

CLINICAL MENTAL HEALTH COUNSELING
HANDBOOK
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CACREP ACCREDITED

60 CREDIT HOUR MASTER OF SCIENCE (M.S.) DEGREE

IN CLINICAL MENTAL HEALTH COUNSELING

Established 1994

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

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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 as the first Mental Health Counseling program in New York State.

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 CACREP accredited, Clinical Mental Health Counseling program 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 Clinical Mental Health Counseling program curriculum 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 New York State Department of Education 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). Mental Health Counseling is a distinct profession with national standards for education and clinical practice. The American Counseling Association (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 Statistics (www.bls.gov/), more than 319,400 professional mental health counselors are practicing in the United States. (BLS, 2021) with a growth rate of 25% (much faster than average)
- 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 2015, the Ontario College of Registered Psychotherapists (www.crpo.ca) began credentialing Registered Psychotherapists. Canadian CMHC graduates are eligible to become "Registered Psychotherapists" (RP) in the Canadian province of 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 hour practicum and internship experience in a mental health setting during years 2 and 3. This exceeds NYSED requirement of 700 hours of field experience.
- A Licensed Mental Health Counselor (LMHC) in New York 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 postmaster'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 New York 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 **25 percent from 2021, much faster than the average for all occupations**" (U.S. Department of Labor, Bureau of Labor Statistics; <http://www.bls.gov/oco/ocos067.htm>). The Department of Labor's Bureau of Labor Statistics (2021) projections are listed below:

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 median salaries for Mental Health Counselors and Addictions Counselors. Note, Mental Health Counselors typically out earn substance abuse counselors, and thus the mean salary for CMHC counselors likely would exceed the listed figure below as Substance Abuse Counselors are listed jointly with Mental Health Counselors.

Mental Health Counselors: \$47,660
(BLS, 2021)

U.S. Bureau of Labor (2014-2024). *Occupational outlook handbook*. Washington, DC:
Author. <https://www.bls.gov/ooh/community-and-social-service/substance-abuse-behavioral-disorder-and-mental-health-counselors.htm>

State Department of Education, Office of Mental Health Practice:

The Office of Mental Health practice regulates the practice of Mental Health Counseling, most especially standards for Licensed Mental Health Counselors (LMHC). For more information, go to their website at: <http://www.op.nysed.gov/prof/mhp/mhclhc.htm>

College of Registered Psychotherapists of Ontario (CRPO):

The College of Registered Psychotherapists of Ontario is the credentialing organization for the Canadian Province of Ontario. CRPO regulates required for becoming a Registered Psychotherapist (RP). For more information, go to: <https://www.crpo.ca/>

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 student 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/) provides student liability insurance upon purchasing student membership. In addition to student liability coverage, ACA lobbies for our profession, publishes a quarterly journal and monthly magazine. (You will receive the *Journal of Counseling & Development*, *Counseling Today* the monthly magazine, e-mails and webinars, etc.)

Websites for Additional Information on Mental Health Counselors (and other counselors):

American Counseling Association (ACA) www.counseling.org
American Mental Health Counselors Association (AMHCA) www.counseling.org
Canadian Counseling & Psychotherapy Association (www.ccpa.org/)
Council for the Accreditation for Counseling and Related Educational Programs (www.cacrep.org/)
National Board for Certified Counselors, Inc. NBCC) www.nbcc.org
New York Mental Health Counselors Association (NYMHCA) www.nymhca.org
New York State Education Department (NYSED) www.nysed.gov/

For more information concerning the Mental Health graduate program, please contact:

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CACREP Accreditation:

Niagara University's Clinical Mental Health Counseling program is CACREP accredited. The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) granted NU's CMHC program accreditation in 2016. The accreditation runs through 2024 at which time the program will apply for reaccreditation with CACREP.

Mission Statement of the Niagara University Clinical Mental Health Counseling Program

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.

Department of Counseling and Applied Psychology Mission Statement:

To develop skilled, ethical professionals who advocate for positive change by learning, leading, and serving individuals, families, schools, agencies, and communities; especially those who are disadvantaged or marginalized.

Guiding Values:

1. Vincentian tradition of Niagara University
We are inspired to serve all members of society, especially those living in poverty and oppression, in local communities and in the larger world.
2. Constructivist practice
We consider the experiences, values, and multiple identities of those we serve as the foundation from which to facilitate learning, development, and wellness.
3. Evidence-based best practice
We implement practices and strategies drawn from the best available research and data on the profession.
4. Reflective practice
We promote self-assessment, peer-assessment, and critical examination of the efficacy of one's own practice as essential for the continuous improvement.
5. Professional Commitment and Responsibility
We demonstrate dedication and accountability to our vocation through professional, passionate, lawful and ethical behaviors.
6. Professional Relationships
We maintain high expectations for ourselves, our colleagues, and those we serve, while respecting diversities of background, experience, opinion and perspective; and working collaboratively to support one another.

