

I. COUN 5991.62 Internship in Community Counseling - 300 or 600 Clock Hours

Counseling Graduate Program - Department of Psychology

Three (3) or Six (6) Credit Hours

Harold Washington Hall 304H

Wednesday 6 to 8:50 p.m.

II. Instructor:

Professor: Karen McCurtis Witherspoon, Ph.D.

Office Hours: Tues. 2 pm to 6 pm, Wed. 1pm to 3pm & by appointment

Office Location: HWH 245, Phone (773) 995-3879

EMAIL: Kmccurti@csu.edu

Main Office: Graduate Counseling Office, HWH311, (773) 995-2359

III. Attendance Policy:

Attendance is mandatory. The structure of this course and its importance in your development as a future counselor necessitates that you attend regularly. We cover a considerable amount of information during each session and group supervision is a requirement of the counseling program. Points will be deducted from your final grade if you are absent, tardy or leave class early. Please inform the instructor if you must miss class. University policy will be followed for attendance problems. You may be dropped from the course if you miss more than two class sessions. Please note that it is the student's responsibility to drop this course if necessary.

IV. Course Prerequisites

Completion of all required 5000 level courses and written application submitted by appropriate deadline. Admission to the master's degree program.

V. Conceptual Framework

Department Mission

The mission of the Counseling Graduate Program is to produce highly qualified graduates equipped to serve the complex counseling needs in the urban setting with specific emphasis on addressing the needs of urban youth and their families. This mission is generated from the belief that counselors equipped to deal with the more difficult problems in large cities will also be effective in other, less challenging settings.

The College of Education's conceptual framework serves as the model for preparing all candidates to success in helping all urban children learn. This preparation is characterized and distinguished by five core themes. (1) Partnerships with the education community, (2) assessments of teaching and learning that are consistent and frequent, (3) contextualized teaching experiences, (4) technology-integrated curricula and instructional delivery and (5) standards-based teaching and learning. This course creates a basic foundation upon which an understanding of student, teacher and parent behavior can impact the learning process.

VI. Course Description

Supervised field placement in a community setting. May be taken for three credit hours requiring 300 hours of experience or six credit hours requiring 600 hours of experience. May be taken up to three times to reach the total of 9 credit (900 field placement) hours required to fulfill the required nine credit hours of internship.

VII. Methods of Instruction:

Students will engage in individual and group-counseling relationships with clients in internship placement sites. They will gain experience in all of the roles and responsibilities of clinical mental health counselors including: consultation, career counseling, crisis intervention, etc. In addition to analyzing their own work, students will be responsible for presenting their work in class and receiving feedback from peers and supervisor. Supervision will include focusing on (1) students' individual issues which may be adversely impacting their delivery of counseling services, and (2) the continued development of clinical skills in the application of counseling theory to actual counseling situations (3) the ability to diagnose with the DSM 5 and apply said diagnoses to the needs of their clients, (4) the appropriate use of a treatment plan, developed in conjunction with the client and the supervisor.

All internship requirements are clarified in the Handbook for Clinical Courses and are discussed with off-site supervisors at least once per semester. On-site supervisors will be visited at least once per semester by the on-site supervisor and ongoing phone contact will be maintained in order to maintain appropriate supervision and practicum student experience. The University Supervisor will maintain a supervisory relationship with each on-site supervisor throughout the semester. Both supervisors will play a role in the grading of internship students. Students are required to maintain the required student malpractice insurance throughout the entire internship.

Use of Technology:

Students are expected to be able to use a computer, access the internet, send and retrieve email, turn in assignments via Moodle (the CSU online learning system located at www.csu.edu), open attachments, and conduct a library search online. The CSU Moodle will be used to make announcements, post lecture notes, and assignments. Email will be used to send messages to the class and to individual students. As such, it is your responsibility to ensure that you have access to blackboard and your email account as messages will be sent to the account on file with the university. In the event that you have problems with accessing either Moodle or your email account, contact Academic Computing as soon as possible. If you do not utilize your university email account, Academic Computing can assist you in having your messages forwarded to the address of your preference.

