



SCHOOL OF COUNSELING

COUN 692 COUNSELING INTERNSHIP 2

Term/Credits

Spring 2023
3 semester hours

Instructors

Lynn K. Hall, Ed.D., LPC (NM), NCC, ACS
lhall@divinemercury.edu

Vision: The vision of the School of Counseling is to inspire global training of transformational leaders and social justice advocates who use counseling as an instrument of healing.

Mission: The mission of the Clinical Mental Health Counseling program is to teach and train graduates for community practice as competent, culturally sensitive, ethical, and morally sound professional counselors prepared to provide diagnosis and treatment of mental disorders and to effectively facilitate flourishing and personal transformation. Clinical Mental Health Counseling graduates are prepared to serve in their communities as advocates for social justice, and as service-oriented facilitators of mental health and wellness with a focus on the respect, dignity, and diversity of the person.

NOTE: KEEP A HARD COPY SYLLABUS! Many states require that students submit a copy of each course syllabus in order to document the completed educational content needed for licensure. Each syllabus submitted must be for the same course year in which the course was taken.

I. COURSE DESCRIPTION

COUN 692 Counseling Internship 2 provide students with advanced experiences in delivering counseling services to diverse individuals, couples, families, and groups. This is a two-semester experience that requires a minimum of 300 hours on site, 120 of which must be direct service, face-to-face with clients conducting intake / assessments, differential diagnoses, treatment planning, and interventions. Students will participate in individual and group supervision in which they will review their counseling sessions for discussion and evaluation. Student performance is monitored throughout the course and includes a formal evaluation at the middle and end of each of the internship courses to assess mastery of essential counseling techniques, evidence-based practice, and advanced clinical skills. Students will be able to demonstrate advanced clinical and ethical competencies in the areas of diagnostic interviewing, case conceptualization, diverse cultural contextualization, client-engaged goal setting, treatment planning, counseling intervention, and case management. (3 credit hrs per course) (Pass/Fail)

Graduation Requirements: Practicum and Internship are the concluding courses in your educational journey to become a clinical mental health counselor. During these courses

you will also need to meet the final requirements for graduation that are in addition to your academic courses:

1. During the COUN 692 Counseling Internship 2 you must have passed the Counselor Preparation Comprehensive Examination (CPCE) to pass the COUN 692 course.
 - a. If you have already passed the CPCE, you only need to upload your test results.
 - b. If you did not pass the CPCE in COUN 691, you have a total of three (3) attempts to pass the exam. You must pass the CPCE by the end of COUN 692.
2. During the COUN 692 Counseling Internship 2 you must upload the certificate from the counseling conference you attended at sometime during your studies at DMU to pass the COUN 692 course and to graduate.
3. At the end of the COUN 692 Counseling Internship 2 we encourage you to fill out a graduation survey that provides valuable information about the quality of content and instruction you are receiving in the CMHC Program. Feedback at the end of your program is an important component of Divine Mercy University's School of Counseling assessment and improvement process.
4. The COUN 500 Counseling Advisement Course has information on the CPCE and attendance at a counseling conference:
 - a. CPCE
 - i. Module: CPCE, NCE, and NCMHCE Examinations
 - ii. Page: Counselor Preparation Comprehensive Examination (CPCE)
 - b. Counseling Conference
 - i. Module: Professional Identity, Membership, and Liability Insurance
 - ii. Page: Upload Proof of Attendance Counseling Conference

Center for Trauma and Resiliency Studies (CTRS) Requirements: If you plan to join the CTRS summer immersion experience during this course, you must take the following steps.

1. Be approved by CTRS for the summer immersion experience
2. Fill out and follow the instructions of the CTRS Immersion Experience Approval Form. If you have any questions, please send them to cmhc@divinemercury.edu.

II. COURSE OBJECTIVES

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
1.	Complete supervised internship experiences that total a minimum of 300 clock hours over a minimum of a 16-week academic semester.	Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation, Site Evaluation, Site-Supervisor Evaluation Mod#16 Site Supervisor Final Evaluation Mod#16 Faculty Group Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation, Site Evaluation, Site-Supervisor Evaluation	SOC: 1, 2, 3, 4, 5 CACREP Section 3: J.
2.	Complete at least 120 clock hours of direct service with actual clients that contributes to the development of counseling skills.	Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#8 Assignment: Audio or Video Recorded Counseling Session Mod#16 Assignment: Audio or Video Recorded Counseling Session	SOC: 1, 2, 3, 4, 5 CACREP Section 3: K.
3.	Complete an average of one hour per week of on-site individual and/or triadic supervision.	Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Assignment: Time Log	SOC: 1, 2, 3, 4, 5 CACREP Section 3: L.

