CLINICAL MENTAL HEALTH COUNSELING HANDBOOK

60 CREDIT HOUR MASTER OF SCIENCE (M.S.) DEGREE IN CLINICAL MENTAL HEALTH COUNSELING
Established 1994

6TH EDITION UPDATE

College of Education
Niagara University, NY 14109
www.niagara.edu/education/graduate/mental.htm

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Editor
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A publication of Niagara University’s College of Education. Graduate students and field site supervisors may copy any portion of this manual they deem necessary. Niagara University, College of Education, Niagara University, NY 14109. Founded 1856. Niagara University’s graduate Clinical Mental Health Counseling program was established by the State Department of Education in 1994, the first Mental Health Counseling program in the state of New York.

Editor’s Note: The information in this manual is intended for information purposes related to the graduate Clinical Mental Health Counseling program. New information and program updates can change annually. Therefore it is recommended that all graduate students check with their faculty advisor in the event questions arise regarding requirements.

Information for Practicum and Internship Supervisors
Thank you for agreeing to serve as a field supervisor for our graduate Clinical Mental Health Counseling program! As part of the process of formalizing the placement arrangement, we are providing this manual in order that you may better understand our program. Niagara University’s Clinical Mental Health Counseling program was designed in accordance with the guidelines of the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) and adheres to the professional ethics of the American Counseling Association (ACA) and its divisional affiliate the American Mental Health Counselors Association (AMHCA). Niagara University offers a three year, 60 credit hour program Master of Science degree (M.S.) in Clinical Mental Health Counseling (20 graduate courses) with a 1000 hour field placement requirement (Practicum and Internships I, II, & III). Our CMHC program also meets New York State Education Department guidelines for licensure (Licensed Mental Health Counselor, LMHC). The curriculum for the Mental Health Counseling program is listed in this manual. In addition, Niagara University offers a bridge program in Clinical Mental Health Counseling for candidates with a related masters’ degree which upon completion ensures that they have satisfied NY State requirements for the license-eligible educational component of the licensure process.

What is a Clinical Mental Health Counselor?
Mental Health Counseling is the newest and one of the fastest growing of the allied mental health professions. The American Counseling Association (ACA) Code of Ethics defines mental health counseling as “A professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals” (American Counseling Association, 2014, p.). Mental Health Counseling is a distinct profession with national standards for education and clinical practice. The American Counseling (ACA) and the American Mental Health Counselors Association (AMHCA) are the primary organizations representing Mental Health Counselors. Other pertinent information regarding Mental Health Counselors is listed below:

- According to the Bureau of Labor, more than 166,300 professional mental health counselors are practicing in the United States. (BLS, 2014)
- The majority of national behavioral health managed care companies reimburse mental health counselors for services they provide.
- The median cost for mental health counselors is $67, compared with $90 to $100 for psychologists and psychiatrists respectively.
- Currently, all 50 states, the District of Columbia, Puerto Rico and Guam license mental health counselors. (In 2014, the Canadian Province of Ontario will begin credentialing Registered Psychotherapists for NU CMHC graduates working in Ontario)
- Mental Health counselor graduate training programs are a rigorous 60 graduate semester hours, including training in: diagnosis and treatment planning, couples and family counseling, psychological testing, group counseling, career development, individual counseling, abnormal psychology and many others. Specifically at Niagara University you will find (in addition to general requirements of clinical mental health counseling programs:
The backbone of the graduate Clinical Mental Health Counseling program is a 1000 hours practicum and internship experience in a mental health setting.

- A Licensed Mental Health Counselor (LMHC) in NY state has met or exceeded the following professional standards: a 60 credit hour license-eligible master’s degree (or a master’s degree in a related mental health field along with a license-eligible bridge program); completed 3000 post master’s clock hours under the supervision of a licensed/certified counselor (or other licensed mental health professional approved by the NYSED); attendance at (or online completion of) the NY State workshop on Mandated Reporter Training: Identifying and Reporting child Abuse and Maltreatment; and passed the NCMHCE (National Clinical Mental Health Counseling Examination).

**In what settings do Clinical Mental Health Counselors work?**

Clinical Mental Health Counselors work in:

* Community mental health clinics
* Drug and alcohol rehabilitation programs
* Hospitals
* Psychiatric centers
* College, community college, and university counseling centers
* Pastoral counseling centers
* Crisis services
* Hospice and Palliative care services
* Employee Assistance Programs (EAP’s)
* Private Practice

_and numerous other settings as well_

**Occupational Outlook for Clinical Mental Health Counselors:**

According to the U. S. Department of Labor, “Employment of mental health counselors is projected to grow _29 percent from 2014-2022, much faster than the average for all occupations_” (U.S. Department of Labor, Bureau of Labor Statistics; [http://www.bls.gov/oco/ocos067.htm](http://www.bls.gov/oco/ocos067.htm)). In addition, _Money Magazine_ recently rated Mental Health Counselors as one of the top 50 occupations (_Money Magazine_, 2006; May). The Department of Labor’s Bureau of Labor Statistics (2014) projections are listed below:


**Educational, Vocational and School Counselors:** 281,400

**Mental Health Counselors:** 166,300

**Rehabilitation Counselors:** 117,500

**Substance Abuse and Behavioral Disorder Counselors:** 89,600

**Projections for Counselor Occupational Growth (Statistics Compiled by the U.S. Bureau of Labor, 2014) (www.bols.gov/):**

**Breakdown by Counseling Specialty Area:**
Employment | % Change
--- | ---
Addictions Counseling | 89,600 | +31
Mental Health Counseling | 166,300 | +29

Note: Graduates of the NU CMHC program are eligible to be hired as both Mental Health Counselors and Addictions Counselors.

Earnings for Counselors
Median salaries for counselors vary depending on the counseling specialty, geographic region, urban, suburban, or rural setting, level of education, etc. The Bureau of Labor Statistics reports the following mean salaries for counseling fields:

- Mental Health Counselors: $41,500
- Addictions counselors: $38,520

(Bureau of Labor Statistics 2014)

*Median salary listed in O*NET

Student Liability Insurance:
In accordance with the Council for the Accreditation for Counseling and Related Educational Programs (CACREP), students enrolled Niagara University’s Clinical Mental Health Counseling program are required to show proof of student liability insurance prior to beginning practicum. Students must carry liability insurance throughout their 1000 hour field placement. (Practicum and internships I, II, & III) Student liability insurance is very reasonable in cost. The American Counseling Association (ACA; [www.counseling.org/](http://www.counseling.org/)) and Canadian Counselling and Psychotherapy Association (CCPA; [www.ccpa.org/](http://www.ccpa.org/)) provide student liability insurance when students purchase a student membership. The faculty encourages students to purchase the student membership, as opposed to simply purchasing student liability insurance alone, as ACA lobbies for our profession and published a quarterly journal and monthly magazine. (You will receive the *Journal of Counseling & Development, Counseling Today* the monthly magazine, e-mails and webinars, etc.)

Web-sites for additional information on Mental Health Counselors (and other counselors):
- American Counseling Association (ACA) [www.counseling.org](http://www.counseling.org)
- American Mental Health Counselors Association (AMHCA) [www.counseling.org](http://www.counseling.org)
- Council for the Accreditation for Counseling and Related Educational Programs ([www.cacrep.org/](http://www.cacrep.org/))
- National Board for Certified Counselors, Inc. NBCC) [www.nbcc.org](http://www.nbcc.org)
- New York Mental Health Counselors Association (NYMHC) [www.nymhca.org](http://www.nymhca.org)
- New York State Education Department (NYSED) [www.nysed.gov](http://www.nysed.gov/)
We appreciate your interest in our program and are grateful for your cooperation in helping to prepare mental health counselors. For more information concerning the Mental Health graduate program, please contact:

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**College of Education: NCATE/CAPE Accredited**
The Niagara University College of Education is accredited by the National Council for the Accreditation of Teacher Education (NCATE). NCATE is the primary accreditation for colleges of education. While NCATE does not accredit counseling programs, NCATE requires that all programs (including counseling) meet a higher standard of education and training. Niagara University’s College of Education has been NCATE accredited since 1986. For more information on NCATE, go to their web-site at www.ncate.org.

Additionally, in the Fall of 2007, the College of Education moved into a new, state of the art, high tech building on the NU campus (currently named The Academic Complex).

**Mission Statement of the Niagara University Clinical Mental Health Counseling**
Founded in 1994, the Clinical Mental Health Counseling preparation program in the College of Education is predicated on a commitment to developing practitioners and leaders in the field of counseling who, in the Vincentian tradition, seek to foster human growth and development, spirituality, well-being, and emotional stability of individuals, couples, families, and communities from diverse backgrounds. The Clinical Mental Health Counseling program affirms the University’s commitment to equal opportunity and non-discrimination and recognizes its responsibility to provide an environment that is free of discrimination and harassment based on sex, sexual orientation, race, color, creed, national origin, age, marital status, Vietnam Era or disabled veteran status, disability, predisposing genetic characteristic, or other category protected by law. In alignment with the conceptual framework of College of Education, program faculty are committed to offering coursework clinical experiences based on the following three complementary
dimensions: (1) Student Centering Through Constructivist Practice, (2) Evidence-Based Practice, and (3) Reflective Practice. Graduates are expected to demonstrate the dispositions of professional commitment and responsibility, integrity in professional relationships, critical thinking and reflective practice. Graduates are expected to demonstrate the dispositions of professional commitment and responsibility, integrity in professional relationships, critical thinking and reflective practice. Additionally, candidates within these programs are expected to demonstrate the knowledge, skills, dispositions, and ethical standards as set forth by the Council for the Accreditation of Counseling and Related Educational Programs. The Clinical Mental Health Counseling program curriculum is premised on a scientist-practitioner model of skills training and applied practice. The program advances theoretical, experiential, clinical, and empirically supported activities related to psychotherapy, assessment and diagnostics, human development, learning theory, systems theory, group dynamics, consultation, treatment planning/coordination, and prevention and wellness programming. These keystone competencies are systematically fostered through progressive, integrated academic and field experiences that vigorously endorse contemporary best practices in Clinical Mental Health Counseling. Ultimately, this program prepares graduates to practice in a variety of settings including private practice, community-based mental health centers, hospitals and other treatment centers.

Graduate Program:
The mission of the Niagara University graduate Clinical Mental Health Counseling program is to prepare skilled professional counselors for work in a variety of community agency settings. Further, our program is designed to meet New York State requirements for licensure (as a Licensed Mental Health Counselor, LMHC) and national certification standards set forth by the National Board for Certified Counselors (NBCC; www.nbcc.org). Our graduates will be ethical, reflective practitioners skilled in serving a diverse twenty-first century society.

Non Discrimination Policy:
In accord with our institution, Niagara University, and flagship organization, the American Counseling Association (ACA), Niagara University’s Clinical Mental Health Counseling program does not discriminate on the basis of disability, ethnicity, veteran’s status, culture, religion, class, sexual orientation, or gender.

Program Philosophy:
The Niagara University Clinical Mental Health Counseling program seeks to prepare reflective counseling professionals for preparation in college, university and community settings. Graduates of the Niagara University Clinical Mental Health Counseling program are committed to social justice for the oppressed and respect for human dignity and diversity. As students progress through the program, they acquire the necessary knowledge, skills and dispositions required for professional practice.

The graduate counseling programs do not adhere to one particular theoretical model. In our programs students are exposed to a variety of theoretical approaches such as:
Solution Focused Counseling, Client Centered Therapy, Cognitive Behavioral Therapy, and Existential/Humanistic approaches and others.

**Counselor Licensure and Certification:**
All graduate students should plan to become Licensed Mental Health Counselors (LMHC) in New York, or licensure in their state of residence. Canadian counselors will need to seek “Registration” from the Ontario College of Psychotherapists”. In addition, all students should consider becoming Certified Clinical Mental Health Counselors (CCMHC) or National Certified Counselors (NCC) after they complete the post-graduate requirements. There are numerous other credentials offered by state agencies, universities and private organizations. Graduate students should discuss licensure and credentialing with their faculty advisor. Information can be obtained through the New York State Department of Education’s (NYSED) web-site at [www.nysed.org](http://www.nysed.org) and click on the *Office of the Professions* link. Essentially, NYSED requires a masters degree with 60 semester credits, then 3000 post master’s degree hours in a mental health counseling setting, supervised by a licensed mental health professional (e.g., licensed counselor, licensed social worker, licensed psychologist, etc.). Further, there is a required test, the NCMHCE, which must be taken when the state designates. Finally, attendance at (or online completion of) the NY State workshop on Mandated Reporter Training: Identifying and Reporting child Abuse and Maltreatment is required.

**Graduate Tuition (as of June 2014):**
Tuition for the Mental Health Counseling program is:
$655.00 per credit hour ($1905.00 per three credit hour class). $655.00 x 3 credit class = $1965.00 cost per class.

