

**CNS 762: Issues in Clinical Mental Health Counseling**  
**Wake Forest University**  
**Department of Counseling**  
**Summer 2017**

**Instructor:** Nathaniel N. Ivers, Ph.D., LPC, NCC, HS-BCP  
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Office Hours: By Appointment  
**Time:** Tuesdays, Wednesday, and Thursdays, 9:00 a.m. – 4:00 p.m.  
**Location:** Carswell 208

**Required Text:**

Sperry, L., & Sperry, J. (2012). *Case conceptualization: Mastering this competency with ease and confidence*. New York: Routledge.

**Required Reading:**

Ader, J., Stille, C. J., Keller, D., Miller, B. F., Barr, M. S., & Perrin, J. M. (2015). The medical home and integrated behavioral health: Advancing the policy agenda. *Pediatrics*, 135(5), 910-917.

Minton, C. A. B., & Myers, J. E. (2008). Cognitive style and theoretical orientation: Factors affecting intervention style interest and use. *Journal of Mental Health Counseling*, 30(4), 330-344.

Shallcross, L. (2012). [A loss like no other](http://ct.counseling.org/2012/06/a-loss-like-no-other/). Retrieved from  
<http://ct.counseling.org/2012/06/a-loss-like-no-other/>

Sperry, L. (2013). Integrated behavioral health. Implications for individual and family counseling practice. *The Family Journal: Counseling and Therapy for Couples and Families*, 21(3), 347-350.

Worden, W. (2009). Grief counseling: Facilitating uncomplicated grief (pp. 83–109). *Grief counseling and grief therapy: A handbook for the mental health practitioner* (4<sup>th</sup> ed.). New York, NY: Springer Publishing.

[http://www.journalnow.com/news/local/in-its-third-year-forsyth-county-s-mental-health-court/article\\_ba3a5b1c-dbef-11e4-b996-5385c2e0ce82.html](http://www.journalnow.com/news/local/in-its-third-year-forsyth-county-s-mental-health-court/article_ba3a5b1c-dbef-11e4-b996-5385c2e0ce82.html)

<http://webarchive.urban.org/UploadedPDF/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf>

<http://www.integration.samhsa.gov/>

**Email:**

Correspondence and notices related to this course will be announced on Sakai and sent to your WFU email account. You must check this account to receive notices related to the class.

**Course Description:**

The purpose of this course is to introduce students to issues related to the field of clinical mental health counseling. Specifically, an overarching emphasis of this course is students' development of case conceptualization and treatment planning skills. In doing so, students will integrate and apply knowledge associated with counseling skills, theories, lifespan development, and cultures, among others. Students also will be introduced to particularly salient topics in clinical mental health counseling, such as grief and loss, and integrated behavioral health.

**Learning Objectives:**

To provide an understanding of advanced topics in clinical mental health counseling, including all of the following:

1. Identification of theories and models related to clinical mental health counseling C.1.b.
2. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders C.2.b.
3. Impact of biological and neurological mechanisms on mental health C.2.g.
4. Legislation and government policy relevant to clinical mental health counseling C.2.i.
5. Cultural factors relevant to clinical mental health counseling C.2.j.
6. Legal and ethical considerations specific to clinical mental health counseling C.2.l.
7. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling C.2.m.
8. Techniques and interventions for prevention and treatment of a broad range of mental health issues C.3.b.
9. Strategies for interfacing with the legal system regarding court-referred clients C.3.c.
10. Strategies for interfacing with integrated behavioral health care professionals C.3.d.
11. Strategies to advocate for persons with mental health issues C.3.e.

**Accommodations/Disability Statement:**

Wake Forest University recognizes its responsibility for creating an institutional climate in which students with disabilities can thrive. In accordance with University policy, if you have a documented disability and require accommodations to obtain equal access in this course, please contact me and the Learning Assistance Center (LAC) at the beginning of the semester. Students with disabilities must verify their eligibility through the LAC in 117 Reynolda Hall (336) 758-5929.

