

ASHLAND THEOLOGICAL SEMINARY
CLC 7795 TREATMENT PLANNING: PRINCIPLES AND PRACTICE (Category V)
Clinical Mental Health Counseling Program—Ashland Campus
Summer Semester, May 14 – July 2, 2020
Thursdays 9:00 AM-1:00 PM Via Zoom
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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 OUTCOMES: At the end of this course, students will,

1. Explain the importance of treatment planning within the therapeutic process (KO2,KO3,KO5,KO9; PSO1, PSO2, PSO4, PSO5; PAO4).
2. Name various models of treatment planning, especially a bio-psycho-socio-spiritual model, and to assist students in identifying a preferred model (KO2,KO3,KO5,KO9; PSO1, PSO2, PSO4, PSO5; PAO4).
3. Complete well-conceptualized and clinically sound treatment plans, using a variety of resources (KO2,KO3,KO5,KO9; PSO1, PSO2, PSO4, PSO5; PAO4).
4. Integrate specific therapeutic strategies and techniques with specific DSM-V diagnoses (KO2,KO3,KO5,KO9; PSO1, PSO2, PSO4, PSO5; PAO4).
5. Apply sound documentation principles to the course of client care (KO2,KO3,KO5,KO9; PSO1, PSO2, PSO4, PSO5; PAO4).
6. Incorporate ethical and legal considerations for diagnosis and treatment (KO2,KO3,KO5,KO9; PSO1, PSO2, PSO4, PSO5; PAO4).

III. KNOWLEDGE BASE

A. 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)

B. 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.

IV. TEACHING STRATEGIES FOR STUDENT LEARNING

Given the scope and purpose of this course in preparing you for the real-life practicum and internship experience including progress notes writing and composition of treatment plans, I will utilize a flipped classroom learning approach. In a flipped classroom environment, students complete the assigned readings of the week before the day of class. It is an inverted model where the instructor acts as a guide, coach, hands-on facilitator, and collaborator. In class, because you have completed all the readings, you will have ample time to apply the content by practicing hands-on note writing, documentations, and construction of treatment plans for your hypothetical clients. Students will be randomly assigned to treatment teams and I will be spending my time with each team collaborating, answering questions, guiding, and coaching.

In addition to the flipped classroom approach, a variety of learning approaches will be utilized including, but not limited to, brief lecture, small group discussion, multimedia presentations, reflection, and assignments designed to help students foster critical thinking skills.

V. REQUIRED TEXTS:

Kress, V.E., & Paylo, M.J. (2019). *Treating those with mental disorders: A comprehensive approach to case conceptualization and treatment, 2nd edition*. New York, NY: Pearson.

Print ISBN: 9780134814568; eBook ISBN: 9780134802909

***ADDITIONAL REQUIRED READINGS:**

Supplemental readings will include the following, as well as additional readings that will be assigned and posted on Blackboard in Articles Folder.

VI. CLASS SCHEDULE (Subject to Change) K=Kress & Paylo

Week #	Date	Lecture/Topic	Readings/Assignments
1	5/14	Intros to: Treatment Planning; Case Documentation and Conceptualization Safety and Clinical Issues; Clinical Assessment; Clinical Documentation and Progress Notes	K: 1, 2; 3 Sommers-Flanagan (2003); OAC 4757-5-06 Cameron and turtle-song (2002); Soisson, VandeCreek, and Knapp (1987) OAC 4757-5-09
2	5/21	Depressive, Bipolar, and Related Disorders; Anxiety Disorders; Obsessive-Compulsive and Related Disorders;	K: 4-5-6; Quiz; Article Presentations
3	5/28	Trauma and Stressor-Related Disorders; Substance-Related and Addictive Disorders; <i>Personality Disorders;</i> <i>Schizophrenia Spectrum and Psychotic</i> <i>Disorders</i>	K: 7-8-9-10; Quiz; Article Presentations
4	6/4	Feeding and Eating Disorders; Disruptive, Impulse-Control, Conduct, and Elimination Disorders; Neurodevelopmental and Neurocognitive Disorders	K: 11-12-13 Quiz; Article Presentations
5	6/11	Dissociative Disorders and Somatic Symptoms and Related Disorders; Sleep=Wake Disorders, Sexual Dysfunctions, Paraphilic Disorders, and Gender Dysphoria <i>The Competent Supervisee</i>	K: 14, 15; Pehrsson and Ingram (2001); Quiz; Article Presentations; <u>Individual Treatment Plan</u> <u>Composition Due</u>
6	6/18	Treatment Team Project-Case Presentations	
7	6/25	Treatment Team Project-Case Presentations	
8	7/2	Treatment Team Project-Case Presentations	