Counselor Licensure in the State of New York:

Basic requirements to achieve licensure as a Licensed Mental Health Counselor (LMHC) in New York are as follows:

- 1.) Graduate from a NYSED approved Clinical Mental Health Counseling program.
(Approved programs follow CACREP's model and are 60 semester credits, with a minimum 700-hour field experience requirement)
- 2.) Upon graduation from an NYSED approved CMHC program, the CMHC graduate applies for the Licensed Mental Health Counselor-Permit (LMHC-P) in order to be eligible to provide counseling and work in an agency.
- 3.) A CMHC graduate hired into a mental health or addictions setting must attain 3000 post-master's hours (with 1500 in direct-client contact) in a total of four years
- 4.) The CMHC graduate has four years to pass the State licensure examination.
- 5.) Upon satisfying all the above requirements, the CMHC graduate becomes a "Licensed Mental Health Counselor" or LMHC in New York State.

For the most current information on licensure requirements in New York State, please see <https://www.op.nysed.gov/professions-index/mental-health-practitioners>

Counselor Registration in Ontario:

The Ontario College of Psychotherapists (www.crpo.ca) regulates the scope of practice of psychotherapy and assessment in the Canadian Province of Ontario. Canadian students will be working with the College of Psychotherapists to achieve "Registration" (i.e., "Registered Psychotherapist") when they have graduated from Niagara University's CMHC program.

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 CMHC program, students are exposed to a variety of theoretical approaches, modalities, and applied skills to meet a wide range of client needs.

Graduate Tuition (*as of Fall 2022*):

Tuition for the Mental Health Counseling program is:

\$870.00 per credit hour x 3 credit class = \$2550.00 cost per class.

Please see: <https://www.niagara.edu/tuition-and-fee-schedule> for the most current information on tuition and fees.

Full Time Faculty:

The faculty listed below hold full time appointments in Clinical Mental Health Counseling:

Kristine Augustyniak, Ph.D., LP, Professor & Chair, Department of Counseling and Applied Psychology

Dr. Augustyniak is a licensed psychologist and professor of Clinical Mental Health Counseling at Niagara University. She earned a dual Ph.D. in Counseling Psychology and School Psychology and M.A. degree in School Psychology from The State University of New York at Buffalo. Dr. Augustyniak has over 25 years' experience in clinical practice and graduate level training of new professionals in the Clinical Mental Health Counseling, School Psychology, and School Counseling professions. Her course offerings have focused on a variety of topics related to evidence-based applied practice, psychological assessment and diagnosis, treatment planning, individual and group counseling, and child, adolescent, and adult mental health issues. The primary subject of Dr. Augustyniak's research interests and publications include leadership development in the helping professions and evidence-based approaches in assessment and intervention planning for individuals suffering from mental health concerns, learning disabilities, trauma, and neuromuscular disorders. Her scholarship also includes social justice advocacy for marginalized populations, fundamental issues in applied approaches to school-based violence and bullying prevention, and leadership tenets that promote best practices in mental health service delivery. Dr. Augustyniak is routinely involved in a number of advocacy efforts to foster community mental health services. In private practice, Dr. Augustyniak provides integrative psychotherapy to youths and adults suffering from psychological trauma, mood disorders, anxiety disorders, eating disorders, anger management issues, adjustment disorders, maladaptive health behaviors, and family relational problems. She frequently consults with local healthcare systems and educational agencies on best-practice interventions for individuals with mental and behavioral disorders and on school-wide prevention programming efforts.

Jennifer E. Beebe, Ph.D., NCC, Associate Professor

Jennifer E. Beebe is an Associate 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. Jennifer 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, cyber bullying, and counselor development and supervision. Most recently, Jennifer has received a \$300,000 federal grant from the U.S. Department of Justice Office on Violence Against Women (OVW) to strengthen its ongoing efforts to educate about and respond to sexual assault, domestic violence, dating violence, and stalking on campus. She is the co-organizer of Take Back the Night, the red Flag Campaign, and has created a curriculum to address sexual assault education in New Student Orientation at Niagara University. She also

works with the local YWCA and women's shelter wherein she provides individual, group, and crisis counseling. Dr. Beebe often consults with schools and communities to increase awareness, and education on the roles and responsibilities of the Professional School Counselor. Dr. Beebe has presented at national, regional, and state conferences on bullying, cyber bullying, vicarious trauma, supervision and training, and grief and loss. She also serves on the editorial board of the *Journal of Counselor Preparation and Supervision* and *The Professional Counselor*.

