

Note:

Course content may be changed, term to term, without notice. The information below is provided as a guide for course selection and is not binding in any form, and should not be used to purchase course materials.

COURSE SYLLABUS

COUC 715

ADVANCED THEORY APPLICATION

Course Description

This course examines existing and emerging theories of counseling in order to increase the student's understanding of ethical and effective bio-psycho-social-spiritual assessment and intervention within the therapeutic environment.

Rationale

As a basis for their work, counselors and counselor educators must have an advanced understanding of counseling theories and their relevance for guiding the therapeutic process. In addition to understanding core theoretical principles, counselors and counselor educators need to appreciate contributions from various theoretical approaches to the actual practice of counseling. This understanding serves to heighten competence in formulating effectual treatment strategies and in aiding in the delivery of ethical and effective treatment.

Method of Instruction: This course is delivered using an intensive format. Students attend 36-40 hours of classroom-based instruction at our campus in Lynchburg. In addition to the one week of class time, students are expected to complete additional work online both pre and post intensive over the duration of this 16-week course.

I. PREREQUISITE

For information regarding prerequisites for this course, please refer to the [Academic Course Catalog](#).

II. REQUIRED RESOURCE PURCHASE

Click on the following link to view the required resource(s) for the term in which you are registered: <http://bookstore.mbsdirect.net/liberty.htm>

III. Measurable Learning Outcomes

This course will provide overall development in the doctoral counseling competencies noted below in the matrices of Key Performance Indicators and CACREP Student Learning Outcomes.

Doctoral Key Performance Indicators

6.B.1 Counseling (Measures PLO #4)	
Students will demonstrate the ability to critically evaluate and apply counseling theories across diverse populations and settings	<ol style="list-style-type: none"> 1. COUC 715: Capstone Part 1: Theoretical Counseling Model 2. COUC 715: Capstone Part 2: Conceptualization and Treatment Plan

Student Learning Outcomes Doctoral Matrix of Student Competencies

Students will be able to do the following:

CACREP Counselor Education and Supervision Standards	Performance Evidence
6.B.1 Counseling (PLO #4)	
B.1.a. Scholarly examination of theories relevant to counseling	Reflective Paper (CACREP); Counseling Conference Group Presentation; Gabbard Test; Project Part 1: Theoretical Model; Project Part 2: Case Study
B.1.b. Integration of theories relevant to counseling	Reflective Paper (CACREP); Counseling Conference Group Presentation; Gabbard Test; Project Part 1: Theoretical Model; Project Part 2: Case Study
B.1.c. Conceptualization of clients from multiple theoretical perspectives	Reflective Paper (CACREP); Counseling Conference Group Presentation; Gabbard Test; Project Part 1: Theoretical Model; Project Part 2: Case Study
B.1.d. Evidence-based counseling practices.	Reflective Paper (CACREP); Counseling Conference Group Presentation; Gabbard Test; Project Part 1: Theoretical Model; Project Part 2: Case Study
B.1.e. Methods for evaluating counseling effectiveness.	Reflective Paper (CACREP); Counseling Conference Group Presentation; Gabbard Test; Project Part 1: Theoretical Model; Project Part 2: Case Study
B.1.f. Ethical and culturally relevant counseling in multiple settings.	Reflective Paper (CACREP); Counseling Conference Group Presentation; Gabbard Test; Project Part 1: Theoretical Model; Project Part 2: Case Study
6.B.3 Teaching (PLO #2)	
B.3.a. Roles and responsibilities related to educating counselors	Counseling Conference Group Presentation
6.B.4 Research and Scholarship (PLO #3)	
B.4.h. Professional writing for journal and newsletter publication	Project Part 1: Theoretical Model; Project Part 2: Case Study
6.B.5 Leadership and Advocacy (PLO #5)	
B.5.b. Leadership and leadership development in professional organizations	Counseling Conference Group Presentation
B.5.j. Models and competencies for advocating for clients at the individual, system, and policy levels	Reflective Paper (CACREP);
PLO #6: Integrate faith and spirituality into counselor education and supervision in an ethical manner	
Critically analyze and synthesize course content from a biblical worldview: Measured by assignments	Project Part 1: Theoretical Model; Project Part 2: Case Study
Develop a comprehensive, ethical, and effective bio-psycho-social-spiritual model of counseling that reflects best practices	Project Part 1: Theoretical Model; Project Part 2: Case Study

IV. Course Requirements and Assignments

Pre-intensive Assignments:

1. To help ground you for this foundational course, *carefully read and understand the course syllabus*.
2. **Complete the Course Requirements Checklist.** This is how the university takes attendance. You will find the CRC under the Assignments Tab.

