

Fall 2018

## CE 652 Syllabus: Treatment Planning

Eric R. Baltrinic

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Winona State University Counselor Education Department <b>CE 652: Treatment Planning</b> Semester Hours: 3		
<b>Course Location</b>	This class is offered in a hybrid format. Face-to-face classes meet on <i>Thursday</i> evenings from 5pm to 8pm on the WSU Winona Campus, in Gildemeister Hall, Room 329 on the following dates: <b>1/11, 1/25, 2/8, 2/22, (No class 3/8), 3/15, 3/29, 4/12, &amp; 4/26</b> Asynchronous online weeks are on the following dates: <b>1/18, 2/1, 2/15, 3/1, 3/22, 4/5, &amp; 4/19; No class Finals Week (4/30 – 5/4)</b>	
<b>Instructor</b>	Eric R. Baltrinic, Ph.D. Preferred Pronouns: <i>He, Him, His</i> Preferred Title (in class and email): <b>“Dr. B” or “Dr. Baltrinic”</b>	
<b>Instructor Phone &amp; E-Mail</b>	(507) 457-2466; ebaltrinic@winona.edu	
<b>Program Website</b>	<a href="https://www.winona.edu/counseloreducation/">https://www.winona.edu/counseloreducation/</a>	
<b>Instructor Office Location</b>	Gildemeister Hall, Room 116A	
<b>Instructor Office Hours:</b>	By appointment (use email)	

## I. INSTRUCTOR & TEACHING PHILOSOPHY

### *Instructor*

Eric R. Baltrinic, Ph.D. earned his M.A. Ed. in Community Counseling from the University of Akron in 1997, and his Ph.D. in Counseling and Human Development Services from Kent State University in 2014. Eric worked as a chemical dependency, outpatient, school-based, and home-based counselor, and as a clinical supervisor for over 17 years. As a counselor educator, Eric has provided onsite and online instruction at four different CACREP-accredited counselor training programs. His research interests and related publications include teaching in counselor education, supervision in counseling, co-occurring disorders, and counseling adolescents.

### *Teaching Philosophy*

Becoming a counselor is a life-long learning process This course represents a “sample” of real-world experiences, as there is no single course experience that can provide all the needed knowledge, skills, and attitudes to sufficiently do the job of counseling. . I am continuously mindful of power dynamics and my evaluative role as we collaboratively create a respectful classroom environment. This course is intended to help you along that life-long learning process by providing the foundational knowledge and skills to engage in treatment planning with clients. You will adapt and add to your learning from this course during your practicum and internship experiences and throughout your professional counseling career. This course experience is guided by two overarching questions.

1. How will students’ learning experiences help them to think like counselors?
2. How will students’ learning experiences help them to perform future counseling skills?

## II. COURSE DESCRIPTION

### *Course Description*

This course is designed to assist mental health counselors in designing client-centered, individualized, and culturally sound treatment plans for a wide variety of clinical mental health disorders. Course content will include a strong focus on the diagnosis of mental health disorders based on criteria from the DSM-5, and the subsequent treatment planning and provision of evidence based clinical care. Students completing this course with a satisfactory evaluation will be familiar with evidence-based treatment as a philosophy of practice as well as interventions indicated for specific mental health disorders, and be able to create basic treatment plans that include evidence-based interventions for depression, anxiety disorders, substance abuse, and other common presenting problems, and construct means of evaluating client progress.

### *Course Objectives*

- Obj 1: Students will know the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
- Obj 2: Develop and understand how to implement treatment plans based on the gathering and synthesis of relevant information such as medical and mental health history, current symptoms, and assessment results.
- Obj 3: Incorporate strengths-based and evidence-based interventions within a treatment plan.
- Obj 4: Consider the multicultural issues inherent in the practice of treatment planning in clinical mental health counseling.

## III. COURSE PREREQUISITES

Prior to enrolling in this course, students must have completed:

- CE 601 (Foundations of Counseling)
- CE 658 (Microskills)
- CE 650 (Diagnosis and Psychopathology of Adults) **or** CE 651 (Diagnosis and Psychopathology of Children and Adolescents)
- CE 660 (Counseling Theory and Practice); Can be taken concurrently with CE 652

**If you do not have the prerequisites listed above, you must drop the course. This is your responsibility and not the responsibility of the course instructor.**

## IV. REQUIRED TEXTS RESEARCH BASE & TECHNOLOGY\*

1. Kress, V. E., & Paylo, M. J. (2015). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Columbus, OH: Pearson.
2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author.

