



M.S. in Clinical Mental Health Counseling (MSC)

Syllabus

**MSC 512, Section ASY – Theories of Counseling**

**Fall Semester 2023**

3 Credit Hours

Dates:	August 28 – December 15, Class Meetings Moodle 09/11, 10/30, 12/04
Settings	Online/Distance Learning Asynchronous - Moodle Classroom
Instructor:	Dr. Sylvia Lindinger-Sternart, CRC, LCPC (MT) Associate Professor Counseling
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Office Hours:	By appointment – Collaborate Advising <a href="https://us.bbcollab.com/guest/b3ae486c1e1a4166bebaadf21dc7ccec">https://us.bbcollab.com/guest/b3ae486c1e1a4166bebaadf21dc7ccec</a>
Website:	<a href="https://www.uprovidence.edu/academics/explore-programs/clinical-mental-health-counseling/">https://www.uprovidence.edu/academics/explore-programs/clinical-mental-health-counseling/</a>
Acad. Calendar	<a href="https://www.uprovidence.edu/wp-content/uploads/2023/06/FINAL_Fall_2023_Calendar.pdf">https://www.uprovidence.edu/wp-content/uploads/2023/06/FINAL_Fall_2023_Calendar.pdf</a>

**I. Course Description**

- A. Catalog Description: The MSC 512 Theories of Counseling is a critical examination of the essential models of counseling. This course explores the conceptual frameworks of approaches to understanding personality, development, abnormal behavior, and the process of change as it occurs in psychotherapy, with the ultimate goal of the formulation of the students' theory of counseling.

**II. Methods of Instruction**

This course will be taught as an asynchronous graduate course with various settings such as lecture and group discussion, presentations, and an academic paper. It is expected that students will have read all readings and be prepared to engage in a conversation regarding major points and application of the readings. Students are expected to be respectful of others' opinions, share perspectives and engage in critical thinking, integrating information and theories from other disciplines and engage in ethical practices.

### III. Program Student Learning Objectives

#### COUNSELING AND HELPING RELATIONSHIPS

By the end of this program, students will be able to ...

Analyze theories and models of counseling.

Identify relevant counseling interventions suitable to a specific population.

Integrate gained knowledge and formulate a personal model of counseling.

### IV. Behavioral Objectives for Course / Anticipated Student Competencies / (CACREP Standards)

- Upon completion of this course, the successful student will be able to:

#### KNOWLEDGE/SKILLS/SCHOLARSHIP

1. Analyzing the leading theories and models of mental health counseling (S2.F.5.a) (S5.C.1.b)
2. Evaluating how personal characteristics and view of human nature influence the counseling process (S2.F.5.f)
3. Integrating the steps that lead from a given system's theory of personality to its theory of counseling to its therapeutic process and counseling relationship (S2.F.5.b)
4. Analyzing how the various systems are similar, different, complex and diverse. This comparative analysis is aimed helping students realize how much counseling theories agree on the process producing change while disagreeing on the content that needs to be changed (S2.F.5.c)
5. Formulating a personal theory of counseling that embraces each person's unique personality and multicultural background (S2.F.5.d) (S2.F.2.c)
6. Awareness and development of the helping relationship (S2.F.5.d) (S2.F.2.c)
7. Develop case conceptualizations according to different theories. (S2.F.5.g)
8. Development of treatment/intervention plans and measurable outcomes according to various counseling theories. (S2.F.5.h) (S2.F.5.i)
9. Evaluating the effectiveness of counseling strategies that are based on theoretical concepts by weighing the empirical research evidence such that each student can appreciate the limitations and contraindications of each system in the prevention and intervention of clients (S2.F.5.j) (S2.F.8.b) (S5.C.2.b)
10. Formulating a personal theory of counseling that embraces each person's unique personality and multicultural background (S2.F.5.n) (S2.F.1.i)

#### CACREP STANDARDS – Section 2 (S2)

##### 1. Professional Counseling Orientation and Ethical Practice

- i. Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling (S2.F.1.i)

## **2. Social and Cultural Diversity**

- c. Multicultural counseling competencies (S2.F.2.c)

## **3. Human Growth and Development**

- a. Theories of individual and family development across the lifespan (S2.F.3.a)
- d. Theories and etiology of addictions and addictive behaviors (S2.F.3.d)
- f. Systemic and environmental factors that affect human development, functioning, and behavior (S2.F.3.f)
- g. Effects of crisis, disasters, and trauma on diverse individuals across the lifespan (S2.F.3.g)
- h. A general framework for understanding differing abilities and strategies for differentiated interventions (S2.F.3.h)
- i. Ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan (S2.F.3.i)

## **5. Counseling and Helping Relationships**

- a. Theories and models of counseling (S2.F.5.a)
- b. A systems approach to conceptualizing clients (S2.F.5.b)
- c. Theories, models, and strategies for understanding and practicing consultation (S2.F.5.c)
- d. Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (S2.F.5.d)
- e. The impact of technology on the counseling process (S2.F.5.e)
- f. Counselor characteristics and behaviors that influence the counseling process (S2.F.5.f)
- g. Essential interviewing, counseling, and case conceptualization skills (S2.F.5.g)
- h. Developmentally relevant counseling treatment or intervention plans (S2.F.5.h)
- i. Development of measurable outcomes for clients (S2.F.5.i)
- j. Evidence-based counseling strategies and techniques for prevention and intervention (S2.F.5.j)
- k. Strategies to promote client understanding of and access to a variety of community-based resources (S2.F.5.k)
- l. Suicide prevention models and strategies (S2.F.5.l)
- m. Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid (S2.F.5.m)
- n. Processes for aiding students in developing a personal model of counseling (S2.F.5.n)

