Proposed HDC Curricular Transition to 61 Credit Hours

Submitted by Drs. Thompson and McCaughan, Co-Coordinators of the Community Counseling Area of Study, on behalf of the Department of Human Development Counseling Faculty

Professional Overview

The American Counseling Association (ACA) is the professional association for Professional Counselors. According to ACA, “counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology.” The Council for Accreditation of Counseling and Related Educational Programs (CACREP) offers accreditation for Professional Counseling Programs, in the United States. Programs may seek accreditation in seven related areas. Most commonly, programs are accredited in (a) Clinical Mental Health Counseling (formerly Community Counseling); (b) School Counseling; (c) Marriage, Couples, and Family Counseling at the Master’s level; and (d) Counselor Education and Supervision at the Doctoral level. Historically, a Master’s degree is regarded as the terminal practitioner degree, while the Doctorate serves to prepare Counselor Educators for effective work as faculty members, who will train future Counselors. Counseling curricula is largely structured upon a generalist framework. More specifically, students, irrespective of specialization, will enroll in approximately 45 credit hours of foundational or core coursework. The CACREP core emphasizes eight areas of study: (1) professional identity; (2) social and cultural foundations; (3) helping relationships; (4) career development; (5) appraisal; (6) research and program evaluation; (7) group work; and (8) human growth and development. Specialization courses offer information regarding historical foundations and special considerations which may be unique to the practice setting and/or population.

Professional Counseling is regulated by state licensure and certification processes. Licensure and certification processes are incredibly complicated and nuanced. Because licensure and certification rules are created through legislative procedures, wide variation exists between states. Such variability can create significant challenges for Professional Counselors who move to different states. While most state licensure boards require the master’s degree to be a minimum of 48 credit hours, a trend toward increasing the number of credit hours (from 48 to 60) required for license eligibility can be seen in Indiana, Florida, Maine, and Massachusetts.

In order to meet current Illinois licensure requirements, students must demonstrate completion of specific coursework in 13 content domains (i.e., human growth and development, counseling theory, social and cultural foundations) and supervised clinical experiences (please see Appendix A). Additionally, the Master’s degree cannot be less than 48 credit hours. Illinois has two licensure tiers for Counselors: (1) Licensed Professional Counselor (LPC); and (2) Licensed Clinical Professional Counselor (LCPC). Upon graduation, HDC students are eligible for the first tier of licensure (LPC). After completion of 2 years, post-Master’s, supervised clinical practice, Counselors are eligible to apply for the LCPC. Once per year, the Coalition of Illinois
Counselor Organizations (CICO) holds a summit for Counselor Educators in the State of Illinois. At the most recent meeting on March 9, 2012, a representative from the Illinois State Counselor Licensure Board reported that all Board members are in favor of changing the minimum number of credit hours necessary for second tier licensure (LCPC) from 48 to 60 credit hours. Such movement is in alignment with the increased accreditation standard requirements discussed in the next section.

In all states, CACREP accredited programs are favored by Counseling licensure boards. The review process is significantly expedited for students graduating from an accredited Counseling program. Counseling students in accredited programs are able to sit for the licensure examination during the last semester of graduate study. Professional accreditation is a major asset for HDC and serves as a strong recruitment tool. HDC has maintained accreditation by CACREP since 1991 in the Community Counseling and School Counseling areas. The Marriage, Couples, and Family Counseling area received initial accreditation in 2010.

Human Development Counseling at UIS

The Department of Human Development Counseling (HDC) offers a Master's degree in Human Development Counseling with three possible areas of study: (1) School Counseling (currently 50 credit hours); (2) Community Counseling (currently 50 credit hours); and (3) Marriage, Couple, and Family Counseling (currently 62 credit hours). In 2010, HDC was successfully reaccredited in the areas of School and Community Counseling, and gained initial accreditation for the Marriage, Couple, and Family Counseling concentration, under the 2001 accreditation standards. In July of 2009, the CACREP 2009 standards were adopted and implemented by CACREP. The new standards were introduced a few months after HDC was required to submit the self-study for re-accreditation.

Substantive changes were made in the 2009 standards which directly impact HDC (see Appendix B). Historically, CACREP has offered specialization in both Community Counseling (minimum 48 credit hours) and Mental Health Counseling (minimum 60 credit hours). Given the tremendous overlap between the aforementioned areas, the two areas were combined in the 2009 standards, to create a unified Clinical Mental Health Counseling (CMHC) area of specialization. Programs previously accredited under the Mental Health Counseling area were not substantively impacted by the change in standards. Most Mental Health Counseling programs have only needed to align the program title to include the word, “Clinical.” Conversely, the revisions in the 2009 standards require programs with the Community Counseling area of study to increase the credit hour requirement from a minimum 48, to a minimum 60 credit hour structure, and change the title of the specialization to “Clinical Mental Health Counseling.”

The CACREP 2009 standards state:

Beginning July 1, 2009, all applicant programs in Clinical Mental Health Counseling must require a minimum of 54 semester credit hours or 81 quarter credit hours for all
students. As of July 1, 2013, all applicant programs in Clinical Mental Health Counseling must require a minimum of 60 semester credit hours or 90 quarter credit hours for all students.

Within the standards, there is tremendous flexibility as to how programs meet the requirements. After examining Counseling programs around the country that have already transitioned to the 60 credit hour minimum, it appears that the standards have been met in the following ways: (a) increasing the number of internship credit hours required for graduation; (b) increasing the number of courses required for students in the major area of study; (c) increasing the number of courses required in the core; and (d) a combination of the aforementioned strategies.

HDC faculty are excited about the opportunity to enhance student experiences by adding to the curricula. Until 2008, the disparate credit hour requirements for the School and Community Counseling areas (50 credit hours) and the MCFC (Marriage, Couples, and Family Counseling area; previously 64 credit-hours) had been problematic. For example, in order to expedite completion of their degree programs, students entering the MCFC area would often decide to transition to the Community Counseling area midway through the program of study in order to complete their Master’s degree in a shorter amount of time. In preparation for the accreditation process in 2009, HDC MCFC co-coordinators, Drs. Abler and Karuppaaswamy, created a 62 credit hour program, based on the 2001 CACREP standards. Decreasing the number of credit hours from 72 to 62, and approval of the MCFC area of study by CACREP has increased student interest and commitment to that specialization. As a result, the MCFC area of study is thriving. Interestingly, while the high credit hour requirement was previously perceived negatively by students, many students currently enrolled in the Community Counseling program are now switching to the MCFC area of study to increase potential state-to-state licensure portability. The proposed 61 credit hour structure will permit the establishment of a consistent credit hour expectation across all three areas of study, thereby reducing the desirability of one area over another.

Within the current credit hour structure, HDC students are not able to enroll in elective courses that could prove beneficial to their future practice, unless they do so out-of-pocket. Transitioning to a 61 credit hour structure will allow faculty to (1) meet the 2009 accreditation standards, (2) provide opportunities for faculty to incorporate professional interests into the curricula, (3) offer personalized elective coursework for students, and (4) increase licensure and certification portability for students who plan to move to other states. In preparation for the shift, HDC faculty have extensively researched how our primary competitors (Eastern Illinois University, Western Illinois University, Northern Illinois University, Bradley University) have implemented the required changes and believe HDC is in a position to create a unique educational experience for our students, which will serve as a strong recruitment tool. Current HDC students are also very excited about the pending changes. Several current students within the Community and School Counseling areas of study are anxiously awaiting the opportunity to benefit from the additional coursework and perceive the proposed changes positively.
Proposed Changes

Following extensive discussion, HDC faculty has created a plan for attending to the 2009 CACREP standards, while strengthening and enhancing the current curriculum structure. The changes will be presented and followed by a rationale for each proposed change, first for the overall program, then changes by individual specialization area. Please see Appendix C for a graphic overview of the proposed changes.

