EDPC 5372 – Internship I

The University of Texas at El Paso
College of Education
Department of Counseling and Special Education
Clinical Mental Health Counseling

COURSE SYLLABUS
Summer 2024

INSTRUCTOR: Paul A. Carrola, Ph.D., LPC-S, NCC, CCMHC
Office: ED #703
Office hours: Tues: 12:00pm-4:pm, Wed: 1:00pm-5:00pm, Thurs: 1:00pm-4:00pm
*By appointment
Phone: (915) 747-7496
Email: pacarrola@utep.edu

Class Meeting: Tuesday 5-7:50pm (May 21th-Aug 6th) Education Building 411

TEXTBOOKS:


COURSE DESCRIPTION: Practical application of counseling theories and techniques in a field-based community or school setting. Students are required to complete 300 clock hours of supervised on-site experience. Prerequisites: Satisfactory completion with a grade of “S” in EDPC 5371 Counseling Practicum and department approval.

Students will demonstrate the skills and practices necessary to address a wide variety of circumstances within the context of clinical mental health counseling.
### COURSE OBJECTIVES/STUDENT COMPETENCIES:

**CACREP 2016 Standards**

<table>
<thead>
<tr>
<th>Goals/Objectives</th>
<th>CACREP Standards /CMHC</th>
<th>TeXeS School Counselor</th>
<th>Learning Activities</th>
<th>Outcome Measures</th>
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<tbody>
<tr>
<td><strong>GOAL A:</strong> Demonstrate the ability to formulate culturally sensitive clinical mental health case conceptualizations, diagnoses and treatment plans (Clinical Mental Health Counseling Standards: 5.C.1.c, 5.C.2.d, 5.C.2.j, 5.C.3.a, 5.C.3.b)</td>
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<tr>
<td>Objective A-1 Apply multicultural competencies in case conceptualization for clients experiencing mental and emotional disorders</td>
<td>5.C.1.c, 5.C.2.j, 5.C.3.a, 5.C.3.b</td>
<td>a) Develop culturally sensitive case conceptualizations that provide causal hypotheses for diagnostic indications for cases presented in supervision and b) Submit a written Case Conceptualization, Diagnosis and Treatment Plan for 2 different cases in the group supervision class. Case conceptualizations should integrate theoretically grounded and logically consistent explanations for the clinical issues manifested in the case and include relevant cultural formulations.</td>
<td>a) Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form - Standards 2, 7, 14 and b) Achieve a satisfactory rating from group supervisor on Dimensions 3 - Presents Culturally Sensitive Case Conceptualization on the Case Strategies Development Scoring Rubric.</td>
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<tr>
<td>Objective A-2 Apply multicultural competencies in clinical diagnosis for clients experiencing mental and emotional disorders</td>
<td>5.C.2.d, 5.C.2.j, 5.C.3.a, 5.C.3.b</td>
<td>a) Develop culturally sensitive clinical diagnoses with justification of diagnostic decisions for cases presented in supervision and b) Submit a written Case Conceptualization, Diagnosis and Treatment Plan for 2 different cases in the group supervision class. Diagnoses should describe alternate diagnostic possibilities, and specify rationales for the selected diagnoses according to the latest edition of the DSM or ICD.</td>
<td>a) Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form - Standards 2, 7, 14 and b) Achieve a satisfactory rating from group supervisor on Dimension 4 - Offers Developmentally and Situationally Appropriate Differential Diagnosis on the Case Strategies Development Scoring Rubric.</td>
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<tr>
<td>Objective A-3 Apply multicultural competencies in treatment planning for clients experiencing mental and emotional disorders</td>
<td>5.C.1.c, 5.C.2.j, 5.C.3.a, 5.C.3.b</td>
<td>a) Develop culturally sensitive treatment plans for cases presented in supervision and b) Submit a written Case Conceptualization, Diagnosis and Treatment Plan for 2 different cases in the group supervision class. Treatment plans should be multi-dimensional and comprehensive and include Problems, Goals, Objectives, Activities, and Outcome Indicators.</td>
<td>a) Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form - Standards 2, 7, 14 and b) Achieve a satisfactory score</td>
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### GOAL B: Demonstrates culturally sensitive mental health counseling, prevention, intervention, treatment and documentation skills (Clinical Mental Health Counseling Standards 5.C.2.m, 5.C.3.b)

