

Spring 2022

CE 652 Syllabus: Treatment Planning

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Winona State University
 Counselor Education Department
 CE 652: Treatment Planning
 Semester Hours: 3



Course Location	This class is a hybrid synchronous online that meets weekly via Zoom and monthly campus meeting (2/8 [Tue], 3/15 [Tue], 4/12 [Tue]) Donna J. Helble Hall 320 Weekly Class Zoom link: https://minnstate.zoom.us/j/213055156 Meeting ID: 213 055 156 Passcode: 518739
Instructor	Rieko Miyakuni, Ed.D. LPC(IL), NCC
Instructor Phone & E-Mail	507-457-5352 rieke.miyakuni@winona.edu
Program Website	https://www.winona.edu/counseloreducation/
Instructor Office Location	Helble Hall 348 GPS address: 101 E. 7 th St. Winona
Instructor Office Hours:	Mondays/Tuesdays 1-5pm Zoom office hours link: https://minnstate.zoom.us/j/502348915 Meeting ID: 502 348 915 One tap mobile: +13126266799,,502348915# US (Chicago)

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, 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.

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); 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.

III. 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.

IV. COURSE REQUIRED TEXTS, RESEARCH BASE & TECHNOLOGY

Two Required Textbooks:

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

ISBN-10: 9789386217967

ISBN-13: 978-9386217967

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.). Hoboken, NJ: Wiley & Sons.

ISBN-10: 1118791355

ISBN-13: 978-1118791356

Recommended:

Choose from just **one** of the following treatment planning guides, based on **your primary area of interest**:

Jongsma, A., E., Petersen, L. M., & Bruce, T. J. (2014). *The complete adult psychotherapy treatment planner* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Jongsma, A., E., Petersen, L. M., McInnis, W. P., & Bruce, T. J. (2014). *The adolescent psychotherapy treatment planner* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Jongsma, A., E., Petersen, L. M., McInnis, W. P., & Bruce, T. J. (2014). *The child psychotherapy treatment planner* (5th ed.). Hoboken, NJ: John Wiley & Sons.

Dattilio, F. M., Jongsma, A., E., & Davis, S. D. (2015). *The family therapy treatment planner, with DSM-5 updates* (2nd ed.). Hoboken, NJ: John Wiley & Sons.

- Additional materials and resources posted on the related course D2L page.

V. COURSE LEARNING OBJECTIVES

Adhering to the designated 2016 CACREP Clinical Mental Health Counseling (CMHC) Standards, this course will provide an introduction to the following standards:

CACREP 2016					
CMHC Standards & Student Learning Objectives	LOs	Location of Evaluation			
		Attendance, Attitudes, Participation	Counseling Theory Presentation	Counseling Technique / Approach Presentation	Theory-based Case Conceptualization & Treatment planning Paper
1. FOUNDATIONS					
c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning		X	X		X
e. psychological tests and assessments specific to clinical mental health counseling		X			X
2. CONTEXTUAL DIMENSIONS					
c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks.		X			X

e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders		X	X		X
g. impact of biological and neurological mechanisms on mental health.		X	X		X
h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation		X	X	X	X
m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling.		X			
3. PRACTICE					
a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management		X	X		X
b. techniques and interventions for prevention and treatment of a broad range of mental health issues		X		X	X
e. strategies to advocate for persons with mental health issues		X	X	X	X

VI. METHODS OF INSTRUCTION

The instructor will employ a variety of instructional methods to facilitate student learning including:

- Lecture / Discussion
- Case studies and responses to structured exercises
- Use of technology and media including video-recordings, films, and PowerPoints
- Internet-based learning
- Reflective self-evaluation

VII. COURSE EVALUATION METHODS

Course Obj.	Assignment	Due Date	Points
1, 3	Attendance via Zoom and in-person on campus, Attitudes, Participation	Weekly Zoom Monthly in-Person on Campus	5 points each x 13 (65)
2-4	Counseling / Psychotherapy Approach Presentation	TBD	(25)
2-4	Counseling Theory Presentation	TBD	(50)
2-4	DO A CLIENT MAP (Appendix III)	11:59pm Sunday, April 17th	(75)
2-4	Theory-based Case Conceptualization & Treatment planning (Appendix IV)	11:59pm Sunday, April 24 th	(200) 100 points for each section
1-4	Peer Evaluation	11:59pm, Sunday, May 1 st	(20)
			435

IMPORTANT: Late work is not accepted except in extreme circumstances and with prior permission of instructor. A grade of Incomplete (I or IP) will not be awarded except under extraordinary circumstances such as prolonged illness. If such circumstances arise, it is the student's responsibility to notify the instructor immediately.

