

TEXAS A&M UNIVERSITY
COMMERCE

COUNSELING 530: Clinical Mental Health Counseling
Course Syllabus: Spring, 2024
Monday, 4:30pm---7:10pm
January 29, 2024 through May 10, 2024
In-Person Course

INSTRUCTOR INFORMATION

Instructor: Roberta Jacobs, PhD, LPC-S
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Office Hours: By Appointment
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Preferred Form of Communication: Text
Phone Number: (903) 274-9901
Communication Response Time: 24-48 hours, Monday – Friday
Class Time: Monday, 4:30pm to 7:10pm

COURSE INFORMATION

Materials –Textbooks, Readings, Supplementary Readings

Required Textbooks

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

MacCluskie, K. C., & Ingersoll, R. E. (2001). *Becoming a 21st century agency counselor*. Belmont: Wadsworth. (Shredded)

Seligman, L. (2004) *Diagnosis and treatment planning in counseling*. (3rd ed.), (shredded). New York: Kluwer Academic/Plenum Press. (Shredded)

Watson, J. C., & Schmit, M. K. (2020) *Introduction to Clinical Mental Health Counseling*. Los Angeles: SAGE Publications, Inc.

COURSE DESCRIPTION

Catalogue Description of the Course

COUN 530 – Clinical Mental Health Counseling. Three semester hours.

As the foundation course for those planning to be counselors in mental health setting, this course includes theoretical and applied information regarding mental health counseling services in the context of the larger social services system. A variety of delivery systems, staffing procedures, case management procedures, emergency services, treatment paradigms, and the need for

consultation and collaboration among mental health professionals are discussed. Prerequisites: Successful completion of Level 1 Counseling Courses (COUN 501, 510, 516, 528) and Level 1 Examination or consent of instructor.

General Course Information

Clinical mental health counseling is based on the premises that counseling helps clients to identify, develop, and use a variety of resources to achieve goals, and that the desired outcomes of counseling are positive change, person growth, and the acquisition of coping mechanisms and skills. The course examines the identity, professional standards, professional organizations, and employment settings of the professional counselor. Models of problem definition, administrative structure, and service delivery in the clinical mental health settings will be explored.

Student Learning Outcomes

2016 CACREP Standards Addressed in COUN 530

Doctoral Standard	Learning Activity or Assignment	Assessment	Assessment Rubric	Benchmark
5.C.1.a. history and development of clinical mental health counseling	Lecture Notes, Readings, Threaded Discussion Prompt MacCluskie et al (2001) Chapters 1, 2, 3, & 6; Seligman (2004) Chapters 1, 2, & 13; Watson, et al (2020) Chapter 2	1. Discussion Rubric 2. Knowledge: Exam 1	1. Discussion Rubric 2. N/A	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation 2. $\geq 80\%$ will score $\geq 80\%$ on knowledge exam 1
5.C.2.1. legal and ethical considerations specific to clinical mental health counseling	Readings: Seligman (2004) Chapter 12; Watson et al (2020) Chapters 4 & 5; 2014 ACA Code of Ethics; 2019 LPC Code of Ethics; Current Texas Health and Safety Code & Texas & Family Code	1. Discussion Rubric 2. Knowledge Exam 1 3. Project A: Ethics	1. Discussion Rubric 2. N/A 3. Project A: Ethics Rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation 2. $\geq 80\%$ will score $\geq 80\%$ on knowledge exam 1 3. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation for Project A: Ethics
5.C.2.a. roles and settings of clinical mental health counselors	Readings: MacCluskie et al (2001). Chapters 1, 2, 3,	1. Discussion 2. Knowledge Exam 1	1. Discussion Rubric 2. N/A	1. $\geq 80\%$ of average rubric scores will either meet (2)