## **Class Policies and Procedures:**

Because of the experiential nature of the learning in this course, the following class policies and procedures are in effect:

### *Attendance and Participation:*

You will gain the most from this course when you attend and are prepared to actively participate. Due to the intensive format of this course, class attendance is expected for all days and times. If an emergency does arise, please do your best to notify me BEFORE the absence. Absences may result in course penalty or additional assignments, at the discretion of the instructor. In essence, the expectation is that you be on time and that you don't leave early.

### *Electronic Communication Devices:*

Please turn off your electronic devices and keep them off during class. Our time together is co-created by our joint participation in the learning environment. While laptops may be utilized for note-taking (not surfing the web or responding to emails), during experiential portions of the course, I may ask that all computers be turned off.

### *Academic Integrity:*

Students are expected to complete all work for this course in compliance with the WFU honor code. If you are unfamiliar with this policy, you should consult the Judicial Affairs website at <http://www.wfu.edu/studentlife/judicial/students.html>. All work handed in for this course must be the student's own work. When writing or presenting about ideas that are not your own, you must properly cite the author(s). **Note:** Failure to give credit to other people for their ideas and work is plagiarism and is a violation of the WFU honor code and will result in a grade of 0 for that assignment along with other potential penalties.

### *Emergency Contingency Plan:*

The emergency contingency plan for this course is as follows: In the event that the University is closed for an emergency, students will be able and expected to keep up with their coursework, as all documents and materials will be made available online on the course website. It is suggested that all materials be downloaded. Student work will be submitted via email, and the instructor will be available through email, instant messaging, and Skype. If Internet access is limited, work can be submitted via snail mail, and access to the instructor's home address and telephone numbers will be provided. If there is a continued need to cancel class, the due dates for assignments may be pushed back.

In the event of a pandemic, we will use [Sakai](#) to complete the course. Please follow the list of assignments on the syllabus, and download assignments as soon as they are posted. If the internet is not operating, you can mail assignments/final test to me at:

Dr. Nathaniel Ivers  
Dept. of Counseling  
PO Box 7406  
Wake Forest University  
Winston-Salem, NC 27109

## **Assignments:**

All assignments are to be turned in on time on the day that they are due. All assignment submissions must be turned in through Sakai unless otherwise instructed.

All formal written assignments must be typed in 12-point, Times New Roman font, with 1" margins, and double-spaced unless otherwise indicated. Any and all outside sources used on writing assignments should be cited and referenced. APA style references are required (a copy of the APA Publications Manual should be available in the library; you can also find guidelines online). Cover pages and reference pages are not counted toward fulfilling page number requirements.

<b>Assignment</b>	<b>Due Date</b>	<b>Percentage of Grade</b>
Legal System Reflection Case Study	May 28 <sup>th</sup>	10%
Webinar Review	June 4 <sup>th</sup>	10%
Group Presentation	June 1 <sup>st</sup>	40%
Special Topics Paper (V.C.1.c; V.C.2.j.l; V.C.3.a.b.e)	June 11 <sup>th</sup>	40%

### **Legal System Reflection and Case Study – May 28<sup>th</sup>**

Part I – Describe the thoughts, feelings, and insights you experienced while attending juvenile court (1-2 pages).

Part II – Using the case study provided, describe in approximately 2 pages, strategies you would employ to interface effectively and professionally with the legal system. Please reference ethical principles (i.e., non-maleficence, beneficence, autonomy, justice, fidelity, veracity) and other ethical and professional considerations (e.g., confidentiality, duty to warn/protect, advocacy) to support your strategies.

### **Webinar Review – June 4<sup>th</sup>**

To further your knowledge in a self-selected area, please watch a webinar or podcast related to a counseling topic of your choice. The length of the program must be at least 1 hour. You may choose any webinar that is sponsored by a national association (or a state branch) related to the counseling field or that provides NBCC continuing education units (CEUs). Please check with me if you are unsure if your choice is appropriate. You are free to find a free one or purchase one (examples of options are below).

