# 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: Sarah Flint, PhD, LPC-S, NCC

Course Meeting: Mondays 1:00 – 4:45pm

1. Date Syllabus Prepared: April 2024

# 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 demonstrate an understanding of the following **CACREP 2024 standards**:

**5.C.5.** Techniques and interventions for prevention and treatment of a broad range of mental health issues

**5.C.6.** Strategies for interfacing with the legal system regarding court-referred clients

**5.C.8.** Strategies to advocate for people with mental, behavioral, and neurodevelopmental conditions

1. Course Content Outline:

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Topic | Assignments Due | CACREP Standards |
| 5/19 | Introduction & Review of Syllabus Counselor IdentitySelf-Monitoring Counseling Process |  | 5.C.5 |
| 5/26 | **Memorial Day Holiday** |
| 6/2 | Documentation and Treatment PlanningReview of Basic Counseling Skills  | ***HIPAA training due*** | 5.C.5 |
| 6/9 | Defensive DocumentationRecord Keeping Legal & Ethical Considerations of PracticeTestifying in Court |  | 5.C.6. |
| 6/16 | Working with Trauma & Evidenced-Based PracticesTrauma-Focused CBT | ***Online TF-CBT training due******Self-Directed Learning Experience Topic Due*** | 5.C.55.C.8. |
| 6/23 | No Class Meeting– Work Day for **CBT Theory Application Group Activity**  |  | 5.C.5 |
| 6/30 | Exploring Theoretical Lenses Through Case Conceptualization**CBT Theory Application Group Presentations** | ***CBT Theory Application Group Assignments Due (presentation, reflection paper, and feedback form)*** | 5.C.5 |
| 7/7 | Working with Special Populations: Severe Mental Illness, Intellectual Disabilities, and Personality DisordersPharmacology De-escalating Clients | *Guest Speaker: Christopher Greenleaf* | 5.C.8. |
| 7/14 | Tele-Mental Health TherapyWorking with Children and Older AdultsIntro to Family Dynamics and Counseling | ***Tele-Mental Health Training(s) Due*** | 5.C.55.C.8. |
| 7/21 | Termination***Self-Directed Learning Experience Presentations***Class Wrap Up | ***Self-Directed Learning Experience Presentation and Handout Due*** | 5.C.5 |
| 7/28 | No Class Meeting – Practice Intentional Self Care in Preparation for Practicum and the Fall | ***Treatment Plan Due by midnight***  | 5.C.5 |

1. Assignments/Projects:

|  |  |  |
| --- | --- | --- |
| *Treatment Plan*  | 100 | 5.C.55.C.8. |
| Self-Directed Learning Experience Handout and Presentation | 50 | 5.C.5 |
| Professional Development *50pts- HIPAA training**50pts- TF-CBT training**50pts- Tele-mental Health Training* | 150 | 5.C.55.C.8. |
| CBT Theory Application Group Assignment | 75 | 5.C.5 |
| TOTAL | 375 |  |

**A. Professional Development Activities: (150 points)**

Students are required to complete two trainings independently during the semester. Certificates of completion will be uploaded to Canvas to gain credit.

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>

**Due 6/2**

1. *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/>

**Due 6/16**

1. *Online tele-health training:* **Due 7/14**

Preferred and highly recommended: **($150 total investment)** <https://www.renewedvisiontraining.com/product/telemental-health-provider-training/> (code: education for $100 off) *$150 for a 9 hour training*

This training is approved for the BC-TMH credential if you are interested in pursuing this credential after graduation and after passing the NCE. If you choose this option, you only need to upload your certification of completion to Canvas if you choose this training option.

 Second option: **($20 total)**

Complete **at least two of these three** approved telehealth trainings, **and** submit a 3-4 page paper (double spaced) answering the provided prompts on ethical considerations of telehealth, barriers to telehealth counseling, and best practices in telehealth counseling.

1. <https://imis.counseling.org/store/detail.aspx?id=PEWEB22005> (Mental Health Counseling Technology: Ethical and Risk Management Strategies for Professional Counselors through ACA)
2. <https://www.naadac.org/fundamentals-telehealth-webinar> (The Foundations of Telemental Health and Ethics through NAADAC) (must pay the $20 fee to access the quiz to be able to receive the certificate of completion)
3. <https://www.liberty.edu/news/2020/05/06/school-of-behavioral-sciences-releases-free-telemental-health-training-for-professionals/?utm_source=chatgpt.com> (Liberty University – a free 3-hour online training session focusing on the practice of telemental health)

# B. Treatment Plan Assignment (100 points):

Students are asked to develop a treatment plan to continue refining their clinical documentation skills. This plan will include application of theory, goal setting, identification of interventions, evaluation, and barriers or concerns.