5.C.2.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	& 6; Seligman (2004) Chapters 1, 2, & 13; Watson et al (2020) Chapter 1			or exceed (3) expectation 2. ≥80% will score ≥80% on knowledge exam 1
5.C.2.k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling	Readings: MacCluskie et al. (2001) Chapters 1, 2, 3, & 6; Selected Professional Organizations' website; Seligman (2004) Chapters 1, 2, & 13; Watson et al (2020)	1. Discussion 2. Knowledge Exam 1	1. Discussion Rubric 2. N/A	1. ≥80% of average rubric scores will either meet (2) or exceed (3) expectation 2. ≥80% will score ≥80% on knowledge exam
5.C.2.m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling	Readings: Seligman (2004) Chapter 11; selected SOAP note and practice management platform websites; MacCluskie et al (2001) Chapters 7 & 8; Watson et al (2020) Chapters 6 & 7	1. Discussion 2. Project E: Sicko 3. Project F: Professional Interviews	1. Discussion Rubric 2. Project E: Sicko Rubric 3. Project F: Professional Interviews Rubric	1. ≥80% of average rubric scores will either meet (2) or exceed (3) expectation 2. ≥80% of average rubric scores will either meet (2) or exceed (3) expectation on Project E: Sicko rubric 3. ≥80% of average rubric scores will either meet (2) or exceed (3) expectation of Project F: Professional Interviews rubric
5.C.2.i. legislation and government policy relevant to clinical mental health counseling	Readings: MacCluskie et al (2001) Chapters 2, 3, & 6; Watson et al (2020) Chapter 4; Selected websites (TCA	1. Discussion: Advocacy Prompt 2. Knowledge Exam 1	1. Discussion rubric 2. N/A	1. ≥80% of average rubric scores will either meet (2) or exceed (3) expectation on advocacy prompt

	public policy; ACA public policy); NAMI and other advocacy groups mentioned in lecture notes			2. $\geq 80\%$ will score $\geq 80\%$ on knowledge exam
5.C.1.b. theories and models related to clinical mental health counseling	Readings: MacCluskie et al (2001) Chapters 2, 3, & 6; Watson et al (2020) Chapters 3 & 14	1. Discussion 2. Knowledge Exam 2	1. Discussion rubric 2. N/A	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation 2. $\geq 80\%$ will score $\geq 80\%$ on knowledge exam 2
5.C.2.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	Readings: MacCluskie et al (2001) Chapters 2, 3, & 6; Watson et al (2020) chapters 3 & 14; Project D Assignment	1. Discussion 2. Project D: Intervention 3. Knowledge Exam 2	1. Discussion rubric 2. Project D: Intervention rubric 3. N/A	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation 2. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation on Project D: Intervention rubric 3. $\geq 80\%$ will score $\geq 80\%$ on knowledge exam 2
2.F.5.i development of measurable outcomes for clients	Lecture notes and selected online sites; Readings: MacCluskie et al (2001) Chapter 5; Seligman (2004) Chapters 4 & 5 minus dated DSM material; Watson et al (2020) Chapter 14	1. Discussion 2. Project B: Diagnosis Conceptualization 3. Project C: Treatment Plan 4. Knowledge Exam 2	1. Discussion rubric 2. Project B: Diagnosis Rubric 3. Project C: Treatment rubric 4. N/A	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation 2. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation on Project B: Diagnosis 3. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3)

				expectation on Project C: Treatment Planning 4. $\geq 80\%$ will score $\geq 80\%$ on knowledge exam
2.F.5.k. strategies to promote client understanding of and access to a variety of community-based resources	Readings: Selected websites on community-based resources; DSM-5 Appendix; Seligman (2004) Chapter 3	1. Discussion	Discussion rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation.
5.C.2.j. cultural factors relevant to clinical mental health counseling	Readings: Selected websites; DSM-5 Appendix; Seligman (2004) Chapter 3; Watson et al (2020) Chapter 15	1. Discussion	1. Discussion rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation.
2.F.5.j. evidence based counseling strategies and techniques for prevention and intervention	Readings: MacCluskie et al (2001) Chapter 5; Seligman (2004) Chapters 3, 4, & 5; DSM-5 Appendix; Watson et al (2020) Chapters 3 & 14	1. Discussion on Assessment	1. Discussion on Assessment rubric	1. $\geq 80\%$ of average rubric scores will either meet (2) or exceed (3) expectation on Assessment rubric

Content areas include, but are not limited to, the following:

- I. The role(s), functions, and professional identity of counselor in a variety of clinical mental health practice settings.
- II. The structures and operations of professional organizations, preparation/accreditation's boards, and credentialing bodies related to clinical mental health counseling.
- III. Pertinent developments in historical, philosophical, societal, cultural, economic, and political contributions to the mental health movement.
- IV. Appropriate behavior with regard to ethical and legal issues in the practice of clinical mental health counseling. Demonstration of such behavior may also be required.
- V. Implications of professional issues unique to clinical mental health counseling including but not limited to recognition, reimbursement, and right to practice.
- VI. Implications of diversity issues relevant to clinical mental health counseling.