Write a 2-3 page reflection paper. Include in this paper 2 sections:

**Part 1.** Summary of content. Introduce me to the presenter (include credentials) and topic, telling me 3-4 key learnings that you obtained through your participation. Also include why you chose the topic.

**Part 2.** Reflect on how this learning will impact your practice. What surprised you, excited you, negatively impacted you (if any)? What reactions did you have about wanting to obtain more learning about the subject? What would be some action steps to seek out more learning if you desire it? How did the experience impact your growth? What do your reactions speak to as far as you seeking continuing education in the future?

*Some free options-*

[http://www.traumacenter.org/initiatives/polyvictimization\\_webinar.php](http://www.traumacenter.org/initiatives/polyvictimization_webinar.php)

<http://ohiovalley.org/informationeducation/whatif/> (about Traumatic Brain Injuries)

<http://www.naadac.org/webinars#UpcomingWebinars>

<https://www.csi-net.org/?page=Webinars>

*Paid options (ACA ranges between \$29 & \$39)*

<http://www.counseling.org/continuing-education/webinars>

[http://www.prolibraries.com/counseling/?select=new\\_sessionlist&conferenceID=2&f\\_1=5](http://www.prolibraries.com/counseling/?select=new_sessionlist&conferenceID=2&f_1=5)

### **Group Presentation – June 1<sup>st</sup>**

Students will work together in groups of two or three to create and video record two brief skits (approximately 8-10 minutes in length for each) that will be shown to the class on June 1st. For groups of two, one student will play the counselor and the other the client. Roles will reverse for the second skit. For the group of three, you can do couples/family counseling (2 students playing the role of members of the family/couple), or you may use the third person as an observer, whichever the group prefers. For each skit, students should choose a theoretical orientation (e.g., behaviorism, existentialism) and demonstrate a technique or techniques associated with that theoretical orientation. Along with the addition of a theory-specific technique, groups should demonstrate their use of counseling skills, particularly reflections of content and feeling. The same client/presenting concern should be used for both skits, but the theoretical orientation and techniques should differ between skits.

Groups should present their skits using the following format:

Brief introduction of skit 1 (3-5 minutes)

Showing of skit 1 recording (8-10 minutes)

Closing remarks for skit 1 (3-5 minutes).

Brief introduction of skit 2 (3-5 minutes)

Showing of skit 2 recording (8-10 minutes)

Closing remarks for skit 2 (3-5 minutes)

There will then be approximately 5 minutes for processing and questions. The maximum total time for each group will be 45 minutes.

Presentation Components:

1. Introduction (3-5 minutes)

- a. Identify and briefly describe your chosen theoretical perspective and the technique(s) that you used.
  - b. Briefly describe the client's presenting concern and demographics, including relevant cultural information/considerations.
  - c. Describe a brief theory-based case conceptualization, including rationale (i.e., fit between theory, intervention, and presenting concern).
2. Showing of skit (8-10 minutes)
  3. Closing remarks (3-5 minutes)
    - a. Briefly present a potential treatment plan based on your case conceptualization as if you were to continue working with this client (i.e., short-term and long term goals for working with the client, interventions)
  4. Processing
    - a. Open up for questions and insights from classmates and instructor (5 minutes).

Groups also should turn in a write up for each skit that includes a brief case conceptualization and treatment plan. Groups will be graded on how well they demonstrate their chosen techniques and by the accuracy and detail of their case conceptualizations and treatment plans.

### **Special Topics Paper - June 11<sup>th</sup>**

Write a paper covering a clinical issue of interest (e.g., specific type of trauma, mood disorder, anxiety disorder, eating disorder, grief and loss). Review background information on the topic and prepare a paper on the clinical issue that includes a case study, case conceptualization, treatment plan, opportunities for advocacy, multicultural considerations, and legal/ethical implications. This paper will be assessed using the grading rubric for special topics paper found at the end of your syllabus.

