

CNS 762: Case Formulation and Treatment Planning in Clinical Mental Health Counseling
Wake Forest University
Department of Counseling
Summer 2024

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 Office Hours: By Appointment

Time: Tuesday, Wednesday, and Thursday; 9:00 – 4:00 p.m. ET

Location: Carswell 208

Required Text:

Sperry, L., & Sperry, J. (2020). *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.

Association of Family and Conciliation Courts.(2010). [*Guidelines for court-involved therapy*](#).

Bonanno, G. A., Wortman, C. B. et al. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. *Journal of Personality and Social Psychology*, 83(5), 1150-1164. <http://dx.doi.org.go.libproxy.wakehealth.edu/10.1037/0022-3514.83.5.1150> (Links to an external site.) (In course reserves)

Hewlitt, M. (2015, April). In its third year, [Forsyth County's mental health court](#) is working but also continually in progress. *Winston-Salem Journal*.

James, R. K., & Gilliland, B. E. (2013). Personal loss: Bereavement and grief (In course reserves)

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. *Counseling Today*.
<https://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.

<http://psychology.iresearchnet.com/counseling-psychology/counseling-therapy/developmental-counseling-and-therapy/>

[Center of Excellence for Integrated Health Solutions \(SAMHSA\) Website](#)

Email:

Correspondence and notices related to this course will be announced on Canvas 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 salient topics in clinical mental health counseling, such as grief and loss, integrated behavioral health, and developmental counseling and therapy.

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 (CACREP 3.E.1.)
2. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (CACREP 5.C.1.)
3. Legislation, government policy, and regulatory processes relevant to clinical mental health counseling (CACREP 5.C.3.)
4. Cultural factors relevant to clinical mental health counseling (CACREP 3.B.1-7, 11)
5. Legal and ethical considerations specific to clinical mental health counseling (CACREP 3.A.10.)
6. Record keeping, third-party reimbursement, and other practice and management issues in clinical mental health counseling (CACREP 5.C.9.)
7. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CACREP 5.C.5.)
8. Strategies for interfacing with the legal system regarding court-referred clients (CACREP 5.C.6.)
9. Strategies for interfacing with integrated behavioral healthcare professionals (CACREP 5.C.7.)
10. Strategies to advocate for persons with mental, behavioral, and neurodevelopmental conditions (CACREP 5.C.8.)

Student Learning Outcome:

There is one signature assignment for this course, the Special Topics Paper Assignment, that is to be submitted in Anthology Portfolio, an e-Portfolio, data storage, and data management program. The Special

Topics Paper assignment will be used for course grade calculations (using the grading rubric), program evaluation reporting, and student learning outcomes (SLO) / key performance indicator (KPI) monitoring. For program evaluation reporting and SLO/KPI monitoring, we use a CACREP rubric that measures student learning on a scale from 1 (harmful) to 5 (exceeds expectations). The student learning outcome on which you will be evaluated for the Special Topics Paper is X.a.: Students demonstrate knowledge and skills needed to assess, diagnose (when appropriate), form case conceptualizations, and develop treatment plans for diverse client populations.

Based on the 2024 CACREP standards (2.E.1.a., 2.C.1.a.), our counseling program is required to report aggregated SLO/KPI ratings, as well as monitor individual student SLO/KPI progress. The expectation is that students, on average and individually, will receive average CACREP rubric ratings of 4 (meets expectations) on each SLO/KPI measure. Student ratings on SLO/KPI measures that fall below a 3 (near expectations) may result in remediation.

Accommodations/Ability:

Wake Forest University recognizes its responsibility for creating an institutional climate in which students with differing needs and abilities can thrive.

Along with the mission of the Division of Student Life, Disability Services exists to enable students with disabilities to experience equal access to the academic, social, and recreational activities and programs at Wake Forest University. To achieve this goal, the [Center for Learning, Access, and Student Success \(CLASS\)](#) is available to offer academic support for all Wake Forest Students. CLASS staff works with students, faculty, and staff to implement services and accommodations that are in accordance with both state and federal laws and our own commitment to this goal.