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
4.	Complete an average of 1.5 hours per week of group supervision by the course professor(s) with students as co-leaders of the group.	Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log	SOC: 1, 2, 3, 4, 5 CACREP Section 3: M.
5.	Demonstrate skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and psychological assessments for case conceptualization, treatment planning, and caseload management.	Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation Mod#6-8 Faculty Group Supervision (B): Case Presentation Mod#8 Assignment: Audio or Video Recorded Counseling Session Mod#14-16 Faculty Group Supervision (B): Case Presentation Mod#16 Assignment: Audio or Video Recorded Counseling Session Mod#16 Site Supervisor Final Evaluation Mod#16 Faculty Group Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation	SOC: 1, 2, 3, 4, 5 CACREP Section 2: 5.h, i., k., m Section 5: C.1.b, c, d, e Section 5: C.2.b, c, d, m Section 5: C.3.a, b

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
6.	Apply a variety of models and theories related to clinical mental health counseling,	Mod#1-16 Site Supervision (A): Formal Staffing Consultation	SOC: 1, 2, 3, 4, 5 CACREP Section 5:

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
	including the methods, models, and principles of clinical supervision and multicultural concerns.	Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation Mod#6-8 Faculty Group Supervision (B): Case Presentation Mod#8 Assignment: Audio or Video Recorded Counseling Session Mod#14-16 Faculty Group Supervision (B): Case Presentation Mod#16 Assignment: Audio or Video Recorded Counseling Session Mod#16 Site Supervisor Final Evaluation Mod#16 Faculty Group Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation Mod#16 Faculty Group Supervisor Final Evaluation	C.1.b, c, Section 2: 5.a, b, c, d, h

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
7.	Demonstrate skill in the diagnostic process, including differential diagnosis and the use of current diagnostic classification systems.	Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#6-8 Faculty Group Supervision (B): Case Presentation	SOC: 1, 2, 3, 4, 5 CACREP Section 5: C.2.d

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
		Mod#8 Assignment: Audio or Video Recorded Counseling Session Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation Mod#16 Assignment Mod#14-16 Faculty Group Supervision (B): Case Presentation Mod#16 Site Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation Mod#16 Faculty Group Supervisor Final Evaluation	
8.	Demonstrate the ability to use procedures for assessing and managing high risk situations, the impact of crisis and trauma, substance abuse disorders, and outcomes measurement.	Mod#1-16 Review of Better Outcomes Now or similar outcome measures. Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#8 Assignment: Audio or Video Recorded Counseling Session Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation Mod#16 Assignment: Audio or Video Recorded Counseling Session Mod#16 Site Supervisor Final Evaluation Mod#16 Faculty Group Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation	SOC: 1, 2, 3, 4, 5 CACREP Section 5: C.2.d, e, f

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
9.	Demonstrate strategies for applying professional ethics for mental health counseling, interfacing with the legal system and integrated behavioral health care professionals and advocating for persons with mental health issues of all cultures and diversity.	Mod#1-16 Site Supervision (A): Formal Staffing Consultation Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#1-16 Assignment: Time Log Mod#6-8 Faculty Group Supervision (B): Case Presentation Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation Mod#14-16 Faculty Group Supervision (B): Case Presentation Mod#16 Site Supervisor Final Evaluation Mod#16 Faculty Group Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation	SOC: 1, 2, 3, 4, 5 CACREP Section 5: C.2.b, c, d, e Section 5: C.2.f, l

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
10.	Exhibit an approach to clinical practice informed by the moral, spiritual, and human values of a Catholic-Christian view of the person.	Mod#1-16 Faculty Group Supervision (B): Formal Staffing Consultation Mod#6-8 Faculty Group Supervision (B): Case Presentation Mod#14-16 Faculty Group Supervision (B): Case Presentation Mod#1-16 Assignment: Time Log Mod#8 Site Supervisor Mid-Course Evaluation Mod#8 Student Mid-Course Evaluations: Self-Evaluation	SOC: 1, 2, 3, 4, 5 CACREP Section 5: C.1.b, c C.2.j Section 2: F.2.d, f, g, h

