

## **Counseling Program**

**Course Syllabus: FALL 2021** 

### **EPC 673 | Community Mental Health**

Class meets on Wednesdays via Zoom

Instructor:	
Phone:	
Email:	
Office Hours:	

## **Course Description**

Prerequisite: Admission to a CSUN master's degree program in Counseling. Examines theories and skills required in contemporary community mental health settings, including recovery-oriented treatment for severe mental illness, disaster and trauma response, services for victims of abuse and the homeless, foster care, case management, client advocacy, in-home and in-school services, bilingual client services, collaborating with other professionals, medical family therapy, and local community service resources. Provides a practical overview of public and private systems of care, and opportunities to meet with the severely mentally ill and their families.

Units: 3

# **College of Education Conceptual Framework**

The faculty of the Michael D. Eisner College of Education, regionally focused and nationally recognized, is committed to excellence, innovation, and social justice. Excellence includes the acquisition of professional dispositions, skills, and research-based knowledge, and is demonstrated by the development of ethical and caring professionals—faculty, staff, candidates—and those they serve. Innovation occurs through the leadership and commitment of faculty, and through collaborative partnerships among communities of diverse learners who engage in creative and reflective thinking. We are dedicated to promoting social justice and becoming agents of change in schools and our communities. We continually strive to achieve the following competencies and values that form the foundation of the Conceptual Framework.

- We value academic excellence in the acquisition of research-based professional knowledge and skills.
- We strive to positively impact schools and communities. Therefore, we foster a culture of evidence to determine the impact of our programs, to monitor candidate growth, and to inform ongoing program and unit improvement.
- We value ethical practice and what it means to become ethical and caring professionals.

- We value collaborative partnerships within the Michael D. Eisner College of Education as well as across disciplines with other CSUN faculty, P-12 educators and related professionals, and other members of regional and national educational and service communities.
- We value people from diverse backgrounds and experiences and are dedicated to addressing the varied strengths, interests, and needs of communities of diverse learners.
- We value creative, critical, and reflective thinking and practice.

## **Instructional Philosophy**

The Counseling program at CSUN is designed based on a learning-centered, outcome-based educational principles as described below:

## **Learning-Centered Education**

- A cross-disciplinary, constructivist pedagogical model, learning-centered education refers to
  designing educational curricula that focus on promoting active student learning of specific skills
  and knowledge rather than mastery of content.
- In this approach, learning is the focus of curriculum design. Student learning is measured to determine whether students are meaningfully engaging the material. Students are active in this process, applying and using knowledge rather than trying to memorize or analyze it.
- Clearly defined learning objectives and criteria are used to facilitate student learning and democratized the student-teacher relationship.

#### **Outcome-Based Education**

- Closely related to learning-centered, outcome-based learning refers to designing curriculum around the final learning outcomes or objectives.
- Rather than simply following the textbook chapter by chapter, the learning objectives drive the curriculum.

The learning objectives and outcome measures for this program have been derived from four distinct sources:

- 1. The California State Board of Behavioral Science (BBS) educational requirements for becoming a Licensed Professional Clinical Counselor.
- 2. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) requirements for the specialization in College Counseling/Student Services and School Counseling.
- 3. The Student Learning Objectives developed by the departmental faculty.

How this course meets all of these requirements is outlined below (we know these lists may appear long and boring, but we believe having these clearly defined in each syllabus ensures a consistent and high-quality curriculum that is offered with integrity).

**Record Keeping Note**: Individual students are responsible for saving copies of syllabi for future licensing purposes. When applying for licensure out-of-state or internationally, licensing boards may request your syllabi. The standards listed below will enable them to determine if your education qualifies for licensure in their jurisdiction. Students should maintain syllabi and all records related to fieldwork experience for a minimum of 10 years after graduation.

# **CTC School Counseling Performance Expectations Covered in this Class**

SCPE 5: Social/Emotional Development		
SCPE 5.6 Demonstrate an ability to counsel and address mental health needs of students		
during times of transition, separation, heightened stress and critical change, and		
how to access community programs and services that assist all student needs.		
<b>SCPE 5.7</b>	Understand what defines a crisis, identifies the appropriate responses, and	

	develops a variety of intervention strategies to meet the needs of the individual, group, or school community before, during, and after crisis response.	
SCPE 5.9	Demonstrates knowledge of trauma-informed care processes and the ability to create interventions aligned with trauma-informed care practices to support student achievement.	
<b>SCPE 8.5</b>	Understand the interrelationships among prevention and intervention strategies within school organization and the community.	

