# AUBURN UNIVERSITY SYLLABUS

1. Course Number: COUN 7510

Course Title: Advanced Clinical Mental Health Counseling Interventions

Credit Hours: 3 Semester hours

Prerequisites: COUN 7320

Corequisites: None

Course Instructor: Jessica Melendez Tyler, PhD, LPC-S, BC-TMH, NCC

1. Date Syllabus Prepared: January 2017; April 2018; April 2020; May 2021

# Recommended:

Perry, C.W. (2002). *Basic Counseling Techniques: A Beginning Therapist’s Toolkit.*

Bloomington, IN: 1st Books Library.

Belmont, J. (2006). *86 Tips and Tools for the Therapeutic Toolbox.* Eau Claire, WI: PESI, Inc.

Gregoire, J., & Jungers, C. (2007). *The Counselor’s Companion: What Every Beginning Counselor Needs to Know.* (Eds.). Mahwah, NJ: Lawrence Erlbaum Associates.

Halbur, D., & Halbur, K.V. (2005). *Developing your theoretical orientation in Counseling and Psychotherapy.* Boston: Allyn & Bacon.

Meier, S. & Davis, S. (2011). *The Elements of Counseling*. Belmont, CA: Brooks/

Cole.

Preston, John D., O’Neal, John H., & Talaga, Mary C. (2010). *Handbook of Clinical Psychopharmacology for Therapists,* 6th ed*.* New Harbinger Publications: Oakland, CA

# Course Description:

This course consists of advanced counseling interventions, practices, techniques, and methods for mental health counselors including treatment planning, using evidenced-based trauma-informed practices, counseling processes, and evaluation. This specifically includes exploration of the dynamics of relationships and triangles, including family and social issues. Human sexuality issues will also be explored with an emphasis on assessment and intervention in mental health counseling practice. Content will include the merger of psychotherapy and pharmacotherapy, history, efficacy and present standard of care. A critical analysis of various techniques and approaches will be established.

# Student Learning Outcomes:

Upon completion of this course, students will gain an understanding of:

* 1. Theories and models related to clinical mental health counseling (CACREP V.C.1.b)
	2. Psychological tests and assessments specific to clinical mental health counseling (CACREP V.C.1.e.)
	3. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling (CACREP V.C.2.m)
	4. Strategies for interfacing with integrated behavioral health care professionals (CACREP V.C.3.d)
	5. Strategies to advocate for persons with mental health issues (CACREP V.C.3.e)
	6. Legal and ethical considerations specific to clinical mental health counseling (CACREP V.C.2.l.)
	7. 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) (CACREP V.C.2.d)
	8. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CACREP V.C.3.b.)
	9. Classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation (CACREP V.C.2.h.)
	10. Roles and settings of clinical mental health counselors (CACREP V.C.2.h.)
	11. Professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling (CACREP V.C.2.k.)
	12. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders (CACREP V.C.1.d.)
	13. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CACREP V.C.3.a)
	14. Strategies for interfacing with the legal system regarding court-referred clients (CACREP V.C.3.c)
	15. Theories and models of marriage, couple, and family counseling (CACREP V.F.1.c)
	16. Sociology of the family, family phenomenology, and family of origin theories (CACREP V.F.1.d)
	17. Principles and models of assessment and case conceptualization from a systems perspective (CACREP V.F.1.e)
	18. Assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective (CACREP V.F.3.a)
1. Course Content Outline:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic | Assigned Reading | CACREP Standards |
| 5/24/21 | Introduction Review of Syllabus Counseling ProcessCounselor Identity | Working memory articleButts & Gutierrez (2018)Lambie (2006)Mellin, Hunt, & Nichols (2011) | V.C.1.bV.C.2.mV.C.2.l.V.C.3.a |
| 5/31/21 | **Memorial Day Holiday** |
| 6/7/21 | Counselor Limitations & Supervision, Ethical Counseling, & Self- MonitoringTreatment Planning and Record Keeping***HIPAA training due*** | DePue, Liu, Lambie, & Gonzalez (2020)Falvey (2001)Gazzillo, Dimaggio, & Curtis (2019)Gutierrez, Fox, Jones, & Fallon (2018)Levitt & Aligo (2013) | V.C.1.bV.C.2.l.V.C.2.h.V.C.2.mV.C.3.dV.F.1.dV.F.3.aV.C.2.k. |
| 6/14/21 | Tele-Mental Health TherapyAdvocacy | Madigan, Racine, Cooke, & Korczak (2021)NBCC Policy Regarding Practice of Distance CounselingWagner, Horn, & Maercker (2014) | V.C.1.e.V.C.2.lV.C.2.d.V.C.2.h.V.C.3.dV.C.2.k. |
| 6/21/21 | De-escalating ClientsWorking with Disordered Eating***Mini-Workshop*** | Blythin, et. al (2020)Dattilio (2001)Fulde & Preisz (2011) | V.C.3.bV.C.3.cV.F.1.dV.F.3.a |
| 6/28/21 | Working with the Severely Mentally IllPharmacology***Mini-Workshop******Treatment Plan I due*** | Treichler, Evans, & Spaulding (2019)Owens (2004)Roosenschoon, et. al (2019) | V.C.2.d V.C.3.aV.C.3.bV.C.3.cV.C.3.dV.C.2.h.V.F.3.a |
| 7/5/21 | **4th of July Holiday** |
| 7/12/21 | Working with Survivors of TraumaWorking with Personality Disorders***Mini-Workshop*** | Ringel (2014)Radcliffe & Yeomans (2019)Smith, Holmberg, & Cornish (2019) | V.C.2.d V.C.3.bV.F.1.cV.F.1.dV.F.1.eV.F.3.aV.C.1.d.V.C.3.c |
| 7/19/21 | Working with Children & Older PersonsFamily Dynamics and Counseling***Mini-Workshop******Treatment Plan II due******Presentations of Treatment Plan II (Groups)*** | Weersing, Jeffreys, Do, Schwartz, & Bolano (2017)Waldegrave (2005)Hillman & Stricker (2002) | V.C.2.a.V.C.1.d.V.C.3.b.V.C.3.dV.F.1.cV.F.1.eV.F.3.aV.C.3.c |
| 7/26/21 | Diagnosis and Treatment of Problems in Human SexualityTermination***Online TF-CBT training due******Self-Directed Learning Experience Presentations*** | Anderson, Bautista, & Hope, (2019)Schwartz & Southern (2017)Efrati, Shukron, & Epstein (2019) | V.F.3.aV.C.3.bV.F.1.cV.C.1.dV.C.3.dV.C.3.eV.F.1.eV.C.2.k.V.C.2.h. |

1. Assignments/Projects:

|  |  |  |
| --- | --- | --- |
| Mini Workshop | 100 | V.C.3.dV.C.3.aV.C.3.b.V.C.1.e.V.C.2.d |
| Treatment Planning  *25pts- Treatment Plan I* *50pts- Treatment Plan II* | 75 | V.C.1.bV.C.2.mV.C.2.l.V.C.3.a |
| Self-Directed Learning Experience | 25 | V.C.2.l.V.F.1.cV.F.3.aV.C.1.d.V.C.3.b. |
| Professional Development *50pts- HIPAA training**50pts- TF-CBT training* | 100 | V.C.3.b.V.C.2.mV.C.2.h.V.C.3.d |
| Class Participation  | 30 |  |
| TOTAL | 330 |  |

**A. Professional Development Activities: (100 points)**

Students are required to complete two trainings independently in the course of the semester.

1. *HIPAA Training for Mental Health Providers*: this is a **$30 training** for mental health providers who will have access to protected health information. This will be required to begin practicum and provides a 2-year certification. This training can be found at <https://www.hipaatraining.com/hipaa-training-for-mental-health>
2. *Online TF-CBT training*: this training must be completed before the end of semester to enhance your understanding and knowledge of trauma-informed approaches. Students must provide a certificate of completion to meet the requirement; the **$35 training** can be found at <https://tfcbt2.musc.edu/>
3. Students may be assigned reflection and process-oriented assignments to be linked to class readings and specific content or issues that arise related to discussions about counseling practice.

