# CNEP 6310.001 ADVANCED COUNSELING STRATEGIES

**Instructor:** Dr. Sandy-Ann M. Griffith  
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**Semester:** Summer 1 2019  
**Class Date:** Tuesday/Thursday  
**Class Time:** 6-9:45pm  
**Class Location:** ECDC 219A

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## Course Description

CNEP 6310: Advanced Counseling Strategies (3SCH). In-depth study of various counseling strategies appropriate to the developmental levels of elementary, middle, and secondary school students; adults; couples; and families. Includes case conceptualization and efficacy of theories and treatment strategies for national and international crises, disaster, and other trauma-causing events, as well as selection of short term and intermediate intervention strategies with at-risk and multicultural populations.

## Rationale

Through this course students will demonstrate an understanding of developmental, cultural, and other contextual concerns to be considered when selecting effective and meaningful interventions in counseling. Emphasis will be given to the knowledge base and counseling strategies and skills that form the conceptual framework for advanced preparation for doctoral counseling students to become counselor educators.

## Instructional Methods

Course content will be presented using active learning processes, case studies, and reflective processes. Traditional course activities such as lecture and use of videos will be limited. Active learning will include development of skill demonstration and teaching.

## Learning Objectives

*This course is designed to meet 2016 CACREP standards included in Section 6 (doctoral professional identity). The following standards represent the learning objectives established for this course. Upon completion of the course, students will be knowledgeable of:*

**CACREP Doctoral Standard B.1.b.** Integration of theories relevant to counseling. *[Students will demonstrate successful completion of this standard by achieving an 80% or above on Case Study 2.]*

**CACREP Doctoral Standard B.1.d:** Evidence-based counseling practices. *[Students will demonstrate successful completion of this standard by achieving an 80% or above on Case Studies 1 and 2.]*

**CACREP Doctoral Standard B.1.e:** Methods for evaluating counseling effectiveness. *[Students will demonstrate successful completion of this standard by achieving an 80% or above on Case Studies 1 and 2.]*
Major Course Requirements

1. **Participation**: Class attendance, promptness, and active class participation are required as many learning objectives are met during class. On-line assignments and discussion that may be used require major and minor postings, with full participation by each cohort member. In-class discussion is expected to meet the same criteria as that for on-line postings. In-class and on-line assignments may include but not be limited to case conceptualization and treatment planning (see #5 below). In addition, completion of assigned readings and participation in discussions and class activities should demonstrate a broad-based foundational knowledge of the course material as found in the assigned readings and research. Assigned readings for each class period will be posted on BlackBoard. It is assumed for the purposes of this course that class members are familiar with a broad range of counseling theories (15 pts.)

2. **Skill Demonstration/Training**: Each student will prepare and conduct a class designed to demonstrate a particular intervention skill related to a specific theoretical perspective. Knowledge of theories on the part of all students is assumed; thus, the focus of the demonstration will be on skills that are consistent with the theoretical perspective demonstrated. The demonstration/training must include time for class members to practice the skill(s) with feedback from the presenter. Each student will prepare a brief outline of the theory, to be posted to BlackBoard one week prior to the demonstration in order to provide context for the skill(s) demonstrated. The outline should include multicultural and diversity issues as well as efficacy data concerning the theoretical perspective chosen, with attention given to what disorders and what populations efficacy has been demonstrated (or research has shown is not effective). References are also appropriate for posting. In the class period allotted, the student will set the context for the skill demonstration, demonstrate the skill, provide time for skill development/practice, and respond to questions and comments from participants. The class period will **not** be used for teaching the theory. The skill training session should be about 1.5 hours in length. **An integrative model is not appropriate for this assignment.** The teaching evaluation may be submitted to the professor via BlackBoard (30 pts. [discussion board material= 8 pts; teaching/demonstration=15 pts; teaching method=7 pts])

3. **Case Studies**: Completion of two case studies, including DSM-5 diagnosis(es) that would be considered and justification, case conceptualization and treatment plan utilizing the format provided, evidence of consideration of efficacy data in treatment planning, and discussion of how to evaluate effectiveness. Provisional diagnoses are acceptable with reasonable rationale. Case studies should also include any other diagnoses considered. Grading criteria include reasonable diagnosis with rationale, comprehensive coverage of the case presented, references to readings, synthesis of material, thoughtfulness, and clear writing (including grammar and punctuation). Use of bullet points for rationale is appropriate.