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
		Mod#16 Site Supervisor Final Evaluation Mod#16 Faculty Group Supervisor Final Evaluation Mod#16 Student Final Course Evaluations: Self-Evaluation	
KPI	#1 Integrate aspects of ethical professional functioning to develop a professional counselor identity.	90% of students will achieve Meets Expectations / Demonstrates Competencies (4) ratings or above on the Final COUN 692 Site Supervisor Evaluation section Counseling Dispositions & Behaviors [Knowledge, Skills, Disposition]	Section 2.F.1.i. Understand the ethical standards of professional counseling organizations and credentialing bodies and apply ethical and legal considerations in professional counseling.
KPI	#2 Apply multicultural competencies in all aspects of professional practice.	90% of students will achieve Meets Expectations / Demonstrates Competencies (4) ratings on the Final Counseling Internship 2 Site Supervisor Evaluation section Counseling Dispositions & Behaviors, item: F Multicultural Competence in Counseling Relationship) [Knowledge, Skills, Disposition]	Section 2.F.2.c. Understand and apply multicultural (diverse) counseling competencies.
KPI	#3 Apply theories of human growth and development in all aspects of professional practice in diverse societies. #12 Evaluate clients' personal, social, and spiritual resources for promoting resiliency, healing, and flourishing informed by the holistic vision of the Catholic Christian Metamodel of the Person (CCMMP) in all aspects of professional practice.	90% of students will achieve Meets Expectations / Demonstrates Competencies (4) ratings on the Final COUN 692 Site Supervisor Evaluation items 2.F Multicultural Competence in Counseling Relationship (self-awareness) and 2.H Motivated to Learn & Grow / Initiative [Disposition]	Section 2.F.3.i. Understand and apply ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan
KPI	#5 Apply the historical, philosophical, and theoretical foundations of the counseling profession in all aspects of professional practice.	80% of students will achieve Meets Expectations / Demonstrates Competencies (4) ratings on Part I: Counseling Skills & Therapeutic Conditions of the Final COUN 692 Site Supervisor Evaluation [Skills]	Section 2.F.5.g. essential interviewing, counseling, and case conceptualization skills
KPI	#6 Apply theoretical and experiential group approaches in all aspects of professional practice with diverse clients.	80% of students will have a group counseling experience in their clinical placements. [Skills]	Section 2.F.6.b. dynamics associated with group process and development
KPI	#7 Apply multiculturally competent psychological measurement theories and concepts in the assessment and evaluation of diverse clients.	80% of students will have assessment experience in their clinical placements [Knowledge, Skills]	Section 2.F.7.m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results
KPI	#8 Analyze counseling research and ethically apply the findings in an	80% of students will achieve a Proficient score or above on the COUN 692 Case	Section 2.F.8.b.

#	Course Objectives	Measures of Outcome	SOC Program Objectives, KPI, and CACREP Standards*
	evidence-based practice and program evaluation	Conceptualization Presentation Outline rubric section Treatment Planning Intervention which requires Interventions supported by empirical literature or professional literature [Knowledge]	identification of evidence-based counseling practices
KPI	#11 Apply a biopsychosocial, spiritual, and environmental case conceptualization, including mental health history and etiology of co-occurring disorders, in evaluating clients during intake interviews, mental status evaluations, and administration of psychological assessments for formulating diagnosis, treatment plans, and caseload management strategies.	80% of students will achieve a Proficient score or above on the COUN 692 Case Conceptualization Presentation Outline rubric [Knowledge]	Section 5.C.1. c. and d. c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
KPI	#10 Apply principles and models of assessment, case conceptualization, and treatment for working with diverse individuals, couples, families, and communities from a systems perspective.	80% of students will achieve a Proficient or above score on the COUN 690 Residency Juried Demonstration Counseling Skills rubric [Knowledge, Skills, Dispositions]	Section 5.C.3.b. techniques and interventions for prevention and treatment of a broad range of mental health issues

*SOC = School of Counseling Program Objectives, listed below; CACREP = Council for Accreditation of Counseling and Related Educational Programs standards, Section 2, eight common core areas of all entry-level counselor education graduates, and Section 5, entry-level specialty area, Clinical Mental Health Counseling.

Program Objectives

Graduates of the SOC Clinical Mental Health Counseling program will be able to:

1. Exhibit a vibrant professional counselor identity with the foundational knowledge and skills of the profession.
2. Enter the client's life narrative with compassion and respect.
3. Develop person-centered, comprehensive case conceptualization for effective treatment planning.
4. Employ basic social and behavioral sciences, a habit of evidential reasoning, and the multiple roles of professional counseling to promote human flourishing.
5. Embody a vision of the flourishing person that inspires them, as professional counselors, and their clients to have courage to trust, hope and love.