A. Description of Assignments

1. Attendance, Attitudes, and Participation including discussion of required reading materials (5 points each class x 13)

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 discussion. If you know that 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.

How to View Videos via the Library Database

Here are steps to access to Academic Video Online (Alexander Street)

- 1) Go to the library home page, click "Databases", and click "A", which will open all the databases whose title starts with A in a new tab. Academic Video Online is on the third on the list.
- 2) When you click Academic Video Online, it will open in a new tab. You will see there are 68,401 videos that the Winona State University has access to through its subscription to the database.
- 3) Type "Diagnostic Criteria" in the search box. If that does not work, include "Microtraining Associates"
- 4) If 3) did not get you to the video, click funnel icon to filter your search. You will see 6ish ways to narrow your search. Scroll down "Publisher" box to find "Microtraining Associates (521ish)", click that, and click "Mental Illnesses" in "Subject" box. It appears there are still search boxes, no videos, but you need to scroll down as the results are listed under these filter function boxes. You may be prompted to log into the library via your StarID and PW. Hope you enjoy the reading and the video.

NOTE: Any issues related to viewing the videos, you must directly contact the library as they need to fix the proximity, subscription, or other technical issues.

Front Desk

507.457.5149

library@winona.edu

Digital Learning Commons

507.457.5240

DLC@winona.edu

2. Counseling Theory Presentation (50)

What distinguishes a professional counselor from those helpful others in our life (e.g., friends, family members, hairdresser, bartender, etc.) is that counselors use theory to develop a specific form of helping relationship, identify the etiology of the problem, and effective means to resolve client’s presenting problems. Whether working with individuals, families, or groups, regardless of the setting, professional counselors have a professional responsibility to develop a foundation and clear rationale for their theoretical orientation to effectively serve clients.

In this assignment, you will identify a counseling theory of your interest, engage in in-depth investigation of the theory, create a PowerPoint presentation, and provide informational and educational presentation in class.

Developing a personal theoretical orientation is a career-long process that begins during professional training; therefore, you will distribute your PowerPoint slides in class (upload in Discussion board for everyone to download and save) as knowledge exchange and facilitate professional growth each other. **Please aim your presentation time to be 20 mins. but no more than 30 mins.**

PowerPoint presentation contents (some variations of these contents are allowed):

1. Developer(s) of the theory
2. View of human nature
3. Characteristics of the theory (the key features of the theory, the basic information about the theory)
4. Overview of counseling process (how change is facilitated); what happens in the beginning, middle, and

end (e.g., therapeutic goals, therapist's function and role, client's experience in therapy, relationship between therapist and client, etc.)

5. Practice of the theory (application: key techniques, therapeutic procedures based in the counseling theory)

All sources must be from academic textbooks, peer-reviewed journals, WSU library databases or professionally recognized website. The use of Wikipedia and similar resources (e.g., Psychology Today, Simply Psychology, etc.) are not acceptable.