**B. Mini-Workshop (100 points):**

Students will work in groups to prepare a mini workshop to load on Canvas. On their assigned date, students will present on a preapproved topic in a live workshop format. Workshops should last 30-40 minutes and must include a PowerPoint presentation, workshop handout and discussion points for class active learning. Students will receive a group grade, which is evaluated based on workshop content, application, organization and creativity. Please include in this presentation

1. Information for working with this specific client population (i.e., history of the population, consultation/collaboration opportunities, research suggestions)
2. Include and review DSM-V diagnoses that are relevant to this population
3. Possible counseling interventions to use with clients
4. Include a media clip related to the mini-workshop topic.
5. A review of the week’s readings and thoughtful discussion points

# C. Treatment Planning Project (75 points):

Students are asked to develop two treatment plans. These plans will include application of theory, goal setting, identification of interventions, evaluation, and barriers or concerns.

*Treatment Plan I:* (25pts) You will be provided with the case in advance. Develop the treatment plan addressing these areas:

* + Specific client strengths
	+ Specific concerns or barriers
	+ 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
	+ Identification 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.

*Treatment Plan II: (Group Assignment)* (50pts) Each group will pick a diagnosis they plan to work with and write up an original case study and treatment plan to present in class (in a 25-minute workshop) including:

* Behavioral definitions, basic explanation of the brain dysfunction, diagnostic suggestions, long-term goals, short- term objectives, therapeutic interventions, psychotropic drugs applicable to the diagnosis, and side effects.
* Parts of the brain that are being affected and which hormones are being compromised (serotonin, norepinephrine or dopamine)
* Common medications that could be prescribed for this dx and dosage amounts
* Groups will include in the treatment plan what they will recommend to the client/patient as alternatives for addressing the ​symptoms in addition to medication therapy
* The presentation will be expected to cover collaboration with a medical doctor, parents, or other health service and caretaking personnel. The presentation should prepare your peers of the step by step process of making a treatment plan that includes medication therapy with a client/patient. ​

**D. Self-Directed Learning Experience: (25 points)**

Each student is to identify one human sexuality issue to explore in more complete depth than might be possible during class time. Students should design a self-directed learning experience to increase their knowledge and skills in working with clients experiencing concerns or adjustment difficulties around this particular issue. Research reviews, professional books, training attendance, interviews with experts in the field, and other learning experiences should be combined so as to create a meaningful learning experience on a topic of interest to you.

Proposals for your learning experience are due via email by **6/21/21**. An original and creative infographic summarizing your findings (with scholarly citations if relevant) is due 7/26/21 with brief class presentations and “key points” summary from each class member on the last class day.

 **E.** **Class Participation (30 points):** As this course is vital to prepare you for professional counseling work, it relies heavily upon ongoing interpersonal and professional dynamics, therefore every effort should be made to actively participate in class discussions and activities. In addition, students are expected to actively engage with the discussion and experiential group components of class. Participation will be evaluated in the following way:

 *Excellent (A quality):* Proactive participation -- leading, originating, informing, challenging contributions that reflect in-depth study, thought, and analysis of the topic under consideration as well as a demonstrated ability to listen to and build upon the ideas of others.

*Satisfactory (B quality)*: Reactive participation -- supportive, follow-up contributions that are relevant and of value, but rely on the leadership and study of others, or reflect opinion rather than study, thought, and contemplation.

*Minimally Acceptable (C quality)*: Passive participation -- present, awake, alert, attentive, but not actively involved.

*Unsatisfactory (D/F quality)*: Uninvolved or disruptive participation -- electronic engagement unrelated to class; psychologically absent, present but not attentive, sleeping, and/or irrelevant contributions that inhibit the progress of the discussion.

# Rubric and Grading Scale:

# Students in this course are required to complete the specified course requirements. Student’s final evaluation is based on these components.

The following scale will be used: 90-100% = A

80-89.9% =B

70-79.9% =C

60-69.9% =D

Below 60% =F

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 10% 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.