III. COURSE TEXTBOOKS AND MATERIALS

A. Required

American Psychiatric Association. (2014). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington: American Psychiatric Publishing. (Available free - digitally DMU Library) <https://dsm-psychiatryonline-org.divinemercy.idm.oclc.org/doi/book/10.1176/appi.books.9780890425596>

(DSM-5-TR is also an acceptable version of the DSM-5 and is available free through the DMU library digitally - <https://dsm-psychiatryonline-org.divinemercy.idm.oclc.org/doi/book/10.1176/appi.books.9780890425787>)

Hodges, S. (2011). *The counseling practicum and internship manual: A resource for graduate counseling students*. New York: Springer Pub. Co. [COUN 690]

Shea, C. S. (2017). *Psychiatric interviewing: the art of understanding: a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.). Cambridge, MA: Elsevier [COUN 630]

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.). Hoboken, NJ: John Wiley & Sons, Inc. [COUN 630]

DMU SOC CMHC Program Handbook on COUN 500 Counseling

Advisement Additional readings as assigned on the class website.

B. Recommended

Johnson, S. L. (2018). *Therapist's guide to clinical intervention: The 1-2-3's of treatment planning* (3rd ed.). San Diego, CA: Academic Press an imprint of Elsevier, Inc. (Ben recommends)

Morrison, J. (2014). *Diagnosis made easier: Principles and techniques for mental health clinicians* (2nd ed.). New York, NY: The Guilford Press.

Rousmaniere, T. (2017). *Deliberate practice for psychotherapists: A guide to improving clinical effectiveness*. New York, NY: Routledge.

IV. COURSE REQUIREMENTS

A. Class Attendance and Participation

1. The DMU CMHC program is delivered to students primarily in an online, asynchronous modality; however, portions of this program require synchronous interaction, and additional in-person residency attendance.
2. Attendance in the online classroom is required. Students must post as directed in the online classroom each week. Assignments must be posted on or before due dates.

B. Assigned Readings

1. Readings must be read as assigned on the reading schedule in order for the class to “be on the same page” and to facilitate discussions.
2. Additional readings may be provided by email or announcements for a specific module.

C. Supervision B: Formal Staffing Consultation

1. Participation in 1.5 – 3 hours of weekly synchronous group supervision is required. Activities during the weekly meetings include reviewing counseling sessions

students have engaged in during the internship experience and informal case conceptualizations. Part of the process of Internship 2 is facilitating the students move from their identification as students to colleagues and to practice their group leadership and clinical supervision skills. One student per week will co-lead the group with the instructor/supervisor. Each synchronous formal staffing consultation session is worth 15 points. When it is a student's time to co-lead the group, the supervisor / instructor will review the expectations that will be used for the grading of their turn in co-leading the group.

- i. 5 points Criteria: Preparation – Arrives to the meeting on time and is prepared to discuss ‘hot cases’ and internship activities. (Mastery) – Student demonstrated the criteria appropriately and consistently with a professional demeanor.
- ii. 5 points Criteria: Participation – Actively participates in the discussion and participation contributes to the professional growth of the group. (Mastery) – Student demonstrated the criteria appropriately and consistently with a professional demeanor.
- iii. 5 points Criteria: Professionalism – Demonstrates a professional demeanor with the supervisor / instructor and fellow colleagues. (Mastery) – Student demonstrated the criteria appropriately and consistently with a professional demeanor.

D. Time Logs are to be completed each week. The time log is an essential tool that students will use to track their internship hours. Time log submissions are worth 10 points each.

- i. 6 points Accuracy (Mastery) – Provides sufficient detail of internship hours and activities.
- ii. 4 points Timely (Mastery) – Time log is kept up to date and completed on time.

E. Formal Case Conceptualizations are due in Module 7 and Module 15. Students will use the Case Conceptualization Presentation Outline to develop a comprehensive case conceptualization based on a client they have been working with during their internship experience. Students address all of the required components of the presentation outline. Through this formal comprehensive case conceptualization, students need to demonstrate that they are confident in their conceptualization of the case. Each case conceptualization assignment is worth 100 points.

- i. 45 points Main Idea (Mastery) - Thorough response to the assigned prompts in the Case Conceptualization Presentation Outline. Goes beyond what is required in some meaningful way (e.g., ideas contribute a new dimension to what is known about the client); Is substantive and scholarly and includes a thorough discussion of the client.
- ii. 48 points Treatment Planning (Mastery) – *Diagnosis* (8 pts): Primary Dx is well-supported / defensible and developed primary diagnosis / and secondary diagnoses if appropriate. Dx names and codes correct. *Goals* (8 pts): Goals of

Tx are appropriate for case conceptualization and Dx. Goals are feasible and sufficient to address counseling issues. Client involvement in setting goals is evident. *Objectives* (8 pts): Objectives support the Tx plan goals and provide incremental, linear, measurable steps leading to achieving goals. Each goal has listed objectives. *Assessment* (8 pts): Evidence of a clear understanding of the client and the environmental context of the problems. Used or suggests relevant methods of assessment including use of or suggesting specific measures. *Intervention* (8 pts): Interventions are appropriate and specific to the client at this point in time. Interventions are supported by empirical literature or professional literature. *Prognosis* (8 pts): Uses empirical literature, client history and motivational levels to formulate a prognosis.