3. Counseling Approach Presentation (25)

While professional counselors operate using theories that best fit their personal philosophies of human growth, development, and change as well as the counseling process, they also choose approaches that effectively address the client's issues. In this assignment, you will identify the population (and its common issues) that you are most interested in working in the future and investigate emerging, cutting-edge, innovative counseling / psychotherapy approaches and **provide a no more than 20-minute presentation in class.**

Examples of counseling / psychotherapy approaches

Acceptance Commitment Therapy (ACT)

Art therapy

CBT for Insomnia (CBT-I)

Cognitive therapy for dementia

Dance Movement Therapy

Dialectic Behavior Therapy (DBT)

Eye Movement Desensitization Reprogramming (EMDR)

Emotional Freedom Technique (EFT) and Tapping

Emotionally Focused Therapy (EFT)

Ericksonian Hypnosis

Internal Family System (IFS)

Interpersonal Neurobiology (IPNB)

Mindfulness-Based Cognitive Therapy (MBCT)

Mindfulness-Based Contemplative Psychotherapy

Mindfulness-Based Interventions (MBIs)

Neurofeedback

Play therapy

Positive Psychology

Psychodrama/Drama therapy

Schema Therapy

Sensorimotor Psychotherapy

Somatic Experiencing Therapy

Virtual Reality-Assisted Therapy

Yoga therapy

NOTE: Please feel free to go beyond the list.

In your presentation, please consider including:

1. An overview of the approach
2. Target population and issues
3. Developer(s) and/or expert(s) in the field
4. Training, certification process and the main organization(s) that oversees
5. Studies and research on the approach (are there peer-reviewed journal articles? What is the theoretical framework of the approach?)

4. Theory-based Case Conceptualization and Treatment Planning Paper (275) and Peer Evaluation (20)

Counselors are responsible to complete mental health assessment prior to treatment. A comprehensive mental health assessment utilizes the biopsychosocial assessment in developing a conceptualization of the client. Counselors identify and utilize a theory and technique(s) that fit for the client and their specific problems. Although symptom-based treatment plans, which derived from the medical model are necessary for third-party reimbursement, treatment plans without thoroughly conceptualizing the client/case from a theoretical perspective are less likely to lead successful treatment outcomes. Thus, students must be able to apply a theory to understand and conceptualize the client's presenting issues. Part 1 of this assignment, students will develop a treatment plan based on DO A CLIENT MAP. Part 2 and 3 of this assignment, students will choose a theory and conceptualize the case/vignette based on their chosen theory and develop a theory-based treatment plan.

- a. **Vignettes:** Each student will choose a disorder category below and one (1) movies listed:

- Neurodevelopmental Disorders (Rain Man, I am Sam, What's Eating Gilbert Grape?, Forrest Gump)
 - Bipolar Disorders (Mr. Jones, The Hours, Infinitely Polar Bear)
 - Mood Disorders (Prozac Nation, It's Kind of a Funny Story)
 - Obsessive-Compulsive and Related Disorders (The Aviator, What About Bob?, As Good as it Gets)
 - Feeding and Eating Disorders (To the Bone, Perfect Bod, Girl, Interrupted, Sharing the Secret)
 - Disruptive, Impulse-Control, and Conduct Disorders (Lady Sings the Blues, Leaving Las Vegas)
 - Personality Disorders (The Aviator, Fatal Attraction, Tyler Perry's Acrimony)
 - Schizophrenia Spectrum and Other Psychotic Disorders (A Beautiful Mind)
 - Dissociative Disorders (Me, Myself, & Irene; Sybil)
 - Also visit NAMI's site for more videos: <https://www.nami.org/Blogs/NAMI-Blog/December-2017/The-Best-Movies-About-Mental-Health>
 - <https://www.healthline.com/health/bipolar-disorder/movies-shows-about-bipolar-disorder#The-takeaway>
 - **Any other movies with the instructor's approval.** Failure to do so will result in NO GRADE on your assignment. Please provide a brief summary of story, characters, and what disorder that you will be developing a treatment planning for.
- OR**
- Any other source of vignette instructor finds appropriate.
 - **Please seek the instructor's approval for the selection;** Failure to do so will result in NO GRADE on your assignment. Please provide a brief summary of story, characters, and what disorder that you will be developing a treatment planning for.