\*Any additional readings and materials will be announced and posted on D2L

## V. COURSE LEARNING OBJECTIVES

Adhering to the designated 2009 CACREP **Clinical Mental Health Counseling (CMHC) Standards**, this course will provide an introduction to the following standards:

2009 CACREP CMHC STANDARDS	LOCATION OF EVALUATION			
	1. In-class Activities	2. Weekly Confidence Ratings	3. TX plans	4. Final Paper
A.6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.		X		
A.8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.		X		
C.5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.			X	X
C7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.	X		X	X
C.8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.			X	X
E.1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.			X	X
G.1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.	X			X
G.3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.				X
I.3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.			X	X
K.1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).			X	X
K2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.				X
K3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.			X	X
L.1. Demonstrates appropriate use of diagnostic tools, including the current edition of the DSM, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.	X		X	X
L.2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.			X	X

## VI. METHODS OF INSTRUCTION

Lecture/ discussion, case studies with instructor and peer feedback, case studies and responses to structured exercises, use of technology and media including videotapes, films, and PowerPoint slides, modeling, asynchronous internet-based learning, & reflective self-evaluations

## VII. COURSE ASSIGNMENTS

### Grading Scale (Course):

380-400 = A; 360-379 = B; 340- 359 = C; 220-339 = D; Below 219 = F

Course Obj.	Assignment	Due Date	Points
1-4	1a. Attendance & Participation 1b. In-class activities (3 x 10 points)	1a: Every class (online & in-person) 1b: on: 1/19, 2/16, & 3/30/17	150
1-4	2. Weekly Confidence Ratings (15 x 5 = 75 points)	Weekly beginning on 1/19/17, due in class	75
3-4	3. Treatment Plans (3 x 25 points)	2/2/17, 3/2/17, & 4/13/17 respectively, due in class and post on D2L	75
1-2, 4	4. My View of Clients and Treatment Paper	4/27/17, post in D2L assignment folder	100
<b>Total</b>			<b>400</b>

### DESCRIPTION OF ASSIGNMENTS

#### 1. Attendance, Attitude, and Participation during Course Lectures, Discussion, & In-class Activities **CMHC: for in-class activities: C.7., G.1., & L.1**

*Attendance & Attitude:* Students' attendance and attitude is assessed during this course. Successful attendance means students attend all class sessions. If you are know you are going to miss more than one class this semester, it is better to drop this course until you can be present for all the classes. In the event of an emergency, please notify the instructor of the reasons for missing the class in writing (e.g., email). Informing the instructor of an absence from class does not guarantee an "excused" absence. Additional documentation may be requested by the course instructor. Successful attitude includes professional conduct in the classroom, support for peers, thoughtful interactions (verbal & nonverbal) with the instructor and students, and avoiding behaviors such as cell phone use in class, inappropriate use of computers in class, tardiness, late assignments, negative attitudes about class activities and material, distracting behaviors, and so forth.

*Participation & Class Activities:* Students have different learning and interpersonal styles, which is understood by your instructor, and can be accommodated together. Successful participation includes presenting ideas, reactions, questions, and concerns in relation to class discussions and group activities, and so forth. Additionally, students are expected to read course assignments prior to class and demonstrate their active engagement with the material by participating in class activities (e.g., providing reflective comments and asking questions and by completing Weekly Reaction Rating, completing treatment planning exercises). Overall, attendance, attitude, & participation comprise 150 of the 400 possible points for the course. *Students will receive 10 participation points for each successfully attended class meeting.*

## 2. Weekly Confidence Ratings

CMHC: A.6., A.8., C.5., C.7-8., E.1., G.1., G.3

Each student will complete a brief written reaction to the assigned weekly readings. When completing the reaction students will (a) identify the stand-out and “muddiest points from the chapter, (b) rate their comfort level with the chapter readings on a 10-point scale: For example, with 1 being *totally unconfident* and 10 being *totally confident, how confident do I feel working with future clients on the issues covered in the chapter readings?*” and (b), provide a brief rationale for their score and specifically address ways to maintain or increase their confidence level (1-2 short paragraphs maximum). Students will receive 5 points for each completed Reaction Rating. *A template and rubric for the reaction card will be provided by instructor.*