## **8. Research and Program Evaluation**

- b. Identification of evidence-based counseling practices (S2.F.8.b)

CACREP Standards Section 3 (S3): Professional Practice  
can be reviewed in the Handbook for Practicum and Internship

CACREP Standard: Section 5 (S5): C. Clinical Mental Health Counseling

### 1. Foundations

b. Theories and models related to clinical mental health counseling (S5.C.1.b)

### 2. Contextual Dimensions

b. Etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders (S5.C.2.b)

CACREP Standards Section 3: Professional Practice can be reviewed in the Handbook for Practicum and Internship

## V. Prerequisites to this Course and Requirements this Course Fulfills:

- This is a **required course for MSC students**, and it has **no prerequisites**. Students **must earn a B or better** to proceed to the next semester of coursework.

## VI. REQUIRED TEXTS:

<https://uprovidence.textbookx.com/institutional/index.php>

- A. Prochaska, J. O., & Norcross, J. C. (2018). *Systems of psychotherapy: A transtheoretical analysis* (newest edition), Oxford University Press. ISBN-13:9780190880415, ISBN-10:0190880414
- B. Gehart, D. (2017). *Theory and treatment planning in counseling and psychotherapy*. Brooks/Cole Publishing. ISBN: 9781305089617  
ISBN10: 1305089618
- C. American Psychological Association (newest edition). *Publication manual of the American Psychological Association*, Seventh Edition, 2<sup>nd</sup> printing, published by the American Psychological Association. ISBN: 978-1-433-80561-5

## VII. Course Requirements and Course Activity Summary

### A. Professional Dispositions

Students will be evaluated on their ability to demonstrate and progress in the following professional dispositions in this course and throughout the program:

- **Mindfulness.** Active, open attention on the present; observing one's thoughts and feelings without judgment.
- **Engagement.** Involvement and commitment to one's own and other's personal and professional development.
- **Reflexivity.** An awareness and exploration of one's own belief systems and values, and their impact on relationships with self and others.

- **Curiosity.** Eagerness to know, discover, and generate; interest leading to inquiry.
- **Integrity.** Consistent commitment to professional ethics and values of the counseling profession; holding steadfastly true to one's commitments.
- **Empathy.** The action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings and thoughts of another
- **Professionalism.** Maintaining conduct and qualities that characterize a counseling professional.

All students will be expected to model these dispositions during class meetings.

## B. Assignments:

### 1. **MOODLE Discussion Participation** (30%).

You are encouraged to be active on the Collaboration/Discussion forum to learn from each other, minimum of 1 posting/week; up to 3 posting are recommended. Discussions on Moodle will be run with a seminar focus where students engage in active learning. Studies show that students with high participation records get better grades and comprehend more about a given subject. Please sign into the course every other day (at a MINIMUM). Please be sure to read, contemplate, and respond to the postings provided by other students because reading, thinking, and discussing what other students say will deepen your learning of the material. If the professor of the course poses a question, you **MUST** respond. Sometimes the posting will be to an individual; sometimes the posting will be to all the students in the course. Your initial posting must be completed by the date that is provided on Moodle of any given week (250 – 750 words). Each discussion posting must be “unique”. Unique means 2 things: your posting must present material that has not already been posted by another student and your posting must be more than merely supportive. Support is a very important part of your postings, but you must factually argue why you are supportive based on material that is pertinent to the course (APA style). Points are mostly based on your presentation of factual material from the textbooks for this course so citing according to APA style is important.

### 2. **Exploratory Paper: Conceptualizing Personal Change – Self-Reflection Paper** (10%).

1. Each student will write a 3-5 pages paper describing **at least one** instance in which they have intentionally changed or attempted to change some significant aspect of their thinking, behavior, or emotional state. You can use I statements in this academic paper as it is a self-reflective paper. Certainly, if you support your statements with a citation, it makes the paper stronger.

2. For each example of personal change students will describe:

- (a) A specific and detailed description of what it was you attempted to change.
- (b) The conscious and subconscious motivations that precipitated the change –

- why did you attempt to change?
- (c) Activities engaged in to help bring about the desired change – what did you do or attempt to do to bring about change?
  - (d) Obstacles encountered – what made changing difficult?
  - (e) Outcomes – what changes were made (how were your behaviors, ways of thinking or emotions different because of your attempt to change)?
  - (f) How changes were sustained – were the changes you made maintained over time and what did you do to maintain the changes?
3. Summary of Learning – a brief description of what your own experiences with change have taught you about the change process.

The paper must be submitted on Moodle and is due **Sept. 17, 11:59PM**

### **3. Treatment Plan based on Case Conceptualization (10%).**

1. Please use the template of the case conceptualization to develop the treatment plan. The template of the case conceptualization and the treatment plan (in the Gehart textbook) and additional treatment planning information related to a theory of your choice will help you to construct a treatment plan for the case study provided. Bullet points are fine for the plan itself, but your summary should be written out.
2. The treatment plan should include:
  - (a) At least two goals for each phase of treatment.
  - (b) Specific, theory-based interventions for each goal.
  - (c) A summary describing why you chose the interventions you did. You should explain both how the interventions are derived from your theory and how they fit the dynamics of the case.