If you have a disability that may require an accommodation for taking this course, please use the Student Portal Login located on the [Center for Learning, Access, and Student Success \(CLASS\)](#) website. Alternatively, you may contact the Center for Learning, Access, and Student Success at the contact information provided.

Contact Information:

118 Reynolda Hall, WFU
Winston- Salem, NC, 27109

Phone: 336-758-5929

Email: class@wfu.edu

Class Policies and Procedures:

Due to 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 participate actively. 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 do not leave early.

Electronic Communication Devices:

Please turn off your cell phones and keep them off during class. Our time together is co-created by our joint participation in the learning environment.

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 <https://studentconduct.wfu.edu/>. 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, it is important that you 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:

Disaster Planning/Catastrophic Event Policy: In the event the University calendar is disrupted by disaster or catastrophic event, please continue with the assigned lessons and adhere to the due dates of assignments and discussions. The instructor will be available by email or by phone, unless internet or phone is inaccessible.

Assignments:

All assignments are to be turned in on time and through Canvas on the day that they are due.

All formal written assignments must be typed in 12-point, Times New Roman font, with 1 inch margins, and double-spaced unless otherwise indicated. 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 do not count toward fulfilling page number requirements. In addition, the [Purdue OWL website](#) provides some great information related to the latest version of the APA manual.

Assignment	Due Date	Percentage of Grade
Group Presentation	June 13 th	40%
Legal System Case Study Group Presentation	June 20 th	40%
Special Topics Paper	June 27 th	45%

Group Presentations – June 13th

Students will work together in groups of two or three to create and record two brief skits (approximately 8-10 minutes in length for each) that will be shown to the class on June 8th. 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. **(CACREP Standards: 3.B.1-7., 11., 3.E.1., 3.E.9., 3.E.10., 3.E.13., 3.E.15., 3.E.16., 5.C.1., 5.C.5., 5.C.9.)**

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. Present your diagnostic, clinical, and cultural formulations
2. Showing of skit (8-10 minutes)
3. Closing remarks (3-5 minutes)
 - a. Briefly present a potential treatment formulation based on your case conceptualization as if you were to continue working with this client
4. Processing
 - a. Open up for questions and insights from classmates and instructor (5 minutes).

Group members should turn in a written case conceptualization for each skit that includes diagnostic, clinical, cultural, and treatment formulations. Students will be graded individually on how well they demonstrate their chosen techniques and by the explanatory and predictive power of their case conceptualizations.

Legal System Case Study – June 20th

Using the case study provided, describe in approximately two 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. **CACREP Standards: 3.A.10., 3.E.6., 5.C.6.)**

Special Topics Paper – June 27th

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 formulation, opportunities for advocacy, and legal/ethical implications. This paper will be assessed using the grading rubric for special topics paper found at the end of your syllabus. **(CACREP Standards: (CACREP Standards: 3.B.1-7., 11., 3.E.1., 3.E.9., 3.E.10., 3.E.13., 3.E.15., 3.E.16., 5.C.1., 5.C.5., 5.C.8., 5.C.9.)**

Organization

The paper should be 7-8 pages total and should be subdivided 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 formulation from a theory of your choice (e.g., feminist, CBT), including a diagnostic, clinical, cultural, and treatment formulation.
- **Advocacy and legal/ethical considerations** (Suggested page length: 1 page)
 - This section should include the following:
 - Describe advocacy strategies.
 - Describe legal / ethical issues that may arise related to this clinical issue.
- **References**
 - Please include a minimum of five 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
June 4 CACREP: 3.E.1., 5.C.1., 5.C.5. CACREP: 5.C.1., 5.C.9.	Developmental Counseling and Therapy and Introduction to Case Conceptualization Morning: <ul style="list-style-type: none"> • Syllabus Review • Developmental Counseling and Therapy Afternoon: <ul style="list-style-type: none"> • Introduction to Case Conceptualization, including assessment and diagnostic formulations 	Readings: Minton, C. A. B., & Myers, J. E. (2008). Cognitive style and theoretical orientation: Factors affecting intervention style interest and use. <i>Journal of Mental Health Counseling, 30(4)</i> , 330-344. Sperry & Sperry (2020), Chapters 1-2
June 5 CACREP: 3.A.10., 3.B.1-7., 3.B.11., 3.E.1., 3.E.6., 5.C.9.,	Clinical, Cultural, and Treatment Formulations Morning <ul style="list-style-type: none"> • Clinical and Cultural Case Formulations 	Readings: Sperry & Sperry (2020), Chapters 3-4

