



## **COUN 6007 Principles of Management, Consultation, Collaboration, and Advocacy**

**Spring 2022**  
**Tuesday – 5:15-8:00**  
**CAB 318**

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**Office Hours: By appointment vi Microsoft Teams**

### **Course Description**

In this course students will examine mental health services and program management involving administration, finance, and budgeting in private and public agency settings. Students will also explore the processes of consultation, collaboration, and advocacy. 3 hours (prerequisites: COUN 5000, 5004, 5010, 5999)

### **Methods of Instruction**

The content of this course will be delivered through assigned readings, seminar discussions, multimedia presentations, case presentations, and small group discussion.

### **Course Objectives**

Students will learn:

- 1) History and philosophy of the counseling profession and its specialty areas. (CACREP II.F.1.a)
- 2) The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation (CACREP II.F.1.b)
- 3) The role and process of the professional counselor advocating on behalf of the profession (CACREP II.F.1.d)
- 4) Professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues (CACREP II.F.1.g)
- 5) Current labor market information relevant to opportunities for practice within the counseling profession (CACREP II.F.1.h)
- 6) Theories and models of multicultural counseling, cultural identity development, and social justice and advocacy (CACREP II.F.2.b)
- 7) Help-seeking behaviors of diverse clients. (CACREP II.F.2.f)
- 8) Theories and models of counseling (CACREP II.F.5.a)
- 9) Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationship (CACREP II.F.5.d)
- 10) Counselor characteristics and behaviors that influence the counseling process (CACREP II.F.5.f)
- 11) Essential interviewing, counseling, and case conceptualization skills (CACREP II.F.5.g)
- 12) Developmentally relevant counseling treatment or intervention plans (CACREP II.F.5.h)
- 13) Development of measurable outcomes for clients (CACREP II.F.5.i)
- 14) Evidence-based counseling strategies and techniques for prevention and intervention (CACREP II.F.5.j)
- 15) Neurobiological and medical foundation and etiology of addiction and co-occurring disorders (Clinical Mental Health Counseling V.C.1.d.)
- 16) Learn and understand the various roles and settings of clinical mental health counselors, including supervising and management roles. (Clinical Mental Health Counseling V.C.2.a)

- 17) Maintain a database of information regarding community resources to make appropriate referrals and learn to utilize various community services and treatment modalities to provide continuum of care (Clinical Mental Health Counseling V.C.2.c).
- 18) Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD) (Clinical Mental Health Counseling V.C.2.d)
- 19) Potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorder (Clinical Mental Health Counseling V.C.2.e)
- 20) Apply and understand classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (Clinical Mental Health Counseling V.C.2.h)
- 21) Demonstrate an understanding of the legislation and government policies that are relevant to clinical mental health counseling professionals (Clinical Mental Health Counseling V.C.2.i).
- 22) Understand the importance of continuing education and involvement with professional organizations, maintaining preparation standards, and clearly defining credentials relevant to the practice of clinical mental health counseling (Clinical Mental Health Counseling V.C.2.k).
- 23) Apply knowledge of record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling (Clinical Mental Health Counseling V.C.2.m).
- 24) Strategies for interfacing with the legal system regarding court-referred clients (Clinical Mental Health Counseling V.C.3.c)
- 25) Strategies for interfacing with integrated behavioral health care professionals (Clinical Mental Health Counseling V.C.3.d)
- 26) Strategies to advocate for persons with mental health issues (e.g. grant writing, community advocacy) (Clinical Mental Health Counseling V.C.3.e)
- 27) Self-care strategies appropriate to the counselor role (CACREP II.F.1.I)
- 28) Advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients

### **Textbooks: Optional**

Gehart, D. (2016). *Case documentation in counseling and psychotherapy: A theory-informed, competency-based approach*. Cengage Learning.