<table>
<thead>
<tr>
<th>Objective B-1</th>
<th>5.C.3.b</th>
<th>Provide individual, group, and/or family counseling to clients assigned by the placement agency</th>
<th>Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 2</th>
</tr>
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<tbody>
<tr>
<td>Demonstrates the ability to use the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.</td>
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<tr>
<th>Objective B-2</th>
<th>5.C.3.b</th>
<th>Provide individual, group, and/or family counseling to clients assigned by the placement agency</th>
<th>Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 3</th>
</tr>
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<tbody>
<tr>
<td>Demonstrate the appropriate use of culturally responsive skills in individual, couples, family, and/or group counseling.</td>
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<tr>
<th>Objective B-3</th>
<th>5.C.3.b</th>
<th>Provide individual, group, and/or family counseling to clients assigned by the placement agency. If the student has a suicidal client in a counseling session, the student will seek appropriate consultation with and intervention from supervisors and document risk assessment and management actions in the case note.</th>
<th>Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 4</th>
</tr>
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<tr>
<td>Demonstrate the ability to use procedures for assessing, managing, and documenting suicide risk</td>
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<tr>
<th>Objective B-4</th>
<th>5.C.2.m</th>
<th>Provide individual, group, and/or family counseling to clients assigned by the placement agency. Prepare and maintain records appropriate to the standards of the placement agency (e.g. SOAP notes, Treatment Plans), and review documentation and standards with supervisors.</th>
<th>Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 5</th>
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<tr>
<td>Demonstrate the ability to apply current mental health record-keeping standards</td>
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**GOAL C: Demonstrate the ability to recognize his or her own limitations as a clinical mental health counselor, to seek supervision and to refer clients when ethically appropriate. (CACREP Standards 2.F.1.k., 2.F.1.m) (Clinical Mental Health Counseling Standards 5.C.2.l)**

<table>
<thead>
<tr>
<th>Objective C-1</th>
<th>2.F.1.k., 2.F.1.m, 5.C.2.l</th>
<th>Process clinical strengths and limitations during in discussions with supervisors in case presentations in group supervision, and in notations on transcription of counseling sessions.</th>
<th>Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 6</th>
</tr>
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<tr>
<td>Demonstrate the ability to recognize his or her own limitations as a clinical mental</td>
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health counselor and to seek and follow through with supervisory suggestions and also to refer clients when ethically appropriate to do so.

**GOAL D:** Demonstrate the effective use of evidence based practices in clinical mental health counseling. (CACREP Standards 2.F.8.b)

| Objective D-1 | 2.F.8.b | a) Provide 5 sources of documentation of empirically validated treatment protocols for the population served/issues treated, including evidence from textbooks, journal articles, and other scholarly sources, etc. for a case presented in group supervision, and b) Submit an outline of an evidence-based treatment protocol for which the student has chosen to develop an expertise to be applied to a case presented in the group supervision class. | b) Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 17 and b) Achieve a satisfactory rating by group supervisor on Dimension 8 – Applies Relevant Research Findings/Evidence-based Practices to Inform Treatment Planning and Intervention on the Case Strategies Development Scoring Rubric. |

| Objective D-2 | 2.F.8.b | Make notations within verbatim transcriptions presented in group supervision indicating application of empirically validated treatment protocols. | Achieve satisfactory ratings by supervisors on the Clinical Student Evaluation Form-Standards 17 |

**GOAL E:** Demonstrate an understanding of strategies for advocating for persons with mental health issues and interfacing with other systems and professionals. (Clinical Mental Health Counseling Standards 5.C.3.c, 5.C.3.d, 5.C.3.e)

| Objective E-1 | 5.C.3.c, 5.C.3.d | a) Create and submit in group supervision an annotated list of a minimum of 10 community resources (e.g. housing, food, clothing, vocational rehabilitation etc.) relevant to the population served at the site and b) Provide culturally sensitive referral options for those cases in which other services are deemed necessary in consultation with the site supervisor for cases presented in supervision. | a) Achieve a satisfactory rating by group supervisor on Dimension 7 – Identifies and Refers to Culturally Appropriate Resources and Adjunctive Services in the Community on the Case Strategies Development Scoring Rubric |
**EXPECTATIONS OF STUDENTS:**

1. **Professionalism is expected at all times.** Professionalism includes, but is not limited to, arriving to class and other meetings with classmates on time; completing assignments on time; working collaboratively and effectively with professors and classmates; apprising your professors of issues with the class or attendance in a timely manner; communicating with professors and fellow students in a courteous respectful, and honest manner; appropriately working out disagreements with professors and classmates; attending all classes unless there is a documented emergency or work conflict that has been excused by your professor; and following the ethical codes that pertain to your profession (e.g. ACA Code of Ethics).