Regine Chung, Ph.D., LPC Associate (TX), CAS, Assistant Professor

Regine Chung is an Assistant Professor at Niagara University. Dr. Chung earned her doctoral degree in counseling from the University of North Texas and M.So.Sc. in Counseling from the City University in Hong Kong. As a trilingual counselor and supervisor, Dr. Chung has extensive clinical experience in Hong Kong and the U.S. working with clients of all ages and diverse cultural backgrounds in university community clinics, a domestic violence agency, both general and special education settings, and in correctional institutions. She specializes in working with neurodivergent populations, as well as clinical issues concerning relational trauma, anxiety, and bicultural identity development. Dr. Chung's leadership roles as a founding board member of the Hong Kong Academy of Play Therapy (HKAPT) and former assistant director of the UNT Center for Play Therapy involve working with mental health clinicians from different parts of the world to organize national and international conferences, multicultural webinars, and certification training. Her current research focuses on play therapy, child mental health, neurodivergent populations, and immigrant populations. In her work, Dr. Chung is committed to identifying culturally inclusive and developmentally sensitive strategies to improve treatment effectiveness and accessibility.

Tatjana Cownie, M.S., LMHC, Field Placement Coordinator:

Tatjana Cownie is a Licensed Mental Health Counselor in New York . She earned her M.S. degree in Clinical Mental Health Counseling from Niagara University in Lewiston, NY. Tatjana earned her Staatsexamen (equivalent to a master's degree) in secondary education at the University of Frankfurt in Germany where she acquired valuable teaching experience, specializing in biology and German literacy. Tatjana has clinical experience working with a variety of mental disorders in inpatient and outpatient settings. She worked at a local hospital, assessed and providing therapy to individuals who are in immediate mental health crisis. Tatjana served as a psychotherapist at an intensive outpatient program for individuals who suffer with anxiety, mood, and personality disorders. Subsequently, she has provided individual and group counseling to adults in various stages of life. At Niagara University, Tatjana serves as the Field Placement Coordinator for the Clinical Mental Health, School Counseling and Behavior Analysis Program. She oversees clinical field experiences, recruits and establishes relationships with site placements, and collaborates with site supervisors on candidate performance. Tatjana frequently consults with local mental health agencies, hospitals, private therapists, and schools on enhancing student learning and professional development.

Additional Faculty: Niagara University's graduate program in Mental Health Counseling also retains several highly skilled adjuncts who teach part time in the program. The adjuncts are experienced clinicians in the fields of counseling (primarily), psychology, and social work.

CACREP Accreditation Curricular Requirements:

Niagara University's Clinical Mental Health Counseling program is accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

Program Objectives: The Eight CACREP Core Areas reflected in Niagara University's Clinical Mental Health Counseling curriculum are:

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 652, EDU 658, EDU 659, EDU 673, EDU 679, EDU 685, EDU 686, EDU 687
2. **Social and Cultural Diversity:** Developing skills 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 659. EDU 666, EDU 672, EDU 803
4. **Career Development:** Developing competence and expertise in a variety of career interests, vocational assessments and how such assessments are helpful. 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 657 EDU 658, EDU 668, EDU 659, EDU 668, EDU 803
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 595, EDU 657, EDU 664, EDU 666, EDU 679, EDU 685, EDU 686, EDU 687, EDU 803
8. **Research and Program Evaluation:** To assist students in understanding research and statistics. Courses addressing this standard: EDU 595

Program Objectives: The Six CACREP Clinical Mental Health Counseling Areas reflected in Niagara University's Clinical Mental Health Counseling curriculum are:

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 website at: www.cacrep.org

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. Please refer to the graduate catalogue for Niagara University's policy on academic integrity or access the policy online at www.niagara.edu/academicintegrity .

Requirements for Completion of the CMHC program:

Admission to the graduate 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.
4. Satisfactory evaluations on professional Dispositions (*below) as rated by program faculty at several key levels of progression throughout the program
5. Satisfactory performance in the counseling practicum's and internships. (S for Satisfactory- Pass, U for Unsatisfactory-Failure).
6. Successful results on the **Comprehensive Assessment Plan (CAP)** (see pages 18 – 34): The CAP is comprised of: **Mid-point Assessment (EDU 658)**, **Diversity Project (EDU 652)**, **Site Supervisor Evaluations (in EDU 679 and EDU 685/686/687, Practicum and Internships I, II, & III respectfully)**, the **CPCE (Counselor Preparation Comprehensive Examination)**, the **Therapeutic Impact Project** and in the **final Oral Comprehensive Examination in spring of year 3.**

CMHC Student Dispositions:

1. Critical Thinking

Students will:

- a. ask questions that challenge basic assumptions.
- b. demonstrate an ability to conceptualize, analyze, synthesize, and evaluate evidence.
- c. in decision making, compare the pros and cons of available options, evidencing broad thinking beyond self-evident options.