### **Student Expectations**

Expectations for this class include the following:

1. **Be Prepared:** Students are expected to come to class prepared for any discussions or activities that may occur by **reading all assigned material** and by bringing any written or electronic assignments required for class.
2. **Be Present and On Time:** Students are expected to attend each class, be on time, and remain until the end of class. Notify the professor in advance, if possible, when it is necessary to be absent, to be late, or to leave early. Points may be deducted at the discretion of the professor for absences or tardiness. Grades may also naturally suffer when students are not present for class.
3. **Remember Due Dates:** Students are expected to complete all assignments on time. Points will be deducted for late assignments. Overall assignment grade will be deducted 10% each day the assignment is late and no assignments will be accepted one week after due date. Any extenuating circumstances must be discussed with the professor **before** the due date. How these circumstances are handled is solely at the discretion of the professor.

4. **Submit Electronically:** All written assignments are to be submitted electronically as email attachments or within Connect on or before the due date.
5. **Be Respectful:** Students are expected to be respectful and sensitive to beliefs and ideas that may be different from their own. Our class is representative of the diversity that students experience when working in the field of counseling or in any field or activity outside of the classroom. **One example of that respect is to refrain from having private conversations while others are addressing the class.**
6. **Be Electronically Respectful:** Students will refrain from using **cell phones or other electronic devices** during class time, **except** in the activity of taking notes. You may be asked to completely refrain from using electronic devices in class **or to leave class** as a result of texting, answering phone calls, browsing social media, or surfing the internet. Please **silence all phones** during class time.
7. **APA Style:** All written work must be typed using the formatting style outlined in the manual published by the American Psychological Association (APA). You will need to purchase a current APA style manual and become familiar with the formatting procedures for font, margins, citations, references, et al. By the middle of the semester, you are expected to be able to create APA formatted documents. Grades on written work prepared outside of class may be reduced as a result of incorrect formatting, grammar, sentence or paragraph structure, and frequent typos or misspellings. **Please get help** if you are having a difficult time with writing skills.
8. **Have Fun:** Students are expected to have fun learning about the subject matter.

### **Digitally Delivered Policies**

Students who attend the virtual track must watch all recorded classes within a 7-day period to get full credit for the class. Students understand that information is embedded into the recorded classes and lectures that evaluate student attendance.

All courses are delivered in synchronous and asynchronous formats through assigned readings, online lectures, seminar discussions, multimedia presentations, case presentations, and small group discussion. All asynchronous learning students will be required to either attend the in-class sessions synchronously via Teams or watch the recording of class within 7 days. Students will lose points on participation and may be dropped a letter grade for more than 3 absences from class, or not watching class via Teams in a timely manner. Asynchronous students are required to attend some of the skills-based classes on certain dates

Students are required to have access to technology requirements such as WIFI, a computer, and access to email and the learning management system.

Students engaged in digitally delivered synchronous learning are required to plan to be in a suitable learning environment that is free from distractions and noise.

Students in the 100% digitally delivered track are required to schedule a monthly meeting with their assigned academic advisor.

## Technology Requirements

Counseling students are provided with Microsoft 365 which gives students access to One Drive, Email, Teams, Power Point, and Excel. Students are expected to be able to utilize this technology by keeping an up to date laptop or tablet in order to be successful in the program.

Standard 1.G indicates: “The institution provides technical support to all counselor education program faculty and students to ensure access to information systems for learning, teaching, and research.”

- Microsoft Teams training was made available for students
- One Drive Training
- Email Training
- IT SUPPORT (Chastity Hargrett)
- Connect (Support Portal)
- mock counseling sessions.

### **Proctoring Software is required for all Counseling courses**

In this class, LockDown Browser and Respondus Monitor will be used to facilitate the online proctoring of assessments (such as quizzes or exams). Students will be able to download LockDown Browser from a link provided from within our course on Connect and will incur a one-time, \$15.00 fee (payable only by credit card) for the use of Respondus Monitor. This one-time fee will entitle a student to unlimited use of Respondus Monitor for this course and any other on at LaGrange College for the time period of one year.

These pieces of software work only with reliable desktop or laptop computers running Windows or Mac OS as well as modern iPads. Devices used for testing must be equipped with a functional webcam and must have access to a stable, high-speed internet connection. LockDown Browser and Respondus Monitor will not function with smartphones, tablets that are not iPads, or Chromebooks.