**Full Time Faculty:**
The faculty listed below hold full time appointments in Clinical Mental Health Counseling:

**Kristine Augustyniak, Ph.D., LP, Professor**
Dr. Augustyniak is a licensed psychologist and former coordinator of Niagara University’s School Psychology program and former coordinator of the Clinical Mental Health Counseling program. She earned a Ph.D. in Counseling Psychology / School Psychology and M.A. degree in School Psychology from The State University of New York at Buffalo, and B.S. degrees in Elementary Education and Business from Buffalo State College. Her course offerings have focused on a variety topics related to psychological assessment, individual and group psychotherapy, child and adolescent mental health issues, school psychology practice. The primary subject of Dr. Augustyniak’s research interests and publications include evidence-based approaches in assessment and intervention planning for youth suffering from mental health concerns, learning disabilities, and neuromuscular disorders. Her scholarship also includes fundamental issues in applied school psychology such as school-based violence prevention, kindergarten readiness assessment, and leadership tenets that promote best practices in school psychology. Dr. Augustyniak is routinely involved in a number of
community efforts to foster youth services and advocate for the mentally disabled. In private practice, Dr. Augustyniak provides integrative psychotherapy for the following: mood disorders, anxiety disorders, eating disorders, anger management issues, adjustment disorders, maladaptive health behaviors, and family relational problems. She has also served for the past ten years as medical panel member of the Surrogate Decision-Making Committee of the State of New York Commission on Quality of Care for the Mentally Disabled. She has taught in the CMHC program since Fall 2000.

Shannon Hodges, Ph.D., LMHC, NCC, ACS, Associate Professor
Shannon Hodges is an Associate Professor of Counseling at Niagara University. He has over 20 years’ experience counseling in community agencies, university counseling centers, and in residential living communities. He is a former director of a university counseling center and clinical director of a county mental health clinic. In addition, he has over 20 years teaching experience and has authored numerous professional publications, including books, book chapters, journal articles and essays, including *The Counseling Practicum and Internship Manual: A Resource for Graduate Counseling Students*, *A Job Search Manual for Counselors and Counselor Educators: How to Navigate and Promote Your Counseling Career*, *101 Careers in Counseling*, and co-author of the *The College and University Counseling Manual: Integrating Essential Services Across the Campus*. He has also authored a mystery novel with a counselor as the protagonist (*City of Shadows*) and a follow-up novel (*The Lonely Void: A Bob Gifford Counselor Mystery*). Shannon has been awarded for his research and his teaching. He has also served on national committees, most notably The ACA Publications Committee and the ACA Ethics Review Task Force along with serving on the editorial review boards of several journals including the *Journal of Counseling & Development*, *Journal of Counseling and Values*, *Journal of Mental Health Counseling*, and the *Journal of College Counseling*. Shannon is a longtime member of the American Counseling Association (ACA), the American Mental Health Counselors Association (AMHCA) and several ACA affiliate divisions.

Jennifer Beebe, Ph.D., NCC, Assistant Professor
Jennifer E. Beebe is an Assistant Professor at Niagara University. In addition to being a Counselor Educator, she is a National Certified Counselor as well as a Certified K-12 Professional School Counselor in New York and Hawaii. Jenifer has worked in multiple settings such as schools, agencies, clinics, and a college counseling center. As a result, she has provided individual and group counseling to individuals across the lifespan. Her line of research has been focused on bullying and cyber bullying since 2007. Jennifer has most recently published a chapter entitled “A nation at risk: Bullying among children and adolescents.” for the book *Youth at risk: A prevention resource for counselors, teachers, and parents*. She also has an additional book chapter being released entitled “Overcoming Bulling: Finding Inner Resources Through the Circle of Strength in The therapist’s notebook for children and adolescents: Homework, Handouts, and Activities for Use in Psychotherapy*. Jennifer has partnered with local schools and communities to increase awareness, education, and intervention efforts to reduce bullying among students. Currently, she the lead researcher on a community based intervention program targeting the reduction of bullying and aggression among elementary and middle school
students in Illinois. Jennifer has presented at national, regional, and state conferences on bullying, cyber bullying, vicarious trauma, and grief and loss. She also serves on the editorial board of the *New York State School Counseling Journal* and was an active member of the Anti-bullying Taskforce for New York State.

**Sue Rajnisz, M.S., Placement Coordinator:**

**Susan Scibetta Rajnisz, M.S., CAS**

**Instructor and Field Placement Supervisor for Counseling and School Psychology Graduate Programs**

Susan Scibetta Rajnisz is a certified school psychologist who retired after 35 years to assume a full-time faculty position in the Department of Professional Studies at Niagara University as Clinical Placement Coordinator and Instructor for the CMHC, SC, and SP programs. She was also recently appointed Clinical Placement Coordinator for Help Me Grow WNY. Susan earned a B.A. in Psychology from Canisius College, Masters’ degree and CAS from Radford University and is currently working towards a degree in Clinical Mental Health Counseling. She has been active in local and state organizations serving as past Chairperson of the Western New York School Psychologists’ Association and conference co-chair for the New York Association of School Psychologists. Ms. Rajnisz pursued advanced training in Solution-Focused therapy, particularly useful in her previous work at the Cleveland Hill Family Resource Center. Past and current course offerings at Niagara University have included psychological assessment, practicum supervision, and characteristics of exceptional learners, lifespan development and multicultural counseling. Interests include behavioral analysis and management, developmental learning, spectrum disorders, expanding understanding and tolerance of diverse populations, and consultation. She is a strong proponent of inter-disciplinary teamwork in school and organizational settings and considers this a necessary component for successful collaboration. As a well-respected practitioner and candidate supervisor for many years, Ms. Rajnisz has directly witnessed the high level of commitment, knowledge and professionalism associated with Niagara University students. In her role as field placement supervisor for School Counseling, Clinical Mental Health Counseling, and School Psychology programs, Susan’s specific goal is to increase greater awareness of and demand for Niagara University graduate candidates in these related fields.

**Additional Faculty:** Niagara University’s graduate programs in Mental Health Counseling, School Counseling and School Psychology also have several adjuncts teaching part time in the program. The adjuncts are experienced clinicians in the fields of counseling (primarily), psychology and social work.

At the completion of the Master of Science (M.S.) in Mental Health Counseling candidates will be able to effectively address pertinent issues as conceived by the Eight Core Areas as well as the specific standards for Clinical Mental Health Counseling (CMHC) set forth by the Council for the Accreditation for Counseling and Related Educational Programs (CACREP):
The Eight CACREP Core Areas:

1. **Professional Orientation & Ethics Practice**: Understanding legal, ethical and professional issues such as liability, risk management, and challenges to the counseling profession. Courses addressing this standard: EDU 659, EDU 673, EDU 679

2. **Social and Cultural Diversity**: Developing skill in understanding a diverse twenty-first century global society. Courses addressing this standard: Specifically EDU 652, EDU 664, EDU 659. Additionally, virtually all counseling classes address this standard.

3. **Human Growth and Development**: Understanding the life transition issues such as separation from family of origin, marriage and partnership and the challenges such transitions present our clients. Courses addressing this standard: EDU 655, EDU 668, EDU 658, EDU 672, EDU 659

4. **Career Development**: Developing competence and expertise in a variety of career interests, vocational assessments and how such assessments are helpful to career counseling and development. Courses addressing this standard: EDU 664

5. **Helping Relationships**: How to establish and deepen a therapeutic or working alliance with the client(s). Courses addressing this standard: EDU 651, EDU 654, EDU 658, EDU 668, EDU 659, EDU 668, EDU 657

6. **Group Work**: Understanding the nature and special challenges of group counseling, support and training groups. Courses addressing this standard: EDU 669

7. **Assessment**: Developing an understanding of how psychological and clinical assessments enhance the counseling relationship. Courses addressing this standard: EDU 657, EDU 595, EDU 654

8. **Research and Program Evaluation**: To assist students in understanding research and statistics. Courses addressing this standard: EDU 595

The Six CACREP Clinical Mental Health Counseling Areas:

1. **Foundations**: Courses addressing this standard: EDU 673, EDU 672, EDU 657.

2. **Counseling, Prevention, and Intervention**: Courses addressing this standard: EDU 673, EDU 666, EDU 669, EDU 672, EDU 673, EDU 670, EDU 666.

3. **Diversity and Advocacy**: Courses addressing this standard: EDU 652, EDU 666, EDU 673, EDU 685, EDU 671, EDU 657

4. **Assessment**: Courses addressing this standard: EDU 657, EDU 595, EDU 666, EDU 672

5. **Research and Evaluation**: Courses addressing this standard: EDU 595
6. **Diagnosis:** Courses addressing this standard: EDU 666, EDU 657

For more information on CACREP go to their web-site at: www.cacrep.org
Please note that the Niagara University CMHC program is not yet accredited by CACREP.

**General Program Requirements:**
Students must maintain a B average (3.00) to remain in the program. (See the Due Process statement in this manual) Students must also demonstrate they are ethical students and practitioners. Ethical professional practice is defined as counseling in accord of the ethical code of the American Counseling Association. Ethical practice as a graduate student at NU requires that students do not plagiarize academic work or engage in any other dishonest or unethical academic conduct. See the Niagara University Graduate Catalog or the NU web-site at www.niagara.edu for additional information.

**Requirements for Completion of the CMHC program:**
Admission to the graduate programs in School or Clinical Mental Health Counseling does not guarantee completion of the programs. Successful completion of the master’s degree in counseling (school or clinical mental health) reflects the following:

1. For the Clinical Mental Health Counseling program, the requirements are completion of 60 graduate hours in good academic standing (3.00 GPA).
2. Satisfactory, regular class attendance.
3. Demonstrating professional ethical standards as established by the American Counseling Association (ACA) and affiliate organizations.
5. Successful results on the **Comprehensive Assessment Plan:** The CAP is comprised of: mid-program examination, portfolio, Site Supervisor Evaluations (in EDU 679 and EDU 685/686/687, Practicum and Internships I, II, & III respectfully) and the CPCE (Counselor Preparation Comprehensive Examination). The CPCE will be required for graduation in Fall 2014 and will count as the comprehensive exam (although you will still do portfolios on the 6 sections of the specific CMHC standards). There are 8 sections in accordance with the CACREP core areas and you will be expected to pass each section. A passing score is one standard deviation below the mean. In the event you fail one or more sections, your professors will give you essay questions which you must pass on those particular sections which you did not pass. The CPCE is taken in the fall of the third year in the CMHC program.
6. Successful defense of the counseling portfolio. The CMHC portfolio is completed in Internship III. Masters’ candidates who fail the Portfolio twice are subject to dismissal from the program.

Employer Survey: Beginning Fall 2014 the CMHC program will conduct an annual survey of supervisors employing graduates of the CMHC program. The Employers Survey is below:
## Niagara University Clinical Mental Health Counseling Employer Survey

Dear Employer/Supervisor: Niagara University’s Clinical Mental Health Counseling (CMHC) program is conducting a survey to learn about employers’ perceptions of Niagara University’s CMHC program. Our goal is to use the information you provide to improve the needs of the students, agency, and CMHC program. We would appreciate your help by completing the following questions and returning the completed survey. Your response will remain anonymous. Thank you in advance for your assistance.

Using a scale of 1=very low/poor to 5= high/very good, please indicate your satisfaction with the Niagara University CMHC graduate/employee. (Please mark “N/A” if the questions does not apply. Some questions will not have the N/A designation due to global and fundamental level of importance) Should you have questions, please contact Dr. Shannon Hodges, Coordinator of the Clinical Mental Health Counseling program at (716) 286-8328 or shodges@niagara.edu.

1. I would rate this counselor’s overall job performance at:
   - 1
   - 2
   - 3
   - 4
   - 5
   - N/A
2. I would rate this counselor’s individual counseling skills at:
   - 1
   - 2
   - 3
   - 4
   - 5
3. I would rate this counselor’s group counseling skills at:
   - 1
   - 2
   - 3
   - 4
   - 5
   - N/A
4. I would rate this counselor’s multicultural understanding at:
   - 1
   - 2
   - 3
   - 4
   - 5
5. I would rate this counselor’s career/vocational counseling skills at:
   - 1
   - 2
   - 3
   - 4
   - 5
   - N/A
6. I would rate this counselor’s ethical knowledge and practice at:
   - 1
   - 2
   - 3
   - 4
   - 5
7. I would rate this counselor’s case conceptualization skill at:
   - 1
   - 2
   - 3
   - 4
   - 5
8. I would rate this counselor’s family counseling skills at:
   - 1
   - 2
   - 3
   - 4
   - 5
   - N/A
9. I would rate this counselor’s crisis counseling skills at:
   - 1
   - 2
   - 3
   - 4
   - 5
   - N/A
10. I would rate this counselor’s knowledge and skills in evidence-based therapies for children and adolescents at:
    - 1
    - 2
    - 3
    - 4
    - 5
    - N/A
11. I would rate this counselor’s assessment/testing skill level at:
    - 1
    - 2
    - 3
    - 4
    - 5
    - N/A
12. I would rate this counselor’s consultation skill level at:
    - 1
    - 2
    - 3
    - 4
    - 5
13. I would rate this counselor’s self-care (i.e., ability to manage stress and physical and emotional health) skill strategy at:
    - 1
    - 2
    - 3
    - 4
    - 5
14. I would rate this counselor’s collegial relational level at:
    - 1
    - 2
    - 3
    - 4
    - 5
15. I would rate this counselor’s responsiveness to supervision, feedback, and
instructions at:
1 2 3 4 5

16. I would rate this counselor’s work attitude and professional demeanor at:
   1 2 3 4 5

17. I would rate this counselor’s leadership ability (or potential leadership ability):
   1 2 3 4 5

18. I would rate this counselor’s collaboration with other agencies at:
   1 2 3 4 5

19. I would rate this counselor’s dependability and responsibility at:
   1 2 3 4 5

20. Based on my experiences with this counselor, I would rate the preparatory experiences of Niagara University’s Clinical Mental Health Counseling program at:
   1 2 3 4 5

Statement of Due Process:
Candidates may be dismissed from the academic program by majority vote of the full-time counseling faculty as a result of sub-standard academic performance, unethical or illegal behavior in the classroom or on the practicum/internship setting (as set forth by the ACA Code of Ethics and Standards of Practice). In the event that a candidate in the counseling program appears to be at risk for dismissal or is struggling with the academic, social or ethical demands of the program, the following steps provide due process:

1. The first step is for the counseling faculty to review the student’s progress. Then, if necessary, the faculty advisor will meet with the student to review concerns.
2. If the first step has not resolved the issue or issues, the second step is for the faculty to develop a contract outlining needed areas of improvement.
3. If contracting with the student fails to correct the concerns, the student is dismissed from the program.
4. Any student dismissed from the program may appeal to the Dean of the College of Education for reinstatement.