#### Organization

The paper should be 7-8 pages total and should be sub-divided into the following headings:

- **Introduction to topic with rationale** (Suggested length: 1-2 paragraphs)
  - This section should include the following:
    - Intro should introduce the topic (WHAT)
    - Why it is important and of relevance (SO WHAT)
    - Brief outline of the thesis of your paper (NOW WHAT)
- **Review of existing literature to provide background on topic** (Suggested page length: 2 pages)
  - This section should include the following:
    - Nature of the clinical issue (e.g., diagnostic criteria, how it affects people)
    - Prevalence
    - Etiology
    - Available treatments and their effectiveness
- **Case study, conceptualization, treatment formulation** (Suggested page length: Case study- 1-2 paragraphs; Conceptualization and Treatment Plan – 3 – 3.5 pages)
  - This section should include the following:

- 1-2 paragraph case study (See “Things to Consider Including in your Case Study” below)
  - Case conceptualization, from a theory of your choice (e.g., feminist, CBT)
  - Treatment plan
- **Advocacy, multicultural, and legal/ethical considerations** (Suggested page length: 1 page)
  - This section should include the following:
    - Describe advocacy strategies.
    - Describe cultural considerations (e.g., differences in the clinical issue across cultures).
    - Describe legal / ethical issues that may arise related to this clinical issue.
- **References**
  - Please include a minimum of 5 articles from refereed journals.

Things to Consider Including in your Case Study

1. **Client Demographics**
  - a. Age, gender, race/ethnic background, educational/academic/vocational status, physical appearance, interpersonal style
2. **Presenting Problem**
  - a. Why is the client here? Why now? Is the presenting problem described by the client the same as how you see the presenting problem? How has the presenting problem changed? What is it now?
3. **History of Significant Event**
  - a. Development of presenting problem
  - b. Medical and health history
  - c. Social, interpersonal history
  - d. Education, vocational history
  - e. Family background
  - f. Previous counseling experience
  - g. Trauma experiences

**Course Schedule\***

**Lunch break will be from 12-1 each day.**

Date	Topic	To Do
May 23	<b>Legal Issues in CMHC</b> Morning: <ul style="list-style-type: none"> <li>• Juvenile Court Visit</li> </ul> Afternoon <ul style="list-style-type: none"> <li>• Syllabus Review</li> </ul>	Readings: <a href="http://www.journalnow.com/news/local/in-its-third-year-forsyth-county-s-mental-health-court/article_ba3a5b1c-dbef-11e4-b996-5385c2e0ce82.html">http://www.journalnow.com/news/local/in-its-third-year-forsyth-county-s-mental-health-court/article_ba3a5b1c-dbef-11e4-b996-5385c2e0ce82.html</a> <a href="http://webarchive.urban.org/UploadedPDF/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf">http://webarchive.urban.org/UploadedPDF/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf</a>

	<ul style="list-style-type: none"> <li>Clients and the Legal System</li> </ul>	Note: This second reading is quite long. Please do not feel like you have to read the whole thing. Rather, please skim/review the manuscript for major themes.
May 24	<p><b>Developmental Counseling and Therapy and Case Conceptualization</b></p> <p>Morning</p> <ul style="list-style-type: none"> <li>• Developmental Counseling and Therapy</li> </ul> <p>Afternoon</p> <ul style="list-style-type: none"> <li>• Introduction to Case Conceptualization, including assessment and diagnostic formulations</li> </ul>	<p>Readings:</p> <p>Sperry &amp; Sperry (2012), Chapters 1-2</p> <p>Minton, C. A. B., &amp; Myers, J. E. (2008). Cognitive style and theoretical orientation: Factors affecting intervention style interest and use. <i>Journal of Mental Health Counseling</i>, 30(4), 330-344.</p>
May 25	<p><b>Clinical and Cultural Case Conceptualization Formulations, and Introduction to Treatment Planning</b></p> <p>Morning</p> <ul style="list-style-type: none"> <li>• Clinical and Cultural Case Conceptualization</li> </ul> <p>Afternoon</p> <ul style="list-style-type: none"> <li>• Treatment Planning</li> </ul>	<p>Readings:</p> <p>Sperry &amp; Sperry (2012), Chapters 3-4</p>
May 28	<b>No Class</b>	<b>Due: Legal System Reflection Case Study Response</b>
May 30	<p><b>Biopsychosocial Case Conceptualization and Cognitive-Behavioral Case Conceptualization</b></p> <p>Morning</p>	<p>Readings:</p> <p>Sperry &amp; Sperry (2012), Chapters 5-6</p> <p><a href="http://www.integration.samhsa.gov/">http://www.integration.samhsa.gov/</a></p>