3. Reflective Paper: CACREP Counseling Standards

In an MS Word document entitled Pre-Intensive Reflective Paper, assess, critically analyze, and synthesize your reflections on the CACREP .Counseling Standards listed below, answering the questions next to them in your analysis.

Limit each answer to 250-300 words, double spaced. This is a scholarly document and should include citations to the conceptual and empirical literature to support your model and practices. Include an APA style title page, abstract, and reference page and an introduction and conclusion to your paper. Citing and APA format is required.

Paste a copy of the Grading Rubric for this assignment (Appendix 1) at the end of your document and assess yourself by filling it out before you submit it on the blackboard.

1-6 below should be the APA style headings for your paper, with the answers to follow (approximately one page each):

1. **What theoretical models do you draw on in your counseling and why?** (CACREP Standard B.1.a. Scholarly examination of theories relevant to counseling).
2. **Describe your framework/model of counseling.** Include specifics about how complete a comprehensive assessment (i.e., what specific assessments do you use, clinical interview process), diagnosis, case conceptualization, treatment planning, outcomes assessment, and after care planning, citing the models you listed in section one to demonstrate how you integrate them into your model (CACREP Standard B.1.b. Integration of theories relevant to counseling).
3. **Accurate case conceptualization provides a foundation for ethical and effective treatment (Sperry, 2009).** Describe in detail what you consider important to include in a case conceptualization and why, citing the literature you draw on to provide a rationale for this practice (CACREP Standard B.1.c. Conceptualization of clients from multiple theoretical perspectives).
4. **What is your understanding of the importance of knowing and applying evidence based practices in counseling?** What evidence based practices would you use to counsel (a). a 9-year old suffering with OCD; (b). an adult with moderate levels of depression? Provide a research based rationale for these choices (CACREP Standard B.1. d. Evidence-based counseling practices).
5. **What methods do you use for evaluating counseling effectiveness during the treatment process?** What do you do if the treatment plan you developed is ineffective at addressing presenting problems? How do you prepare counselees to maintain gains made in counseling post-termination? (CACREP Standard B.1.e. Methods for evaluating counseling effectiveness).
6. **Read the ACA Ethics Codes (ACA 2014) and the ACA Counselor Competencies** (items B and C on the Required Resources list). What important points stand out to you as your read these and why? What do you find challenging and why? (CACREP standard B.1.f. Ethical and culturally relevant counseling in multiple settings).

Carefully follow format, structure, and content directions found on the Grading Rubric for this assignment (Appendix 1).

Intensive Week Assignments:

Note: The following assignments should not be completed prior to the intensive. We will work on them during our intensive week together.

1. **Round Table Discussion:** Pre-Intensive Assignment. Gleaning wisdom from one another-Discourse, common themes, questions, concerns, and application to final assignment.
2. **Counseling Conference Group Presentation:** This small group project is designed to give students the experience of collaboratively presenting at a counseling conference. Details will be provided during the intensive. Evaluation criteria for this assignment can be found in Appendix 2.
3. **Peer Review and Feedback:** You will present a detailed outline of your integrative model of counseling to the class, including assessment, diagnosis, case conceptualization, treatment planning, outcomes assessment, and aftercare planning. After presenting your general model, you will apply it to a DSM V diagnosis in the form of a case study that you develop. Round table discussion/will follow. This will help prepare you for the post intensive, Model of Effective Treatment and Case Study assignment and The Qualifying Examination. See Appendix 3 for Peer Review Feedback Form.