*Treatment Plan:* (100pts) Students will be provided case vignettes to choose from and will have to complete a tentative treatment plan from the lens of their theoretical orientation. The template will be the same one students will use in practicum next fall. Students will **submit one progress note and treatment plan in Canvas** for this assignment. **Due 7/28 by midnight**

### **C.** **CBT Theory Application Group Assignment (75 points)**

This collaborative assignment gives students the opportunity to apply a selected CBT-based theory to a clinical case in a meaningful and developmentally appropriate way. Working in small groups, students will analyze a client vignette, conceptualize the case using their chosen CBT model (e.g., ACT, DBT, REBT, Behavioral Activation, CFT), and develop a theory-informed intervention plan. This assignment reinforces theoretical integration, clinical reasoning, and team collaboration while helping students clarify their own emerging clinical identities.

The assignment includes three components:

1. **Group Presentation (50 pts):**
Groups will present a 15-minute case conceptualization and intervention plan. Presentations must clearly explain the chosen CBT model, how it applies to the client's presenting concerns, and specific interventions aligned with the theory. Visual aids and examples are encouraged. Presentations will be followed by a brief peer Q&A.
2. **Individual Reflection Paper (25 pts):**
Each student will submit a 2 page double-spaced paper reflecting on the experience, including what they learned, how the theory resonated with them, and how it may (or may not) inform their future practice.
3. **Peer Evaluation:**
Students will complete a peer evaluation form assessing their own and their group member’s contributions. These evaluations will factor into final grades and help ensure full group participation.

**Due: June 30 (presentations, papers, and peer evaluations submitted via Canvas)**

**D. Self-Directed Learning Experience: (50 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 to create a meaningful learning experience on a topic of interest to you.

Proposals for your learning experience are due via Canvas by **6/16/25**. An original and creative infographic summarizing your findings (with scholarly citations if relevant) is due 7/21/25 when you will informally present your findings to your peers in a 5-10 minute presentation.

# 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

80-89.99% =B

70-79.99% =C

60-69.99% =D

Below 60% =F

Please note: **Course assignments are due on the dates specified by 1:00p CT**. 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. Make-Up Policy: Professionals complete assignments on time. Assignments are due by 11:59p CT on the date given. Assignments submitted after this time will be considered late. Late assignments will be penalized by 10% per day.
2. 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 using 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. 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.
3. Policy Related to the Use of AI for Classroom Assignments: The Counselor Education Programs (CED) has a comprehensive policy on the use of Artificial Intelligence (AI). As the acceptable use of AI varies, please consult your instructor on how AI can be used within specific courses and/or clinical settings. Please understand that violations of this policy can be considered a form of plagiarism. Please see the CED Programs Handbook for the full AI policy.
4. Policy Related to the Use of Zoom for Class Meetings:
	1. Zoom participation requires you to keep your video on and your microphone muted when you are not speaking.
		* If you have a need for technology to support your participation in this class or do not have a space conducive for participating - SERC provides private individual counseling spaces (Counseling Lab) that you can reserve and use for class sessions.
		* Please know that you can blur your background if you are not comfortable sharing your space or environment during classes conducted online.
		* Please limit all distractions such as your phone or attending to other work on your computer. It is often very apparent that a student is distracted and that impacts the class environment for everyone.
		* Students can turn off their cameras briefly if needed (e.g., break). These pauses should be short. Having students on camera provides a higher level of engagement for all participants.
		* If you have questions during class, you can raise your hand (in real time or via Zoom).
		* Please know that sometimes it is challenging to be teaching and attending to students and reading messages in Chat, especially if I am also sharing content. If I don’t respond to a comment or discussion in Chat, please let me know.
	2. Although you may be participating from your domicile, our Zoom meetings are professional interactions.
		* You should dress and behave as you would in a normal F2F classroom.
		* Please minimize distractions in the background as much as possible.
		* Participating in spaces that are not conducive to zoom attendance (e.g., public spaces, vehicles) should be discussed with the instructor prior to the class session and should only be used when there are no other alternatives.
	3. Recording Sessions: Due to the nature of our classes and the possibility that we may be discussing content that is confidential in nature:
		* Instructors can record sessions and will notify students when the class session is being recorded (e.g., teaching demonstrations, making the session available to other students, speakers)
		* Confidential content (e.g., supervision sessions) will be retained following appropriate ethical and legal practices as well as CED policies (e.g., password protected BOX folders).
		* Students can request that the recording be stopped if they wish to discuss a topic that they do not want recorded. In areas such as supervision this may not be possible.
	4. You should participate in spaces that allow for these discussions and do not have others present in the room while you are using it for class or supervision.
	5. As per University policies, I reserve the right to dismiss anyone from a Zoom meeting whose environment or behavior is distracting or problematic.
	6. If you have any issues with sharing your video feed, adhering to this policy, or anything else related to your use of Zoom please notify me via email in the first week of class so we can discuss if accommodations are possible.
5. Accommodations Statement: Auburn University and the Counselor Education program are committed to ensuring student success by providing them with the appropriate supportive resources when necessary. We encourage students to exercise their right under the Americans with Disabilities Act to access academic accommodations. Students who need accommodations should submit their approved accommodations through the AIM Student Portal on AU Access and follow up with the instructor about an appointment. It is important for the student to complete these steps as soon as possible; accommodations are not retroactive. Students who have not established accommodations through the Office of Accessibility but need accommodations should contact the Office of Accessibility at ACCESSIBILITY@auburn.edu or (334) 844-2096 (V/TT). The Office of Accessibility is located in Haley Center 1228. Once a student has begun the process for accommodations, they are responsible for scheduling a meeting with faculty to discuss how these accommodations will be implemented in practice. Faculty are committed to working with students to support their needs in conjunction with the Office of Accessibility.
6. Diversity Statement: A central foundation of the mission of the Counselor Education programs is the preparation of counselors and counselor educators to work in an increasingly diverse society. The program’s understanding of diversity encompasses culture, sexual and gender identity, race, ethnicity, socioeconomic status, ability, and other aspects of individual identity. The program believes that meeting these goals requires that students and faculty engage in advocacy, equity, inclusion, and culturally sustaining practices. This includes students demonstrating these principles in their academic, clinical practice and professional development engagement.