	<ul style="list-style-type: none"> <li>• Biopsychosocial Conceptualization</li> <li>• Cognitive-Behavioral Case Conceptualization</li> </ul> <p>Afternoon</p> <ul style="list-style-type: none"> <li>• Strategies for interfacing with integrated behavioral health care professionals</li> </ul>	<p>Ader, J., Stille, C. J., Keller, D., Miller, B. F., Barr, M. S., &amp; Perrin, J. M. (2015). The medical home and integrated behavioral health: Advancing the policy agenda. <i>Pediatrics</i>, 135(5), 910-917.</p> <p>Sperry, L. (2013). Integrated behavioral health. Implications for individual and family counseling practice. <i>The Family Journal: Counseling and Therapy for Couples and Families</i>, 21(3), 347-350.</p>
May 31	<p><b>Grief and Loss Counseling / Cultural and Constructivist</b></p> <p>Morning</p> <ul style="list-style-type: none"> <li>• Grief and Loss Counseling</li> </ul> <p>Afternoon</p> <ul style="list-style-type: none"> <li>• Brief Dynamic and Solution-Focused Conceptualizations</li> </ul>	<p>Readings:</p> <p>Sperry &amp; Sperry (2012), Chapters 7-8</p> <p>Worden, W. (2009). Chapter 4, pp. 83–109. <i>Grief counseling and grief therapy: A handbook for the mental health practitioner</i>. New York, NY: Springer Publishing.</p> <p>Shallcross, L. (2012). <a href="http://ct.counseling.org/2012/06/a-loss-like-no-other/">A loss like no other</a>. Retrieved from <a href="http://ct.counseling.org/2012/06/a-loss-like-no-other/">http://ct.counseling.org/2012/06/a-loss-like-no-other/</a></p> <p>Additional Grief Resources (Not required reading):</p> <p><a href="http://www.centerforloss.com/companioning-philosophy/">http://www.centerforloss.com/companioning-philosophy/</a></p> <p>Neimeyer, R. A. (1999). Narrative strategies in grief therapy. <i>Journal Of Constructivist Psychology</i>, 12(1), 65-85. doi:10.1080/107205399266226</p> <p>James, R. K., &amp; Gilliland, B. E. (2013). pp. 414–423 (to The Adaptive Model), pp. 425–429 (Bereavement in Childhood through Intervention and Treatment), pp. 433–439 (Complicated/Prolonged Grief, Bereavement, and Mourning Reaction through Attachment Theory and Therapy), and pp. 447–449 (Bereavement in Childhood section), <i>Crisis intervention strategies</i> (7th ed.). Belmont, CA: Brooks/Cole.</p>
June 1	<p><b>Adlerian Case Conceptualizations and Presentations</b></p>	<p>Readings:</p> <p>Sperry &amp; Sperry (2012), Chapter 9</p>