- iii. 7 points Grammar (Mastery) - Proper length; no grammar errors (spelling, punctuation, etc.); proper APA citations with no more than 1 error.

F. Oral Case Conceptualization Presentations are based on the case conceptualizations due in Modules 7 and 15. Students will orally present their formal case conceptualizations at a time determined by the Instructor in Modules 6, 7, or 8 and 14, 15, or 16. Each oral case conceptualization presentation is worth 50 points.

- i. 15 points Organization (Mastery) - Presents information in logical, interesting sequence.
- ii. 15 points Subject Knowledge (Mastery) – Demonstrates strong knowledge base, able to answer questions with elaboration.
- iii. 7.5 points Eye Contact (Mastery) - Holds attention of entire group with the use of direct eye contact, seldom looking at notes.
- iv. 7.5 points Poise (Mastery) - Displays relaxed, self-confident nature about self, with ease in handling any problems.
- v. 5 points Assesses Understanding (Mastery) - Provides time for feedback, asks higher level questions, assesses level of understanding, and clarifies misunderstandings.

G. Audio or Video Recorded Counseling Sessions or Internship Site Supervisor Live Observation Evaluations are due in Module 7 and Module 15. Students will submit their completed recordings (or forms) to Tevera. The recordings / live observations are worth 50 points each.

- i. 20 points Criteria: Demonstrate characteristics of a counselor including body language, eye contact, voice tone, following the flow of client's narrative, etc. (Mastery) – Student demonstrated the criteria appropriately and consistently.
- ii. 15 points Criteria: Demonstration of counseling skills. (Mastery) – Student demonstrated the criteria appropriately and consistently.
- iii. 15 points Criteria: Demonstrate the ability to move the counseling process forward. (Mastery) – Student demonstrated the criteria appropriately and consistently.

H. Student Evaluations are to be completed and submitted using Tevera in Module 8 and again in Module 16. Students are responsible for submitting the following mid and final evaluations: Site Supervisor evaluation, student evaluation of site supervisor, student site evaluation, and student self-evaluation. Evaluation submissions are worth 10 points each.

- i. 8 points Accuracy (Mastery) – Provides sufficient detail of practicum hours and activities.
- ii. 2 points Timely (Mastery) – Time log is kept up to date and completed on time.

I. Faculty Group Supervisor Evaluation will complete a final evaluation on students' performance throughout the internship course. The Faculty supervisor's evaluation is worth 100 points.

V. GRADING

Note: Each assignment in this course will receive a numeric grade as outlined below; however, this course is graded on a pass / fail basis. Students must earn a minimum of 86% on each assignment in order to receive a grade of Pass in this course.

A	A-	B+	B	B-	C+	C
940 to 1000	920 to 939	900 to 919	860 to 899	840 to 859	820 to 839	780 to 819

C-	D+	D	D-	F	W	I
760 to 779	740 to 759	700 to 739	680 to 699	0 to 679	Withdrawal	Incomplete

	Requirement	Items	Item Points	Total Points	Hours
	Written Assignments			760	314.5
1	Time Logs (Internship hours)	16	10	160	300.0
2	Written and Oral Case Presentations	2	100 / 50	200 / 100	10.0
3	Audio or Video Recorded	2	50	100	2.5

	Requirement	Items	Item Points	Total Points	Hours
	Counseling Sessions				
3	Student Site Evaluation	2	10	20	1.0
4	Student Site Supervisor Evaluation	2	10	20	1.0
5	Student Self-Evaluation	2	10	20	2.0
6	Supervisor's Evaluation	2	10	20	.5
7	Faculty Supervisor Evaluation	1	100	100	
8	Final time log	1	20	20	
9	Upload Final CPCE Score	1	Pass / Fail	Pass / Fail	
10	Upload Conference Certificate	1	Pass / Fail	Pass / Fail	
11	Take Graduation Survey	1	Pass / Fail	Pass / Fail	
	Synchronous Supervision			240	48
1	Supervision B: Formal Staffing Consultation	16	15	240	48
			Totals	1000	362.5

VI. SCHOOL OF COUNSELING POLICIES (Please review your Program Handbook for all policies. These are only listed to highlight key policies for this course)

METHODS OF INSTRUCTION

The SOC CMHC program curriculum is delivered mostly online with both asynchronous and synchronous components. The following methods of instruction may be employed:

- Synchronous Instruction: students and faculty will engage in “real-time” using a variety of technology such as chat rooms, web-based conferencing, telephone and during in-person residencies.
- Asynchronous Instruction: student-centered, student-managed facilitation of exchanging information and instructional materials outside of the constraints of “real-time” meetings between students and faculty.
- Reading assignments
- Lecture
- Academic Class Discussion
- Video/Audio Material: students are required to review video material as assigned.
- Demonstration of Skills
- Role Play
- Written Assignments/Papers
- Research Activities
- Quizzes, examinations, and assessment of student learning
- Learning Activities: students are required to engage in critical thinking activities.
- Group Work
- Presentations
- Residencies: Residencies are embedded in three courses across the program.
- Interactive Multimedia
- Clinical Placement in Practicum and Internship courses only.