VII. GRADING ELEMENTS

Student grades will be assigned based upon the following distribution of points (please note that the Seminary's grading scale will be used):

1. **Attendance**— According to the Student Handbook, attendance at all class sessions is expected, unless the professor has been notified in advance and has approved the absence. Students should be on time and should stay through the duration of all classes. Any student missing more than six class hours (2 weeks) will be required to do additional work, receive a lower grade, audit or withdraw from the class, or be penalized otherwise at the discretion of the professor. ***Further Description: Due to the nature of this summer course, six class hours is equivalent to one class absence. An excused or planned absence for any reason, does not automatically result in being excused from the consequences of that absence.***

Professionalism and Positive Participation 80 pts. (20 pts. each week – 10 PPP + 10 TX Plans practice)— Attendance and participation in class sessions is expected; however, being “present” is much more than simply showing up. Since it is the instructor’s belief that there are direct connections between how one approaches academic training and one’s professional conduct once in the field, the following are expected of all students: promptness to class, preparedness for class, positive participation in class ***including hands-on note writing and treatment planning***, 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 will not be accepted.**

2. **Weekly Quizzes 100 pts. (25 pts. each)**

Four (4) quizzes will be administered on weeks 2 thru 5 to evaluate comprehension of the material and to keep accountability for the reading (see Course Schedule). **These will be taken on Blackboard on the eve of each class due by 10:00 pm** and will have an imposed time-limit of 90 minutes. The quiz will be submitted automatically once the time expires. If you finish the quiz within that time limit, you must submit it manually. Quizzes are found under Assessments on left side menu on Blackboard.

3. **Article Presentation—team project—subject to number of students on class roster (50 pts.)**

For your assigned disorder category (weeks 3 thru 11), provide a **45-minute** group presentation on an article which addresses an empirically supported treatment (e.g., a scholarly article discussing DBT for Borderline Personality Disorder). The presentation will be due on the day that the topic is scheduled to be discussed in class.

- Print an outline of the article and provide any resources related to the application of the treatment discussed in the article.
- Presentation must include some type of classroom activity that involves peers (e.g., if the treatment involves mindfulness, conduct a mindfulness exercise with the class).

4. **Treatment Plan Composition (100 pts.)**—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 according to guidelines which will be disseminated in class. The diagnostic vignette is uploaded to Blackboard under Assessments. ***Due June 11th.***
5. **Treatment Team Project (200 pts.)**— Your assigned team will receive a particular client case for whom the team has the responsibility of planning clinical services. Client case will be under your team's file exchange placeholder in Blackboard.

Each treatment team member will select an appropriate and empirically justified theoretical orientation—using your Counseling Theories textbook—from which he or she will approach the assigned client. Working together, the team will exchange their views on based on their theoretical orientation and work together to submit:

a narrative assessment of the case (reflecting the team's conceptualization of the client case based on your collective and comprehensive view of the client);

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). Follow the I CAN START model.

The team will **role play** by engaging in a treatment team meeting in class on their assigned presentation date (approximately 45 minutes in length) to:

demonstrate the process of professional collaboration using their individual theoretical orientation and demonstrate how they arrived at their case conceptualization of the client; to discuss the nature of the case, and to present their treatment recommendations.

The purpose of this role play is to prepare you for the weekly team meeting that take places in any clinical mental health agency where you will have your practicum/internship experience.

Copies of the treatment plan created by the group should be made available to members of the class on the day of the team's presentation (***a copy of the team's work should be given to the professor one week prior to the presentation.***).

Assignment, class presentation, and composite group members' evaluation of contribution (using the Treatment Team Evaluation Form found in the File Exchange placeholder under Group Tools for your respective team in Blackboard) combined are worth 200 points. Presentations begin April 14th.

