

Lewis & Clark College
Professional Mental Health Counseling & Professional Mental Health Counseling –
Specialization in Addictions
MHC 549
Treatment Planning
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	Develops measureable outcomes/goals supported by literature.	Outcomes/goals are not measureable and/or are not supported	Unable to develop a tx plan	MHC549 or MHCA582 Treatment Plan 2	Assessment Chair Review/Referral to BRC or ARC

		and within the therapists theoretical orientation		by literature			
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Lewis and Clark College
 Graduate School of Education
 Department of Counseling Psychology

CPSY 549: Treatment Planning
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Class times: Thursdays 9-12, see schedule below for dates

Readings:

Required:

Ingram, B. L. (2011). *Clinical Case Formulations: Matching the Integrative Treatment Plan to the Client* (2nd ed.). Wiley.

American Psychiatric Association (2000). *Diagnostic and statistical manual of mental disorders* (Fifth Edition). Washington, DC: Author.

Articles/Chapters posted on Moodle as assigned. (See weekly schedule)

Catalog 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. Uses 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).

Course Requirements:

READINGS: Complete assigned readings ON TIME and be prepared to ask questions, discuss material, and APPLY the material during in-class assigned work.

Confidentiality: All TX 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. Example: Client works at a coffee shop (not Starbucks), client

moved from the Midwest (not the name of a state or city), client attended a large public university in the west (not Portland State). When uploading treatment plans to Taskstream, follow the password protection instructions you are given in class. Finally, NEVER NEVER NEVER leave treatment plans or your computer/Ironkey in your car, even to run in to grab a coffee. It takes less than 30 seconds to smash a window and grab a bag.

Treatment Plans: Students will be required to turn in complete case conceptualizations and treatment plans for two to three (2-3) clients seen in Practicum. Case conceptualization/treatment plan will consist of a 1-2 page intake summary (single space), conceptualization (one paragraph-ish), and treatment plan with 3 long term goals, and objectives for each goal, and bibliography of literature (see below).

Text provides detailed outline, also see documents on Moodle page. Include bibliography of literature reviewed to develop treatment plan, minimum 3 books or peer reviewed articles. These must be from published books or peer reviewed journals. If you choose to use a website, you must also use the form and instructions listed on Moodle to evaluate the website.

Treatment plan one (1) will be revised and resubmitted after feedback. Treatment plan two (2) will be revised and resubmitted after feedback *IF NEEDED to obtain a B or better*. A third treatment plan will be assigned if competence is not demonstrated with completion of two plans. Failure to demonstrate skills on the third treatment plan will result in course failure. Competence is defined as a minimum of 120 pts on the final treatment plan (80%). See Ingram (2010) Appendix 1 page 314 for detailed evaluation list.

Theoretical Orientation: Write a one to two paragraph summary of your theoretical orientation (one page max, prefer one small paragraph). Think about how you will describe yourself in an internship or job interview.

Attendance: No more than one absence is acceptable. More than one absence may lead to a failure to complete requirements for credit.

LATE ASSIGNMENT POLICY: Late assignments will lose 5% per week they are late. This applies to all of the above expectations.

Grading: Final course grade is made up of total points earned, with a minimum requirement of 80% or above on the final treatment plan. Total points are calculated to determine final grade. However, the final (2nd or 3rd treatment plan) must demonstrate competence for a passing grade in the course.

Points

Treatment Plan Scoring Each plan: 25 pts summary, 25 points conceptualization, 25 pts problem/goal statements 25 pts treatment plan, 25 points conceptualization/treatment plan link, 25 points bibliography)

Final Treatment Plan (2nd or 3rd): 150

Theoretical Orientation Summary 10

Total Points: 160

A = 90-100%

B = 80-89%

F= 79% or below

Students are expected to complete work at an acceptable level of performance to demonstrate competence to perform the tasks required in a treatment setting.

PARTICIPATION IN THE LEARNING COMMUNITY

Students are required to attend and actively participate in all scheduled class meetings. This includes being on time, being prepared, following through on group projects, and otherwise engaging with colleagues as fellow professionals. Becoming a counselor/therapist involves looking closely at ourselves, our values, beliefs, and biases. This can be a very personal, and sometimes emotional, process. Treating colleagues with respect, listening deeply to their experiences, and being open to diverse world views encourages a collaborative milieu of care in which we can all challenge ourselves and each other to critically examine and develop our skills and perspectives. In order to prepare for each class, students should carefully read and study all assigned materials to be ready to discuss and apply the content of readings. Class discussion and interaction with colleagues are fundamental to the process of learning to be a therapist and all sessions include necessary information. Therefore, if you must miss a class, fellow students and the instructor may ask you to contribute to learning community in another way. If you must be absent or late, please email the instructor at least several hours prior to class.

Students with Disabilities

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.

Schedule and Readings are subject to change and updated in Moodle, please check weekly. Be prepared each week!

Schedule and Topics

	Readings	Due:
May 24: Introduction: Gathering, Organizing and Presenting Client data, Conducting Intake Interviews- Ecological and Biopsychosocial models. (CACREP 7b, C1c, C3a)	Chapters 1,2,5	
June 7: Defining problems and setting treatment goals (Cacrep 5h, C1c)	Chapters 3,4	Written case summary, list of 5-10 problem statement and goal statements Bring printed versions to class to work on
June 21: Case conceptualization and choosing treatments, Writing treatment plans, creating measureable goals without losing sight of your conceptualization, (Cacrep C1c)	Chapters: Preface, Chapters 6,7	Case Formulation/Treatment Plan 1 – Have draft written and we will work on it together in class. You will be writing your work on the board for review.
Monday June 25: No class but Final first draft treatment plan 1 due my office 5pm		Remember references!
Friday June 29: No class but Tx plan 1 graded and returned to you at clinic for revisions		
July 12: ethical use of evidence based practice, finding resources, evaluating outcome (Cacrep 5i, 8d, C2l)	See Moodle for articles and websites	Due: Final Revision Tx plan 1 AND Summary, problem statements, goal statements plan 2
July 19: Discovering, defining, and refining your theoretical orientation (Cacrep 5a, 5n, C1b,)	Chapters 8-14, Counseling Theories Core Clinical Hypotheses) Read those that you believe speak most to your emerging theoretical orientation, scan the others.	Treatment Plan 2 due, Theoretical Orientation Draft Summary Due
July 26 Treatment Plan 2 returned to you at the clinic		

August 6 No class but Tx plan 2 revision due if needed		
Third plan TBD on individual student basis		