2. **Attendance is required.** As indicated in the Graduate Catalog, attendance is required at all class sessions and is considered crucial in order to gain maximum benefit from the course. You are expected, as a professional to discuss any absence with the professor and the members of any assigned group exercise either prior to, or immediately after, the absence. Any missed work must be made up in a manner determined by the instructor. **Any unexcused absences can result in a decrease of your final grade. Students cannot miss more than three scheduled classes and expect pass this course, excused absence or not.** An absence will be considered excused at the discretion of the instructor and documentation should be offered and provided if requested for the absence to be considered excused (e.g., doctor’s note, letter from your employer etc.). Remember, if you encounter unexpected events in your life during the course of the semester, you can drop the class, stop out, and return during another semester. You are also expected to be at this class ON TIME. Please use your time management skills properly and be on time and ready to learn at 5:00 p.m. sharp. **If you are late to class more than three times it can result in a decrease of your final grade.** Being late is disruptive to the class and its process. If you have a verified and documented reason to be late to class you may be excused from this requirement. However, documentation from your job, doctor, or another authority figure that can verify your tardiness is beyond your control is required. In addition, you are expected to remain in class for the duration of the class. Unless you
have a documented, unavoidable reason for leaving class early, you are expected to say until released by the professor.

3. **Active class participation is expected.** The course is designed for students to learn by active interaction with each other. You must participate fully in classroom discussions and group supervision activities to earn full participation points toward your final grade. Please demonstrate enthusiasm and a high level of interest in your classroom experiences.

4. **Personal use of electronic devices is not allowed during class.** Your help and cooperation in ensuring a cell/laptop free zone during class time is greatly appreciated. No electronic devices (e.g., cell phones, computers, pagers, tablets, etc.) are allowed for “personal” use in class without the explicit permission of the instructor unless the student has an accommodation from Center for Accommodations and Support Services. However, cell phones, laptops and tablets can be used for class projects/assignments at specified times during class. Please notify the professor at the start of class if a family, work, or personal emergency necessitates that a cell phone be left on during class. (If so, it should be in silent or vibrate mode). However, emergency requests should not be a continuing, on-going event. Please avoid being on call for work during class time. The unauthorized student use of cell phones, laptops or any other electrode device during class (and it is always very obvious when this occurs) may result in a request to leave class as this is a distraction to the professor and the other students around you. This will be counted as an unexcused absence.

5. **Readings must be completed prior to each class session.** Many classroom presentations by the instructor will be reviews and discussions of the readings. The more you have read and understand the topics prior to class, the more you will learn during class presentations/discussions and the more you can contribute.

6. **Assignments must be submitted on Blackboard by the due dates.** This allows for timelier grading and feedback. *Submitting late assignments may not allow enough time for the instructor to grade the assignment which may result in either an Unsatisfactory or Incomplete grade in the class.*

**METHODOLOGY:**

The course is a combination of observation and performance of role play and actual counseling sessions, class review and discussion of those sessions, formal case presentations, textbook readings, topical presentations, personal analysis of counseling performance, and personal/professional development. Class will be a forum for: a) discussing the activities, issues, and dynamics of the internship agencies; b) sharing the personal and professional growth aspects of the internship experience; c) discussing cases and common themes arising in the counseling practice of the students; d) requesting and receiving peer feedback and instructor feedback regarding agency/site issues and counseling practice; e) reviewing segments of recordings of counseling sessions; f) role playing interventions for use with clients; g) discussing readings and topics related to counseling practice; and h) presenting case reviews to the class. Each student is evaluated on the quality of classroom participation (preparedness, openness, involvement, etc.) and professional demeanor (punctuality, self-presentation, courtesy, attention to administrative details, etc.).
ASSIGNMENTS: (You are required to use Blackboard to retrieve and submit assignments.)

1. **Personal Reflection Paper and Internship Goals Statement.** (2 Pages)
The internship experience is a long, demanding task that requires sustained attention while improving existing skills and learning new skills. It is essential that students go into this process with goals that reflect the counselor characteristics and behaviors that they wish to refine and develop and that are appropriate to their level of professional development and the setting of their internship placement. This paper should be a summary of what you hope to accomplish (i.e. goals) based on an assessment of (i.e. a reflection on) your personal, professional, and clinical strengths and weaknesses that you discovered during your practicum experience. It should also include your plan for self-care during this stressful period. It should be succinct (no more than two typed, double spaced pages in length) and well organized (clearly stated Goals, each with Objectives that describe how you plan to achieve that goal).

