

**CLC 7795 A—TREATMENT PLANNING: PRINCIPLES AND PRACTICE**  
**ASHLAND THEOLOGICAL SEMINARY**  
**Summer Semester, 2017**  
**Saturdays: June 17,24 July 1,8,15,22 8:30-4:15**

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**I. Course Description**

This course will examine the value of treatment planning within the therapeutic endeavor, general guiding principles for treatment planning, and well-researched, effective treatment protocols for dealing with specific DSM-V diagnoses (a basic understanding of DSM V diagnostics, counseling theory, and mental health treatment is required for this course). The course will also consider appropriate documentation practices associated with the course of clinical care (e.g., intake assessments, mental status exams, treatment plans, case notes).

**II. Student Learning Objectives**

As a result of this course, students will be able to

1. Articulate an understanding of the importance of treatment planning within the therapeutic process (K 2,3,5,9).
2. Demonstrate familiarity with various models of treatment planning, especially a bio-psycho-socio-spiritual model, and to assist students in identifying a preferred model (K 2,3,5,9).
3. Compose well-conceptualized and clinically sound treatment plans, using a variety of resources (K 2,3,5,9).
4. Link specific therapeutic strategies and techniques with specific DSM-V diagnoses (K 2,3,5,9).
5. Demonstrate an understanding of sound documentation principles to the course of client care (K 2,3,5,9).
6. Adhere to ethical and legal considerations for diagnosis and treatment (K 2,3,5,9).

**CACREP CMHC Standards Met in this Course Include:**

- A.1 – Understands the history, philosophy and trends in clinical mental health counseling.
- A.3 – Understands the roles, functions and settings of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals in these settings, including interdisciplinary treatment teams.
- A.7 – Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).
- C.2 – Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
- C.5 – Understands the range of mental health delivery – such as inpatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network.
- C.7 – Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.
- D.2 – Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.

- D.7 – Applies current record-keeping standards related to clinical mental health counseling.
- D.8 – Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.
- D.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.
- F.2 – Advocates for policies, programs, and services that are equitable and responsive to the unique needs of the client.
- G.2 – Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
- H.4 – Applies assessment of clients' stages of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.
- I.3 – Knows evidence-based treatments and strategies for evaluating counseling outcomes in clinical mental health counseling.
- J.1 – Applies relevant research findings to inform the practice of clinical mental health counseling.
- J.2 – Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
- K.2 - Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.

**Ohio Educational Requirement for Admission to the Examination for Professional Counselor**

**Licensure**—This course meets the Ohio Administrative Code (OAC) requirement for Treatment of mental and emotional disorders—4757-13-01(A)(5)(e)

**III. Teaching Strategies For Student Learning**

This course will utilize a variety of learning approaches including, but not limited to, lecture, small group discussion, multimedia presentations, reflection, and assignments designed to help students foster critical thinking skills.

**IV. Course Requirements****A. Textbooks and Other Materials****Required Texts**

Jongsma, A.E., Peterson, L.M., & Bruce, T.J. (2014). *The complete adult psychotherapy treatment planner, 5<sup>th</sup> edition*. New York: John Wiley & Sons. ISBN: 978-1-118-06786-4

Maruish, M.E. (2002). *Essentials of treatment planning*. New York: John Wiley & Sons.

ISBN: 0-471-41997-4

Wiger, D.E. (2012). *The psychotherapy documentation primer, 3<sup>nd</sup> ed.* Hoboken, NJ:

John Wiley & Sons. ISBN: 978-0-470-90396-4

**\*ADDITIONAL REQUIRED READINGS:**

*Supplemental readings will include the following, as well as additional readings that may be assigned:*

Cameron, S. & Turtle-Song, I. (2002). Learning to write case notes using the soap format.

*Journal of Counseling & Development, 80,* 286-292.

Moline, Williams, & Austin (1998). *Documenting psychotherapy.* London: Sage. **Chapter 3:**

**Contents of a Good Record.**

Soisson, E.L., VandeCreek, L., & Knapp, S. (1987). Thorough record keeping: A good defense in a litigious era. *Professional Psychology: Research and Practice, 18,* 498-502.

Sommers-Flanagan, J. & Sommers-Flanagan, R.I. (2003). The Mental Status Examination. In Clinical Interviewing (3rd ed.). (pp 213-241). Hoboken, NJ: John Wiley & Sons, Inc.