Part 1: DO A CLIENT MAP - DSM Diagnoses, Clinical Impression/Case Conceptualization, and Treatment Plan (75 points)

- b. **Treatment Plan:** Develop a treatment plan by utilizing the DO A CLIENT MAP conceptual framework from Reichenberg & Seligman (2018);
- c. Summarize information of empirically supported treatment(s) for the disorder category (minimum of five research articles to support this section); and
- d. Discuss multicultural consideration, and challenges/difficulties in working with such a client specifically and a client in general diagnosed with such a disorder (e.g., things to avoid, things to be mindful of, and common misconceptions).
- e. Please use the Assessment Summary (Appendix I) and the Mental Status Exam form (Appendix II) to organize your report. You do not have to use the biopsychosocial form (from 650 and 651).
- f. DSM diagnosis and case conceptualization (see Appendix III for items to be included)

Part 2: Theory-based Case Conceptualization (100 points)

Select theory for theory-based case conceptualization: Students will choose one theory from the following: Psychodynamic, Jungian, Adlerian individual psychology, person-centered, existential, gestalt, cognitive, behavioral, cognitive-behavioral, rational-emotive-behavioral, choice theory, systemic family, solution-based, narrative or feminist. Helpful videos on counseling theories by Dr. Gehart <https://masteringcompetencies.com/YouTube/page8/index.html>

Integrative is not an option for this assignment.

Students will develop a paper with a theory-specific case conceptualization with treatment plan for their theory of choice.

Part 3: Theory-Based Treatment Plan and Interventions (100 points)

- a. Each treatment plan should be designed using a *single theory*, e.g., choice theory, and appropriate therapy approach e.g., reality therapy.

Citations: Students will need to cite at least **7 original academic sources** for the theory chosen for the treatment

plan, the presenting issues, evidence-based treatments for the treatment, and/or other relevant components of the case conceptualization and treatment plan. The sources must be academic articles or books—online web and wiki pages will not count towards this total).

Format Instructions

All assignments must be typed in accordance with the current edition of the *APA Publication Manual*. Additionally, students should use the following guidelines:

- The papers must be double spaced in 12 point, Times New Roman. Use 1.0 inch margins on all sides; this is to ensure that everyone has a similar understanding of “one page.”
- Students are encouraged to use *headers* to structure their papers. Please use the format for two levels of headers; bolding may be added to level one and italics are required for level 2.

NOTE: Include self-reflection before References page(s)

Peer Evaluation in health and helping professions education encourages students to develop a critical attitude towards their own and their peers’ performance. Counselors are responsible to continually monitor their effectiveness as professionals and take steps to improve when necessary, including seeking peer supervision to evaluate their efficacy as counselors (ACA, 2014, C.2.d.). This peer evaluation task also aims to help develop positive working relationships and systems of communication with colleagues to enhance services to future clients. Each student will engage in a blind review and evaluation of one student’s diagnostic paper. **Due** by 11:59pm, May 1st (Sun)

B. Grading for Course

Overall Grading Scale (Course):

NOTE: Due dates for all assignments are located in COURSE SCHEDULE

Percentage	Grade	Percentage	Grade	Percentage	Grade
92-100%	A	72-81%	C	Below 62%	F
82-91%	B	63-71%	D		

IMPORTANT: While assignment rubrics will be available, it is important to know that merely meeting the criteria of the rubric will not guarantee a grade A. In order to earn an A, students must do an A-quality work. Thorough work may reflect that students have done proof-reading, utilized the writing center in order to help one produce a graduate level writing in APA style, the library databases to supplement completion of the assignment (e.g., peer-reviewed journal articles, livestreaming educational media)

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.

- College writing can be a demanding mix of academic language, research knowledge, argument and personal expression. The friendly, talented staff of the WSU WritingCenter is waiting to help students discover solutions to their writing needs. Located in **Minne 348**, the Writing Center offers free, individualized instruction in all forms and disciplines during any stage of writing, reading or research.
- You can [make an appointment](#) for the WritingCenter on our homepage. The Writing Center prioritizes appointments, but walk-ins are welcome. Please call us at 457-5505 for more information.