	<p>Morning</p> <ul style="list-style-type: none"> <li>• Adlerian Case Conceptualizations</li> <li>• Beginning of Group Presentations</li> </ul> <p>Afternoon</p> <ul style="list-style-type: none"> <li>• Group Presentations</li> <li>• Wrap Up</li> </ul>	<b>Due: Group Presentation</b>
June 4	<b>No class</b>	<b>Due: Webinar Paper</b>
June 11	<b>No class</b>	<b>Due: Special Topics Paper</b>

\* Instructor reserves the right to modify the schedule & assign occasional supplemental readings & activities

### Interfacing with the Legal System Case Study

Joseph, a 35-year-old, white male was referred to your agency by the local mental health court for individual counseling. Joseph is a repeat offender with a long list of non-violent misdemeanors, including petty theft, disorderly conduct, trespassing, and public intoxication. His most frequent and recent offense is petty theft. Before qualifying for mental health court, Joseph underwent a psychological evaluation and was diagnosed with Bipolar I Disorder. The court determined that the untreated symptoms of his disorder contributed to his criminal activity and his recidivism rate. The judge's orders to Joseph are to receive both psychiatric and individual counseling services. If he complies with these conditions, Joseph's charges will be voluntarily dismissed. In the order, the judge encourages and admonishes Joseph not to miss counseling or psychiatric sessions and to participate actively in them, otherwise he would be in violation of the court mandate and risk not having his charges dismissed.

To monitor and evaluate progress, the court asks you to check in with the case manager periodically to report the client's counseling attendance, engagement, and progress toward goal attainment. The court asks specifically that you provide them with a treatment plan and your method for assessing client progress.

In your first session with Joseph, you share with him that you have been in contact with his court-appointed case manager, and that the case manager shared with you the judge's disposition in his case. You also share with him what you consider your roles and responsibilities are to Joseph as well as to the court. **As part of your write up, please describe what you would say to Joseph in reference to your roles and responsibilities to him and to the court, keeping in mind ethical principles such as autonomy, beneficence, nonmaleficence, and confidentiality, as well as your contractual agreements with the court system.**

For the first few sessions, you wonder if Joseph is invested in the counseling services that you are providing him or if he is just “checking the box.” Joseph gives very few details about his life, both past and present, and provides short answers to any inquiries that you put to him. For the third session, Joseph shows up ten minutes late, and apologetically states that he couldn’t make it on time because his car broke down and he had to take the bus. For the fourth session, 20 minutes after it was to begin, Joseph calls you to let you know that he had to pick up an extra shift at work and would not be able to make the appointment. **At this point, relative to the roles and responsibilities that you discussed earlier and your agreement with the court, how would you respond to Joseph’s late arrival to the previous session and his missing the fourth session? What do you believe your ethical/professional responsibility is to Joseph? To the court? If you were to contact the case manager, what information would you share? Would you report his tardiness? His absence? Would you discuss your assumption/concern that he is not actively engaged in counseling? If so, how would you behaviorally evince your belief in his lack of engagement?**

For uniformity’s sake, let’s say you decide to contact the case manager, and you share with the case manager solely that Joseph had not shown up for individual counseling in week 4. Based on your report, the case manager informs the judge of Joseph’s no-show and receives orders to warn Joseph that he cannot miss any more sessions. For the rescheduled fifth session, Joseph presents with a tense affect, and expresses irritation at any of your attempts to connect with him. Also, from your perspective, he insinuates with nonverbal gestures (e.g., eye roles, posture) and paralanguage (annoyed tone of voice) that he does not want to be there. **What intervention/response might you make to Joseph at this moment? If you are unable to make a connection with Joseph during this session, what would you be inclined to do? Would you contact the case manager? Would you wait until the next session to see if things had changed?**