## 3. Treatment Plans

CMHC: I.3., K. 1-3., L.1-2

Students are responsible for completing 3 written treatment plans using the **I-CAN-START** model. Students will be expected to bring a written copy of the treatment plan to class on the assigned due date (see above). Remember to attach the case vignette to your treatment plan. APA formatting is not required for these assignments. There will be out-of-class and in-class components for these assignments:

### Out-of-class

- Using a case vignette provided by the instructor, construct a treatment plan using the **I-CAN-START** model (like the examples at the end of each chapter). Please make sure the treatment plan includes a diagnosis including differential diagnoses, and outlines at least one evidence-based approach to treating that mental health diagnosis. Be sure to follow the SMART goals guidelines (for a review, see Chapter 2). And, be sure to address the “I” aspect of the model.

### In-class Activity

- Treatment plans will be discussed in class in small groups to compare & contrast approaches to constructing the treatment plan and to engage in peer review, which will be facilitated by the instructor.

## 4. My View of Clients and Treatment Paper

CMHC: C.5., C.7-8., G.1., G.3., I.3., K. 1-3., L.1-2

Students will write a paper based on their application of the **I-CAN-START** model during the semester. When writing, students should consider the strengths-based approach used in this course and incorporate their degree of agreement or disagreement with this method. Students will respond to the questions below. *Students will use the questions listed below as headings when completing the assignment.*

- Analyze the I-CAN-START model. Do you agree with the I-CAN-START approach to treatment planning? What other considerations or adaptations to the model would you add when conceptualizing a client’s problem, creating a treatment plan, and providing treatment?
- Describe your ideal treatment plan/approach to clients? Describe and include at least one preferred evidence-based treatment approach to helping clients.
- What was the most valuable thing you learned about treatment planning? What did you learn about yourself as a counselor-in-training?

Papers will include a title page, and references and be written using the APA 6th edition guidelines. No exceptions. The 7-10 page limit includes the title page and references, so remember to write clearly and concisely. *A rubric will be provided by the instructor in advance of the assignment due date.*

## VIII. UNIVERSITY EXPECTATIONS & COURSE POLICIES

### A. University Expectations and Resources

**Diversity Statement:** This is meant to be a safe, welcoming, and inclusive classroom environment for students of all races, ethnicities, sexual orientations, gender identities/variances, ages, religions, economic classes, and ability statuses. As such, you will be encouraged and challenged to use language and basic counseling techniques that are respectful, inclusive, representative and culturally appropriate.

**Academic Integrity:** Students are expected to practice professionalism and academic integrity in all assignments and class discussions. This includes but is not limited to treating other students and the professor respectfully, engaging in meaningful class discussions, thinking and writing critically and thoughtfully, creating original works, and citing all resources using APA format. Plagiarism will result in loss of credit for this course, and further consequences may result from the university system. The collegiate policy on plagiarism and cheating is outlined in the Student Handbook. It is your responsibility to be aware of this policy. You can also find it online at: <http://www.winona.edu/sld/academicintegrity.asp>.

**Electronic Device Notice:** As a matter of courtesy to your classmates and the instructor, please turn off your beepers, cell phones, and any other electronic devices that make any noise.

**Laptop/PDA Policy:** Excluding students with a documented disability, the use of laptops and PDAs in class is prohibited without prior permission of the instructor.

**Class Visitor Policy:** Due to the clinical nature of this course in this curriculum, visitors of any age are not allowed without prior permission of the instructor.

**E-mail Policy:** You are assigned a university e-mail account that will be used by professors. Students should make every effort to get to know their account and check it regularly.

**Accommodations:** Students with documented disabilities who may need accommodations, who have any medical emergency information the instructor should know of, or who need special arrangements in the event of an evacuation, should make an appointment with the instructor as soon as possible, no later than the 1st week of the term. According to Section 504 of the Rehabilitation Act of 1973, students with disabilities have the right to receive necessary reasonable accommodations and support services to allow equal access at Winona State University. If you have a disability that requires accommodations, you are eligible for support through access services, found at <http://www.winona.edu/accessservices/gettingstarted.asp>.