If you do not have access to a personal computer that meets these specifications, laptops are available for checkout in Lewis Library. Campus Wi-Fi is robust and will satisfy your internet connectivity requirements.

Students having difficulties with the functionality of these tools should contact IT ([support@lagrange.edu](mailto:support@lagrange.edu), 8049) for assistance.

## **Assignments**

### **A. Attendance, Participation, and Community Service (10 points; 4%)**

Each class students will be expected to be fully prepared to participate through classroom discussions, small and large groups, or other activities. Absences and tardiness have the potential to affect your final grade negatively. Students are also expected to participate in two hours of community service this semester. Students will be provided information about community service opportunities. If a student desires to complete community service outside of options given in course, student will provide instructor the time, date, and explanation of service given.

**B. Mini-Workshop (100 points; 40% of final grade)** (Course Objectives 15, 16, 20, 22, 25, & 26)

Students will prepare a mini-workshop to present in class based on a underserved population. On their assigned date, students will present on a preapproved topic in a workshop format. Presentations should last 30 minutes and must include a PowerPoint presentation, workshop handout and class discussion. Please include in this presentation

1. Information for working with this specific client population (i.e., history of the population, demographics of populations, research that supports the need for advocating for client)
2. Student's personal reason for researching this population
3. Comprehensive assessment of needs of population
4. Include and review DSM-V diagnoses that are relevant to this population.
5. Possible counseling interventions to use with clients and a way to advocate for this population. Students are asked to find two interventions that they would be interested in implementing
6. Community or governmental resources available to clients in population
7. Include a media clip related to the mini-workshop topic.

*Note: this is a Key Performance Indicator (Standard CACREP II.F.1.; II.F.2.; II.F.8)*

**C. Treatment Planning Project (75 points; Treatment Plan 1 (35 points), Treatment Plan 2 (40 points); 30% of final grade)** (Course Objective 18 & 20)

Students are asked to develop a two treatment plans. You will be provided with the cases in advance for both of the treatment plans. These plans will include application of theory, goal settings, identification of interventions, evaluation, and barriers or concerns.

Develop the treatment plan from the following format and template that will be provided. In addition you are to identify these areas:

- Specific client strengths
- Specific concerns or barriers
- Medication considerations
- One long-term goal and three specific short-term goals that are focused on the long-term goal
- One client outcome that would indicate that the client is making progress on this goal
- Development of an intervention: You are to identify 3 possible interventions/counseling strategies that you may use to address these short-term goals. Include a description of the intervention/counseling strategy, rationale (with empirical support when possible) for the use, and what is the expected outcome of the intervention/counseling strategy.

*Note: this is a Key Performance Indicator (Standard CACREP II.F.8)*

**D. Counselor Toolbox (15 points; 6% of final grade)** (Course Objective 5))

It is imperative that students are prepared for the work field once they have completed the counseling program. Students will be informed about the counseling labor market and current trends in the counseling work field. Students are asked to research a counseling position and create a cover letter, resume/cv, and thank you letter for a counseling position. Students will be graded on the content, formatting, and grammar used in each of the items.

**E. Wellness Plan (10 points; 4% of final grade)** (Course Objective 27)

The purpose of this assignment is to help you to articulate your own personal approach to wellness and design a plan for how you will maintain that wellness throughout the Program (as well as your career). Students will revise the wellness plan completed in COUN 5000. The domains covered in this assignment include Physical (Physiological), Mental (Psychological), Relational (Social), Spiritual (Belief System), and Professional (Vocational). You will need to identify at least 2 Primary Goals for each of the above domains. You will need to create steps toward achieving each Primary Goal by creating short term, mid-term, and long-term Objectives that tie into the Primary Goal. Whereas goals and objectives

can include other people, fulfillment of the goals/objectives should not depend on others' willingness to participate. This assignment should be written similar to a treatment plan where each goal is well-written and SMART: specific, measurable, achievable, realistic, and bound to time.

Note: this is a Key Performance Indicator Assignment (Standard 2.F.1.I).