VIII. Program Objectives met in this Course (*italicized*):**Program Objectives met in this Course (*italicized*):**

1. *Integrate knowledge of human growth and development into the diagnostic and counseling process.*
2. *Appropriately use counseling assessment, research, and evaluation protocols.*
3. *Use the analysis of the dynamics of the helping relationship in the counseling process.*

4. *Prepare and utilize effective educational and career planning in school/clinical mental health counseling settings, including settings with the complex challenges of urban youth, families and communities.*
5. *Effectively respond to professional and ethical issues.*
6. *Implement an appropriate plan of intervention to use in effectively teaching and counseling clients, including urban youth.*
7. *Appropriately respond to social and cultural issues in school/clinical mental health counseling settings.*
8. *Integrate counseling knowledge and skills into effective performance as a school/clinical mental health counselor.*
9. *Effectively coordinate services with other professionals in the school/clinical mental health counseling setting.*

IX. Course Objectives and Assessments/Student Outcome Measures

<p>Course Objectives</p>	<p>Measures of Objectives</p>	<p>Standards CACREP = Council for Accreditation of Counseling and Related Educational Programs SC – School CMH – Clinical Mental Health</p>
<p>1. Each student will be afforded an opportunity to counsel with clients in an appropriate internship setting under professional supervision</p>	<p>Discussion and application within the clinical mental health setting, supervisor evaluations</p>	<p>CMH = 1a-e</p>
<p>2. Each student will gain insight into personal and professional dynamics through individual supervision, group supervision and peer interaction</p>	<p>Discussion and application within the clinical mental health setting, supervisor evaluations</p>	<p>CACREP = 1k, 5f</p>
<p>3. Each student will acquire the necessary skills to assess counslee problems, establish rapport, plan interventions and implement appropriate treatment plans</p>	<p>Discussion and application within the clinical mental health setting, supervisor evaluations</p>	<p>CACREP = 1g, h, j</p>
<p>4. The student will be exposed to professional and ethical issues in the field of counseling</p>	<p>Discussion and application within the clinical mental health setting, supervisor evaluations</p>	<p>CACREP = 1i</p>
<p>5. To apply the ethical standards of counseling and clinical mental health professional organizations and credentialing bodies, and applications of ethical and legal considerations in counseling.</p>	<p>Discussion and application within the clinical mental health setting, supervisor evaluations</p>	<p>CACREP = 1i</p>
<p>6. To understand counseling theories consistent with current professional research and practice that provide models to conceptualize client presentation and that help in selecting appropriate counseling interventions as well as beginning to develop a personal model of counseling</p>	<p>Discussion and application within the clinical mental health setting, supervisor evaluations</p>	<p>CACREP = 5n</p>

7. Understands the multiple professional roles and functions of clinical mental health counselors in various practice settings and their relationships with human service and integrated health care systems, including interagency and interorganizational collaboration and consultation.	Discussion and application within the clinical mental health setting, supervisor evaluations	CACREP = 1b
8. Understands advocacy processes needed to address institutional and social barriers that impeded access, equity, and success for clients	Discussion and application within the clinical mental health setting, supervisor evaluations	CACREP = 1e
9. Understands professional counseling organization, including membership benefits, activities, services to members and current issues	Discussion and application within the clinical mental health setting	CACREP = 1f
10. Understands professional counseling credentialing, including certification, licensure, and accreditation practices, and standards, and the effects of public policy on these issues	Discussion and application within the clinical mental health setting	CACREP = 1f
11. Demonstrates self-care strategies appropriate to the counselor role	Discussion and application within the clinical mental health setting, supervisor evaluations	CACREP = 1i
12. Understands record keeping, third party reimbursement, and management issues in clinical mental health counseling	Discussion and application within the clinical mental health setting, supervisor evaluations	CMH = 2m
13. Applies strategies to promote clients understanding of and access to a variety of community-based resources	Discussion and application within the clinical mental health setting, supervisor evaluations	CACREP = 5k

14. Creates developmentally relevant counseling treatment or intervention plans	Discussion and application within the clinical mental health setting, supervisor evaluations	CACREP = 5h
15. Applies strategies for interfacing with integrated behavioral health care professionals	Discussion and application within the clinical mental health setting, supervisor evaluations	CMH = 3d