2. **Complete 300 Hours at the internship site.** The 300 hours must include at least 120 hours of direct client contact providing clinical services. (Due Date: Completed by the last week of the term)

3. **Maintain clinical documentation as required by the internship site.** Students must adhere to all agency policies regarding documentation of clinical work. (Due Date: Determined by the site/agency).

4. **Receive individual or triadic clinical supervision at the internship site.** Students are expected to receive an average of 1 hour per week of individual or triadic clinical supervision over the course of the term from their assigned site supervisor at the internship site. Internship supervisors will be asked to evaluate student’s clinical performance using the Clinical Mental Health Counseling Clinical Student Evaluation Form. (Due Date: Last Week of the term).

5. **Attend Group Supervision on Campus.** Students will receive an average of 1.5 hours (or more) of group supervision per week over the course of the term. This is earned by attending the scheduled EDPC 5372 class sessions.

6. **Attend individual or triadic supervision on campus.** Students may be expected to attend individual/triadic supervision with the course instructor. These will be scheduled at the convenience of the supervisor and the student(s).

7. Complete two (2) **Video Recordings and Transcripts of a counseling session.** Students will record 2 digital video recordings of a counseling session of at least 30 minutes (the session itself should be 45-60 minutes unless your site does not allow for that duration) with a real client assigned to them at their internship site. For every recording, you must have a Consent Form signed by the client or client’s guardian that grants permission for you to record and use the recording in supervision and as a work sample for the class. The consent form will be kept in the case documentation. Note that your agency may have its own consent form or permission-to-tape form. If that is the case, use the agency form.

   1) Students must prepare a typed transcript of at least 15 minutes of the digital audio or video recordings of the counseling session. The student will: a) identify
clinical strengths and limitations in notations on the comments section of the transcript and b) make notations indicating application of empirically validated/evidence based treatment protocols.

2) A completed Tape Critique Form (TCF) must accompany any recording presented in class. This form will be uploaded on blackboard along with the recording for the assignment.

3) Students will prepare and give a case presentation for each recording that will include:
   a. Brief description of the client’s presenting problem
   b. The student counselor’s objectives for the counseling session (i.e. what he/she was intending to do in the session)
   c. A description of the interpersonal dynamics between the student counselor and the client
   d. A brief description of other important client information (e.g. contextual, cultural, social, biological, symptoms, legal, etc. issues)
   e. A summarization of the key issues discussed in the session
   f. A case conceptualization of client’s issues including a theoretical rationale that explains how the case data are related. Case conceptualizations should integrate theoretically grounded and logically consistent explanations for the clinical issues manifested in the case and include relevant cultural formulations.
   g. A diagnosis using DSM V (if applicable). Diagnoses should be culturally sensitive and describe alternate diagnostic possibilities, and specify rationales for the selected diagnoses according to the latest edition of the DSM or ICD
   h. A treatment plan for this client. Treatment plans should be multi-dimensional and comprehensive and include Problems, Goals, Objectives, Activities, and Outcome Indicators. The treatment plan should include a brief outline of an evidence-based treatment protocol used in treatment planning and treatment intervention activities.
   i. Provide a description of culturally sensitive referral options for other services that could be useful to the client based on his/her situation.
   j. Identify how you could educate the client to create or enhance resilience and to prevent deterioration of mental health issues.
   k. Identify any self-advocacy skills the client could benefit from and relevant consultation/advocacy that could be made on the client’s behalf with other professionals (e.g. medical, psychiatric, social services, legal system, etc.)
   l. Any ethical concerns related to the case
   m. Personal reflections on the session, including an evaluation of counseling skills and interventions used as indicated on the Tape Critique Form (TCF) (see below).
   n. Specific questions for supervision

The Case Strategies Presentation Summary is uploaded on blackboard along with the TCF. The full video recording is uploaded in your designated OneDrive folder. The quality of the case presentation will be evaluated using the Case Strategies Development Scoring Rubric
8. **Develop Community Resource List.** Students will submit a typewritten annotated list of a minimum of 10 community resources (e.g. housing, food, clothing, vocational rehabilitation etc.) relevant to their caseload and/or the population served at their site.

9. **Evidence Based Treatment Protocol Outline.** Submit an outline of an evidence-based treatment protocol for which the student has chosen to develop an expertise to be applied to clinical cases at the internship site. The student should **review and reference 5 sources of documentation of empirically validated treatment protocols** for the population served/issues treated. Sources may include evidence from textbooks, journal articles, and other scholarly sources, relevant government websites, treatment manuals, etc.