Credentialing for CMHC Graduates:
Graduates of Niagara University’s CMHC program are license eligible as Licensed Mental Health Counselors (LMHC) in New York State. (www.nysed.org/mentalhealthcounselor) Licensure is required for all counselors practicing in New York State. CMHC graduates also are eligible to earn the Certified Clinical Mental Health Counselor credential (CCMHC: www.nbcc.org/ccmhc). Students who complete the CMHC program must apply to the New York State Education Department for a temporary permit to practice in New York. Upon receiving the temporary permit, the counselor can be hired by an agency. To earn the LMHC, the process is:

1. Graduate from a NYSED Approved CMHC program (like this one at Niagara University)
2. Obtain the temporary permit from NYSED
3. Be hired by an agency and obtain 3000 post-masters hours under supervision by a licensed clinician (licensed as an LMHC, LCSW, Licensed Psychologist, etc.)
4. Pass the National Clinical Mental Health Counselor Examination (NCMHCE).
   Note: The NCMHCE can be taken any time after completing the masters’ degree. (Studying for 4-6 months is recommended) Information on the NCMHCE may be obtained at:
   National Board for Certified Counselors
   3 Terrace Way, Suite D
   Greensboro, NC 27403-3660
   E-mail: certification@nbcc.org
   Phone: 336-547-0607
   Website: www.nbcc.org/

Ontario Credential: Ontario College of Psychotherapists and Registered Mental Health Therapists of Ontario (Ontario Psychotherapy Act 2007)
For Ontario graduates credentialing is as a “Registered Psychotherapist: and will be administered through the Ontario College of Psychotherapists. As of this writing, standards are being finalized. For further information go to the website of the Transitional Council of the College of Registered Psychotherapists of Ontario (CRPO). The website is: www.crpo.ca/.

Faculty members of the graduate CMHC program will provide endorsements only for the program for which the graduate has been prepared (e.g., LMHC, CCMHC, Registered Psychotherapist in Ontario, etc.). Graduates must have successfully completed all requirements in order to be endorsed.

Professional Dispositions Required of Counseling students:
In addition to making successful academic progress, and satisfactory performance on practicum and internship, graduate students in all College of Education programs must successfully demonstrate they are displaying behavioral dispositions congruent with professional standards of the field. The dispositions rating sheet on the following page is how faculty evaluate students in the College of Education.

Students are evaluated annually by faculty. If a student fails to meet the proscribed standard (see form), the faculty advisor will meet with that student to work out a plan to help the student correct behavioral deficits. If behavioral deficits cannot be corrected, the student may be dismissed from the program. (See Due Process statement)
**COUNSELING SECTION**

<table>
<thead>
<tr>
<th>Course Number:</th>
<th>Semester:</th>
<th>Year:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Candidate Name:</td>
<td>Candidate Number:</td>
<td>Gender:</td>
</tr>
<tr>
<td>Program of Study:</td>
<td>Instructor Name:</td>
<td>Position:</td>
</tr>
</tbody>
</table>

Dispositions are operationally defined as tendencies or beliefs that are conveyed or made public through observable behaviors. Identify your choice by filling in the appropriate bubble. Complete the following inventory using the following scale to describe the manner in which each behavior has been exemplified:

- Strongly Disagree
- Somewhat Disagree
- Agree
- Strongly Agree
- Exceptional/Outstanding

**Professional Commitment and Responsibility:** The candidate demonstrates a commitment to the profession and adheres to the legal and ethical standards set forth by it. The student:

1. Maintains confidentiality as appropriate
2. Demonstrates enthusiasm and self-direction in learning
3. Demonstrates an understanding of, and compliance with, professional ethics, laws, and policies at the local (e.g., university, college, program, etc.), state, provincial and national levels
4. Maintains an appropriate appearance
5. Is prepared and punctual
6. Demonstrates autonomy consistent with level of training
7. Demonstrates academic honesty

**Professional Relationships:** The candidate develops, maintains, and models appropriate relationships within the workplace, community, and larger society. The student:

8. Maintains high expectations for self and others
9. Considers diverse perspective and promotes the diversity of individuals and groups
10. Exemplifies respect for self and others
11. Demonstrates compassion and empathy
12. Demonstrates appropriate affect and interpersonal communication skills
13. Responds to praise, challenges, and constructive criticism with maturity and dignity
14. Collaborates with peers and supports their development

**Critical Thinking and Reflective Practice:** The candidate demonstrates a commitment to continuous development within the profession. The student:

15. Is able to think critically and effectively solve problems
16. Addresses issues and concerns in a professional manner
17. Functionally applies classroom based knowledge into professional practice
18. Fluidly retrieves and generalizes previously learned academic skills
19. Seeks and accepts assistance when needed
20. Reflects upon his/her professional practice
21. Evaluates attainment of professional goals
Courses required for the MHC program:

The MHC program requires 60 semester credit hours, all of which are required. 1000 clock hours of field placement (practicum and internship) are also required. Students attending full time (including summers) can complete the MHC program in three academic years. The curriculum is listed below:

Required Coursework:

EDU 595: Introduction to Educational Research. EDU 595 is designed to introduce the graduate student to the principles of research and statistics.

EDU 651: Introduction to Counseling: EDU 651 explores the basic techniques of counseling such as reflection, confrontation, open questioning, building rapport, etc.

EDU 652: Multicultural Counseling: An introduction to the meta-cultural issues in schools, agencies and society.

EDU 654: Counseling Theory: This course examines the various theoretical approaches to counseling, such as Psychoanalytic, Client Centered Therapy, Cognitive Behavioral Therapy, Solution-Focused Counseling, and many others.

EDU 655: Lifespan Development: Emphasis is placed on developmental life stages and the particular challenges they present to clients.

EDU 657: Assessment in Counseling: Fundamentals of educational and psychological assessment. EDU 657 also examines a number of standardized and non-standardized tests counselors may use in professional practice.

EDU 658: Counseling Process: This course is designed to provide students the opportunity to develop their emerging counseling skills.

EDU 659: Wellness: This course introduces the student to issues of personal growth, stress management and personal reflection.

EDU 664: Career Counseling: This class critically examines the factors involved in career development. Topics of study include theories of vocational development and career assessments.

EDU 666: Psychopathology and DSM Diagnosis: Understanding the nature of mental disorders and proper use of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) will be the focus of this course. Students will also practice diagnosing clients in video-tapes.

EDU 668: Family Counseling: The theoretical perspectives guiding family and couples counseling will be covered. The course will also utilize role plays with mock families.

EDU 669: Group Theory and Application: The course examines the various approaches to group counseling. Students will learn to the core facilitation skills for groups.

EDU 803: Counseling & Behavior Therapy with Children: Course explores counseling and therapy of childhood.
EDU 671: Psychopharmacology: Students will learn about psychotherapeutic medications, their uses, and how they work in the system.

EDU 672: Bases to Drug and Alcohol Addiction: Students will learn about the maladaptive use of drugs and alcohol and how it factors into the therapeutic process, as well as treatment of such disorders.

EDU 673: Foundations and Ethics of Mental Health Counseling: Students will learn the fundamentals of mental health counseling including roles, the functions of different work settings, and ethics of the profession.

Note: EDU 679 and EDU 685, EDU 686, & EDU 687 are taken in sequence and as a cohort. The first of these classes is EDU 679 (Practicum) and all practica begin in the fall. When students successfully complete EDU 679, they proceed to Internship I (EDU 685) in the spring, EDU 686 the subsequent fall and 687 the following spring. Thus, students will be on their field placement their last two years in the CMHC program.

EDU 679: Mental Health Practicum: Students complete a clinical experience in a mental health setting and are required to meet in a weekly class. Students must complete a minimum of 100 clock hours in a professional setting; have on-site supervision from a master's level or above on-site clinical supervisor and weekly supervision from their professor in the classroom. Forty of the 100 hours must be in direct contact with clients. Direct contact includes counseling (individual, group, couples, and family), intakes, assessment, phone crisis counseling, etc.

EDU 685/686/687: Mental Health Internship I, II, & III: Internship follows the practicum class in a cohort sequence. Students will continue their practicum setting and obtain 300 clock hours per semester in that setting. There should be 120 hours of direct client/patient contact per 300 hours of internship. Internship I (EDU 685) runs through Spring semester; Internship II (EDU 686) runs through the following fall; and, Internship III (EDU 687) the subsequent spring. The 1000 hour practicum/internship cohort is considered the backbone of the graduate Mental Health Counseling program.

Required Sequence of Courses for Clinical Mental Health Counseling Students:

Note: To eligible for Fall Practicum (EDU 679), Mental Health Counseling students must complete at minimum, EDU 651, EDU 654, EDU 673 and EDU 658. EDU 651 and 654 are prerequisites for EDU 658. These courses are denoted with an asterisk below. In EDU 658, student must successfully complete the Mid-Point Assessment in order to proceed to fall practicum.

Students may attend part time or full time. However, below is the required sequence of courses for full time students. The only exception is if you would like to take your summers off, you may choose to take your two summer courses as fourth classes in regular semesters. Please see your advisor if you are a part time student so you know what to take when. Students generally take three courses per semester.
Cycle of Classes for Clinical Mental Health Counseling Students:

1st year, Fall Semester:
EDU 651 Introduction to Counseling*
EDU 654 Theories of Counseling*
EDU 655 Lifespan & Human Development

1st Year, Spring Semester:
EDU 658 Advanced Counseling Techniques*
EDU 673 Foundations and Ethics of CMHC*
EDU 664 Career Counseling

1st year Summer Sessions:
4+2 students take EDU 655 Lifespan Development
Other CMHC students take any course available

2nd Year Fall Semester:
EDU 679 Clinical Mental Health Counseling Practicum
EDU 666 Psychopathology and DSM Diagnosis
EDU 595 Educational Research and Statistics
Or EDU 672 Basis to Alcohol & Drug Addiction

2nd Year Spring Semester:
EDU 685 Clinical Mental Health Counseling Internship I
EDU 657 Assessment in Counseling
EDU 652 Multicultural Counseling
EDU 671 Psychopharmacology or take in the summer

2nd Year Summer Sessions:
EDU 671 Psychopharmacology or any course available

3rd Year Fall Semester:
EDU 686 Clinical Mental Health Counseling Internship II
EDU 669 Group Theory and Application
EDU 803 Counseling & Behavior Therapy with Children
EDU 672 Basis to Alcohol & Drug Addiction
(if not taken previously)

3rd Year Spring Semester:
EDU 687 Clinical Mental Health Counseling Internship III
EDU 668 Family Counseling
EDU 659 Wellness and the Counseling Process
Students should also consult their faculty advisor prior to registering for classes to ensure the proper classes are taken in order and that students do not sign up for nonrequired coursework unrelated to their program.

**State Licensure Requirements for Mental Health Counselors:**
Graduates of the Clinical Mental Health Counseling program should plan to see state licensure as a Licensed Mental Health Counselor (LMHC). Licensure of Mental Health Counselors falls under the guidelines of the New York State Education Department. The State Department of Education requires a masters degree, with 60 graduate credit hours (Like the NU MHC program), plus 3000 supervised, post masters clock hours and a state examination (the NCMHCE). In addition, the State Department of Education requires all license-eligible MHC’s to complete the [Mandated Reporting of Child Abuse and Neglect](#) workshop. This workshop can be completed in a workshop format or on-line at [www.childabuseworkshop.com](http://www.childabuseworkshop.com). The State Education Department has adopted the National Clinical Mental Health Counselors Examination. The NCMHCE is administered through the National Board for Certified Counselors ([www.nbcc.org](http://www.nbcc.org)). Graduates may obtain NCMHCE study guides from various sources. ACA’s monthly publication, *Counseling Today* advertises several study guides. Also note, that graduates of all mental health counseling programs must apply for and receive State Education Department’s “Limited Permit” before they are allowed to provide counseling services. See the State Department of Education’s Office of the Professions web-site: [www.op.nysed.gov](http://www.op.nysed.gov).

