

Spring 2016

CE 652 Syllabus: Treatment Planning

Eric R. Baltrinic
Winona State University

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Recommended Citation

Baltrinic, Eric R., "CE 652 Syllabus: Treatment Planning" (2016). *Counselor Education Syllabi*. 144.
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Winona State University Counselor Education Department CE 652: Treatment Planning Semester Hours: 3		
Course Location	This class meets face-to-face weekly; Thursday evenings from 5pm to 8pm on the WSU Rochester Campus, in East Hall, Room 265.	
Instructor	Eric R. Baltrinic, Ph.D.	
Instructor Phone & E-Mail	(330) 224-4569; EBaltrinic@winona.edu	
Program Website	https://www.winona.edu/counseloreducation/	
Instructor Office Location	Gildemeister Hall, Room 116A	
Instructor Office Hours:	Monday: 1:00pm—5:00pm; Tuesday: 2:00pm—6pm; Thursday: 3:00pm—5:00pm (Rochester Campus & Virtual for Winona students)	

I. 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. Special attention will be paid designing treatment plans that focus on outcomes that reflect effective, quality mental health care. Issues of ethics in relation to using manualized approaches to psychotherapy will be addressed.

Be able to create basic treatment plans using evidence-based interventions for depression, anxiety disorders, substance abuse, and other common presenting problems, and construct means of evaluating client progress.

II. 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)

III. COURSE OBJECTIVES

Students who complete this course will:

- Know the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
- Recognize the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.
- Know evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.
- Develop and implement appropriate treatment plans based on the gathering and synthesis of relevant information such as medical and mental health history, current symptoms, and assessment results.
- Become familiar with managed care issues such as reimbursement, right to practice, access and privileges within the system.
- Examine the ethical considerations relevant to the practice of mental health counseling.
- Consider the multicultural issues inherent in the practice treatment planning in mental health counseling.

IV. COURSE REQUIRED TEXTS

1. Schwitzer, A. M. & Rubin, L. C. (2015). *Diagnosis & treatment planning skills: A popular culture casebook approach* (2nd ed.). Thousand Oak, CA: Sage.

This is the main textbook for the course and is available in the WSU Rochester bookstore.

2. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington, DC: Author

This text should have been purchased prior to enrolling in this course when you completed CE 650, or 651.

3. American Psychological Association. (2010). *Publication Manual of the American Psychological Association*. Washington, DC: American Psychological Association.

This text should have been purchased at the start of your program and is required by the CED for ALL students (see CED Program handbook 2015-2016, p. 53).

4. American Counseling Association. (2014). American Counseling Association Code of Ethics. Available at: <https://www.counseling.org/resources/aca-code-of-ethics.pdf>

Additional readings will be posted by the Instructor on D2L (see Course Schedule)

V. COURSE CONTENT AREAS

The course meets the Council for the Accreditation of Counseling and Related Educational Programs (CACREP, 2009) Standards for Clinical Mental Health Counseling. *Content areas, student learning objectives and the evaluation methods for CE 652 are outlined below.*

CACREP CONTENT AREAS Student Learning Outcomes (SLOs)
Clinical Mental Health Counseling Students
<p>Foundations</p> <p>A. <i>Knowledge</i></p> <p>6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.</p> <p>Counseling, Prevention, and Intervention</p> <p>C. <i>Knowledge</i></p> <p>7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.</p> <p>8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.</p> <p>D. <i>Skills and Practice</i></p> <p>6. Demonstrates the ability to use procedures for assessing and managing suicide risk.</p> <p>9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.</p> <p>Diagnosis</p> <p>L. <i>Skills and Practice</i></p> <p>2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</p> <p>K. <i>Knowledge</i></p> <p>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 <i>Diagnostic and Statistical Manual of Mental Disorders (DSM)</i>.</p> <p>2. Understand the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criterion within the continuum of care.</p> <p>3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.</p> <p>Assessment</p> <p>G. <i>Knowledge</i></p> <p>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.</p> <p>3. Understand 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.</p> <p>H. <i>Skills and Practice</i></p> <p>4. Applies the assessment of a client's stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.</p> <p>Research and Evaluation</p> <p>I. <i>Knowledge</i></p> <p>3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.</p> <p>J. <i>Skills and Practices</i></p> <p>2. Develops measureable outcomes for clinical mental health counseling programs, interventions, and treatments.</p>

VI. METHODS OF INSTRUCTION

- A. Lecture/ discussion
- B. Use of technology and media including videotapes, films, and Power Points
- C. Modeling
- D. Internet-based learning
- E. Case presentations with instructor and peer feedback
- F. Case studies and responses to structured exercises
- G. Reflective self-evaluations

VII. COURSE EVALUATION METHODS

Assignment (Description and Number)		Points Possible
1	Attendance and Participation (individual and group)	100
2	Treatment Plan Components**	25x4 =100
3	Treatment Team Case Conference**	100
4	Treatment Plan Paper*	100
Total Points for Course		400

* Individual assignment/activities

** In-class small group assignments/activities

A. Description of Assignments

1. Attendance and Participation (100 points)

Attendance and participation in classroom activities are essential in order for students to gain full benefit from this course. Students are expected to attend all class sessions and contribute to the class by presenting their ideas, reactions, questions and concerns in relation to class discussions. If you know you are going to miss more than one class this semester, it is better to postpone registration until the next semester when you will be able to be present for all the classes. *Please note:* In the event of a missed class, the course instructor expects students to 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 at the discretion of the course instructor. See rubric below.