Based on your genuineness and immediacy skills, let’s say you’re able to process Joseph’s irritation and ultimately connect with him. During your sixth session, Joseph begins to open up more, and he shares with you that he has begun drinking again, and that last night he did, in his words, “something stupid” and drove home while intoxicated. He also shares with you that a few nights ago he stole some merchandise from a store in the mall without getting caught. **What are your thoughts regarding your responsibility to report that information to the case manager? How might your response change or not if what he discloses to you is that he is very upset with a friend of his who owes him money and is refusing to pay up and he desired to teach him a lesson? If that were the case, how would you assess a potential threat to harm another person? What specific questions might you ask? If you determine that he may be a threat to someone else, who would you contact?**

#### Rubric for Webinar and Legal Case Study Reflection Papers

Reflection Paper/Journal Rubric				
Depth of Paper	Poor 0 - 55%	Fair 56 – 63%	Good 64 – 71%	Excellent 72 – 80%
<b>Content and Development</b>	<ul style="list-style-type: none"> <li>Very little framework to</li> </ul>	<ul style="list-style-type: none"> <li>Framework exists to some</li> </ul>	<ul style="list-style-type: none"> <li>There is an appropriate</li> </ul>	<ul style="list-style-type: none"> <li>Major points are clearly stated</li> </ul>

	<p>the paper; support is lacking or is inaccurate.</p> <ul style="list-style-type: none"> <li>• Unclear if writer understands their purpose or the assignment.</li> <li>• Length is far less than expected.</li> </ul>	<p>degree; accurate support for reflections exists but not to an ideal level.</p> <ul style="list-style-type: none"> <li>• Content is moderately inconsistent with regard to purpose.</li> <li>• Length is somewhat less than expected.</li> </ul>	<p>framework to the paper that is consistently supported.</p> <ul style="list-style-type: none"> <li>• Content is minimally inconsistent with regard to purpose.</li> <li>• Length is very near expected with standard margins and font.</li> </ul>	<p>and supported by well-thought out reflections.</p> <ul style="list-style-type: none"> <li>• Content and purpose are clear.</li> <li>• Length is appropriate with standard margins and font.</li> </ul>
<b>Integration of Thought</b>	<ul style="list-style-type: none"> <li>• Paper presents little to no self-awareness, insight, and reflection.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper presents standard information with a minimal level of self-awareness, insight, and reflection.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper shows a moderate level of self-awareness, insight, and reflection.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper shows a high level of self-awareness, insight, and reflection.</li> </ul>
<b>Style of Paper</b>	<b>Poor 0 – 6%</b>	<b>Fair 7%</b>	<b>Good 8%</b>	<b>Excellent 9 – 10%</b>
<b>Language</b>	<ul style="list-style-type: none"> <li>• Sentences are often unclear.</li> </ul>	<ul style="list-style-type: none"> <li>• Sentences are occasionally unclear.</li> </ul>	<ul style="list-style-type: none"> <li>• Sentences are clear.</li> </ul>	<ul style="list-style-type: none"> <li>• Sentences are clear and writing is at an advanced level.</li> </ul>
<b>Logic &amp; Organization</b>	<ul style="list-style-type: none"> <li>• There is very little structure to the paper.</li> </ul>	<ul style="list-style-type: none"> <li>• Structure of the paper is not easy to follow.</li> <li>• Paragraphs may be somewhat disjointed.</li> </ul>	<ul style="list-style-type: none"> <li>• Structure of the paper is generally easy to follow.</li> <li>• Paragraph transitions may need some improvement.</li> </ul>	<ul style="list-style-type: none"> <li>• Structure of paper is easy to follow.</li> <li>• Paragraphs are well-built and transitions are clear.</li> </ul>
<b>Mechanics of Paper</b>	<b>Poor 0 – 6%</b>	<b>Fair 7%</b>	<b>Good 8%</b>	<b>Excellent 9 – 10%</b>
<b>Grammar, Punctuation, and Spelling</b>	<ul style="list-style-type: none"> <li>• Paper contains far more errors in grammar, punctuation, or spelling than is acceptable.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper contains several errors in grammar, punctuation, or spelling.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper contains very few errors in grammar, punctuation, or spelling.</li> </ul>	<ul style="list-style-type: none"> <li>• Paper contains almost no errors in grammar, punctuation, or spelling.</li> </ul>
<b>Comments:</b>				
<b>Total Depth Percentage:</b>				
<b>Total Style Percentage:</b>				
<b>Total Mechanics Percentage:</b>				
<b>TOTAL POINTS:</b>				