**Graduation:**
Formal Commencement ceremonies are held once a year, in May. Students who have completed coursework in good standing and have passed their portfolio and CPCE are eligible to attend the graduation ceremony. While attendance is optional, students are encouraged to attend and celebrate this momentous occasion with classmates, faculty, family, friends and others. Ceremonies for graduate commencement are held on campus in the upper level of the Gallagher Center.

**Mid-Point Assessment:**
The CMHC Mid-Point Assessment is administered in Spring semester of Year 1 in the CMHC program. CMHC students take the Mid-Point Assessment as part of EDU 658 Counseling Process and must pass both the course and the Mid-Point Assessment in order to proceed to Fall Practicum in a mental health agency. The Mid-Point Assessment includes a recorded mock counseling session along with Case Analysis & Intervention Plan. The following page illustrates the Case Analysis and Intervention Plan for the Mid-Point Assessment and the Scoring Rubric sheet follows on the page beyond.
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case Analysis and intervention Plan</strong></td>
<td>0 pts</td>
<td>1pt</td>
<td>2 pt</td>
</tr>
<tr>
<td><strong>Presenting Problem</strong></td>
<td>Lacks any of the elements as defined for (level 2) satisfactory performance</td>
<td>The presenting problem is well defined but lacking in completeness.</td>
<td>The presenting problem is defined in all due complexity.</td>
</tr>
<tr>
<td><strong>Client's Readiness to change</strong></td>
<td>Lacks any of the elements as defined for (level 2) satisfactory performance</td>
<td>Adequate “working” articulation of client assets, areas of difficulty, and motivation to change but largely based on unsupported assumptions.</td>
<td>Articulation of client assets, areas of difficulty, and motivation to change is well supported.</td>
</tr>
<tr>
<td><strong>Theoretical Orientation</strong></td>
<td>Lacks any of the elements as defined for (level 2) satisfactory performance</td>
<td>Theoretical orientation and techniques used to facilitate success are generally consistent with client presentation and course materials.</td>
<td>Theoretical orientation and techniques used to facilitate success are congruent with client presentation and course materials.</td>
</tr>
</tbody>
</table>
| **Treatment Objectives**                     | Both elements are lacking, as described in level 3. | One element is lacking, as described in level 3. | Specific objectives of the intervention are:  
- Clearly described.  
- Rationally prioritized. |

Comments:
<table>
<thead>
<tr>
<th><strong>Assessment of Progress</strong></th>
<th>Lacks any of the elements as defined for (level 2) satisfactory performance</th>
<th>Strategies to assess progress are measurable, observable, and but somewhat lacking in specificity.</th>
<th>Strategies to assess progress are measurable, observable, and specific.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anticipated Progress</strong></td>
<td>Lacks any of the elements as defined for (level 2) satisfactory performance</td>
<td>A working assumption of anticipated progress is articulated but somewhat lacking in support and/or congruence with methods for assessing progress.</td>
<td>Anticipated prognosis is rationally supported OR a working assumption of such is clearly related to methods for assessing progress.</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Anticipated Ethical Issues</strong></td>
<td>Anticipation of ethical issues is not supported by case presentation.</td>
<td>Anticipation of ethical issues is somewhat incomplete given case presentation.</td>
<td>Anticipation of ethical issues is sufficiently expansive given case presentation.</td>
</tr>
<tr>
<td><strong>Comments:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| **Plan for Case Closure** | Both of the elements, as described in level 3, are lacking in completeness. | One of the two elements, as described in level 3, is lacking in completeness. | **-** Discussion of the indicators the candidate would use to determine the client’s readiness of terminate therapy is consistent with other elements of the case.  
**-** Candidate develops a complete and appropriate plan for case closure, including relapse prevention/relapse strategies. |
| **Comments:**             |                                                                          |                                                                                 |                                                                                  |
| Written format | Significant errors associated with level 3 criteria | Minor errors associated with level 3 criteria | • APA guidelines used properly throughout paper  
• Perfect grammar/punctuation  
• Writing is clear and understandable through paper |

<table>
<thead>
<tr>
<th>Comments:</th>
</tr>
</thead>
</table>

| References | • includes less than three references.  
• References do not appear to inform treatment approaches. | • includes at least three references.  
• References only vaguely inform treatment approaches. | • includes at least three references.  
• References clearly contribute to a complex, systematic, and cogent decision making process about treatment approaches. |

| Comments: |
### VIDEO 10 points

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1pts</td>
<td>2 pts</td>
<td>3 pts</td>
</tr>
<tr>
<td><strong>Introduction 3 points</strong></td>
<td>Lacks any of the elements as defined for (2 pt) satisfactory performance.</td>
<td>Candidate welcomes client, reviews presenting problems, ethical issues and establishes rapport.</td>
<td>• Candidate meets 2 pt criteria and… • Candidate moves beyond initial contact to create therapeutic alliance. • client/clinician roles/responsibilities are clearly defined</td>
</tr>
</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td><strong>Blending 4 points</strong></td>
<td>Lacks any of the elements as defined for (2 pt) satisfactory performance.</td>
<td>Candidate appropriately utilizes and transitions between four techniques but lacks fluidity.</td>
<td>Candidate fluidly and appropriately utilizes and transitions between four techniques.</td>
<td>Selected techniques are congruent with client presentation, well-timed, well developed and marked by smooth transitions.</td>
</tr>
</tbody>
</table>

**Comments:**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1pts</td>
<td>2 pts</td>
<td>3 pts</td>
</tr>
<tr>
<td><strong>Closing 3 points</strong></td>
<td>Lacks any of the elements as defined for (2 pt) satisfactory performance.</td>
<td>Attempts at closure are adequate but somewhat incomplete. e.g. Appropriately reviews issues covered, but client may be unclear on next steps.</td>
<td>Clear steps for closure are evident: e.g.: -Notifies client that the session is ending -Summarizes -Review concerns -Conveys hope -Assigns homework when appropriate, -Discusses plan for next session.</td>
</tr>
</tbody>
</table>

**Comments:**
Portfolio Section 1: Foundations

<table>
<thead>
<tr>
<th>A. Knowledge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understands the history, philosophy, and trends in clinical mental health counseling.</td>
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<tr>
<td>2. Understands ethical and legal considerations specifically related to the practice of clinical mental health counseling.</td>
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<tr>
<td>3. Understands the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.</td>
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<tr>
<td>4. Knows the professional organizations,</td>
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<tr>
<td>5.</td>
<td>Understands a variety of models and theories related to clinical mental health</td>
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<tr>
<td></td>
<td>counseling, including the methods, models, and principles of clinical supervision.</td>
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<tr>
<td>6.</td>
<td>Recognizes the potential for substance use disorders to mimic and coexist with a</td>
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<tr>
<td></td>
<td>variety of medical and psychological disorders.</td>
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<tr>
<td>7.</td>
<td>Is aware of professional issues that affect clinical mental health counselors (e.g.,</td>
<td></td>
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<tr>
<td></td>
<td>core provider status, expert witness status, access to and practice privileges</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>within managed care systems).</td>
<td></td>
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<tr>
<td>8.</td>
<td>Understands the management of mental health services and programs, including areas</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>such as administration, finance, and accountability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unsatisfactory</td>
<td>Satisfactory</td>
<td>Excellent</td>
</tr>
<tr>
<td>---</td>
<td>-------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>9.</td>
<td>Understands the impact of crises, disasters, and other trauma-causing events on people.</td>
<td></td>
<td></td>
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<tr>
<td>10.</td>
<td>Understands the operation of an emergency management system within clinical mental health agencies and in the community.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| B. Skills and Practices | Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA. | Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA. | Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA. |
| 1. | Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. |                                                                              |                                                                          |
| 2. | Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health. |                                                                              |                                                                          |</p>
<table>
<thead>
<tr>
<th>Total Score</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- More than one element scored as Unsatisfactory.</td>
<td>- No more than one element scored as Unsatisfactory.</td>
<td>- Minimum 10 of 12 elements scored as Excellent. - No Unsatisfactory scores.</td>
</tr>
</tbody>
</table>

**Portfolio Section 2: Counseling, Prevention, and Intervention**

<table>
<thead>
<tr>
<th>C. Knowledge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
</table>

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

2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and
emotional disorders.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>3. Knows the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).</td>
<td></td>
</tr>
<tr>
<td>4. Knows the disease concept and etiology of addiction and co-occurring disorders.</td>
<td></td>
</tr>
<tr>
<td>5. Understands the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.</td>
<td></td>
</tr>
<tr>
<td>6. Understands the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.</td>
<td></td>
</tr>
<tr>
<td>7. Knows the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.</td>
<td></td>
</tr>
<tr>
<td>8. Recognizes the importance of</td>
<td></td>
</tr>
</tbody>
</table>
family, social networks, and community systems in the treatment of mental and emotional disorders.

| 9. Understands professional issues relevant to the practice of clinical mental health counseling. |
|---|---|---|
| Unsatisfactory | Satisfactory | Excellent |
| D. Skills and Practices | Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA. | Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA. | Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA. |
| 1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. |  |
| 2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, |  |  |
diagnosis, treatment, referral, and prevention of mental and emotional disorders.

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

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

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

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

7. Applies current record-keeping standards related to clinical mental
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.

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

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Unsatisfactory: -More than two elements scored as Unsatisfactory.</th>
<th>Satisfactory: - No more than two elements scored as Unsatisfactory.</th>
<th>Excellent: -Minimum 15 of 18 elements scored as Excellent. -No Unsatisfactory scores.</th>
</tr>
</thead>
</table>

**Portfolio Section 3: Diversity and Advocacy**

<table>
<thead>
<tr>
<th>E. Knowledge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
</table>

1. Understands how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
2. Understands the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.

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

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

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

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

<table>
<thead>
<tr>
<th>F. Skills and Practices</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of- practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of- practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of- practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
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</tr>
</tbody>
</table>

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

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

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

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Unsatisfactory: -More than one element scored as Unsatisfactory.</th>
<th>Satisfactory: - No more than one element scored as Unsatisfactory.</th>
<th>Excellent: -Minimum 8 of 9 elements scored as Excellent. -No Unsatisfactory scores.</th>
</tr>
</thead>
</table>

### Portfolio Section 4: Assessment

<table>
<thead>
<tr>
<th>G. Knowledge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
</table>

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.

2. Understands various models and approaches to clinical evaluation and their appropriate uses, including diagnostic
<table>
<thead>
<tr>
<th>1. Selects appropriate comprehensive assessment</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Understands basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Identifies standard screening and assessment instruments for substance use disorders and process addictions.</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
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<table>
<thead>
<tr>
<th>H. Skills and Practices</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
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</tr>
</tbody>
</table>
interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.

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

3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

4. Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

| Total Score | Unsatisfactory: -More than one element scored as Unsatisfactory. | Satisfactory: - No more than one element scored as Unsatisfactory. | Excellent: -Minimum 7 of 8 elements scored as Excellent. -No Unsatisfactory scores. |

Portfolio Section 5: Research and Evaluation
<table>
<thead>
<tr>
<th></th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understands how to critically evaluate research relevant to the practice of clinical mental health counseling.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. Knows models of program evaluation for clinical mental health programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Knows evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Skills and Practices</td>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
</tr>
<tr>
<td>1. Applies relevant research findings to inform the practice</td>
<td></td>
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</tbody>
</table>
of clinical mental health counseling.

2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.

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

<table>
<thead>
<tr>
<th>Total Score</th>
<th>Unsatisfactory:</th>
<th>Satisfactory:</th>
<th>Excellent:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>-More than one element scored as Unsatisfactory.</td>
<td>-No more than one element scored as Unsatisfactory.</td>
<td>-Minimum 5 of 6 elements scored as Excellent. -No Unsatisfactory scores.</td>
</tr>
</tbody>
</table>

**Portfolio Section 6: Diagnosis**

<table>
<thead>
<tr>
<th>K. Knowledge</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
</table>
tools, such as the current edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*.

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

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

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

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

<table>
<thead>
<tr>
<th>L. Skills and Practices</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lacking indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based approaches, and/or evidence-based</td>
<td>Adequate indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based</td>
<td>Substantive indicators of engagement in (or ability to engage in) relevant state-of-practice, evidence-based</td>
<td></td>
</tr>
<tr>
<td>Total Score</td>
<td>Unsatisfactory: More than one element scored as Unsatisfactory.</td>
<td>Satisfactory: No more than one element scored as Unsatisfactory.</td>
<td>Excellent: Minimum 7 of 8 elements scored as Excellent. -No Unsatisfactory</td>
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</tr>
<tr>
<td>1. Demonstrates appropriate use of diagnostic tools, including the current edition of the <em>DSM</em>, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.</td>
<td>approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
<td>approaches, and/or dispositions consistent with the training and ethical standards as set forth by ACA.</td>
</tr>
<tr>
<td>2. Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.</td>
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<td></td>
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<tr>
<td>3. Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events.</td>
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</tbody>
</table>
Portfolio: Oral defense

<table>
<thead>
<tr>
<th>Overall presentation quality</th>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Poorly organized</td>
<td>-Poor presentation</td>
<td>-Clearly organized</td>
<td>-Clearly organized</td>
</tr>
<tr>
<td>-Poor communication skills</td>
<td>-Poor presentation</td>
<td>-Clear presentation</td>
<td>-Excellent presentation</td>
</tr>
<tr>
<td>-Slides and handouts difficult to read</td>
<td>-Communication skills</td>
<td>-Presentation reveals critical weaknesses in depth of knowledge in subject matter</td>
<td>-Presentation demonstrates</td>
</tr>
<tr>
<td>-Presentation reveals critical weaknesses in depth of knowledge in subject matter</td>
<td>-Communication skills</td>
<td>-Presentation demonstrates</td>
<td>adequate depth of knowledge in subject matter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scores and Comments for Sections 1 - 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Responses were incomplete</td>
</tr>
<tr>
<td>-Respondent exhibited lack of knowledge in subject area</td>
</tr>
<tr>
<td>-Responses did not meet level expected of an CMHC graduate</td>
</tr>
<tr>
<td>-Presentation does not reflect well developed critical thinking skills</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
CLINICAL MENTAL HEALTH COUNSELING
CACREP Core Areas

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

FOUNDATIONS

A. Knowledge

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

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

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

4. Knows the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.
5. Understands a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.