## **CACREP Standards Covered in this Class**

The M.S. in Counseling program at CSUN will be seeking national accreditation by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) in 2022. This accreditation provides numerous benefits to students, such as having their degree readily recognized by other states for licensure, eligibility to take the national counselor examination upon graduation, and a high-quality curriculum that is regularly revised by external experts.

#### The Core CACREP standards covered in this class include:

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31.	Human behavior, including an understanding of developmental crises, disability,		
	psychopathology, and situational and environmental factors that affect both normal and		
	abnormal behavior		
3i.	Ethical and culturally relevant strategies for promoting resilience and optimum development and		
	wellness across the lifespan		
5b.	Systems approach to conceptualizing clients		
5g.	Essential interviewing, counseling, and case conceptualization skills		
5h.	Developmentally relevant counseling treatment or intervention plans		
5i.	Development of measurable outcomes for clients		
5j.	Evidence-based counseling strategies and techniques for prevention and intervention		
5k.	Strategies to promote client understanding of and access to a variety of community-based resources		
51.	Suicide prevention models and strategies		
5m.	Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid		
7c.	Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide		
7d.	Procedures for identifying trauma and abuse and for reporting abuse		
71.	Use of assessment results to diagnose developmental, behavioral, and mental disorders		

#### The College Counseling/Student Affairs specialty standards covered in this class include:

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2d.	Characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral
	disorders
3c.	Interventions related to a broad range of mental health issues for individuals in higher education settings
3d.	Strategies for addiction prevention and intervention for individuals in higher education settings

#### The School Counseling specialty standards covered in this class include:

2g.	Characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral
	disorders
2h.	Common medications that affect learning, behavior, and mood in children and adolescents
2i.	Signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms
	of living in a home where substance use occurs
2k.	Community resources and referral sources

# **Counseling Program Student Learning Objectives**

Of the program's seven learning objectives (please see University Catalog), this course is designed to develop skills in the following:

SLO3: Collaborate skillfully and respectfully as leaders, consultants, and team members in a variety of settings to assess and evaluate individuals and groups.

SLO5: Conduct clinical, diagnostic, psychosocial, and crisis assessments, and use effective treatment planning methods to design prevention and early intervention therapeutic programming that is educative in nature and promotes social/emotional well-being, healthy relationships, academic success, and/or career mastery.

SLO 7: Identify and demonstrate advocacy skills needed to transform harmful policies and practices of institutions that provide services to individuals and families.

## **BBS Curriculum Requirements Covered in this Class**

- 4999.33 (L) Crisis or trauma counseling, including crisis theory; multidisciplinary responses to crises, emergencies, or disasters; cognitive, affective, behavioral, and neurological effects associated with trauma; brief, intermediate, and long-term approaches; and assessment strategies for clients in crisis and principles of intervention for individuals with mental or emotional disorders during times of crisis, emergency, or disaster.
- 4999.33 (e) (1) Integrate the principles of mental health recovery-oriented care and methods of service delivery in recovery-oriented practice environments.
- 4999.33 (e) (2) Integrate an understanding of various cultures and the social and psychological implications of socioeconomic position.
- 4999.33 (e) (3) Provide the opportunity for students to meet with various consumers and family members of consumers of mental health services to enhance understanding of their experience of mental illness, treatment, and recovery.
- 4999.33 (L) (d) (1) The understanding of human behavior within the social context of socioeconomic status and other contextual issues affecting social position.
- 4999.33 (L) (d) (2) The understanding of human behavior within the social context of a representative variety of the cultures found within California.
- 4999.33 (L) (d) (3) Cultural competency and sensitivity, including a familiarity with the racial, cultural, linguistic, and ethnic backgrounds of persons living in California.
- 4999.33 (L) (d) (4) An understanding of the effects of socioeconomic status on treatment and available resources
- 4999.33 (L) (d) (6) Case management, systems of care for the severely mentally ill, public and private services for the severely mentally ill, community resources for victims of abuse, disaster and trauma response, advocacy for the severely mentally ill, and collaborative treatment. The instruction required in this paragraph may be provided either in credit level coursework or through extension programs offered by the degree-granting institution.
- 4999.33 (L) (d) (8) Spousal or partner abuse assessment, detection, intervention strategies, and same gender abuse dynamics.

