
9	Student case presentation			
	Student resource and research			
	article presentation			
10	Student case presentation			

	Student resource and research		
	article presentation		
11	Student case presentation		
	Student resource and research		
	article presentation		
12	Student case presentation		
	Student resource and research		
	article presentation		
13	Student case presentation		
	Student resource and research		
	article presentation		
14	Student case presentation		
	Student resource and research		
	article presentation		
15	Student case presentation		
	Student resource and research		
	article presentation		
16	End of Semester Paperwork Due:		
	Summary Log Sheet: All We	ekly Logs must be compl	leted and submitted
	 PFE Midterm and Final 		
	• Site Evaluation Form (Supervisor Version & Student Version)		
	Interim Agreements (if continue)	nuing)	
	 6-week group verification for 	rm (if completed during t	his semester)

MISSOURI STATE UNIVERSITY

Clinical Mental Health Counseling

CASE CONCEPTUALIZATION PRESENTATION FORMAT

Client Pseudonym		Date
Counselor Name		
Instructor		
Dates client has been seen by counselo	or:	
List all Intake Interviews and assessme	ents administered to client (* if administered	d by intern):
•	•	
•	•	
_	•	

WRITTEN CASE PRESENTATION (Use the bold headers and take out the writing below. Replace it with your descriptions of the client):

1. Demographic description of client

Describe the client in terms of age, gender, cultural background, race, socioeconomic status, sexual orientation, religion, occupation/grade level, marital/family status, education.

2. Presenting problem

Indicate referral source (e.g., self, family member, school, court system, etc.). Synthesize results from all data points (including counseling interactions). One to two sentences about what brought the client to counseling. If the referral source is someone other than the client – state the referral source's rationale, as well as the client's view of the reason to attend counseling. Describe the "problem" from multiple perspectives, including the counselor's conceptualization, and any sociocultural themes.

3. Cultural factors

Describe the client in cultural context—including race, socioeconomic class, religion/spirituality, ability, veteran status, gender identity/expression, affectional orientation, educational attainment, national origin (including indigenous background) and other aspects of client's intersecting identities. Describe the dominant culture in the area and discuss how similarities and differences could impact the client and her/his presentation. Include a discussion of what aspect(s) of identity is(are) most salient at this point in her/his life and how sociocultural factors and cultural stressors might impact the presenting concern or client's coping. Be sure to include whether aspects of cultural support are present or absent.

4. Interview affect, behavior, and mental status

How does the client appear to you (grooming, dress, voice, tone, mood, relating skills, thought process)? Has this been consistent or changed throughout sessions? Please refer to your clinical interviewing text or online resources to identify appropriate report-writing language.

5. History

Present the history as objectively as possible while integrating knowledge from multiple sources—the client her/himself, assessments administered by yourself or part of the file, significant others, records, referral sources. Do not over-interpret but conceptualize in a way that makes sense of the client's experience and reflects your theoretical perspective while utilizing the knowledge presented to you as a professional counseling student. Use verbatim quotes from the client and others with knowledge of the client to capture significant statements.

a. History of presenting problem

Estimated date of onset, concurrent events, intensity, frequency, changes in symptoms. How long has this been going on? How often? Magnitude? Use quotes.

b. Current triggers

Using data available, describe the triggers (people, places, things, and sensory experiences) that activate the behavioral, cognitive, emotional, and physiological patterns that result in the client's presenting problem/issue/challenge.

c. T(t)rauma history

Past and present T(t)rauma. Include any significant developmental events. Integrate brain-based neurocounseling information in recognizing continued impact of prior traumatic events if present, or in raising questions of potentially un-reported trauma if behavior seems to indicate that potential.

d. Family history

Include developmental history of family—who was present when client was growing up, any attachment style history, marital status of parents and any dates of family structure changes or deaths. Include a description of relationships with family members, living arrangements, parents' occupations, genogram (if completed). Include statement affirming/denying substance abuse, physical abuse or sexual abuse among family members, if appropriate.

e. Social relationship history

Past and present. Include a statement affirming/denying any unwanted sexual experience, physical abuse, trouble with police. How are relationships with friends, peers, coworkers, teachers? How were they before the onset? Does client have support system (friends/spiritual or religious community/hobby group/other)?

f. Academic/work history

Past and present. What was/is school like? Academic aspirations? How was experience and performance before the onset? Has it changed since?

g. Medical history

Past and present medical conditions, hospitalizations, prescription medicines, problems with eating, sleeping, weight control, alcohol and substance abuse. When was the last physical?

h. Counseling history

For what issue(s)? Was this voluntary or involuntary? List provider names, addresses, dates of service. Include self-help groups like AA. Was permission attained to retrieve previous records – incorporate a summary of experiences.

i. Neurocounseling application

What are the neurocounseling implications of this client's presentation and history? Integrate attachment and T(t)rauma history as well as current functioning related to autonomic nervous system functioning, interpersonal neurobiology constructs, integration, current demonstrated capacity for self-regulation, mindfulness practice, etc.