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

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

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

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

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

B. Skills and Practices

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

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

COUNSELING, PREVENTION, AND INTERVENTION

C. Knowledge

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

2. Knows the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.

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

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

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

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

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

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

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

D. Skills and Practices

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

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

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

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

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

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

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

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

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

E. Knowledge

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

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

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

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

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

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

F. Skills and Practices

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

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

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

ASSESSMENT

G. Knowledge

1. Knows the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.

2. Understands various models and approaches to clinical evaluation and their
appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.

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

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

H. Skills and Practices

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

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

3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

4. Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

RESEARCH AND EVALUATION

I. Knowledge

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

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

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

J. Skills and Practices

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

2. Develops measurable outcomes for clinical mental health counseling programs,
interventions, and treatments.

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

**DIAGNOSIS**

**K. Knowledge**

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

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

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

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

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

**L. Skills and Practices**

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

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

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

**Bridge Program in Clinical Mental Health Counseling:**

Persons in possession of a related master’s (e.g., School Counseling, School Psychology, Forensic Psychology, etc.) degree who are interested in the Bridge Program in Clinical Mental Health Counseling are required to apply and be admitted to the Bridge Program. The Bridge Program consists of 5 required courses which include: EDU 666 Psychopathology and DSM Diagnosis, EDU 670 Differential Diagnosis and Treatment Planning, EDU 673 Foundations and Ethics of Mental Health Counseling, EDU 686
Clinical Mental Health Counseling Internship II, and EDU 687 Clinical Mental Health Counseling Internship III. Applicants to the Bridge program should be aware they may need more than the 5 Bridge courses depending on the curriculum of their master’s degree program. A basic determination could be discerned through reviewing graduate transcripts with a CMHC faculty member. The New York State Department of Education (NYSED) has the final say in licensure eligibility.

**4+2 Undergraduate Psychology to Clinical Mental Health Counseling Program**
Niagara University has a new State Education Department approved program that provides undergraduate psychology majors of senior standing (with a minimum 3.25 gpa) the opportunity to complete year one of the CMHC program their last year of undergraduate study. Students in the 4+2 program are eligible to take:

**Fall Semester:** EDU 651 Introduction to Counseling and EDU 654 Theories of Counseling

**Spring Semester:** EDU 658 Counseling Process and EDU 673 Foundations and Ethics of Mental Health Counseling

Students in the 4+2 program who successfully complete these four courses can matriculate to year two of the CMHC program.

**Practicum and Internship:**
Graduate students enrolled in the Clinical Mental Health Counseling program are required to complete 1000 clock hours, which is spread across four field experiences. The first field experience is Practicum, which requires a minimum of 100 clock hours and 40 hours of direct service (Note: Direct service includes individual, group, couples and family counseling, testing or test interpretation, etc. Clock hours relate to everything else on-site: supervision hours, workshops, in-service training, etc.). Practicum students meet in a classroom format on a weekly basis. The Practicum class also serves as the ethics class and a textbook is required. Students must pass both the classroom portion and the on-site field placement to earn a grade of pass (S = satisfactory; U=Unsatisfactory) to move to Internship I.

Once the student successfully completes Practicum, they move to Internship I. Internships I, II, & III require 900 clock hours and 360 hours of direct service (or, 120 direct hours per each individual semester)

**Confidentiality and the Counseling Classroom:**
Students in the Clinical Mental Health Counseling program should be aware that the classroom is not a confidential setting*. Students therefore, must self monitor what personal information they wish to disclose to their peers and their professors. Because this is a graduate counseling program, some personal information will be discussed, but a student should use discretion.
Furthermore, while full and part-time faculty teaching in the graduate counseling program are professional counselors, psychologists, and social workers professional ethics prohibit counselor education faculty from providing counseling to their students. (See Section F, Teaching, training and Supervision of the ACA Code of Ethics in the back section of this manual)

* (Note: The exceptions to this statement are EDU 679 Practicum, EDU 685/686/687, Internship I, II, & III, where confidential counseling session recordings are played and information from the clinical setting are discussed)

To review the American Counseling Association’s 2014 Code of Ethics see the Appendix section of this manual.

Information regarding the Clinical Mental Health Counseling profession

Professional Associations

The graduate Counseling program faculty believe an essential component of professional development for counselors is membership and participation in relevant organizations. Students are encouraged to join one of the national organizations and all such organizations offer student membership at discounted rates.

Membership benefits include regular newsletters, professional scholarly journals, and information of upcoming conferences and workshops. In addition, the associations work and lobby to promote the profession of counseling and all counselors benefit from the work of these professional organizations

American Counseling Association (ACA)
The American Counseling Association is the flagship organization and the largest counseling organization in the world with some 56,000 members. ACA, founded in 1952 (originally named the American Personnel & Guidance Association; APGA) has written a comprehensive Code of Ethics and Standards of Practice (2014 edition) that all professional counselors are expected to read and understand. There are currently 19 Divisions comprising ACA. You can find more information on ACA at www.counseling.org. ACA publishes the flagship journal, The Journal of Counseling & Development, Counseling Today, the monthly magazine as well as numerous books, video tapes and DVD’s. Students are encouraged to purchase an ACA student membership.

American Mental Health Counselors Association (AMHCA)
The American Mental Health Counselors Association was founded in 1978 and is the ACA Division affiliate representing the profession of mental health counseling. The AMHCA also has a separate code of ethics, though the two codes are consistent on major issues. You may find more information about AHMCA at www.counseling.org. The AMHCA also publishes a journal, the Journal of Mental Health Counseling.
American College Counseling Association (ACCA).
The American College Counseling Association was formed in 1992. ACCA is the only counseling organization in the U.S. devoted exclusively to college and university counseling. ACCA publishes a twice yearly journal, a national newsletter and has a listserv made up of counselor educators and professional counseling staffing college, community college and university counseling centers. ACCA is a divisional affiliate of ACA. For more information on ACCA, go to their web-site at www.acca.org.

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP).
CACREP is the accreditation body for graduate counseling programs affiliated with the American Counseling Association (ACA). Founded in 1981, CACREP sets standards for accreditation of graduate mental health counseling programs, school counseling programs, marriage & family counseling, geriatric counseling programs and many others. CACREP’s web-site may be accessed at www.cacrep.org.

The National Board for Certified Counselors, Inc. (NBCC)
The National Board for Certified Counselors is the national credentialing board for professional counselors. Mental Health Counselors seeking national certification may take the National Counselor Examination (NCE) in order to become a Certified Clinical Mental Health Counselor (CCMHC). While national certification differs from state licensure, most states use the NCE as their counselor licensure examination. (Counselor licensure is explained below) NBCC’s web-site is www.nbcc.org.

Licensed Professional Counselor (LPC) or Licensed Mental Health Counselor (LMHC) or Licensed Marriage and Family Therapist (LMFT)
As of summer 2013, 50 states, the District of Columbia (DC) and U.S. territories of Puerto Rico and Guam license counselors. In New York, licensed counselors are called Licensed Mental Health Counselors (LMHC). After graduation from a NYSED approved counseling program, a mental health counselor must complete an additional 3000 clock hours while under supervision of a licensed mental health professional and pass the licensure exam.

What is the difference between a Clinical Mental Health Counselor and a Social Worker or Psychologist?
Clinical Mental Health Counselors- along with Psychologists, Psychiatrists, Social Workers, and Psychiatric Nurses- are one of the five CORE mental health providers recognized by the National Institute of Health (NIH). In general, psychologists are all doctoral level practitioners with a Ph.D./Ed.D./Psy.D. in Clinical or Counseling Psychology. Psychologists receive strong training in assessment and testing. Social Workers receive broad training in a variety of social services roles, including counseling, but also case management, social welfare and others. Mental Health Counselors, like Social Workers are primarily a master’s level profession. Unlike the above mental health professions, Mental Health Counselors are primarily trained to practice counseling and psychotherapy, whereas for psychologists and social workers, counseling is more an auxiliary function. (Though MHC’s will also receive training in testing and assessment)
Naturally, all three of these mental health professions provide many of the same services, often resulting in public confusion regarding respective roles. Because professional counselors and social workers are licensed in almost every state, this blurring of professional boundaries is likely to continue. Mental Health Counselors are the newest of the CORE providers and thus have had to advocate for the same professional rights and privileges as Social Workers and Psychologists. Counselors and Social Workers may also earn doctorate degrees, though most professionals in these two professions have master’s degrees.

**A Statement on Related Mental Health Professions:**
While many divisions exist between the various mental health professions, the faculty of Niagara University’s graduate counseling and school psychology programs emphasize the need for mutual professional respect. NU’s graduate mental health programs (e.g., Mental Health Counseling, School Counseling and School Psychology) are committed to establishing working relationships with psychologists, social workers, psychiatrists, marriage and family therapists, etc.

**Scholarly Journals**
Counseling graduate students often must read articles in professional journals when they are writing APA style research papers and preparing portfolios. Students are encouraged to utilize professional association journals published by the American Counseling Association (ACA), the American Mental Health Counselors’ Association (AHMCA) and those of the American School Counselor Association (ASCA). There are numerous journals in the stacks at the NU library, and students can access others through EBSCOHOST.

*Journal of Counseling & Development*
*Journal of Mental Health Counseling*
*Counselor Education and Supervision*
*Journal of College Counseling*
*The Career Development Quarterly*
*The Family Journal: Counseling and Therapy for Couples and Families*
*The Journal of Multicultural Development*
Student Counseling Session Rating Form:

Date: ____/____/____
Student: ___________________ Evaluator: ___________________

Audio Recording: ___ Video Recording: ___ In-Class Role Play: ___

Brief Summary of Session Content: _________________________________________
________________________________________________________________________
________________________________________________________________________

Specific Criteria: Rating (1=Least; 5=best)

1. Opening: 1 2 3 4 5
   Was Informed consent thorough & professional? Was confidentiality covered?

2. Rapport: 1 2 3 4 5
   Did the counselor establish a good therapeutic alliance? (e.g., voice tone, appropriate eye contact, paraphrasing, summarizing, etc.)

3. Attending Skill: 1 2 3 4 5
   Did the counselor use minimal encouragers and refrain from unnecessary interruptions? (Also, was counselor skilled in using therapeutic silence?)

4. Open Ended Questioning: 1 2 3 4 5
   Did the counselor make appropriate use of open-ended questions?

5. Affective Domain: 1 2 3 4 5
   Did the counselor demonstrate appropriate empathy?

6. Challenging/confrontation: 1 2 3 4 5
   Did the counselor confront the client. (If necessary)

7. Solution Skills: 1 2 3 4 5
   Did the counselor offer appropriate solution-seeking input?

8. Cultural Issues: 1 2 3 4 5
   Did the counselor appear to understand and respect cultural issues? (Culture would include race, ethnicity, gender, sexual orientation, religion/spirituality, etc.)

9. Goal Setting: 1 2 3 4 5
   Did the counselor set effective goals for a follow up session?

10. Closing: 1 2 3 4 5
    Was closing well orchestrated? (Or, was it abrupt?)
On the following 1-10 scale, how effective was the student counselor in facilitating the counseling session? (1=lowest score, 10=highest score) Circle the appropriate number below:

1  2  3  4  5  6  7  8  9  10

Constructive Comments for the student counselor’s further development:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of evaluator
Practicum

Graduate students in the Mental Health Counseling program are required to complete a 100 clock hour practicum in a mental health setting. Students take practicum in the fall of their second year. **Of the 100 clock hours, 40 clock hours must be in direct contact with clients.** Direct contact would include: intakes, individual, group, couples and family counseling, and observing/providing feedback through the two-way mirror. The practicum also carries a weekly classroom component, EDU 679 (Practicum). EDU 679 also serves as the ethics class and a textbook on legal and ethical issues is required. At the conclusion of the semester, students in the practicum class take an exam on ethical issues. A score of 70% (100 total points) or above is required in order to pass the class. Students must also be given a satisfactory rating by their field supervisor.

Students may select their own practicum, but their advisor makes the final decision on whether the site is appropriate. For a practicum site to be a viable experience, the site supervisor must hold a masters degree in counseling, social work, marriage and family therapy, psychiatric nursing, or be a psychologist or psychiatrist. Site supervisors must be able to commit to providing the practicum student one hour per week of direct supervision. At the conclusion of the practicum, the site supervisor completes an evaluation of the practicum student.