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 SCHRDULE* Schedules are subject to change

Week	In-Class Topics/Activities	Readings & Videos (Required)	Assignments Due
Week 1 Jan 10 – Jan 14 Live Class #1 Jan. 11 (Tue) Zoom	<ul style="list-style-type: none"> • Class Orientation (introduction, review syllabus, course overview) • Theoretical orientation assessment • Deciding theory presentation and counseling approach presentation 	Review syllabus	
Week 2 Jan 17 – Jan 21 Live Class #2 Jan. 18 (Tue) Zoom	<ul style="list-style-type: none"> • Diagnosis • Case Conceptualization / Theory-Based Case Conceptualization • Treatment Planning 	Read: Reichenberg & Seligman (R & S) Introduction Watch: Theoretical Case Conceptualization and Treatment Planning (Governors State University)	
Week 3 Jan 24 – Jan 28 Live Class #3 Jan. 25 (Tue) Zoom	<ul style="list-style-type: none"> • Neurodevelopmental Disorders • Schizophrenia & Other psychotic disorders 	Read: R & S Neurodevelopmental Disorders Schizophrenia & Other psychotic disorders DSM (For Review) pp. 31 – 86 Neurodevelopmental Disorders pp. 87 – 122 Schizophrenia Spectrum and Other Psychotic Disorders Watch: Alexander Street Videos (For Review) Neurodevelopmental Disorders (Microtraining Associates, 2016) Schizophrenia & Other psychotic disorders (Microtraining Associates, 2016)	
Week 4 Jan 31 – Feb 4 Live Class #4 Feb. 1 (Tue) Zoom	<ul style="list-style-type: none"> • Bipolar and Related Disorders • Depressive Disorders • 1st Counseling Theory Presentation x 2 (max. 30 mins) 	R & S Bipolar and Related Disorders Depressive Disorders DSM pp. 123 – 154 Bipolar and Related Disorders pp. 155 – 180 Depressive Disorders Alexander Street Video	Upload Counseling Theory PPT to Assignment dropbox and Discussion board

		Bipolar Disorders (Microtraining Associates, 2015) Depressive Disorders (Microtraining Associates, 2015)	
Week 5 Feb 7 – Feb 11 Live Class #5 Feb 8 (Tue) Zoom	<ul style="list-style-type: none"> • Guest lecture: LGBTQ+ mental health • 2nd Counseling Theory Presentation x 2 	R & S Ch 15 Gender Dysphoria Alexander Street Video Gender Dysphoria (Microtraining Associates, 2016) Films on Demand Growing up Trans	Upload Counseling Theory PPT to Assignment dropbox and Discussion board
Week 6 Feb 14 – Feb 18	Assessment Day: No Class		
Week 7 Feb 21 – Feb 25 Live Class (Zoom) Feb 22	<ul style="list-style-type: none"> • Anxiety Disorder • Obsessive-Compulsive and Related Disorders • 3rd Counseling Theory Presentations x 2 	R & S Ch 6 Anxiety Disorders Ch 7 Obsessive-Compulsive and Related Disorders DSM pp. 189 – 232 Anxiety Disorders pp. 235 – 264 Obsessive-Compulsive and Related Disorders Alexander Street Video Anxiety Disorders (Microtraining Associates, 2015) Obsessive-Compulsive & Related Disorders (Microtraining Associates, 2015)	Upload Counseling Theory PPT to Assignment dropbox and Discussion board
Week 8 Feb 28 – Mar 4 Live Class (Zoom) March 1	<ul style="list-style-type: none"> • Trauma- and Stressor-Related Disorders • Dissociative Disorders • 4th Counseling Theory Presentations x 3 (max. 30 mins x 3) 	R & S Ch 8 Trauma- and Stressor-Related Disorders Ch 9 Dissociative Disorders DSM pp. 265 – 290 Trauma- and Stressor-Related Disorders pp. 291 – 308 Dissociative Disorders Alexander Street Videos Trauma- and Stressor-Related Disorders (Microtraining Associates, 2015) Dissociative Disorders (Microtraining Associates, 2016)	Upload Counseling Theory PPT to Assignment dropbox and Discussion board
Week 9 Mar 7 – Mar 11	SPRING BREAK (NO CLASS)		
Week 10 Mar 14 – Mar 17 Live Class (On Campus) March 15	<ul style="list-style-type: none"> • Substance Related and Addictive Disorders • 5th Counseling Theory Presentations x 3 	S & R Ch 10 Substance Related and Addictive Disorders DSM pp. 481 – 590 Substance Related and Addictive Disorders Alexander Street Video Addictive Disorders (Microtraining Associate, 2016) Trauma and Addiction: Crash Course Psychology #31 https://www.youtube.com/watch?v=343ORgL3kIc&feature=emb_logo	Upload Counseling Theory PPT to Assignment dropbox and Discussion board
Week 11 Mar 21–Mar 25 Live Class (Zoom)	<ul style="list-style-type: none"> • Disruptive, Impulse Control, and Conduct Disorders 	S & R Ch 16 Disruptive, Impulse Control, and Conduct Disorders DSM	Upload Counseling Theory PPT to Assignment dropbox and Discussion board