# Class Policy Statements:

1. Attendance: Professionals show up on time and prepared every day for work. Although occasional sick and personal days may be necessary, the best professionals are always there. If you miss a class, you will be responsible for the notes, assignments, and other duties that have been discussed. **Also note that you will not receive credit for in-class activities and discussions; thereby your overall grade with be lowered 5 points for each class missed.**
2. Make-Up Policy: Professionals complete assignments on time. Assignments are due in class on the date given. Assignments handed in after this time will be considered late. Late assignments will be penalized by 10% per day. Arrangement to make up a missed assignment due to properly authorized excused absences and must be initiated by the student within one week of the end of the period of the excused absence(s).
3. 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:
	1. Engage in responsible and ethical professional practices
	2. Contribute to collaborative learning communities
	3. Demonstrate a commitment to diversity
	4. Model and nurture intellectual vitality

Professionals take responsibility for their own learning. Professionals also understand that teaching and learning are ongoing processes for everyone. Understand that I as you instructor am learning along with you and your classmates. Please help me take a collaborative approach to solving any problems that arise. My purpose is to help facilitate your professional development through the use of instruction, feedback, answering questions, brainstorming, and mediating course work requirements. If you need additional assistance or have a concern that needs to be addressed, please contact me via email. Professionals use appropriate means for discussing disagreements. Please don’t be so unprofessional as to take class time to discuss grades or other points of contention.

1. Academic Honesty: 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. In essence, professionals give credit where credit is due.
2. Students with Disabilities Statement Disability Accommodations: Students who need accommodations are asked to electronically submit their approved

accommodations through AU Access and to arrange a meeting during office hours the first week of classes, or as soon as possible if accommodations are needed immediately. If you have a conflict with my office hours an alternative time can be arranged. To set up this meeting, please contact me by e-mail. If you have not established accommodations through the Office of Accessibility, but need accommodations, make an appointment with the Office of Accessibility, 1228 Haley Center, 844-2096 (V/TT).

1. 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.

# 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.

# Class Readings

Anderson, K. N., Bautista, C. L., & Hope, D. A. (2019). Therapeutic alliance, cultural

competence and minority status in premature termination of psychotherapy. *American*

*Journal of Orthopsychiatry, 89*(1), 104–114. <https://doi-org.spot.lib.auburn.edu/10.1037/ort0000342>

Blythin, S. P. M., Nicholson, H. L., Macintyre, V. G., Dickson, J. M., Fox, J. R. E., & Taylor, P.

J. (2020). Experiences of shame and guilt in anorexia and bulimia nervosa: A systematic

review. *Psychology & Psychotherapy: Theory, Research & Practice*, *93*(1), 134–159.

<https://doi-org.spot.lib.auburn.edu/10.1111/papt.12198>

Butts, C. M., & Gutierrez, D. (2018). Dispositional mindfulness and personal distress as

predictors of counseling self-efficacy. *Counselor Education and Supervision, 57*(4),

271–284. https://doi-org.spot.lib.auburn.edu/10.1002/ceas.12116

Dattilio, F. M. (2001). Crisis Intervention Techniques for Panic Disorder.

*American Journal of Psychotherapy, 55*(3), 388. <https://doi-org.spot.lib.auburn.edu/10.1176/appi.psychotherapy.2001.55.3.388>

DePue, M.K., Liu, R., Lambie, G.W., & Gonzalez, J. (2020). Examining the effects

of the supervisory relationship and therapeutic alliance on client outcomes

in novice therapists. Training and Education in Professional Psychology. <http://dx.doi.org/10.1037/tep0000320>

Efrati, Y., Shukron, O., & Epstein, R. (2019). Compulsive sexual behavior and

sexual offending: Differences in cognitive schemas, sensation seeking, and

impulsivity. *Journal of Behavioral Addictions, 8*(3), 432–441. https://doi- org.spot.lib.auburn.edu/10.1556/2006.8.2019.36

Falvey, J. E. (2001). Clinical judgment in case conceptualization and treatment planning

across mental health disciplines. *Journal of Counseling & Development*, *79*(3), 292.

<https://doi-org.spot.lib.auburn.edu/10.1002/j.1556-6676.2001.tb01974.x>

Fulde, G., & Preisz, P. (2011). Managing aggressive and violent patients.