**Commitment to Inclusive Excellence:** WSU recognizes that our individual differences can deepen our understanding of one another and the world around us, rather than divide us. In this class, people of all ethnicities, genders and gender identities, religions, ages, sexual orientations, disabilities, socioeconomic backgrounds, regions, and nationalities are strongly encouraged to share their rich array of perspectives and experiences. If you feel your differences may in some way isolate you from WSU's community or if you have a need of any specific accommodations, please speak with the instructor early in the semester about your concerns and what we can do together to help you become an active and engaged member of our class and community. Campus resources for students: <http://www.winona.edu/diversity/estatement.asp>.

## B. Graduate Student Resources

**General Information:** Academic calendar, forms and other procedures for graduate students can be found at <http://www.winona.edu/gradstudies/currentstudents.asp>

WSU-Rochester Student & Campus Services, UCR Room SS128, 285-7100,  
([www.winona.edu/rochester/](http://www.winona.edu/rochester/)):  
RCTC Counseling Center, UCR Room SS133; 285-7260  
([www.rctc.edu/counseling\\_career\\_center/](http://www.rctc.edu/counseling_career_center/))  
UCR Learning Center, UCR Room AT306; 285-7182

**Counseling Services:** Graduate school can be very stressful. Counselors are available in Winona and through partnership with RCTC on the UCR campus to help you with a wide range of difficulties.

WSU counselors in Winona are located in the Integrated Wellness Complex 222 and they can be reached at 457-5330. The RCTC Counseling Center is located in SS 133 and can be reached at 285-7260.

**Other Support Services:** WSU-Rochester Student & Campus Services Office and the WSU Inclusion and Diversity Office are dedicated to helping students of all races, ethnicities, economic backgrounds, nationalities, and sexual orientations. They offer tutoring and a wide range of other resources.

The WSU-R Student & Campus Services Office is located in Room SS128 on the UCR campus and can be reached at 285-7100. The WSU Inclusion & Diversity Office is located in Kryzsko Commons Room 122, and they can be reached at 457-5595. Information about the *KEAP Center*, dedicated to supporting diversity on campus, can be found here: <http://www.winona.edu/diversity/22.asp>.

**UCR Learning Center – Rochester:** For help with writing and the development of papers on the WSU-Rochester campus, contact personnel in AT306 or call 285-7182.

**Writing Center - Winona:** The Writing Center offers free, individualized instruction in all forms and disciplines during any stage of writing, reading, or research. Call 507.457.5505 for an appointment. Walk-ins also welcome.

**Student Grievances:** Students are encouraged to speak directly with instructors when concerns arise. When issues cannot be resolved between the student and the instructor, students have the right to due process. Such complaint procedures are available online at: <http://www.winona.edu/sld/studentgrievance.asp>

**IX. COURSE SCHEDULE** This schedule is subject to change in the event of extenuating circumstances

DATE	Topic	Content	Activities & Assignments Due
1/11/18	Introductions, Foundations, Group Assignments, and Course Planning	Ch. 1	None
<b>1/18/17 online</b>	The Foundations of Treatment Planning	Ch. 2	Confidence Rating (Ch. 1 & Ch.2)
1/25/18	Safety-Related Clinical Issues and Treatment Planning	Ch. 3	Confidence Rating (Ch.3) (in class activity)
<b>2/1/18 online</b>	Depressive, Bipolar, and Related Disorders	Ch. 4	Confidence Rating (Ch.4) <b>Treatment Plan #1 Due in D2L assignment folder</b>
2/8/18	Anxiety Disorders	Ch. 5	Confidence Rating (Ch.5)
<b>2/15/18 online</b>	Obsessive-Compulsive and Related Disorders	Ch. 6	Confidence Rating (Ch.6)
2/22/18	Trauma- and Stressor-Related Disorders	Ch. 7	Confidence Rating (Ch.7) (in class activity)
<b>3/1/18 online</b>	Substance-Related and Addictive Disorders; Personality Disorders	Ch. 8 Ch. 9	Confidence Rating (Ch.8 & 9) <b>Treatment Plan #2 Due in D2L assignment folder</b>
<b>3/8/18 Spring Break</b>			
3/15/18	Schizophrenia Spectrum and Other Psychotic Disorders	Ch. 10	Confidence Rating (Ch.10)
<b>3/22/18 online</b>	Feeding and Eating Disorders	Ch. 11	Confidence Rating (Ch.11)
3/29/18	Disruptive, Impulse-Control, and Conduct Disorders, and Elimination Disorders	Ch. 12	Confidence Rating (Ch.12) (in class activity)
<b>4/5/18 online</b>	Neurodevelopmental and Neurocognitive Disorders	Ch. 13	Confidence Rating (Ch.13) <b>Treatment Plan #3 Due in D2L assignment folder</b>
4/12/18	Dissociative Disorders and Somatic Symptom and Related Disorders	Ch. 14	Confidence Rating (Ch.14)
<b>4/19/18 online</b>	Sleep Wake Disorders, Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria	Ch. 15	Confidence Rating (Ch.15)
4/26/18	Wrap up, Summary, Evaluations of Teaching and Learning		<b>My View of Clients and Treatment Paper(summative)--Due in D2L assignment folder</b>
5/3/18	FINALS WEEK (NO FINAL)		