Treatment Plan (100 Points) **Due October 15, 11:59PM**

**4. Formulation Personal Theory - Academic Paper (30%).** At the end of the course, each student must have formed her/his own personal model/theory of counseling. Each paper must be based upon at least 8 research articles from peer-reviewed journals and professional books in the fields of counseling and/or psychology (this includes the textbooks). The major emphasis of the content is the theoretical foundation of your personal model of counseling. The paper should articulate your current theoretical approach to counseling and psychotherapy based upon your experiences in the course. Make sure you address significant issues described in the rubric below.

The paper must be written according to the APA style manual. The paper must be a **minimum of 10 pages** long (excluding the title page, abstract, reference page(s))



and any figures or tables). Failure to turn in the paper will result in 0 points for this assignment. For each calendar day that your paper is turned in late, the grade will be dropped by 25%.

The paper must be submitted on Moodle and is due **Nov 19<sup>th</sup>**.

Your evaluation will be based on the provided rubric below.

### Rubric – Paper Formulation Personal Theory

Criteria	1 Emerging	2 Progressing	3 Proficient	4 Exemplary
<b>SOURCES/ QUALITY of Information</b> 10%	<b>Used no</b> academic peer-reviewed articles/professional books but some Internet links to provide information.	<b>Used one/two</b> academ. peer-reviewed articles/professional books but also Internet links to provide and partially support inform.	<b>Used three/four</b> academic peer-reviewed articles/professional books but also Internet links to provide and support information.	<b>Used eight</b> academic peer-reviewed articles/professional books to provide and support accurate information.
Theories and models of mental health counseling  <b>(S2.F.5.a)</b> 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b>  -Description of counseling theory/theories (PSA, Psychodynamic, CBT, REBT, Adlerian, Family, Feminist ,,,-any of the textbook) that you selected for formulating a personal Counseling Model	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Description of counseling theory/theories (PSA, Psychodynamic, CBT, REBT, Adlerian, Family, Feminist ,,,-any of the textbook) that you selected for formulating a personal Counseling Model	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Description of counseling theory/theories (PSA, Psychodynamic, CBT, REBT, Adlerian, Family, Feminist ,,,-any of the textbook) that you selected for formulating a personal Counseling Model	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -Description of counseling theory/theories (PSA, Psychodynamic, CBT, REBT, Adlerian, Family, Feminist ,,,-any of the textbook) that you selected for formulating a personal Counseling Model
A systems approach to conceptualizing clients.  <b>(S2.F.5.b)</b> 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b>  -Case Conceptualization Integrative or trans-theoretical approach (Textbooks)	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Case Conceptualization Integrative or trans-theoretical approach (Textbooks)	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Case Conceptualization Integrative or trans-theoretical approach (Textbooks)	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -Case Conceptualization Integrative or trans-theoretical approach (Textbooks)
Theories, models, and strategies for understanding and practicing consultation  <b>(S2.F.5.c)</b> 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b>  -Theory(ies), models, & strategies for	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Theory(ies), models, & strategies for	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Theory(ies), models, & strategies for	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -Theory(ies), models, & strategies for

	consultation	consultation	consultation	consultation
<b>Ethical and culturally relevant strategies for establishing /maintaining relationships (S2.F.5.d)</b>  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> -Professional view – developing an ethical and culturally relevant therapeutic relationship with the client.	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Professional view – developing an ethical and culturally relevant therapeutic relationship with the client.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Professional view – developing an ethical and culturally relevant therapeutic relationship with the client.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -Professional view – developing an ethical and culturally relevant therapeutic relationship with the client.
<b>The impact of technology on the counseling process (S2.F.5.e)</b>  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> - Technology used in Counseling - Impact of technology on counseling process	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: - Technology used in Counseling - Impact of technology on counseling process	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: - Technology used in Counseling - Impact of technology on counseling process	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section. This integration flowed smoothly and showed vast creativity. <b>Addressed all of the issues below</b> in a precise & clear manner: - Technology used in Counseling - Impact of technology on counseling process
<b>Counselor characteristics and behaviors that influence the counseling process (S2.F.5.f)</b> 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> -Professional view – counselor characteristics and behaviors that impact the process of change.	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Professional view – counselor characteristics and behaviors that impact the process of change.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Professional view – counselor characteristics and behaviors that impact the process of change.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section. This integration flowed smoothly and showed vast creativity. <b>Addressed all of the issues below</b> in a precise & clear manner: -Professional view – counselor characteristics and behaviors that impact the process of change.
<b>Essential interviewing, counseling, and case conceptualization skills (S2.F.5.g)</b> 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> -Perspective of behavioral and psychological change - over time.	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Perspective of behavioral and psychological change - over time.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Perspective of behavioral and psychological change - over time.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section. This integration flowed smoothly and showed vast creativity. <b>Addressed all of the issues below</b> in a precise & clear manner: -Perspective of behavioral and psychological change - over time.
<b>Developmentally relevant counseling treatment/intervention plans (S2.F.5.h)</b> 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b>	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section. This integration flowed smoothly and showed vast creativity.