- d. demonstrate awareness of own mental processes (heuristics, schemas, biases, etc.).

2. Autonomy

Students will:

- a. exercise independence in academic and work endeavors in accordance with expected developmental levels.
- b. be self-regulated with regard to quality and pace of meeting professional obligations.
- c. take responsibility for one's behavior and associated outcomes.
- d. make their own rational and informed decision in accordance with laws, regulations, and professional ethics.

3. Ethical Behavior

Students will:

- a. demonstrate an understanding of the American Counseling Association Code of Ethics and adhere to its standards and refer to when needed.
- b. adhere to the academic integrity policies of Niagara University.
- c. communicate with their site supervisor and their campus-based practicum or internship supervisor, should students witness unethical behavior during practicum or internship.

4. Multicultural Competencies

Students will:

- a. demonstrate an understanding of the complexities of diversity and multiculturalism in the counseling relationship.
- b. recognize the negative influences of oppression on mental health and well-being.
- c. demonstrate an understanding of individuals in the context of their social environments.
- d. demonstrate an insight and understanding of their worldview (SES, gender, sexual orientation, abilities, etc.) as related to their development as a professional.

5. Professionalism and Responsibility

Students will:

- a. maintain an appropriate, professional appearance in dress and hygiene.
- b. be consistently punctual and prepared.
- c. be appropriately engaged and focused (e.g. no phone or other distractors)
- d. respond to praise, challenges, and constructive criticism with maturity and dignity.
- e. demonstrate appropriate professional communication skills and behaviors.

In addition to the aforementioned assessments of student learning outcomes the program also uses other data to facilitate continuous improvement of the program in meeting stakeholder needs. For example, candidates are given the opportunity to complete and program Exit Survey to provide feedback on their experiences in the program. Additionally, feedback is sought from an annual survey of employers of graduates.

Academic Integrity:

All members of the university community share the responsibility for creating conditions that support academic integrity. In particular:

1. **Students** must abstain from any violations of the academic integrity policy_ and set examples for each other by assuming full responsibility for their academic and personal development, including informing themselves about and following the university's academic policy;
2. **Faculty members** must foster a climate that is conducive to the development of student responsibility. They should provide guidance as to what constitutes violations of the Academic Integrity Policy and educate students about the ethical and educational implications of their actions. For instance, syllabi must call attention to the Academic Integrity Policy.
3. **Faculty members**, furthermore, have the authority and the responsibility to make the initial judgment regarding violations of academic integrity in the context of the courses that they teach. They may impose sanctions up to and including failure of a course at their own discretion in cases involving a violation of Academic Integrity policies. In cases such as alleged plagiarism, it is important that faculty members distinguish between an intentional violation of the Academic Integrity Policy and a technical error or careless work.
4. **Deans of the various colleges**, with the support of the Associate Provost or his/her designee and the chair of the Academic Integrity Board (AIB), are responsible for ensuring that their faculty, particularly new faculty and part-time faculty, are aware of the university's Academic Integrity Policy and of their responsibilities in this regard, to maintain the integrity of the academic review process.

These efforts are supported by detailed guidelines and procedures that are designed to deal with violations to maintain the integrity of the institution and to ensure that university standards are upheld. For more information on Niagara University's Academic Integrity policy and procedures see: <https://www.niagara.edu/academicintegrity/>

NU CMHC Exit Survey:

Instructions: Please complete all questions to the best of your ability by checking the box most representative of your experiences.

1= unsatisfactory; 2 = below expectations; 3 = met expectations; 4 = exceeds expectations; 5 = outstanding

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
1. How available were the courses when you needed them?					
2. How well did the content area courses prepare you for practicum and internships?					
3. How well did practicum prepare you for internship?					
4. How well did your courses prepare you in knowledge, skills, and practice in the following areas:					
a. Understanding of ethical issues					
b. Treatment planning					
c. Clinical documentation					
d. Understanding and respect for social and cultural diversity					
e. Ability to provide individual counseling					
f. Understanding the effect of crises and trauma on client behavior					
g. Appreciation and understanding of how to promote resilience and client wellness					
h. Ability in providing group counseling					
i. Understanding of assessment (use of standardized testing, basic knowledge of statistics, etc.)					
j. Case conceptualization skills					
k. Family / couples counseling skills					
l. Crisis counseling skills					
m. Knowledge and skills regarding evidence-based therapies for children, adolescents, and/or adults					
n. Research and program evaluation					
o. Career counseling					
p. Attitude toward supervision and consultation (e.g. accepting feedback, approaching colleagues, willingness to listen to co-workers concerns, etc.)					
q. Self-care strategies (i.e. ability to manage stress and physical and emotional health)					