<p>CACREP: 3.B.1-7., 3.B.11., 3.E.1., 5.C.5., 5.C.9.</p>	<p>Afternoon</p> <ul style="list-style-type: none"> • Treatment Planning and Treatment Formulations 	
<p>June 6</p> <p>CACREP: 3.E.1., 3.C.1., 5.C.5., 5.C.9.</p> <p>CACREP: 3.E.1., 5.C.5., 5.C.9</p>	<p>Individual, Couple, and Family Case Conceptualizations; Biopsychosocial Case Conceptualizations</p> <p>Morning</p> <ul style="list-style-type: none"> • Individual, Couple, and Family Case Conceptualizations <p>Afternoon</p> <ul style="list-style-type: none"> • Biopsychosocial Case Conceptualizations 	<p>Readings:</p> <p>Sperry & Sperry (2020), Chapters 5-6</p>
<p>June 11</p> <p>CACREP: 3.E.1., 5.C.5., 5.C.9.</p> <p>CACREP: 3.E.1., 5.C.5., 5.C.9.</p>	<p>Cognitive-Behavioral and Time-Limited Dynamic Psychotherapy Conceptualizations</p> <p>Morning</p> <ul style="list-style-type: none"> • Cognitive Behavioral Therapy <p>Afternoon</p> <ul style="list-style-type: none"> • Time-Limited Dynamic Psychotherapy and Adlerian Case Conceptualizations 	<p>Readings:</p> <p>Sperry & Sperry (2020), Chapters 7-8</p>
<p>June 12</p>	<p>Adlerian Case Conceptualizations and Interfacing with the Legal System and Integrated Care Professionals</p> <p>Morning</p>	<p>Readings:</p> <p>Sperry & Sperry (2020), Chapter 9</p> <p>Ader, J., Stille, C. J., Keller, D., Miller, B. F., Barr, M. S., & Perrin, J. M. (2015). The medical home and</p>

<p>CACREP: 3.A.10., 5.C.3., 5.C. 6., 5.C.7.</p> <p>CACREP: 3.E.1., 5.C.5., 5.C.9.</p>	<ul style="list-style-type: none"> • Interfacing with the Legal System and Integrated Care Professionals <p>Afternoon</p> <ul style="list-style-type: none"> • Adlerian Case Conceptualizations 	<p>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> <p>https://www.thenationalcouncil.org/integrated-health-coe/</p> <p>http://www.journalnow.com/news/local/in-its-third-year-forsyth-county-s-mental-health-court/article_ba3a5b1c-dbef-11e4-b996-5385c2e0ce82.html</p> <p>http://webarchive.urban.org/UploadedPDF/2000173-The-Processing-and-Treatment-of-Mentally-Ill-Persons-in-the-Criminal-Justice-System.pdf</p> <p>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.</p>
<p>June 13</p> <p>CACREP: 3.B.3., 3.B.11., 3.E.1., 5.C.5., 5.C.9.</p> <p>CACREP: 3.B.1-7., 11., 3.E.1.,</p>	<p>Acceptance and Commitment Therapy Conceptualizations, Grief and Loss, and Presentations</p> <p>Morning</p> <ul style="list-style-type: none"> • Grief and Loss • Acceptance and Commitment Therapy Case Conceptualizations • Beginning of Group Presentations <p>Afternoon</p> <ul style="list-style-type: none"> • Group Presentations • Wrap Up 	<p>Readings:</p> <p>Sperry & Sperry (2020), Chapter 10</p> <p><u>Shallcross, L. (2012). A loss like no other. <i>Counseling Today</i>.</u></p> <p>James, R. K., & Gilliland, B. E. (2013). Personal loss: Bereavement and grief (In course reserves)</p> <p>Bonanno, G. A., Wortman, C. B. et al. (2002). Resilience to loss and chronic grief: A prospective study from preloss to 18-months postloss. <i>Journal of Personality and Social Psychology</i>, 83(5), 1150-1164.</p> <p style="text-align: center;">Due: Group Presentation</p>