<p>March 22</p>	<ul style="list-style-type: none"> 1st Counseling Approach Presentations (max. 20 mins x 3) 	<p>Disruptive, Impulse Control, and Conduct Disorders</p> <p>Alexander Street Video Disruptive, Impulse Control, and Conduct Disorders (Microtraining Associate, 2016)</p>	
<p>Week 12 Mar 28 – Apr 1</p> <p>Live Class (Zoom) March 29</p>	<ul style="list-style-type: none"> Personality Disorders Somatic Symptom and Related Disorders 2nd Counseling Approach Presentations x 3 	<p>S & R Ch 19 Personality Disorders Ch 10 Somatic Symptom and Related Disorders</p> <p>DSM pp. 645 – 684 Personality Disorders pp. 309 – 328 Somatic Symptom and Related Disorders</p> <p>Alexander Street Video Personality Disorders (Microtraining Associates, 2016) Personality Disorders: Crash Course Psychology #34 https://www.youtube.com/watch?v=4E1JiDFxFGk&feature=emb_logo Somatic Symptoms & Related Disorders (Microtraining Associate, 2016)</p>	<p>Upload Counseling Theory PPT to Assignment dropbox and Discussion board</p>
<p>Week 13 Apr 4 – Apr 8 April 5 (Tue)</p>	<p>Workday</p>		
<p>Week 14 Apr 11 – Apr 15</p> <p>Live Class (On Campus) April 12 (Tue)</p>	<ul style="list-style-type: none"> Neurocognitive Disorders 3rd Counseling Approach Presentations x 3 	<p>S & R Ch 18 Neurocognitive Disorders</p> <p>DSM pp. 715 – 732 Neurocognitive Disorders</p> <p>Alexander Street Video Alzheimer Disease & Related Disorders (National Educational Video, inc., 2016)</p>	<p>Upload Counseling Theory PPT and Approach PPT to Assignment dropbox and Discussion board</p>
<p>Week 15 Apr 18 – Apr 22</p> <p>Live Class (Zoom) April 19 (Tue)</p>	<ul style="list-style-type: none"> Feeding and Eating Disorders Elimination Disorders Sleep-Wake Disorders 4th Counseling Approach Presentations x 3 	<p>S & R Ch 11 Feeding and Eating Disorders Ch 12 Elimination Disorders Ch 13 Sleep-Wake Disorders</p> <p>DSM pp. 329 – 360 Feeding and Eating Disorders pp. 355 – 360 Elimination Disorders pp. 361 – 422 Sleep-Wake Disorders</p> <p>Alexander Street Videos Eating Disorders (Microtraining Associate, 2016) Eating Disorders: Role-Play of a Therapy Session (Manitou Communication, 2006) Elimination Disorders (Microtraining Associates, 2016) Sleep Disorders (Microtraining Associate, 2016)</p>	<p>DO A CLIENT MAP Due by 11:59pm Sunday, April 17th Upload the paper to D2L</p> <p>Upload Counseling Approach PPT to Assignment dropbox and Discussion board</p>
<p>Week 16 Apr 25 – 29</p> <p>Live Class (Zoom) April 26 (Tue)</p>	<ul style="list-style-type: none"> Sexual Dysfunction Paraphilic Disorders Peer Evaluation via Qualtrics Wrap up 	<p>S & R Ch 14 Sexual Dysfunction (skim) Ch 20 Paraphilic Disorders</p> <p>DSM pp. 423 – 450 Sexual Dysfunctions (skim) pp. 685 – 708 Paraphilic Disorders</p>	<p>Theory-Based Case Conceptualization and Treatment Planning Due by 11:59pm Sunday, April 24th Upload the paper to D2L</p> <p>Complete Peer Evaluation before May 1st</p>