1= unsatisfactory; 2 = below expectations; 3 = met expectations; 4 = exceeds expectations; 5 = outstanding

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
r. How effective was your internship experience in developing the autonomy necessary as a future professional counselor?					
s. How available was your core faculty?					
t. How beneficial was advising and mentorship in your academic experience?					
u. How beneficial were smaller class sizes in facilitating learning?					
v. How useful was the technology to your success in the counseling program?					
w. How well does the library meet your academic needs?					
x. How would you rate the preparatory experiences of Niagara University's Clinical Mental Health Counseling program?					

Clinical Mental Health Counseling Employer Survey:

Employer Survey: Beginning Fall 2014, the CMHC program began conducting an annual survey of supervisors employing graduates of the CMHC program. The Employer's Survey is below:

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 question 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. Kris Augustyniak, 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 at (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

Policy for Student Retention, Remediation, and Program Dismissal:

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.

Academic Appeals:

Niagara University is committed to the just and equitable evaluation of academic work. The standards for grading shall be outlined in a course syllabus; students who believe the award of a grade is not in accordance with the standards outlined in the syllabus should follow the procedure for appealing a grade.

For current University policy see: <https://www.niagara.edu/grade-appeal/>

Candidate Comprehensive Assessment Plan

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.

Report Scoring Rubric for EDU 658 Case Analysis & intervention Plan / Critique			
Criteria	Level 1	Level 2	Level 3
Case Analysis and intervention Plan 20 pts	0 pts	1pt	2 pt
Presenting Problem ①①②	Lacks any of the elements as defined for (level 2) satisfactory performance	The presenting problem is well defined but lacking in completeness.	The presenting problem is defined in all due complexity.
Comments:			
Client's Readiness to change ①①②	Lacks any of the elements as defined for (level 2) satisfactory performance	Adequate "working" articulation of client assets, areas of difficulty, and motivation to change but largely based on unsupported assumptions.	Articulation of client assets, areas of difficulty, and motivation to change is well supported.
Comments:			
Theoretical Orientation ①①②	Lacks any of the elements as defined for (level 2) satisfactory performance	Theoretical orientation and techniques used to facilitate success are generally consistent with client	Theoretical orientation and techniques used to facilitate success are congruent with client presentation and course materials.

		presentation and course materials.	
Comments:			
Treatment Objectives ①①②	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:			
Assessment of Progress ①①②	Lacks any of the elements as defined for (level 2) satisfactory performance	Strategies to assess progress are measurable, observable, and but somewhat lacking in specificity.	Strategies to assess progress are measurable, observable, and specific.
Comments:			
Anticipated Progress ①①②	Lacks any of the elements as defined for (level 2) satisfactory performance	A working assumption of anticipated progress is articulated but somewhat lacking in support and/or congruence with methods for assessing progress.	Anticipated prognosis is rationally supported OR a working assumption of such is clearly related to methods for assessing progress.
Comments:			
Anticipated Ethical Issues ①①②	Anticipation of ethical issues is not supported by case presentation.	Anticipation of ethical issues is somewhat incomplete given case presentation.	Anticipation of ethical issues is sufficiently expansive given case presentation.
Comments:			
Plan for Case Closure ①①②	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 ①①②	Significant errors associated with level 3 criteria	Minor errors associated with level 3 criteria	<ul style="list-style-type: none"> ● APA guidelines used properly throughout paper ● Perfect grammar/punctuation

			<ul style="list-style-type: none"> • Writing is clear and understandable through paper
Comments:			
References ①①②	<ul style="list-style-type: none"> • includes less than three references. • References do not appear to inform treatment approaches. 	<ul style="list-style-type: none"> • includes at least three references. • References only vaguely inform treatment approaches. 	<ul style="list-style-type: none"> • includes at least three references. • References clearly contribute to a complex, systematic, and cogent decision making process about treatment approaches.
Comments:			