	-Perspective of relevant counseling interventions related to developmental stage.	<b>Addressed</b> the issues below partially and not precisely and clearly: -Perspective of relevant counseling interventions related to developmental stage.	<b>Addressed all of</b> the issues below but not precisely and clear: -Perspective of relevant counseling interventions related to developmental stage.	<b>Addressed all of</b> the issues below in a precise & clear manner: -Perspective of relevant counseling interventions related to developmental stage.
Development of <b>measurable outcomes</b> for clients  (S2.F.5.i)  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of</b> the issues below: -How to develop measurable outcomes for clients	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -How to develop measurable outcomes for clients	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of</b> the issues below but not precisely and clear: -How to develop measurable outcomes for clients	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of</b> the issues below in a precise & clear manner: -How to develop measurable outcomes for clients
<b>Evidence based</b> counseling strategies (S2.F.5.j)  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of</b> the issues below: -Rational for evidence-based techniques of a specific population	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Rational for evidence-based techniques of a specific population	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of</b> the issues below but not precisely and clear: -Rational for evidence-based techniques of a specific population	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of</b> the issues below in a precise & clear manner: -Rational for evidence-based techniques of a specific population
<b>Strategies</b> to promote client understanding of and access to a variety of <b>community-based resources</b>  (S2.F.5.k) 5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of</b> the issues below:  - Describe strategies to promote client's understanding of and access to a variety of community-based resources.	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: - Describe strategies to promote client's understanding of and access to a variety of community-based resources	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of</b> the issues below but not precisely and clear: - Describe strategies to promote client's understanding of and access to a variety of community-based resources	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of</b> the issues below in a precise & clear manner: - Describe strategies to promote client's understanding of and access to a variety of community-based resources
<b>Suicide prevention models and strategies</b>  (S2.F.5.l)  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of</b> the issues below: -Suicide prevention models and strategies	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Suicide prevention models and strategies	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.  <b>Addressed all of</b> the issues below but not precisely and clear: -Suicide prevention models and strategies	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of</b> the issues below in a precise & clear manner: -Suicide prevention models and strategies
<b>Crisis intervention, trauma-informed, and community-based strategies, such as</b>	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section.	<b>Integrated concepts</b> from at least <b>2</b> cited sources to support this section. This integration

<b>Psychological First Aid</b>  <b>(S2.F.5.m)</b>  5%	way to support this section.  <b>Addressed none of the issues below:</b>  - Crisis intervention - trauma-informed, and - community-based strategies, such as Psychological First Aid	<b>Addressed</b> the issues below partially and not precisely and clearly: - Crisis intervention - trauma-informed, and - community-based strategies, such as Psychological First Aid	<b>Addressed all of the issues below</b> but not precisely and clear: - Crisis intervention - trauma-informed, and - community-based strategies, such as Psychological First Aid	flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: - Crisis intervention - trauma-informed, and - community-based strategies, such as Psychological First Aid
Developing a <b>personal model of counseling</b>  <b>(S2.F.5.n)</b>  5%	<b>Failed to integrate</b> any concepts from other sources in a meaningful way to support this section.  <b>Addressed none of the issues below:</b> -Formation of a personal model of counseling based on the previous parts of information.	<b>Integrated concepts</b> from at least <b>1 cited</b> source to support this section.  <b>Addressed</b> the issues below partially and not precisely and clearly: -Formation of a personal model of counseling based on the previous parts of information.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section.  <b>Addressed all of the issues below</b> but not precisely and clear: -Formation of a personal model of counseling based on the previous parts of information.	<b>Integrated concepts</b> from at least <b>2 cited</b> sources to support this section. This integration flowed smoothly and showed vast creativity.  <b>Addressed all of the issues below</b> in a precise & clear manner: -Formation of a personal model of counseling based on the previous parts of information.
<b>ORGANIZATION and PARAGRAPH CONSTRUCTION</b>  5%	The information appears to be disorganized. Paragraphing structure was not clear and sentences were not related within the paragraphs.	Information is organized, but paragraphs are not well constructed. Paragraphs included related information but were typically not constructed well.	Information is organized with well-constructed paragraphs. Most paragraphs include introductory sentence, explanations or details, and concluding sentence.	Information is very organized with well-constructed paragraphs and subheadings. All paragraphs include introductory sentence, explanations or details, & concluding sentence.
<b>MECHANICS and Academic LANGUAGE</b>  5%	<b>Many</b> grammatical, spelling, or punctuation errors. Use of slang and informal language. The paper is shorter than 10 pages (excluding the title page, abstract, reference page(s) and any figures or tables).	<b>A few</b> grammatical spelling or punctuation errors. Use of informal and subjective language. The paper is either shorter than 10 pages or longer than 15 pages (excluding the title page, abstract, reference page(s)).	<b>Almost no</b> spelling, grammatical or punctuation errors. Use of formal language. The paper is 10 pages (excluding the title page, abstract, reference page(s)). The paper does miss an abstract or title page.	<b>No</b> grammatical, spelling or punctuation errors. Appropriate use of formal and objective academic language. The paper has 10-15 pages (excluding the title page, abstract, reference page(s))
<b>APA STYLE – SOURCES CITATION</b>  10%	Some sources are not accurately documented in text and reference list.	All sources (information and graphics) are accurately documented, but many are not in the desired APA format.	All sources (information and graphics) are accurately documented, but a few are not in the desired APA format.	All sources (information and graphics) are accurately cited in the desired APA format.