**Note to Instructors**: Per our agreement with the BBS, in this course students must have at least one opportunity to meet with a consumer of mental health and/or their family(ies); this may be met with guest lectures or with visits to the community.

## **Course Learning Objectives**

The learning activities in this course will enable students successfully completing the course to do the following:

- 1. Identify and help clients access a wide range of local, state, and federal resources, including low-fee mental health services, medical and psychiatric services, food and shelter programs, alcohol and substance abuse programs, services for persons with disabilities, work and homeless programs, state programs for the poor, programs for child and adult victims of abuse, foster care, etc.
  - a. To be evaluated on the Referral Resources Handbook assignment.

- 2. Develop a plan with specific intervention strategies for how to assist communities and victims to mitigate trauma after a fire, earthquake or other disaster and provide therapeutic services in consumer's homes, school settings, and community programs.
  - a. To be evaluated by the Clinical Guidelines assignment.
- 3. Outline the health and human services programs of Los Angeles County and the State of California.
  - a. To be evaluated by reviewing County Documentation.
- 4. Describe specific strategies for providing therapeutic services in consumer's homes, in school settings, and community programs.
  - a. To be evaluated on the Clinical Guidelines Assignment
- 5. Identify specific differences in ethical and legal requirements for private practice vs. community mental health settings.
  - a. To be evaluated by the County Documentation review and class discussion/reflective questions.
- 6. Demonstrate an understanding of how ethnicity, social class, ability, sexual orientation, and other areas of human diversity inform effective community-based services.
  - a. To be evaluated by the County Documentation review, class discussion/reflective questions, and the Case Vignette assignment.

### **Instructional Format**

This graduate seminar course will include lecture, experiential activities, and in-class dialogue. The course may also include online components on Canvas (http://canvas.csun.edu); use your CSUN user ID and password to log on.

## **Readings**

#### Required across all sections

#### **Required Books**

Perry, B. (2017). The boy who was raised as a dog. New York, N.Y: Basic Books.

Wong, A. (2020). Disability Visibility. Crown Books for Young Readers.

#### **Required Articles**

- Gehart, D. (2012). The mental health recovery movement and family therapy, part I: Consumer-lead reform of services to persons diagnosed with severe mental illness. *Journal of Marital and Family Therapy*, 38, 429-442. doi: 10.1111/j.1752-0606.2011.00230.x
- Gehart, D. (2012). The mental health recovery movement and family therapy, Part II: A Collaborative, appreciative approach for supporting mental health recovery. *Journal of Marital and Family Therapy*, 38, 443-457. doi: 10.1111/j.1752-0606.2011.00229.x
- Ragins, M. Mark. *The Recovery Model*. Retrieved 8/19/18 http://www.ibhpartners.org/wp-content/uploads/2016/04/Recovery-model-paper-Ragins.pdf (Available on Canvas)
- SAMHSA, (2012) Working definition of recovery. 10 Guiding principles of recovery. Retrieved: <a href="https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf">https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf</a> (CANVAS)
- Loewy, O., Manton, C., Avineri, M., Davis, S., Read, M., & Bhullar, J. (Eds.) (2019). Working in the

California Community Behavioral Health System: A Navigational Tool. Santa Barbara, CA: Olivia Loewy & Associates. (Required chapters on Canvas).

