Course Objectives:

1. To contrast and compare the roles of mental health counselor and other professionals in the health and human services delivery system;

2. To examine the placement site’s “locus” in the mental health system (local, state);

3. To obtain supervision in the application of mental health counseling skills in clinical settings (collecting clinical data [via interview, questionnaire, self-report, observation, etc.], evaluating behavior, prescribing modes of treatment, applying techniques, and measuring the impact on functioning, improvement, or goal attainment); and

4. To review principles directing the management of mental health services, advocacy, requirements for record-keeping and treatment planning, and the bases for referral.

_________________________________________________________________

APPLICABLE CACREP STANDARDS HIGHLIGHTED BELOW

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

A. FOUNDATIONS OF MENTAL HEALTH COUNSELING

1. historical, philosophical, societal, cultural, economic, and political dimensions of and current trends in mental health counseling;

2. roles, functions, and professional identity of mental health counselors;
3. structures and operations of professional organizations, preparation standards, credentialing bodies, and public policy issues relevant to the practice of mental health counseling;

4. implications of professional issues that are unique to mental health counseling, including recognition, reimbursement, right to practice, core provider status, access to and practice privileges within managed care systems, and expert witness status;

5. ethical and legal considerations related to the practice of mental health counseling (e.g., the ACA and AMHCA Code of Ethics); and

6. 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 mental health counseling.

B. CONTEXTUAL DIMENSIONS OF MENTAL HEALTH COUNSELING

1. assumptions and roles of mental health counseling within the context of the community and its health and human services systems, including functions and relationships among interdisciplinary treatment teams, and the historical, organizational, legal, and fiscal dimensions of public and private mental health care systems;

2. strategies for community needs assessment to design, implement, and evaluate mental health care programs and systems;

3. principles, theories, and practices of community intervention, including programs and facilities for inpatient, outpatient, partial treatment, and aftercare, and the human services network in local communities; and

4. management of mental health services and programs, including administration, finance, and budgeting, in the public and private sectors; principles and practices for establishing and maintaining both independent and group private practice; and concepts and procedures for determining outcomes, accountability, and cost containment.

C. KNOWLEDGE AND SKILL REQUIREMENTS FOR MENTAL HEALTH COUNSELORS

1. general principles and practices of etiology, diagnosis, treatment, referral, and prevention of mental and emotional disorders and dysfunctional behavior, including addictive behaviors;
2. general principles and practices for the promotion of optimal human
development and mental health;

3. specific principles and models of biopsychosocial assessments, case
conceptualization, and theories of human development and concepts of
psychopathology leading to diagnoses and appropriate treatment plans;

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

5. application of modalities for initiating, maintaining, and terminating
counseling and psychotherapy with mentally and emotionally impaired clients,
including the use of crisis intervention and brief, intermediate, and long-term
approaches;

6. basic classifications, indications, and contraindications of commonly prescribed
psychopharmacological medications so that appropriate referrals can be made
for medication evaluations and identifying effects and side effects of such
medications;

7. principles and guidelines of 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;

8. knowledge and provision of clinical supervision, including counselor
development;

9. the application of concepts of mental health education, consultation,
collaboration, outreach and prevention strategies, and community mental health
advocacy; and

10. effective strategies for influencing public policy and government relations on
local, state, and national levels to enhance funding and programs that affect
mental health services in general, and the practice of mental health counseling in
particular.

D. CLINICAL INSTRUCTION

For the Mental Health Counseling Program, the 600 clock hour internship
(Standard III.H) occurs in a mental health setting, under the 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. Beyond these 600 clock hours, the
Mental Health Counseling program requires an additional 300 clock hours of
internship in a mental health setting under the appropriate clinical supervision of a
site supervisor as defined above. This requirement includes a minimum of 120
direct service clock hours. Therefore, the total requirement for a mental health
Counseling internship is a minimum of 900 clock hours of supervised experience in an appropriate setting, which includes a minimum of 360 direct service clock hours.
MHS 7804
Mental Health Counseling Group Supervision

SECTIONS AND TOPICAL ASSIGNMENTS

(Discussion Focus: Students’ onsite clinical experience with the topic. As available, I reserve the right to invite speakers with specialized knowledge.)