**Submit required course completion documentation:**
There are a number of forms related the internship experience that must be submitted to document compliance with expected standards and to verify completion of the internship. The student completes some of the forms, other forms are completed by the student and signed by the practicum supervisor, and the practicum supervisor completes some of the forms. **(Due Date: Last Class of the term)**

1) **Practicum/Internship Semester Summary Hours Log.** This form is a compilation of the information contained in the internship student’s weekly logs. It is completed at the end of the term by the student and is **signed by the internship supervisor, group supervisor and the student.**

2) **Practicum/Internship Student Evaluation of Site and Site Supervisor.** This form evaluates the internship supervisor and internship site and is completed at the end of the term by the student.

3) **Practicum/Internship Student Evaluation of Faculty and Group Supervision.** This form evaluates the faculty supervision and group supervision and is completed at the end of the term by the student.

4) **Practicum/Internship Supervision Hours Completion Form.** This form is signed at the end of the term by the site supervisor to verify completion of Total Hours and Supervision Hours at each site the student is placed for each term the student is placed at that site. It is signed by the group seminar supervisor/instructor who validates completion of supervision hours and completion of Total Hours and Supervision Hours at the site.

**Evaluation by site supervisor and faculty supervisor**

1) **Clinical Mental Health Counseling Clinical Student Evaluation Form.** This form is **completed online by the internship supervisor.** It is the responsibility of the student to ensure that the supervisor is notified when the evaluation is sent out and when it is due. This form evaluates the internship student’s clinical performance over the term of the internship. The supervisor should discuss this form with the student. The group supervisor also completes this evaluation of the student.
2) **Personal and Professional Characteristics and Potential for Growth Scoring Rubric.** This form is completed online by internship supervisor and evaluates the practicum student’s personal and professional characteristics related to becoming a professional counselor. It also rates the student’s potential to grow as professional counselor. The supervisor should discuss this form with the student.

**EVALUATION AND GRADING**

Performance in the internship course is measured and assessed in a variety of ways, including adherence to course requirements concerning hours spent at internship sites, supervisory requirements to provide audio recordings of counseling sessions, timely and accurate submission of paperwork associated with the clinical experience, the quality of the student’s written assignments and oral presentations, and the quality of class participation.

This course is graded on a **satisfactory/unsatisfactory** basis. All assignments are graded on a scale of 1-10. **Students must achieve an overall average score of 7** on all assignments and complete all other course requirements and expectations to receive a satisfactory grade.

**ASSIGNMENT SCORING RUBRICS:** (Posted on Blackboard & Distributed in Class)

**COURSE OUTLINE:** (See Below)

Class Topics

1. Advanced case conceptualization, diagnosis, treatment planning, referral, and prevention skills
2. Conducting a counseling session using basic and advanced counseling and intervention strategy skills
3. Demonstrating sensitivity to cultural diversity in case conceptualization, diagnosis, treatment planning, referral, and prevention skills
4. Evidence based treatment strategies
5. Fostering client resilience
6. Providing advocacy for clients and consultation/interfacing with other professionals and systems

**MISCELLANEOUS:**

**Classroom Accommodations:**
If you are a student with a documented disability or a student with potential disability conditions, who requires an academic adjustment, auxiliary aids, or other similar accommodations, please contact the Center for Accommodations and Support Services (CASS) at 915-747-5148 Voice/TTY or email cass@utep.edu. You should also visit the CASS website at: http://sa.utep.edu/cass/

Current physical location of CASS is at Room 106 Union East Building.

*Please understand that it is your responsibility to contact CASS for accommodations and services. The instructor will follow guidelines of CASS to assist your needs in this class.*

**Academic Integrity**
Failure to follow academic integrity (academic dishonesty) is prohibited and is considered a violation of the UTEP Handbook of Operating Procedures. It includes, but is not limited to, cheating, plagiarism, and collusion. Cheating may involve copying from or providing information to another student, possessing unauthorized materials during a test, or falsifying research data on laboratory reports. Plagiarism occurs when someone intentionally or knowingly represents the words or ideas of another person’s as one’s own. And, collusion involves collaborating with another person to commit any academically dishonest act. Violations will be taken seriously and will be referred to the Dean of Students Office for possible disciplinary action. Students may be suspended or expelled from UTEP for such actions. Please refer to the student affairs website for more information: https://www.utep.edu/student-affairs/osccr/index.html