**F. Professional Identification Project (30 points; 12% of final grade) (Course Objective 5, 28)**

The purpose of this project is to assist in the development and identification of one's professional identification. Students will revise the project completed in COUN 5000. This project addresses these components:

**I. Professional Disclosure Statement** – Develop your own professional disclosure statement using the examples provided in class

**II. Professional Development Plan** - Develop a plan that identifies your professional and educational goals for the next five years. This should include:

- **Professional Timeline:** Consider educational and professional training goals
- **Counseling Position:** Consider the type of position you want to be in 1 yr. after graduation then 5 yrs. after graduation. Identify the reasons for these career goals.
- **Professional Identification:** Identify what will be important to you as a counseling professional. This can include your clients/students, roles and responsibilities, and indicators of being successful. Also consider and discuss what you believe will be the greatest challenges for you as a counseling professional.

**Note: this is a Key Performance Indicator Assignment (Standard CACREP II.F.1)**

**G. Licensure Application (10 points; 4% of final grade) (Course Objective 4)**

The purpose of this project is to assist students in preparing for the licensing process in the state of Georgia. Students will complete a sample Associate Professional Counselor (APC) application. A link to the application will be found on Connect.

**Assignment Point Breakdown**

<b>Mini Workshop</b>	100	
<b>Treatment Plan (35pts- Treatment Plan I) (40pts- Treatment Plan II)</b>	75	
<b>Counselor Toolbox</b>	15	
<b>Attendance/Community Service</b>	10	
<b>Wellness Plan</b>	10	
<b>Professional Dev. Plan</b>	30	

<b>Licensure App</b>	10	
<b>Total Points</b>	<b>250</b>	

<b>Grading Scale</b>	
<b>A</b>	<b>225-250</b>
<b>B</b>	<b>200-224</b>
<b>C</b>	<b>175-199</b>
<b>D</b>	<b>150-174</b>
<b>F</b>	<b>&lt;150</b>

## The LaGrange College Honor Code

Students are expected to abide by the Honor Code, which is listed below. All assignments are to be completed by the student and in the student's own words. Students who use any source other than the text must give full credit to that source. Direct quotes, even from the text, must be shown within quotation marks and accompanied by the author and page number where the quote can be found. A reference list must be provided at the end of the student's work.

Students are encouraged to study or consult with classmates as they complete daily or weekly class preparation, but they should not share any information in the taking of an exam.

**Violations of these policies will be turned over to the Honor Council** for further action as specified in the Student Handbook:

*As a member of the student body of LaGrange College, I confirm my commitment to the ideals of civility, diversity, service, and excellence. Recognizing the significance of personal integrity in establishing these ideals within our community, I pledge that I will not lie, cheat, steal, nor tolerate these unethical behaviors in others. I pledge that I have neither given nor received unauthorized help on this examination or assignment, nor have I witnessed any violation of the Honor Code.*

### Accommodation Policy and Procedures:

#### ADA

In compliance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, LaGrange College will provide reasonable accommodation of all medically documented disabilities. If you have a disability and would like the College to provide reasonable accommodations of the disability during this course, please notify Ms. Lindsay Shaughnessy, Director of the Panther Academic Center for Excellence (PACE) and Coordinator of Accessibility Services at [accessability@lagrange.edu](mailto:accessability@lagrange.edu) or 706-880-8652.



*Tentative Semester Schedule of Topics and Assignments*

Class	Date	Topic/Reading Materials in <u>CONNECT</u>	Assignments
Week 1	Feb. 8th	Review Syllabus Virtual Meeting	
Week 2	Feb. 15th	Counselor Role and Identity Collaborative, Multi-disciplinary Treatment Planning Case management/Case Conceptualization	
Week 3	Feb. 22rd	Diagnosing/Clinical Assessment Treatment Planning Wellness Plan	
Week 4	Mar 1	CBT & SFBT plans Virtual Meeting Guest Speaker	<b>Wellness Plan Due</b>
Week 5	Mar 8	Progress Notes Evaluating Progress in Counseling Cover Letter/Resume/Thank You letter	
Week 6	Mar 15	<i>Psychodynamic and Systemic Plans</i> Treatment Plans	<b>Cover Letter, Resume, and Thank you letter Due</b>
Week 7	Mar 22	Individual and Adlerian Plans	-Treatment Plan 1 Due
Week 8	April 5	Spring Break Introduction to Grant Writing Practice Management, HMOs, Third Party Reimbursement, Record Keeping, Advocacy Professional Development Plan Virtual Meeting	