ACADEMIC INTEGRITY

“Integrity” is a character quality of holding ourselves to strong moral principles and simply maintaining honesty. Academic integrity is synonymous with academic honesty. Academic honesty is expected of all students at DMU in all papers, examinations, transcripts, record keeping, and documentation of clinical experience. Possible sanctions for academic dishonesty include, but are not limited to: grade penalties including course failure, loss of registration privileges, disqualification and dismissal from the institution.

Academic integrity entails a respect and reverence for knowledge as a human good and for the whole academic process, by which that knowledge is pursued and transmitted. Specifically, it entails honesty in all of one’s academic dealings. Students at DMU therefore, shall not engage in or tolerate acts of academic dishonesty. These acts include, but are not limited to, cheating, plagiarism, collusion, falsifying academic records, and any act or attempt to commit an act designed to give unfair academic advantage to the student (such as, but not limited to, submission of essentially the same written assignment for two courses without the prior permission of the instructor, providing false or

misleading information in an effort to receive a postponement or an extension on a test, quiz, or other assignment).

LATE ASSIGNMENT ACCEPTANCE POLICY

In an effort to develop high professional standards, no late work **without deductions** will be accepted unless prior arrangements have been made with the instructor. All requests and approvals for extensions must be documented via email at least one week prior to the due date for the work. Outside of this, no late work will be accepted **without deductions** unless the circumstances are dire and unusual.

If you miss an online course meeting or session of a residency, you must notify the instructor as soon as possible and you are responsible for finding out from the course schedule/syllabus, or a classmate what material was covered and what homework was assigned. You cannot submit assignments late because you missed the online course meeting or session of a residency when the assignment was given or when the assignment was due.

Online assigned work is due at 11:59 pm Eastern USA Time or at the beginning of the session of a residency on the date due. Primary discussion posts are due Saturdays at 3:00 pm Eastern USA Time.

- Assignments: (quiz, vignette, recordings, papers, etc.): No make-ups, no late work accepted **without deductions** unless pre-arranged as noted above.
- Exams: Make-ups only when scheduled/approved in advance.
- Discussion posts: If primary discussion posts (due on Saturdays at 3:00 pm Eastern USA Time) are submitted after the due date, they will receive the 10% per day late deduction for up to four days. No discussion responses will be graded after their due date (Monday, 11:59 pm Eastern USA Time).

Please see the M.S in Counseling Clinical Mental Health Counseling Program Student Program Handbook for more details.

STUDENTS WITH SPECIAL NEEDS

If you are a student who has or thinks you may have special needs, you are encouraged to contact the Disability Support Services, located in the Enrollment Services Office (DSS@divinemersey.edu, ext. 114), regarding accommodations. This office welcomes the opportunity to talk with students about their individual situation so students can make an informed decision about whether or not to seek accommodations. In compliance with the Americans with Disabilities Act (ADA) the University is committed to providing reasonable accommodation to any student who has a disability. Any student who has a documented disability must provide supporting documentation to the Disability Support Services at the beginning of the first semester. Once documentation is complete, the student should inform the instructor directly during the first week of classes about accommodations made for each class.

SYLLABUS CHANGE POLICY

This syllabus is a guide for the course and is subject to change with advanced notice.

VII. CLASS SCHEDULE AND ASSIGNMENTS

Module / Week	Topic	Author	Reading	Graded Assignments
1-5	Developing Your Professional and Clinical Presence, Insight, and Action		Toolbox Resources	<p>Supervision B: Synchronous Meeting: Formal Staffing Consultation</p> <p>Instructor's Discretion: Synchronous Meeting</p> <p>Time Log</p>
6-8	Developing Your Professional and Clinical Presence, Insight, and Action		Toolbox Resources	<p>Supervision B: Synchronous Meeting: Formal Staffing Consultation: Case Conceptualization Presentations</p> <p>Assignment: Formal Written Case Conceptualization due in Module 7</p> <p>Assignment: Oral presentation of Case Conceptualization in Module 6, 7, or 8</p> <p>Assignment: Audio or Video Recording of Counseling Session due in Module 7</p> <p>Time Log</p>