- VII. The clinical mental health counselor's relationship to other professionals in various settings.
- VIII. Organizational, administrative, fiscal, and legal dimensions of clinical mental health practice settings and institutions.
- IX. Theories and techniques of needs assessment in designing, implementing, and evaluating clinical mental health counseling interventions, programs, and systems.
- X. Linkages with other entities with regard to consultation, education, and outreach.
- XI. The need for and process of creating and developing human services programs and networks, public, private, and volunteer, in local communities.
- XII. Characteristics of individuals seeking clinical mental health counseling services, including but not limited to the effects of socioeconomic status, unemployment, aging, gender, culture, race, ethnicity, chronic illness, developmental transitions, and interpersonal, family, and community violence.
- XIII. Principles of program development and service delivery for a clinical mental health practitioner's clientele, including but not limited to prevention, implementation of support groups, peer facilitation training, parent education, career information and counseling, and encouragement.

Students will identify, describe, explain, and/or demonstrate:

- XIV. Effective strategies to promote client understanding of an access to community resources.
- XV. Principles and models of biopsychosocial assessment, including techniques, and/or methods for conducting an intake interview, case-conceptualization, theories of human development and concepts of normalcy and psychopathology leading to diagnoses and appropriate treatment plans with regard to planning counseling interventions and tracking client progress.
- XVI. Knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current edition of the Diagnostic and Statistical Manual
- XVII. Appropriate and effective strategies for client advocacy in public policy and governmental relations.
- XVIII. Application of appropriate treatment modalities for initiating, maintaining, and terminating counseling, including the use of crisis intervention, brief, intermediate, and long-term approaches.

Course Requirements

Minimal Technical Skills Needed

In this class, you will utilize the Learning Management System (LMS) entitled D2L for portions of the instructional and learning methods and submitting assignments. You will need to utilize other technologies such as Microsoft Word, PowerPoint, etc. If you have issues with this system, it is your responsibility to contact the help desk immediately.

Instructional Methods

This course consists of an online format (D2L), with lecture and didactic learning methods, small group discussions, and assignments couples with practical application projects.

Student Responsibilities or Tips for Success in the Course

As a student in this course, you are responsible for the active learning process. Expectations of this course include the following:

1. You are expected to display professionalism at all times. Be respectful to your professor and peers. Be open feedback, as you will receive this throughout the program.
2. Prepare for classes. Complete any and all reading prior to class time.
3. Complete all assignments by the deadline.
4. Adhere to the university student code of conduct.
5. Participate. During face-to-face classes, you are expected to actively participate in all activities and discussion. In the online format, you are expected to participate in all online discussions/activities. This is crucial to your learning.
6. All writing assignments must be done according to APA 6th edition.
7. Regularly check your university email. My suggestion is to check it at least once a day as your instructors and others from the department and university may contact you.
8. Begin your readings ASAP. Sometimes it may take more than one attempt to digest the material.
9. Deadlines are the last possible moment something is due – not the first moment to start. Work ahead. I realize this may not always be possible; however, when you can, do so.
10. Be open to the process. This degree takes time, work, effort, and growth.

Assignments/Assessments

1. Classroom Discussion (1 point each: 10 points total). Appropriate (as defined by instructor) level of interaction/participation during online discussions and presentations is expected. Concerns/infractions will be addressed individually by the instructor and recommendations made.

Students are expected to actively participate in and contribute to their learning experience. Active participation includes completing text readings and activity assignments (when assigned) in each unit and offering thoughtful contributions to classroom discussion

Note. Participation includes the ability of the student to interact with the professor and peers in a professional and respectful manner. Failure to do so will result in points being deducted from your final grade.

2. Exam 1 and Exam 2 (200 points total; 100 points each exam): Two multiple-choice exams (~50 questions each.), with a section of application questions (~2). Students will demonstrate knowledge content areas on midterm and final exams. The exams will be multiple choice and short essay/application **over material in assigned readings and activity assignments** in units.. I expect the time allowed for each exam to be about two hours, however this will be determined after the exams are developed.