<b>Week 9</b>	April 12	Licensure, NCE, Closing Topics Workshop Presentations	<b>Professional Development Plan Due</b>
<b>Week 10</b>	April 19	Workshop Presentations	
<b>Week 11</b>	April 26	<i>Workshop Presentations</i>	<b>Licensure Application Due</b>
<b>Week 12</b>	May 3	<b>Virtual Meeting</b> <i>Workshop Presentations</i>	
<b>Week 13</b>	May <sup>10</sup>	<b>Virtual Meeting</b> <i>Workshop Presentations</i>	-Treatment plan 2 Due

***The professor reserves the right to make changes in this syllabus as is necessary during the semester, especially to the calendar of assignments. Updates will be provided to you either in class or electronically.***

### Current Course Related Research

- Crumb, L., Haskins, N., & Brown, S. (2019). Integrating Social Justice Advocacy into Mental Health Counseling in Rural, Impoverished American Communities. *Professional Counselor, 9*(1), 20–34.
- Gazzillo, F., Dimaggio, G., & Curtis, J. T. (2019). Case formulation and treatment planning: How to take care of relationship and symptoms together. *Journal of Psychotherapy Integration*. <https://doi.org/10.1037/int0000185>
- Hatchett, G. T. 1. hatchettg@nku. ed. (2020). Anticipating and Planning for the Duration of Counseling. *Journal of Mental Health Counseling, 42*(1), 1–14. <https://doi.org/10.17744/mehc.42.1.01>
- Hermann-Turner, K. M. 1. kate. one@gmail. co., Heyward, K. J. 2. karena. heyward@gmail. co., & Bailey, C. L. carrielynnbailey@gmail. co. (2019). Community Uprising: Counseling Interventions, Educational Strategies, and Advocacy Tools. *Journal of Counselor Preparation & Supervision, 12*(1), 1–19.
- Proctor, S. L., Guttman-Lapin, D., & Kendrick-Dunn, T. (2019). A Framework for Social Justice Advocacy for Low Income and Economically Marginalized Gifted and Talented Students. *Communique, 48*(4), 1–25.

## Mini Workshop Group Project Grading Rubric

### *CACREP Standards*

Neurobiological and medical foundation and etiology of addiction and co-occurring disorders (Clinical Mental Health Counseling V.C.1.d.)

Learn and understand the various roles and settings of clinical mental health counselors, including supervising and management roles. (Clinical Mental Health Counseling V.C.2.a)

Apply and understand classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (Clinical Mental Health Counseling V.C.2.h)

Strategies for interfacing with integrated behavioral health care professionals (Clinical Mental Health Counseling V.C.3.d)

Strategies to advocate for persons with mental health issues (e.g. grant writing, community advocacy) (Clinical Mental Health Counseling V.C.3.e)

Strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination (CACREP II.F.2.h)

A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP II.F.3.h)

Theories, models, and strategies for understanding and practicing consultation (CACREP II.F.5.c)

**Multicultural counseling competencies (II.F.2.c) – Key Performance Indicator**

	Not Met	Met	Exceeded	Points/Comments
<b>Specific population and setting identified, including history of population, and research suggestions ( 20 pts) (CACREP Standards: V.C.3.e; II.F.2.h; 2.F.2.c)</b>	Students did not identify a population and setting.	Students identified a population and setting.	Students identified a population and setting and described each in detail.	
<b>Included and reviewed DSM-V diagnoses relevant to population (20pts) (CACREP STANDARDS: V.C.1.d; V.C.2.h;</b>	Students did not describe a diagnoses.	Students described diagnoses.	Students described diagnoses in detail.	
<b>Possible Counseling Interventions that can be used with population regarding specific mental health and multicultural needs (25 pts) CACREP Standards: V.C.2.a; V.C.3.d; V.C.3.e; II.F.2.h; II.F.3.h; II.F.5.c; II.F.2.c) Key performance indicator</b>	Students did not provide interventions that would be useful.	Students presented interventions that can be useful.	Students described useful interventions in detail.	