3.E.9., 3.E.10., 3.E.13., 3.E.15., 3.E.16., 5.C.1., 5.C.5., 5.C.9.		
June 20	No class	Due: Legal System Reflection and Case Study
June 27	No class	Due: Special Topics Paper

* 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 rolls, posture) and paralinguage (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 Legal Case Study

	Meets Expectation	Near Expectations	Below Expectations
Ethical Response and Rational	12-13 points	10-11 points	0-9 points
	Student provides a thorough and ethically sounds rationale for each decision that they make with this case. They support their arguments with established sources,	Student provides a logical and ethical response for each prompt but does not support it with established sources.	Student does not respond to each prompt appropriately or provides responses that are unrelated, illogical, or unethical.

	such as ethical principles, ethical decision-making models, the ACA code of ethics, and/or legal statutes.		
Quality of Writing	2 points	1 point	0 points
	Writing is well-organized, grammatically correct, and has few typographical errors. APA formatting is followed correctly.	A number of grammatical and/or typographical errors exist that affect the flow and substance of the writing. And/or APA formatting is not followed or a number of APA formatting errors exist.	Writing quality is far below expectations for graduate level students. There are a great deal of grammatical and typographical errors, as well as organizational issues, to the degree that it is difficult to understand or follow ideas.

Group Presentation Rubric

	Exceeds Expectation	Meets Expectations	Near Expectations	Below Expectations	Harmful
	10 points	9 points	7-8 points	5-6 points	0-4 points
Counseling Skills	Basic counseling skills are demonstrated masterfully with confidence. Counselor effectively uses open questions and reflections. Counselor avoids advice-giving, why questions, closed questions, interpretations, and judgment statements, except when justified by the theory. The counselor introduces and portrays the theory-based technique	Basic counseling skills are demonstrated. Counselors, for the most part, use open questions and reflections appropriately, though their open questions may be used a little too much or their reflections are not as precise or concise as they could be. Counselor avoids advice-giving, why questions, closed questions, interpretations, and judgment statements, except when	Basic counseling skills are demonstrated albeit inconsistently. Counselors, for the most part, use open questions and reflections appropriately, though open questions are used too frequently, and reflections are oftentimes not precise or concise. The counselor struggles to avoid things like advice-giving, why questions, closed questions,	Student demonstrates basic counseling skills that are below expectations. Closed questions are used frequently, and reflections are used sparingly. When used, they are inaccurate and/or lengthy. Interpretations, why questions, and judgment statements are used without a theoretical rationale. Theoretical techniques are unjustified based	The counselor exhibits behaviors that would be considered illegal, unethical, and/or culturally insensitive.

	effectively and the chosen technique is appropriate for the presenting concern	justified by the theory. The counselor introduces and portrays the theory-based technique but the delivery or rationale for this technique may be underdeveloped.	interpretations, and judgment statements. The counselor portrays the theory-based technique but the delivery or rationale for the techniques are unclear.	on the client presentation or presented wholly inadequately.	
Introduction of and Rationale for the Theory-based Technique	5 points	4.5 point	3.5-4 points	2.5-3 points	0-2 points
	Student clearly and concisely (within the time parameters) identifies and describes their chosen theoretical perspective and technique. The student also clearly and briefly describes the client's presenting concern and demographics, including pertinent diagnostic, clinical, and cultural considerations. The student also masterfully shares a case conceptualization based on their chosen theory that provides a clear description of the connections between the theory, presenting concern, and chosen intervention.	Student identifies and describes their chosen theoretical perspective and technique. The student also describes the client's presenting concern and demographics, including pertinent diagnostic, clinical, and cultural considerations. The student also shares a case conceptualization based on their chosen theory that provides a clear description of the connections between the theory, presenting concern, and chosen intervention.	Student inaccurately and/or inefficiently describes their chosen theoretical perspective and technique. The student describes the client's presenting concern and demographics, but may leave out pertinent diagnostic, clinical, and cultural considerations. The student shares a case conceptualization but it is difficult to discern how it is related to their chosen theory, the presenting concern, or the interventions.	Student inaccurately and/or inefficiently describes their chosen theoretical perspective and technique. The student describes the client's presenting concern and demographics, but neglects pertinent diagnostic, clinical, and/or cultural considerations. The student may describe some aspects of the case but does not share a case conceptualization.	Student's presentation is inappropriate or unprofessional in its delivery and/or content.
Closing Remarks	5 points	4.5 point	3.5-4 points	2.5-3 points	0-2 points
	Student briefly and effectively shares a	Student shares a provisional treatment	Student shares a provisional treatment	Student shares a treatment formulation that is	Student fails to share a treatment plan or the