*Australian Prescriber, 34*(4), 115–118. <https://doi-org.spot.lib.auburn.edu/10.18773/austprescr.2011.061>

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.spot.lib.auburn.edu/10.1037/int0000185>

Gutierrez, D., Fox, J., Jones, K., & Fallon, E. (2018). The treatment planning of experienced

counselors: A Qualitative examination. *Journal of Counseling & Development*, *96*(1),

86–96. <https://doi-org.spot.lib.auburn.edu/10.1002/jcad.12180>

Hillman, J., & Stricker, G. (2002). A call for psychotherapy integration in work

with older adult patients. *Journal of Psychotherapy Integration, 12*(4), 395–

405. <https://doi-org.spot.lib.auburn.edu/10.1037/1053-0479.12.4.395>

Lambie, G., W. (2006). Burnout prevention: A humanistic perspective and structured

group supervision activity. *Journal of Humanistic Counseling, Education and*

*Development,* 45, 32-44.

Levitt, D. H., & Aligo, A. A. (2013). Moral orientation as a component of

ethical decision making. *Counseling and Values, 58*(2), 195–204.

<https://doi-org.spot.lib.auburn.edu/10.1002/j.2161-007X.2013.00033.x>

Madigan, S., Racine, N., Cooke, J. E., & Korczak, D. J. (2021). COVID-19 and telemental health: Benefits, challenges, and future directions. *Canadian Psychology/Psychologie*

*Canadienne*, *62*(1), 5–11. <https://doi-org.spot.lib.auburn.edu/10.1037/cap0000259>

Mellin, E. A., Hunt, B., & Nichols, L. M. (2011). Counselor professional identity: Findings and

 implications for counseling and interprofessional collaboration. *Journal of*

*Counseling & Development, 89*(2), 140–147. <https://doi-org.spot.lib.auburn.edu/10.1002/j.1556-6678.2011.tb00071.x>

Owens, C. (2004). The glass-walled asylum: A description of a lay residential community for the

 severely mentally ill. *Journal of Mental Health,* 13(*3*), 319-332.

Radcliffe, J., & Yeomans, F. (2019). Transference‐focused psychotherapy for patients with

personality disorders: Overview and case example with a focus on the use of

contracting. *British Journal of Psychotherapy, 35*(1), 4–23. <https://doi-org.spot.lib.auburn.edu/10.1111/bjp.12421>

Ringel, S. (2014). An integrative model in trauma treatment: Utilizing eye movement

desensitization and reprocessing and a relational approach with adult survivors of sexual

abuse. *Psychoanalytic Psychology, 31*(1), 134–144. <https://doi-org.spot.lib.auburn.edu/10.1037/a0030044>

Roosenschoon, B.-J., Kamperman, A. M., Deen, M. L., Weeghel, J. van, & Mulder, C. L.

(2019). Determinants of clinical, functional and personal recovery for people with

schizophrenia and other severe mental illnesses: A cross-sectional analysis. *PLoS ONE,*

*14*(9), 1–14. <https://doi-org.spot.lib.auburn.edu/10.1371/journal.pone.0222378>

Schwartz, M. F., & Southern, S. (2017). Recovery from sexual compulsivity. *Sexual Addiction*

*& Compulsivity, 24*(3), 224–240. <https://doi-org.spot.lib.auburn.edu/10.1080/10720162.2017.1350229>

Smith, R. D., Holmberg, J., & Cornish, J. E. (2019). Psychotherapy in the #MeToo era: Ethical

issues. *Psychotherapy, 56*(4), 483–490. <https://doi-org.spot.lib.auburn.edu/10.1037/pst0000262>

Treichler, E. B. H., Evans, E. A., & Spaulding, W. D. (2019). Ideal and real treatment planning

 processes for people with serious mental illness in public mental health care.

 *Psychological Services*. <https://doi-org.spot.lib.auburn.edu/10.1037/ser0000361>

Waldegrave, C. (2005). “Just Therapy” with Families on Low Incomes. *Child Welfare: Journal*

 *of Policy, Practice, and Program, 84*(2), 265–276.

Weersing, V. R., Jeffreys, M., Do, M.-C. T., Schwartz, K. T. G., & Bolano, C. (2017). Evidence

base update of psychosocial treatments for child and adolescent depression. *Journal* *of Clinical Child and Adolescent Psychology, 46*(1), 11–43. <https://doi-org.spot.lib.auburn.edu/10.1080/15374416.2016.1220310>

Working memory: What strategies do you use to help you remember details of client sessions?

 (2019). *Therapy Today, 30*(4), 38–39.