These principles are in alignment with our professional, ethical, and accreditation standards including: Council for the Accreditation of Counseling and Related Programs (2024 standards) American Counseling Association’s Code of Ethics (ACA, 2016), American Rehabilitation Counseling Association (ARCA), the Commission on Rehabilitation Counselor Certification (CRCC), American Mental Health Counselors Association (AMCHA), and the American School Counselor Association (ASCA). Overall, we seek to create educational and learning environments that support, sustain, and challenge students to address their development as professionals related to and representative of culturally sustaining practice.

# 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>

Singh, A. A., Appling, B., & Trepal, H. (2020). Using the Multicultural and Social Justice

Counseling Competencies to decolonize counseling practice: The important roles of

theory, power, and action. *Journal of Counseling & Development*, *98*(3), 261–271.

<https://doi-org.spot.lib.auburn.edu/10.1002/jcad.12321>

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>

Taylor, Margaret (2017). Counselors in the courtroom. *Counseling Today.* <https://ctarchive.counseling.org/2017/05/counselors-in-the-courtroom/>

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.

**CBT Theory Application Activity: Exploring Theoretical Lenses Through Case Conceptualization**

**CASE STUDY: Jordan**

**Name:** Jordan (they/them)
**Age:** 22
**Pronouns:** They/Them
**Referral Source:** University counseling center, self-referred

**Presenting Concerns:**
Jordan is a 22-year-old senior in college who presents with moderate anxiety and emerging depressive symptoms. They report heightened distress related to post-graduation planning, especially in job search tasks. Jordan finds themselves overwhelmed and avoids applying for jobs unless they meet every single requirement. They are highly self-critical, often comparing themselves to peers and fearing they will fall short. Their perfectionistic thinking leads to procrastination and emotional shutdowns. Jordan also reports avoiding career fairs and networking events due to intense fear of judgment and perceived social inadequacy.

They describe feeling tired most days, occasionally struggle to fall asleep, and report a dip in motivation over the past month. Jordan denies suicidal ideation but acknowledges feeling stuck, defeated, and worried about disappointing their family.

**Background Information:**

* Jordan is a first-generation college student majoring in Communications.
* Grew up in a family that emphasized achievement and "always doing your best." Praise was often linked to performance.
* Describes themselves as a people-pleaser who internalizes high expectations from others.
* Has used academic success as a way to manage emotions and self-worth.
* Reports a strong value for creativity, helping others, and making an impact—but feels disconnected from these values due to pressure.

**Mental Status & Risk:**
Jordan is alert and oriented, well-groomed, and able to articulate concerns insightfully. They display a restricted affect and appear mildly anxious. No psychosis or current risk concerns are present.

**Counseling Goals (Initial):**

* Reduce avoidance behaviors related to job applications and networking.
* Increase self-efficacy and reduce self-critical thoughts.
* Reconnect with personal values and intrinsic motivations.
* Learn skills to manage anxiety and perfectionism.