Proposed revisions to the overall program include:

- Create HDC 5xx: Consultation and Crisis Intervention which will be required as a core course for each area of study (please see Appendix D).

Increasingly, students in all settings are dealing more intensively with crisis intervention. At present, crisis intervention strategies are covered briefly in HDC 530: Community Counseling, HDC 531: Developmental School Counseling, and in HDC 5545: Sexual Dysfunction and Family Violence. The 2009 CACREP standards have increased the number of standards in the area of crisis intervention and consultation. In order to meet these requirements more directly, HDC faculty decided that students in all three areas of study, will greatly benefit from a core class in crisis intervention and consultation.

- Increase the number of internship hours that students are allowed to take if necessary for meeting licensure standards in other states, and possibly remediation requirements.

Over the past 5 years, student demographics in HDC have been shifting to include more traditional students who are entering graduate school as soon as they complete a bachelor’s degree. Additionally, we have seen an increase in the number of students applying to the program from outside of the greater Springfield area, and outside the state of Illinois. We also have several students who plan to move from Illinois upon graduation, and will need to meet the more rigorous state licensure standards in the states they intend to move. One way to make our program more marketable for potential students is to offer the ability to accrue additional internship hours. While many states, like Illinois, still require a 700 hour clinical experience (combined practicum and internship), more stringent licensure laws in other states like Indiana and Florida require students to complete up to 1000 clinical hours in practicum and internship experiences within the Master’s degree.

Illinois currently requires that students complete a total of 700 on-site clinical hours during the course of the Master’s degree training. It is unknown at this time whether the number of hours required will be increased as Illinois transitions to a 60 credit hour licensure requirement. HDC faculty would like to be able to offer students who might need more clinical hours during the training program this opportunity. At present, if a student in HDC was planning to move to Indiana after graduation, it is likely that student would never be license eligible because they had not completed the requisite 1000 clock hours of practicum and internship within the Master’s degree program. In order
to receive a license, the student would either have to complete another Master's degree in Counseling in Indiana, or receive a Doctoral degree. Offering a variable credit hour option will allow students the opportunity to meet state requirements that have already shifted to the 1000 eligibility rule.

At present, HDC students are required to complete a 3 credit hour practicum (100 clinical on-site clock hours), and a 6 credit hour internship (600 clinical on-site clock hours). HDC faculty conceptualize 1 credit-hour of internship as equaling 100 on-site clock hours. Students who plan to move out of Illinois would like the opportunity to complete additional hours of internship. Adding a variable credit option from 1 - 10 credit hours of internship will increase the likelihood that students will be license eligible in other states. Students will not be allowed to take more than 6 six credit hours of internship during the course of any one semester, which is consistent with the HDC policy.

Expanding the number of internship credit hours that students may enroll in will also aid in student remediation procedures. The closure process in the HDC program requires students to complete an oral exam in which segments of videotaped clinical sessions from their internship site are presented. Successful completion of the oral exam is primarily assessed on readiness to enter the professional world. Rarely, a student will show video data that clearly indicates the need for further skill building and remediation. In these circumstances, students are required to enroll in additional clinical hours. Currently, the Department does not have a structure in place that allows students to re-enroll in internship after completing the 6 credit hours. Implementing a variable credit structure will remedy this problem.

- Eliminate the 1 credit hour of comprehensive examination test preparation requirement.

At present, HDC requires two credits of closure: HDC 584: Comprehensive Examination Preparation; and HDC 585: HDC Comprehensive Examination registration. HDC 584 is a 1 credit hour independent study course that students take either the semester before they plan to graduate, or the final semester of study. Faculty work intensively with advisees who are preparing for the oral exam, as part of the 584 enrollment. Faculty meet with advisees to review clinical tapes, provide feedback for students to consider as they select clinical tapes, discuss theoretical orientation questions and issues, and review documents that will be distributed during the final exam. Given the extensive licensure and certification requirements that demand completion of 60 credit hours, HDC faculty have looked for ways to stay as close to the 60 credit hours as possible. Elimination of HDC 584 would serve this purpose well. Elimination of HDC 584 will not carry any negative impact or consequence. Furthermore, while our primary competitors also require closure processes, they do not require enrollment in additional credit hours. Students will still receive the same amount of attention from faculty, but will not need to enroll in the independent study credit.

- Change the course title of HDC 585: Comprehensive Examination Registration to Comprehensive Examination Preparation and Examination.
In preparation for the clinical case presentation, faculty work extensively with students to prepare documents and review clinical data. Additionally, each core HDC faculty member is present for the final presentation and student evaluation. The Department places great value on the clinical rigor of the program, and believe that each student must demonstrate clinical competency before entering the professional world. On average, each faculty spends roughly 3-5 hours per week with advisees as they prepare, and approximately 16 hours evaluating the clinical case presentation (oral examination). This number will continue to increase as our student population grows. Changing the title of 585 to include the preparation component will provide a formal mechanism through which these investments may be tracked.

Proposed changes to the Community Counseling program include:

- Change the title of the Community Counseling area of study to Clinical Mental Health Counseling.

In order to be in compliance with the 2009 CACREP standards, the Department of Human Development Counseling must change its area of study name, Community Counseling, to Clinical Mental Health Counseling (CMHC). Failure to shift the title of this area of study could result in loss of accreditation. Moreover, Clinical Mental Health Counseling is the current language of the profession. HDC students will be at a disadvantage when searching for jobs if their area of specialization does not reflect current practices in the profession.

- Increase the number of credit hours necessary for degree completion from 50 credit hours to 61 credit hours.

As noted previously, when the 2009 CACREP standards took effect on July 1, 2009, the Community Counseling specialization area was eliminated. In order to meet the 2009 standards, HDC must transition from a 50 credit hour structure to a 60 credit hour format. Although HDC has been re-accredited in Community Counseling until 2017, the next self-study is due to CACREP in the winter of 2015. At that time, the CMHC program must be in full compliance with the 2009 standards. Discussing the transition process for programs, Dr. Robert Urofsky, Director of Accreditation wrote,

We recognize that changes take time in higher education and that programs will need to work toward meeting the standards as they progress toward reaccreditation. The changes associated with the transition from Community Counseling standards to the Clinical Mental Health Counseling standards are additive in nature. Therefore, programs may begin to make necessary changes at any point during their current accreditation cycle without submitting a substantive change report (CACREP Connection, 2009).
HDC faculty constantly consider current state and national trends within the profession, and strive to provide students with the most relevant curricular experiences. The increase in required credit hours will allow students to gain important knowledge and skills necessary for functioning effectively in the professional world.

- Create HDC 5xx: Foundations of Clinical Mental Health Counseling to replace the HDC 530: Community Counseling course (Please see Appendix E).

Foundations of Clinical Mental Health Counseling will be a new course, but not substantively different from the current HDC 530: Community Counseling course. The HDC 530 syllabus has been updated to reflect the professional language of the new standards and incorporate standards that have been added in the 2009 standards.