<b>Reviewed weekly reading assignments (10pts)</b>	Students did not or minimally described the weekly reading content.	Students described the weekly reading content.	Students described the weekly reading content in detail and promoted discussion.	
<b>Media Clip related to population (10pts)</b>	Students did not use media clip.	Students used a media clip.	Students used media clip and connected to strongly to population.	
<b>Presentation was engaging and creative (5pts)</b>	Students did not engage peers nor demonstrate creativity in presentation.	Students engaged peers and demonstrate some creativity.	Students engaged peers well and demonstrated strong creativity.	
<b>References: cited in APA 6<sup>th</sup> ed. style, cited in presentation and reference list provided (5pts)</b>	Students did not include at least 3 sources, did not use APA formatting, and/or did not provide a reference list.	Students included at least 3 sources, used APA formatting somewhat in the presentation and in the reference list.	Students included at least 3 sources, used APA formatting in the presentation and in the reference list.	
<b>Quality of presentation: 45 min in duration; organization, presentation skills, participation distributed among members, use of time (5pts)</b>	Poor presentation quality and/or poor use of time and/or unbalanced roles among group members.	Sufficient presentation quality, balance among group members, and use of presentation time.	Excellent presentation quality, well-balanced presentation among group members, and effective use of allotted time.	
<b>Total grade for the assignment out of 100 pts</b>				*

# Treatment Plan I Rubric

## CACREP Standards

Developmentally relevant counseling treatment or intervention plans (CACREP II.F.5.h)

Development of measurable outcomes for clients (CACREP II.F.5.i)

Evidence-based counseling strategies and techniques for prevention and intervention (CACREP II.F.5.j)

Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD) (Clinical Mental Health Counseling V.C.2.d)

Apply and understand classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (Clinical Mental Health Counseling V.C.2.h)

A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP II.F.3.h)

	<b>Not Met (0)</b>	<b>Met (3)</b>	<b>Exceeded (5)</b>	<b>Points/Comments</b>
<b>Client's strengths were clearly identified. CACREP Standards: II.F.5.h</b>	Student did not identify any client strengths.	Student described client's strengths.	Student described client's strengths in detail.	
<b>Client's barriers were clearly identified. CACREP Standards: II.F.5.h</b>	Student did not identify any client barriers.	Student described client's barriers.	Student described client barriers in detail.	
<b>Long term goal was applicable, concise, and clearly defined. CACREP Standards: II.F.5.h</b>	Student did not provide any long term goal that would be useful.	Student presented a long term goal that would be useful.	Student described a useful long term goal that is applicable, concise, and clear.	
<b>Short term goals were associated with long term goal and clearly defined. CACREP Standards: II.F.5.h</b>	Student did not identify any short term goal.	Student described three short term goals.	Student described the short term goals clearly and they were useful for long term goal achievement.	
<b>Client outcome was associated with goals provided. CACREP Standards: II.F.5.h; II.F.5.i)</b>	Student did not provide an outcome associated with any goal.	Student described a related outcome.	Student clearly described an outcome that was associated with goal obtainment.	
<b>Possible Counseling Interventions that can be used with specific client. CACREP Standards: II.F.5.h; II.F.5.j; II.F.3.h)</b>	Student did not provide interventions that would be useful.	Student presented interventions that can be useful.	Student described useful interventions in detail.	

<b>Diagnosis is identified, clearly described with symptomology; parts of brain affected is inclusive, appropriate medications are identified with effective dosages, and side effects clearly defined. CACREP Standards: II.F.5.h; V.C.2.d; V.C.2.h)</b>	Student did provide any diagnosis or discussion about brain or medications.	Student provided a diagnosis and described parts of the brain and medications that may be appropriate.	Student provided a strong rationale for medications and parts of brain affected by specific diagnosis.	
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## Treatment Plan II Rubric

### *CACREP Standards*

Developmentally relevant counseling treatment or intervention plans (CACREP II.F.5.h)

Development of measurable outcomes for clients (CACREP II.F.5.i)

Evidence-based counseling strategies and techniques for prevention and intervention (CACREP II.F.5.j)

Maintain a database of information regarding community resources to make appropriate referrals and learn to utilize various community services and treatment modalities to provider continuum of care (Clinical Mental Health Counseling V.C.2.c).