## **Bibliography**

- American Psychological Association. (2020). *Publication manual of the American Psychological Association (7<sup>th</sup> ed.)*. Washington, D.C.
- Boyd-Franklin, N., & Bry, B. H. (2001). Reaching out in family therapy: Home-based, school, and community interventions. New York: Guilford.
- California Association of Local Mental Health Boards and Commissions. (2008). *Navigating the currents: A guide to California's public mental health system*. Retrieved from http:\\www.namicalifornia.org.
- Cortes, L. (2004). Home-based family therapy: A misunderstanding of the role and a new challenge for therapists. *The Family Journal*, *12*(2), 184-188. doi:10.1177/1066480703261980
- Davidson, L., Tondora, J., Lawless, M. S., O'Connell, M. J., & Rowe. M. (2008). A practical guide to recovery-oriented practice: Tools for transforming mental health care. New York: Oxford University Press.
- Dolan, Y. (1991). Resolving sexual abuse: Solution-focused therapy and Ericksonian hypnosis for survivors. New York: Norton.
- Greene, G. J., Kondrat, D. C., Lee, M. Y., Clement, J., Siebert, H., Mentzer, R. A. & Pinnell, S. R. (2006). A solution-focused approach to case management and recovery with consumers who have a severe mental disability. *Families in Society*, 87, 339-350.
- Lightburn, A., & Sessions, P. (Eds). (2005). *Handbook of community mental health practice*. Cambridge, MA: Oxford University Press.
- Madsen, W. C. (2009). Collaborative helping: A practice framework for family-centered services. *Family Process*, 48, 103-116.
- Minuchin, P., Colapinto, J., Minuchin, S. (2007). Working with families of the poor. New York, N.Y. Guilford Press.
- Sprenkle, D. H. (Ed.). (2002). *Effectiveness research in marriage and family therapy*. Alexandria, VA: American Association for Marriage and Family Therapy. [Chapters 8 & 9].
- McGoldrick, M., Giordano, J., & Garcia-Preto, N. (Eds.). (2005). *Ethnicity and family therapy* (3<sup>rd</sup> ed.). New York: Guilford.
- Perry, B. & Winfrey, O. (2021) What Happened to You?: Conversations on Trauma, Resilience, and Healing. New York: NY: Flatiron Books.
- Rojano, R. (2004). The practice of community family therapy. *Family Process*, 43, 59-77.

  U.S. Department of Health and Human Services. (2004). National consensus statement on mental health recovery. Downloaded August 26, 2008

  https://www.power2u.org/downloads/SAMHSA%20Recovery%20Statement.pdf
- Walsh, F. (2007). Traumatic loss and major disasters: Strengthening family and community resilience. *Family Process*, 46, 207-227.

Wieling, E. (2008). Linking human systems: Strengthening individuals, families, and communities in the wake of mass trauma. *Journal of Marital and Family Therapy*, *34*, 193-209.

- www.educationforracialequity.com/videos
- www.blackhistorybootcamp.com

#### **Evaluation**

Students will be evaluated on their understanding of the material presented and on the quality of their participation. The final course grade will be determined by the following:

Course Activity	Points
1. Participation *	15 points
2. Referral Resources Handbook (5)	10 points
3. TF-CBT Process Guide	20 points
4. Clinical Guidelines for Disasters Group Presentation	20 points
5. Vignette/DMH-Interview (in-class)	35 points
Total	100 points

<sup>\*</sup>Serious conduct issues may count for up to 100% of your grade (e.g., failing to adhere to ACA Codeof Ethics, department and university student Codes of Conduct, plagiarism, etc.)

## **Grading System**

A 100-point grading scale will be used for assignments in this course; the same scale will also be used for the final grade; please note that a grade of A is the highest final grade that one can receive for the course, but a grade of A+ is granted to exceptional work.

Points	Grade	Description	
97+	A+	Reserved for exceptional work; original thought; thorough development of topic; free of technical and stylistic errors; well organized discussion. Note this grade can be given only for assignments; the highest possible grade for the course is A.	
93-96	A	Excellent handling of subject; insightful discussion of topic; well-developed ideas; few technical or stylistic errors; well-organized discussion.	
90-92	A-	Skillful discussion; well-developed ideas; few technical or stylistic errors.	
88-89	B+	Skillfully addresses content; strong development of topic; some technical, stylistic, and/or organizational problems.	
82-87	В	Competently covers content; topic sufficiently developed; some technical, stylistic, and/or organizational problems.	
80-81	В-	Covers content with few errors; topic adequately developed; some technical, stylistic, and/or organizational problems.	
78-79	C+	Some errors in content and/or a number of difficulties with technical, stylistic, and organizational aspects of paper; topic under-developed.	
72-77	С	Several errors in content and/or a number of difficulties with technical, stylistic, and organizational aspects of paper.	
70-71	C-	Numerous errors in content and/or a number of difficulties with technical, stylistic, and organizational aspects of paper.	
60-69	D	Serious difficulties with content and form.	
Below 60	F	Significant difficulty with content and form; paper/answer not responsive to assigned project. Unacceptable graduate-level work.	