It is expected that a student must complete Practicum and Internship I in the same clinical setting before moving to a different placement. In general, students are encouraged to complete their entire 1000 hours in the same placement.
NIAGARA UNIVERSITY
CLINICAL MENTAL HEALTH PROGRAM

PRACTICUM CONTRACT – PART I

This agreement is made on __________ by and between ____________________ and the
Niagara University Clinical Mental Health Program. This agreement will be effective for
a period from ___________ to _______________ for _________ hours (approximately
per week) for _______________________________________.

(Student Name)

Purpose
The purpose of this agreement is to provide a qualified student with a practicum
experience in the field of Clinical Mental Health Counseling.

The University agrees:
1. to assign a university faculty liaison to facilitate communication between
   university and site;
2. to notify the student that he/she must adhere to the administrative policies, rules,
   standards, schedules, and practices of the site;
3. that the faculty liaison shall be available for consultation with both site
   supervisors and students and shall be immediately contacted should any
   problem or change in relation to student, site or university occur; and
4. that the university supervisor is responsible for the assignment of a fieldwork
   grade.
5. To adhere to all guidelines as set forth by the Council for Accreditation of
   Counseling and Related Educational Programs (CACREP) Standards for
   Clinical Mental Health Counseling Programs

The Practicum Site agrees:
1. to assign a practicum/internship supervisor who has appropriate credentials, time
   and interest for training the practicum/internship student;
   (Note: Practicum students must receive an average of at least one hour of
   field-based supervisor per full-time week.)
2. to provide supervised opportunities for the student to engage in a variety of
   activities related to the professional practice of clinical mental health counseling
   (as laid forth in the specific standards for Clinical Mental Health Counseling as
   per CACREP)
3. to provide the student with adequate work space, telephone, office supplies,
   expense reimbursement and support services consistent with that afforded agency
   school psychologists;
4. to provide supervisory contact that involves some examination of student work
   using audio/visual tapes, observation, and/or live supervision;
5. to provide written evaluation of student based on criteria established by the university program;
6. to not involve students in any form of billing for professional services.
7. to adhere to all other guidelines as set forth by CACREP standards for Clinical Mental Health Counseling Programs
8. to contact the assigned faculty supervisor in the event that the candidate demonstrates conduct inconsistent with conveyed and common professional expectations, including matters related to interpersonal relationships, attendance, work completion, timelines, and the keeping of a professional calendar.
9. to ensure that candidates are afforded **appropriate leave time** to attend university based internship supervision activities occurring on a bi-weekly basis. Candidates who reside within driving distance (<3 hours) are expected to attend sessions in person; candidates not within commuting range must participate in sessions electronically.

**PRACTICUM CONTRACT – PART II**

Within the specified time frame, __________________________________________________________________________ will be the primary practicum/internship site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level of competence in each activity.

_______________________________________________________________________________________________ will be the faculty liaison with whom the student and practicum/internship site supervisor will communicate regarding progress, problems and performance evaluations.

**PRACTICUM EXPERIENCES**

All internship students are to follow the skills and practices as laid out in the Clinical Mental Health Counseling CACREP standards. Please look to the Internship Evaluation for those specific standards. Please note that at the internship level, students are expected to directly participate in and/or demonstrate all skills and practices. This should be accomplished to a higher degree as shown by their scores as they move from Internship I through Internship III.

Internship Site Supervisor ___________________________ Date _________________

Student ___________________________ Date _________________

Faculty Liaison ___________________________ Date _________________
NIAGARA UNIVERSITY
PRACTICUM
PERFORMANCE REVIEW
Clinical Mental Health Counseling

Intern Name _______________________________________
Evaluator and Site ___________________________________
Date of Evaluation: _________________________________
Date of Placement From: ___-____-_______ To: ___-____-_______

Please rate candidate performance using the rubric below. Candidate performance should be rated in accordance with expectations for their level of training. Supervisors are to discuss evaluation results with the candidate prior to submitting the evaluation form to faculty.

<table>
<thead>
<tr>
<th>NO</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Not observable.</td>
<td>Candidate performs significantly below expectations for his/her level of training. Additional training, skill development, and professional maturation is necessary for successful functioning in this domain. Candidate cannot/should not be allowed to work autonomously in regards to this area of practice. Intervention is required.</td>
<td>Candidate performance is considered below average when compared to expectations for his/her level of training. Difficulties persist despite advisement by supervisor. Candidate is in need of close supervision when performing tasks in this domain. With additional practice/experience, candidate skill is expected to develop appropriately.</td>
<td>Candidate performance is average relative to expectations for his/her level of training. Candidate may require moderate supervision when engaging in tasks.</td>
<td>Candidate performance is considered above average relative to expectations for his/her level of training. Occasional supervision and support is required, however, candidate largely engages in tasks autonomously and successfully.</td>
<td>Candidate performance is considered to exceed expectations for his/her level of training. No supervision is required.</td>
</tr>
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</table>
Foundations

Skills and Practices:

1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.  
   1 2 3 4 5 NO

2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.  
   1 2 3 4 5 NO

Counseling, Prevention and Intervention

Skills and Practices:

1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.  
   1 2 3 4 5 NO

2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.  
   1 2 3 4 5 NO

3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.  
   1 2 3 4 5 NO

4. Applies effective strategies to promote client understanding of and access to a variety of community resources.  
   1 2 3 4 5 NO

5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.  
   1 2 3 4 5 NO

6. Demonstrates ability to use procedures for assessing and managing suicide risk.  
   1 2 3 4 5 NO

7. Applies current record-keeping standards related to clinical mental health counseling.  
   1 2 3 4 5 NO

8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.  
   1 2 3 4 5 NO

9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.  
   1 2 3 4 5 NO

Diversity and Advocacy

Skills and Practices:

1. Maintains information regarding community resources to  
   1 2 3 4 5 NO
make appropriate referrals.

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

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

**Assessment**

**Skills and Practices:**

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

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

3. Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.

4. Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care.

**Research and Evaluation**

**Skills and Practices:**

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

2. Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments.

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

**Diagnosis**

**Skills and Practices:**

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

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

3. Differentiates between diagnostic and developmentally 1 2 3 4 5 NO appropriate reactions during crises, disasters, and other trauma-causing events.

Additional Comments (Use back if necessary):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Clinical Supervisor ________________________________ Date: __________
Student Counselor ________________________________ Date: __________
Internship

When students complete their practicum, they move to Internship I (EDU 685) the subsequent spring. Each internship (e.g., EDU 658/EDU686/EDU687 consists of 300 clock hours, of which 120 of those hours are in direct contact with clients. As in practicum, internship students meet in a weekly setting with a professor. Internship does not require a text and the primary activity is making and critiquing student counseling videos. Student videos will be graded and students must obtain a passing score on their videos to proceed to Internship II, and then to Internship III. In addition, internship students will critique professional videos.

When students complete Internship I, they move to Internship II (EDU 686) the subsequent fall, and complete Internship III (EDU 687) the subsequent spring. For many students, Internship III will also be their final semester in the CMHC program. The Practicum and Internship sequence represent the backbone of the three year masters’ of science degree (M.S.) in Clinical Mental Health Counseling program. The practicum and internship sequence results in a 1000 hour clinical field placement.

CMHC students enrolled in practicum and internship must purchase a student membership in the American Counseling Association (U.S. students) of the Canadian Counseling and Psychotherapy Association (Canadian students or those on a practicum or internship in Canada). The field site supervisor will provide one hour of weekly individual or group supervision and will complete an evaluation of the supervisee at the end of the semester.

Each CMHC student on a practicum or internship must have a signed contract to commence at their site. The practicum contract was profiled previously and the internship contract is on the following page.
NIAGARA UNIVERSITY
CLINICAL MENTAL HEALTH PROGRAM

INTERNSHIP CONTRACT – PART I

This agreement is made on __________ by and between ____________________ and the
Niagara University Clinical Mental Health Counseling Program. This agreement will be
effective for a period from _____________ to _______________ for _________ hours
(approximately per week) for _______________________________________.
(Student Name)

Purpose
The purpose of this agreement is to provide a qualified student with an internship
experience in the field of Clinical Mental Health Counseling.

The University agrees:
1. to assign a university faculty liaison to facilitate communication between
   university and site;
2. to notify the student that he/she must adhere to the administrative policies, rules,
   standards, schedules, and practices of the site;
3. that the faculty liaison shall be available for consultation with both site
   supervisors and students and shall be immediately contacted should any
   problem or change in relation to student, site or university occur; and
4. that the university supervisor is responsible for the assignment of a fieldwork
   grade.
5. To adhere to all guidelines as set forth by CACREP Standards for Clinical
   Mental Health Counseling Programs

The Internship Site agrees:
1. to assign a practicum/internship supervisor who has appropriate credentials,
   time and interest for training the practicum/internship student;
   (Note: Interns must receive an average of at least one hour of
   field-based supervision)
2. to provide supervised opportunities for the student to engage in a variety of
   activities related to the professional practice of clinical mental health counseling
   (as laid forth in the specific standards for Clinical Mental Health as per the
   Council for the Accreditation of Counseling & Related Educational Programs;
   www.cacrep.org)
3. to provide the student with adequate work space, telephone, office supplies,
   expense reimbursement and support services consistent with that afforded
   agency clinicians;
4. to provide supervisory contact that involves some examination of student work
   using audio/visual tapes, observation, and/or live supervision;
5. to provide written evaluation of student based on criteria established by the university program;
6. to not involve students in any form of billing for professional services.
7. to adhere to the professional ethics of the American Counseling Association (www.aca.org/) and the Canadian Counseling and Psychotherapy Association for Canada placements (www.ccpa.org/)
8. to contact the assigned faculty supervisor in the event that the candidate demonstrates conduct inconsistent with conveyed and common professional expectations, including matters related to interpersonal relationships, attendance, work completion, timelines, and the keeping of a professional calendar.
9. to ensure that candidates are afforded appropriate leave time to attend university based internship supervision activities occurring on a weekly basis. Candidates who reside within driving distance (<3 hours) are expected to attend sessions in person; candidates not within commuting range must participate in sessions electronically.

**INTERNSHIP CONTRACT – PART II**

Within the specified time frame, __________________________________________ will be the primary practicum/internship site supervisor. The training activities (checked below) will be provided for the student in sufficient amounts to allow an adequate evaluation of the student’s level of competence in each activity.

________________________________________________________________________ will be the faculty liaison with whom the student and practicum/internship site supervisor will communicate regarding progress, problems and performance evaluations.

________________________________________________________________________

Agency Supervisor’s Signature

________________________________________________________________________

Student’s Signature

________________________________________________________________________

University Representative Signature
NIAGARA UNIVERSITY
INTERNSHIP
PERFORMANCE REVIEW
Clinical Mental Health Counseling

Intern Name ____________________________________________
Evaluator and Site ______________________________________
Date of Evaluation: ______________________________________
Date of Placement From: ____-____-_______ To: ____-____-______
Check One: Internship 1 ______Internship 2______Internship 3______

Please rate candidate performance using the rubric below. Candidate performance should be rated in accordance with expectations for their level of training. Supervisors are to discuss evaluation results with the candidate prior to submitting the evaluation form to faculty.

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Skills and Practices:
1. Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling.  
2. Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling.

Counseling, Prevention and Intervention

Skills and Practices:
1. Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.  
2. Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.  
3. Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities.  
4. Applies effective strategies to promote client understanding of and access to a variety of community resources.  
5. Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.  
6. Demonstrates ability to use procedures for assessing and managing suicide risk.  
7. Applies current record-keeping standards related to clinical mental health counseling.  
8. Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders.  
9. Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate.

Diversity and Advocacy

Skills and Practices:
1. Maintains information regarding community resources to
make appropriate referrals.

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Skills and Practices:

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

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

Additional Comments (Use back if necessary):

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________
________________________________________________________________________

Clinical Supervisor ________________________________  Date: __________

Student Counselor ________________________________  Date: __________
Student Counselor’s Evaluation of On-Site Supervisor

Directions: Circle the number that best represents how you—the Practicum/Internship Student—feels about the supervision received from your on-site (agency) supervisor. This information will not be shared with your on-site supervisor without your consent.