Group Presentation Grading Rubric

Criterion	Description	Points Possible
Counseling Skits	<p>Basic Counseling Skills are effectively demonstrated</p> <ul style="list-style-type: none"> <li>• Counselor uses open-ended questions and reflections appropriately and effectively.</li> <li>• Counselor avoids the use of advice-giving, why question, closed questions, interpretations, and judgment statements, except when justified by the theory-based techniques being demonstrated.</li> </ul> <p>Theory-Based Techniques</p> <ul style="list-style-type: none"> <li>• The counselor effectively and accurately introduces and portrays the theory-based techniques.</li> <li>• The chosen techniques are appropriate relative to the presenting concern.</li> </ul>	15
Introductions of and Rationales for the Theory-based Techniques	<ul style="list-style-type: none"> <li>• For each skit, the group clearly and concisely (within time parameters), identifies and describes its chosen theoretical perspective and technique.</li> <li>• For each skit, the group clearly and briefly describe the client's presenting concern and demographics, including relevant cultural information/considerations.</li> <li>• For each skit, the group describes a brief theory-based case conceptualization, including providing a clear description of fit between the chosen theory, intervention, and presenting concern.</li> </ul>	5
Closing Remarks and Processing	<ul style="list-style-type: none"> <li>• For each skit, the group briefly and effectively shares a potential treatment plan based on its case conceptualization.</li> <li>• For each skit, the treatment plan includes short-term and long term goals for working with the client, as well as methods of reaching those goals.</li> <li>• After each skit, group members respond professionally to audience questions.</li> </ul>	5
Case Conceptualization and Treatment Plan Write Ups	<ul style="list-style-type: none"> <li>• For each skit, the group completes a case conceptualization which includes a premise (client overview or hypothesis), theoretically-based supporting material,</li> </ul>	

	<p>conclusions about current level of functioning, broad treatment goals, anticipated time to achieve goals, and barriers to goal achievement.</p> <ul style="list-style-type: none"> <li>For each skit, the group completes a treatment plan that includes a treatment plan overview, long-term goals, and short-term, measurable goals. The group also describes methods they plan to employ to help client achieve goals.</li> </ul>	15
Total		40

### Special Topics Paper Grading Rubric

Sections	Description of Criteria	Points Possible
Introduction of Topic	<p>Includes</p> <ul style="list-style-type: none"> <li>Topic (What)</li> <li>Importance and relevance (So What)</li> <li>Outline of the thesis of the paper (Now What)</li> </ul>	5
Background Info on Topic	<p>Background Info</p> <ul style="list-style-type: none"> <li>Nature of the clinical issue (e.g., diagnostic criteria / Effect on clients)</li> <li>Prevalence</li> <li>Etiology</li> <li>Available treatments and their effectiveness</li> </ul>	5
Case Study and Conceptualization and Treatment Plan	<p>Case Conceptualization and Treatment Planning</p> <ul style="list-style-type: none"> <li>1-2 paragraph case study</li> <li>Conceptualization is consistent with Berman's case conceptualization format</li> <li>Treatment plan is in narrative form, it is clear, logical, and thorough.</li> </ul>	20
Inclusion of advocacy, multicultural, and legal/ethical Considerations	<p>Advocacy, Ethics/Law, Culture</p> <ul style="list-style-type: none"> <li>Advocacy strategies are clearly addressed, and they are feasible and logical</li> <li>Cultural considerations are appropriately and effectively addressed</li> <li>Legal and/or ethical issues that can arise related to the clinical issue are effectively and clearly addressed.</li> </ul>	10
Total		40