## IX. COURSE ASSESSMENT CRITERIA

<b>Assignment</b>	<b>1. IN-CLASS TREATMENT PLANNING ACTIVITIES</b>			
<b>CMHC Standards</b>	<b>CMHC: C.7., G.1., &amp; L.1</b>			
<b>Purpose</b>	To assess students' efficacy related to content knowledge areas, and provide structure for the progressive development of treatment planning skills.			
<b>Description of Assignment from Syllabus</b>	Students read course assignments prior to class and will have opportunities to demonstrate their knowledge and developing skills through active engagement with the material by participating in class activities (e.g., completing treatment planning exercises, reviewing in class case studies). Students will receive 10 participation points for each successfully attended class meeting.			
<b>Rubric</b>	<b>Excellent 10 points</b>	<b>Good 8-9 points</b>	<b>Fair 7-8 points</b>	<b>Poor 0-6 points</b>
	<ul style="list-style-type: none"> <li>__ Contributes to class activities by offering quality ideas, asking appropriate questions on a regular basis, and completing tasks as assigned</li> <li>__ Always prepared for class with assignments and required materials</li> <li>__ Accurately expresses foundational knowledge pertaining to issues raised during the discussion</li> </ul>	<ul style="list-style-type: none"> <li>__ Usually contributes to class activities by offering quality ideas, asking appropriate questions on a regular basis, and completing tasks</li> <li>__ Usually prepared with assignments and required materials</li> <li>__ Expresses basic foundational knowledge pertaining to class discussions</li> </ul>	<ul style="list-style-type: none"> <li>__ Occasionally contributes to class activities by offering quality ideas, asking appropriate questions on a regular basis, and completing tasks</li> <li>__ Seldom prepared with assignments and required materials</li> <li>__ Expresses limited foundational knowledge pertaining to class discussions</li> </ul>	<ul style="list-style-type: none"> <li>__ Does not contribute to class activities or requires continuous prompting from instructor and peers</li> <li>__ Consistently unprepared for class</li> <li>__ Expresses no relevant foundational knowledge</li> </ul>

### EX: CLIENT CASE REVIEW AND SMALL-GROUP TREATMENT PLANNING EXERCISE

#### Case Summary

Sophie is a 30-year-old Polish American female who presents to counseling with her husband. For the past six days, Sophie has not slept at all. She has gone around the house in a busy state, but has started many projects only to leave them completely undone. She began persistently talking to her husband about the idea that she is a new business owner who is starting a fashion design center though she has never had any experience in this realm as she studied anthropology in college and has been a stay at home mother to their only son, a 7-year-boy. Sophie is usually an organized person who keeps lists, but this past week the lists have been excessive and have not made sense and are now cluttering up every room in the house. Sophie has experienced an episode of disorganized behavior and hearing the critical voice of her mother, who died a year ago, followed by a period of depression. While in the depressed state, she was unable to talk with friends, attend classes, or eat properly. During this time, Sophie even considered suicide as an option. Sophie's mother reportedly had episodes of anxiety and depression as Sophie was growing up, which Sophie described as "simply a part of life." At the present time, Sophie doesn't feel she needs counseling, but with her husband's insistence she has come to your office.

**Step 1: Review-- What is Sophie's diagnosis?**

What diagnosis would you give Sophie and why? Please provide a one to two paragraph (maximum) explanation including the key diagnostic criteria you believe are present in the case study. Please be concise, specific, and clear when describing the diagnosis and any supporting evidence.