Professional Standard Sets

Council for Accreditation for Counseling and Related Educational Programs(CACREP)
<http://www.cacrep.org>

X. Grading Policy

- A = 90 - 100 (Mastery of professional clinical mental health counseling practices, skills, and roles)
- B = 80 - 89 (Adequate application of professional clinical mental health counseling practices, skills, and roles)
- C = 70 - 79 (Some, but inadequate demonstration of appropriate application of professional clinical mental health counseling practices, skills, and roles)
- D = 60 - 69 (Extremely inadequate demonstration of appropriate application of professional clinical mental health counseling practices, skills, and roles)
- F = Below 60 (Little to no demonstration of professional clinical mental health counseling practices, skills, and roles or gross ethical violation within the class)

Evaluation Criteria:

* Feedback from field supervisors (including conferences and rating scales) 40%

Evaluation by the University Supervisor

- Effective participation in class seminars
- Analysis and timeliness of weekly logs
- Mid-semester review of student’s progress
- Field experience contract
- Ethical and professional behavior
- Complete Final Checklist
- Clinical Mental Health Counseling Portfolio 40%
- Minimum of three written case studies
- Minimum of three audio tapes
- Minimum of two formal case presentations 20%
- Total 100%

**Thus part of your grade is dependent on your Site supervisors ratings and feedback and the remainder your grade is dependent upon class participation, presentations, and written*

Course Requirements

Students must complete 300 OR 600 hours of field experience (for a total of the required 900 hours). At least 240 of these hours must be in direct service. Students must lead or co-lead a counseling or psychoeducational group during practicum or internship. Students will be required to attend all the weekly two to three hour supervision sessions scheduled by their university supervisor. They must also participate in an average of at least one hour of individual and/or triadic supervision with their site supervisor. Students must follow the requirements listed in the Handbook for Clinical Courses. The Coordinator of the Psychology Graduate Program must approve all internship sites and all supervisors must have an LCPC (or licensed clinical psychologist) and at least two years' experience as a professional clinician following this licensure.

Students are placed in settings that are culturally diverse. Field supervisors sensitize them to the unique cultural characteristics of their setting. Students must complete at least one hour of individual supervision with their field supervisor per week. Other roles and responsibilities are listed in the handbook. Students are held responsible for knowledge of the content of the handbook.

Students must complete weekly logs and have them signed by their field supervisor. Just prior to the end of the semester, students will complete a log summary sheet, which is also signed. Each student will evaluate the field and university supervisors as well as the site at the end of the semester. Students will also complete Clinical Mental Health Counseling Portfolio, as described in this syllabus.

Content Areas to Be Addressed in Course:

Topics will vary according to the needs and experiences of each internship student.

Topics will include but will not be limited to:

Case presentations by students

Effective development and use of treatment plans

Needs Assessment: Development and Application

DSM-IV Diagnosis and treatment planning

Evidence-based practice

Strategies for improving academic performance of students with varying abilities

Factors impacting equity and access

Counselor as advocate

Developmental Issues

Professional organizations and credentialing

Mental Status Examinations

Cultural and other variables impacting student performance, development, and counseling

Consultation Theory and Application
Emergency preparedness

Impact and appropriate response to traumatic events

Team building

Working parents/families and the community

Ethical issues and applications

Individual and group guidance

Application of career programming in the community setting

Application of counseling theory and techniques for individuals and groups
 Appropriate use of assessment instruments
 Appropriate use of the DSM- 5 for diagnostic purposes
 Interplay of professional skills, interpersonal abilities, and personal qualities
 Self-awareness
 Termination of counseling
 Development of strategies for working with diverse couples, families, and siblings
 Special issues, such as Child Abuse and Neglect, Substance Abuse, etc.
 Risk assessment and crisis intervention

XI. Required Texts

Chicago State University (2018). *Handbook for Clinical Courses*. Chicago: Chicago State University, Department of Psychology.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders- Fifth Edition*. Washington, DC: American Psychiatric Association.