Report Scoring Rubric for EDU 658 Video / Presentation				
VIDEO 10 points				
Criteria	Level 1	Level 2	Level 3	
	0-1pts	2 pts	3 pts	
Introduction 3 points ①①②③	Lacks any of the elements as defined for (2 pt) satisfactory performance.	Candidate welcomes client, reviews presenting problems, ethical issues and establishes rapport.	<ul style="list-style-type: none"> • Candidate meets 2 pt criteria and... • Candidate moves beyond initial contact to create therapeutic alliance. • client/clinician roles/responsibilities are clearly defined 	
Comments:				
Criteria	Level 1	Level 2	Level 3	Level 4
	0-1	2	3	4
Blending 4 points ①①②③④	Lacks any of the elements as defined for (2 pt) satisfactory performance.	Candidate appropriately utilizes and transitions between four techniques but lacks fluidity.	Candidate fluidly and appropriately utilizes and transitions between four techniques.	Selected techniques are congruent with client presentation, well-timed, well developed and marked by smooth transitions.
Comments:				
Criteria	Level 1	Level 2	Level 3	
	0-1pts	2 pts	3 pts	
Closing 3 points ①①②③	Lacks any of the elements as defined for (2 pt) satisfactory performance.	Attempts at closure are adequate but somewhat incomplete. e.g.	Clear steps for closure are evident: e.g.:	

		Appropriately reviews issues covered, but client may be unclear on next steps.	-Notifies client that the session is ending -Summarizes -Review concerns -Conveys hope -Assigns homework when appropriate, -Discusses plan for next session.
Comments:			

Diversity Film Project:

	Excellent	Satisfactory	Unsatisfactory
Presenting Problem(s)	Points: The presenting problem is defined in all due complexity.	Points: The presenting problem is well defined but lacking in completeness.	Points: The presenting problem is poorly defined.
Ecosystems Perspective:	Points: -Develops an appropriately detailed eco-web map to depict the variety of potential influences on client's situation. -Distills salient information about client's the relationship between contextual factors and the presenting problem across relevant levels	Points: -The eco-web is well defined but lacking in completeness. Or --The contextual factors are well defined but lacking in completeness.	Points: Both the eco web and contextual factors are lacking in completeness.
Identity Development	Points:	Points:	Points:
Treatment Planning: Counseling Theor(y) (ies)	Points: Theoretical orientation and techniques used to facilitate success are congruent with client presentation and course materials.	Points: Theoretical orientation and techniques used to facilitate success are generally consistent with client presentation and course materials.	Points: Theoretical orientation and techniques used to facilitate success are inconsistent with client presentation and course materials.
Treatment Planning: Goals and Objectives	Points: Specific objectives of the intervention are: -Clearly described. -Rationally prioritized. -Evidenced based: per professional organization guidelines and / or scholarly research. - Strategies to assess progress are measurable, observable, and specific.	Points: One element is lacking, as described in "Excellent" .	Points: Two or more elements are lacking, as described in "Excellent" .

Treatment Planning: Advocacy Competencies	Points: Rationale for level(s) of advocacy and intervention strategies is well supported: e.g., -Client empowerment vs. client advocacy -Community collaboration vs. systems advocacy -Public information vs. Social /Political Advocacy.	Points: Rationale for level(s) of advocacy and /or intervention strategies is imprecise in one area.	Points: Rationale for level(s) of advocacy and intervention strategies is ambiguous in both areas.
Writing and Clarity of Ideas	Points: -APA guidelines used properly throughout paper - Perfect grammar/punctuation -Writing is clear and understandable through paper	Points: Minor errors associated with “Excellent” criteria.	Points: Significant errors associated with “Excellent” criteria.

Counselor Preparation Comprehensive Examination (CPCE):

The CPCE is taken in fall of year three. The CPCE consists of 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.

Therapeutic Impact Project:

A) Problem Formulation:

In working with their client, candidates will detail/describe the nature of the presenting problem, via the following:

1. Conduct a complete psychosocial history with the client, and when appropriate, the client’s parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. (2016 CACREP Standards 2c; 3e, f;)
2. Consult with other relevant informants including field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client’s – teachers, school officials, etc.) to collaboratively formulate initial hypotheses and inform their next steps in the assessment and intervention process. (2016 CACREP Standards 1m; 3f; 5b, c, d,)
3. In combination with information from section b, assessment, operationally define the nature of the client’s challenges and strengths. (2016 CACREP Standard 5g)

B) Assessment:

Assessment procedures and processes are contingent upon the nature of a client’s needs as reflected by one or more of the following:

- Client goals
- Client’s subjective reports of distress

- Suspected areas of functional impairment
- Behavioral concerns presented by parent(s)/guardian(s), etc.
- Clinical hypothesis regarding need for differential diagnosis

Assessment procedures and findings should be fully detailed, and should focus on the documentation of the following:

1. Client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.) Quantitative data should be provided wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice, must be used. (2016 CACREP Standards 7e, j)
2. Structured, semi-structured or standardized interviews with multiple informants if appropriate. Client reports of subjective units of distress (SUDs) or scaling may be used. Quantitative data and interpretations should be provided. (2016 CACREP Standards 5g; 7b.)
3. Published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning should be utilized if accessible to the candidate. Assessments must be culturally and developmentally valid. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate. The candidate should reference the instrument(s) and describe best-practice use in assessment, intervention planning, and progress monitoring. (2016 CACREP Standards 7e, f, h, m)
4. The candidate must provide a well-defended DSM-5 diagnosis / diagnoses, including two conditions that were considered as possible diagnoses but ultimately ruled-out. (2016 CACREP Standards 7 L)
5. Assessment data must be translated into utilitarian baseline data (client need) and subsequently presented in a user friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing. (2016 CACREP Standards 8c, e, i)

C) Treatment:

A critical analysis which details the following:

1. Efforts and challenges in forming a therapeutic relationship with the client. (2016 CACREP Standard 5a)
2. Efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable. (2016 CACREP Standard 5c)
3. Discussion of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate will write a brief critique of their strengths and weaknesses in this consultative process). (2016 CACREP Standards 1m; 7b, e)
4. The specific goals/objectives of the treatment (e.g., SMART goals). (2016 CACREP Standard 5i)

5. A detailed description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed. (2016 CACREP Standard 5h)
6. The research base and theoretical rationale that supports the use of particular interventions. (2016 CACREP Standards 8b)
7. Detailed description of recommended strategies to ensure treatment plan integrity.

D) Evaluation of Impact:

1. A description of methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format. ((2016 CACREP Standards 8 d)
2. A discussion of any ethical issues or threats to treatment validity encountered in the process, including possible counselor behaviors and characteristics. (2016 CACREP Standards 5f; 8j)
3. Other limitations of the treatment process, if applicable.

E) Review of Treatment Progress with Clients and stakeholders if applicable: (2016 CACREP Standards 5c; 8i, j)

1. Discussion of the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.).
2. Discussion of generalization of gains to other domains/environments.
3. Discussion of plans for follow-up.
4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR
5. If appropriate, appropriate plan for case closure / termination.

CACREP 2016 Standard	Problem Formation	Unsatisfactory	Satisfactory	Outstanding
2 c, 3 e,3f, 5b, 5c, 5e, 5f	Problem Formation CMHC candidates effectively identify, detail, and describe the nature of a presenting problem.	The Problem Formation Statement lacks any of the following components: 1. a complete psychosocial history with the client, and when appropriate, the client’s parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. 2. evidence that the statement is informed by collaborative engagement with multiple stakeholders	The Problem Formation Statement includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. a complete psychosocial history with the client, and when appropriate, the client’s parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. 2. evidence that the statement is informed	The Problem Formation Statement, clearly and with appropriate detail includes: 1. a complete psychosocial history with the client, and when appropriate, the client’s parent(s)/guardian(s) to detail salient findings (including social, cultural, and developmental factors) in relationship to the presenting concerns. 2. evidence that the statement is informed by collaborative engagement with multiple stakeholders including individuals such as field supervisor, previous therapists, other

		including individuals such as field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) 3. an operational definition of the nature of the client's challenges and strengths.	by collaborative engagement with multiple stakeholders including individuals such as field supervisor, previous therapists, other medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) 3. an operational definition of the nature of the client's challenges and strengths.	medical professionals and other stakeholders (e.g., in the case of school age client's – teachers, school officials, etc.) 3. an operational definition of the nature of the client's challenges and strengths.
5b, 5g, 7b, 7e,7f, 7h, 7j, 7l, 7m, 8c, 8e, 8i	Assessment Procedures and Processes CMHC candidates select and conduct assessments contingent upon the nature of a client's needs and document the methods and settings under which their findings were obtained.	The Assessment Report lacks any of the following components: 1. client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.). Quantitative data wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice. 2. assessment strategies used such as structured, semi-structured or standardized interviews with multiple informants and/or subjective units of distress (SUDs) or scaling. Quantitative data and interpretations. 3. published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning if accessible to the candidate. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate, the report references the instrument(s) and	The Assessment Report includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. describes client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.). Quantitative data is provided wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice, are used. 2. presents assessment strategies used such as structured, semi-structured or standardized interviews with multiple informants and/or subjective units of distress (SUDs) or scaling. Quantitative data and interpretations are provided. 3. includes published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning if accessible to the	The Assessment Report clearly and with appropriate detail: 1. describes client presentation across multiple settings (e.g., in session, home, work, social settings, school, etc.). Quantitative data is provided wherever possible. Appropriate methods of quantifying behavioral concerns, in accordance with best practice, are used. 2. presents assessment strategies used such as structured, semi-structured or standardized interviews with multiple informants and/or subjective units of distress (SUDs) or scaling. Quantitative data and interpretations are provided. 3. includes published, standardized, norm referenced assessment data relevant to case conceptualization and intervention planning if accessible to the candidate. If an appropriate published, norm referenced instrument (PNR) is available on the market,