Week 1  Syllabus review. Goals and objectives of internship training. Internship as learning by doing. Supervisor as director, supervisor as mentor. Learning about yourself as a counselor. Developing a support system. Supervision Schedule and Log. (Discussion: Schweitzer & King’s The successful internship: Transformation & empowerment. Chapter 3. Understanding Yourself; Chapter 4. Understanding Yourself as an Intern).

Week 2  Professional ethics. Principles and guidelines for responsible practice. Diversity awareness. Professional development. Development of peer relations, peer network. Sharing expertise, consultation. (Review the following for discussion: C.H. Patterson on Values in Psychotherapy; ACA Ethical Principles; the file, Ethics in Managed Care, and NBCC Case Procedures on the Course Website Homepage.) Bring in information on your agency’s standard operating procedures manual to share with your fellow students.

Week 3  The mental health system. The private and public sectors. Principles and practices for establishing and maintaining solo and group practice. Managed care. (Review the following for discussion: Surgeon General David Satcher’s Report on Mental Health, Chapter 2, Section 7, along with Florida’s Mental Health System, and State of Mental Health Services in Florida on the Course Website Homepage. Also review Clinical Decision-making in Managed Health Care by Harwood, Beutler, et al., from Butcher’s Personality Assessment in Managed Health Care [online reserve readings]. In reference to the readings, answer the following questions: What do you notice about the structure of your setting? Where does it fit into the “system?” What kind of client care does it provide? What is your attitude about your setting and the kind of care it provides?

Week 4  Cross-cultural Counseling. Developing awareness of the complexity of cross-cultural counseling. (Review for discussion of commonalities among: The Surgeon General’s Report on Minority Mental Health, Chapters 1, Introduction; NIMH Agenda for Minority Mental Health; and Chapter 2, Culture Counts [You might also want to review chapters relating to the main cultural group for which your agency provides
services]; see Conwill’s PowerPoint Slides on Native American Mental Health Issues; Conwill’s Millennial Mandates for Mental Health [from McClam & Woodside’s Human Service Challenges in the 21st Century]; and Ivey, Ivey, & Morgan’s Multicultural Counseling and Therapy I: Metatheory—Taking Theory into Practice. (What do you think of Nwachuku’s model?) [All these readings and the slides are on the Course Website Homepage.]. Also include Burke & Muranti’s Counseling: The Spiritual Dimension, from the online reserves. Access online reserves via library link on homepage.

Week 5

Indirect service provision:
Community needs assessment, program development and implementation. Program evaluation. Mental health consultation, education, information, and community organization. Health promotion, advocacy, outreach, and prevention. Augmenting diversity in mental health settings. (Review for discussion: Surgeon General David Satcher’s Report on Mental Health, Chapter 2, Sections 5 and 9; Some Notes on Advocacy [both are on the Course Website Homepage]; and Dixon, Amuso, & Stozier’s (Chapter 7) Emerging Populations and Issues, in Dixon & Emener’s Professional Counseling: Transitioning in to the Next Generation in the online reserve readings. Note that Conwill’s Millennial Mandates for Mental Health [from McClam & Woodside’s Human Service Challenges in the 21st Century] covers many of the same issues. In reference to the readings, which advocacy issues present themselves for attention at your agency? (If you’ve taken a Mental Health Consultation course, look around your internship site and put your indirect service skills to work now; this is your chance to carve your initials.)

Week 6

Direct service provision:
Assessing mental status at intake. Identifying Axis I&II-related disorders for diagnostic and treatment purposes. Treatment planning. Establishing objectives for time-limited treatment contracts. Assessing goal attainment. Review for discussion: the general structure of the Diagnostic and Statistical Manual-IVtr; the website on Psychiatric Drug Information, the Mental Status Exam and Caveats on the Mental Status Exam (Check out the “DSM Library”, along with complementary “DSM-IVtr-related Issues” and Mental Health Law for the State of Florida (the Baker Act); The Suicidal Caller: You’re on the Hot Seat, and Suicide: The MCO v. You? All on the Course Website Homepage.