******This project needs ample time, preparation, and group effort to come up with the best treatment plan possible to serve your client. Do not procrastinate. Start working on it from now. Each team member will evaluate the other team members and themselves. Make sure to earn their top evaluation by doing your work ethically, diligently and professionally. These evaluations will be handed to me in a hardcopy and I will look at each one of them to factor it in your individual grade. Do not count on other team members to carry you through this project. You will be graded based on your individual effort, your team evaluation, and your part of the discussion and presentation of the project.******

VIII. CALCULATION OF GRADE AND CONNECTION TO LEARNING OUTCOMES

<i>Assignments</i>	<i>Student Learning Outcomes</i>	<i>CACREP Learning Outcomes</i>	<i>Points Total = 530</i>
Positive Participation FACE TO FACE 60 POINTS + 4 WEEKS ONLINE X 10	1, 2, 5, 6	A.1, A.7, C.2, C.5, C.7, D.2, D.7, D.8, D.9, G.2	80
Weekly Quizzes 25x4	1, 2, 3, 5, 6,	A.1, A.7, C.2, C.5, C.7, D.2, D.7, D.8, D.9, G.2	100
Article Presentations 50	2, 3, 4, 5, 6	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	50
Treatment Plan Composition	2, 3, 4, 5, 6	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	100
Treatment Team Project	2, 3, 4, 5, 6	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	200

IX. ATS GRADING SCALE

Grade	Quality	Percent	Description
A	4.0	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-	3.7	92-96	
B+	3.3	89-91	
B	3.0	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-	2.7	83-85	
C+	2.3	80-82	
C	2.0	77-79	Acceptable work completed, satisfactory achievement of course objectives, demonstrating at least some ability to utilize course knowledge, satisfactory class contribution.
C-	1.7	74-76	
D+	1.3	71-73	
D	1.0	68-70	Passing but minimal work, marginal achievement of course objectives, poor performance in comprehension of work submitted, inadequate class contributions.
D-	0.7	65-67	
F	0.0	Below 65	Unacceptable work resulting in failure to receive class credit, inadequacy of work submitted or of performance and attendance in class.

X. RECOMMENDATIONS FOR LIFELONG LEARNING

Students are encouraged to continue learning about addictions and addiction counseling issues through intentional efforts, throughout their careers, to read and research up-to-date literature on the topic. Upon graduation, students are especially encouraged to attend seminars, workshops, and conferences in this area of interest for continuing education and specialization. Students are encouraged to remain informed and updated about cultural and societal shifts and trends regarding addiction and its treatment.

XI. ACADEMIC INTEGRITY POLICY

Ashland Theological Seminary seeks to model servant leadership derived from biblical standards of honesty and integrity. We desire to encourage, develop, and sustain men and women of character who will exemplify these biblical qualities in their ministry to the church and the world. As members of the seminary community, students are expected to hold themselves to the highest standards of academic, personal, and social integrity. All students, therefore, are expected to abide by the academic integrity standards outlined in the Student Handbook.

XII. 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 and doctoral qualified Consultants can advise you online or in person.

To schedule an appointment, visit [Writing Center Online](#) and select “Graduate and Online” from the schedule menu.

XIII. Accessibility Resources and Accommodations

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 the Student Accessibility Center at [419-289-5904](tel:419-289-5904), or send an email to dservices@ashland.edu. The Student Accessibility Center office and the course instructor will work together in order to establish accommodations and to meet your learning needs.

XIV. SUGGESTED READINGS (*not* required but intended to be of current and future help)

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders*,

5th edition. Washington, DC: Author.

Berman, P.S. (2014). *Case conceptualization and treatment planning: Integrating theory with clinical*

practice, 3rd 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, 2ND edition*. Washington, DC: American Psychological Association.

- Dziegielewski, S.F. (2014). *DSM-5 in action, 3rd 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 (4th ed.)*. Alexandria, VA: American Counseling Association.
- Mitchell, R. W. (2001). *Documentation in counseling records, 3rd 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, 3rd ed.* New York: Springer.
- Seligman, L. (2014). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders, 4th edition*. Hoboken, NJ: John Wiley & Sons.