Post-Course Assignments:

1. **Gabbard Test:** Read the Gabbard text and take the test related to it. This text presents theoretically integrated, evidence based treatments for each of the DSM V diagnoses. It is a treasure chest of ethical and effective treatments!
2. **Model of Effective Counseling and Case Study Paper**
This assignment is designed to prepare you for the Applied Theory section of the Qualifying Examination, when you will be asked to present your theoretical model of ethical and effective assessment, diagnosis, case conceptualization, treatment planning, treatment, treatment outcomes assessment and aftercare planning (Part 1: Theoretical Counseling Model) and apply it to a DSM V condition (Section 2: Case Study-Conceptualization/Treatment Plan/Treatment). See Appendix 3 for a descriptive grading rubric for this project.

Further details about this capstone course project will be given during the week of the intensive.

You must attend (on time), participate appropriately in all class sessions, and submit all assignments to pass this class.

V. Course Schedule:

Timeline	Course Assignments and Intensive Content Focus
Pre-Intensive Assignments	<ol style="list-style-type: none"> 1. Complete the Course Requirements Checklist 2. Carefully read and understand the course syllabus 3. Complete pre-intensive reflective paper
Monday	<ul style="list-style-type: none"> -Introductions -Overview: Syllabus Review -Round Table Discussion: CACREP Standards -Biblical Foundations for Effective Counseling
Tuesday	<ul style="list-style-type: none"> -Counseling Group Presentation Project <p>Each group will select one theoretical model to present:</p> <ul style="list-style-type: none"> • Cognitive and Cognitive-Behavioral Therapies • Solution Focused Therapies • Experiential Therapies • Modern Psychodynamic Therapies • Systemic Therapies • Narrative Therapies • Integrative Therapies <p>A. Main developers B. Up to date model of change, assessment, and treatment C. Case Study Demonstration (application of model to a DSM Diagnosis) D. Make your presentation interactive and meaningful for the class</p>
Wednesday	<ul style="list-style-type: none"> -Group Presentations -Sample Comprehensive, Integrative Model -Solidifying Your Model and Applying it to Your Own Case Study
Thursday	<ul style="list-style-type: none"> -Finish Group Presentations <p>-You will present a detailed outline of your comprehensive counseling model, including the theories you draw on and why and details about how you do assessment, diagnosis, case conceptualization, treatment planning, outcomes assessment, and aftercare planning. You will also present a detailed outline of a DSM V Case Study applied to your integrative model for peer review and feedback. Round table discussion will follow. This will help prepare you for the post intensive, Model of Effective Treatment and Case Study Article assignment. You will bring a hard copy of the peer review feedback form for everyone, including me.</p>
Friday	<ul style="list-style-type: none"> -Finish presenting outlines -Evaluating Counseling Effectiveness -Becoming a counseling leader: Counseling organization membership and involvement
Post-Intensive Assignments	<ol style="list-style-type: none"> 1. Gabbard Test 2. Capstone Project Part 1: Theoretical Counseling Model 3. Capstone Project Part 2: Application of Theoretical Counseling Model-Case Study

VI. Course Grading and Policies

A. **Assignment Point Values**

Assignment	Points
Pre-Intensive Reflective Paper	250
Counseling Conference Group Presentation	100
Gabbard Test	250
Capstone Project Part 1: Theoretical Counseling Model	200
Capstone Project Part 2: Application of Theoretical Counseling Model-Case Study	200
Total	1,000

B. **Final Grade Point Totals:**

940-1000	A		920-939	A-		900-919	B+
860-899	B		840-859	B-		820-839	C+
780-819	C		760-779	C-		740-759	D+
700-739	D		680-699	D-		0-679	F

C. **Participation Policy**

Students will read and abide by the Honor Code statement and other appropriate guidelines regarding cheating and plagiarism found in the *Liberty Way*. Students are expected to attend all class sessions prepared to actively participate in class discussions and the various exercises and activities as they occur. An open, curious, and honest attitude toward learning from others will facilitate development for all participants.

D. **Class Attendance Policy**

You must attend all portions of the intensive to pass this class.

E. **Professionalism Policy**

Agreement or respectful disagreement with others in the class is expected. Learning to accurately communicate beliefs, attitudes, and emotions about important issues is a crucial part of both personal and professional development as a counselor. Engaging in this process in an appropriate manner is expected.