6. Assessment/Diagnosis

Provide your understanding of the client's problem based on an interpretation and synthesis of the information assembled about and from the client. In making your assessment/diagnostic impression include client strengths and weaknesses, dimensions of affective, cognitive, behavioral, and systemic issues and your concerns for the client. Use theory (one or several or integrative perspective) to frame your discussion. Be sure to include the impact of sociocultural factors. (do not omit this part). Use the DSM-V to offer a diagnostic impression.

7. Treatment Plan/Recommendations

Based on the assessment and theory and practice related to client issues, how would you go about treating the client – What ought to be done, by whom, for how long?

a. Describe your theoretical position with regard to counseling: what frame(s) of reference do you use to determine what the "problem" is, how it is to be addressed, the role of the counselor, etc. Integrate this perspective in the prompts below.

b. What are the goals for counseling?

Process? Outcome?

c. What methods should be incorporated? What type of interventions will be used? What is the likely outcome if followed?

Individual counseling, group counseling, etc.? What is the theoretical basis for interventions (affective, behavioral, cognitive)?

d. What adjunct services could be utilized?

Who else could be involved in working with the client (school nurse, teacher, special education teacher, gay and lesbian support group, etc.)

- e. What are relevant ethical and legal considerations regarding client, assessment, and plan? (do not omit this portion, cite specific ethic codes)
- f. What is prognosis (favorable, marginal, good, excellent, etc.)? What makes you think so?
- g. What evidence will you collect to determine outcome?

8. Brief Case Formulation Summary

This will also be the formulation you use for your in-class presentation for peers.

COU 785 ABBREVIATED CASE OVERVIEW (this will be your handout for peer presentation):

- 1. Demographic description, including living arrangements, employment, immediate family, sociocultural factors (race, gender identity, sexual orientation, religion, ability, other identity characteristics).
- 2. Presenting issue
- 3. History of presenting problem, including relevant developmental history. Include all indications of trauma history.
- 4. Your formulation of the client concern and course of treatment to date.
- 5. Supervision needs:
- 6. What feedback would you like from the group?

Try to think of specific recommendations for what would help you, considering what you have written and what we will see in your video.

- **a.** What would you say are your strengths in working with this client?
- **b.** What has been challenging for you with this client?
- c. How have you grown as a result of your work with this client?
- **d.** What are your needs for growth/improvement and how can your colleagues support you?

ORAL PRESENTATION:

- a. Pass out *abbreviated* case presentation for peers to review (5 min)
- b. Briefly verbally set up the 10-minute (continuous) segment we will see in class presentation
- c. Based on the above and on prompts, peers will meet in small groups; you and I meet for 10 min.
- d. We will return for group discussion, including your peers' small group observations, questions, and feedback.

	2016 CACREP standards alignment
CASE CONCEPTUALIZATION PRESENTATION	F. 5. g.
Demographic description of client Describe the client in terms of age, gender, cultural background, race, socioeconomic status, sexual orientation, religion, occupation/grade level, marital/family status, education.	
Presenting problem Indicate referral source (e.g., self, family member, school, court system, etc.). Synthesize results from all data points (including counseling interactions). One to two sentences about what brought the client to counseling. If the referral source is someone other than the client – state the referral source's rationale, as well as the client's view of the reason to attend counseling. Describe the "problem" from multiple perspectives, including the counselor's conceptualization, and any sociocultural themes.	C. 1. d. C. 2. g.
Describe the client in cultural context—including race, socioeconomic class, religion/spirituality, ability, veteran status, gender identity/expression, affectional orientation, educational attainment, national origin (including indigenous background) and other aspects of client's intersecting identities. Describe the dominant culture in the area and discuss how similarities and differences could impact the client and her/his presentation. Include a discussion of what aspect(s) of identity is(are) most salient at this point in her/his life and how sociocultural factors and cultural stressors might impact the presenting concern or client's coping. Be sure to include whether aspects of cultural support are present or absent.	F. 2. h. C. 2. j.
Interview affect, behavior, and mental status How does the client appear to you (grooming, dress, voice, tone, mood, relating skills, thought process)? Has this been consistent or changed throughout sessions?	C. 3. a.