- Create HDC 5xx: Social Justice and Advocacy which will be a required specialization course of Clinical Mental Health Counseling students.

The inclusion of a social justice and advocacy course in the Clinical Mental Health Counseling area of study will make HDC stand out among competitor schools. Social justice and advocacy are foundational Professional Counseling values; however, few programs offer a specific course on the topic. Given the current financial status of the State, Professional Counselors are frequently required to engage in legislative advocacy. Additionally, Professional Counselors have been called upon to be agents of change within institutions, and communities.

HDC students complete a required course in multicultural counseling, and the multicultural standards are infused throughout the curriculum. Due to the heavy knowledge acquisition component, students do not currently have a structured opportunity to engage social justice and advocacy issues and concerns in an applied way, outside of the university. SimSoc (Simulated Society), a social and interactive game, will be utilized within the new course to help students understand complicated social issues and different methods of addressing these issues. Once students have completed the SimSoc experience, they will identify social justice and advocacy issues in the Springfield community and create a plan for implementing social justice and advocacy principles to address these issues. This course is rooted within the strong public affairs identity of UIS.

- Include 2 elective 3 credit hour course for students in the CMHC area of study.

Frequently, students within the Community Counseling area of study need additional coursework that is either beyond the current catalog requirements, or is not currently offered in the HDC curricula. For example, students may plan to work in a community agency with individual clients and also be required to see couples and families. Completing additional coursework focused on couples counseling may be very important for successful client outcomes. Currently, students do not have the opportunity to take elective courses, unless they pay out-of-pocket. HDC students will not be allowed to take coursework outside of HDC.
Additionally, students will not be allowed to enroll in additional internship credits as a replacement for elective coursework.

Addition of an elective requirement will also allow faculty to teach courses that reflect professional interests outside of the core curriculum. Each HDC faculty member has research and counseling specialization interests that will benefit and support student growth. However, due to faculty resource limitations and curricular rigidity, Department faculty have not been able to focus on those areas in the classroom, with students. Electives will add to the depth and breadth of the current curriculum, and promote the uniqueness of HDC over other counseling programs.

Proposed changes to the School Counseling program include:

- Increase the number of credit hours necessary for degree completion from 50 credit hours to 61 credit hours for the School Counseling area.

Extensive discussion has taken place among Department faculty regarding the pros and cons of also shifting the School Counseling area of study to 60 credit hours. While the CACREP requirement for School Counseling programs is currently at a 48 credit hour minimum, the national trend for certification in this area is moving toward the 60 credit hour structure. Since School Counselors practice in schools, they are certified through the state board of education. This is a different process than is required for the other two specialization areas; however, HDC faculty strongly encourage all students to attain professional licensure as a Licensed Professional Counselor. If students in the School Counseling area do not meet the same licensure standards, they will be at a significant disadvantage in the licensing process. As Illinois transitions to a 60 credit hour requirement, students who complete a 48 credit hour Master's degree program will only be eligible for the first tier of licensure (LPC). Moreover, the national trend is for schools to contract with LPCs or LCPCs who come into the schools to provide mental health support services.

In addition to meeting the same professional standards as the other two specializations, there are some needs in the School Counseling curriculum at present. For example, HDC's curriculum is currently focused on counseling adults. While the Department has a Child Counseling course in the catalog, faculty resources have not permitted delivery of this course in many years.

- Require HDC 535: Child Counseling as a specialization course for School Counseling students and integrate Adolescent into the title (HDC 535: Child and Adolescent Counseling).

As mentioned above, a Child and Adolescent class should be a fundamental requirement for students who will be working primarily with children and adolescents. Increasing the number of credit-hours required for degree completion will also allow for students to deepen their
knowledge, understanding, and skill-base. HDC faculty pride ourselves on the rigorous clinical training that each student receives and believe that requiring this course will prove beneficial.

- Include 2 elective 3 credit hour courses for students in the School Counseling area of study.

The need for elective courses was discussed previously under the CMHC area. The same rationale applies for students in the School Counseling area. Often, students are asked to work with parents and other stakeholders as they provide services in the school. For example, some may have an interest in learning more about social justice issues and advocacy strategies to create positive changes within institutions, while some may want to deepen their knowledge of issues and struggles that LGBTQ students face in schools. Therefore, the Social Justice and Advocacy course would be an important elective for School Counseling students. Allowing students to select a Master's-level course that attends to specific professional interests will allow for a more individualized plan of study. HDC students will not be allowed to take coursework outside of HDC. Additionally, completion students will not be allowed to enroll in additional internship credits as a replacement for electives.

Proposed changes to the Marriage, Couples, and Family Counseling program include:

- Eliminate HDC 530: Community Counseling as a required specialization course;

In preparation for the accreditation process, the MCFC area of study was reconfigured. The minimum credit hour requirement for MCFC students, as promulgated by CACREP, is 60 credit hours of Master's-level coursework. Currently, the MCFC area of study is already in compliance with the anticipated changes in Professional Counselor Licensure in Illinois. As a result, the Department is requesting one minor change to the MCFC curriculum. Since it is imperative that all students have competencies in the area of crisis intervention, and in the interest of keeping the number of credit hours required for graduation as close to 60 as possible, the Department has decided to eliminate HDC 530 as a required course for MCFC students. Therefore, MCFC students will have Crisis Intervention in the place of HDC 530. HDC faculty do not believe that eliminating this requirement of HDC 530 will negatively impact students within the MCFC area of study.

Implementation of Changes

The proposed changes would take place across time. Some would become effective immediately, while others would be incorporated gradually. HDC faculty would like to officially have the proposed changes reflected in the 2013/2014 UIS catalog. It is in 2013/2014 that students would be held to the higher credit hour expectation. Within the next year, HDC faculty would like to offer the proposed Consultation and Crisis Intervention Course, and the Foundations of Clinical Mental Health Counseling (formerly HDC 530: Community Counseling) course. Additionally, we would like to eliminate HDC 584: Comprehensive
Examination Preparation. The elective options for students will also be an immediate change that will not require additional faculty resources. Many current students, who are aware of the national Counseling trend toward 60 credit hours, would like the opportunity to graduate from a 60 credit hour program. Allowing students to enroll in elective courses within HDC will assist students who plan to move to different states. Additionally, implementing the variable internship credit hour structure immediately will also help students in the transition process. HDC faculty will begin to incorporate the additional necessary coursework (HDC 5xx: Social Justice and Advocacy; HDC 535: Child and Adolescent Counseling, etc.) across time.

Faculty Resources

The Department is well aware of current financial restrictions and limitations in the State of Illinois and within the University. In preparation for the proposed curricular changes, HDC faculty have devised a strategic plan to maximize current faculty resources. The Department believes it can initially support the proposed curricular changes with current faculty and the assistance of adjunct faculty. However, as the HDC program continues to increase the number of admitted students who hope to graduate within a 3 year period, we will need additional faculty to support the number of courses, some with multiple sections, needed each semester.
Appendix A

Illinois Licensure Academic Criteria
IMPORTANT NOTICE: Completion of this form is necessary for consideration for licensure under 225 ILCS 107/1 et seq. (Illinois Compiled Statutes). Disclosure of this information is VOLUNTARY. However, failure to comply may result in this form not being processed.

APPLICANT: Complete a separate form for each Institution in which you have completed graduate coursework. You may copy this form as needed.