	provisional treatment formulation that is clearly connected to their diagnostic, clinical, and cultural formulations. Moreover, student responds professionally to audience questions.	formulation that is connected to their diagnostic, clinical, and cultural formulations. Also, student responds well to audience questions.	formulation that is not clearly or logically associated with their diagnostic, clinical, and cultural formulations. Student responds to audience questions but does not exhibit breadth and depth of understanding.	unclear, illogical, and not linked to their diagnostic, clinical, and cultural formulations. Moreover, student struggles to respond to audience questions, demonstrating limited knowledge of the subject matter or a lack of professionalism.	treatment plan includes unethical, illegal, or culturally insensitive or discriminatory plans. Student's presentation is offensive in manner and content.
Case Conceptualization	20 points Student's case conceptualization is exceptional in its explanatory and predictive power, and it includes all components of Sperry and Sperry's model, including diagnostic, clinical, cultural, and treatment formulations. All applicable elements of each component also are included.	18-19 points Student's case conceptualization is explanatory and predictive, and it includes all components of Sperry and Sperry's model, including diagnostic, clinical, cultural, and treatment formulations. Applicable elements of each component also included.	16-17 points Student's case conceptualization has some explanatory and predictive power. It includes all components of Sperry and Sperry's model, including diagnostic, clinical, cultural, and treatment formulations but it does not include some pertinent elements. Also, components and elements may not be logically connected.	12-15 points Student's case conceptualization is lacking significantly in explanatory and predictive power. It may not include one of the components of Sperry and Sperry's model, and it may be missing key elements. The connectivity among elements and components may be lacking, and/or the theory is not appropriately integrated into the case conceptualization.	0-11 points Student's case conceptualization, if applied to actual clients, could be harmful. It may be that the treatment formulation includes techniques that are unethical, illegal, prejudicial, or proven to be ineffective or harmful (e.g., birthing technique). Also, case conceptualization may be woefully inadequate in explaining or predicting the client's presentation.

Special Topics Paper Grading Rubric

Criteria	Excellent 5	Good 4	Fair 2-3	Poor 0-1
Introduction of Topic	Includes the topic (what), importance and relevance (so what), and outline of the thesis of the paper (now what) with appropriate detail, accuracy, and clarity.	Includes the topic (what), importance and relevance (so what), and outline of the thesis of the paper (now what), but some information is lacking in clarity or specificity.	Does not include all areas of the introduction, or the information is overly general, lacks precision, or is unclear.	Does not introduce the topic, or the introduction is not written professionally. Demonstrates limited knowledge of the topic.
	Excellent 5	Good 4	Fair 2-3	Poor 0-1
Background Info on Topic	Synthesizes pertinent literature effectively, concisely, and precisely in providing information on the nature, prevalence, etiology, treatment availability, and treatment effectiveness of the special topic	Includes pertinent information on the nature, prevalence, etiology, treatment availability, and treatment effectiveness of the special topic. However, some information may be overly general or lacking in clarity.	Does not include information on all background areas, or provides information that is not supported by pertinent literature.	Does not provide background information about the special topic, or the information provided is wholly general, off topic, inaccurate, or unclear. Demonstrates limited knowledge of the topic.
	Excellent 25	Good 20-24	Fair 17-19	Poor 0-16
Case Study and Conceptualization and Treatment Plan	Includes a written case conceptualization and treatment plan based on Sperry and Sperry's case formulation model. The case conceptualization and treatment plan are written	Includes a written case conceptualization and treatment plan based on Sperry and Sperry's case formulation model. The case conceptualization and treatment plan are written	Includes a written case conceptualization and treatment plan that is missing important elements of Sperry and Sperry's model, or is inconsistent or	Includes a case write up that is missing key components (e.g., clinical, cultural) and elements of Sperry and Sperry's model, or the case conceptualization and