Examples of academic dishonesty include:

- Copying from the test paper of another student, engaging in written, oral, or any other means of communication with another student during a test, or giving aid to or seeking aid from another student during a test;
- Possession and/or use during a test of materials which aren’t authorized by the person giving the test, such as class notes, books, or specifically designed “crib notes”;
- Using, obtaining, or attempting to obtain by any means the whole or any part of non-administered test, test key, homework solution, or computer program; using a test that has been administered in prior classes or semesters but which will be used again either in whole or in part without permission of the instructor; or accessing a test bank without instructor permission;
- Collaborating with or seeking aid from another student for an assignment without authority;
- Substituting for another person, or permitting another person to substitute for one’s self, to take a test; and
- Falsifying research data, laboratory reports, and or other records or academic work offered for credit;
- “Plagiarism” means the appropriation, buying, receiving as a gift or obtaining by any means another’s work and the unacknowledged submission or incorporation of it in one’s own academic work offered for credit, or using work in a paper or assignment for which the student had received credit in another course without direct permission of all involved instructors;
- “Collusion” means the unauthorized collaboration with another person in preparing academic assignments offered for credit or collaboration with another person to commit a violation of any provision of the rules on scholastic dishonesty.

1. **UTEP email.** You MUST have a working UTEP e-mail for this course in order to access BLACKBOARD. If you have a UTEP e-mail and it is not working properly, it is your responsibility to contact the HELP DESK not the professors. If you do not have a UTEP e-mail, you can get one free by following these directions:
   a. Log on to www.utep.edu
   b. Click on my.utep.edu
   c. Click on Get your UTEP account here
   d. Follow prompts to activate your E-mail
   e. If you experience any problems with Blackboard call the HELP DESK # 4357 on campus; 747-5257 off campus
Emergency Plan and Inclement weather:
Please refer to available resources, for example: emergency management plan at UTEP police department (http://www.utep.edu/documents/police/emergencyplan.pdf), your student handbook, and university policies. You should monitor potential emergency and weather conditions via university-provided sources and local news channels. Please contact the University Police Department at 747-5611 (or 911) for emergency/crisis conditions, and emergency notification services (such as www.mobilecampus.com & others).
Case Strategies Development Scoring Rubric  
(8-24-15)  

INSTRUCTIONS:  
1. Please score the student’s performance on a scale of 1 to 5 using ½ point increments (see below) on each dimension that is applicable to the Case Strategy.  
2. Write the score in the blank next to each dimension. (Check N.A if the dimension is Not Applicable to the case.)  
3. Write specific feedback comments regarding reasons for the rating on the form or on the back of the form.

Interviewer Name: __________________________________________ Rater Name: __________________________________________ Date: ____________________  