Appendix I: DSM-5 Initial Assessment Form

Use this form to collect biopsychosocial information. You don't have to turn in this form

Case Presentation
Demographic information (sex, age, ethnic background, physical characteristics, disability, etc.):
Chief Complaint(s) / Presenting Problem(s): <i>(What is the client's cultural definition of the "Problem"?)</i>
History of Presenting Illness(s):
Past Psychiatric History:
Current Medication:
Medical History:
Developmental History (Psychosocial development, and other relevant development):
Social History:
Family History:
Substance Abuse History:
Education / Employment History:
Risk Factors (Detail here any suicidal ideation, homicidal ideation, delusions, hallucinations, history of abuse or neglect):
Client's cultural factors affecting coping and help seeking:
Client's Successes, Strengths and Resources:
Mental Status Exam:
Diagnostic Formulation
DSM-5 Diagnosis:

Rationale for Diagnosis:
Additional Rule-Out Diagnosis:
Treatment Recommendation:

Appendix II: Mental Status Exam

Use this form to assess MSE. You don't have to turn in this form.

1. **Mental Health Assessment** (Check all that apply)

Height: Short Medium Tall

Build: Thin Slim Medium Stocky Obese

Dress: Appropriate Meticulous Eccentric Disheveled

Facial Expression: Appropriate Sad Happy Angry Flat

Grooming: Appropriate Meticulous Dirty Poor Bizarre

Remarks/Comments:

2. **Observed Behaviors and Attitudes:**

- | | | | |
|---|------------------------------------|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Appropriate/Acceptable | <input type="checkbox"/> Critical | <input type="checkbox"/> Suspicious | <input type="checkbox"/> Irritable |
| <input type="checkbox"/> Disinterested | <input type="checkbox"/> Guarded | <input type="checkbox"/> Evasive | <input type="checkbox"/> Defensive |
| <input type="checkbox"/> Manipulative | <input type="checkbox"/> Rejecting | <input type="checkbox"/> Frightened | <input type="checkbox"/> Impulsive |
| <input type="checkbox"/> Argumentative | <input type="checkbox"/> Silly | <input type="checkbox"/> Naïve | <input type="checkbox"/> Dramatic |
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Hostile | <input type="checkbox"/> Passive | <input type="checkbox"/> Dependent |
| <input type="checkbox"/> Overly cooperative | <input type="checkbox"/> Withdrawn | | |

Remarks/Comments:

3. **Observed Motor Activity:**

- | | | | |
|---|--|---|---------------------------------|
| <input type="checkbox"/> Within normal limits | <input type="checkbox"/> Over activity | <input type="checkbox"/> Retardation | <input type="checkbox"/> Tremor |
| <input type="checkbox"/> Poor coordination | <input type="checkbox"/> Posturing | <input type="checkbox"/> Repetitive act | <input type="checkbox"/> Tics |
| <input type="checkbox"/> Echoproxic | <input type="checkbox"/> Grimacing | <input type="checkbox"/> Gestures | |

Remarks/Comments:

GAIT: Shuffling Staggering Stiff Awkward Heavy No impairment apparent

Remarks/Comments:

4. **Mood & Affect** (Mood is subjective-client reported. Affect is observed):

Mood: Normal Elevated Dysphoric Euphoric Anxious Irritable
 Expansive

Affect: Broad Restricted Blunted Flat Inappropriate Appropriate

Remarks/Comments:

5. **Speech** (Refers to the manner of speech, not the content of speech):

