Counseling Rural Communities and Populations

This is a specialized online course designed to address the unique needs of counseling rural communities and populations. Attention will be given to the uniqueness of rural counseling and communities, ethical considerations, working with existing educational and community entities, multicultural issues and challenges, and the various roles of the rural community counselor. This course is the first in a series of four designed to fulfill the requirements for the graduate certificate in Rural Mental Health Counseling.

Rigor Statement: This course is designed to--

- provide content knowledge beyond the undergraduate level,
- make maximum use of modern technology and other available resources,
- emphasize the analysis and synthesis of information and should expand the student's knowledge base and prepare the student for the job market at a more advanced level than those with baccalaureate degree,
- provide knowledge of scholarly writing techniques and of research methodologies appropriate to the discipline, and
- prepare the student for pursuing more advanced degrees.

Required Texts:

*Text book*

*Article*

STUDENT LEARNING OUTCOMES: Students will review, recognize, and be evaluated on their grasp and knowledge of the following:
1. Counseling students will know essential facts regarding history and development of rural mental health counseling; theories and models related to rural mental health counseling; ethical considerations in rural mental health counseling, and principles, models, and documentation formats of case conceptualization and treatment planning as evidenced by successful completion of rural mental health case studies and presentations.

2. Counseling students will describe roles and settings of rural mental health counselors; mental health service delivery modalities within the continuum of care; and cultural factors relevant to rural mental health counseling (ex: gender differences and spirituality) as evidenced by successful completion of rural mental health case studies and presentations.

3. Counseling students will know legislation and government policy, professional organizations, preparation standards, and credentials relevant to the practice of clinical and rural mental health counseling to advocate for persons with mental health issues by successful completion of program improvement and consultation project.

4. Counseling students will describe neurobiological and medical foundation and etiology of addiction and co-occurring disorders using psychological tests and assessments specific to clinical and rural mental health counseling as evidenced by successful completion of online case studies and discussion boards.

5. Counseling students will know diagnostic process; potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders; impact of crisis and trauma on individuals with mental health diagnoses; and impact of biological and neurological mechanisms on mental health as evidenced by successful completion of case studies and discussion boards.

6. Counseling students will know how to take intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management by successful completion of case studies.

7. Counseling students will describe techniques and interventions for prevention and treatment of a broad range of mental health issues such as trauma, crisis and disaster by successful completion of fictional case study.

Alignment of Course Objectives to National and State Standards

CACREP 2016 Standards

This course is designed to meet CACREP Core Standards 2.F.8. The following standards are covered in this course:

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<tr>
<th>Expected Student Learning Outcomes for this Course</th>
<th>Learning activities that facilitate development of knowledge, skills, and/or practices of this content:</th>
<th>SLO Assessment Point By Rubric or Exam Score</th>
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<td>The student will demonstrate knowledge, skills, and practices necessary for success as a professional counselor via his or her coursework.</td>
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**her participation in key learning activities in this course.**