- B. Professionalism and Positive Participation**— Attendance and participation in class sessions is expected; however, being “present” is much more than simply showing up. Since it is the professor’s belief that there are direct connections between how one approaches academic training and one’s professional conduct once in field, the following are expected of all students: promptness to class, preparedness for class, positive participation in class, and professionalism in all work submitted. **Failure to adhere to these guidelines may negatively impact the student’s final grade at the discretion of the professor. Additionally, late work may not be accepted.**
- C. Midterm Exam (CACREP CMHC A.1, A.7, C.2, C.5, C.7, D.2, D.7, D.8, D.9, G.2)**—A midterm examination will be given on the designated date and will be **worth 25% of the final grade.** The exam will include material from the textbooks, lectures, and any relevant class presentations and handouts.
- D. Final Exam (CACREP CMHC A.1, A.7, C.2, C.5, C.7, D.2, D.7, D.8, D.9, G.2)**—A final exam will be given on the designated date and be **worth 25% of the final grade.** The exam will include material from the textbooks, lectures, and any relevant class presentations and handouts **covered since the midterm exam.**

- E. Treatment Team Project (CACREP CMHC A.3, C.2, C.5, C.7, D.2, D.7, D.8, D.9, F.2, H.4, I.3, J.1, J.2, K.2)**—Each student will be a member of an in-class “treatment team” consisting of 3-4 members. The team will receive a particular client case (presented in written form) for whom the team has the responsibility of planning clinical services. Working together, the team will submit a narrative assessment of the case (reflecting the team’s conceptualization of the client case), a working diagnosis, and a comprehensive treatment plan (consisting of client strengths and resources, the nature of services to be provided, proposed clinical interventions, short and long term goals, and the role(s) of service providers). The team will present on their case in class on the assigned presentation date (approximately 45 minutes in length) to demonstrate the process of professional collaboration, to discuss the nature of the case, and to present their treatment recommendations. Each treatment team is responsible for not only developing a treatment plan for the “client” they are assigned, but also must provide information on the empirically validated treatment protocols employed in treating the disorder(s) identified in the client vignette. Copies of the treatment plan created by the group should be sent to Professor Yordy in Word format the week before the presentation date (Professor Yordy will post these documents on the Blackboard page for the course for students to download). The treatment plan should follow the format provided in Maruish (format provided in Rapid Reference 5.2, p. 133; sample provided on pages 179-181) ***Written assignment, class presentation, and composite group members' evaluation of contribution (using the Treatment Team Evaluation Form provided by the professor) combined are worth 40% of final grade. Presentations will be on July 22.***
- F. Treatment Plan Composition (CACREP CMHC C.2, C.5, C.7, D.2, D.7, D.8, D.9, F.2, H.4, I.3, J.1, J.2, K.2)**—In addition to in-class opportunities to practice case conceptualization and treatment planning, students will have the opportunity to hone their treatment planning skills by **individually** developing one treatment plan. The treatment plan should follow the format provided in Maruish (format provided in Rapid Reference 5.2, p. 133; sample provided on pages 179-181). The plan will be based upon a case vignette supplied by the professor. ***Treatment plan is due July 22 and is worth 10% of final grade.***

<b>Assignments</b>	<b>ATS Degree Learning Outcomes:</b>	<b>CACREP Learning Outcomes</b>	<b>Percent of Final Grade</b>
Midterm Examination	K 2,3,5,9	A.1, A.7, C.2, C.5, C.7, D.2, D.7, D.8, D.9, G.2	25%
Final Examination	K 2,3,5,9	A.1, A.7, C.2, C.5, C.7, D.2, D.7, D.8, D.9, G.2	25%
Treatment Team Project	K 2,3,5,9	A.3, C.2, C.5, C.7, D.2, D.7, D.8, D.9, F.2, H.4, I.3, J.1, J.2, K.2	40%
Treatment Plan Composition	K 2,3,5,9	C.2, C.5, C.7, D.2, D.7, D.8, D.9, F.2, H.4, I.3, J.1, J.2, K.2	10%

## V. Course Schedule

Week #	Date	Lecture/Topic	Readings/Assignments
1	June 17	Introduction to Treatment Planning	Maruish: 1 Wiger: 1
2	June 17	Client Assessment, Psychological Testing & Diagnosis	Maruish: 2-3 Wiger: 2, 5-6 Sommers-Flanagan Article OAC 4757-5-06
3	June 24	Case Conceptualization, Goal-Setting & Behavior Change	Maruish: 4 Wiger: 7
4	<b>July 1</b>	<b>MIDTERM EXAM</b>	
5	<b>July 1</b>	Developing a Treatment Plan, Part 1	Maruish: 5
6	<b>July 1</b>	Developing a Treatment Plan, Part 2	Wiger: 8, Appendix A
7	July 8	Treatment Planning for Specific Disorders	Readings TBA
8	July 8	<b>Treatment Planning Team Lab</b>	
9	July 15	Documentation in Counseling, Part 1	Wiger: 3-4 OAC 4757-5-09 <b>Treatment Plans Due</b>
10	July 15	Documentation in Counseling, Part 2	Maruish: 6 Wiger: 9-10, Appendix B Cameron & Turtle-Song Moline, Williams & Austin Soisson, et al.
11	July 22	<b>FINAL EXAM</b> & Treatment Team Project Presentations	
12	July 22	Treatment Team Project Presentations	

## VI. Recommendations for Lifelong Learning

This course provides an introduction to the human growth and development process and issues encountered across the lifespan so as to prepare counseling students for work with clients at all developmental levels and in multicultural contexts. Students are encouraged to build upon this knowledge base by attending professional seminars and through further reading in journals and books as noted at the end of this syllabus.