My Supervisor:

1. Gives appropriate time for individual and/or group supervision. 1 2 3 4 5 6
2. Provides constructive feedback in supervision sessions. 1 2 3 4 5 6
3. Recognizes and encourages further development of my clinical strengths and capabilities. 1 2 3 4 5 6
4. Encourages and listens to my ideas and suggestions. 1 2 3 4 5 6
5. Helps to define specific, concrete goals for me during the practicum or internship experience. 1 2 3 4 5 6
6. Is available when I need consultation. 1 2 3 4 5 6
7. Through her/his professional behavior, my supervisor models ethical practice. 1 2 3 4 5 6
8. My supervisor makes the effort to remain current in the counseling field. 1 2 3 4 5 6
9. Maintains confidentiality within the clinical setting. 1 2 3 4 5 6
10. Helps me formulate my own theoretical approach to counseling. 1 2 3 4 5 6
11. Explains her/his criteria for evaluating student interns in clear terms. 1 2 3 4 5 6
12. Applies her/his criteria fairly in evaluating my counseling performance. 1 2 3 4 5 6
13. Demonstrates respect to clients, staff and student interns. 1 2 3 4 5 6
14. Encourages me to discuss concerns encountered in the practicum or internship setting. 1 2 3 4 5 6
15. Through my work with this supervisor, I have learned new counseling techniques, interventions, or assessments. 1 2 3 4 5 6
16. The supervisor has helped to make this practicum/internship a valuable experience. 1 2 3 4 5 6
17. Because of my experience with the supervisor and this agency, I would recommend this site to other students. 1 2 3 4 5 6

Additional Comments and/or suggestions:

________________________________________________________________________
________________________________________________________________________

__/____/___ __________________________________________
Date Practicum/Internship Student
Weekly Practicum/Internships Hours Log
For Practicum: 100 Hours (40 Direct Hours/100 Total hours)
For Each of the Internships 1, 2, and 3: 300 Hours (120 Direct/300 Total Hours)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Direct Hours*</th>
<th>Total Hours**</th>
<th>Supervisor Signature</th>
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<td>Dates</td>
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<td>Total Clock Hours</td>
<td>Total Hours (Direct Hours + Total Clock Hours)</td>
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* Direct Hours= Individual, group, couples, family counseling, co-counseling, intakes, assessment, phone crisis counseling, psychoeducational or support groups and any direct contact with clients. Practicum requires a min. of 100 clock hours, with 40 hours of that as direct contact. Each Internship requires 300 clock hours, with 120 hours of that as direct contact.
Niagara University
Mental Health Counseling Program
Site Supervisor Information Form

<table>
<thead>
<tr>
<th>Name :</th>
<th>Phone:</th>
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<tr>
<th>Work Site:</th>
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<tr>
<th>Site Address:</th>
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<th>Degrees and Majors:</th>
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<th>Licensure/Certifications:</th>
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<th>Professional Associations:</th>
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<p>| Professional Experience: |</p>
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<th>(Minimum of three years required. Please attach resume or CV)</th>
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Please return to: (Faculty Member Teaching Course)
Mental Health Counseling Program
PO BOX 2042
College of Education
DSM-5 and S.O.A.P. Client Case Notes Format

Name(s) and age(s) of client(s): ____________________________________________

_______________________________________________________________

Date: ___/___/___  Code(s): __________________________ Session #: __________

Presenting Problem: __________________________________________________

____________________________________________________________________

Medications:

*DSM-5: 
Diagnosis: (Cite Principal DSM-5 Diagnosis and diagnostic criteria)

* Prescriptive. Not intended as a final diagnosis.

Subjective (S): ________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Objective (O): ________________________________________________________

____________________________________________________________________

____________________________________________________________________

73
Example of Informed Consent for Clients

Marijane Rojas, M.S., LMHC, NCC
Licensed Mental Health Counselor
1719 Freud Lane
License
Therapy, NY 10017
rojas1@focus.com
Phone: (716) 723-0123

My Qualifications:
My practice includes counseling with children, adolescents and couples. I also am a New York State Certified Mediator. I hold a masters degree in Mental Health Counseling and am a Licensed Mental Health Counselor (LMHC) and a Nationally Certified Counselor (NCC). I have postgraduate training in Cognitive Behavioral Therapy from the Beck Institute in Philadelphia. My postgraduate experience includes 10 years as a community mental health counselor.

The clinic’s fees are set by your insurance carrier, so you want to consult your carrier for any questions. For uninsured clients, we offer a sliding fee scale with minimum fees set equal to the lowest billable insurance carrier. ($60.00 per session) Most insurance carriers will allow eight to ten sessions.

The General Course of Counseling:
I appreciate that you have come to our clinic and I want to be thorough and specific in helping you achieve the goals you have set. My job is to provide assessment and counseling and work conjointly with you to set treatment goals. It is true that in counseling success depends on the client actively wanting to change. Counseling also is not an exact science and at times the counselor, in consultation with you, may need to revise the goals of treatment. Some assessment will be carried out at the intake time and other assessments may be added later for further clarification. Unless otherwise stated, all counseling sessions are 50 minutes long.

If you have been mandated for treatment to this agency, you will be required to sign a release of information form so this counselor and the agency can provide necessary information to the agency, parole officer, court, or other official that mandated your treatment.

Anytime you have questions regarding your treatment, please feel free to ask.

Record Keeping and Confidentiality:
Ethically and legally, I am required to keep records of all our contacts. Legally, you have the right to see all information generated between us. You must provide explicit permission for information to be revealed, unless the law specifies otherwise (see exceptions to confidentiality below). Thus, with your written consent, I will provide information to anyone with a legitimate need. You are also entitled to a copy of any records generated in this office. This clinic keeps records for 10 years past the last date of contact. Then, due to space and privacy concerns, records are destroyed in compliance with state law and professional ethics.
Exceptions to Confidentiality:
The following are legal/ethical exceptions to confidentiality:
When child abuse/neglect is suspected.
When elder abuse is suspected.
In case of imminent danger of suicide.
In the event of a clear and specified threat to a third party.
If a life threatening contagion threatens a third party (e.g., AIDS)
When a client provides written permission.
If a judge mandates a release of information.
If a client sues a counselor or makes false charges against a counselor.

Your Rights as a client:
Though you are first encouraged to discuss the issues with your counselor first, if for any reason you believe your rights have been violated, you have a right to file a grievance.

For ethical issues:
American Counseling Association (ACA)
5999 Stevenson Ave.
Alexandria, VA22304
1-800-347-6647

New York State Board for Mental Health Counselors
State Education Department
Office of the Professions
89 Washington Ave.
Albany, NY 12234-1000
www.op.nysed.gov

I have read and understand all information presented here in the informed consent document.

__________________________________________________________________________  __________
Name                                      Date
Services and Facilities for Niagara University Graduate Students:
The following are selected services for Niagara University Graduate Students. For a comprehensive list, see the Niagara University web-site (www.niagara.edu) or the Niagara University Graduate Catalog.

Campus Bookstore: (716) 286-8370: Students may purchase textbooks for their classes, plus supplies, & NU apparel. Hours of Operation: (Fall & Spring)
Monday: 9:00 AM -6:00 PM
Tuesday through Friday: 9:00 AM- 5:00 PM
Saturday: 10:00 AM- 2:00 PM

Career Center: Bailo Hall, (716) 286-8500:
For help with a resume, mock interviewing help, and placement files.

College of Education: (716) 286-8560: Education Complex. College of Education faculty and Dean of the College of Education.

Counseling Services: Seton Hall-Lower Level, (716) 286-8536:
The Counseling services offices free, confidential counseling to all Niagara University students. Hours: Monday- Friday: 9:00 AM – 5:00 PM

Gallagher Snack Espresso bar. Gallagher Hall-Lower Level:
Gallagher-LL serves as the de facto student union, where students can eat, watch TV, pay video games, study, use the internet, etc. Hours of operation are generally 9:00 am- 9:00 pm, Monday-Friday. Gallagher-LL is also open for limited hours on weekends.

Health Services: Butler Building, (716) 286-8390:
The Student Health Center provides health services six days a week. Health Services also provides information for required Immunization.

Kiernan Fitness and Recreation Center: (716) 286-8622: Students may use the Kiernan Center by displaying their student ID Card. Hours of operation: Monday- Friday: 11:00 AM -9:00 PM. Saturday: Because graduate students do not pay student fees to support Kiernan, the cost is $3.00 per visit or $80.00 per semester.

Niagara University Library (Holy Angels Library): (716) 286-8000:
www.niagara.edu/library. Hours: Monday- Thursday 8:00 AM- Midnight; Friday 8:00 AM- 8:00 PM; Sunday Noon-Midnight. The NU Library includes numerous services for graduate students, including professional journals, on-line access to other print and electronic resources and nearly 300,000 volumes of books. Your student ID is required to check out books and other resources.

Records Office: Butler Building: (716) 286-8731. Hours: 8:30 AM -5:00 PM. The Records Office keeps official transcripts of all undergraduate graduate academic work at Niagara University. The Records Office also is the contact point for non U.S. graduate
students needing the I-20 Immigration form. **For the I-20 form contact Elizabeth Broomfield at (716) 286-8726 or eab@niagara.edu.**

**Specialized Support Services: Seton Hall, 1st. floor. (716) 286-8076.** Contact Diane Stolting, ds@niagara.edu. Student Support Services provides needed accommodations in accord with the Americans With Disabilities Act (ADA) and Section 504 of the U.S. Rehabilitation Code.

**Sports Teams:** For information on NU athletic team competition schedules, consult the web-site (www.niagara.edu) and click the link to athletics. NU offers varsity basketball, ice hockey, volleyball, swimming, soccer, baseball, softball, lacrosse, and other women’s and men’s intercollegiate athletics.

**Student Identification Cards: Office of Information Technology, St. Vincent’s Hall, Room 108. (716) 286-8366:** Monday- Friday 8:30- 11:00 PM; Saturday & Sunday Noon-10:00 PM.

**Technology/Computers: Office of Information Technology. Holy Angels Library. (716) 286- 8040.** Hours: Monday- Thursday 9:00 AM-11:00 PM; Friday 9:00 AM-5:00 PM; Saturday Noon-5:00 PM; Sunday 2:00 -10:00 PM. Note: The IT Office is also where graduate students can get their student I.D.’s made.

**Theatre Department, Clet Hall. (716) 286-8480:** The NU Theatre Department puts on many high quality performances through the academic year. Tickets may be purchased at the Ticket Office in Dwyer Arena (ph.: 286-8780).

**Veteran’s Office, Gallagher-Lower Level: (716) 286-8665.** For assistance with financial aid, etc.

**Writing Center: Seton Hall: (716) 286-8625.** For assistance editing papers.
Mental Status Examination for Older Children, Adolescents and Adults

The areas to be covered for the written Mental Status Report:

Prior to beginning, explain:
1. Who you are. (Counselor)
2. Who you represent. (School, clinic, prison, etc.)
3. Why the MSE is taking place. (Request, standard procedure, etc.)
4. Informed Consent. (Confidentiality, training/education, fees-if applicable)
5. Always ask, “Do you have any questions?”

When interviewing a client always remain calm and in control. Exaggerated verbal and non-verbal responses may invalidate the interview.

A. Heading: Name, age, date of birth, gender, interview site, date of interview and date of report and reason for referral.

B. Appearance and Behavior: -How did the client present himself or herself?
-How did the interviewee look? (Note: grooming, height, weight, facial appearance, special adornments, jewelry)
-How did the interviewee act during the interview? (Note: bizarre gestures, postures, repetitive movements, poor eye contact, slow movements, excessive movements, etc.)
-Was the interviewee’s behavior appropriate for his or her age, education and vocational status?
-How did the interviewee relate to the interviewer? (For example, was he/she wary, friendly, manipulative, approval seeking, hostile, superficial, etc.)

C. Speech and Communication:
-How was the general flow of the interviewee’s speech? (For example, was it rapid, controlled, hesitant, slow, pressured?)
-Does the interviewee have speech impediments?
-How was the general tone and content of the interviewee’s speech? (Note: for example, over or under productivity of speech, flight of ideas, paucity of ideas, loose associations, rambling, tangentially, neologisms, bizarre use of words, incoherence, etc.)
-What was the relationship between verbal and nonverbal communication?
-What is the relationship between tone and content of the communications?
-How interested was the interviewee in communication?

D. Thought Content:
-What did the interviewee discuss? (Note especially content that he or she brought up spontaneously)
-What were the problem areas?
-Were there any recurring themes?
-Were there any signs of psychopathology, such as obsessions, delusions, hallucinations, phobias, or compulsions?
E. Sensory and Motor Functioning
- How intact were the interviewee’s senses—hearing, sight, touch and smell?
- How adequate was the interviewee’s gross motor coordination?
- How adequate was the interviewee’s fine motor coordination?
- Were there signs of motor difficulties such as exaggerated movements, repetitive
  movements (tics, twitches, tremors, bizarre postures, slow movements, or rituals?)

F. Cognitive Functioning
- What was the general mood of the interviewee? (For example was he/she sad, elated,
  anxious, tense, suspicious, or irritable?)
- Did the interviewee’s mood fluctuate or change during the interview?
- How did the interviewee react to the interview? (For example, was she/he cold, friendly,
  cooperative, suspicious, or cautious?)
- Was the interviewee’s affect appropriate for the speech and content of the
  communications?
- What did the interviewee say about her/his mood and feelings?
- Was the self-report congruent with the interviewee’s behavior during the interview?

G. Insight and Judgment
- What is the interviewee’s belief about why she/he was coming to the interview?
- Is the belief appropriate and realistic?
- Is the interviewee aware of his/her problem and the concerns of others?
- Does the interviewee have ideas about what caused the problem?
- Does the interviewee have any ideas about how the problem could be alleviated?
- How good is the interviewee’s judgment in carrying out everyday activities?
- How does the interviewee solve problems of living? (e.g., impulsively, independently,
  responsibly, trial and error, etc.)
- Does the interviewee make appropriate use of advice or assistance?
- How much does the interviewee desire help for his or her problems?