**Content covered includes:**

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<th>2.F.1.a. History and philosophy of the counseling profession and its specialty areas</th>
<th>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</th>
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<td>2.F.1.b. The multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.1.c. Counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.1.g. Professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.1.i. Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.1.l. Self-care strategies appropriate to the counselor role</td>
<td>Readings, Lecture, Class Discussions, Discussion Board</td>
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<td>2.F.2.f. Help-seeking behaviors of diverse clients</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.3.g. Effects of crisis, disasters, and trauma on diverse individuals across the lifespan</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.3.h. A general framework for understanding differing abilities and strategies for differentiated interventions</td>
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<td>2.F.5.a. Theories and models of counseling</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.5.b. A systems approach to conceptualizing clients</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.5.c. Theories, models, and strategies for understanding and practicing consultation</td>
<td>Mental Health Professional, Personal Reflection Paper</td>
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<th>2.F.5.k. Strategies to promote client understanding of and access to a variety of community-based resources</th>
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<th>2.F.5.l. Suicide prevention models and strategies</th>
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<td>2.F.5.m. Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid</td>
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<td>2.F.6.f. Types of groups and other considerations that affect conducting groups in varied settings</td>
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<td>2.F.7.c. Procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide</td>
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<td>2.F.7.e. Use of assessments for diagnostic and intervention planning purposes</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.8.b. Identification of evidence-based counseling practices</td>
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<td>2.F.8.c. Needs assessments</td>
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<td>2.F.8.d. Development of outcome measures for counseling programs</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>2.F.8.e. Evaluation of counseling interventions and programs</td>
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<td>5.C.1.a. History and development of clinical mental health counseling</td>
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<td>5.C.1.b. Theories and models related to clinical mental health counseling</td>
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<td>5.C.1.c. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>Planning</td>
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<td>5.C.1.d. Neurobiological and medical foundation and etiology of addiction and co-occurring disorders</td>
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<td>5.C.1.e. Psychological tests and assessments specific to clinical mental health counseling</td>
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<td>5.C.2.j. Cultural factors relevant to clinical mental health counseling</td>
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<td>5.C.2.k. Professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling</td>
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<td>5.C.2.l. Legal and ethical considerations specific to clinical mental health counseling</td>
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<td>5.C.2.m. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>5.C.3.b. Techniques and interventions for prevention and treatment of a broad range of mental health issues</td>
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<td>5.C.3.c. Strategies for interfacing with the legal system regarding court-referred clients</td>
<td>Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper</td>
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<td>5.C.3.d. Strategies for interfacing with integrated behavioral health care professionals</td>
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5.C.3.e. Strategies to advocate for persons with mental health issues

Readings, Lecture, Class Discussions, Discussion Board Reactions and Responses, Final Exam Review, Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper

Rubric scores for Comprehensive Take-Home Exam, Case Study Intervention Project, Interview with Rural Mental Health Professional, Personal Reflection Paper

TEEXS Competencies (for students in School Counseling Specialization)

Competency 001 (Human Development)
The school counselor understands processes of human development and applies this knowledge to provide a developmental guidance program, including counseling services that meets the needs of all students.

Competency 002 (Student Diversity)
The school counselor understands human diversity and applies this knowledge to ensure that the developmental guidance and counseling program is responsive to all students.

Competency 003 (Factors Affecting Students)
The school counselor understands factors that may affect students’ development and school achievement and applies this knowledge to promote students’ ability to achieve their potential.

Competency 006 (Counseling)
The school counselor understands how to provide effective counseling services to individuals and small groups.

Competency 008 (Collaboration with Families)
The school counselor knows how to communicate effectively with families and establish collaborative relationships that enhance work with students.

Competency 009 (Collaboration with Others in the School and Community)
The school counselor understands how to work collaboratively with other professionals and with community members to promote positive change and to facilitate student learning.

Competency 010 (Professionalism)
The school counselor understands and complies with ethical, legal, and professional standards relevant to the profession.

TEA Standards (for students in School Counseling Specialization)

Standard I. Learner-Centered Knowledge: The certified school counselor has a broad knowledge base. The certified school counselor must know and understand:

(1) the history of counseling;
(2) counseling and consultation theories and practices;
(4) assessment principles and procedures, including the appropriate use of tests and test results;
Standard II. Learner-Centered Skills: The certified school counselor applies the knowledge base to promote the educational, personal, social, and career development of the learner. The certified school counselor must:

(2) provide a proactive, developmental guidance program based on the needs of students;
(8) use varied sources of information about students for assessment purposes;

Standard III. Learner-Centered Process: The certified school counselor participates in the development, monitoring, and evaluation of a developmental school guidance and counseling program that promotes learners' knowledge, skills, motivation, and personal growth. The certified school counselor must:

(1) collaborate with others in the school and community to implement a guidance curriculum that promotes learners' development in all domains, including cognitive, social, and emotional areas;

Standard IV. Learner-Centered Equity and Excellence for All Learners: The certified school counselor promotes academic success for all learners by acknowledging, respecting, and responding to diversity while building on similarities that bond all people. The certified school counselor must:

(2) advocate for a school environment in which diversity is acknowledged and respected, resulting in positive interactions across cultures; and
(3) facilitate learning and achievement for all students, including special populations, by promoting a cooperative, inclusive, and purposeful learning environment.