**5. Oral Presentation (20%):** According to the tentative schedule, each student will give a **15-minute oral presentation** (with power-point slides) in the Moodle Collaborate Room that articulates his or her personal theory of counseling. This presentation should come from the student's personal theory of counseling paper that is turned in on November 19<sup>th</sup>. The purpose is that all students can learn from each other's work, and it will widen your horizon.

Your evaluation will be based on the described aspects below:

- (a) **Quality of Information to Present your Personal Theory of Counseling.** Obviously, you will not be able to discuss all the sections of your paper (see above). You must judiciously choose the material you present so that someone who is not a member of the course would clearly understand what is your personal theory that embraces each person's unique personality and multicultural background. The content should clearly demonstrate that you understand the helping relationship and you are able to weight the empirical research evidence when presenting an intervention.
- (b) **Power Point Presentation.** You must also prepare a power-point presentation to accompany your presentation. Please remember, power-point slides are meant to be "bullet points". Follow the KISS principle: keep it simple and "sketchy" (i.e., make it an extremely simplified outline). Full sentences should not appear on your slides.
- (c) **Presentation Skills.** Your oral presentation will be either via videoconferencing via Moodle Collaborate or with audio. You will earn full points by contemplating the requirements described below and in the rubric:
1. Does your presentation make sense?
  2. Are there smooth transitions from one idea to another?
  3. Have you introduced your topic at the start of your talk and given your audience a summative conclusion?
  4. Does your talk integrate with your power-point presentation?

**Due 12/03.** Your evaluation will be based on the provided rubric below:

### Rubric – Presentation

Criteria	1 least Emerging	2 Progressing	3 Proficient	4 Exemplary
<b>SOURCES / QUALITY of Information</b> 15% Understanding of theories and models of mental health counseling. <b>(S2.F.5.a)</b> <b>(S5.C.1.b)</b>	<b>Insufficient quality</b> of information to present personal theory (integrated theories) of counseling.	<b>Sufficient quality</b> of information to present personal theory (integrated theories) of counseling.	<b>Proficient quality</b> of information to present personal theory (integrated theories) of counseling.	<b>High quality</b> of information to present personal theory (integrated theories) of counseling.
<b>SOURCES / QUALITY of Information</b> 15% Ethical and culturally relevant strategies f. establishing/maintaining counseling relationships. <b>(S2.F.5.d)</b>	<b>Insufficient quality</b> of Understanding of the helping relationship. Considering ethical standards in counseling.	<b>Sufficient quality</b> of Understanding of the helping relationship. Considering ethical standards in counseling.	<b>Proficient quality</b> of Understanding of the helping relationship. Considering ethical standards in counseling.	<b>High quality</b> of Understanding of the helping relationship. Considering ethical standards in counseling.

<b>SOURCES / QUALITY of Information</b> 15% Multicultural counseling competence <b>(S2.F.2.c)</b>	<b>Insufficient quality</b> of information to present personal theory that embraces each person's unique personality and cultural background.	<b>Sufficient quality</b> of information to present personal theory that embraces each person's unique personality and cultural background.	<b>Proficient quality</b> of information to present personal theory that embraces each person's unique personality and cultural background.	<b>High quality</b> of information to present personal theory that embraces each person's unique personality and cultural background.
<b>SOURCES / QUALITY of Information</b> 15% Evidence-based counseling interventions. <b>(S2.F.5.i) (S2.F.8.b) (S5.C.2.b)</b>	<b>Insufficient quality</b> of information to apply evidence-based interventions.	<b>Sufficient quality</b> of information to apply evidence-based interventions.	<b>Proficient quality</b> of information to apply evidence-based interventions.	<b>High quality</b> of information to apply evidence-based interventions.
<b>POWER POINT presentation SLIDES</b> 15%	<b>Insufficiently outlines:</b> Slides and handouts had spelling, grammatical or punctuation errors. Font size and design was not professional and accurate.	<b>Sufficiently outlines:</b> Slides had almost no spelling, grammatical or punctuation errors. Font size and design was partially professional and accurate.	<b>Proficient outlines:</b> Slides were without grammatical spelling but some punctuation errors. Font size and design was mainly professional and accurate.	<b>Successfully outlines:</b> Slides were without grammatical spelling or punctuation errors. Font size and design was professional and accurate.
<b>PRESENTATION Skills</b> 25%	<b>Insufficient time management</b> (<12 min). Inappropriate time for each part of the presentation. <b>Lacked in 3 or &gt; areas:</b> Presented with professional dress, effective voice volume, voice pace, language skills, eye-contact, free speech/own words, body language & enthusiasm.	<b>Sufficient time management</b> (>18 min). Appropriate time for each part of the presentation. <b>Lacked in 1 to 2 areas:</b> Presented with professional dress, effective voice volume, voice pace, language skills, eye-contact, free speech/own words, body language & enthusiasm.	<b>Proficient time management</b> (15 min). Appropriate time for each part of the presentation. <b>Fulfilled most areas:</b> Presented with professional dress, effective voice volume, voice pace, language skills, eye-contact, free speech/own words, body language & enthusiasm.	<b>Excellent time management</b> (15 min). Appropriate time for each part of the presentation. <b>Fulfilled all areas:</b> Presented with professional dress, effective voice volume, voice pace, language skills, eye-contact, free speech/own words, body language & enthusiasm.