2. Treatment Plan Components (25 points per section x 4 = 100)

Students will work (during class time) in small groups to complete components of a comprehensive assessment and treatment plan based on a case study assigned by the instructor, or a case study of the groups own design. Students will complete one the four treatment plan components per class over the course of four weeks. It is important that you attend these classes. In the event of inclement weather or some other factors, the assignment will be posted on D2L. (See *VIII. Course Schedule* below for details) Groups will be assigned on the first day of class. The treatment plan components include:

1. Diagnostic Assessment (25 points)
2. Case Conceptualization (25 points)
3. Treatment Plan (25 points)
4. Negotiating the Plan with the Client—Role Play (25 points)

3. Treatment Team Case Conference (75 points)

Students will present one of the 10 case studies from the course text as a treatment team (i.e., small groups). Presentations will last 30-45 minutes in length and require that all group members take equal

responsibility for the content areas. Students may organize their case presentation using a PowerPoint shell or some other means. Handouts are expected for the course instructor and fellow students. *Please note:* Additional details and a grading rubric will be provided by the instructor well in advance of the due date for the assignment.

4. Treatment Plan Paper (25 points per section x 4 = 100 points)

Students will prepare an 8-10 page creative written comprehensive treatment plan that includes treatment plan components 1-4 above based on a case study of their choosing. Students may not use the case studies from the text, or the case studies used to complete the *Treatment Plan Components*, for this assignment (see 2 above).

Grading Scale (Course):

380-400 = A

360-379 = B

340- 359 = C

220-239 = D

Below 219 = F

B. Course Rubrics

1. Attendance and Participation

Criteria	Excellent	Average	Fair	Poor
Individual Participation	Regularly asks questions or gives responses that indicate reflection and knowledge of class material.	Occasionally asks questions or gives responses that indicate reflection, some knowledge of class material.	Rarely asks questions or gives responses that indicate familiarity with class material.	Does not ask questions or give responses that indicate familiarity with topics for class.
Group Participation	Actively participates in small group activities.	Reluctantly participates in small group activities.	Rarely participates in small group activities.	Does not participate in small group activities.
Attendance	Attends every class. Is always on time and stays until the end of class.	Absent for one class, turns in make-up paper that reflects analysis, synthesis and evaluation of subject matter. Is usually on time and usually stays until the end of class.	Misses more than one class; makes up classes by writing a paper with an analysis, synthesis and evaluation of subject matter. Occasionally comes late or leaves early.	Misses more than one class; does not make up missed classes with a paper that indicates analysis, synthesis and evaluation of subject matter. Frequently comes late or leaves class early.

Total Score	85 to 100	71 to 84	59 to 70	58 or less
2. Diagnostic Assessment (Treatment Plan Components & Treatment Plan Paper)				
Criteria	Excellent	Average	Fair	Poor
Symptomology	Symptomology completely first diagnostic criteria in DSM-5	Symptomology mostly fits diagnostic criteria in DSM-5;	Symptomology partially fits the diagnostic criteria in the DSM-5;	No symptoms fit the diagnostic criteria from DSM-5.
History	Family of origin, cultural considerations, current stressors, developmental history (if applicable), losses, trauma, CD, medical, psychiatric, other agency involvement completely present and totally accurate.	Family of origin, cultural considerations, current stressors, other information, developmental history (if applicable), losses, trauma, CD medical, psychiatric, other agency involvement mostly included.	Few elements of family of origin, cultural considerations, current stressors, other information, developmental history (if appropriate), losses, trauma, CD, medical, psychiatric, other agency involvement included.	No elements of family of origin, cultural considerations, current stressors, other, developmental history, losses, trauma, CD, medical, psychiatric, other agency involvement are present.
Duration, Frequency, and Intensity of Symptoms	Present, totally accurate	Present, mostly accurate.	Present, somewhat accurate	Not present, or not accurate.
Functional Impairment	Present, totally accurate.	Present, mostly accurate.	Present, somewhat accurate	Not present, or not accurate.
Analysis of Other Factors	Strengths, relationships, life situations, cultural influences, health problems present, and totally accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis present, mostly accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis present, somewhat accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis not present or not accurate.
Total Score	25 or more	22 to 24	19 to 21	0 to 18