The first case study should be completed using a single theoretical model. The second case study should be completed using an integrated model designed by you. While you may reference extant integrated models, it is not acceptable to present one that has been developed by scholars as your own. Be aware that the theoretical perspectives encompassing your integrative model should fit together in a way that makes sense (20 pts. each case study).
*Special Note*: Arriving at a diagnosis based on a case study is difficult. In fact, accurate diagnosis is difficult even with clients in the room. Even experts may disagree about some diagnoses. For the purposes of this assignment, you are allowed to consult with your peers regarding the diagnosis and have general discussions about rationale. You are NOT allowed to simply “get the answer” from a peer. Likewise, you may talk about the case conceptualization and treatment plan with peers; however, you MAY NOT simply copy and paste each other’s work or otherwise engage in academic dishonesty. Each student is responsible for his/own work.

4. Reflective Process: As a final examination, a guided reflection process will be conducted in class. Topics may include but are not limited to reflexive consideration of teaching, understanding of theory-to-practice, areas to be further developed, and personal beliefs about how people change and what is effective in helping them do so. Emphasis will be placed on how experiences and learning in this course impacted your thinking in the areas to be discussed. (15 pts.)

Point Allocation

- 15 points - Participation (Attendance, active contribution to class activities & discussion including discussion boards)
- 30 points – Skill Demonstration/Training
- 40 points - Two Case Studies (20 points each)
- 15 points - Reflective Process
- 100 Possible Points

Grade Distribution

\[
90 \div 100 = A \quad 80 \div 89 = B \quad 70 \div 79 = C \quad 60 \div 69 = D \quad \text{Below 59} = F
\]

Required and Recommended Readings

**Textbook**


In addition to the text, learning experiences will be organized around selected readings from the bibliography and additional sources researched by students. There is opportunity to organize major assignments around preferred theoretical models. You may find the following website helpful in terms of evidence-based practice: [www.samhsa.gov/ebp-web-guide/mental-health-treatment](http://www.samhsa.gov/ebp-web-guide/mental-health-treatment).

**Recommended or supplemental readings:**

[http://www.counseling.org/resources/ethics.htm](http://www.counseling.org/resources/ethics.htm)


Texas Administrative Code, Title 22, Examining Boards. Part 35, Texas State Board of Examiners of Marriage and Family Therapists. Chapter 801, Licensure and Regulation of
State Adopted Proficiencies for Teachers and/or Administrators/Counselors: N/A

TExES Competencies: N/A

Course Policies

Attendance

Attendance and participation for this course are mandatory and necessary. Experiences conducted within the course are highly interactive and they cannot be replicated. Excessive absence will impact the grade, as indicated above.

Late Work

Late work is not appropriate for this course. Work depends in large part on collaboration among class colleagues. If for any reason you are unable to be prepared for a class, it is your responsibility to notify your cohort members and me.

Preparation

It is important and expected that you complete assignments prior to coming to class, including any readings and other assignments. I will not generally facilitate by covering all the material in the assigned readings; however, you are responsible for any information assigned and expected to draw from assigned readings in completing assignments.

Writing

To get full credit on written assignments, course participants are required to follow the guidelines in the Publication Manual of the American Psychological Association (6th ed.) where appropriate. Written material will be evaluated on mechanics of writing, completeness, content, and clear structure of material.