Course Requirements and Evaluation

Students will be evaluated on class attendance, class participation in discussions, examinations, and/or writing projects. Grades for the course will be based upon the following:

1. Online Discussion Boards (20%): Each week, students will respond to a specific topic which will be posted on BlackBoard. Each student will provide
   a) a reaction to the topic by attaching a word document and
   b) a response to at least two other students’ reactions. This will count as 40% of the total grade.
These reactions will be due by Noon on each Sunday following each of the weeks we post. The initial reaction will be 200-250 words and the responses will be 100-150 words per post. All postings will be expected to have complete sentences and follow grammar, style, and format guidelines! Graduate work is expected!

2. Personal Reflection Paper (20%): Reflection papers are designed to formally consider what students have been learning and to organize it through writing. The following will help you understand the assignment:
   • Papers must be typed in Times New Roman 12 following APA 6th edition. (Please see the APA 6th Edition Guidelines handout I have included.)
The body of the paper should be 3-5 pages long, double spaced, not including the references or title page. Please cite at least 5 academic references.

Writing should use formal language and correct spelling and punctuation.

Topics reflected upon may include any information covered in class or in the reading from the beginning until now.

Papers may take 1 or 2 topics and examine them deeply, or more topics examined in less detail.

When writing, please address the following:

- What disparities have you identified in rural mental health counseling compared to non-rural environments?
- What new things have you learned about rural mental health?
- How has your learning affected preconceptions or misconceptions you brought with you into class?
- How does your learning affect your personal view of rural populations?
- Will what you have learned change your professional perspective and practice in the future?
- Ultimately writing these papers encourages you to find what is meaningful to you and thus it adds value to your learning. Do not simply outline or summarize the material we have covered. I want to know what the material means to you.

3. Interview with Rural Mental Health Professional (20%): Here are the guidelines:

A. Identify, contact, and interview a mental health professional who is serving in a rural setting. This can be a counselor, social worker, psychologist, psychiatrist, school counselor, or someone who’s job includes mental health services.

B. The interview can be phone, email, or face to face.

C. The interview should include:

1. A personal description of the professional’s degrees, qualifications, licensures, and certifications.
2. Any quantitative data they can provide (e.g., numbers of clients/students/families seen; percentage of population with diagnosable mental health illness or disorder; locations of specialized services in their area; etc.).
3. Any qualitative data which would include the professional’s:
   a. own feelings of serving this rural population
   b. estimations of the numbers, levels, and types of mental health needs within the area he/she serves.
   c. current assessment of the mental health resource needs for the population served.
   d. review of his/her own professional development needs such as training, certifications, etc.
   e. summation of the reoccurring and most serious mental health issues he/she faces in working with this population.
4. A summary of your thoughts and feelings following the interview:
   a. What impressed you with the work your professional is doing?
   b. What impact does this person have on his/her rural population?
   c. What unique challenges does this person face in working with a rural population?
d. Could you see yourself working in a similar capacity with a rural population? Why or why not?

What is the biggest thought, impression, or idea you came away with?

NOTE: Be sure to send your interviewee a “Thank you” email, card, or note.

This paper should be at least 5 pages in length, double-spaced, and written in correct grammar and sentence structure.

4. Case Study Intervention Project (20%): Students will work to complete a case study intervention project. You will create a case study of an individual living in a rural area who presents with a clinically-based struggle. It will be your task to create a life-story/biopsychosocial history for this individual, including this individual’s strengths and weaknesses. The student will create a community-based intervention program for the client’s struggle by identifying the kinds of help that would most benefit the client in the rural community. This help will be professional, including community resources such as counseling, case-management, specific support groups, mentoring, probation, etc., need to also be included. Students will determine the kinds of services/help/concerns to be considered for the client based on the material in the textbooks. As a theoretical framework, include information from scholarly, governmental, and agency sources. Your project should cite a minimum of five references in addition to the textbook(s) and supplemental material provided by the instructor (such as what is on Blackboard). A paper in correct APA style will be submitted by each student, eight to ten pages in length, on the case study intervention project. See class policies for requirements on graduate level writing and correct formatting. Use Turnitin software for this assignment.

5. Comprehensive Take-Home Exam (20%): Students will be given a comprehensive exam, based on assigned readings from the textbooks, covering course material/objectives. The exam will cover material from textbooks, lecture, discussion, and presentations. Students must work independently on this examination. Students will also sign the honor pledge, and are reminded that they need to report academic dishonesty. Examinations will not be accepted after the due date.