<input type="checkbox"/> Normal rate/volume	<input type="checkbox"/> Pressured	<input type="checkbox"/> Rambling	<input type="checkbox"/> Stammering
<input type="checkbox"/> Verbigeration	<input type="checkbox"/> Echolalia	<input type="checkbox"/> Slurred	<input type="checkbox"/> Loud
<input type="checkbox"/> Foreign accent	<input type="checkbox"/> Monotone	<input type="checkbox"/> Mutism	<input type="checkbox"/> Soft

Remarks/Comments:

6. **Thought Processes** (continuity of thought processes; associations between ideas):

<input type="checkbox"/> Within normal limits	<input type="checkbox"/> Blocking	<input type="checkbox"/> Circumstantial	<input type="checkbox"/> Clanging
<input type="checkbox"/> Flight of ideas	<input type="checkbox"/> Tangential	<input type="checkbox"/> Indecision	<input type="checkbox"/> Perseveration
<input type="checkbox"/> Loose associations			

Remarks/Comments:

7. **Thought Content:**

<input type="checkbox"/> Within normal limits	<input type="checkbox"/> Phobias	<input type="checkbox"/> Obsessive ideas
<input type="checkbox"/> Feelings of unreality	<input type="checkbox"/> Hopelessness	<input type="checkbox"/> Worthlessness
<input type="checkbox"/> Somatic complaints	<input type="checkbox"/> Suspiciousness	<input type="checkbox"/> Magical thinking
<input type="checkbox"/> Feelings of persecution	<input type="checkbox"/> Guilt	<input type="checkbox"/> Illogical thinking

Remarks/Comments:

8. **Memory:**

Immediate memory: Good Fair Poor Unable to determine
Recent memory: Good Fair Poor Unable to determine
Remote memory: Good Fair Poor Unable to determine

Remarks/Comments:

9. **Orientation:** No Impairment

Not oriented to: Person Place Time

Remarks/Comments:

10. **Insight into Problems/Illness:**

Insight: Poor Fair Moderate Good Excellent

Motivation to participate in treatment: Poor Fair Moderate Good Excellent

Remarks/Comments:

Appendix III

DO A CLIENT MAP: DSM Diagnoses, Clinical Impression/Case Conceptualization, and Treatment Plan

Headings for the report (DSM diagnoses and case conceptualization section):

1. Vignette (no more than one page summary of client case)
2. DO A CLIENT MAP (refer to the textbook)
 - a. DSM-5 Diagnosis and Rationale for Diagnosis including Additional Rule-Out Diagnosis
 - b. Objectives of Treatment
 - c. Assessment
 - d. Clinician Characteristics
 - e. Location of Treatment
 - f. Treatment Plan and Intervention to Be Used
3. Symptom-Based Treatment Plan and Interventions (refer to the textbook and/or Jongsma series)*
 - a. Selected Problems
 - b. Defined Problems
 - c. Broad Long-Term Goal
 - d. Short Term Objective 1 for Long Term Therapeutic Goal
 - e. List at least one intervention for the objective 1
 - f. Short Term Objective 2 for Long Term Therapeutic Goal
 - g. List at least one intervention for the objective 2
 - h. Short Term Objective 3 for Long Term Therapeutic Goal
 - i. List at least one intervention for the objective 3

***Identify at least two long-term therapeutic goals, each long-term therapeutic goal must have three short-term objectives, and for each objective, there is at least one intervention. Repeat 3a-3i.**

- j. Emphasis of Treatment
- k. Numbers and Timing of Treatment
- l. Medications Needed
- m. Adjunct Services
- n. Prognosis

Your paper must be organized by the above headings. Failure to adhere will result in a lower grade or will not be reviewed.

Appendix IV: Theory-Based Case Conceptualization and Treatment Plan

Write a theoretical case conceptualization of the case (no more than four pages)

Write a theory-specific treatment goals and interventions (no more than four pages)

In addition to a counseling theory, you must identify psychosocial stage(s) and psychosocial development history of the client, as well as any other relevant developmental theory/model (e.g., cognitive, moral, spiritual, gender, racial, etc.).

NOTE: Include self-reflection before References page(s)