H. Questions to ask the interviewee: (Note: This section is geared for older children,
adolescents and adults. For preschool and K-2 many of these questions may be
inappropriate.)

Key: Questions 1-4 and 8-10 test general orientation to time, place and person
respectively; 11-16 test recent memory; 17-20 test remote memory; 21-23 test
immediate memory; 24-25 test insight and judgment; and 26-28 test oral reading
and spelling skills.

1. What is today’s date?
2. What day is it?
3. What month is it?
4. What year is it?
5. Where are you?
6. What is the name of this city?
7. What is the name of this clinic? (or school, etc.)
8. What is your name?
9. How old are you?
10. What do you do?
11. Who is the president of the United States?
12. Who was the president before him?
13. Who is the governor of this state?
14. How did you get to this clinic? (or school counseling center)
15. What is your father’s name?
16. What is your mother’s name?
17. When is your birthday?
18. Where were you born?
19. Did you finish elementary school? (If appropriate)
20. When did you finish high school? (if appropriate)
21. Repeat these numbers back after me: 6-9-5, 4-3-8-1, 2-9-8-5-7.
22. Say these numbers backwards: 8-3-7, 9-4-6-1, 7-3-2-5-8.
23. Say these words after me: ball, flag, and tree.
24. What does this saying mean; “A stitch in time saves nine.”
25. What does this saying mean: “Too many cooks spoil the broth?”
26. Read back the three words I gave to you earlier. (Ball, flag, tree)
27. Write the words given above. (Ball, flag, tree)
28. Spell these words: spoon, cover, attitude, procedure.

I. Conclusion:
At the conclusion of the Mental Status Examination report, write your name, and credentials:
For example:

Jane Doe, M.S., LMHC, NCC

Interviewer
Child & Adolescent Treatment Center
Mini Mental Status Examination (MMSE)
The MMSE is based on a six point orientation scale. The questions are as follows:

1. **To Person:**
   “What is your name?” (Pay attention to nicknames, aliases, hesitations, etc.)
   Or, “Are you married?”

   **For a child:**
   “What grade are you in?”
   “What school do you attend?”

2. **To Place:**
   “Where are we now?” (Setting, address/building, city, state/province)
   “Where do you live?” (Setting, address/building, city, state/province)

3. **To Time:**
   IF the client indicates not knowing, ask for a guess or approximation.
   “How old are you?” “When is your birthday?”
   “What is today’s date?”
   “What season is it?”
   “When did you first arrive here? How long have you been here?”

4. **To Situation:**
   “Who am I?”
   “What is our purpose for meeting?”
   “Why are you here?”

5. **To Familiar Objects:** (Hold up your hand and ask:) “Is this my right hand or left?” Or, point to your nose and ask: “What part of my body is this?”

   Or, hold up a watch, pencil, pen, eyeglasses or some other common object and ask the client to name it.

6. **To Other people:**
   “What is your mother’s/father’s/spouse’s name?”
   “What is your child’s name/are your children’s names?”
   “What is my job title?”
   “What is my job title?”

Adapted from:
Client Initial intake Form

Name: ___________________________  Date: ____/____/____
Address: __________________________ City: _______ State: ___
Zip Code: _____  Phone: _____________ (H) _____________ (W/C)

Identifying information

Age: _____  Date of Birth: ____/____/____  Place: _______________
Sex: Female ____  Male ____  Height ___ Ft. ____ In.  Weight: ____ lbs.
Marital Status: M ____  S ____  D ____  Sep. ____  Other: ___
Ethnicity: Caucasian: __ Hispanic/Latino: __ Asian: __ African American: __
American Indian: __ Multiethnic: __

Spouses/Partner’s name: ___________________________  Age: _____
Occupation: ___________________________  Employer: ____________

Name(s)/ages of Children (If applicable)
________________________________________________________________
________________________________________________________________

Referral Source: _____________________________________________
Address of Referral Source: _____________________________________

Treatment History:
Are you currently taking medication?   Yes: ____  No: _____
If yes, name of medication(s): _________________________________
Provider of Medication(s): _____________________________________
Have you received previous psychiatric/psychological treatment?
Yes: ____  No: ___
If yes, name the psychiatric treatment provider:
_________________________________________________________________

Dates of Counseling/psychiatric treatment: _______________________


Has any close relative ever had psychiatric treatment or been committed to a psychiatric hospital? Yes: ___  No: ___ If yes, please explain:

What factor(s) led you to seek counseling services: ____________________________

Symptoms: __________________________________________________________________

Family History:
Father’s name: ____________________________  Living: ____ Deceased: ____
Occupation: _______________________________

Mother’s name: ____________________________  Living: ____ Deceased: ____
Occupation: _______________________________

Brother(s)/Sister(s):
Name: ____________________________  Age: ____ Living: ___ Deceased: ___
Name: ____________________________  Age: ____ Living: ___ Deceased: ___
Name: ____________________________  Age: ____ Living: ___ Deceased: ___

Educational History:
Name of Institution:       Location:       Dates Attended:       Degree:
High School: __________________________________________________________________
College/University: __________________________________________________________________
Technical school: __________________________________________________________________
Graduate/Professional: __________________________________________________________________
Military Information: (If applicable)

Branch of Military:______________________________________________________________

Dates of Active Service/Reserve Commitment:____________________________________

Were you in a combat zone?: Yes:__ No:__

Did you receive any medical treatment as a result of injuries?: Yes:__ No:__

If “yes”, what injuries were you treated for?:
________________________________________________________________________
________________________________________________________________________
Guidelines for APA Style Term papers

Grading term papers is a subjective exercise in all academic ports of call, from the Ivy’s to the truck driving institutes. Regardless, below are some helpful web-sites and general guidelines to be aware of when writing APA style papers.

The following are web-links that may prove helpful:

A Guide for Writing Research Papers
(http://webster.commnet.edu/apa/apa_index.htm)
A good site filled with information and examples.

APA Reference Style: Tightening Up Your Citations
(http://humanities.byu.edu/linguistics/Henrichsen/APA/APA01.htm)

Electronic Reference Formats Recommended by the American Psychological Association
(http://www.apastyle.org/elecrfef.htm)

APA Style Resources
(http://www.psychwww.com/resource.apacrib.htm)

Basic rubric for Term papers:
A+ Papers: Perfect or almost perfect with regard to APA style- in text and end references, no misspelled words, and no sentence fragments, at least seven pages and so forth. Also, the theme of the paper should be well articulated, with the body of the paper moving seamlessly from the introduction to the body to the conclusion of the paper. The author’s opinions should flow naturally from their research. Naturally, choose something you are interested in.

A Papers: Few grammatical errors, few APA style errors, absence of sentence fragments. As above, the topic of the paper should be clearly articulated and should “read” smoothly, as there is a logical progression from introduction to conclusion and clear evidence that the student writer thoroughly researched her/his topic.

A- Papers: Similar to the A Papers above but perhaps there were a few more APA errors, grammatical mistakes and such. Paper is well written- above a B+, but just below an A.

B+ Papers: Some errors or APA style, minimal grammatical errors. Reasonably well written, with perhaps less detail on the topic that the papers above or perhaps too short in length. Questions that come into my mind are: “Did the student grasp the finer details of the topic?” “Does the student really understand the broader perspective?” and so forth.

B Paper: Basic level of acceptance. Most APA formatting is correct, few grammatical errors. Level B indicates that while most stylistic and grammatical issues are sound, perhaps the paper is short on specifics, lacks detail, proper length or indicates the student did not grasp the details of the subject matter conclusively.
B-: Just under the normally accepted level for graduate work. The paper may be short on specifics, some grammatical mistakes, APA referencing problems and may lack depth and focus.

C+ Paper: Fails to meet the standard for graduate level papers. Indicators are improper APA format, numerous grammatical errors, too short only topical level issues outlined, etc.

C Paper: Marginal in all areas of concern: grammatical, APA style, subject area, conveys poor understanding and lack of interest in the topic.

C-: Lowest grade before failing. Paper is unacceptable in all areas: grammatical, APA style, depth, focus, etc.

F Paper: Poor and substandard use of APA style, numerous grammatical errors, poorly researched topic, student plagiarism, etc.

Guidelines for an APA style research paper:

A. The first issue is to select a potential topic. In general, it is usually best to select something in your general area of interest. For example, topic examples are:
   - Conjoint Family Therapy
   - Solution Focused Therapy in Middle School
   - The Dyadic Adjustment Scale and Marital Satisfaction (applied)
   - The Myers Briggs Type Indicator (general)
   - The Minnesota Multiphasic Personality Inventory-2 (general)
   - Developing a Career Counseling and Guidance program: Assessments, Research and concerns. (applied)

B. The paper should be 8-10 pages in length. The content is more important than the length. An excellent paper that is 7 pages in length is preferable to a marginal one that is 11 pages. Good term papers contain none to few errors of spelling and grammar. Also, the paper should flow logically from one paragraph to the next. If you choose a topic like Solution Focused Counseling or High Stakes Testing, start at the beginning:

Pages 1 & 2: Title page (1) and Abstract (2).
Page 3: The beginning: Why did you choose this topic? How is it important to you and the field?
Pages 4-5: Tell me about the issues/concerns regarding the topic. (e.g., Solution Focused Counseling: Research studies, Therapeutic, professional, utility, social, political, economic, assessment, etc.)
Pages 6-7: How does this subject influence counselors, students, families, etc?
Page 8+: Wrap up and conclusion. How sound does the research on this topic seem? How do you see this issue evolving? What should be done to address the issue? What role should counselors play?

Reference page: The last page is the separate reference section. (See attached) Make sure you use current APA citation style. See APA Style Manual, 6th edition.
C. A good guideline is for you to proofread the papers out loud. I say this, because this is how I will hear it. Also, sounding out your work will help you to catch some errors that you may miss in reading. You can ask, “Does this make sense?”

D. Use APA style referencing. Either buy a copy of the *APA Style Manual (6th ed.*)* or check the library. Also, the APA web-site has links for examples at [apa.org](http://apa.org). Most college libraries also have copies of the *APA Style Manual, 6th Ed.* Also, your text is referenced in APA style, both within the text (Rogers, 1961) and at the end of the book under the general reference section:


Referencing should be done when you make a statement that needs backing up, such as statistics. For example: Clearly, SAT and ACT scores are strongly tied into the income level of the family of origin (Asher, 2000) or (Smith & Jones, 1999).

E. Understand, as masters level graduate students in a school or mental health counseling program you are expected to write a higher standard of research paper than an undergraduate. If possible, try and complete your paper ahead of time and I can preview it. Remember though, a preview by me is no guarantee of an ‘A’ (or any particular grade). It usually does help, of course.

F. Examine the attached example to set up the format of your paper. I have copied three pages: Title page, Abstract and the page for beginning of the article. I have also copied a Reference page. They are the last four pages of this handout.

G. Lastly, proof your paper carefully. Sometimes it is good to read it out loud, as this allows you to catch mistakes you might otherwise miss. Also, this is essentially what I do when I grade your paper.

**Web-sites of interest:**
The following lists the web-sites of professional counseling associations and related organizations ([Highlighted organizations denote flagship organizations](https://example.com))

American Academy for Experts in Traumatic Stress (AAETS)  
[www.aaets.org/](http://www.aaets.org/)

American Art Therapy Association (AATA)  
[www.arttherapy.org](http://www.arttherapy.org)

**American Counseling Association (ACA) (Counseling’s Flagship Organization)**  
[www.aca.org/](http://www.aca.org/)

American College Counseling Association (ACA)  
[www.acca.org](http://www.acca.org)

Association for Gay, Lesbian, & Bisexual Issues in Counseling (AGLBIC)  
[www.aglbic.org](http://www.aglbic.org)

**American Mental Health Counselors Association (AMHCA) (ACA Div. for CMHC)**  
[www.amhca.org](http://www.amhca.org)

Association for Multicultural Counseling & Development (AMCD)  
[www.amcd.org](http://www.amcd.org)
American Psychological Association (APA)
www.apa.org
Association for Specialists in Group Work (ASGW)
www.asgw.org
Association for Spiritual, Ethical, & Religious Values in Counseling (ASERVIC)
www.aservic.org
Council on the Accreditation of Counseling & Related Educational Programs (CACREP)
www.cacrep.org
**Canadian Counseling Association (CCA)**
www.cca.org
Center for Play Therapy (CPT) (Located at the University of North Texas)
www.coe.unt.edu/cpt
International Association of Marriage & Family Therapists (IAMFC)
www.iamfc.org
International Resilience Project (promoting healthy approaches for children and adults)
www.resilienceproject.org
Mandated Reporting of Child Abuse Workshop (Required for licensure & agencies)
www.childabuseworkshop.com
New York State Education-office of Mental Health Practitioners (for licensure information)
www.op.nysed.gov/mph.htm
National Board for Certified Counselors (NBCC)
www.nbcc.org
National Institute on Drug Abuse (NIDA)
www.nida.nih.gov/
National Institute on Mental Health (NIMH)
www.nimh.nih.org/
New York Counseling Association (NYCA)
www.nyca.org
New York Mental Health Counselors Association (NYCA)
www.nyca.org
U.S. Bureau of Labor-Occupational Outlook for Counselors
www.bls.gov/oco/ocos067.htm