University Policy on GPA Requirements for Graduate Programs (from the University Catalogue)

Students pursuing a Graduate Degree must maintain a minimum 3.0 (B) average in the formal program and the cumulative grade point average. No grade below a "C" can be counted in the formal program. Any grade of "C-" or below in the formal program must be repeated after an approved course repeat form has been filed. If the student does not receive a "C" or better on the 2nd attempt, the student will be disqualified from the program. A maximum of 6 units in the formal program may be repeated at the graduate level. The repeat grade will appear on the transcript. Departments may have higher standards that take precedence over the University policy.

#### **Policies and Resources**

#### Professionalism

As a student in a professional training program, you are expected to consistently demonstrate professional behavior. This includes but is not limited to:

- Being on time to class with assignments complete.
- Respectful interactions with all students and faculty.
- Proactive engagement in the learning process.
- Being organized and prepared for in-class discussions.
- Managing paperwork effectively.
- Managing technology effectively (the university provides extensive computer, printing and internet support; please use it in times of technical emergency).
- Attending to class discussions/lectures and using technology (Laptops/iPads/etc.) for class purposes
  only.
  - 1. **Note:** It can be very tempting to check email, instant message, play games, etc. during class when using technology. Should you **appear** to be disengaged from class discussions, lectures, or small/large group activities, points will be deducted from your overall participation and professionalism grade. The professor will not check with you re: your attentiveness or lack thereof during class, the onus is on the student to ensure they are actively engaged and participating regularly.
- Please No texting, use of Twitter, Skype, Instagram, SnapChat, etc. or emailing during class. It can be very distracting to others.
- Managing personal information (own and others') appropriately.
- Seeking assistance related to assignments well in advance of due dates.
- Engaging in email communication with students and faculty appropriately and professionally (e.g., proper email etiquette, using appropriate language, etc.).
- Please ensure you have turned off your cell phone in class or placed it on silent.
- **Student identified norms**: 1) eating is okay during class; 2) include pronouns with Zoom name; 3) camera breaks are okay.

#### Zoom specific norms:

- To help keep background noise to a minimum, make sure you mute your microphone when you are not speaking
- Be mindful of background noise
- Limit distractions
- Avoid multi-tasking
- Check private messages in the chat before you send them
- Close Facebook, Twitter, messaging applications, etc. before screen sharing (if applicable)
- For supervision class, camera should be on (we cannot require this)

Students who have difficulty in one or more of these areas may be referred to the department student affairs committee for further review.

#### Requests for Incompletes

Incompletes will only be considered in accordance with university policy, which requires that 75% of the course be completed prior to unforeseen grave circumstances at the end of the semester, such as the loss of an immediate family member, hospitalization, or severe illness. Students must request a grade of Incomplete in writing using the university's Incomplete Request Form. See useful links on the following page.

#### Religious Holidays

If you celebrate a religious holiday that falls on a scheduled class meeting, please notify the professor during the *first two weeks of class* so that proper and equitable accommodations can be made. Students are responsible for selecting presentation days that do not conflict with one of their religious holidays.

#### Students with Disabilities

If you have any special needs as addressed by the Americans with Disabilities Act (ADA) and need course materials in alternative formats, notify your course instructor within the *first two weeks of class*. Students interested in accommodations should contact the university's office for students with disabilities; only this office can recommend and arrange for accommodations (Disability Resources and Educational Services, 818/677-2684). No accommodations may be made without their approval. Any and all reasonable efforts will be made to accommodate any special needs.

#### Policy on Cheating and Plagiarism

Cheating and plagiarism are serious offenses in a professional program and may result in expulsion from the program/university on a *first offense*. See the University Catalog for further information. Additionally, students should refer to the Ethics Codes of the American Counseling Association (ACA) and the American School Counselor Association (ASCA) for ethical guidelines regarding plagiarism. For a definition and examples of plagiarism and self-plagiarism, students can refer to the *APA Publication Manual*. Any student caught cheating will be referred to the department Student Affairs Committee.