Theories, models, and strategies for understanding and practicing consultation (CACREP II.F.5.c)

Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD) (Clinical Mental Health Counseling V.C.2.d)

Apply and understand classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (Clinical Mental Health Counseling V.C.2.h)

A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP II.F.3.h)

	<b>Not Met (0)</b>	<b>Met (3)</b>	<b>Exceeded (5)</b>	<b>Points/Comments</b>
<b>Client's strengths were clearly identified. CACREP Standards: II.F.5.h</b>	Student did not identify any client strengths.	Student described client's strengths.	Student described client's strengths in detail.	
<b>Client's barriers were clearly identified. CACREP Standards: II.F.5.h</b>	Student did not identify any client barriers.	Student described client's barriers.	Student described client barriers in detail.	
<b>Long term goal was applicable, concise, and clearly defined. CACREP Standards: II.F.5.h</b>	Student did not provide any long term goal that would be useful.	Student presented a long term goal that would be useful.	Student described a useful long term goal that is applicable, concise, and clear.	

Short term goals were associated with long term goal and clearly defined. CACREP Standards: II.F.5.h	Student did not identify any short term goal.	Student described three short term goals.	Student described the short term goals clearly and they were useful for long term goal achievement.	
Client outcome was associated with goals provided. CACREP Standards: II.F.5.h; II.F.5.i;	Student did not provide an outcome associated with any goal.	Student described a related outcome.	Student clearly described an outcome that was associated with goal obtainment.	
Possible Counseling Interventions that can be used with specific client. CACREP Standards: II.F.5.h; II.F.5.j; II.F.3.h	Students did not provide interventions that would be useful.	Student presented interventions that can be useful.	Student described useful interventions in detail.	
Diagnosis is identified, clearly described with symptomology; parts of brain affected is inclusive, appropriate medications are identified with effective dosages, and side effects clearly defined. CACREP Standards: II.F.5.h; V.C.2.d; V.C.2.h	Student did provide any diagnosis or discussion about brain or medications.	Student provided a diagnosis and described parts of the brain and medications that may be appropriate.	Student provided a strong rationale for medications and parts of brain affected by specific diagnosis.	
Consultation and Collaboration CACREP Standards: II.F.5.h; V.C.2.c; II.F.5.c	Student did not provided any information for possible ways to consult or collaborate on case.	Student described ways to consult and collaborate.	Student described ways to effectively collaborate and consult with various professions.	

### Student Wellness Plan Evaluation Rubric

#### CACREP Standards

**The legal and ethical considerations specific to clinical mental health counseling (5.C.2.i.)**  
**Key performance indicator-all items**

Elements of Wellness	Above Expectations ( 2 points)	Meets Expectations (1 points)	Below Expectations (0 points)
<b>Physical/Physiological Goals</b> What will you do to support your physical/physiological well-being?  <b>Score: _____</b>	Physical goals were exceptionally well-written, to include their being clear and specific, measurable, achievable, realistic, and bound to time.	Physical goals were somewhat well-written, with minor errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.	Physical goals were poorly-written and had significant errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.



<b>Psychological/Emotional Goals</b> What will you do to support your psychological/emotional well-being?  <b>Score:</b> _____	Psychological goals were exceptionally well-written, to include their being clear and specific, measurable, achievable, realistic, and bound to time.	Psychological goals were somewhat well-written, with minor errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.	Psychological goals were poorly-written and had significant errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.
<b>Social/Relational Goals</b> What will you do to support your social/relational well-bring?  <b>Score:</b> _____	Social goals were exceptionally well-written, to include their being clear and specific, measurable, achievable, realistic, and bound to time.	Social goals were somewhat well-written, with minor errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.	Social goals were poorly-written and had significant errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.
<b>Vocational / Professional Goals</b> What will you do to support your vocational / professional well-being?  <b>Score:</b> _____	Vocational/Professional goals were exceptionally well-written, to include their being clear and specific, measurable, achievable, realistic, and bound to time.	Vocational/Professional goals were somewhat well-written, with minor errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.	Vocational/Professional goals were poorly-written and had significant errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.
<b>Spiritual/Belief System Goals</b> What will you do to support your spiritual/ belief-system well-bring?  <b>Score:</b> _____	Spiritual/belief-system goals were exceptionally well-written, to include their being clear and specific, measurable, achievable, realistic, and bound to time.	Spiritual/belief-system goals were somewhat well-written, with minor errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.	Spiritual/belief-system goals were poorly-written and had significant errors related to clarity, specificity, measurability, achievability, realism, and/or time frame.

