

Lewis & Clark College
Professional Mental Health Counseling &
Professional Mental Health Counseling – Specialization in Addictions
MHC 549
Clinical Reasoning: Theory and Research to Practice
Syllabus Cover Sheet

Required Objectives:

Professional Counseling Identity (CACREP 2016 Standards)

- 5a. theories and models of counseling
- 5h. developmentally relevant counseling treatment or intervention plans
- 5i. development of measurable outcomes for clients
- 5n. processes for aiding students in developing a personal model of counseling
- 8d. development of outcome measures for counseling programs

Entry-Level Specialty: Clinical Mental Health Counseling (CACREP 2016 Standards)

- C1b. theories and models related to clinical mental health counseling
- C1c. principles, models and documentation formats of biopsychosocial case conceptualization and treatment planning
- C2l. legal and ethical considerations specific to clinical mental health counseling
- C3a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management

Key Required Assignments/Student Learning Outcomes

These assignments are required for the course, but **will not be the only requirements/expectations**. The chart below lists the assignment, method of submission, and benchmark score/grade. These assignments are set up for upload to Taskstream and/or instructor provides rating for assignment. See syllabus for details.

Theory and Research into Practice		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Evaluation and Remediation
Goal 5 of 6							
Able to gather client data, conceptualize and develop a treatment plan	Practicum	Gathers data, creates conceptualization, and plans treatment to match conceptualization with clear objectives to meet goals Score 3 on all	Gathers data, creates conceptualization, and plans treatment to match conceptualization) Score 2 on both	Insufficient at one or more of: gathering data, creating conceptualization, or writing treatment plans to match conceptualization:		MHC: 549 Final tx plan OR MHC A580 Client tx plan AND Practicum evaluation Items 31,34	Assessment Chair Review/Referral to BRC or ARC

Professional Identity		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Review and Remediation
Goal 3 of 6							
Demonstrates understanding of philosophy of mental health counseling	Practicum		Writes theoretical orientation summary		Fails to complete assignment	MHC 549/MHCA 580 Theoretical orientation summary	Assessment Chair Review/Referral to BRC or ARC

Research and Assessment		Proficient (A)	Benchmark (B)	Emerging (C)	Inadequate/Fail	As evidenced by:	Review and Remediation
Goal 5 of 7							
Develops and Utilizes measureable outcomes with clients supported by research literature	Practicum Year	Develops measureable outcomes/goals, supported by the literature and within the therapists theoretical orientation	Develops measureable outcomes/goals supported by literature.	Outcomes/goals are not measureable and/or are not supported by literature	Unable to develop a tx plan	MHC549 or MHCA582 Treatment Plan 2	Assessment Chair Review/Referral to BRC or ARC



INSTRUCTOR

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REQUIRED TEXTS

Ingram, B. L. (2011). *Clinical case formulations: Matching the integrative treatment plan to the client*. (2nd ed.). Wiley: New Jersey.

American Psychiatric Association (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. American Psychiatric Association: Washington, DC.

American Counseling Association (2014). *ACA Code of Ethics*. Alexandria, VA.

COURSE DESCRIPTION

This course assists students in developing critical thinking, case conceptualization, and treatment planning skills. As a co-requisite to Practicum II, students develop their abilities to gather data, conceptualize from their emerging theoretical perspectives, and plan treatment. Students will learn how to use an ecological, social justice framework to view the client in context, apply evidence based practice with cultural sensitivity, and plan interventions across multiple systems (individual, family, and community).

OBJECTIVES (ALSO REFER TO COVER SHEET)

The student will:

1. Demonstrate ability to gather client data, conceptualize and develop treatment plan.
2. Demonstrate the ability to develop measurable outcomes with clients supported by research literature and best practices.
3. Demonstrate ability to provide clear and concise clinical writing.

CPSY DEPARTMENT ATTENDANCE POLICY

Class attendance is expected and required. Any missed class time will be made up by completing extra assignments designed by the instructor. Missing more than ten percent of class time (i.e., 1.5 hours for a 15 hour class; 1 credit) may result in failure to complete the class. In case of extreme hardship and also at the discretion of the instructor, a grade of incomplete may be given for an assignment or the entire course. In such cases, the work to be submitted in order to remove the incomplete must be documented appropriately and stated deadlines met. Students are expected to be on time to class and tardiness may be seen as an absence that requires make-up work.

DISABILITY SERVICES STATEMENT

If you have a disability that may impact your academic performance, you may request accommodations by submitting documentation to the Student Support Services Office in the Albany Quadrangle (503-768-7192). After you have submitted documentation and filled out paperwork there for the current semester requesting accommodations, staff in that office will notify me of the accommodations for which you are eligible.

ADDITIONAL REQUIRED AND RECOMMENDED READINGS

Additional articles, chapters, and other materials will be used during the course. These materials will be made available electronically or via hard copy handout(s) throughout the semester.