	in narrative form and provide a label for each element. All pertinent elements are accurately included. The case conceptualization and treatment plan are clear, consistent, logical, and thorough, and integrate models/theories of counseling logically, accurately, and effectively.	in narrative form and provide a label for each element. Most elements are included and are applied accurately. The case conceptualization and treatment plan may have some inconsistencies or lack specificity and clarity.	inaccurate in its application of theories and models.	treatment plan are wholly inaccurate, unclear, or unprofessional (e.g., promoting unethical behavior).
	Excellent 10	Good 8-9	Fair 7	Poor 0-6
Inclusion of advocacy, multicultural, and legal/ethical Considerations	Effectively and clearly addresses advocacy strategies, cultural considerations, and legal/ethical issues related to the special topic. Strategies are feasible and logical.	Addresses advocacy strategies, cultural considerations, and legal/ethical issues related to the special topic. However, some information is unclear or overly general.	Does not address advocacy strategies, cultural considerations, or legal/ethical issues related to the special topic. Or, the information is unclear or inaccurate.	Does not include advocacy, multicultural, or legal/ethical considerations in the paper. Or, the write up demonstrates limited knowledge of these considerations.
Total				/45

Special Topics Paper CACREP Rubric

Criteria	Exceeds Expectations 5	Meets Expectations 4	Near Expectations 3	Below Expectations 2	Harmful 1
Case Conceptualization SLO X.a	Demonstrates an exceptional ability to form culturally sensitive case conceptualizations that cogently explain clients' situations. This includes, but is not limited to, knowledge and application of assessment, diagnosis (as applicable), lifespan development, and counseling theory.	Demonstrates an ability to form culturally sensitive case conceptualizations that explain clients' situations. This includes, but is not limited to, knowledge and application of assessment, diagnosis (as applicable), lifespan development, and counseling theory.	Demonstrates an ability to form case conceptualizations that have some explanatory power. Could improve explanatory power with more specificity or by synthesizing additional information.	Demonstrates limited ability to form case conceptualizations that have explanatory power.	Demonstrates little to no ability to synthesize client information into a meaningful guide that can be used to treat clients. And/or the case conceptualization includes biased or prejudicial elements related to individuals and/or their cultural identities.
Treatment Planning SLO X.a	Demonstrates an exceptional ability to develop culturally responsive treatment plans that have predictive power, and which use evidence-based approaches that, as applicable, promote prevention, early intervention, wellness, and advocacy.	Demonstrates an ability to develop culturally responsive treatment plans that have predictive power, and which use evidence-based approaches that, as applicable, promote prevention, early intervention,	Demonstrates some ability to develop culturally responsive treatment plans, though the predictive power could be improved with greater breadth, depth, and/or clarity.	Demonstrates limited ability to develop culturally responsive treatment plans.	Demonstrates little to no ability to develop treatment plans that are culturally responsive. Or, the treatment plans include harmful, unethical, and/or illegal treatments (e.g., conversion

		wellness, and advocacy.			therapy). Or, the usefulness of the treatment plan is grossly affected by its lack of detail and clarity.
Evaluation and Application of Research to Practice SLO X.a	Demonstrates consistent and advanced ability to review and critically analyze extant literature, as well as to apply research to practice.	Demonstrates competency in reviewing and analyzing extant literature, and in applying research to practice.	Demonstrates some ability to review and critically analyze extant literature, as well as some capacity to apply research to practice. Additional specificity, breadth, depth, and/or clarity are necessary to improve competency.	Demonstrates limited ability to review and analyze literature, as well as a limited ability to apply research to practice.	Arrives at inaccurate or unclear conclusions regarding extant literature, and/or engages in unprofessional or unethical behavior (e.g., plagiarism). And/or demonstrates a severely inadequate ability to apply research to practice.