History

Present the history as objectively as possible. Facts may be collected from various sources – the client her/himself, significant others, records, referral sources. Let the facts speak for themselves. Do not interpret them. Use verbatim quotes from the client and others with knowledge of the client to capture significant statements.

a. History of presenting problem

Estimated date of onset, concurrent events, intensity, frequency, changes in symptoms. How long has this been going on? How often? Magnitude? Use quotes.

b. Current triggers

Using data available, describe the triggers (people, places, things, and sensory experiences) that activate the behavioral, cognitive, emotional, and physiological patterns that result in the client's presenting problem/issue/challenge.

c. T(t)rauma history

Past and present. Include marital status of parents and any dates of family structure changes or deaths. Include a description of relationships with family members, living arrangements, parents' occupations, genogram (if completed). Include statement affirming/denying substance abuse, physical abuse or sexual abuse among family members, if appropriate. Describe briefly information about attachment history and T(t)rauma, whether evidence of directly relating to presenting concern or not.

d. Family history

Include developmental history of family—who was present when client was growing up, any attachment style history, marital status of parents and any dates of family structure changes or deaths. Include a description of relationships with family members, living arrangements, parents' occupations, genogram (if completed). Include statement affirming/denying substance abuse, physical abuse or sexual abuse among family members, if appropriate.

e. Social relationship history

Past and present. Include a statement affirming/denying any unwanted sexual experience, physical abuse, trouble with police. How are relationships with friends, peers, coworkers, teachers? How were they before the onset? Does client have support system (friends/spiritual or religious community/hobby group/other)?

f. Academic/work history

Past and present. What was/is school like? Academic aspirations? How was experience and performance before the onset? Has it changed since?

C. 1. c.

C. 3. a.

F. 3. e.

F. 3. f.

F. 5. b.

F. 7. j.

C. 2. f.

F. 7. d.

F. 5. m.

C. 2. g.

C. 2. h.

g. Medical history

Past and present medical conditions, hospitalizations, prescription medicines, problems with eating, sleeping, weight control, alcohol and substance abuse. When was the last physical? Are there known contraindications or side-effects of any medications that could be complicating presenting concerns?

h. Counseling history

For what issue(s)? Was this voluntary or involuntary? List provider names, addresses, dates of service. Include self-help groups like AA. Was permission attained to retrieve previous records – incorporate a summary of experiences.

i. Neurocounseling application

What are the neurocounseling implications of this client's presentation and history? Integrate attachment and T(t)rauma history as well as current functioning related to autonomic nervous system functioning, interpersonal neurobiology constructs, integration, current demonstrated capacity for self-regulation, mindfulness practice, etc.

Assessment/Diagnosis Provide your understanding of the client's problem based on an interpretation and synthesis of the information assembled about and	C. 2. d. C. 2. e.
from the client. In making your assessment/diagnostic impression	C. 2. j.
include client strengths and weaknesses, dimensions of affective,	F. 7. e.
cognitive, behavioral, and systemic issues and your concerns for the	F. 7. c.
client. Use theory (one or several or integrative perspective) to frame	
your discussion. Be sure to include the impact of sociocultural factors.	
(do not omit this part). Use the DSM-V to offer a diagnostic	
impression. Include risk assessment for self- or other harm.	5.5.
Treatment Plan/Recommendations	F. 5. h.
Based on the assessment and theory and practice related to client	F. 5. j.
issues, how would you go about treating the client – What ought to	C. 3. d.
be done, by whom, for how long?	F. 5. k.
a. What are the goals for counseling?	C. 3. e.
Process? Outcome?	C. 3. c.
b. What methods should be incorporated? What type of interventions will be used? What is the likely outcome if followed?	F. 1. i.
Individual counseling, group counseling, etc.? What is the	F. 8. b.
theoretical basis for interventions (affective, behavioral,	C. 3. b.
cognitive)?	C. 2. l.
c. What adjunct services could be utilized?	
Who else could be involved in working with the client (school nurse, teacher, special education teacher, gay and lesbian support group, etc.) How will you inform the client and/or	
coordinate care?	
d. What advocacy strategies would be helpful for this client?	
e. What are relevant ethical and legal considerations regarding client,	
assessment, and plan?	
f. What is prognosis (favorable, marginal, good, excellent,	
etc.)? What makes you think so? What prevention strategies	
could help?	
g. What evidence will you collect to determine outcome?	
Supervision needs:	
a. What feedback would you like from the group?	F. 1. k.
b. What would you say are your strengths in working with this client?	F. 1. K.
c. What has been challenging for you with this client?	r. 1. III.
d. How have you grown as a result of your work with this client?	
e. What are your needs for growth/improvement and how can your	
colleagues support you?	
f. Include synopsis of notes from group supervision in class so far.	