Exam 1 & Exam 2 Rubric

Exams	1 – Does Not Meet Expectation <80	2 – Meets Expectation 80-89	3 – Exceeds Expectation >89
Graded average (based on 100 points total)	Less than 80% correct on the exam	Between 80% and 89% correct on the exam	Greater than 89% correct on the exam

3. **In Class/Projects.** (all graded satisfactory/unsatisfactory based on rubric below):

Ethical Case Opinion. Four ethical cases will be handed out to students for comment. Students will be assigned to one of two groups and will complete an opinion statement for each of the ethical cases. The instructor will be looking at the level of thought put into the opinion and the accuracy of the content of their opinion..

Ethics Opinion Rubrics

	1 – Does Not Meet Expectation (0 Points)	2 – Meets Expectation (1 Point)	3 – Exceeds Expectation (1 Point)
Ethical Cases	Did not complete the project. Project is not complete, not written in a clear manner OR opinion is missing critical components (relevant ethical standards) for the cases; is discussed in an illogical/inconsistent manner. Project has several grammatical/APA errors; not consistent with graduate level work.	Project presents most elements of the project guidelines OR all elements (standards) discussed in a brief manner. Project is evident of graduate level work with some grammatical/APA errors.	Project presents all elements (relevant standards) of the cases discussed thoroughly and clearly. Post is evident of graduate level work with few to no grammatical/APA errors.

4. **Diagnostic Conceptualization.** Two case studies will be provided with an example as to how to approach a diagnostic assessment. You will be given a case study at the end of class to turn in a Diagnostic Conceptualization the next class session.

Project B: Diagnostic Conceptualization Rubric

	1 – Does Not Meet Expectation (0 Points)	2 – Meets Expectation (1 Point)	3 – Exceeds Expectation (1 Point)
Diagnostic Cases	Did not complete the project. Project is not complete, not written in a clear manner OR opinion is missing critical components (diagnostic criteria) for the cases; is discussed in an illogical/inconsistent	Project presents most elements of the project guidelines OR all elements (DSM criteria for diagnosis) discussed in a brief manner. Project is evident of graduate level diagnostic work.	Project presents all elements (DSM criteria for diagnosis) of the cases; rationale discussed thoroughly and clearly. Post is evident of mastery level diagnostic work.

	manner. Project has several DSM errors; not consistent with mastery of diagnostic work.		
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5. **Treatment Planning.** Each student will be tasked to come up with a case study. You will turn in the case study at the beginning of the next class session. The instructor will hand out a case study to each student and the student will write a Treatment Plan for the case study and bring the completed Treatment Plan to the next class session.

Project C: Treatment Planning Rubric

	1 – Does Not Meet Expectation (0 Points)	2 – Meets Expectation (1 Point)	3 – Exceeds Expectation (1 Point)
Treatment Plan	Did not complete the project. Project is not complete, not written in a clear manner OR opinion is missing critical components (problem definition, goal, objectives, strategies) for the cases; is discussed in an illogical/inconsistent manner.	Project presents most elements of the project guidelines OR all elements (problem definition, goal, objectives, strategies) written in objective, measurable terms such that plan could be implemented. Project is evident of graduate level work.	Project presents all elements of a good working treatment plan. Rationale discussed thoroughly and clearly in objective, measurable terms such that plan could be implemented as is. Project is evident of graduate level work.

6. **Project D: Professional Interviews Rubric.** Structured Professional Interviews with knowledgeable representatives of **two** community mental health settings, one publicly funded and the other private.

POSSIBLE ALTERNATIVE: GUEST SPEAKERS to be discussed in class

Project F: Professional Interviews Rubric

	1 – Does Not Meet Expectation (0 Points)	2 – Meets Expectation (1 Point)	3 – Exceeds Expectation (1 Point)
Interviews	Did not complete the project. Project is not complete; not written in a clear, measurable manner; did not follow guideline questions; is presented in an illogical/inconsistent manner; numerous grammatical errors.	Project completed. Adequate compare/contrast of for profit/non-profit entities and professionals working in such centers. Project write up is evident of graduate level work.	Project represents a good working compare/contrast of reported for profit/non-profit entities. Professional's role discussed thoroughly and clearly. Project is evident of graduate level work.