Students may not “multi-task” during class time. Usage of technological resources is restricted to activities specifically related to class assignments.

Submit work that is appropriate for the doctoral level. These expectations include excellent grammar and spelling, coherent paragraphs, precise APA style, and sufficient levels of written organizational structure.

F. **English as a Second Language**

If English is your second language, please make use of editing help prior to submitting your work. Grading is required to be consistent for all students.

G. **Academic Misconduct**

(See Honor Code for procedures that follow academic misconduct) Taken directly from the LU Honor Code which can be found in its entirety at:

https://www.liberty.edu/index.cfm?PID=19459&this_session_key=Ss9m3739k81L7w94B3eZ1MGM68wdS8cG47o8qRc7&fullnameErrorCode=&ns=false&website=&year=2011&term=40&CFID=119187893&CFTOKEN=23240145)

Students are expected to maintain academic integrity in all assignments.

Therefore, academic fraud such as plagiarism is not acceptable. If it is found that plagiarism has occurred, the student will receive a zero for the assignment and may receive an F for the course.

Academic misconduct includes, but is not limited to, plagiarism, cheating and falsification.

Plagiarism is the intentional failure to give sufficient attribution to the words, ideas, or data of others that the student has incorporated into his/her work for the purpose of misleading the reader. In some cases, a student may be careless and fail to give credit to the words, ideas or data of others. In such situations, plagiarism has still occurred, but the professor may choose from an array of sanctions he/she deems appropriate. In order to avoid plagiarism, students must conscientiously provide sufficient attribution. Attribution is sufficient if it adequately informs and, therefore, does not materially mislead a reasonable reader as to the true source of the words, ideas, or data. Students who have any doubt as to whether they have provided sufficient attribution have the responsibility to obtain guidance from their professor or other person to whom they are submitting their work.

Plagiarism in papers, projects or any assignment prepared for a class shall include the following:

Cheating is a form of dishonesty in which a student attempts to give the appearance of a level of knowledge or skill that the student has not obtained, gives unauthorized aid, or wrongly takes advantage of another's work. Examples include, but are not limited to:

Falsification is a form of dishonesty in which a student misrepresents the truth, invents facts, or distorts the origin or content of information used as authority. Examples include, but are not limited to:

VII. Plagiarism

- A. Omitting quotation marks or other conventional markings around material quoted from any printed source (including digital material)
- B. Directly quoting or paraphrasing a specific passage from a specific source without properly referencing the source

- C. Replicating another person's work or parts thereof and then submitting it as an original
- D. Purchasing a paper (or parts of a paper) and representing it as one's own work
- E. Multiple submissions: Multiple submission is the use of work previously submitted at this or any other institution to fulfill academic requirements in another class. For example, using a paper from a prior class for a current course assignment is academic fraud. Slightly altered work that has been resubmitted is also considered to be fraudulent. With prior permission, some professors may allow students to complete one assignment for two classes. In this case prior permission from both instructors is absolutely necessary.

VIII. Cheating

- A. Copying from another person's work on an examination or an assignment
- B. Allowing another student to copy any portion of one's work on an examination or an assignment
- C. Using unauthorized materials or giving or receiving any other unauthorized assistance on an examination or an assignment
- D. Taking an examination or completing an assignment for another, or permitting another to take an examination or to complete an assignment for the student.
- E. Reusing a paper from a previous course
- F. Paying another student to complete a course, an individual assignment or an examination

IX. Falsification

- A. Dishonestly answering or providing information in the application process
- B. Citing a source that is known not to exist
- C. Attributing to a source ideas and information that are not included in the source
- D. Falsely citing a source in support of a thought or idea when it is known not to support the thought or idea
- E. Citing a source in a bibliography when the source was neither cited in the body of the paper nor consulted
- F. Intentionally distorting the meaning or applicability of data
- G. Inventing data or statistical results to support conclusions.

H. Disability Statement

Students with a documented disability may contact the DLP Office of Disability Academic Support (ODAS) at dlpodas@liberty.edu to make arrangements for academic accommodations.