Required Readings:

- Adams, N., & Grieder, D. M. (2014). Treatment planning for person-centered care: Shared decision making for whole health (2nd ed.). Academic Press: California. Chapter 3: Understanding needs: The integrating summary.
- Greenleaf, A. T., & Williams, J. M. (2009). Supporting social justice advocacy: A paradigm shift towards an ecological perspective. *Journal of Social Action in Counseling and Psychology, 2*, 1-14.
- Harrel, S. P., (2000). A multidimensional conceptualization of racism-related stress: Implications for the wellbeing of people of color. *American Journal of Orthopsychiatry, 70*, 42-57.
- Hays, P. (1996). Addressing the complexities of culture and gender in counseling. *Journal of Counseling & Development, 74*, 332-338.
- Leah, R. L., Holland, S. J. F., & McGinn, L. K. (2012). *Treatment plans and interventions for depression and anxiety disorders* (2nd Edition). Chapter 2: Depression. New York: Guilford.
- Maruish, M. E. (2002). *Essentials of treatment planning. Chapter 5: Developing a treatment plan*. New York: John Wiley & Sons.
- Scott, J., Boylan, J. C., & Jungers, C. M. (2015). *Practicum and internship textbook and resource guide for counseling and psychotherapy* (5th edition). Chapter 4: Assessment and case conceptualization. Chapter 5: Goal setting, treatment planning, and treatment modalities. New York: Routledge.

EVALUATION

Treatment Plans (150 points each x 2 = 300 points)

Students will be required to submit complete case conceptualizations and treatment plans for 2 clients seen in Practicum. You will find the format for the treatment plans on Moodle.

Case conceptualization & treatment plan write ups will consist of:

- Intake Summary
- Conceptualization
- Treatment Plan

Due Dates for Case Conceptualization & Treatment Plans

- Plan I (6/14)
- Plan II (7/19)

Confidentiality & Ethics

This course assignment is utilizing client information from your experience as a practicum trainee at the Lewis & Clark Community Counseling Center. For this reason, all case conceptualization/treatment plans will be turned into a designated folder in a counseling center's secure workroom. Additionally, students are required to de-identify client information in the write-up for added protection of confidentiality. All treatment plan work should only be stored on the clinic hard drive or your Ironkey. When printing, you should do so in a secure location, never send a document to a computer lab printer when you are not immediately present to pick it up. No treatment plans should have identifying information on them. Use initials or pseudonyms for client names, and be general when describing details that could identify someone.

Theoretical Orientation Paper (20 points)

Counselors ability to formulate coherent treatment plans must also have a coherent theoretical framework from which the treatment plans are formed. In this paper you will extrapolate on what your theoretical orientation as (to date), how you understand how problems emerge in peoples lives, what are the obstacles to change, and what role you play as a counselor in the change process. This paper is to be a brief primer that sets the stage in case conceptualizations done in the treatment plans. **DUE: 6/14** with the first treatment plan.

SUMMARY OF POINTS

Treatment Plan I	150 points
Treatment Plan II	150 points
T. O. Paper	20 points
TOTAL	320 points

LATE ASSIGNMENT POLICY

Assignments will lose 5% per week they are late. This applies to all of the above expectations.

COURSE GRADING SCALE

95-100% = A
90-94% = A-

87-89% = B+
84-86% = B
80-83% = B-
77-79% = C+
74-76% = C
70-73% = C-
≤ 69% = F

COURSE STRUCTURE AND SCHEDULE			
Date	CACREP Standards	Course Topic	Readings
5/24	5a 5h c1b c1c c2l c3a	Introduction -Gathering, Organizing & Presenting Client Data -Conducting Intake Interviews -Exploring the Biopsychsocial Model -Threading Data→Theory→Intervention	<ul style="list-style-type: none"> ▪ Chapters 1-3 ▪ Hays
6/7	5h c3a	Defining Problems/Concerns & Targets of Treatment -Articulating client problems/issues/concerns -Setting Treatment Goals	<ul style="list-style-type: none"> ▪ Adams et al Chapter 3 ▪ Maruish Chapter 5 ▪ Scott et al Chapter 4
6/21	5h c2l c3a	Case Conceptualization & Choosing Treatments -Integrating Data into a Coherent Conceptualization -Developing Clinical Intentionality -Client Collaboration	<ul style="list-style-type: none"> -Chapters 4 & 5 -Harrel -Scott et al Chapter 5
7/12	5h 5i c3a	Writing Treatment Plans -Creating Measurable Goals -Understanding and Articulating Objectives -Connecting Interventions back to Problem	<ul style="list-style-type: none"> -Chapters 6 & 7 -Greenleaf & Williams -Leah
7/19	5a 5n c1b c3a	Defining and Articulating Your Theoretical Orientation -Understand the Strengths and Limitations to Your Approach -Developing Flexibility, yet Coherence to Your Approach	<ul style="list-style-type: none"> -Chapters 8-14