#### Recording of Lectures

Due to the sensitive nature of content discussed in the program, no classes may be recorded without explicit written permission from the instructor. Students granted recording as an accommodation from Disability Resources and Educational Services (DRES) must develop a separate written plan in coordination with the instructor and DRES for how student and client confidentiality will be handled with permitted in-class recordings. Instructors are required to inform the entire class if recording is permitted for an accommodation.

#### Useful Links

CSUN's Computer Support

CSUN Helpdesk

Request for Incomplete Grade Incomplete Request Form

**Disabilities Resources and Educational Services DRES** 

The Pride Center CSUN Pride Center

Writing Center
Learning Resource Center

#### **CSUN Student Conduct Policies**

**Student Conduct Policies** 

### Research and Library Assistance

Research and Library Assistance

# University Counseling Services UCS

**Counseling & Therapy Videos** (You must be logged into to your CSUN portal if off campus) http://ctiv.alexanderstreet.com.libproxy.csun.edu/

If you are facing challenges related to food insecurity, housing precarity/homelessness, mental health, access to technology, eldercare/childcare, or healthcare, you can find guidance, help, and resources from CSUN with A HEART (https://www.csun.edu/heart).

#### **Email Contact**

Students can contact the professor by email and can expect a response within 48 hours Monday through Friday. If you have emailed after 5pm on Friday, you will receive a response the following Monday.

## **Assignments**

# Signature Assignment #1: Required Across All Sections (SCPE 5.6)

**Vignette: DMH Interview (35 Points)** 

Instructor will present a case (video) for the first 40 minutes of the class. Students will take notes on case vignette, and then respond to the questions documented below. Students will use DMH documentation wording and professional narrative format to identify information. See Rubric for full details on points and expectations (Canvas).

- List current impairing symptoms (sxs) and behaviors (bxs).
- List which areas of functioning are being impaired by current sxs/bxs (use handout).
- Client/family/caregiver's Strengths: detailed list.
- Diagnosis (don't forget to rule out other possible dx).
- Develop 3 goals:
  - ✓ Long Term Goal: ("quote client") i.e. "I want to feel happy and get a job."
  - ✓ Short Term Goal: (collaboration between client, and clinician; see MHS goals handout)
  - ✓ Targeted Case Management (TCM) Goal: collaboration between client, and clinician.
- Write one GIRPP Progress Note. 3-5 interventions for 60 min session.
- Referrals (3): Provide three referrals appropriate for this client/family (link client with three community resources that clt/family may benefit from) and why they would be critical for the family. This is case management! You will not need to provide address or phone numbers (i.e. Access, clothing/food banks, age-appropriate recreational activities, respite care, etc).

# Signature Assignment #2: Required Across All Sections (SCPE 5.7, 5.9, 8.5) Referral Resources (5 referrals =10 points)

This is a team-work project! Linking people with community resources is part of our job and it is called Case Management. Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

(https://ccmcertification.org/about-us/about-case-management/definition-and-philosophy-case-management).

Each student will develop a section of the Referral Resource Group Handbook that includes a total of 5 Ventura or LA County community; state; or federal resources. You will pick a topic and find 5 community resources for that topic. Example: if you chose Domestic Violence (DV), you will then find 5 places that offer services for people who have experiences DV (i.e., mental health services, shelters, DV classes, etc.). You will be making personal contact with each referral to ensure that information is still accurate (phone or in person). Use sample table on Canvas for uniformity. Each referral must have substantial and easy-to-understand information. Be sure to include information related to intervention/prevention. Please, place one resource per page. All students are required to post their section of the handbook on Canvas, enabling all students to download a complete, up-to-date reference for use in their future practice. (There will be a sign-up sheet on the second day of class so you can sign-up for the section you want to write on). You must post your referrals on Canvas by class starting time on the due date of this assignment. (See topics available under Referral Resources on Canvas).