I. Drop/Add Policy

Consult the Graduate Catalog for drop/add policies.

J. Dress Code (applies to classes meeting on campus)

Students are expected to maintain a neat, professional appearance while in class.

K. Email Correspondence

It is important for students to check their Liberty e-mail account daily and to respond to e-mails from faculty and staff within 24-48 hours. Students are expected to communicate in a professional manner at all times whenever emailing classmates, professors, or any employee of Liberty University. Because there is no accompanying tone of voice, facial expressions or body language, email communication is more easily misinterpreted than face-to-face. Your emails should be courteous and well thought out to avoid knee-jerk responses that will be interpreted as “flaming” or sarcasm. Communicate complaints directly to the individual involved. Do not send a blanket email to everyone in the class or to administrative personnel until you have communicated your concerns directly to the person involved and allowed them time to respond. Do not post a message to the class on Blackboard that is more appropriate for an individual. Avoid offensive language of any kind.

L. Dual Relationship

The faculty is responsible to interact with counseling students in a supervisory capacity/role. As such, faculty may provide students professional principles, guidance, and recommendations as it relates to the context of the student-client setting. The faculty is responsible to avoid dual relationships with students such as entering a student-counselor or student-pastor relationship. Thus, the faculty does not provide personal counseling addressing student personal problems. If a faculty member perceives that a student is in need of personal or professional counseling then that faculty member will recommend that the student pursue either pastoral or professional assistance from a counselor in their community.

M. Limits of Confidentiality

Students are encouraged to share prayer requests and life concerns with the professor in this class. Not only will the professor pray for and care for students, but can guide students to appropriate University resources if desired.

However, in the event of a student's disclosure, either verbally or in writing, of threat of serious or foreseeable harm to self or others, abuse or neglect of a minor, elderly or disabled person, victim or witness of a crime or sexual misconduct, or current involvement in criminal activity, the faculty, staff, administrator, or supervisor will take immediate action. This action may include, but is not limited to, immediate notification of appropriate state law enforcement or social services personnel, emergency contacts, notification of the appropriate program chair or online dean, or notification to other appropriate University officials. All reported information is treated with discretion and respect, and kept as private as possible.

The university Title IX Policy requires faculty to contact the Title IX Office when a student reports past or present abuse. In cases like this, your privacy will be respected by the Title IX office; however you will be contacted by them so they can offer you supportive resources.

N. Sexual Violence Consultation & Counseling Policy

Liberty University is committed to providing a safe place for learning. As such, Liberty adheres to the Title IX directive of not tolerating any form of sex -based discrimination, which can include: acts of sexual violence, sexual misconduct and

disrespect for one another including non-consensual sexual intercourse, non-consensual sexual contact, sexual exploitation, sexual harassment, dating violence, domestic violence, childhood sexual abuse, and stalking. Additionally, Liberty University is committed to supporting and coming along-side students who may be victims of sexual discrimination and/or violence, currently, or in the past.

Under Title IX, faculty are obligated to disclose to the university's Title IX office any student disclosure of current or past experience of sex-based discrimination, physical violence and/or sexual violence. Thus, **if a student discloses to a faculty member, verbally or in writing, that he/she has experienced sex-based discrimination, physical violence and/ or sexual violence, presently or in the past, then the faculty member will make a referral to the Title IX office.** This process is in place so that the university can help ensure that students are offered both the support and resources needed to help them succeed in their educational endeavors. An employee from the Title IX Office will reach out to the student and offer support, resources, and information. Although the faculty are required to report incidents of sex-based discrimination and/or violence to the Title IX office, students are not required to accept any offers of support, resources or information.

O. FN policy

Students who begin a course, but at some point in the semester cease attending, and do not provide official notification to withdraw, will be assigned a grade of "FN" at the discretion of the instructor, dated to the student's last date of academic activity. A grade of "FN" will be assigned when a student stops attending and/or participating in a class for a period of 21 consecutive days or longer. "FN" indicates that the student ceased attendance and failed to complete the course objectives. The last date of attendance will be based upon the last date that a student submitted an academic assignment (such as an examination, written paper or project, discussion board post, or other academic event).