**Student Name:** \_\_\_\_\_

## Professional Development Plan Rubric

### *CACREP Standards*

Demonstrate techniques and interventions for prevention and treatment of a broad range of mental health issues (5.C.3.b.) key performance indicator

Legal and ethical considerations specific to clinical mental health counseling (5.C.2.i.)

current labor market information relevant to opportunities for practice within the counseling profession (2.F.1.h.)

professional counseling organizations, including membership benefits, activities, services to members, and current issues (2.F.1.g.)

The role of counseling supervision in the profession (2.F.1.m)

Professional Disclosure Statement	CACREP	Below 5	(5-7 points)	(7-9 points)	10 points
	Ethical standards of professional counseling organizations and	Poor-Several areas were missing from the disclosure statement, Did not consult the	Average-Some areas were not covered, key items that could expose you to a lawsuit, or cause	Good-not all areas were covered in the professional disclosure statement.	Excellent- All areas of the professional disclosure statement are covered including

	credentialing bodies, applications of ethical and legal considerations in professional counseling (2.F.1.i) (3 points)	textbook, or other sources	harm to the client by not knowing, overall not professional	Missing key areas from the disclosure statement	exclusions to confidentiality, social media, overview of profession, fees, risks, diagnosis, right to complain, legal proceedings
	The role of counseling supervision in the profession (2.F.1.m.) (3 points)	Does not include licensure, or supervisory status	Does not include several key areas	Misses one of the key areas of supervision reporting	Student shares professional status, licensure, supervisor status
	evidence-based counseling strategies and techniques for prevention and intervention (5.C.3.b) (4 points)	Does not include strategies and techniques for prevention and intervention-theory	Missing several portions of this section	Missing one part of this, not covering this in the informed consent document	Includes evidence-based models and techniques used in counseling
			<b>Below 7</b>	<b>7-9 points</b>	<b>10 points</b>
<b>Professional Development Plan</b>	<b>CACREP</b>				
	Professional Development Plan Overview related to the organizational structure of potential counseling position (labor market info included) (2.F.1.h.) 3 points		Timeline lacked effort and consideration of knowledge gained from the foundations course	Timeline was not comprehensive, goals did not appear to be researched, not enough data to back up training	Timeline is very comprehensive with well researched educational and professional goals, included labor market information and knowledge of the organizational structure of potential counseling position
	Counseling Position and training for the position, licensure requirements (2.F. 1.g.) 3 points		Counseling position lacks many details necessary to convey knowledge gained throughout the semester	Counseling position is not highly detailed with a 1 year and 5 year prospectus, goals are not outlined clearly, knowledge is not	Counseling position is highly detailed with a 1 year prospectus, then a 5 year. Several well thought out career goals are included that

				strongly demonstrated	reflect knowledge gained from the foundations course
	Professional Identification-engagement in professional organizations (2.F1.f.) 4 points		Professional Identification section lacks many details and is unclear. Lacks complete understanding of knowledge of professional identity, Roles and responsibilities are not covered, lacks multiple details, not well thought out, time was clearly not spent.	Professional Identification is not outlined clearly, or with several details. Lacks understanding of knowledge of professional identity. Fails to identify all roles and responsibilities, lacks details on challenges	Professional Identification is outlined in detail with a clear understanding. Student clearly identifies their knowledge of professional identity in all areas listed, client/student, roles, responsibilities, and how they will know they are successful. The potential challenges are covered in great detail