**Step 2: Application-- Develop a Treatment Plan**

Students will convene in groups of 2-3 and create a treatment plan for Sophie (I CAN START). Please ensure you include the following components (items 1-3):

1. Primary diagnosis & explanation (1-2 paragraphs maximum)
2. Treatment plan (Write an abbreviated version by following the acronym below; 2-4 sentences per letter)

I -

C -

A -

N -

S -

T -

A -

R -

T -

3. Describe in 1-2 paragraphs your plan to engage the client/introduce the treatment plan

<b>Assignment</b>	<b>2. WEEKLY CONFIDENCE RATING SCALE</b>			
<b>CMHC Standards</b>	<b>CMHC: A.6., A.8., C.5., C.7-8., E.1., G.1., &amp; G.3</b>			
<b>Purpose</b>	To assess students' efficacy related to content knowledge areas, and provide structure for instructor and students to monitor course reading assignments; <i>content-based assignments</i>			
<b>Description of Assignment from Syllabus</b>	Each student will complete a brief written reaction to the assigned weekly readings. When completing the reaction students will (a) rate their comfort level with the chapter readings on a 10-point scale: For example, with 1 being <i>totally unconfident</i> and 10 being <i>totally confident</i> , <i>how confident do I feel working with future clients on the issues covered in the chapter readings?</i> ” and (b), provide a brief rationale for their score and specifically address ways to maintain or increase their confidence level (1-2 short paragraphs maximum). Students will receive 5 points for each completed Reaction Rating. <i>The rubric and template for the reaction rating is provided below.</i>			
<b>Rubric</b>	<b>Excellent 5 points</b>	<b>Good 4 points</b>	<b>Fair 2-3 points</b>	<b>Poor 0-1 points</b>
	___ Contributes to class activities by offering quality ideas and asking appropriate questions on a regular basis ___ Always prepared for class with assignments and required materials ___ Accurately expresses foundational knowledge pertaining to issues raised during the discussion	___ Contributes to class activities by offering quality ideas and asking appropriate questions on a regular basis ___ Usually prepared with assignments and required materials ___ Expresses basic foundational knowledge pertaining to class discussions	___ Occasionally contributes to class activities by offering ideas and asking questions ___ Seldom prepared with assignments and required materials ___ Expresses limited foundational knowledge pertaining to class discussions	___ Does not contribute to class activities ___ Consistently unprepared for class ___ Expresses no relevant foundational knowledge

### Weekly Confidence Rating Assignment

Date:

Student Name:

Chapter(s) from text book:

#### Instructions

Complete a confidence rating and reaction to the assigned weekly readings to be discussed in class. When completing the reaction (a) identify the stand out and challenging points from the chapter, then rate your comfort level on a 10-point scale; and (b) provide a brief rationale for your score specifically addressing ways to maintain or increase their confidence level (1-2 paragraphs maximum; 1 paragraph is preferred). *Students will receive 5 points for each completed Reaction Rating.*

#### Step 1. Complete the Confidence Rating Scale

With 1 being totally unconfident and 10 being totally confident, *how confident do you feel working with future clients on the issues/topics covered in the chapter readings?*”