Academic Integrity/Plagiarism

University students are expected to conduct themselves in accordance with the highest standards of academic honesty. Academic misconduct for which a student is subject to penalty includes all forms of cheating, such as illicit possession of examinations or examination materials, falsification, forgery, complicity or plagiarism. (Plagiarism is the presentation of the work of another as one’s own work.) In this class, academic misconduct or complicity in an act of academic misconduct on an assignment or test will result in a grade of 0 on the particular assignment and a grade of F in the course. In addition, a record of the academic misconduct will be filed with appropriate
University offices. Students have the right to appeal the judgment or penalty. In addition, academic misconduct will be referred to the CNEP department for consideration.

Grade Appeals

As stated in University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures, a student who believes that he or she has not been held to appropriate academic standards as outlined in the class syllabus, equitable evaluation procedures, or appropriate grading, may appeal the final grade given in the course. The burden of proof is upon the student to demonstrate the appropriateness of the appeal. A student with a complaint about a grade is encouraged to first discuss the matter with the instructor. For complete details, including the responsibilities of the parties involved in the process and the number of days allowed for completing the steps in the process, see University Procedure 13.02.99.C2.01, Student Grade Appeal Procedures. These documents are accessible through the University Rules Web site at http://academicaffairs.tamucc.edu/rules_procedures/. For assistance and/or guidance in the grade appeal process, students may contact the Dean’s office in the college in which the course is taught or the Office of the Provost.

Disabilities Accommodations

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please call or visit Disability Services at (361) 825-5816 in Corpus Christi Hall 116. If you are a returning veteran and are experiencing cognitive and/or physical access issues in the classroom or on campus, please contact the Disability Services office for assistance at (361) 825-5816.

Statement of Academic Continuity

In the event of an unforeseen adverse event such as a major hurricane or other event that prevents classes from being held on the campus of Texas A&M University-Corpus Christi, this course will be continued insofar as possible through the use of Blackboard and/or email. In addition, the syllabus and class activities will be modified to allow continuation of the course. I will continue to interact with you by using the Blackboard Announcement, Bb Messages, Email, Collaboration, Discussions, Blogs, Journals, and/or Wiki tools. Ideally, University facilities (i.e., emails, web sites, and Blackboard) will be operational within two days of closing of the physical campus. However, you must make certain the course instructor has a primary and secondary means of contacting you.

Professional Behavior

The Department of Counseling and Educational Psychology requires that each individual respect the needs of others. Professional behavior consistent with that of counselors and educators in the field is expected. Please refer to the CNEP Doctoral Student Handbook for further information about departmental expectations. Texas A&M University-Corpus Christi as well as the department has a diverse student population. The expectation is that you will behave in a dignified, respectful, and
courteous manner to all people regardless of sex, ethnic/racial origin, religious background, sexual orientation, or disability. Behaviors that infringe on the rights of others will not be tolerated.

**Tentative Course Schedule and topics:**

<table>
<thead>
<tr>
<th>Class</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/04</td>
<td>Introduction to the course and assignments; Contextual issues in counseling (e.g., sociopolitical, cultural, educational, and family); legal and ethical issues in counseling</td>
</tr>
<tr>
<td>06/06</td>
<td>DSM 5 review; review of case conceptualization and treatment planning</td>
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<tr>
<td>06/11</td>
<td>Efficacy research; evidence-based and efficacy-based therapies and practices</td>
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<tr>
<td>06/13</td>
<td>Clinical decision-making</td>
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<tr>
<td></td>
<td>*Skill teaching, demonstration</td>
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<tr>
<td></td>
<td><strong>Case Study 1 due</strong></td>
</tr>
<tr>
<td>06/18</td>
<td>*Skill teaching, demonstration</td>
</tr>
<tr>
<td></td>
<td>*Skill teaching, demonstration</td>
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<tr>
<td>06/20</td>
<td>*Skill teaching, demonstration</td>
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<tr>
<td></td>
<td>*Skill teaching, demonstration</td>
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<tr>
<td>06/25</td>
<td>*Skill teaching, demonstration</td>
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<tr>
<td></td>
<td>*Skill teaching, demonstration</td>
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<tr>
<td></td>
<td><strong>Case Study 2 due</strong></td>
</tr>
<tr>
<td>06/27</td>
<td>*Skill teaching, demonstration</td>
</tr>
<tr>
<td></td>
<td>*Skill teaching, demonstration</td>
</tr>
<tr>
<td>07/02</td>
<td>Reflective Process</td>
</tr>
<tr>
<td>07/04</td>
<td>NO CLASS</td>
</tr>
</tbody>
</table>