XII. Required Readings

Mental Health: Culture, Race, Ethnicity. A Supplement to Mental Health: Report of the Surgeon General accessible at http://download.ncadi.samhsa.gov/ken/pdf/SMA-01-3613/exec_summ.pdf

Report on Mental Health by Dr. David Satcher accessible at <http://mentalhealth.samhsa.gov/features/surgeongeneralreport/home.asp>

Chapter 1: Introduction and Themes

Chapter 2: The Fundamentals of Mental Health and Mental Illness Chapter

3: Children and Mental Health

Chapter 4: Adults and Mental Health Chapter

5: Older Adults and Mental Health

Chapter 6: Organization and Financing of Mental Health Services

Chapter 7: Confidentiality of Mental Health Information: Ethical, Legal, and Policy Issues

Chapter 8: A Vision for the Future—Actions for Mental Health in the New Millennium

XIII. Bibliography

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Ametrano, I. M. (2014). Teaching ethical decision making : Helping students reconcile personal and professional values. *Journal of Counseling and Development*, 92, 154-162.

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- Barden, S.M., Conley, A. H., & Young, M. E. (2015). Integrated health and wellness in mental health counseling: Clinical, educational, and policy implications. *Journal of Mental Health Counseling*, 37, 152-163.
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- Corey, M.S. & Corey, G. (1987). *Groups: Process and Practice*. Pacific Grove, CA: Brooks/Cole.
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- Jacobs, E. (1992). *Creative counseling techniques: An illustrated guide*. Odessa, FL: Psychological Assessment Resources, Inc.
- James, R. K., & Gilliland, B. E. (2017). *Crisis intervention strategies (8th ed)*. Boston, MA: Cengage learning.
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- Mosloch, C. (1982). *Burnout: The cost of caring*. Englewood Cliffs, NJ: Prentice-Hall, Inc.
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- Utsey, S.O., Bolden, M.A., & Brown, A.L. (2001). Visions of revolution from the spirit of Frantz Fanon: A psychology of liberation for counseling African Americans confronting societal racism and oppression. In Ponterotto, J.G., Casas, J.M. Suzuki, L.A., Alexander, C.M. (Eds.). *Handbook of multicultural counseling (2nd)*. (pp. 311-336). Thousand Oaks, CA: Sage.
- Wampold, B. E. (2010). What works and what does not: The empirical foundations for the common factors. In Duncan, B., Miller, S., Wampold, B., & Hubble, M. (Eds.) *The heart & soul of change, second edition: Delivering what works in therapy*. Washington, DC: American Psychological Association.

XIV. Course Calendar

COUN 5991.61: Tentative Schedule:

Each week, a portion of class time will be spent in lecture and discussion of the following topics with the latter portion of class spent in case discussion, formal case presentation by students, and other relevant clinical discussions related to students' field experiences.

Week	Topics	Assignment/Assessment with Session Due
1	Role and function of internship student within the community, professionalism, handling conflicts within internship, contracts and other required documentation	Names and contact information of sites and supervisors

2	<p>Case Presentation: Formal and Informal. A. Identifying Information b. Presenting Problems/Referral Source c. Behavioral Observations d. Mental Status Examination Case Presentation (Continued) a. Analysis of the Problem b. Treatment Goals c. Course of treatment d. Recommendations</p>	<p>Initial documentation due: 1) Letter of Intent 2) Resume 3) Site Supervisor Information 4) Contract 5) Counseling Site Registration a) A description of the site, including basic demographics, types of services offered, etc. 6) Goals of Internship Experience 7) Schedule for how goals will be met a) Behavioral Objectives (exactly what will you do to accomplish your goals)</p>
3	<p>Role in Disasters and other Trauma-causing events</p>	<p>Check weekly logs for accuracy and completeness</p>
4	<p>Consultation Theory and Application in the Clinical Mental Health Setting</p>	
5	<p>Barriers and Enhancements to Academic Performance; Developmental Issues</p>	<p>Case Presentations</p>
6	<p>Written Case Reports; Suicidal Risk Assessment; Child Abuse</p>	<p>First Case Report Due</p>
7	<p>Confidentiality and the Limits of Confidentiality; Crisis Intervention</p>	<p>Case Presentations</p>
8	<p>Mental Status Exam and Biopsychosocial history</p>	<p>Case Presentations</p>
9	<p>Multicultural Competence; Case Conceptualization</p>	<p>Second Case Report Due</p>
10	<p>Ethical and Legal Issues for Working with Children and Adolescents in the Community</p>	<p>Case Presentations</p>
11	<p>Group Counseling</p>	<p>Case Presentations</p>
12	<p>Environmental Conditions/Systemic Issues: Marital and Family Issues</p>	<p>Case Presentations</p>
13	<p>Termination Issues</p>	<p>Final Case Report Due</p>
14	<p>Processing the Internship Experience, Professional Organizations, Continued Professional Developments, Credentialing</p>	<p>Documentation book due</p>
15	<p>Individual Meetings & Presentations</p>	