## VII. Academic Integrity Policy

Ashland Theological Seminary expects each student to uphold the Seminary's core value of academic excellence by contributing to an environment that is both challenging and supportive. In such an environment a student will neither seek nor offer improper assistance. All students have an obligation to be forthright in their academic endeavors and to respect ethical standards. The work that one submits

for academic evaluation must be one's own, unless an instructor expressly permits certain types of collaboration. Academic integrity requires that each student will use one's own capabilities to achieve one's fullest potential and will neither offer nor accept aid that is not in keeping with regularly accepted standards of academic integrity. Failure to conform to this conduct shall constitute academic dishonesty. The full Academic Integrity Policy statement may be found in the Student Handbook.

### **VIII. Seminary Writing Consultation Service**

The Seminary Writing Consultation Service can help you brainstorm, draft, and revise your writing assignments in your graduate Seminary classes. Masters-qualified Consultants can advise you online or in person. E-mail your request for assistance to [swc\\_group@ashland.edu](mailto:swc_group@ashland.edu)

Include the following information: Your name, the course # & professor's name, a brief description of the assignment, and your timeline.

For more information, visit: <http://seminary.ashland.edu/services/student-services/seminary-writing-consultation-services>

### **IX. Students With Disabilities**

It is Ashland University's goal that learning experiences be as accessible as possible. If you anticipate or experience physical or academic barriers based on a disability, please contact Disability Services at 419-289-5904, or send an email to [dservices@ashland.edu](mailto:dservices@ashland.edu). The Disability Services office and the course instructor will work together in order to establish accommodations and to meet your learning needs.

### **X. Seminary Grading Scale**

Grade	Percent	Description
A	97-100	Superior achievement of course objectives, diligence and originality, high degree of freedom from error, outstanding evidence of ability to utilize course knowledge, initiative expressed in preparing and completing assignments, positive contributions verbalized in class.
A-	92-96	
B+	89-91	
B	86-88	Good work submitted, commendable achievement of course objectives, some aspects of the course met with excellence, substantial evidence of ability to utilize course material, positive contributions verbalized in class, consistency and thoroughness of work completed.
B-	83-85	
C+	80-82	
C	77-79	Acceptable work completed, satisfactory achievement of course objectives, demonstrating at least some ability to utilize course knowledge, satisfactory class contribution.
C-	74-76	
D+	71-73	
D	68-70	Passing but minimal work, marginal achievement of course objectives,

		poor performance in comprehension of work submitted, inadequate class contributions.
D-	65-67	
F	Below 65	Unacceptable work resulting in failure to receive class credit, inadequacy of work submitted or of performance and attendance in class.

**XI. Suggested Readings (*NOT* required but intended to be of current and future help)**

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders, 5<sup>th</sup> edition*. Washington, DC: Author.

Berman, P.S. (2014). *Case conceptualization and treatment planning: Integrating theory with clinical practice, 3<sup>rd</sup> edition*. Thousand Oaks, CA: Sage Publications.

Duncan, B.L., Miller, S.D., Wampold, B.E., & Hubble, M.A. (2009). *The heart and soul of change: Delivering what works in therapy, 2<sup>ND</sup> edition*. Washington, DC: American Psychological Association.

Dziegielewski, S.F. (2014). *DSM-5 in action, 3<sup>rd</sup> edition*. New York: John Wiley & Sons.

Hood, A.B. & Johnson, R.W. (2007). *Assessment in counseling: A guide to the use of psychological assessment procedures* (4<sup>th</sup> ed.). Alexandria, VA: American Counseling Association.

Johnson, S.L. (2004). *Therapist's guide to clinical intervention: The 1-2-3s of treatment planning*. (2<sup>nd</sup> ed.). Boston: Academic Press.

Kress, V.E., & Paylo, M.J. (2015). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment*. Upper Saddle River, NJ: Pearson.

Mitchell, R. W. (2001). *Documentation in counseling records, 3<sup>rd</sup> edition*. Alexandria, VA.: ACA Legal Series.

McGlothlin, J.M. (2008). *Developing clinical skills in suicide assessment, prevention, and treatment*. Alexandria, VA: American Counseling Association.

- Palmer, S. (Ed.). (2008). *Suicide: Strategies and interventions for reduction and prevention*. New York: Routledge.
- Seligman, L. (2004). *Diagnosis and treatment planning in counseling, 3<sup>rd</sup> ed.* New York: Springer.
- Seligman, L. (2014). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders, 4<sup>th</sup> edition*. Hoboken, NJ: John Wiley & Sons.
- Wiger, D.E. & Huntley, D.K. (2002). *Essentials of interviewing*. New York: John Wiley & Sons.