Week 7

Conducting intake and history interviews in your agency. Identifying Clinical Disorders and other conditions. Recognizing and responding to defense mechanisms and Axis II (Personality) disorders. Noting the impact of physical illness and disease on mental and emotional states: Axis III. Assessing the client’s support system: Axis IV. Judging a client’s overall coping: Axis V. Review these sites for discussion:
Psychological Defense Mechanisms; U R What U Think; and Multiaxial Assessment in the DSM IV Manual on the Course Website Homepage. How do you conduct assessment at your site?

Week 8

ACES

Week 9

Collaborative focus this week: Enhancing treatment compliance. Working with family members. Working with psychiatrists and other physicians. Working with a pastoral counselor. Working within a multidisciplinary treatment team. Biopsychosocial v. medical models of treatment. Working with groups. Review for discussion: Henderson’s Counseling Supervision in Medical Settings in Carroll & Holloway’s Counselling Supervision in Context [online reserves] and Conwill’s Towards a Reflective Practice Model. Also, take a new look at Conwill’s Consultation and Collaboration: An Action Research Model…, which has some commentary on the structure and function of treatment teams in multidisciplinary settings. If you work in an agency setting, you may already have experienced working collaboratively with other professionals. What goes on in your treatment teams? How are they structured? Do you feel you can share your opinion?

Week 10


Week 11

Family therapy, Marital therapy, Domestic violence. Readings for review: Chapter 5 of Surgeon General David Satcher’s Report on Mental Health; Children’s Mental Health; Gurman and Kniskern’s Deterioration in Marital and Family Therapy; Bernstein’s Reconstructing the Brothers Grimm: New Tales for Stepfamily Life; Domestic Violence: Florida; Doherty’s How Therapy Can Be Hazardous to Your Marital Health; Psychotherapy, Homosexuality and Religion; more from the APA on Sexual Orientation; and Professional Organizations’ Statements on GLBT Issues. All these readings are on the Course Website Homepage. Be ready to refer to the readings in our Round-table discussion on issues surfacing in your cases with a family focus, e.g., elderly parent transitions, violent alcoholic spouse, abusive parent, parent-teen conflict, new parent woes, child neglect, blended family, “mixed” children, grandparent caregivers, etc.

Week 12

HIV and AIDS issues in mental health settings. Review the following readings for discussion: AIDS Counseling Before and After 1996; and HIV Office for Psychology Education (HOPE). With reference to the
readings, what are some of the special ethical considerations for mental health professionals working with HIV+/AIDS clients? How do you feel about counseling infected drug users, pregnant HIV+ prostitutes, or patients asking your assistance for suicide in their final days?

Week 13  
Thanksgiving Day

Week 14  
Group Therapy. Review for discussion: Wikipedia on Irv Yalom; Resources for Group Therapy; and Ideas for Group Therapy. [All items are on the Course Website Homepage.] What kind of group work are you providing on site? Tell us what you’re up to. We accept theory, technique, and process considerations.

And/or

Reflections on the therapeutic process and counselor awareness of self. Reading for review and discussion: Hazel Johns’ Personal Development in Counselor Training [online reserves]. With reference to the reading, describe your “finest” and your “darkest” hour during your placement this semester. How do you feel about your work? What kind of language do you find yourself using to describe your experience?

Formal Course Evaluation.

Debriefing. All required signatures for forms and records should be obtained in a timely fashion.

Students are encouraged to attend local and state counseling association meetings to network with professionals in the field. The instructor may invite guest speakers on certain topics to participate in discussions. The course may also require the presence of observers.

Fall Spotlights:

ACES Conference

Online Reserve Readings
Required readings (noted above) are supplemented with suggested ones in the reserves.
You can access online reserve readings through the UF Library Website.

Grading:
Pass/Fail, determined by didactic instructor and clinical supervisor. Be responsible in attendance, and take the opportunity to develop professional courtesy. Be on time, avoid engaging in private off-task conversations and other disruptive behavior, turn off your beeper/cell phone, and maintain the appropriate level of confidentiality for this group experience.