## VIII. Grading

### A. Grade Calculation

1. There are 1000 points available for this course:
  - (a) 300 points - **MOODLE Discussion Participation (30%)**.
  - (b) 100 points - **Exploratory Paper (10%) 09/17**
  - (c) 100 points - **Treatment Plan (10%) 10/15**
  - (d) 300 points - **Personal Counseling Model Paper (30%) 11/19**
  - (e) 200 points - **Presentation–Personal Counseling Model (20%) 12/03**
2. At the end of the quarter, grades will be assigned as follows:
  - A: 100-90%
  - B: 89-80%
  - C: 79-70%
  - D: 69-60%
  - F: 59-0%

**B. Late or missed work policy:** For each calendar day that your assignment is turned in late, the grade will be dropped by 25%.

**IX. University Policies and Information (REQUIRED)**

<https://www.uprovidence.edu/academics/>

A. This Link includes access to the following important University Information: Academic Catalog (University Policies and Information) Academic Calendar, Library Services, Registrar's Office, Student Academic Support Services and more.

B. Instructor's additions to the attendance policy

**X. Academic Misconduct**

- UP Policy:  
"Students should exhibit high standards of academic conduct. All acts of dishonesty in academic work constitute academic misconduct.

To view the complete University of Providence Academic Misconduct policy please see the **Graduate Catalog** available on the University of Providence <https://www.uprovidence.edu/academics/> (REQUIRED)

A. The University of Providence strives to maintain an environment of trust, respect, and integrity that facilitates the pursuit of scholarly goals. As such, students are expected to exhibit high standards of academic conduct.

**Cheating:** Use or attempted use of unauthorized material, information, study aid, or electronic data that the student knows or should know is unauthorized in any academic assignment, exercise, paper, or examination. Cheating also encompasses the provision or acceptance of any unauthorized assistance during an examination or assignment to be completed individually, including but not limited to talking to another student, viewing, or copying another student's examination or assignment, making or receiving gestures from another student, or engaging another person to complete an assessment or examination in place of the student.

**Plagiarism:** Representation of another's work as one's own. This includes the unauthorized and unacknowledged use of the phrases, sentences, paragraphs, ideas, illustrations, drawings, photographs, or computer programs of another whether by using exact or nearly exact words without quotation marks or by omitting citations or both. (*To see the full wording please visit the Graduate Catalog on the University of Providence Website: Academic Policies and Procedures section*).

## **Initial Procedure regarding Academic Misconduct**

The course instructor meets with the student (either in person or video conferencing) to discuss the incident. The student will be informed of the course instructor's suspicions. The student may respond to the allegations and may bring witnesses, if deemed pertinent by the instructor.

The course instructor is the initial judge of whether a student is guilty of academic misconduct and, if necessary, assigns a sanction. This determination of responsibility shall be based upon the facts of the incident and whether it is more likely than not that the student is responsible for the alleged violation(s).

The student shall be provided written notification of the course instructor's decision and sanction, normally within five business days. The minimum penalty for an act of academic misconduct shall be a grade of "F" (failure) on the paper, assignment, or examination involved. More severe penalties may be enforced by individual instructors, provided that such penalties are identified in the course syllabus. The maximum penalty for plagiarism that may be levied is a grade of "F" (failure) for the course.

Copies of plagiarized work or other written evidence of the academic misconduct will be placed on file with the Coordinator of Student / Faculty Relations. This file is separate from the student's permanent academic file and confidential. First violations of the Code are a part of this confidential record. Second violations are handled on a case-by-case basis and will become part of the student's academic file only in those instances when subsequent offenses are serious enough to warrant inclusion.

Severe or repeated instances of academic misconduct will result in more severe sanctions up to and including expulsion. Appeal Should a student disagree with an instructor's judgment; the student may appeal the instructor's decision by following the "Academic Related Appeals Process". (University of Providence Catalog: "Academic Policies")

B. Instructor's additions to the Academic Conduct policy.

### **XI. Provision for Special Needs**

Accommodation for documented disabilities

(<https://www.uprovidence.edu/academics/student-academic-support/>): If you have a documented disability and would like the professor to make accommodations, visit with Carilyn (Carrie Lynne) Voorhies, M.Ed., who can be reached at 406-791-5915 or by email at [carilyn.voorhies@uprovidence.edu](mailto:carilyn.voorhies@uprovidence.edu).

### **XII. Tentative Class Schedule and Outline**

See last page of this syllabus.

### **XIII. Policy on Diversity:**



University-level education is about broadening horizons and looking at academic issues from a variety of perspectives. The participants in this class are encouraged to bring their own life experiences and viewpoints to accept on classroom discussions and assignments. Along with the freedom to express one's own view comes the responsibility of race, ethnicity, age, principle, religion, gender, sexual orientation, marital-status, or political ideology. In other words: you must be kind. Intolerance is not acceptable.