**1      2      3      4      5      6      7      8      9      10**

--Circle the number that best reflects your confidence level--

**Step 2. Provide a Brief Rationale for Rating** (Why & what will help maintain or increase your confidence?)

<b>Assignment</b>	<b>3. TREATMENT PLANS</b>			
<b>CMHC Standards</b>	<b>CMHC: I.3., K. 1-3., L.1-2</b>			
<b>Purpose</b>	To assess students' abilities to integrate relevant client case information into a strengths-based treatment plan; <i>skill-based assignments</i> to approximate the treatment planning requirement of agencies and other settings in which students will complete practicum and internship experiences.			
<b>Description of Assignment from Syllabus</b>	<p>Students are responsible for completing 3 written treatment plans using the <b>I-CAN-START</b> model. Students will be expected to bring a written copy of the treatment plan to class on the assigned due date (see above). Remember to attach the case vignette to your treatment plan. APA formatting is not required for these assignments. Using a case vignette <u>provided by the instructor, or of your own design</u>, construct a treatment plan using the <b>I-CAN-START</b> model (like the examples at the end of each chapter). Please make sure the treatment plan includes a diagnosis including differential diagnoses, and outlines at least one evidence-based approach to treating that mental health diagnosis. Be sure to follow the SMART goals guidelines (for a review, see Chapter 2). And, be sure to address the "I" aspect of the model.</p> <p><b>NOTE:</b> Treatment plans will be discussed in class in small groups to compare &amp; contrast approaches to constructing the treatment plan and to engage in peer review, which will be facilitated by the instructor.</p>			
<b>CRITERIA</b>				
<b>Required Area</b>	<b>Criteria</b>	<b>Points</b>	<b>Instructor Comments</b>	
<b>1. Case Study</b>	Case study is clearly identified and attached to treatment plan	/5	<b>If you do not want to use one of the provided case studies, See <i>Guidelines for Developing Creative Case Studies</i>; Bonus points available developing and using a creative case</b>	
	Treatment plan flows directly from the symptom descriptions, diagnosis and other clinically significant factors found in the case study.	/5		
	<b>SCORE FOR SECTION:</b>	<b>/10</b>		
<b>2. Application of the I-CAN-START Model</b>	a. Individual Counselor Reflection	/2	<b>Follow SMART GOALS guidelines</b> <b>Be sure to address section a—counselor reflection</b> <b>Please make sure the treatment plan includes a diagnosis including differential diagnoses, and outlines at least one evidence-based approach to treating that mental health diagnosis</b> <b>Sections a through i are listed in the case studies found on D2L and need to be included in the Application section</b>	
	b. Contextual Assessment	/2		
	c. Assessment & Diagnosis	/2		
	e. Client Strengths	/2		
	f. Level of Care & Treatment approach	/2		
	g. Aim & Objectives of Treatment	/2		
	h. Research-Based Interventions	/2		
	i. Therapeutic Support Services	/1		
	<b>SCORE FOR SECTION:</b>	<b>/15</b>		
<b>Total Score:    </b> ___/25	<b>Excellent</b> 22 to 25	<b>Good</b> 15 to 21	<b>Fair</b> 8 to 14	<b>Poor</b> 7 or less

## GUIDELINES FOR DEVELOPING CREATIVE CASE STUDIES FOR TREATMENT PLANS

**Step 1:** (Choose Creativity). If you choose to create your own case study for the written treatment plans using the I-CAN-START Model, you will automatically receive 10 bonus points for the assignment.

**Step 2:** (Select the Criteria for the Case). Develop the case study using criteria from **Domains 1-6** below. You do not have to include information for every bullet point listed below. Items in *italics* below are mandatory to include in your creative case study. You are free to select more than just the mandated items.

<p><b>Domain 1. Demographic Information</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Name</i></li> <li><input type="checkbox"/> <i>Age</i></li> <li><input type="checkbox"/> <i>Gender</i></li> <li><input type="checkbox"/> <i>Ethnicity, culture, race</i></li> <li><input type="checkbox"/> <i>Spiritual Beliefs</i></li> <li><input type="checkbox"/> <i>Other Cultural Considerations or Demographic Characteristics</i></li> </ul>	<p><b>Domain 2. Individual Issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Presenting Concerns for Counseling</i></li> <li><input type="checkbox"/> <i>Diagnosis (es)</i></li> <li><input type="checkbox"/> <i>Physical/Medical</i></li> <li><input type="checkbox"/> <i>Developmental HX</i></li> <li><input type="checkbox"/> <i>Mental Health Issues/Hx</i></li> <li><input type="checkbox"/> <i>Substance Use Issues/Hx</i></li> <li><input type="checkbox"/> <i>Other Individual issues</i></li> </ul>
<p><b>Domain 3. Family/Home Issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Current Living Situation</i></li> <li><input type="checkbox"/> <i>Relationships (past/current)</i></li> <li><input type="checkbox"/> <i>Relevant Family History</i></li> <li><input type="checkbox"/> <i>Family/Partner Substance Use</i></li> <li><input type="checkbox"/> <i>Other Family/Relationship Issues</i></li> </ul>	<p><b>Domain 4. Work/School Issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Education</i></li> <li><input type="checkbox"/> <i>Employment</i></li> <li><input type="checkbox"/> <i>Goals</i></li> <li><input type="checkbox"/> <i>Other Work/School Issues</i></li> </ul>
<p><b>Domain 5. Legal/Community Issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Current/Past Involvement</i></li> <li><input type="checkbox"/> <i>Court Mandated</i></li> <li><input type="checkbox"/> <i>Community Involvement &amp; Resources</i></li> <li><input type="checkbox"/> <i>Other Legal/Community Issues</i></li> </ul>	<p><b>Domain 6. Strengths</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Individual Strengths</i></li> <li><input type="checkbox"/> <i>Interests</i></li> <li><input type="checkbox"/> <i>Hobbies</i></li> <li><input type="checkbox"/> <i>Helpful Resources</i></li> </ul>