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<tr>
<th>DIMENSIONS STANDARDS</th>
<th>UNSATISFACTORY</th>
<th>MARGINAL</th>
<th>SATISFACTORY</th>
<th>GOOD</th>
<th>EXEMPLARY</th>
</tr>
</thead>
</table>
| 1. Selects, Identifies, and Presents Relevant Case Data when Describing Cases  
Score = ______  
5.C.1.e, 5.C.3.a | Did not provide sufficiently accurate or complete information regarding the case. There were apparent inaccuracies and/or missing pieces of information or extremely vague descriptions of the case. | Provided satisfactory amount of probably accurate information stated in sufficient detail to get a somewhat clear understanding of the case. | Provided exceptionally accurate and very detailed description of highly relevant and useful information with which to clearly understand the case in a precise manner. |
| 2. Utilizes Relevant and Culturally Appropriate Assessment Interventions (i.e. interviews, tests, screening protocols, etc.)  
Score = ______  
5.C.1.c, 5.C.2.j, 5.C.3.a | Did not identify or did not employ relevant and/or appropriate assessment interventions and/or those used were not employed in a culturally sensitive manner. Failed to screen for addiction, aggression, and danger to self and/or others, co-occurring mental disorders, stage of dependence, stage of change, or stage of recovery. | Employed somewhat relevant and appropriate but incomplete assessment interventions based on the case information. Screening for addiction, aggression, and danger to self and/or others, co-occurring mental disorders, stage of dependence, stage of change, or stage of recovery was sufficient but not thorough. Assessment was somewhat culturally sensitive. | Documented the use of multiple assessment interventions and exceptional effort utilizing highly relevant and complete assessment interventions in an exceedingly culturally sensitive manner. Screening for addiction, aggression, and danger to self and/or others, co-occurring mental disorders, stage of dependence, stage of change, or stage of recovery was very thorough. |
| 3. Presents Culturally Sensitive Case Conceptualization  
Score = ______  
5.C.1.c, 5.C.2.j, 5.C.3.a, 5.C.3.b | The case conceptualization was missing or did not include a theoretically grounded and logically consistent causal explanation for the manifestation of the case that incorporated relevant case data in a coherent and organized manner. Clearly relevant culturally related considerations were absent. The understanding of the case was extremely limited. | The case conceptualization included a sufficiently theoretically grounded and somewhat logically consistent causal explanation for the manifestation of the case. The conceptualization loosely but coherently organized the case data. At least one clearly relevant culturally related consideration was included, but not fully elaborated in the conceptualization. There was evidence of a basic understanding of the case. | The case conceptualization elaborated and integrated two or more theoretically grounded and logically consistent causal explanations for the manifestation of the case. The conceptualization organized the case data in a highly consistent and logical manner and included a number of relevant culturally related considerations which offered a thorough and advanced understanding of the case. |
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<tr>
<td>4. Offers Developmentally and Situational Appropriate Differential Diagnosis</td>
<td>1……………1.5…………..2……………..2.5………………3………………..3.5………………..4……………….4.5……………… 5</td>
<td>Did not identify a diagnosis and/or based on the case data, the diagnosis appeared to be inaccurate or developmentally or culturally inappropriate given the specific situation/context of the case. There was no attempt to review possible alternative diagnoses.</td>
<td>Based on the case data, appeared to accurately identify a diagnosis. The diagnosis appeared to be sufficiently developmentally and culturally appropriate given the specific situation/context of the case. One possible alternative diagnosis was discussed, but other possible diagnoses were not considered.</td>
<td>Based on the case data, appeared to accurately identify a diagnosis. The diagnosis appeared to be highly developmentally and culturally appropriate given the specific situation/context of the case. A number of relevant alternative diagnoses were discussed.</td>
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</tr>
<tr>
<td>5. Specifies Relevant Multi-dimensional Treatment Plan</td>
<td>Did not specify a multi-dimensional treatment plan and/or the specified plan was insufficient based on the case data, assessment, conceptualization, and/or diagnosis. The plan failed to offer adequate or substantive opportunity to address the mental health issues identified in the case and/or the plan did not adequately identify the problems, goals, objectives, treatment activities, or outcome indicators in a useful manner.</td>
<td>The specified treatment plan covered some but not all relevant issues, but was sufficient based on the case data, assessment, conceptualization, and/or diagnosis. The plan offered adequate but limited opportunity to address the mental health issues identified in the case. The plan did identify the problems, goals, objectives, treatment activities, or outcome indicators in a sufficiently useful but somewhat vague manner. Adequately applied the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.</td>
<td>The specified treatment plan covered all relevant issues based on the case data, assessment, conceptualization, and/or diagnosis. The plan offered superior opportunities to address the mental health issues identified in the case. The plan clearly identified multiple problems, goals, objectives, treatment activities, and outcome indicators in a very clear manner that offered a concise and substantive tool to guide the treatment process. Applied the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care in a thorough and proficient manner.</td>
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<tr>
<td>6. Describes Culturally Responsive Course of Treatment</td>
<td>The manner in which the counselor and the client interacted, the mutual impact of significant treatment events, and/or evidence of sensitivity to the cultural and contextual elements related to the counseling process were absent from the transcript notation.</td>
<td>The manner in which the counselor and the client interacted, the mutual impact of significant treatment events, and sensitivity to at least one of the cultural/contextual elements of the counseling process was noted in a sufficient but incomplete manner on the transcript. The student’s level of understanding of the process was adequate but somewhat limited.</td>
<td>The manner in which the counselor and the client interacted, the mutual impact of significant treatment events and an acute awareness of and response to a number of cultural/contextual nuances of the counseling process was noted on the transcript which demonstrated an advanced understanding of the counseling process on behalf of the student.</td>
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</tr>
</tbody>
</table>
### Case Strategies Scoring Rubric continued

<table>
<thead>
<tr>
<th>DIMENSIONS</th>
<th>UNSATISFACTORY</th>
<th>MARGINAL</th>
<th>SATISFACTORY</th>
<th>GOOD</th>
<th>EXEMPLARY</th>
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<tbody>
<tr>
<td></td>
<td>1………………</td>
<td>1.5…………</td>
<td>2……………</td>
<td>2.5…………</td>
<td>3……………</td>
</tr>
</tbody>
</table>