Module / Week	Topic	Author	Reading	Graded Assignments
				Assignment: Mid-Course Evaluations due in Module 8

Module / Week	Topic	Author	Reading	Graded Assignments
9-13	Developing Your Professional and Clinical Presence, Insight, and Action		Toolbox Resources	<p>Supervision B: Synchronous Meeting: Formal Staffing Consultation</p> <p>Instructor's Discretion: Synchronous Meeting</p> <p>Time Log</p>
14-16	Developing Your Professional and Clinical Presence, Insight, and Action		Toolbox Resources	<p>Supervision B: Synchronous Meeting: Formal Staffing Consultation: Case Conceptualization Presentations</p> <p>Time Log</p> <p>Assignment: Formal Written Case Conceptualization due in Module 15</p> <p>Assignment: Final Audio or Video Recorded Counseling Session due in Module 15</p> <p>Assignment: Oral presentation of Case</p>

Module / Week	Topic	Author	Reading	Graded Assignments
				<p>Conceptualization in Module 14, 15, or 16</p> <p>Assignment: Upload Proof of Counseling Conference Attendance</p> <p>Assignment: Upload Final CPCE Scores</p> <p>Assignment: Graduation Survey</p> <p>Assignment: Final Evaluations due in Module 16</p>

VIII. REFERENCE LIST

Required Reading:

Required Textbooks:

American Psychiatric Association. (2014). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington: American Psychiatric Publishing.

Hodges, S. (2011). *The counseling practicum and internship manual: A resource for graduate counseling students*. New York: Springer Pub. Co. [COUN 690]

Shea, C. S. (2017). *Psychiatric interviewing: the art of understanding: a practical guide for psychiatrists, psychologists, counselors, social workers, nurses, and other mental health professionals* (3rd ed.). Cambridge, MA: Elsevier [COUN 630]

Reichenberg, L. W., & Seligman, L. (2016). *Selecting effective treatments: A comprehensive, systematic guide to treating mental disorders* (5th ed.). Hoboken, NJ: John Wiley & Sons, Inc. [COUN 630]

Recommended Textbooks:

Johnson, S. L. (2018). *Therapist's guide to clinical intervention: The 1-2-3's of treatment planning* (3rd ed.). San Diego, CA: Academic Press an imprint of Elsevier, Inc. (Ben recommends)

Morrison, J. (2014). *Diagnosis made easier: Principles and techniques for mental health clinicians* (2nd ed.). New York, NY: The Guilford Press.

Rousmaniere, T. (2017). *Deliberate practice for psychotherapists: A guide to improving clinical effectiveness*. New York, NY: Routledge.

Recommended Reading:

Behavior Therapy

Clark, D. M. & Fairburn, C. G. (1997). *Science & practice of cognitive behaviour therapy*. New York: Oxford University Press.

Farmer, R.F. & Chapman, A.L. (2007). *Behavioral interventions in cognitive therapy: Practical guidance for putting theory into action*. Washington, DC: American Psychological Association.

Foa, E. B., Hembree, E., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide (Treatments That Work)*. New York: Oxford Press.

O'Donohue, W., Fisher, J. E., & Hayes, S. C. (Eds.) (2003). *Cognitive behavior therapy: Applying empirically supported techniques in your practice*. New York: John Wiley & Sons, Inc.

Pryor, K. (1999). *Don't shoot the dog: The new art of teaching and training*. New York: Bantam Doubleday Dell Publishing.

Cognitive-Behavioral Therapy:

Beck, A. T. (1979). *Cognitive therapy of depression*. New York: Guilford Press.

Beck, A. T. (1989). *Love is never enough: How couples can overcome misunderstandings, resolve conflicts, and solve relationship problems through cognitive therapy*. New York: Harper Perennial.

Beck, A. T. (1991). *Cognitive therapy and the emotional disorders*. New York: Penguin Books.

Beck, A. T., Emery, G. & Greenberg, R. (2005). *Anxiety disorders and phobias: A cognitive perspective*. New York, NY: Basic Books.

Beck, J. S. (2011). *Cognitive behavior therapy: Basics and beyond* (2nded). New York, NY: Guilford Press.

Dobson, K. (2009). *Handbook of cognitive-behavioral therapies* (3rded). New York, NY: Guilford Press.

Ellis, A. (2001). *Overcoming destructive beliefs, feelings, and behaviors: New directions for Rational Emotive Behavior Therapy*. New York: Prometheus Books.

Humanistic/Existential Psychotherapy:

May, R. (1991). *The cry for myth*. New York, NY: W. W. Norton & Company.