Grading

A = 90 – 100 points
B = 80 – 89 points
C = 70 – 79 points
D = 60 – 69 points F =
59 and below
## Alignment of Course Objectives to National and State Standards

<table>
<thead>
<tr>
<th>Course Objectives</th>
<th>Activities/Assignments</th>
<th>Measurement</th>
<th>2016 CACREP Standards</th>
</tr>
</thead>
</table>
| 1. Counseling students will know essential facts regarding history and development of rural mental health counseling; theories and models related to rural mental health counseling; ethical considerations in rural mental health counseling, and principles, models, and documentation formats of case conceptualization and treatment planning as evidenced by successful completion of rural mental health case studies and presentations. | - Assigned readings, blackboard materials, videos  
- Blackboard scenario reactions/group discussions  
- Written assignments  
- Interviews  
- Case studies  
- Exams | - Blackboard scenario reactions  
(See appendix A with grading rubric.)  
- Blackboard group discussions  
(See appendix B with grading rubric.)  
- Personal Reflection Paper  
- Interview with Rural Mental Health Professional  
- Case Study Intervention Project  
- Comprehensive Take-Home Exam | 2.F.8.e  
2.F.8.b  
2.F.6.f  
2.F.5.h  
2.F.5.g  
2.F.5.f  
2.F.5.b  
2.F.5.a  
2.F.3.h  
5.C.1.a  
5.C.1.b  
5.C.1.c  
5.C.1.e  
5.C.2.a  
5.C.1.d |
| 2. Counseling students will describe roles and settings of rural mental health counselors; mental health service delivery modalities within the continuum of care; and cultural factors relevant to rural mental health counseling (ex: gender differences and spirituality) as evidenced by successful completion of rural mental health case studies and presentations. | - Assigned readings, blackboard materials, videos  
- Blackboard scenario reactions/group discussions  
- Written assignments  
- Interviews  
- Case studies  
- Exams | - Blackboard scenario reactions  
(See appendix A for rubric.)  
- Blackboard group discussions  
(See appendix B for rubric.)  
- Personal Reflection Paper  
- Interview with Rural Mental Health Professional  
- Case Study Intervention Project  
- Comprehensive Take-Home Exam | 2.F.8.e  
2.F.8.b  
2.F.3.h  
2.F.3.g  
2.F.2.f  
2.F.1.i  
2.F.1.g  
2.F.1.b  
2.F.1.a  
5.C.1.a  
5.C.1.b |
| 3. Counseling students will know legislation and government policy, professional organizations, preparation standards, and credentials relevant to the practice of clinical and rural mental health counseling to advocate for persons with mental health issues by successful completion of program improvement and consultation project. | - Assigned readings, blackboard materials, videos  
- Blackboard scenario reactions/group discussions  
- Written assignments  
- Interviews  
- Case studies  
- Exams | - Blackboard scenario reactions  
(See appendix A for rubric.)  
- Blackboard group discussions  
(See appendix B for rubric.)  
- Personal Reflection Paper  
- Interview with Rural Mental Health Professional  
- Case Study Intervention Project  
- Final Take-Home Exam | 2.F.6.f  
2.F.5.h  
2.F.5.g  
2.F.3.h  
2.F.3.g  
2.F.2.f  
2.F.1.i  
2.F.1.g  
2.F.1.b  
2.F.1.a  
5.C.1.a  
5.C.1.b |
4. Counseling students will describe neurobiological and medical foundation and etiology of addiction and co-occurring disorders using psychological tests and assessments specific to clinical and rural mental health counseling as evidenced by successful completion of online case studies and discussion boards.

   - Assigned readings, blackboard materials, videos
   - Blackboard scenario reactions/group discussions
   - Written assignments
   - Interviews
   - Case studies
   - Exams

   - Blackboard scenario reactions (See appendix A for rubric.)
   - Blackboard group discussions (See appendix B for rubric.)
   - Personal Reflection Paper
   - Interview with Rural Mental Health Professional
   - Case Study Intervention Project
   - Comprehensive Take-Home Exam

5. Counseling students will know diagnostic process; potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders; impact of crisis and trauma on individuals with mental health diagnoses; and impact of biological and neurological mechanisms on mental health as evidenced by successful completion of case studies and discussion boards.

