COUN 7410 (section 001)
Clinical Mental Health Counseling

Fall 2010

- - - - - - - - - -

Department of Special Education, Rehabilitation, Counseling/School Psychology

College of Education

INSTRUCTOR INFORMATION:

**Chippewa M. Thomas, Ph.D.
Associate Professor and CMHC Program Coordinator
2068 Haley Center
thoma07@auburn.edu
334-844-2895**

- - - - - - - - - -

OFFICE HOURS:

By appointment

COLLEGE OF EDUCATION

CONCEPTUAL FRAMEWORK

Faculty, staff and students
strive to prepare and be professionals who are:

Competent
equipped with the knowledge, skills
and technological expertise to help
all individuals learn and develop

Committed
dedicated to the ethical practices and collaboration
that serve as the foundation of a diverse
and intellectually vibrant society

Reflective
devoted to analyzing their own past practices
in ways that fuel ongoing learning
and improve future practices

A Keystone in Building a Better Future for All

AUBURN
UNIVERSITY

Auburn University is an equal opportunity educational institution/employer.

AUBURN UNIVERSITY
SYLLABUS

1. **Course Number:** COUN 7410-001
   Course Title: Orientation to Clinical Mental Health Counseling
   Credit Hours: 3 Semester hours
   Prerequisites: None
   Corequisites: None

   Chippewa M. Thomas, Ph. D., LPC, NCC
   Associate Professor and CMHC Program Coordinator
   2068 Haley Center
   844-2895
   thoma07@auburn.edu

2. **Date Syllabus Prepared:** Fall 2009, updated January 2010 and August 2010.

3. **Texts or Major Resources:**

   Donnelly, J. W., Eburne, J., Kittleson, M. (2001). Mental health: Dimensions of self-
   esteem and emotional well-being. Needham Heights, MA: Allyn & Bacon.

   Gladding, S T. & Newsome, D. W. (2010). Clinical mental health counseling in
   community and agency settings, Columbus, OH: Pearson

   Gladding, S.T. (2006). *The counseling dictionary* (2nd Ed.). Columbus, OH: Pearson

   Recommended:

   American Counseling Association (2005). American Counseling Association [ACA]
   Code of Ethics. Alexandria, VA: Author.

   American Psychological Association [APA] Publication Manual (6th ed.)

4. **Course Description:**

   Orientation to clinical mental health counseling to include: roles, responsibilities,
   systems, theories, professional issues, and history.

5. **Student Learning Outcomes:**

   1. Understands the history, philosophy, and trends in clinical mental health
      counseling*;
   2. Understands ethical and legal considerations specifically related to the
      practice of clinical mental health counseling*;
   3. Understands the roles and functions of clinical mental health counselors in
      various practice settings and the importance of relationships between

counselors and other professionals, including interdisciplinary treatment teams*;
4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling*;
5. Understands a variety of models and theories related to clinical mental health counseling including the methods, models, and principles of clinical supervision*;
6. Is aware of professional issues that affect clinical mental health counselors (e.g. core provider status, expert witness status, access to and practice privileges within managed care systems)*;
7. Knows the models, methods, and principles of program development and service delivery (e.g. support groups, peer facilitation training, parent education, and self-help)*;
8. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society*;

Please note: *refers to CACREP 2009 standards

6.   Course Content Outline:

Date:	Class Topic:	Reading Due:	Assignment Due:
08/24	Course Overview & Orientation	None	Group Formation
08/31	Foundations of Clinical Mental Health Counseling • Historical issues • Professional development	Gladding and Newsome: Chapter 1 & 2 Donnelly, Eburne, and Kittleson: Chapter 1	None
09/07	Foundations of Clinical Mental Health Counseling • Ethical and legal issues	Gladding and Newsome: Chapter 2 & 3 Donnelly, Eburne, and Kittleson: Chapter 2	None
09/08	Professional Issues in Clinical Mental Health Counseling	Gladding and Newsome:	None