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<th>10. PROGRAM (AREA OF SPECIALIZATION AS IT APPEARS ON TRANSCRIPT.)</th>
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ACADEMIC CRITERIA: All applicants shall complete a 48 semester hour or equivalent quarter hour program with one 3 semester hour or equivalent quarter hour course in each of the following core areas. Please submit a copy of the course description for each course.

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Appendix B

CACREP Standards for Community Counseling (2001) and Clinical Mental Health Counseling (2009)
CACREP 2001 STANDARDS FOR COMMUNITY COUNSELING PROGRAMS

In addition to the common core curricular experiences outlined in Section II.K, the following curricular experiences and demonstrated knowledge and skills are required of all students in the program.

A. FOUNDATIONS OF COMMUNITY COUNSELING

1. historical, philosophical, societal, cultural, economic, and political dimensions of and current trends in the community human service/mental health movement;

2. roles, functions, preparation standards, credentialing, licensure and professional identity of community counselors;

3. policies, laws, legislation, recognition, reimbursement, right-to-practice, and other issues relevant to community counseling;

4. ethical and legal considerations specifically related to the practice of community counseling (e.g., the ACA Code of Ethics); and

5. the role of racial, ethnic, and cultural heritage, nationality, socioeconomic status, family structure, age, gender, sexual orientation, religious and spiritual beliefs, occupation, and physical and mental status, and equity issues in community counseling.

B. CONTEXTUAL DIMENSIONS OF COMMUNITY COUNSELING

1. the roles of community counselors in various practice settings and the relationships between counselors and other professionals in these settings;

2. organizational, fiscal, and legal dimensions of the institutions and settings in which community counselors practice;

3. strategies for community needs assessment to design, implement, and evaluate community counseling interventions, programs, and systems; and

4. general principles of community intervention, consultation, education, and outreach; and characteristics of human services programs and networks (public, private, and volunteer) in local communities.

C. KNOWLEDGE AND SKILL REQUIREMENTS FOR COMMUNITY COUNSELORS

1. typical characteristics of individuals and communities served by a variety of institutions and agencies that offer community counseling services;

2. models, methods, and principles of program development and service delivery for a clientele based on assumptions of human and organizational development, including
prevention, implementation of support groups, peer facilitation training, parent education, career/occupational information and counseling, and encouragement of self-help;

3. effective strategies for promoting client understanding of and access to community resources;

4. principles and models of biopsychosocial assessment, case conceptualization, theories of human development and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling plans;

5. knowledge of the principles of diagnosis and the use of current diagnostic tools, including the current edition of the *Diagnostic and Statistical Manual*;

6. effective strategies for client advocacy in public policy and other matters of equity and accessibility; and

7. application of appropriate individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling, including the use of crisis intervention, and brief, intermediate, and long-term approaches.

D. CLINICAL INSTRUCTION

For the Community Counseling Program, the 600 clock hour internship (Standard III.H) occurs in a community setting, under the clinical supervision of a site supervisor as defined by Section III, Standard C.1 - 2. The requirement includes a minimum of 240 direct service clock hours.

The program must clearly define and measure the outcomes expected of interns, using appropriate professional resources that address Standards A, B, and C (Community Counseling Programs).

CACREP 2009 CLINICAL MENTAL HEALTH COUNSELING STANDARDS

Students who are preparing to work as clinical mental health counselors will demonstrate the professional knowledge, skills, and practices necessary to address a wide variety of circumstances within the clinical mental health counseling context. In addition to the common core curricular experiences outlined in Section II.G, programs must provide evidence that student learning has occurred in the following domains:

FOUNDATIONS

A. Knowledge

1. Understands the history, philosophy, and trends in clinical mental health counseling.
2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.

3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.

4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.

5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.

6. Recognizes the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.

7. Is aware of professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).

8. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability.

9. Understands the impact of crises, disasters, and other trauma-causing events on people.

10. Understands the operation of an emergency management system within clinical mental health agencies and in the community.

B. Skills and Practices

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.

2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

COUNSELING, PREVENTION, AND INTERVENTION

C. Knowledge

1. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.

2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.
3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).

4. Knows the disease concept and etiology of addiction and co-occurring disorders.

5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.

6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.

7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.

8. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders.

9. Understands professional issues relevant to the practice of clinical mental health counseling.

D. Skills and Practices

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.

2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.

3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.

4. Applies effective strategies to promote client understanding of and access to a variety of community resources.

5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.

6. Demonstrates the ability to use procedures for assessing and managing suicide risk.

7. Applies current record-keeping standards related to clinical mental health counseling.

8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.

9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.
DIVERSITY AND ADVOCACY

E. Knowledge

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.

2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.

3. Understands current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.

4. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.

5. Understands the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.

6. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

F. Skills and Practices

1. Maintains information regarding community resources to make appropriate referrals.

2. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients.

3. Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations.

ASSESSMENT

G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.

3. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.

4. Identifies standard screening and assessment instruments for substance use disorders and process addictions.

H. Skills and Practices

1. Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

2. Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.

3. Screens for addiction, aggression, and danger to self and/or others, as well as cooccurring mental disorders. 4. Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

RESEARCH AND EVALUATION

I. Knowledge

1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.

2. Knows models of program evaluation for clinical mental health programs.

3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

J. Skills and Practices

1. Applies relevant research findings to inform the practice of clinical mental health counseling.

2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.
3. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs.

DIAGNOSIS

K. Knowledge

1. Knows the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

2. Understands the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.

3. Knows the impact of co-occurring substance use disorders on medical and psychological disorders.

4. Understands the relevance and potential biases of commonly used diagnostic tools with multicultural populations.

5. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma causing event.

L. Skills and Practices

1. Demonstrates appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.

2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.

3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.
Appendix C

Graphic Overview of Proposed HDC Changes
Human Development Counseling Proposed Course Changes

### Course Requirements for all HDC Students

<table>
<thead>
<tr>
<th>Course Type</th>
<th>Course #</th>
<th>Course Title</th>
<th>Cr. Hrs.</th>
<th>Change Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core</td>
<td>HDC 501</td>
<td>Fundamental Issues and Ethics in Counseling</td>
<td>3</td>
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<td>Core</td>
<td>HDC 511</td>
<td>Theories of Counseling</td>
<td>3</td>
<td>N/A</td>
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<td>Core</td>
<td>HDC 512</td>
<td>Prepracticum</td>
<td>3</td>
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<td>Core</td>
<td>HDC 513</td>
<td>Techniques of Group Counseling and Psychotherapy</td>
<td>3</td>
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<td>Core</td>
<td>HDC 515</td>
<td>Multicultural Counseling</td>
<td>3</td>
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<td>Core</td>
<td>HDC 521</td>
<td>Developmental Counseling</td>
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<td>Core</td>
<td>HDC 524</td>
<td>Career/Lifestyle Counseling</td>
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<tr>
<td>Core</td>
<td>HDC 525</td>
<td>Alcoholism &amp; Substance Abuse</td>
<td>3</td>
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<td>Core</td>
<td>HDC 533</td>
<td>Family Dynamics</td>
<td>3</td>
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<tr>
<td>Core</td>
<td>HDC 546</td>
<td>Psychopathology and the DSM IV-TR</td>
<td>3</td>
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<tr>
<td>Core</td>
<td>HDC 575</td>
<td>Appraisal Techniques in Counseling</td>
<td>3</td>
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<td>Core</td>
<td>HDC 577</td>
<td>Research Methods</td>
<td>3</td>
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<td>Core</td>
<td>HDC 5xx</td>
<td>Crisis Intervention and Consultation</td>
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<tr>
<td>Core</td>
<td>HDC 587/588</td>
<td>Professional Experience: Practicum</td>
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<tr>
<td>Core</td>
<td>HDC 590</td>
<td>Professional Experience: Internship</td>
<td>6-10</td>
<td>Variable Credit Option</td>
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<td>Closure</td>
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<td>Comprehensive Examination Preparation</td>
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<td>Closure</td>
<td>HDC 585</td>
<td>Comprehensive Examination Preparation and Registration</td>
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### Specialization Requirements for (1) Clinical Mental Health Counseling - CMHC; (2) School Counseling; (3) Marriage, Couples and Family Counseling - MCFC