Community Resources		
Referral Type	Children Services (ages 0-18).	
Agency/ Therapist	San Fernando Community Mental Health Center, Inc.	
Areas Served/City	San Fernando Valley	
Address	Outpatient centers located in Mission Hills, Central Van Nuys, and East Van Nuys.	
For services & Info	818-574-7745	
Hours	9 a.m8 p.m	
Website	www.movinglivesforward.org	
Fee	MediCal, limited funds are available to cover children w/o MediCal Insurance.	
Languages	English, Spanish, Armenian, Farsi, etc.	
Program Description	<ul> <li>Mental Health Services – assessment, individual/family/group therapy, collateral work with caregivers, and rehabilitation to increase specific skill sets. Clinicians at the three centers are trained in a variety of evidenced-based practices as well as traditional therapeutic approaches.</li> <li>Medication Support Services – psychiatric evaluation and ongoing medication management as needed.</li> <li>Targeted Case Management – linkage to and collaboration with other public and private agencies, providers, and services.</li> </ul>	
Areas of counseling or specialty	<ul> <li>Crisis Intervention – immediate intervention to stabilize or ensure linkage to a higher level of care.</li> <li>Evidence-Base Practices: Child-Parent Psychotherapy (CPP 0-5), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), Triple P (parenting), Parent-Child Interaction Therapy (PCIT), Seeking Safety, etc.</li> <li>Depression, Trauma, Anxiety, Conduct Disorders, ADHD, etc.</li> </ul>	

Once assignment is graded, instructor will request that you upload it on CANVAS under first module. You must upload them the week before finals.

# Failing to do so will deduce points on your final grade. (feel free to adjust)

# Signature Assignment #3: Required Across All Sections (SCPE 5.7) Clinical Guidelines for Disasters and Crisis (20 points)

Guidelines Paper: In groups of 2 to 4, each group will create guidelines for the Clinical Guidelines Group Handbook. These guidelines will help to identify the best practices for dealing with a variety of community based supportive service's needs. The way you formulate your paper is to think of it as a bulleted or numbered or step-by-step guideline to help you respond within the scope of best practices to the following areas. Key words: "Best Practices" or "Guidelines." Do not just copy and paste guidelines – use multiple sources and analyze and synthesize the contents and provide references. All students are required to post their section of the guidelines on Canvas, enabling all students to download all guidelines for use in their future practice. (There will be a sign-up sheet on the second day of class so you can sign-up for the section you want to write on). You must post your guidelines on Canvas by the due date of this assignment. Talk to instructor for personalized guidance. See samples on Canvas. See sample topics on Canvas.

**PowerPoint Presentation:** Students will present their guidelines for 10 to 15 minutes.

#### Note:

# Participation, Attendance, Professionalism, Reflective Questions & Leading Class Discussion (15 points total)

- a) Participation: This portion of the grade covers regular and prompt attendance as well as the quality of student participation in classroom exercises and discussion. Additionally, this grade will also be determined by the student's professional conduct and attitude, which should reflect an understanding of professional ethics codes, such as those set forth by American Counseling Association (ACA). Students are expected to participate actively and constructively in class, to adhere to professional ethical codes of conduct, and in general contributepositively to class culture.
- b) Attendance: Students with more than one excused absence or any non-excused absence will have points deducted from their grade; 3 points will be deducted for any absence and 6 points will be deducted for missing any guest speaker or panel presentations. In addition, points will be deducted for persistent tardiness. More than 2 absences may result in failing the class.
- c) Professionalism: As a course in a professional training program, students are expected to consistently demonstrate professional behavior; this is counted toward your participation grade. This includes but is not limited to:
  - Being on time to class and with assignments
  - Participating in respectful interactions with students and faculty
  - Proactive engagement in learning process and assignments
  - Organized and prepared for class and presentations
  - Managing paperwork and technology effectively
  - Managing personal crises effectively; notifying the instructor in a timely manner when necessary.
- d) Reflective Questions RQs: Per each one of our reading materials students are expected to find/hunt
  - Write down one quote you liked.
  - Generate one question: I wonder...
  - An "aha" moment! i.e., learning experience, something you didn't know about,

somethingthat you didn't like, etc.

• Any other question given by instructor.

Students will discuss their answers at the beginning of every class. Bring a hard copy to class so you can participate during discussion.