   - Assigned readings, blackboard materials, videos
   - Blackboard scenario reactions/group discussions
   - Written assignments
   - Interviews
   - Case studies
   - Exams

   - Blackboard scenario reactions (See appendix A for rubric.)
   - Blackboard group discussions (See appendix B for rubric.)
   - Personal Reflection Paper
   - Interview with Rural Mental Health Professional
   - Case Study Intervention Project
   - Comprehensive Take-Home Exam

6. Counseling students will know how to take intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management by successful completion of case studies.

   - Assigned readings, blackboard materials, videos
   - Blackboard scenario reactions/group discussions
   - Written assignments
   - Interviews
   - Case studies
   - Exams

   - Blackboard scenario reactions (See appendix A for rubric.)
   - Blackboard group discussions (See appendix B for rubric.)
   - Personal Reflection Paper
   - Interview with Rural Mental Health Professional
   - Case Study Intervention Project
   - Comprehensive Take-Home Exam

7. Counseling students will describe techniques and interventions for prevention and treatment of a broad range of mental health issues such as trauma, crisis and disaster by successful completion of fictional case study.

   - Assigned readings, blackboard materials, videos
   - Blackboard scenario reactions/group discussions
   - Written assignments
   - Interviews
   - Case studies
   - Exams

   - Blackboard scenario reactions (See appendix A for rubric.)
   - Blackboard group discussions (See appendix B for rubric.)
   - Personal Reflection Paper
   - Interview with Rural Mental Health Professional
   - Case Study Intervention Project
   - Comprehensive Take-Home Exam
REQUIREMENTS OF THE COURSE: Students must demonstrate:

- A command of communication skills which permit online and face to face discussions which are clear and precise.
- Evidence of online class preparation which permits active participation during class discussions.
- Research skills which enable preparation for class sessions and assignments.
- Readiness to participate in online class discussions and activities.
- A full understanding of the intensity and magnitude of this subject. Some class sessions may be very intense and evoke a multiplicity of emotions.

ATTENDANCE AND CLASS PARTICIPATION: Successful performance in this class requires all students to attend class in a virtual manner.

SPECIAL POLICIES

Students with Disabilities

If you require special services because of a disability, please notify the Office of Student Relations so that the University may provide appropriate support services to facilitate your learning. Refer to the Student Handbook (Student Relations section, Students with Disabilities subsection).

Academic Honesty

Students are expected to read, understand, and abide by the University’s policy on Academic Dishonesty. The policy is published in the Student Handbook (in hardcopy).

Academic Misconduct

You are expected to practice academic honesty in every aspect of this course and all other courses. Please make certain that you are familiar with you Student Handbook, as students who engage in academic misconduct are subject to University disciplinary procedures. Forms of academic dishonesty include:

- a. Failure to follow published departmental guidelines, professor’s syllabi, and other posted academic policies in place for the orderly and efficient instruction of classes, use of academic resources and equipment.

- b. Unauthorized possession of examinations, reserved library materials, laboratory materials or other course related materials.

- c. Failure to follow the instructor or proctor’s test-taking instructions, including but not limited to not setting aside notes, books or study guides while the test is in progress, failing to sit in designated locations and/or leaving the classroom/ test site without permission during a test.

- d. Prevention of the convening, continuation or orderly conduct of any class, lab or class activity. Engaging in conduct that interferes with or disrupts university
teaching, research or class activities such as but not limited to: 1) making loud and distracting noises; 2) repeatedly answering cell phones/text messaging or allowing pagers or phones to beep or play ring tones; 3) exhibiting erratic or irrational behavior; 4) persisting in speaking without being recognized; 5) repeatedly leaving and entering the classroom or test site without authorization; and 6) making physical threats, verbal insults or intimidating remarks to the faculty member, or other students and staff.

e. Falsification of student transcript or other academic records; or unauthorized access to academic computer records.

f. Nondisclosure or misrepresentation in filling out applications or other university records.

g. Any action which may be deemed as unprofessional or inappropriate in the professional community of the discipline being studied.