XV.. Educational Policies: Classroom expectations and procedures will be governed by the policies of Chicago State University

A. *Disclaimer:* Information contained in this syllabus was, to the best knowledge of the instructor, considered correct and complete when distributed for use at the beginning of the semester. However, this syllabus should not be considered a contract between Chicago State University and any student. The instructor reserves the right, acting within the policies and procedures of CSU, to make changes in course content or instructional techniques without notice or obligation.

B. *Academic Honesty:* Students are encouraged and expected, with the assistance of faculty, to conduct themselves in conformance with the highest standards in regard to academic honesty...It is recommended that students seek the advice of instructors as to the proper procedure to avoid such violations.

C. *Plagiarism and Academic Misconduct:* Academic misconduct includes but is not limited to cheating, encouraging academic dishonesty, fabrication, plagiarism, bribes, favors, threats, grade tampering, non-original work, and examination by proxy. Procedures regarding academic misconduct are delineated in "Student Policies and Procedures," article X, section 2. If an incident of academic misconduct occurs, the instructor has the option to notify the student in writing and adjust the grades downward, award a failing grade for the semester, or seek further sanctions against the student.

D. *Academic Warnings:* Undergraduate student progress is monitored throughout each semester, and progress indicators are posted to Cougar Connect / CSU X-Press during the 5th, 9th, and 13th weeks of the semester, as listed in the Academic Calendar. Instructors and academic advisors usually communicate with students if problems arise, but it is the responsibility of the student to check, and to take immediate action when necessary to improve the grade. If you receive "SP" (satisfactory progress), you are on track to successfully complete the course. Otherwise, if there are issues related to attendance, missing assignments and exams, and/or limited progress, please contact the instructor and your academic advisor as soon as possible.

E. *CSU Credit Hour Definition:* For every credit hour of direct instruction in any format (face-to-face, hybrid, online), it is expected that the student will spend a minimum of two additional hours on out-of-class student work assignments (homework, reports, essays, critical analysis of readings, etc.); this is in addition to studying.

F. *Statement from Abilities Office:* Students with a disability who require reasonable accommodations to fully participate in this course should notify the instructor within the first two weeks of the semester. Such students must be registered with the Abilities Office which is located in the Cordell Reed Student Union Building, Room 190. The telephone number is [773.995.4401](tel:773.995.4401). Accommodations may be requested at any time, but they are not retroactive.

G. *Emergency Procedure Request:* In order to maximize preparedness in the case of an emergency, students who may need assistance should an evacuation be necessary are asked to

inform their instructors at the beginning of each semester. This request is made to improve the safety of all members of the CSU Community.

In addition to the policies described above, this course, like other courses in the Counseling program, requires that students maintain absolute confidentiality regarding all personal material revealed in class. Any breach of confidentiality will be considered a serious ethical and academic violation.

Review Sheet for Part II of the Comprehensive Examination

Recommendations:

1. Practice case conceptualization with case studies. Books containing case studies are usually required for Abnormal Psychology. Analyze the problem and the underlying dynamics. Review the background information for important life details relevant to the problem. Develop a comprehensive treatment plan specific to the problem and informed from a theoretical approach.
2. Review theories of counseling and familiarize yourself with one or more approaches so that you can both conceptualize and plan specific, problem-focused counseling interventions from this approach.
3. Review assessment and how to appropriately interpret assessment results. Be able to identify appropriate assessment tools for specific situations. Be sure to know who can administer different tests.