	• Legal and ethical issues *4th week Class Evaluation*	Chapter 3 Donnelly, Eburne, and Kittleson: Chapter 3	
09/14	Professional Issues in Clinical Mental Health Counseling • Credentialing • Professional Organizations	Gladding and Newsome: Chapter 4 Donnelly, Eburne, and Kittleson: Chapter 4	**DUE**: Clinical Mental Health Counselor Identity Statement
09/21	Theories and Models of Clinical Mental Health Counseling • Models of service provisions	Gladding and Newsome: Chapter 5 Donnelly, Eburne, and Kittleson: Chapter 5	Initial Group Project Meeting
09/28	Theories and Models of Clinical Mental Health Counseling • Roles of Clinical Mental Health Counselors Guest Panel: Where do Community Counselors work and What do they do?	Gladding and Newsome: Chapter 6 & 7 Donnelly, Eburne, and Kittleson: Chapter 6	None
10/05	Social Advocacy • Advocacy in Clinical Mental Health Counseling *Midterm class evaluation*	Gladding and Newsome: Chapter 8 Donnelly, Eburne, and Kittleson: Chapter 7 & 8	**DUE**: Consultation and Group Collaboration Plan
10/12	Social Justice • Integration of diversity into Clinical Mental Health Counseling practice	Gladding and Newsome: Chapter 13 Donnelly,	None

		Eburne, and Kittleson: Chapter 9	
10/19	Interdisciplinary Approaches • Consultation practices	Gladding and Newsome: Chapter 11 Donnelly, Eburne, and Kittleson: Chapter 10	Group Project Meeting
10/26	Interdisciplinary Approaches • Counseling Team approaches • Referrals	Gladding and Newsome: Chapter 12 Donnelly, Eburne, and Kittleson: Chapter 11	**DUE**: Clinical Mental Health Counselor Interview

11/02	Program Development in Clinical Mental Health Counseling
	
	• Program Development
	  o Programs development methods in Clinical Mental Health Counseling
	  o Grants and funding
	  o Needs Assessment
	
	12th week class evaluation
		Donnelly, Eburne, and Kittleson: Chapter 12	**DUE**: Response to Contemporary Trends/ Critical Issues

11/09	Program Evaluation in Clinical Mental Health Counseling
	• Program Evaluation Methods
	  o Evaluation of services
	  o Evaluation of programs
	
	Group Project Presentations
		None	

11/16	Professional Identity Development • Developing professional identity • Presentations on Program Planning, Implementation and Evaluation	Gladding and Newsome: Epilogue	

	Group Project Presentations		
11/23	**NO CLASS – THANKSGIVING HOLIDAY**		
11/30	Professional Identity Development Group Project Presentations *Final class evaluation*	None	**DUE:** Group Program Project and Client Resource Guide (Students will share their Group Program Project and Client Resource Guide in lieu of a final exam.)

7. Assignments/Projects:

1. **Clinical Mental Health Counselor Identity Statement:**
   Students will develop a CMH Counselor Identity Statement. A written response to all questions will be completed in a 1½ -2 page paper, must adhere to APA style

   - Identify motivation for choosing a career in community/ agency counseling versus another specialty area in the counseling profession.

   - Provide one question you have about the counseling profession and one question about yourself you will endeavor to answer upon competing your program of study.

   - Using your initials, and professional counseling terms, describe three features of the counselor identity you will seek to develop.

2. **Consultation and Group Collaboration Plan:**
   Each group will develop a strategic plan for completing the Group Program Project. This plan will consist of mutually agreed upon goals contributed by each member group and shall be achieved utilizing a model of consultation/collaboration.

3. **Clinical Mental Health Counselor Interview:**
   Students will interview a community counseling/ agency practitioner. The interview will be conducted in a community counseling setting chosen by the student using the outline below. Students will review purpose, confidentiality and control of the information with the interviewee.