May, R., Angel, E. & Ellenberger, H. F. (1994). *Existence*. New York, NY: Rowman & Littlefield Publishers, Inc.

May, R. (1999). *Freedom and destiny*. New York, NY: W. W. Norton & Company.

May, R. (2007). *Love and will*. New York, NY: W. W. Norton & Company.

May, R. (2009). *Man's search for himself*. New York, NY: W. W. Norton & Company.

May, R. (2011). *The art of counseling*. Amereon Press.

Rogers, C. R. (1951). *Client-Centered therapy: Its current practice, implications and theory*. London: Constable & Robinson Ltd.

Rogers, C. R. (1980). *A way of being*. New York, NY: Houghton Mifflin Company.

Rogers, C. R. (1989). *On becoming a person: A therapist's view of psychotherapy*. Boston, MA: Houghton Mifflin Company.

Yalom, I. D. (1980). *Existential Psychotherapy*. New York, NY: Basic Books.

Yalom, I. D. (1989). *Love's executioner: And other tales of psychotherapy*. New York, NY: Basic Books.

Yalom, I. D. (2002). *The gift of therapy: An open letter to a new generation of therapists and their patients*. New York: HarperCollins.

Yalom, I. D. & Leszcz, M. (2005). *Theory and practice of group psychotherapy* (5thed). New York, NY: Basic Books.

Yalom, I. D. (2008). *Staring at the sun: Overcoming the terror of death*. San Francisco, CA: Jossey-Bass.

Psychodynamic Psychotherapy

- Blackman, J. S. (2003). *101 defenses: How the mind shields itself*. New York, NY: Brunner-Routledge.
- Brenner, C. (1974). *An elementary textbook of psychoanalysis*. New York, NY: Anchor Books.
- Freud, S. (1955). *The interpretation of dreams*. New York, NY: Basic Books.
- Freud, S. (1919). *A general introduction to psychoanalysis*. New York, NY: Horace Liveright, Inc.
- Gabbard, G. O. (2005). *Psychodynamic psychiatry in clinical practice* (4thed). Arlington, VA: American Psychiatric Publishing, Inc.

Family Systems Therapies

- Bowen, M. (1978). *Family therapy in clinical practice*. London: Rowman & Littlefield Publishers, Inc.
- Kerr, M. E. & Bowen, M. (1988). *Family evaluation: An approach based on Bowen theory*. New York, NY: W. W. Norton & Company.
- Minuchin, S. (1974). *Families and Family Therapy*. Boston, MA: Harvard University Press.
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- Minuchin, S. & Nichols, M. P. (2006). *Assessing families and couples: From symptom to system*. New York, NY: Pearson.
- Napier, A. Y. & Whitaker, C. (1978). *The family crucible: The intense experience of family therapy*. New York, NY: Harper & Row Publishers.
- Whitaker, C. (1989). *Midnight musings of a family therapist*. New York, NY: W. W. Norton & Company.

Couples & Marital Therapies

- Fruzzetti, A. & Linehan, M. M. (2006). *The high-conflict couple: A Dialectical Behavior Therapy guide to finding peace, intimacy, and validation*. Oakland, CA: New Harbinger Publications, Inc.
- Gottman, J. M. (1999). *The marriage clinic: A scientifically based marital therapy*. New York, NY: W. W. Norton & Company.

- Gottman, J. S. (2004). *The marriage clinic casebook*. New York, NY: W. W. Norton & Company.
- Gurman, A. S. (2008). *Clinical handbook of couple therapy* (4thed). New York, NY: Guilford Press.
- Gurman, A. S. (2010). *Clinical casebook of couple therapy*. New York, NY: Guilford Press.
- Johnson, S. M. (2004). *The practice of emotionally focused couple therapy: Creating connection* (2nded). New York, NY: Brunner-Routledge.
- Johnson, S. M., Bradley, B., Furrow, J., Lee, A., Palmer, G., Tilley, D. et al. (2005). *Becoming an emotionally focused couple therapist: The workbook*. New York, NY: Routledge Taylor & Francis Group.

Mindfulness

- Hanh, ThichNhat (1976). *The miracle of mindfulness: An introduction to the practice of meditation*. Boston, MA: Beacon Press.
- Hanh, ThichNhat (1992). *Peace is every step: The path of mindfulness in everyday life*. New York: Bantam.
- Kabat-Zinn, J. (1994). *Wherever you go, there you are: Mindfulness meditation in everyday life*. New York: Hyperion.
- Linehan, M. M. (1993b). *Skills training manual for treating borderline personality disorder*. New York: Guilford.
- Merton, T. (1996). *Contemplative Prayer*. New York: Crown Publishing.