X. **Suggested Readings:** See additional resources (links and course content) posted on the Blackboard

Appendix 1: Grading Rubric for the Pre-Intensive Reflective Paper

REQUIREMENTS	POINTS
Your paper includes an APA formatted title page, abstract with key terms, correct APA style heading and reference page (refer to the APA Manual for details and a sample APA style paper to ensure you include all elements required for APA style manuscript submissions). Also include a brief introduction and conclusion to your paper.	0-25 (depending on quality)
The paper is written professionally. Doctoral level scholarship is required. First person and your “voice” may be used. Critical analysis and synthesis is apparent.	Up to 50 points removed for deficits
<p>The paper includes the following headings in proper APA style format and answers each of the questions related to them (see assignment instructions)</p> <ol style="list-style-type: none"> 1. What theoretical models do you draw on in your counseling and why (CACREP Standard B.1.a. Scholarly examination of theories relevant to counseling). 2. Describe your framework/model of comprehensive assessment, diagnosis, case conceptualization, treatment planning, outcomes assessment, and after care planning, citing the models you listed in section one to demonstrate how you integrate them into your model (CACREP Standard B.1.b. Integration of theories relevant to counseling). 3. Describe in detail what you consider important to include in a case conceptualization and why, citing the theoretical literature you draw on to provide a rationale for this practice (CACREP Standard B.1.c. Conceptualization of clients from multiple theoretical perspectives). 4. What is your understanding of the importance of knowing and applying evidence based practices in counseling? What evidence based practices would you use to counsel (a). a 9-year old suffering with OCD; (b). an adult with moderate levels of depression? Provide a rationale for these choices (CACREP Standard B.1.d. Evidence-based counseling practices). 5. What methods do you use for evaluating counseling effectiveness during the treatment process? What do you do if the treatment plan you developed is ineffective at addressing presenting problems? How do you prepare counselees to maintain gains made in counseling post-termination? (CACREP Standard B.1.e. Methods for evaluating counseling effectiveness). 6. What important points stand out to you as your read the ACA Ethics Codes and the ACA Counselor Competencies and why? What do you find challenging and why? (CACREP Standard B.1.f. Ethical and culturally relevant counseling in multiple settings). 	0-125 (25 points each) (depending on quality)
Your paper is well structured and includes an introduction, conclusion, and solid transitions between each primary heading.	Up to 50 points removed for deficits
Your paper is clearly and succinctly written; it does not exceed 250-300 words per question (not including title page, abstract, introduction,	50 points removed if it exceeds page limits

conclusion, and reference page).	
Your paper is creative and engaging.	0-50 (depending on quality)
Your paper is correctly written: grammar, structure, word choice etc.	Up to 50 points removed for deficits
A copy of this Grading Rubric is filled out (including the grade you think you should get and a brief rationale for the grade you propose) and is pasted at the end of your paper.	-25 if not included
SCORE:	/250

Appendix 2: Counseling Conference Group Presentation Grading Rubric

	Target (3)	Acceptable (2)	Unacceptable (1)
Content (40pts)	<p>Presentation Hand-Out</p> <ol style="list-style-type: none"> 1. Presenters Names and Bios (one-two sentences each) 2. Abstract: Describes the content of the presentation, provides a rationale and three learning outcomes. Key words are given. 3. Main developers of the model 4. Up to date model of change, assessment, and treatment (keys) (you will provide a brief overview of these elements in your presentation) 5. Case study (application of model to a DSM Diagnosis) (keys) (you will demonstrate an aspect of the model applied to the treatment of a person(s) with a DSM V diagnosis or V-code of your choice 6. References and links to training opportunities 7. Post your Hand-Out on the Blackboard 	Generally, covers the required content but lacks in some important areas.	Does not cover the required content in a scholarly manner.
Organization (20 pts.)	Presentation is clear, logical, and organized with consistency of design. The sequence of information is logical and intuitive.	Project is generally clear but a few minor points may be confusing. The sequence of information is somewhat logical but lack of consistency in design.	Some information is not clear and organization haphazard due to lack of sequencing. The sequence of information is not logical and design is not consistent.
Use of Language (10 pts.)	Information presented is complete and grammatical, and flows together easily. Words are chosen for their	Information presented is complete and grammatical. Most words are chosen for their precise meaning.	Project distracted by grammatical errors. Information is incomplete/halting, and/or vocabulary is