<table>
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<tr>
<th>Course Type</th>
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<th>Course Title</th>
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<th>Change Type</th>
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<td>Specialization:CMHC</td>
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<td>Specialization:CMHC</td>
<td>HDC 5xx</td>
<td>Foundations of Clinical Mental Health Counseling</td>
<td>3</td>
<td>New Course</td>
</tr>
<tr>
<td>Specialization:CMHC</td>
<td>HDC 5xx</td>
<td>Social Justice and Advocacy</td>
<td>3</td>
<td>New Course</td>
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<td>Specialization:CMHC</td>
<td>HDC 5xx</td>
<td>Two Elective Courses related to studentinterest</td>
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<td>Specialization:School</td>
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<td>Developmental School Counseling</td>
<td>3</td>
<td>N/A</td>
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<tr>
<td>Specialization:School</td>
<td>HDC 535</td>
<td>Child and Adolescent Counseling</td>
<td>3</td>
<td>New Requirement</td>
</tr>
<tr>
<td>Specialization:School</td>
<td>HDC 5xx</td>
<td>Two Elective Courses related to studentinterest</td>
<td>6</td>
<td>Student Chooses</td>
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<tr>
<td>Specialization:MCFC</td>
<td>534</td>
<td>Introduction to Family Counseling</td>
<td>3</td>
<td>N/A</td>
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<tr>
<td>Specialization:MCFC</td>
<td>538</td>
<td>Theories of Family Counseling</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>Specialization:MCFC</td>
<td>536/537</td>
<td>Divorce Counseling (or) Couples Counseling</td>
<td>3</td>
<td>N/A</td>
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<tr>
<td>Specialization:MCFC</td>
<td>545</td>
<td>Sexual Dysfunction and Family Violence</td>
<td>3</td>
<td>N/A</td>
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<tr>
<td>Specialization:MCFC</td>
<td>HDC 530</td>
<td>Community Counseling</td>
<td>3</td>
<td>Eliminate</td>
</tr>
</tbody>
</table>

Note: Proposed changes to the curricula are indicated in red, bold, italicized print. Additionally, the type of change is notated in the table.

January 2012
Appendix D

HDC 5xx: Consultation and Crisis Intervention Syllabus
HDC 5XX: CONSULTATION AND CRISIS INTERVENTION FOR COUNSELORS
CREDIT HOURS: 3
SEMESTER: SUMMER 2013
DAY TBD, 4:00-9:30 P.M.

Instructor: Dr. Ann McCaughan
Office: BRK 337
Office Hours: By appointment
Phone: 217.206.8565
Fax: 217.206.6775
Email: amcca7@uis.edu

CATALOG DESCRIPTION:

This 3-credit course is designed to provide graduate clinical mental health counseling students with an understanding of their roles and responsibilities in regard to consultation as well as crisis intervention. Models of consultation and the various settings and scenarios in which those might be applied will be explored. Strategies and guidelines for intervention regarding crises, man-made and natural disasters will be a focus as well.

COURSE OBJECTIVES:

1. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling (A.2).
2. Understands the impact of crises, disasters, and other trauma-causing events on people (A.9).
3. Understands the operation of an emergency management system within clinical mental health agencies and in the community (A.10).
4. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (B.1).
5. Describes the principles of mental health including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society (C.1).
6. Knows the models, methods, and principles of program development and service-delivery (e.g. support groups, peer facilitation training, parent education, self-help) (C.3).
7. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events (C.6).
8. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling (D.5).
9. Demonstrates the ability to use procedures for assessing and managing suicide risk (D.6)
10. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders (D.8).
11. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders (H.3).
12. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling (I.1).
13. Understands appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event (K.5).
14. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events (L.3).

**ISBE CONCEPTUAL FRAMEWORK:**

The Illinois state Board of Education (ISBE) requires that each state-approved professional education unit create a conceptual framework that establishes a shared vision and provides for programs, courses, teaching, candidate performance, scholarship, and unit accountability. At the University of Illinois at Springfield (UIS), the professional education unit includes the College of Education and Human Services, as well as the College of Liberal Arts and Sciences, in that both colleges contribute to the preparation of the candidates for initial teacher certification, administrative certification, and school counseling certification. The following four themes are infused in coursework through the school professional education unit:

**Quality teaching and professional practice:** Candidates will demonstrate the knowledge, skills and dispositions necessary to perform their specific professional responsibilities independently and well: they value education, have a solid repertoire of knowledge and skills, know the standards of professional practice, and have the skills and dispositions necessary for lifelong professional growth;

**Public affairs:** Candidates will demonstrate the knowledge, skills, and dispositions necessary to contribute to and understand the community in which they work because they know, understand, and can contribute to the institutional, neighborhood, local and state interests and policies that influence education.

**Technology:** Candidates will demonstrate the knowledge, skills, and dispositions necessary to use technology and technological innovations in teaching, learning, and service.

**Diversity:** Candidates will demonstrate the knowledge, skills, and dispositions necessary to successfully work in a diverse community.

**STUDENT EVALUATION:**
CRISIS INTERVENTION PAPER & PRESENTATION 30%
GROUP CONSULTATION CASES 25%
THREADED DISCUSSIONS (5) 25%
PARTICIPATION 10%

GRADING SCALE:
A: 95-100
A-: 92-94
B+: 89-91
B: 84-88
B-: 80-83
C+: 78-79
C: 74-77
C-: 70-73
D+: 68-69
D: 64-67
F: < 63

REQUIRED TEXT(S) AND/OR READINGS:

Supplemental readings as posted on blackboard.

RECOMMENDED TEXTS:

METHODS OF INSTRUCTION:
This course combines didactic and experiential learning formats. In addition, students will engage in discussions, case study applications, research, and group projects in order to enhance their understanding of the roles of consultation and crisis intervention in the field of counseling. Class topics, activities, and homework are designed to meet the CACREP (2009) Standards for Social and Cultural Diversity, and related course objectives.

ATTENDANCE POLICY:
The nature of this course makes attendance and participation very important. Attend each class and be a regular, appropriate, and knowledgeable participant in class discussion. Unexcused absences, excessive excused absences, as well as repeated tardiness or leaving class early, will result in lowering of your final course grade by a minimum of one full letter grade. In addition, class participation activities (i.e. “quizzes”, reflections, etc.) cannot be made up if a student is absent or tardy.

**CELLULAR PHONE POLICY:**

The use of cellular phones during class is prohibited in this course, including texting, as they create a disruption in the learning environment. If you believe you have a personal concern that merits an exception to this, please inform the instructor at the beginning of the class period. You are expected to leave the classroom each time you attend to your phone. Repeated unexcused use of cell phones during class will result in loss of participation points.