#### 7. Identifies and Refers to Culturally Appropriate Resources and Adjunctive Services in the Community

| Score =     |
| 5.C.3.c, 5.C.3.d |

- **Score =_____**
- **Did not identify a list of relevant resources or refer clients to any relevant resources and/or the list of adjunctive community services that was developed lacked relevance and/or cultural appropriateness.**
- **Developed a list of relevant resources and at least one somewhat relevant resource or adjunctive service in the community was identified and discussed with clients. The cultural appropriateness of the referral was limited, but sufficient.**
- **Developed a list of highly relevant culturally appropriate resources and proactively identified, discussed, and made referrals to at least 2 culturally appropriate and highly relevant resources or adjunctive services in the community for cases presented.**

#### 8. Applies Relevant Research Findings /Evidence-based Practices to Inform Treatment Planning and Intervention

| Score =     |
| 2.F.8.b |

- **No relevant research studies/evidence based practice manuals were reviewed during the course of treatment planning or treatment intervention and/or research studies/evidence based treatment manuals reviewed were not relevant to the case or their stated relevancy was extremely unclear.**
- **At least 1 somewhat relevant research study/evidence based practice manual was reviewed during the course of treatment planning or treatment intervention. The description of the relevance and applicability to cases was adequate, but vaguely defined. Session transcripts indicate there were some efforts to employ the e.b.t. protocol in sessions with clients.**
- **At least 3 highly relevant research study/evidence based practice manuals were reviewed during the course of treatment planning or treatment intervention. The description of the relevance and applicability to cases was insightful and it was very clear that the information could be utilized during the course of treatment. Session transcripts indicate there were substantial efforts to employ the e.b.t. protocol in sessions with clients.**
<table>
<thead>
<tr>
<th>Week</th>
<th>Class Dates Thursday 5 p.m. – 8 p.m.</th>
<th>Topics/Activities</th>
<th>Readings</th>
<th>Assignments</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1</td>
<td>5/21/2024</td>
<td>Syllabus Review</td>
<td>Check in /Case Reviews</td>
<td></td>
</tr>
<tr>
<td>#2</td>
<td>5/28/2024</td>
<td>Check in /Case Reviews</td>
<td></td>
<td><strong>Personal Reflections Paper and Goals Statement.</strong></td>
</tr>
<tr>
<td>#3</td>
<td>6/4/2024</td>
<td>Check in /Case Reviews</td>
<td>Case Conceptualization Diagnosis Treatment Planning</td>
<td>Other readings as assigned</td>
</tr>
<tr>
<td>#4</td>
<td>6/11/2024</td>
<td>Check in /Case Reviews</td>
<td>Prevention and Advocacy Crisis, Stressful Situations, Transitions, and Trauma (Chapter 8)</td>
<td>Other readings as assigned</td>
</tr>
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<td>#5</td>
<td>6/18/2024</td>
<td>Check in /Case Reviews</td>
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<td>#6</td>
<td>6/25/2024</td>
<td>Check in /Case Reviews</td>
<td>Psychodynamic Models Case Presentations (Chapter 13)</td>
<td>Other readings as assigned</td>
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<td>#7</td>
<td>7/2/2024</td>
<td>Check in /Case Reviews</td>
<td>Cognitive Models (Chapter 10) Behavioral and Learning Models (Chapter 11)</td>
<td>Other readings as assigned</td>
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<tr>
<td>No Class</td>
<td>7/9/2024</td>
<td>Check in /Case Reviews</td>
<td>Body and Emotions Existential and Spiritual Models (Chapter 12)</td>
<td>Other readings as assigned</td>
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<tr>
<td>#8</td>
<td>7/16/2024</td>
<td>Check in /Case Reviews</td>
<td>Check in /Case Reviews</td>
<td><strong>Evidence Based Treatment Protocol Outline.</strong></td>
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<td>#9</td>
<td>7/23/2024</td>
<td>Check in /Case Reviews</td>
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<tr>
<td>#10</td>
<td>7/30/2024</td>
<td>Check in /Case Reviews</td>
<td>Course Documentation Due</td>
<td><strong>Video Recording #2 Assignment due on Blackboard</strong></td>
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<tr>
<td>#11 (Optional)</td>
<td>8/6/2024</td>
<td>Check in /Case Reviews</td>
<td>Required Course Completion Documentation</td>
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