**Step 3:** (Write the Narrative). After you select your criteria for the case, describe the items for each domain in a written 2-4 page double-spaced narrative (see posted examples), attach the narrative to the treatment plan. Be sure to label the narrative “Creative treatment plan # \_\_\_.” If you are using real clients or combinations of clients to create the case study, be sure all identifying information is removed and/or fictionalized. Be clear and concise! You will not lose points if the written narrative is over 4 pages, but you will lose points if it is under 2 pages. You do not need to use APA format for treatment plan narratives.

**Step 4:** (Consider Using Course Materials). You can also use the text book to help you create the case study. For example, beginning on p. 49 you will see criteria items under “Contextual Assessment (C)” that you could use to create the narrative. Information found on pp. 50-51 overlap some with the criteria I listed under Step 2 above, but could give you some additional ideas for writing the narrative.

Assignment	4. MY VIEW OF CLIENTS AND TREATMENT PAPER			
CMHC Standards	CMHC: C.5., C.7-8., G.1., G.3., I.3., K. 1-3., L.1-2			
Purpose	<p>This assignment is intended to assess students' abilities to integrate (a) concise descriptions of their awareness of mental health issues and personal biases, and (b) relevant client case information into a strengths-based treatment plan along the I-CAN-START treatment planning dimensions.</p> <p>A summative <i>skill-based assignments</i> to approximate the report writing and treatment planning requirements of agencies and other settings in which students will complete practicum and internship experiences.</p>			
Description of Assignment from Syllabus	<p><b>Primary Goal</b> = Analyze the I-CAN-START model. (This is the main objective of the paper—use both your opinion/class experiences and course material to support your analysis)</p> <p>a) Answer all of the following: Do you agree with the I-CAN-START approach to treatment planning? What other considerations or adaptations to the model would you add when conceptualizing a client's problem, creating a treatment plan, and providing treatment?</p> <p>b) Answer all of the following: Describe your ideal treatment plan/approach to clients? Describe and include at least one preferred evidence-based treatment approach to helping clients.</p> <p>c) Answer all of the following: What was the most valuable thing you learned about treatment planning? What did you learn about yourself as a counselor-in-training?</p> <p>To get the most points for the assignment, I suggest you use the above questions as a guide to construct your topic headings. Overall Impressions of Model, Adaptations and Additions to the Model, Ideal Approach to Treatment Planning, My preferred Approach (EBP) to Helping Clients, Most valuable Lesson Learned</p>			
RUBRIC				
Criterion	Description	Range	Instructor Comments	
Content Areas	Clearly addresses the primary goal and responds effectively to all aspects of the assignment (Points a-c above)	48-50		
	Clearly address all topics, but may respond to some aspects of the assignment more effectively than others	40-47		
	Addresses the topic, but misses aspects of the topic	30-39		
	Indicates confusion about the topic or neglects important aspects of the assignment	20-29		
	Does not address the assignment or to respond meaningfully to the topic	0-19		
	<b>Total for Section</b>			<b>__/50</b>
Communication of Ideas	Explores the issues showing thorough comprehension; goes beyond the obvious or class discussion; clearly and concisely incorporates I-CAN-START MODEL components; uses examples to illustrate key points.	23-25		
	Shows some depth and complexity of thought	20-22		
	May treat the topic simplistically or repetitively; doesn't demonstrate sufficient comprehension of the content	14-19		
	Lacks focus, lacks depth of understanding, and/or fails to communicate ideas	10-13		
	Is unfocused, illogical, incoherent or disorganized	0-12		
	<b>Total for Section</b>			<b>__/25</b>
<b>Total Score: __/75</b>	<b>Excellent 72 to 75</b>	<b>Good 65 to 71</b>	<b>Fair 55 to 64</b>	<b>Poor 54 or less</b>