GRADING

To earn a/an:	You must have a test grade average of:
A	90% - 100% and completion of all projects
B	80% - 89% and complete projects A, B, C, & D

*****NOTE; IF YOU ARE ON YOUR COMPUTER DURING CLASS AND THE MATERIAL YOU ARE LOOKING AT IS NOT RELEVANT TO OUR CLASSROOM DISCUSSIONS, YOU WILL AUTOMATICALLY HAVE 11 POINTS DEDUCTED FROM YOUR FINAL GRADE. THIS MEANS YOU WILL NOT MAKE AN "A" IN THIS CLASS.**

COURSE AND UNIVERSITY PROCEDURES/POLICIES

Course Specific Procedures/Policies

Written assignments are due on the day noted in the syllabus. All papers are due at the beginning of the class period. Late papers will have 10% deduction per day late from the final score.

Syllabus Change Policy

The syllabus is a guide. Circumstances and events, such as student progress, may make it necessary for the instructor to modify the syllabus during the semester. Any changes made to the syllabus will be announced in advance.

University Specific Procedures

Student Conduct

All students enrolled at the University shall follow the tenets of common decency and acceptable behavior conducive to a positive learning environment. The Code of Student Conduct is described in detail in the Student Guidebook.

<http://www.tamuc.edu/Admissions/oneStopShop/undergraduateAdmissions/studentGuidebook.aspx>

Students should also consult the Rules of Netiquette for more information regarding how to interact with students in an online forum: Netiquette:

<http://www.albion.com/netiquette/corerules.html>

TAMUC Attendance

For more information about the attendance policy, please visit the Attendance webpage and Procedure 13.99.99.R0.01

<http://www.tamuc.edu/admissions/registrar/generalInformation/attendance.aspx>

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/academic/13.99.99.R0.01.pdf>

Academic Integrity

Students at Texas A&M University-Commerce are expected to maintain high standards of integrity and honesty in all of their scholastic work. For more details and the definition of academic dishonesty, see the following procedures:

Undergraduate Academic Dishonesty 13.99.99.R0.03

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/undergraduates/13.99.99.R0.03UndergraduateAcademicDishonesty.pdf>

Graduate Student Academic Dishonesty 13.99.99.R0.10

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/13students/graduate/13.99.99.R0.10GraduateStudentAcademicDishonesty.pdf>

ADA Statement

Student with Disabilities

The American with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you have a disability requiring an accommodation please contact:

Office of Student Disability Resources and Services

Texas A&M University – Commerce

Gee Library – Room 162

Phone (903) 886-5150 or (903) 886-5835

Fax (903) 468-8148

Email: studentdisabilityservices@tamuc.edu

Website: Office of Student Disability Resources and Services

<http://www.tamuc.edu/campusLife/campusServices/studentDisabilityResourcesAndServices/>

Nondiscrimination Notice

Texas A&M University –Commerce will comply in the classroom, and in online courses, with all federal and state laws prohibiting discrimination and related retaliation on the basis of race, color, religion, sex, national origin, disability, age, genetic information, or veteran status. Further, an environment free from discrimination on the basis of sexual orientation, gender identity, or gender expression will be maintained.

Campus Concealed Carry Statement

Texas Senate Bill – 11 9 Government Code 411.2031, et al.) authorizes the carrying of a concealed handgun in Texas A&M University – Commerce buildings only by persons who have been issued and are in possession of a Texas License to Carry a Handgun. Qualified law enforcement officers or those who are otherwise authorized to carry a concealed handgun in the

State of Texas are also permitted to do so. Pursuant to Penal Code (PC) 46.035 and A&M – Commerce Rule 34.06.02.R1, license holders may not carry a concealed handgun in restricted locations.

For a list of locations, please refer to the Carrying Concealed Handguns On Campus document and/or consult your event organizer.