**Academic Dishonesty**

a. **Plagiarism**: Portrayal of another’s work or ideas as one’s own.

b. **Cheating**: Using unauthorized notes or study aids; allowing another party to do one’s work/exam and turning in that work/exam as one's own; getting help from another party without the instructor’s consent; submitting the same or similar work in more than one course without permission from the course instructors.

c. **Fabrication**: Falsification or creation of data, research or resources, or altering a graded work without the prior consent of the course instructor.

d. **Lying**: Deliberate falsification with the intent to deceive in written or verbal form as it applies to an academic submission.

e. **Bribery**: Providing, offering or taking rewards in exchange for a grade, an assignment or the aid of academic dishonesty.

f. **Threat**: An attempt to intimidate a student, staff, or faculty member for the purpose of receiving an unearned grade or in an effort to prevent the reporting of an Honor Code violation.

g. **Aid of Academic Dishonesty**: Intentionally facilitating any act of academic dishonesty.
Non-academic Misconduct

The University respects the rights of instructors to teach and students to learn. Maintenance of these rights requires campus conditions that do not impede their exercise. Campus behavior that is considered to interfere, and will not be tolerated:

- The instructor’s ability to conduct the class
- The inability of the other students to profit from the instructional program, or
- Behavior that interferes with the rights of others

An individual engaging in such disruptive behavior may be subject to disciplinary action. Such incidents will be adjudicated by the Dean of Students under non-academic procedures.

Sexual Misconduct

Sexual harassment of students and employers at Texas A&M University-Kingsville is unacceptable and will not be tolerated. Any member of the University community violating this policy will be subject to disciplinary action.

Availability of the Instructor

The instructor is available to you by phone or e-mail, to answer any questions you may have about course content and requirements. Mondays- Fridays, you can expect a response to e-mails, or voice messages usually within 48 hours.

Miscellaneous

Incompletes must be completed in the semester following the one in which they are received. In accordance with the University policy, if this is not done, the grade reverts to Failure. Incompletes in this class are discouraged. Assignments may be difficult to “make-up.”
## Class Schedule & Content Outline

<table>
<thead>
<tr>
<th>Weeks</th>
<th>Readings</th>
<th>Assignments</th>
<th>Discussion Board</th>
</tr>
</thead>
<tbody>
<tr>
<td>Week #1 Online</td>
<td>Chapter 1: The Current State of Rural Mental Health</td>
<td></td>
<td>Introduction</td>
</tr>
<tr>
<td>Week #2 Online</td>
<td>Chapter 2: Advancing Federal Policies in Rural Mental Health</td>
<td></td>
<td>DB #1</td>
</tr>
<tr>
<td>Week #3 Online</td>
<td>Chapter 3: Rurality as a Diversity Issue</td>
<td></td>
<td>DB #2</td>
</tr>
<tr>
<td></td>
<td>Chapter 4: The Impact of Mental Health Stigma on Clients from Rural Settings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week #4 Online</td>
<td>Chapter 5: Loneliness and Isolation in Rural Areas</td>
<td></td>
<td>DB #3</td>
</tr>
<tr>
<td></td>
<td>Chapter 6: Religion and Rural Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week #5 Online</td>
<td>Chapter 7: Ethical and Professional Challenges of Mental Healthcare Delivery in Rural Communities</td>
<td>Interview with Rural Mental Health Professional Due</td>
<td>DB #4</td>
</tr>
<tr>
<td>Week #6 Online</td>
<td>Chapter 8: Rural Mental Health Practitioners: Their Own Mental Health Needs</td>
<td></td>
<td>DB #5</td>
</tr>
<tr>
<td>Week #7 Online</td>
<td>Chapter 9: Integrated Care in Rural Areas</td>
<td></td>
<td>DB #6</td>
</tr>
<tr>
<td>Week #8 Online</td>
<td>Chapter 11: School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week #9 Online</td>
<td>Chapter 13: Suicide in Rural Areas: Risk Factors and Prevention</td>
<td>Reflection Paper Due</td>
<td>DB #7</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------------------------------</td>
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</tr>
<tr>
<td>Week #10 Online</td>
<td>Chapter 14: Providing Mental Health Services for Racial, Ethnic, and Sexual Orientation Minority Groups in Rural Areas</td>
<td></td>
<td>DB #8</td>
</tr>
</tbody>
</table>
| Week #11 Online | Chapter 15: Providing Mental Health Services for Women in Rural Areas  
Chapter 16: Providing Mental Health Services for Men in Rural Areas |                       | DB #9 |
| Week #12 Online | Chapter 17: Providing Mental Health Services for Children, Adolescents, and Families in Rural Areas |                       | DB #10 |
| Week #13 Online | Chapter 18: Providing Mental Health Services for Older Adults and Caregivers in Rural Areas  
Chapter 19: Providing Mental Health Services for Rural Veterans | Case Study Intervention Project Due | DB #11 |
| Week #14 Online | Chapter 20: Working in Frontier |                       | DB #12 |
| Communities | | |
|-------------|------------------|
| Week #15 Online | Chapter 21: Rural Mental Health: Future Directions and Recommendations | |
| Week #16 Online | Final Take-Home Exam | |
Appendix A
DB Reaction Rubric