**Class Participation Rubric**

For full credit to be earned for this portion of course evaluation, students are expected to participate fully and demonstrate preparation for the class as appropriate for the topic and format for that class session. It should be evident that readings have been completed and that the student is engaged in the discussion or learning activities.

<table>
<thead>
<tr>
<th>Points</th>
<th>Description</th>
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<tbody>
<tr>
<td>13.5 – 15 points</td>
<td>Demonstrably prepared and engaged; participates fully in learning activities and discussion.</td>
</tr>
<tr>
<td>12.0 – 13.4 points</td>
<td>Generally prepared and engaged; participates in learning activities and discussion.</td>
</tr>
<tr>
<td>10.5 – 11.9 points</td>
<td>Sometimes appears unprepared or disengaged; not always involved and active.</td>
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<tr>
<td>9.0 – 10.4 points</td>
<td>Clearly not prepared for some skill teaching/demonstration; minimal participation or participation that reflects little understanding of discussion or activity.</td>
</tr>
<tr>
<td>Below 9.0</td>
<td>Clearly unprepared.</td>
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</tbody>
</table>
Semester Project Grading Guidelines

The semester project should demonstrate thorough understanding of a particular theoretical orientation and the counseling skills/techniques commonly used within that orientation. Evaluation will be multi-faceted, and shall include: (a) materials outlining the theory, including multicultural/diversity issues, efficacy data, and skills taught in class; (b) demonstration of skills to be taught/practiced in class; (c) appropriate use of a training method designed to teach skills selected (source to be cited in posted materials); and (4) evaluation of one’s own and others’ teaching.

Materials:
Excellent (7.2+ pts.)—Clear outline or discussion of theory, including critical evaluation, theoretical assumptions about people, factors that promote change, ideas about future research that would build on existing literature concerning efficacy, multicultural and diversity issues, and skills/techniques/strategies to be taught. Well organized and logically presented. Grammar, punctuation, spelling, citations, and references are correct.

Good (6.4-7.1 pts.)—Generally clear outline or discussion but may be somewhat difficult to follow. Includes elements listed above but may not always demonstrate excellent analysis of information. Major mechanics of the material are strong, despite occasional mistakes.

Adequate (5.6-6.3 pts.)—Outline or discussion of material may be unclear, vague, or offer insufficient information. Elements outlined above are present, but are not well presented, or essential concepts are not fully covered. Errors in punctuation, citation, style, spelling, and other mechanics.

Inadequate (5.5 or below)—Demonstrates minimal effort or comprehension. Outline or discussion difficult to understand. Significant mechanical problems, and frequent major errors in APA style, punctuation, and spelling.

Demonstration of skills:
Excellent (13.5+ pts.)—Skills demonstration clear and well-performed. Able to answer questions from cohort or faculty member about demonstration. Able to identify errors or missteps in demonstration and use them as a teaching opportunity.

Good (12.0-13.4 pts.)—Skills demonstration mostly clear and well-performed. Generally able to respond to questions from cohort or faculty member. Able to identify errors or missteps in demonstration, but has difficulty recovering or using errors as part of teaching opportunity.

Adequate (10.5-11.9 pts.)—Skills demonstration adequately performed. Has difficulty responding to questions, and difficulty identifying errors.

Inadequate (10.4 or below)—Skill demonstration marginal. Appears to be little understanding of how to perform or use the skills. Unable to respond to questions.