**ASSIGNMENT DUE DATE POLICY:**

Assignments are expected to be turned in on time. Late assignments will be penalized by 10 percent of total points per day unless prior arrangements are made with the instructor. Assignments should be submitted via hard copy in class on the due date, as well as submitted electronically via blackboard.

**WRITTEN ASSIGNMENTS:**

The majority of assignments in this course are written assignments and the course grade is therefore heavily reliant upon the quality of the written assignments. These assignments will be graded based on the following criteria:

- Originality of ideas
- Variety of background resources (i.e. textbooks, journals, popular media)
- Mechanics and Legibility (spelling, punctuation, sentence structure)
- Organization of paper (Are the ideas clearly linked and presented? Does the paper follow a logical “flow”?)
- APA Style (Does not apply to Voice Journals)
- Relevance to assignment topic(s)
- Meets additional assignment criteria (length, number of references, etc.)

Written assignments must be handed in via paper format. Electronic copies will only be accepted if pre-approved by an instructor.

**PLAGIARISM POLICY:**

Plagiarism is (1) the use (direct quote or any paraphrase) of an idea, which is not in common use and which is not attributed (cited) as taken from another source or (2) claiming another’s work as one’s own. Plagiarism is a serious breach of ethics and is
subject to disciplinary action, which may include failing the course; disciplinary probation; suspension; or dismissal from the class, the program, or UIS. Students must ensure that all references are appropriately cited in written assignments.

**ACCOMMODATIONS:**

Reasonable accommodations are available for students who have a documented disability. A documented disability can include: physical, psychological, chronic health, vision, hearing, learning, traumatic brain injury, Asperger's Syndrome and/or autism, cognitive, and A.D./H.D.D. Please notify the instructor during the first week of class of any accommodations needed for the course. While O.D.S. does accept late applications, accommodations are not retroactive. All accommodations must be approved through the Office of Disability Services (ODS) (217-206-6666), HRB 80.

**ASSIGNMENTS:**

1. Crisis Intervention Film and Research Paper, and Presentation
   Due Week 8

Choose a feature-length film depicting a real or imagined crisis situation with mental health implications. The crisis can be a natural or man-made disaster. Using the crisis intervention models covered in class, or an outside model of your choosing, supported in the research (and with instructor permission), apply a crisis intervention plan to the individuals and/or communities portrayed in the film. This paper should be 8-10 pages and in the current APA format for research papers. The paper should at minimum include:

- A description of the crisis/disaster and how it fits the definitions of crisis covered in this course
- A description of the victims
- Mental health implications for victims (these may be direct or indirect – keep in mind mental health implications that arise out of response to the disaster)
- Vicarious mental health implications for community members and providers
- A description of the crisis intervention model you would use in approaching the problem, and a rationale for choosing this as opposed to other models
- Application of the model to the problem (this may require you to come up with “fictional” details/expectations – this is ok, even for an actual crisis/disaster)
1b. PRESENTATION COMPONENT:
During the last week of class you will do a presentation on your research topic. The presentations will last 15 minutes, and should be a brief overview, and include a short film clip, engage the audience, and have a powerpoint or other organizational component supporting the presentation.

2. Group Project: CASE STUDY AND CONSULTATION MODEL (25% of grade)

In groups of 4-5, you will develop a case vignette portraying a scenario requiring consultation. The case study should be an in-depth, detailed description of the problem, and will be provided to the rest of the class. You will then guide the class through deciding which consultation model, and which role within that model, would be the best approach to the problem. After the class has made their decision, you will provide a brief presentation overviewing the model your group chose to apply, and the rationale for that model.

3. Threaded Discussions (25% of grade)

During this eight-week course there will be five (5) threaded discussion topics. Discussions will be due: Week 2, Week 4, Week 5, Week 6, and Week 8. Topics will be provided in Blackboard. Each student is expected to post their discussion by the 4th day of the week, and a response to two peers by the 6th day of the week. Those dates will be clearly listed on each post, though please keep in mind days of the week are based on a standard calendar with Day 1 being Sunday and Day 7 being Saturday.

- Discussions will be evaluated on the following criteria:
  - Responsiveness to the question/topic
  - Quality/Detail of the response (i.e. brief, detailed)
  - Mechanics and legibility (including proper APA formatting of references)
  - Use of supporting resources

4. Participation (25% of grade)

Regular and engaged participation is necessary and expected at the graduate level. Repeated failure to prepare for and engage in class activities will result in a reduction of participation points.
**COURSE OUTLINE WITH RELEVANT CACREP STANDARDS:**

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<thead>
<tr>
<th>DATE</th>
<th>CLASS TOPICS</th>
<th>READINGS/ASSIGNMENTS</th>
<th>CACREP STANDARD(S)</th>
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<tr>
<td>Week 1</td>
<td>Course overview and introduction to stages of consultation</td>
<td>Articles on Blackboard</td>
<td>C.1, C.3, D.5</td>
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<td>Consultation Models</td>
<td>Articles on Blackboard</td>
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<td>Application of Consultation in Various Settings</td>
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<td>Introduction to Crises and Crisis Intervention</td>
<td>Chapters 1-4</td>
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<td>• School Disasters/Crisis</td>
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<td>• Cultural Considerations</td>
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<td>Week 6</td>
<td>• Family Crises</td>
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<td></td>
<td>• Grief and Loss</td>
<td>Supplemental Article</td>
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<td>• Substance abuse crises</td>
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<td>Week 7</td>
<td>Burnout and Vicarious Trauma/Secondary Traumatic Stress</td>
<td>Supplemental Articles (See blackboard)</td>
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Appendix E:

HDC 530: Foundations of Clinical Mental Health Counseling Syllabus
I. Descriptive Information

This 3-semester credit course is designed to provide clinical mental health counseling graduate students with an orientation to mental health counseling perspectives. Throughout the semester, we will explore the roles of mental health counselors in a variety of practice settings and the relationships between professional counselors and other helping professionals who work within a community context. Additionally, we will investigate the organizational, fiscal, and legal dimensions of the institutions and settings in which mental health counselors practice. General principles and practices of community intervention, consultation, education and outreach will be explored as well as characteristics of various human services programs in the community. An overview of mental health counseling, specific techniques for handling crisis situations as well as practical skills such as writing clinical case reviews, treatment plans, case notes, handling insurance claims, and a myriad of counseling responsibilities in a mental health counseling setting will be explored.

II. Course Goals and Learner Outcomes

While our program is accredited under the 2001 CACREP standards, this course has been updated to reflect the upcoming transition to the 2009 CACREP Standards. The following course objectives are based upon 2009 CACREP standards for clinical mental health counseling programs, and the language is taken from that document. Upon successful completion of this course, the learner:

1. Understands the history, philosophy, and trends in clinical mental health counseling (A.1)

2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling (A.2).

3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams (A.3).
4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling (A.4).

5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of supervision (A.5).

6. Is aware of professional issues that affect clinical mental health counselors (e.g. core provider status, expert witness status, access to and practice privileges within managed care systems) (A.6).

7. Understands the management of mental health services and programs, including areas such as administration, finance, and accountability (A.8).

8. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling (B.1).

9. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling (B.2).

10. Describes the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society (C.1).

11. Knows the models, methods, and principles of program development and service delivery (e.g. support groups, peer facilitation training, parent education, self-help) (C.3).