   Date of Interview: _____
   Age: _____ Gender: _____
   Brief Educational History (including any licenses and certifications)
   Current Employment Title: _____
   No. of Years in practice: _____

Type of Community Agency: _____

Current Case Load: _____

Client Population(s): _____

Productivity Requirement: _____ frequency _____

1. Why did you choose a career in counseling?
2. What distinguishes your work as community counseling in comparison to other specialties in counseling?
3. How did your academic program prepare you for the work you do?
4. What is your theoretical orientation?
5. What professional development activities to you engage in?
6. How are you the same as when you first started counseling practice? How are you different?
7. What one suggestion do you have for counselors-in-training?

Short Student Refection of the Interview Experience

4. **Response to Contemporary Trends/ Critical Issues:**
Students will complete a 2-3 page paper on a contemporary trends/ critical issue currently discussed in counseling professional research. Students will select an article that was published after 1997. The paper should include 1) a **brief** review (1-2 paragraphs) of presented in the article, 2) a reflection response of the trend/critical issue and 3) any possible implications for community counselors and the profession of counseling. The paper should *not* be a summary of the article. The response should reflect students' understanding of the contemporary trends/critical issue researched.

5. **Group Program Project and Client Resource Guide:**
Students will be assigned to a group (small groups, 4-6 members)in order to develop a program that could be implemented in a community-based mental health setting (i.e. center, agency, etc.). The purpose of the program is to meet a need for clients/consumers who utilized community mental health services. The need(s) should be selected relative to a broad range issues associated with mental health prevention, intervention and education and access with potential counseling/advocacy implications. All aspects of this program project must be developed comprehensively (e.g. identify need, all potential sources of funding, staff, support, referrals, client/consumer bases, evaluation, and clearly define type and nature of services to be provided**).** Groups will present their project to the class in addition to producing a hard copy of the assignment.

8. **Rubrics and Grading Scale:**

Clinical Mental Health Counselor Identity Statement =   15%
Consultation and Group Collaboration Plan =   10%
Clinical Mental Health Counselor Interview =   15%
Response to Contemporary Trends/ Critical Issues =   15%
Group Program Project and Client Resource Guide =   45%

_____

                                    Total =   100%

The following scale will be used:

A = 90-100%
B = 80-89.9%
C = 70-79.9%
D = 60-69.9%
F = Below 60%

Please note: Course assignments are due on the dates specified. When assignments are turned in late, without an excused or approved absence, scores for the assignment(s) will be reduced by 5% per day, with no assignments accepted more than 1 week past the due date. Please refer to the Class Policy Statements in the course syllabus for information about excused absences and making up assignments.

9. **Class Policy Statements:**

    1. <u>Attendance:</u> Although attendance is not required, students are expected to attend all classes, and will be held responsible for any content covered in the event of an absence.

    2. <u>Excused absences:</u> Students are granted excused absences from class for the following reasons: illness of the student or serious illness of a member of the student's immediate family, trips for student organizations sponsored by an academic unit, trips for university classes, trips for participation in intercollegiate athletic events, subpoena for a court appearance, and religious holidays. Students who wish to have excused absences from class for any other reason must contact the instructor in advance of the absence to request permission. The instructor will weigh the merits of the request and render a decision. When feasible, the student must notify the instructor prior to the occurrence of any excused absences, but in no case shall notification occur more than one week after the absence. Appropriate documentation for all excused absences is required. Please see the *Tiger Cub* for more information on excused absences.

    3. <u>Make-Up Policy:</u> Arrangement to make up a missed major examination (e.g., hour exams, mid-term exams) due to properly authorized excused absences

must be limited must be initiated by the student within one week of the end of the period of the excused absence(s). Except in extraordinary circumstance, no make-up exams will be arranged during the last three days before the final exam period begins.

4. Academic Honesty Policy: All portions of the Auburn University student academic honesty code (Title XII) found in the *Tiger Cub* will apply to university courses. All academic honesty violations or alleged violations of the SGA Code of Laws will be reported to the Office of the Provost, which will then refer the case to the Academic Honesty Committee.