Use of training method:
Excellent (6.3+)—Skill development or enhancement smoothly facilitated and well explained. All
cohort members involved. Opportunity for practice with both positive and corrective feedback provided. Respect for learners and ability to respond effectively to their developmental level in skill use demonstrated. Training model articulated in posted material.

Good (5.6-6.2 pts.)—Skill development/enhancement generally smooth but may occasionally falter. Some difficulty involving all cohort members. Some difficulty in providing feedback. Model may lack clarity, or articulation may be somewhat unclear.

Adequate (4.9-5.5 pts.)—Skill development/enhancement somewhat disorganized. Most cohort members involved. Evident difficulty providing feedback. Model articulation unclear or may be somewhat inappropriate for skill being taught.

Inadequate (4.8 or below)—Skill development/enhancement chaotic, with little to no opportunity for learning. Inability to provide helpful or accurate feedback. Model not articulated or clearly inappropriate.

Case Studies Evaluation Guidelines

Excellent (18-20 pts.)—Accurate/reasonable diagnosis with justification demonstrating an understanding of use of DSM 5. Clear explanation of case conceptualization and treatment plan utilizing required format. Consideration of appropriate assessments, appropriate referrals if warranted, possible medications that may be required or useful. Clear treatment strategies and model(s) that demonstrates understanding of efficacy research for particular case. Logical discussion about how to evaluate effectiveness of strategies and approach in the particular case. Multicultural and diversity issues clearly addressed. Strong evidence of synthesis of material, thoughtfulness, references to readings/research. Well organized and logically presented. Grammar, punctuation, spelling, citations, and references are correct.

Good (16-17 pts.)—Accurate/reasonable diagnosis with adequate justification. Primarily clear explanation of case conceptualization and treatment planning utilizing required format. Treatment plan good; may demonstrate some lack of clarity about appropriate or effective treatment. Some lack of clarity about assessments, referrals, medications. Treatment strategies and model(s) or rationale may lack coherence. Multicultural and diversity issues addressed. Some synthesis of material. Methods of evaluating effectiveness of approach shows promise. Evidence of thoughtfulness and references to readings/research present. Major mechanics are strong, despite occasional mistakes.

Adequate (14-15 pts.)—Diagnosis primarily correct/reasonable, with adequate justification. Case conceptualization and treatment plan may lack coherence. Some discussion of assessments, referrals, and medications (if appropriate), but may lack logic. Considerations about multicultural and diversity issues lack clarity. Some references to readings/research, but evidence of synthesis lacking. Methods of evaluating effectiveness of approach not clearly thought out. Errors in punctuation, citation, style, spelling, and other mechanics.

Inadequate (below 14 pts.)—Diagnosis clearly incorrect and/or justification does not fit case study. Case conceptualization and treatment plan weak or utilize incorrect format. Information concerning assessments, referrals, medications (if appropriate) lacking. Little or no consideration of multicultural or diversity issues. Little or no evidence of reference to readings/research. No efficacy information or
consideration of evaluation of effectiveness of treatment.

**Reflective Process (Final Examination)**

Excellent (13.5+ pts.)—Demonstrates reflective process in discussion of their teaching strategies, theory-to-practice, areas to be further developed, and beliefs about effective helping; thoughtful discussion of how experiences and learning in this course have/have not impacted thinking about teaching and practice and/or how those could have been changed to be more meaningful.

Good (12.0 – 13.4 pts.)—Demonstrates reflective process in most areas outlined above; may evidence less depth of understanding about how experiences/learning in the course have/have not impacted teaching and practice and/or how those could have been changed to be more meaningful.

Adequate (10.5-11.99)—Limited reflective process demonstrated; appears to be unclear about topics discussed and/or about ways in which class experiences have or have not impacted thinking about teaching and practice. Limited ideas about how class experiences could have been changed to have more meaning.

Inadequate (below 10.4)—Ability to be reflective not demonstrated; not responsive to topics; may demonstrate limited self-awareness or thoughtfulness about teaching and practice.