**ASSIGNMENT INSTRUCTIONS:**

1. **Choose one CBT-based theory** to apply to Jordan's case. Options include (but are not limited to):
	* Cognitive Therapy (CT) (not an option - see example of this below)
	* Acceptance and Commitment Therapy (ACT)
	* Dialectical Behavior Therapy (DBT)
	* Rational Emotive Behavior Therapy (REBT)
	* Behavioral Activation (BA)
	* Compassion-Focused Therapy (CFT)
2. Using your selected theory:
	* **Conceptualize the case**: How does your theory explain the development and maintenance of Jordan's symptoms?
	* **Identify 2-3 interventions** specific to your theory and explain why they would be effective.
	* **Describe initial treatment goals** through the lens of your model.
	* (Optional): Include any challenges or adaptations you would anticipate.
3. **Prepare a Group Presentation** (at least 15 minutes):
	* Each group will present their case formulation and intervention plan to the class.
	* Include a brief explanation of the theory, how it informs the case, and how your chosen interventions would be implemented.
	* Use visuals or examples if helpful. Be prepared to answer a few peer questions to help your classmates understand the approach.
4. **Submit a 2 Page Reflection Paper (Individual Assignment):**
	* Each student will submit an individual reflection paper describing:
		+ What they learned from this assignment.
		+ How they experienced working with this specific theory and case study.
		+ How they see this theory fitting (or not fitting) into their developing clinical identity and theoretical orientation.
	* This paper should demonstrate thoughtful self-reflection and insight into your professional development.
5. **Peer Evaluation:**
	* Each group member will complete a peer evaluation form, rating their own and each group member’s contribution, effort, and participation.
	* These evaluations will be factored into final grades to ensure accountability and encourage full participation from all group members.

**SAMPLE CBT CASE CONCEPTUALIZATION (Beck's Cognitive Therapy)**

From a traditional Cognitive Therapy perspective, Jordan's presenting concerns are maintained by a cycle of distorted thinking patterns, particularly **perfectionistic automatic thoughts** and **core beliefs** such as:

* *"If I’m not exceptional, I’m a failure."*
* *"Others will think I’m incompetent if I don’t have it all figured out."*
* *"I must meet all expectations to be valued."*

These beliefs fuel avoidance and procrastination, which in turn lead to increased anxiety and decreased motivation, reinforcing their sense of inadequacy.

**Interventions:**

* Use **thought records** to track automatic thoughts and evaluate their evidence.
* Apply **cognitive restructuring** to challenge perfectionistic standards and replace them with more balanced, compassionate thoughts.
* Introduce **behavioral experiments** to test fears in low-stakes social and academic scenarios (e.g., attending a networking event with a goal of making one connection).

**Treatment Goals:**

* Identify and challenge distorted core beliefs.
* Build tolerance for imperfection and increase behavioral engagement.
* Improve emotional regulation and self-acceptance.

**EVALUATION RUBRIC (75 Points Total):**

**Group Presentation – 50 Points**

* Clear explanation of selected CBT model and how it applies to the case (10 pts)
* Accurate and theory-aligned conceptualization of Jordan's concerns (10 pts)
* Appropriate, clearly explained interventions with rationale (10 pts)
* Effective delivery: organization, visuals/examples, clarity, and engagement (10 pts)
* Peer Q&A readiness and collaborative participation (10 pts)

**Individual Reflection Paper – 25 Points**

* Demonstrates insight into the theory and personal learning (10 pts)
* Reflects thoughtfully on group experience and challenges (5 pts)
* Clearly articulates how the theory fits (or doesn’t) into their developing clinical identity (10 pts)

**Peer Evaluation**

* Peer evaluations will be reviewed to help determine participation grades. Students who are rated as not fully contributing by their peers may receive reduced credit for the group portion.
* **Peer Evaluation Form**
*CBT Theory Application Group Project*
* **Your Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Group Members:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Please rate each group member (including yourself) on the following areas using the scale below:
1 = Rarely / No contribution
2 = Occasionally contributed
3 = Contributed adequately
4 = Contributed consistently
5 = Exceptional contribution and collaboration

| **Group Member Name** | **Effort & Preparation** | **Communication** | **Accountability** | **Collaboration** | **Overall Contribution** |
| --- | --- | --- | --- | --- | --- |
| [Your Name] |  |  |  |  |  |
| [Member 1] |  |  |  |  |  |
| [Member 2] |  |  |  |  |  |
| [Member 3] |  |  |  |  |  |
| [Member 4] |  |  |  |  |  |