3. Case Conceptualization (Treatment Plan Components & Treatment Plan Paper)

Criteria	Excellent	Average	Fair	Poor
Cause, Prognosis, and Consequences	Present, obvious, totally accurate	Present, obvious, mostly accurate.	Present, obtuse, somewhat accurate.	Not present
Theoretical Framework for Describing Client Problems	Present, obvious, totally accurate	Present, obvious, mostly accurate.	Present, obtuse, somewhat accurate	Not present
Multicultural Considerations	Present, obvious, totally accurate	Present, obvious, somewhat mostly accurate.	Present, obtuse, somewhat accurate.	Not present
Analysis of Other Factors	Strengths, relationships, life situations, cultural influences, health problems, potential interaction with diagnosis and conceptualization of problem present, obvious and totally accurate. Theoretical model present.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem present, obvious, mostly accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, and conceptualization of problem present, obvious, somewhat accurate.	Strengths, relationships, life situations, cultural influences, health problems and potential interaction with diagnosis, conceptualization of problem not present.
Barriers to Success in TX	Present, obvious and somewhat accurate.	Present, obvious, mostly accurate.	Present, obtuse, somewhat accurate.	Not present.
Length	300 words or fewer	Fewer than 200 words, more than 325 words.	Fewer than 150 words, more than 350 words.	Fewer than 100 words, more than 400 words.
Total Score	25 or more	22 to 24	19 to 21	0 to 18

4. Treatment Plan (Treatment Plan Components & Treatment Plan Paper)

Treatment Plan	Excellent	Average	Fair	Poor
Objective Goals	Three goals accurately reflect major symptoms of diagnosis.	Two goals accurately reflect major symptoms of diagnosis.	Two goals either somewhat reflect major symptoms of the diagnosis from DSM-5 or one goal completely reflects a major symptom of the diagnosis from DSM-5.	No goals somewhat accurately reflect a major symptom of the diagnosis from DSM-5.
Measureable Goals	Three goals are completely measureable.	Two goals are completely measureable.	Two goals are somewhat measureable or one goal is completely measureable.	No goals are measureable.
Strategies and Number of Sessions	Three or more strategies are theory related. Number of sessions is present.	Two or more goals are theory related. Number of sessions is present.	Two strategies are theory related. Number of sessions is not present.	One strategy is theory related. Number of sessions is not present.
Total Score	25 or more	22 to 24	19 to 21	0 to 18

5. Negotiating a Treatment Plan with Clients/Script Development (25 points)

Students will develop and practice negotiating change goals guided by their Treatment Plan Components through in-class role plays. The scripts for the treatment plan paper should be no less than 300 words and include counselor prompts and client responses. Examples will be developed in class in advance of the due date of the final assignment (i.e., the Treatment Plan Paper).

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/):

RCTC Counseling Center, UCR Room SS133; 285-7260
(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	Course Topics & Readings	Course Assignments
1/14/16	Introductions, course planning, syllabus review, & group assignments	None: Instructor lecture and in-class group discussion/activities
1/21/16	The Big Picture: Assessing, Treatment Planning, and Intervention Implementation in Counseling; <i>Chapter 1 (S & L)</i>	None: Instructor lecture and in-class group discussion/activities
1/28/16	Theoretical Orientation and Treatment Planning; <i>Additional Readings on D2L</i>	None: Instructor lecture and in-class group discussion/activities
2/4/16	Multicultural Issues in Treatment Planning; <i>Additional Readings on D2L</i>	None: Instructor lecture and in-class group discussion/activities
*2/11/16	Diagnosis/Assessment; <i>Chapter 2 (S & L)</i>	Diagnostic Assessment Exercise (in class)
*2/18/16	Case Conceptualization; <i>Chapter 3 (S & L)</i>	Case Conceptualization Exercise (in class)
*2/25/16	Treatment Planning with Clients; <i>Chapter 4 (S & L)</i>	Treatment Plan Exercise (in class)
*3/3/16	Putting it all Together: Discussing Treatment Plans with Clients	Negotiating a Plan with the Client—Role Play (in class)
3/10/16	Spring Break Week (3/7/16—3/11/16)	None
*3/17/16	Cases & Case Conference Planning (in class); <i>Instructor Notes/PPT(Posted on D2L)</i>	Discussion of Treatment Plan Paper assignment; Instructor presentation of clinical case Bring computers and presentation materials to work in small groups
*3/24/16	Cases & Case Conference Planning (in class); <i>Chapter 5 (S & L); Additional Readings on D2L</i>	Instructor presentation of case from textbook Bring computers and presentation materials to work in small groups
3/31/16	From Treatment Planning to Intervention; Cases <i>Chapter 5 (S & L); Additional Readings on D2L</i>	Student Case Conferences
4/7/16	Ongoing Assessment & Revising the Treatment Plan; Cases <i>Chapter 5 (S & L); Additional Readings on D2L</i>	Student Case Conferences
4/14/16	Motivational Interviewing and Treatment Planning; Cases <i>Chapter 5 (S & L); Additional Readings on D2L</i>	Student Case Conferences
4/21/16	Co-occurring Disorders, Crisis Intervention, and Treatment Planning; Cases <i>Chapter 5 (S & L); Additional Readings on D2L</i>	Student Case Conferences
4/28/16	Wrap-up, Evaluations, and Celebration	Treatment Plan paper due on D2L by 6pm.
5/5/16	<i>Final Exams Week (5/2/16—5/5/16)</i>	No final exam for the class

* In-class activities (mandatory attendance)