12. Understands the range of mental health service delivery – such as inpatient, outpatient, partial treatment and aftercare – and the clinical mental health counseling services network (C.5).

13. Recognizes the importance of family, social networks, and community systems in the treatment of mental and emotional disorders (C.8).

14. Understands professional issues relevant to the practice of clinical mental health counseling (C.9).

15. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling (D.1).

16. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders (D.2).
17. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities (D.3).

18. Applies effective strategies to promote client understanding of and access to a variety of community resources (D.4).

19. Applies current record-keeping standards related to clinical mental health counseling (D.7).

20. Understands effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling (E.4).

21. Knows public policies on the local, state, and national levels that affect the quality and accessibility of mental health services (E.6).

22. Maintains information regarding community resources to make appropriate referrals (F.1).

23. Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients (F.2).

24. Understands how to critically evaluate research relevant to the practice of mental health counseling (I.1).

25. Knows models of program evaluation for clinical mental health programs (I.2).

26. Applies relevant research findings to inform the practice of clinical mental health counseling (J.1).

27. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments (J.2).

28. Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs (J.3).

III. Required Texts


3. Journal articles as assigned. (see attachment A).
IV. Method of Instruction
This course functions primarily as a seminar. Instructional procedures consist of class discussions, small group experiential exercises, lectures, presentations, demonstrations, videos, and guest speakers.

V. Course Requirements

1. Participation/Attendance and Professional Behavior

   Participation and class attendance is expected regularly from each learner. Each student will come to class having read and completed appropriate assignments, fully prepared to participate in the classroom discussions and activities. The assumption in this course is that students have done the reading and assignments for each class because they will be unable to fully work and participate in classroom activities otherwise. Participation involves constructive contribution. Constructive contribution means a) contributing to the growth of the class; b) furthering discussion; c) furthering the development of ideas d) furthering the knowledge of the group. Attendance is not just showing up and participation is not just talking.

   There are 15 scheduled classes. 2 points will be given for attendance at each scheduled class. If you are not present for any reason you do not earn those 2 points. Tardiness may reduce these points. If you are unable to attend class it is courteous to notify the instructor via email. If you are unable to attend class on an evening where you are responsible for an assignment, it is your responsibility to arrange for a substitute. (e.g. notify your colleagues in Journal Club to cover your part of the presentation; arrange to get any written work to the Instructor on time; arrange for someone to switch with you on your presentation evening.) The instructor will award up to an additional 5 points based on your overall participation and contribution to the class.

2. Journal Club

   In assigned working groups, students will review a set of journal articles. The group will lead a discussion in class with the other students. Leading a discussion should evidence your understanding of the article. In addition the group should pose questions for discussion. The questions should be written and distributed to your colleagues at the time of the Journal Club. You should not use the entire time to summarize the article since all students are required to read all articles. All students in the group will receive the same score, so it’s important to work together as a team.

3. Research Paper

   Each student will choose a vulnerable population for which they have a particular interest or passion (refer to the definition of vulnerable
populations in your texts.) You will study this subject all semester- so select wisely. **Your choice is to be approved by the instructor by the 2nd session.** You should ensure that you email your selection to the instructor and receive an approval back via email before the 2nd session. The population of choice may be based upon minority representation according to "the dimensions of diversity" model (e.g. ethnicity, sexual orientation, religion, ability, age, etc.) or you may select a clinical sub-population for investigation (e.g. persons with developmental disabilities, persons with serious mental illness).

Your research and analyses of this population will be the subject of your Research Paper. The content of the paper is described in Appendix B. This paper should be typewritten, adhere to APA style format, and between 18-20 pages in length. **Use subheadings to clearly delineate the necessary requirements.** A complete list of references and professional materials used in preparation of the paper must be included. Thorough work and disciplined analysis is expected! Your research paper should be typed, proofread, and referenced.

Your paper should reflect good critical thinking skills. A guide to critical thinking is attached in Appendix C. **The paper is due April 24.** Late assignments are accepted, but full credit will not be given.

4. **Agency visit**

   Each student is required to visit a local community agency with which you are unfamiliar. This agency should be related to your vulnerable population. A summary of this visit will be prepared in a 5 page paper. The details for what should be included in the paper may be found in Appendix B. Your paper should be typed, proofread, and referenced. Agency visits should be approved by the instructor prior to the visit. **Papers are due March 6.** Late assignments are accepted, but full credit will not be given.

5. **Presentation**

   Each student has 20 (twenty) minutes for a formal presentation to the class. The focus of the presentation should be the detailed story of 1 person or one group of people in your vulnerable population. As part of your research you should personally interview 1 or more people to understand their lived experience. Your interview should be conducted using the key points of your paper as a guide. When presenting you do not need to share the personal identity of your subject. There will be approximately 10 minutes following your presentation devoted to Q/A from the class. They may ask questions about any of the research that you have conducted. You should be prepared to discuss the following elements regarding your vulnerable population: **10 configurable equation 2) pressures that affect the well being of this population 3) micro, meso, exo, macro systems; 4) evidence informed practices for your population**
that you have found in direct/indirect community and client services 5) self help available.

VI. Performance Evaluation Criteria

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<thead>
<tr>
<th>Task</th>
<th>Points</th>
<th>Grade Range</th>
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<tbody>
<tr>
<td>Journal Club</td>
<td>10</td>
<td>A range = 90 and higher</td>
</tr>
<tr>
<td>Presentation</td>
<td>15</td>
<td>B range = 80-89</td>
</tr>
<tr>
<td>Research Paper</td>
<td>30</td>
<td>C range = 70-79</td>
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<tr>
<td>Agency Visit/paper</td>
<td>10</td>
<td>D range = 60-69</td>
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<tr>
<td>Participation/Attendance</td>
<td>35</td>
<td>F= below 60</td>
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<tr>
<td>TOTAL</td>
<td>100</td>
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Disability Accommodation Services

Reasonable accommodations are available for students who have a documented disability. Please notify the instructor during the first week of class of any accommodations needed for the course. Late notification may cause the requested accommodations to be unavailable. All accommodations must be approved through the Office of Disability Services (ODS) in the Student Life Building (SLB), Room 11, 217 206 6666.

Illinois State Board of Education (ISBE) Conceptual Framework

The Illinois State Board of Education requires that each state-approved professional education unit create a conceptual framework that establishes a shared vision and provides direction for programs, courses, teaching, candidate performance, scholarship, and unit accountability. At the University of Illinois at Springfield, the professional education unit includes the College of Education and Human Services, as well as the College of Liberal Arts and Sciences, in that both colleges contribute to the preparation of candidates for initial teacher certification, administrative certification, and school counseling certification. The following four themes are infused in coursework throughout our school professional education unit:

Quality teaching and professional practice.
Candidates will demonstrate their knowledge, skills, and dispositions necessary to perform their specific professional responsibilities independently and well. They value education, have a solid repertoire of knowledge and skills, know the standards of professional practice, and have the skills and dispositions necessary for lifelong professional growth;

Public affairs.
Candidates will demonstrate the knowledge, skills, and dispositions necessary to contribute and understand the community in which they work because they know, understand, and can contribute to the institutional, neighborhood, local and state interests and policies that influence education;
Technology.
Candidates will demonstrate the knowledge, skills, and dispositions necessary to use technology and technological innovations in teaching, learning and service;

Diversity.
Candidates will demonstrate the knowledge, skills, and dispositions necessary to successfully work in a diverse community.
COURSE SCHEDULE: SPRING 2013