Web URL:

<http://www.tamuc.edu/aboutUs/policiesProceduresStandardsStatements/rulesProcedures/34SafetyOfEmployeesAndStudents/34.06.02.R1.pdf>

Pursuant to PC 46.035, the open carrying of handguns is prohibited on all A&M – Commerce campuses. Report violations to the University Police Department at (903) 886-5868 or 9-1-1

FLEXIBLE COURSE OUTLINE/CALENDAR

Date	Topic	CACREP Standard(s)	Readings	Discussions/Assignments
Week 1 01.29.24	Introductions, Course overview and expectations; history of mental health movement, future directions for mental health counselors	5.C.1.a	MacCluskie et al (2001) Chapters 1, 2, 3, & 6; Seligman (2004) Chapters 1, 2, & 13; Watson et al (2020) Chapters 2	Discussion In Class Project History of Mental Health Debate--Managed Care—Friend or Foe
Week 2 02.05.24	Role of research professional identity-training, roles, associations, accreditations, and licensure; employment settings	5.C.2.a. 5.C.2.c. 5.C.2.k.	MacCluskie et al (2001) Chapters 1, 2, 3, & 6; Selected professional organizations' websites; Seligman (2004) Chapters 1, 2, & 13; Watson et al (2020) Chapter 1	Discussion Who are You and How will You get there
Week 3 02.12.24	Right to practice and advocacy	5.C.2.i.	MacCluskie et al (2001) Chapters 2, 3, & 6; Watson et al (2020) Chapter 4; Selected websites (TCA public policy; ACA public policy); NAMI and other advocacy groups mentioned in lecture notes	Discussion
Week 4 02.19.24	Self in the role of counselor	5.C.2.1	MacCluskie et al (2001) Chapters 2, 3, & 6	Discussion]
Week 5 02.26.24	Ethical and legal issues	5.C.2.1.	Seligman (2004) Chapter 12; ACA code of ethics, LPC code; State of Texas Health and Safety Code; State of Texas Family Code	Discussion Case Studies
Week 6 03.04.24	Exam 1			Exam 1 due
Week 7 03/11/24	SPRING BREAK	SPRING BREAK	SPRING BREAK	SPRING BREAK
Week 8 03.18.24	Diagnosis (dx): Treatment strategies	2.F.5.j. 5.C.1.b.	MacCluskie et al (2001) Chapters 2, 3, 5, & 6; Seligman (2004) Chapters 3, 4, & 5; DSM-5 Appendix; Watson et al (2020) Chapters 3 & 14	Discussion In Class Project on Diagnosis and Treatment Case Conceptualization
Week 9 Week 9	Diagnosis and a application of	2.F.5.j.	MacCluskie et al (2001) Chapter 5;	Discussion Diagnosis and

03.25.24 (cont'd)	treatment strategies		Seligman (2004) Chapters 3, 4, & 5; DSM-5 Appendix; Watson et al (2020) Chapters 3 & 14	Conceptualization due
Week 10 04.01.24	Psychopharmacology and case considerations		Lecture notes: selected website	Discussion In Class Project Parts of an Assessment
Week 11 04.08.24	Intake, assessment, and primary prevention; Treatment planning (Tx.)	2.F.5.i 5.C.2.j	Lecture notes and selected online sites; MacCluskie et al (2001) Chapter 5; Seligman (2004) Chapters 4, 5, 6, 8, & 9 minus dated DSM material; Watson et al (2020) Chapter 14	'Discussion Assessment due In Class Project Treatment Plan
Week 12 04..15.24	Treatment planning (Tx.); application; cultural considerations	2.F.5.i 5.C.2.j.	Lecture notes and selected online sites; MacCluskie et al (2001) Chapter 5; Seligman et al (2004) Chapters 3, 4, & 5 minus dated DSM material; Watson et al (2020) Chapters 14 & 15	Treatment Planning due
Week 13 .04.22.24	Exam 2			
Week 14 04.29.24	Practice policies: Record keeping; consultation and supervision; case management, coordination with other professionals; Referrals	5.C.2.m. 2.F.5.k	Seligman et al (2004) Chapters 3 & 11; selected SOAP note and practice management platform websites; MacCluskie et al (2001) Chapters 7 & 8; Watson et al (2020) Chapters 6 & 7; Selected websites on community based resources; DSM-5 Appendix	In Class activity SOAP Notes
Week 15 05.06.24	Reimbursement; Funding, politics, & the role of managed care	5.C.2.m.	Seligman et al (2004) Chapter 11; selected SOAP note and practice management platform websites; MacCluskie et al (2001) Chapters 7 & 8; Watson et al (2020) Chapters 6 & 7	Discussion of Community Based Resources in the area