5. Disability Accommodations: Students who need special accommodations in class, as provided by the Americans with Disabilities Act, should arrange for a confidential meeting with the instructor during office hours in the first week of classes (or as soon as possible if accommodations are needed immediately). The student must bring a copy of their Accommodations Letter and an Instructor Verification Form to the meeting. If the student does not have these forms, they should make an appointment with the Program for Students with Disabilities, 1288 Haley Center, 844-2096 (V/TT).

6. Course contingency: If normal class and/or lab activities are disrupted due to illness, emergency, or crisis situation, the syllabus and other course plans and assignments may be modified to allow completion of the course. If this occurs, an addendum to your syllabus and/or course assignments will replace the original materials.

7. Professionalism: As faculty, staff, and students interact in professional settings, they are expected to demonstrate professional behaviors as defined in the College's conceptual framework. These professional commitments or dispositions are listed below:
    a. Engage in responsible and ethical professional practices
    b. Contribute to collaborative learning communities
    c. Demonstrate a commitment to diversity
    d. Model and nurture intellectual vitality

10. Justification for Graduate Credit:

This course includes advanced content on pedagogical methods in counselor education. This includes content as specified by the Council for the Accreditation of Counseling and Related Programs (CACREP, 2009). All academic content approved by CACREP is for advanced Masters and/or Doctoral graduate study. This includes rigorous evaluation standards of students completing the student learning outcomes specified in this syllabus.

Appendix A

Group Program Project Content Outline

1. Program Mission Statement (reflects the values and broad-based programmatic goals of the program that are descriptive)
2. Definition of Need
3. Definition of Consumer
4. Definition of service provided and rationale for development or provision of services
   - Based on the need(s) identified what specific services will you be providing?
   - Will services be provided in conjunction with other community service providers or resources?
   - In what ways have you addressed special needs or requirements of your consumers or program?
     - Language/literacy
     - Diversity
     - Accessibility
     - Socio-economic considerations
   - Are the services *indirect* or *direct* services and do they include:
     - Preventive Components
     - Educational Components
     - Intervention/Treatment Components
     - Relapse or Aftercare Components
     - Social Service or Outreach Components
   - How is your program organized? Develop and organizational chart

5. Program Goals and Objectives
   - Goals and Objectives should be written in terms that are observable or measurable (consider methods of evaluation).
   - Goals should be written to consider long-term or overall programmatic outcomes.
   - Objectives break down goals into the components or "action" aspects of the program.
   - It is important that consumers as well as providers participate (representation) in the development of program goals and objectives
   - Goals and objectives need to be able to be accomplished within the parameters of the program, services provided, resources, and funding.

6. Description of program services and service providers (develop relationship to goals and objectives):
   - Services should relate to the overall goal and specific objectives
   - In discussing providers consider qualifications and role within program (this may include supervisors and evaluation).

7. Description of budget and potential funding sources (estimation of costs)

- Overview of funding sources
- General budget (itemized with estimated amounts)

8. Identify methods of program evaluation including the following aspects:
   - Short and long term evaluation methods
   - Relationship of evaluation methods to program goals, objectives, and predicted outcomes
   - Strategic initiatives and Performance Targets
   - Participants in evaluation procedures
   - Potential use of evaluation information

9. Proposed Plan of Implementation and Timetable

   - Consider how you would market the services
     - Community Outreach
     - Letterhead
     - Brochures
     - Websites
     - Program mailings:
       - Professionals
       - Community
       - Recruitment

Appendix B

GROUP PROJECT EVALUATION FORM

Please remember responses to this form are confidential and are not shared with other group members. This form helps the course instructor determine the level of contribution among group members.

Group Topic:

Group Members:

Group Participation: All group members may contribute to different parts of the overall project to varying degrees. It is also possible that one or two members may carry a larger percentage of the work but it is expected that overall all members contribute *similar* if not equal amounts. Considering that 100% is the total percentage of contribution to the whole project:

What was your percentage of contribution?

What was the percentage of contribution of other members (please identify)?

1.

2.

3.

Did you experience any difficulties in participating in this group project?