Superior (90-100% of the assigned points): 27-30 points with no case conceptualization OR 9-10 points if a case conceptualization (20 points) is required; a minimum of 10 sentences per reaction

- Discussion contributions are submitted according to the specifications of the assignments and are posted by the due date.
- Language is clear, concise, and easy to understand. Uses terminology appropriately, is logically organized, and adapts APA format.
- Discussion contributions provide evidence that the learner has read the assigned readings thoroughly and has considered a sampling of colleagues’ postings by synthesizing key comments and ideas when applicable.

Sufficient (80-89% of the assigned points): 24-26 points with no case conceptualization OR 8 points if a case conceptualization (20 points) is required; a minimum of 10 sentences per reaction

- Discussion contributions are not posted by the due date and/or are not submitted according to the specifications of the assignments.
- Discussion contributions are adequately written, but some content may be inaccurate. Discussion contributions demonstrate some depth of understanding of the issues and show that the learner/trainee has absorbed general principles and ideas presented in the course, although viewpoints and interpretations are not always thoroughly supported.
- Discussion contributions provide evidence that the learner/trainee has considered at least some colleagues’ postings and synthesized key comments and ideas when applicable, but it appears as though all postings have not been reviewed.

Minimal (70-79% of the assigned points): 21-23 points with no case conceptualization OR 7 points if a case conceptualization (20 points) is required; a minimum of 10 sentences per reaction

- Discussion contributions are not posted by the due date and/or are not submitted according to the specifications of the assignments.
- Discussion contributions are not adequately written and/or APA format is not used.
- Discussion contributions do little to enhance the quality of interaction and rarely include questions or comments that stimulate critical thinking and learning.
- Discussion contributions demonstrate a minimal understanding of concepts presented, tend to address peripheral issues, and are somewhat accurate but with some omissions and/or errors. Key principles are not integrated into the response, or if key principles are presented, there is no evidence the learner/trainee understood the core ideas.
- Discussion contributions do not provide evidence that the learner/trainee has read course learning materials and postings do not incorporate key comments and ideas presented by colleagues.

Inadequate (60-69% of the assigned points): 18-20 points with no case conceptualization OR 6 points if a case conceptualization (20 points) is required

No credit will be awarded if some or all of the following conditions apply:

- Discussion contributions are posted over three weeks late and/or do not address the requirements of the discussion prompts.
- Discussion contributions contain only nine sentences or less than nine sentences.
- Discussion contributions are poorly written, terms are used incorrectly; APA format is not used.
- Discussion contributions do not contribute to the quality of interaction and do not include questions or comments that stimulate critical thinking and learning.
- Discussion contributions do not demonstrate an understanding of the concepts presented in the course, do not address relevant issues, and/or are inaccurate.
- Discussion contributions do not provide evidence that the learner/trainee has read course learning materials and/or considered colleagues’ postings.
Appendix B

DB Response Rubric

Superior (9-10 points; a minimum of three sentences per post; a minimum of two peer responses)
- Responses are submitted according to the specifications of the assignments and are posted by the due date.
- Responses significantly enhance the quality of peer interactions (e.g., illustrate a point with personal/professional examples demonstrating application of principles from readings, suggest new perspectives on an issue, and pose thought-provoking questions), provide constructive feedback to colleagues, and raise opposing viewpoints in a polite manner.
- Responses contribute to the quality of interaction (e.g., illustrate a point with personal/professional examples, suggest new perspectives on an issue, pose relevant questions), provide constructive feedback to colleagues, and raise opposing viewpoints in a polite manner but response is not well developed or integrated.