At a minimum, know the following:

Psychological Assessment:

I. Cognitive (Ability):

A. Intelligence (general, global ability)

1. Stanford-Binet 5 (ages 2 to 85+, Mean = 100, SD = 16)
2. WISC-V (ages 6 to 16, Mean = 100, SD = 15)
Wechsler Intelligence Scale for Children
3. WAIS-IV (ages 16 to 90, Mean = 100, SD = 15)
Wechsler Adult Intelligence Scale
4. WPPSI – IV (Ages 3 to 7 years 3 months; Mean = 100, SD = 15)
Wechsler Preschool and Primary Scale of Intelligence
5. K-ABC – II - NU. (ages 3 - 18; Mean = 100, SD = 15)
Kaufman Assessment Battery for Children
6. KAIT - 2 (ages 11 – 85)
Kaufman Adolescence and Adult Intelligence Test – Second Ed.
7. K-BIT – 2 (ages 4 – 90)
Kaufman Brief Intelligence Test – Second Ed.
8. WASI - II (ages 6 – 90)
Wechsler Abbreviated Intelligence Scale - II

B. Achievement (designed to measure the effects of a specific program of instruction or training-used to represent a terminal evaluation of the individual's status at the end of training)

Individual – WRAT – 4, WIAT-III; Group - Stanford Achievement Tests, Iowa Test, California Achievement Tests, ISAT, SAT, ACT, etc.

C. Aptitude (measure the effects of learning under daily living and serve to predict subsequent performance)

Aptitude Tests for creativity, learning a foreign language, manual dexterity, etc.

II. Personality (Emotional)

A. Structured: (Questionnaires: Strength - more objective; Weakness – people can lie, be defensive, answer in response sets, or give socially desirable responses) questionnaires

1. Millon Clinical Multiaxial Inventory - IV – assessment of DSM – 5 personality disorders and clinical syndromes
 2. MMPI –2 and MMPI- A (Adolescent) – to detect psychopathology, has validity scales (Minnesota Multiphasic Personality Inventory)
 3. CPI – California Personality Inventory (3rd Ed.) for use with normal adult populations to assess personality dimensions (e.g., dominance, sociability)
 4. Strong Interest Inventory- interest in different occupations, computer scored
 5. Self-Directed Search - 5th Edition– Self-administered, self-scored, and self-interpreted vocational counseling instrument
 6. Myers-Briggs Type Indicator – for normal population, uses Jung’s extroversion-introversion, plus sensing vs. intuiting/thinking vs. judging dimensions)
 7. Children’s Depression Inventory - 2 –level of depression, hopelessness (ages 7 – 17)
 8. Beck’s Depression Inventory - II – level of Depression, hopelessness
- B. Projective (unstructured, taps into the unconscious, poorer reliability and validity than structured tests, but harder to fake false healthy or pathological responses)
1. Generally administered by a psychologist:
 - a. Rorschach Inkblot Test – examines reality testing, coping strategies, level of depression and psychotic process, impulse control, affect regulation
 - b. Thematic Apperception Test (TAT)- identifies needs, issues; perception of relationships, perception of self, the world, people; coping strategies; feeling states
 2. Can be administered by appropriately trained counselors or psychologists
 - a. Incomplete Sentences Blank – issues, fears, perception of self and others. Feelings
 - b. House-Tree-Person – drawing tasks that identify general areas of conflict and concern, self-perception
 - c. Kinetic Family Drawing – perception of self in relation to family
 - d. Person in the Rain Drawing tasks – Task that relates to response to adversity/sadness
 - e. Autobiography

III. Behavior Rating Scales

Connor’s Behavior Rating Scale – 3rd— for teachers and parents and self-ratings for adolescents, has a hyperactivity index, rates severity of problem behaviors compared with children of the same age and gender

Child Behavior Checklist (CBCL- 6- 18) by Achenbach – for teachers and parents, rates severity of problem behaviors with age and gender norms. There is not a comprehensive set of checklists for various ages

Vineland Adaptive Behavior Rating Scale - 3 - used to assess level of adaptive behavior, which is needed to meet the diagnosis of mental retardation in addition an intelligence test score of 70 or below