**EPC 673 Community Mental Health Counseling Tentative Schedule** 

Da	te Topic	Reading	Assignment Due
Week 1	<ul><li>Welcome, Introductions</li><li>Safe Space/Brave Space</li><li>Syllabus Review</li></ul>	■ Course Syllabus	Retrieve required articles from library
	Recovery-Oriented Treatmen	nt in Community Mental Health	
Week 2	<ul><li>Targeted Case Management (Community Resources)</li><li>Stress Patterns &amp; Wellness</li></ul>	• Gehart, Part I & II (CSUN database)	Reflective Questions (RQ) 1
Week 3	Introduction to Community     Mental Health and the     Recovery Movement	<ul> <li>Ragins, The Recovery Model (on Canvas)</li> <li>Documentary Each Mind Matters</li> </ul>	RQ 2
Week 4	<ul> <li>Recovery-oriented Practice</li> <li>Health Care Reform         Medical Model vs. Recovery         Model</li> <li>The Therapeutic Process</li> </ul>	<ul> <li>Read, Bringing it Home</li> <li>Davis, Practical Guidelines for Case Conceptualization (Canvas)</li> <li>Practice Ethical Des.Caldwell (3 articles on Canvas)</li> </ul>	RQ 3
Week 5	Recovery & Mental Health Guest Speaker:	<ul> <li>Stone &amp; Gehart: A strengths-based, postmodern approach to Recovery-Oriented therapy (Canvas)</li> <li>SAMHSA: Working Definition of Recovery. PDF (Canvas &amp; Google)</li> </ul>	RQ 4 <mark>Referrals Duc</mark>
	Understanding Mental Health a	and Social Service Systems DMH	
Week 6	<ul><li>DMH Medical Necessity</li><li>Sxs/bxs/impairments</li></ul>	Perry, Ch 1 & 2	RQ 5
Week 7	DMH Treatment Plan     CCCP	<ul> <li>Perry, Ch 3 &amp; 4</li> <li>Review Handouts for Treatment Planning (Canvas)</li> </ul>	RQ 6
Week 8	• CANS Guest Speaker:	■ Perry, Ch 5 & 6	RQ 7
Week 9	<ul> <li>Progress Notes</li> <li>Higher Levels of Care, ICCS &amp; Multidisciplinary Collaboration</li> <li>Mental Health Settings:         <ul> <li>Military; School; Private</li> <li>Practice</li> </ul> </li> </ul>	• Perry, Ch 7 & 8	RQ 8
Week 10	<ul> <li>DMH INTERVIEW</li> </ul>		
	Crisis Interven	tion and Self-Care	
Week 11	<ul> <li>Key interventions for working w/ traumatized children/family</li> <li>Crisis Intervention in the Community (SCPEs 5.7, 5.9)</li> </ul>	<ul> <li>Perry, Ch 9 &amp; 10</li> <li>Article: Bonding and attachment, Perry (CANVAS)</li> </ul>	RQ 9
Week 12	<ul><li>Systemic Racism</li><li>Cultural Humility. Diversity</li><li>Disability Visibility</li></ul>	<ul> <li>Yeager, Cultural Humility</li> <li>APA, Reflections on Cultural Humility (both Canvas)</li> <li>Cultural Humility Video</li> </ul>	RQ 10

Week 13			
Week 14	Guest Speaker:  • Suicide Assessment and Management • Safety Planning	<ul> <li>Perry, Ch 11&amp; 12</li> <li>Canvas Module on Suicide Assessment and Management</li> </ul>	RQs 11 SA #3 Due
	• Documentation		
Week 15	Recovery Client Panel		RQs 12 on SuicideLecture
Week 16	<ul> <li>Group Presentations on Clinical Guidelines</li> <li>Getting a job as a MHCI</li> <li>Closing</li> </ul>		RQ 13: Panel Clinical Guidelines Bring SUDs

<sup>\*</sup>The above schedule and procedures are subject to change.

## **EPC 673 INDEX for CTC Standards**

Pages on which CTC Standards are Introduced in yellow

SCPE	Introduced
5.6	<mark>10</mark>
5.7	<mark>10</mark> , 11, 13
5.9	<mark>10</mark> , 13
8.5	<mark>10</mark>