Sufficient (8 points; a minimum of three sentences per post; a minimum of two peer responses)
- Responses are not posted by the due date and/or are not submitted according to the specifications of the assignments.
- Responses are adequately written, but the content does not adequately address peer posts or does not promote peer interactions (e.g., not adequately respond to peer reactions), provide criticism instead of constructive feedback to colleagues, and raise opposing viewpoints in an impolite manner.

Minimal (7 points; a minimum of three sentences per post; a minimum of two peer responses)
- Responses are not posted by the due date and/or are not submitted according to the specifications of the assignments.
- Responses are not adequately written and/or APA format is not used.
- Responses degrade peer sharing, disrespect peer interactions, or raise opposing viewpoints in an offensive manner.

Inadequate (6 Points)
No credit will be awarded if some or all of the following conditions apply:
- Responses are posted over three weeks late and/or do not address the requirements of the discussion prompts.
- A response contains only two sentences or less than two sentences.
- Do not respond to a minimum of two peers.
- Responses are poorly written, terms are used incorrectly; and/or APA format is not used.
- Responses negatively affect the quality of peer interactions or professionalism.
Appendix C

EDCG 5360 Rural Mental Health Program Case Study Intervention Project Rubric:

<table>
<thead>
<tr>
<th>Aspects of Project</th>
<th>4 (25 pts)</th>
<th>3 (20 pts)</th>
<th>2 (15 pts)</th>
<th>1 (10 pts)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organization and APA Formatting</td>
<td>Material clearly related to topic; content was represented in logical sequence; flowed together well; strong opening and closing. Excellent APA format</td>
<td>Material mostly related to topic; content was presented in mostly logical sequence; flowed together fairly well; fairly strong opening and closing. Good APA format</td>
<td>Material somewhat related to topic; content was presented in inadequate sequence; flowed together poorly; weak opening or closing. APA format with some errors</td>
<td>Material unrelated to topic; little to no thought given to sequence of content; repetitive; transitions choppy; lacked opening or closing. Poor APA format</td>
</tr>
<tr>
<td>Presentation of Clinically-based Struggle and Rural Community Needs</td>
<td>Excellent presentation of clinical issues and rural community needs from a theoretical perspective. Evidence of a lot of thought and effort on this project (e.g., Excellent use of sources and citations).</td>
<td>Good presentation of clinical issues and rural community needs. Evidence of much thought and effort on this project (e.g., Good use of sources and citations).</td>
<td>Average presentation of clinical issues and rural community needs. Some evidence of thought and effort on this project (e.g., some use of sources and citations).</td>
<td>Poor presentation of clinical issues and rural community needs. Poor evidence of thought and effort on this project (e.g., Poor use of sources and citations).</td>
</tr>
<tr>
<td>Identification of Theoretical Approaches, Services, and Supports that Would Benefit Client and Rural Community</td>
<td>Excellent identification of supports and help to benefit client and rural community needs. Evidence of a lot of thought and effort on this project (e.g., Excellent use of sources and citations).</td>
<td>Good identification of supports and help to benefit client and rural community needs. Evidence of a lot of thought and effort on this project (e.g., Excellent use of sources and citations).</td>
<td>Average identification of supports and help to benefit client and rural community needs. Evidence of a lot of thought and effort on this project (e.g., Excellent use of sources and citations).</td>
<td>Poor identification of supports and help to benefit client and rural community needs. Evidence of a lot of thought and effort on this project (e.g., Excellent use of sources and citations).</td>
</tr>
<tr>
<td>Applies a comprehensive understanding of legal and ethical requirements in counseling strategies as they relate to the case study.</td>
<td>Effectively incorporates an understanding of legal and ethical requirements in counseling strategies as they relate to each case study.</td>
<td>Applies a comprehensive understanding of legal and ethical requirements in counseling strategies as they relate to each case study.</td>
<td>Discusses a comprehensive understanding of legal and ethical requirements in counseling strategies as they relate to each case study.</td>
<td>Does not apply a comprehensive understanding of legal and ethical requirements in counseling strategies as they relate to each case study.</td>
</tr>
</tbody>
</table>