#### **XIV. Student Responsibilities and Tips for How to Do Well**

- The “rule of thumb” for graduate courses is 3 or 4 hours of out of class work for each credit hour assigned to the course. For this 3-hour course, you should allocate at least 9 hours per week for reading, participating in the Moodle portion of the course, and writing papers.
- Please be sure to read the assigned chapters **prior** to answering the discussion board questions. Remember, points are earned based on your presentation of factual material.
- Some of the lecture time for this course comes from participating in the discussion boards. Please make sure that you allocate at least 3-4 hours/week to reading the assigned chapters and at least 2-3 hours/week to participating in the discussion boards.
- At a minimum, log into the Moodle component of the course every other day. This is one of the ways that you “come to class”. I encourage you to ask questions and voice your opinions! Treat this class as a live seminar with an online component. Sign in, think deeply, participate, and always be kind in your interactions with others. Remember, written words are much more likely to be misconstrued because of all the non-written cues that are missing. Please be careful and considerate.
- Come to the semester begin meeting each semester. The meeting will provide you the opportunity to know one another personally.
- If you are not doing as well as you would like, please make an appointment to consult with Dr. Lindinger-Sternart about how you can excel in this course.
- Due to the nature of discussions involved in this class, it is important that we respect each other’s opinions and values. You are expected to participate in online discussions in such a manner as to maximize learning for yourself and your classmates while maintaining a safe environment for open and free expression of ideas by adhering to professional guidelines becoming of a clinical mental health counselor.

## **Academic Support Centers**

This is a great, FREE resource for students.

<https://www.uprovidence.edu/academics/student-academic-support/>

- Trio Support Services
- Mathematics Center
- Writing & Critical Thinking Center
- Disability Services
- Academic Success Center

## **Academic Forms:**

<https://www.uprovidence.edu/academics/registrars-office/academic-forms/>

## **About the Instructor**

Diversity is appreciated and welcome in this classroom. I define myself as a global citizen and I believe in a collaborative learning environment and embrace diversity. It is my concern to meet each student's individual need. I welcome to meet with you at your request. You may also email me with any questions or concerns. I look forward to working with you!

Because it will assist you in becoming an effective mental health counselor, you should become aware of your personal issues and bias. Awareness is key to developing insight and reflecting on your own experiences. Professional counseling service may help you to address your personal issues during your graduate program.

• **The grid - Goals & Objectives from the University:**

<b>Master's degree requirement</b>	<b>Competency objectives CACREP Standards</b>	<b>MSC 512 (Theories of Counseling &amp; Personality Assessment): Behavioral/course objectives</b>	<b>Assessment / Measurements</b>
<b>Reflective Learning:</b> To apply major theoretical perspectives in their field of study to real-life cases and to reflect on these applications	To gain an understanding of theories and models of counseling. <b>(S2.F.5.a)</b>	1. Analyzing the leading theories and models of counseling.	<b>Readings</b> about psychological theories and counseling <b>Moodle</b> forum participation <b>Oral</b> presentation of students <b>Paper</b> that outlines student's personal theory of counseling.
	Counselor characteristics and behaviors that influence the counseling process. <b>(S2.F.5.f)</b>	2. Evaluating how personal characteristics and view of human nature influence the counseling process.	<b>Paper</b> that outlines student's personal theory of counseling
	A systems approach to conceptualizing clients. <b>(S2.F.5.b)</b>	3. Integrating the steps that lead from a given system's theory of personality to its theory of counseling to its therapeutic process and counseling relationship.	<b>Paper</b> that outlines student's personal theory of counseling
	Theories, models, and strategies for understanding and practicing consultation. <b>(S2.F.5.c)</b>	4. Analyzing how the various systems are similar, different, complex and diverse. This comparative analysis is aimed helping students realize how much counseling theories agree on the process producing change while disagreeing on the content that needs to be changed.	<b>Paper</b> that outlines student's personal theory of counseling
<b>Reflective Practice:</b> To reflect and act on one's own ideas, analyses, values, and personal and organizational interests in relation to one's field of study	Develop ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships. <b>(S2.F.5.d)</b> Develop multicultural counseling competencies <b>(S2.F.2.c)</b>	5. Formulating a personal theory of counseling that embraces each person's unique personality and multicultural background. 6. Awareness and developing of the helping relationship.	<b>Oral</b> presentation of student's personal theory of counseling  <b>Paper</b> that outlines student's personal theory of counseling
	Develop interviewing, counseling, & case conceptualization skills <b>(S2.F.5.g)</b>	7. Applying counseling skills through role plays based on their developed case conceptualization in small groups.	<b>Paper</b> that outlines student's personal theory of counseling
	Develop counseling treatment/intervention plans. <b>(S2.F.5.h)</b> Develop measurable goals for clients. <b>(S2.F.5.i)</b>	8. Development of treatment/intervention plans and measurable outcomes according to various counseling theories.	<b>Paper</b> that outlines student's personal theory of counseling
<b>Reflective Scholarship:</b> Understand the major theoretical perspectives within their field of study	Evidence-based counseling strategies and techniques for prevention and intervention. <b>(S2.F.5.j)</b> Identification of evidence-based counseling practices. <b>(S2.F.8.b)</b>	9. Evaluating the effectiveness of counseling strategies that are based on theoretical concepts by weighing the empirical research evidence such that each student can appreciate the limitations and contraindications of each system.	<b>Oral</b> presentation of student's personal theory of counseling <b>Live</b> class participation (Articles - Group work) <b>Paper</b> that outlines your personal theory of counseling
	Develop a personal model of counseling. <b>(S2.F.5.n)</b> Ethical standards in prof. counseling. <b>(S2.F.1.i)</b>	10. Formulating a personal theory of counseling that embraces each person's unique personality and multicultural background.	<b>Moodle</b> forum participation <b>Live</b> class participation <b>Paper</b> that outlines your personal theory of counseling