	precise meaning.		limited.
Multimedia Elements (20 pts.)	All graphics, video, audio, or other enhancements are used effectively to enrich the learning experience. All multimedia elements communicate effectively.	Some graphics, video, audio, or other enhancements are used effectively to enrich the learning experience. Multimedia elements accompany content but there is little evidence of mutual reinforcement.	Limited graphics, video, audio, or other enhancements are used effectively to enrich the learning experience. There is some tendency toward random use of graphical elements that do not reinforce content.
Participant Involvement (10 pts.)	Participant activities or individual tasks were developed into a highly integrated, well-organized project tied to the stated learning objectives.	Project reflects collaborative approach. Interactive activities were combined to develop a focused project.	Project lacks collaborative effort and interactive activities. Individual tasks resulted in a disjointed project and it lacked focus and continuity of the topic presented.
Total: 100 points			

Appendix 3: Peer Review- Outline of Model and Outline of Case Study Feedback Form

Components of Outline	Feedback
Theoretical Framework and Rationale (Evidence	

Base)	
Assessment Process (BPSS)	
Case Conceptualization Process	
Diagnosis Process	
Treatment Planning (Chart)	
Outcomes Assessment	
Aftercare Planning	
Case Study	

APPENDIX 4: Capstone Project: Part I and Part II Grading Rubric and Details

		Comments
1	Proper APA (6 th Edition) Style: Title page through references and <u>everything</u> in between	
2	Paper Organization: Precisely follows requirements in this rubric (use exact heading and sub-heading titles indicated for each section). Includes a clear, succinct abstract, introduction and conclusion that summarizes paper's contents and clearly articulated transitions between the primary sections of the paper.	
3	Professional, Scholarly, Publishable Quality: Correct grammar, spelling, syntax, use of verbiage, tense, etc.	
4	ALL points and facts presented in the paper are supported by proper use of citations and references to current empirical and theoretical literature.	
5	Section One: Part One-Presentation of your comprehensive theoretical counseling model <u>Heading Title</u> : Comprehensive Theoretical Model of Counseling <u>Sub-Headings</u> : Theoretical Framework, Comprehensive Assessment (be specific about the assessments you use and how you go about clinical assessment (Biological Psychological, Social and Spiritual Assessment), Case Conceptualization, DSM V Diagnosis, Measurable Treatment Planning, Empirically Based Treatment, Outcomes Assessment, and Aftercare Planning.	
6	Section Two: Part Two: Case Study- Case Conceptualization/Treatment Plan/Treatment. Your model applied to a DSM V Diagnosis	
7	Section Three: Appendices (related to the case study presented in section 2): (a) Evaluation Report including Case conceptualization and DSM V diagnosis; (b) Empirically based treatment plan chart with goals, measurable outcomes, and aftercare plan; and (c) Chart of a proposed evidence-based treatment protocol (approximate modules). These items should be in the Appendix, not the body, of your paper.	
8	Has at least 20 references (properly cited in the body and the reference section). References are up to date, professional, and from primary sources (e.g., at least 15 of these are articles from peer-reviewed journals) and in proper APA 6th edition manual format (including doi or download information for journal articles).	
9	Assignment is double spaced, 12 point, Times New Roman	
10	Assignment may be written in the first person and must be appropriately professional and scholarly	
11	Assignment is of proper length (10 pages) [not including title page, abstract, references and required appendices]) DO NOT EXCEED PAGE LIMIT.	
12	Few, if any quotations, that are brief and are in proper APA format	
	Total Points 450	

1. Assessment

Each counselor needs to develop a protocol that ensures ethical, effective and comprehensive assessment takes place prior to embarking on a counseling journey with counsees. One aspect of this is completing a semi-structured interview (see, for example, the Nussbaum text). Some assessments I find helpful:

- Level 1 DSM V Cross-Cutting Symptom Measures
- Level 2 DSM V Cross-Cutting Symptom Measures (as indicated)
- DSMV Disorder-Specific Severity Measures
- DSM V Disability Measures
- DSM V Personality Inventories
- DSM V Early Development and Home Background
- DSM V Cultural Formulation Interviews
- Mental Status Examination
- Genogram
- Life Map
- Young Schema Inventories
- Attachment to God Inventory
- Demographic Survey
- Willard Harvey's Emotional Needs, Love Busters, and Recreational Companionship Surveys
- Gottman Surveys
- Jongsma's Detailed Sexual History Form
- Surveys that emanate from various evidence based treatments related to specific disorders or outcomes measurements (I often use the Level 2 DSM V Cross Cutting Measures to track progress throughout the treatment).

2. Sections to Include in your Written Report (Appendix Item for your final paper): Should correspond to your case study.

Demographic Information- include family, age, ethnicity, gender, work history, health history.

Presenting Problem- this section includes the problem the client brought to the first session or the problem reported in the intake (sometimes the problem changes or is modified as therapy progresses, however what is reported here is the original presenting problem). Screen for danger to self/ suicidal ideation, assess risk, screen for substance abuse/addictive behaviors.

Observational Data- An assessment of the patient's behavioral and cognitive functioning. Include a description of the client's appearance and general behavior, level of consciousness and attentiveness, motor and speech activity, mood and affect, thought and perception, attitude and insight.

History of the Presenting Problem- this section includes other pertinent information about the client and the problems presented: history of the presenting problem, client and family's diagnosis and treatment history, social-relationship history, academic/work history, medical/developmental history, including date of last complete physical examination, alcohol and substance abuse history.

Assessment/Testing Procedure-What was your *specific* assessment/intake/evaluation procedure?

DSM-5 Diagnosis- this section should include a diagnosis consistent with the DSM-5 criteria and should include primary, secondary and tertiary diagnoses (and all other components as appropriate, see the DSM-5 for more information).

Case Conceptualization: What is your understanding of the presenting problem and what needs to happen in counseling for the client to reach his/her/their goals? What is your rationale for your treatment plan?

Treatment Planning This section should be integrated with the research/evidence based treatments section. This is a comprehensive form that includes the presenting problems, diagnosis, goals, and interventions in one form. Please use the treatment plan template provided.

Ethics: Based on the ACA 2014 Ethics Codes, what ethical considerations need to be addressed or considered in this client's case?

Multi-cultural: this section should include multi-cultural considerations. Discuss cautions or perspectives that this culture might have. Provide information that indicates that you recognize the cultural diversity, which can involve: language, rural, urban or suburban setting, race, ethnicity, socioeconomic status, age, gender, sexual orientation, sexual variance, religion, disability, nationality, employment, education, occupation, political ideology, stage of migration/acclimation, historical moments and ideologies; life conditions, power differentials, and discrimination practices.

Research/Evidence based treatments - this section should naturally support the treatment plan with citations from the literature regarding effective treatments and interventions. This section should include 5-10 citations from peer-reviewed literature regarding evidence based treatments.

Assessment of Treatment Progress: This section should include baseline data from scaling during session one on the presenting problem and a chart including the level on the scale in subsequent sessions, client's attributions of improvements and/or the various treatment interventions used and content from assessments (such as the DSM-5 online assessments) if they are used.

Referral or Adjunct Services Section: Include a section discussing any needed referrals such as referral to psychiatrist for medication evaluation or referral to a general practitioner. Also, include other services as appropriate, such as referral for group counseling, psychological testing, individual, couples or family counseling as appropriate, etc. Begin a folder to document referral sources available in the community, add to this folder as you become aware of new community resources, consult with you supervisors and peers and continue to use this throughout the internship. This is an important part of a counselors' toolbox.

3. Treatment Plan (Appendix Item for your final paper): Should correspond to your case study.

Problem or Concern	Measurable Treatment Goal	Treatment Interventions (Be Specific)	Expected Number of Sessions Devoted to Reaching This Goal	Measurable Means of Evaluating and Monitoring Progress Toward Treatment Goal	Aftercare Plan/ Follow-Up (Means of maintaining treatment gains) (Include titration of treatment dosage)