Session 1: January 15
Focus: Introductions/review of syllabus
The Community Counseling model
Reading: Chapter 2 cc: Community Counseling for the 21st Century
Chapter 1 cc: The Evolution of the Community Counseling Model
Experiential: Newspaper review
Form Journal Club groups
Homework: Select vulnerable population; email professor and receive approval.
Watch the movie The Soloist by February 1

Session 2: January 22
Focus: Community Services: Direct: Preventive Education
Reading: Chapter 5 cc: Developmental/Preventive Interventions
Chapter 8 cac: Essential Counseling Services: Crisis Intervention, Prevention, Advocacy, and Evaluation
Experiential: Each student present their chosen vulnerable population selection
and explain basis of selection.
Watch Video (shown in class)
Form Consultation Groups

Session 3: January 29
Focus: Client Services: Direct:
Outreach to Vulnerable Populations
Essential Ingredients and Bio-ecological Model
Reading: Chapter 3 cc: Outreach to Distressed and Marginalized Clients
Chapter 10 (cac)
Chapter 4 cc: Preparing the competent community counselor
Experiential: Discuss The Soloist

Session 4: February 7
Experiential: Group visit to Mental Health Centers of Central Illinois
Use Recovery Oriented Organization article for questions.

Session 5: February 12
Experiential: Consultation Group Discussions/Briefings with Professor
Discuss with your colleagues your research on
Direct Community Services and Direct Client Services
- Preventive education
- Outreach
- Direct counseling
- EBPs
- Micro; Meso; Exo; Macro Systems
Journal Club: Set 1’ (Program Development Related)
Session 6: 
February 19
Focus: Client Services: indirect: Client advocacy; Consultation
Experiential: The Consumer Perspective
Reading: Chapter 6 cc: Client Advocacy
Journal Club: Set D (Counselor Advocacy)

Session 7: 
February 26
Focus: Community Services: indirect: influencing public policy and Health Care Reform
Reading: Chapter 8 cc: Social/Political Action Strategies
Experiential: Journal Club: Set B (Managed Care)

Session 8: 
March 4
Focus: Consultation Group Discussions Client services indirect and Indirect Community Services
- Client advocacy
- Consultation
- Public policy
Reading: Chapter 7 cc: Community Collaboration and Advocacy
Experiential: Journal Club: Set E: (Health Care Reform)
Homework: Agency Papers Due

Spring Break March 11

Session 9: 
March 18
No formal class. Opportunity to work on presentations and research paper.

Session 10: 
March 25
Presentations

Session 11: 
April 1
Presentations

Session 12: 
April 8
Presentations

Session 13: 
April 15
Presentations

Session 14: 
April 22
Focus: Client Services Direct: Counseling
Reading: Chapter 14 (cac): Career Counseling, Employee Assistance Programs, and Private Practice Settings
Experiential: Panel presentation on Private Practice: Guest Lecturers.
Journal Club: Set A (Clinically Related)
Research Papers Due

Session 15: April 29
Focus: Applications of the Model in Community Settings and Managing the Community Program
Reading: Chapter 13 cac: Community Agencies, Medical Settings, and Other Specialized Clinical Settings
Chapter 11 cc: Managing the Community Counseling Program
Experiential: Panel of Community Agency Executives
Journal Club: Set C (Assessment related)

Session 16: May 6
Focus: "If you would understand anything, observe its beginning." Aristotle
      Historical, philosophical, societal, economic, political dimensions of the mental health movement.
      Professional identity of community counselors
      Structures and operations of professional organizations,
      Training standards, credentialing bodies, ethical codes pertaining to clinical mental health counseling
Reading: Chapter 1 cac: Historical Overview of the Counseling Profession
Chapter 5 cac: Current and Emerging Influences
Chapter 2 cac: Professional Identity
Chapter 3 cac: Ethical and Legal Aspects of Counseling
Experiential: Consultation Groups: what do you understand from studying its beginnings?
Guest Lecturer
Attachment A

Set A: (3-4 students)


Set B: (3-4 students)


Set C: (2-3 students)

Boyle, M. Measuring quality, unpublished article

Set D (2 students)

Set E (2-3 students)

Set F (2-3 students)
APPENDIX B

Agency Visit
When you visit the community agency use the Mental health counseling Model as a tool for your evaluation. Take a broad look at the agency, but keep a focused eye on the services specific to your vulnerable population.

- What kinds of direct, community services are offered?
- To what degree is the agency involved in indirect community services? What efforts are ongoing in the agency designed to create systemic changes in the community?
- What direct client services does the agency offer? To what degree do these services take environmental factors into consideration?
- Is the agency involved in providing indirect client services? If so, what types of indirect services does the staff commonly use, and how does the program manifest them?
- In regards to your specific vulnerable population, in what ways does the agency address the unique cultural, ethnic, and/or racial backgrounds of your population?
- In what ways does the agency coordinate with other organizations in the community?
- What is your assessment of the agency and the impact that its' services make in the community. Support your opinion. This section should be fully 1 of the 5 pages.
- Additionally look at some administrative areas regarding this agency/school and take notes. Write only briefly about these or attach pertinent handouts or brochures (highlight the key areas).
  - Historical overview of agency
  - Primary philosophies and theoretical underpinning espoused
  - Vision and predominant goals
  - Ways in which the agency coordinates with other organizations in the community
  - Agency structure (hierarchy, primary funding sources)
  - Particular management challenges of the agency.
  - Employee qualifications and credentials (roles and responsibilities of helping professionals, professional identities.)
  - Ways in which the agency interacts with their funders including managed care and other third parties.

Research Paper:
- Use the Configurable Equation to demonstrate that the population you have chosen is indeed "vulnerable."
- Study your vulnerable population in a SPECIFIC community. Identify the social, economic, political and/or psychological pressures that affect the well-being of this population. In additional to text and journal research, you might read through a local newspaper, watch the news, review City Council minutes in order to determine which issues affect your chosen population.
• Looking at your vulnerable population in a specific community, describe a possible microsystem, mesosystem, exosystem, macrosystem.

• In a review of recent literature about your vulnerable population describe the best or evidence based practices. (this research is broader than your specific community). Using the Community Counseling Model define direct and indirect community and client services that are available for your vulnerable population in the specific community. Identify self help organizations and/or peer support services.

Analyze whether the existing services are sufficient. Make the case for at least 1 change that could be made in your community to improve services for your population. Support this with detail. E.g. In the Springfield area there are case management services available for persons with serious mental illness (a Direct Client service) however there are no services for teaching mothers with serious mental illness how to bond with their newborns (a Direct Community service).

Finally address the opportunity for shared services that exist in your community with other systems. Some of your ideas for this can come from your agency visit, others from your discussion groups. Be specific. Support your position.
APPENDIX C

Questions Using the Elements of Thought

Purpose: What am I trying to accomplish? What is my central aim? My purpose?

Questions: What question am I raising? What question am I addressing? Am I considering the complexities in the question?

Information: What information am I using in coming to that conclusion? What experience have I had to support this claim? What information do I need to settle the question?

Inferences/Conclusions: How did I reach this conclusion? Is there another way to interpret the information?

Concepts: What is the main idea here? Can I explain this idea?

Assumptions: What am I taking for granted? What assumption has led me to that conclusion?

Implications/Consequences: If someone accepted my positions, what would be the implications? What am I implying?

Point of View: From what point of view am I looking at this issue?