## TENTATIVE COURSE SCHEDULE

Date	Readings	TOPICS	CACREP
WEEK 1 Aug 28-Sep 03	P&N, Ch. 1 G, Ch. 1	Defining & Comparing the Psychotherapies Counseling Theory, Competency, Research	(S2.F.1.i) (S5.C.1.b)
WEEK 2 Sep 04-Sep 10	P&N, Ch.2 G, Ch.2 P&N, Ch.3 G, Ch.3, 4	Psychoanalytic Therapies Treatment Planning Psychodynamic Therapies Psychoanalytic & Psychodynamic Counseling, Jungian	(S5.C.1.b)
WEEK 3 Sep 11-Sep 17	P&N, Ch.4 G, Ch.5 G, Ch.7	Existential Therapies Adlerian Individual Counseling Existential Counseling and Psychotherapy	(S5.C.1.b)
<b>Mo 09/11 Class Meeting</b>	<b>5-6pm MT</b>	<b>Discussion – Questions - Answers</b> Please schedule the date and time	<b>Mo 09/11 Class Meeting</b>
<b>Sep 17</b>	<b>Due 09/17</b>	<b>Exploratory Paper – Personal Change</b>	
WEEK 4 Sep 18-Sep 24	P&N, Ch.5 G, Ch.6 P&N, Ch.6 G, Ch.8	Person-Centered Therapy Person-Centered Counseling & Psychotherapy Experiential Therapies Gestalt Counseling and Psychotherapy	(S5.C.1.b)
WEEK 5 Sep 25-Oct 01	P&N, Ch.7 P&N, Ch.8	Interpersonal Therapies Exposure Therapies	(S2.F.5.j) (S5.C.1.b)
WEEK 6 Oct 02 –Oct 08	P&N, Ch.9 P&N, Ch.10 G, Ch.9	Behavior Therapies Cognitive Therapies Foundational Cognitive-Behavioral Approaches	(S5.C.1.b)
WEEK 7 Oct 09 –Oct 15	P&N, Ch.11 P&N, Ch.12 G, Ch.10	Third-wave Therapies Systemic Therapies Evidence-Based Cognitive-Behavioral Approaches: DBT and Trauma-Focused Cognitive-Behavioral Therapy	(S5.C.1.b) (S2.F.3.a) (S2.F.5.b)
<b>Oct 15</b>	<b>Due 10/15</b>	<b>Treatment Plan</b>	
WEEK 8 Oct 16 –Oct 22	P&N, Ch.13 P&N, Ch.14 G, Ch.14	Gender-Sensitive Therapies Multicultural Therapies Feminist and Multicultural Counseling	(S2.F.2.c)
<b>Oct 22</b>	<b>Due 10/22</b>	<b>Outline Personal Counseling Model PAPER</b>	
<b>WEEK 9</b>	<b>Oct 23–29</b>	<b>Fall Break</b>	
WEEK 10 Oct 30–Nov 05	P&N, Ch.15 G, Ch.11 G, Ch.12 G, Ch.13	Constructivist Therapies: Solution-Focused & Narrative Systemic Family Counseling Postmodern Approaches: Solution-Based Approaches Narrative and Collaborative Approaches	(S5.C.1.b)
<b>Mo 10/30 Class Meeting</b>	<b>5pm-6pm</b>	<b>Discussion – Questions - Answers</b> Please schedule the date and time	
WEEK 11 Nov 06–Nov 12	P&N, Ch.16 P&N, Ch.17 P&N, Ch.18	Integrative Therapies Comparative Conclusions / Transtheoretical Therapy The Future of Psychotherapy	(S2.F.5.c) (S2.F.3.d) (S2.F.3.i)
WEEK 12 Nov 13–Nov 19	G, Ch.15 G, Ch.16	Introduction to Theoretical Integration Integrative Case Conceptualization Finalizing Paper - Personal Theory of Counseling	(S2.F.3.h) (S2.F.5.j) (S5.C.2.b)
	<b>Due 11/19</b>	<b>Personal Counseling Model - Paper (30%) 11/19 11:59 pm</b>	(S2.F.3.f) (S2.F.3.g) (S2.F.3.i) (S2.F.5.n) (S2.F.8.b)
WEEK 13 Nov 20–Nov26		Work on your PP Presentation - Personal Theory of Counseling	(S2.F.5.n) (S2.F.8.b)
<b>Nov 23 - 25</b>		<b>Thanksgiving – Campus Closed</b>	
WEEK 14 Nov 27-Dec 03	<b>Due 12/03</b>	<b>Submission of PowerPoint Presentations (20%) on Moodle 12/03, 11:59pm</b>	(S2.F.5.a) (S5.C.1.b) (S2.F.5.d) (S2.F.2.c) (S2.F.5.j) (S2.F.8.b) (S5.C.2.b)
WEEK 15 Dec 04-Dec 10	<b>Mo 12/04 6pm-8pm</b>	<b>CLASS Meeting – Presentations via Collaborate</b>	
WEEK 16 Dec11-Dec15		Finals Week	

P&amp;N = Prochaska and Norcross text

G = Gehart text