		<p>describes best-practice use in assessment, intervention planning, and progress monitoring. Assessments are culturally and developmentally valid.</p> <p>4. a DSM-5 diagnosis / diagnoses, including another condition that was considered as possible diagnoses but ultimately ruled-out.</p> <p>5. assessment data as utilitarian baseline data (client need) in a user friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing</p>	<p>candidate. If an appropriate published, norm referenced instrument (PNR) is available on the market, but not accessible to the candidate, the report references the instrument(s) and describes best-practice use in assessment, intervention planning, and progress monitoring. Assessments are culturally and developmentally valid.</p> <p>4. provides an accurate DSM-5 diagnosis / diagnoses, including another condition that was considered as possible diagnoses but ultimately ruled-out.</p> <p>5. translates assessment data into utilitarian baseline data (client need) and subsequently presents it in a user friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing</p>	<p>but not accessible to the candidate, the report references the instrument(s) and describes best-practice use in assessment, intervention planning, and progress monitoring. Assessments are culturally and developmentally valid.</p> <p>4. provides a well-defended DSM-5 diagnosis / diagnoses, including two conditions that were considered as possible diagnoses but ultimately ruled-out.</p> <p>5. translates assessment data into utilitarian baseline data (client need) and subsequently presents it in a user friendly and largely non-narrative format (e.g., graphs, charts, progress monitoring comparisons). Narratives may be used to provide qualitative descriptions of client change / progress and / or therapeutic efficacy to enhance interpretation of charting or graphing.</p>
1m, 5a, 5c, 5h, 5i, 7b, 7e,8b	Treatment CMHC candidates conduct an effective treatment/intervention program.	<p>The treatment report critical analysis lacks any of the following components:</p> <ol style="list-style-type: none"> 1. efforts and challenges in forming a therapeutic relationship with the client. 2. efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable. 	<p>The treatment report critical analysis includes all of the following although some components may be vague or lack the detail of a novice counselor:</p> <ol style="list-style-type: none"> 1. efforts and challenges in forming a therapeutic relationship with the client. 2. efforts and challenges in forming 	<p>The treatment report critical analysis details the following:</p> <ol style="list-style-type: none"> 1. efforts and challenges in forming a therapeutic relationship with the client. 2. efforts and challenges in forming collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable.

		<p>3. presentation of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate writes a brief critique of their strengths and weaknesses in this consultative process).</p> <p>4. specific goals/objectives of the treatment (e.g., SMART goals).</p> <p>5. description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed.</p> <p>6. research base and theoretical rationale that supports the use of particular interventions.</p> <p>7. description of recommended strategies to ensure treatment plan integrity.</p>	<p>collaborative relationships with parent(s)/guardian(s) or other stakeholders, if applicable.</p> <p>3. discussion of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate writes a brief critique of their strengths and weaknesses in this consultative process).</p> <p>4. the specific goals/objectives of the treatment (e.g., SMART goals).</p> <p>5. a detailed description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed.</p> <p>6. the research base and theoretical rationale that supports the use of particular interventions.</p> <p>7. detailed description of recommended strategies to ensure treatment plan integrity.</p>	<p>3. discussion of how assessment results and treatment recommendations were delivered to the client, and if applicable stakeholders. (With feedback from site supervisor, candidate writes a brief critique of their strengths and weaknesses in this consultative process).</p> <p>4. the specific goals/objectives of the treatment (e.g., SMART goals).</p> <p>5. a detailed description of the intervention program including a discussion of the individual interventions; descriptions of how the interventions were collaboratively designed.</p> <p>6. the research base and theoretical rationale that supports the use of particular interventions.</p> <p>7. detailed description of recommended strategies to ensure treatment plan integrity.</p>
Standards 5f, 8d,8j,	Evaluation of Impact CMHC candidates evaluate their impact on clients.	<p>The evaluation impact statement lacks any of the following components:</p> <p>1. methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format.</p> <p>2. any ethical issues or threats to treatment validity encountered in the process, including possible counselor</p>	<p>The evaluation impact statement includes all of the following although some components may be vague or lack the detail of a novice counselor:</p> <p>1. methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format.</p> <p>2. any ethical issues or threats to treatment</p>	<p>The evaluation of impact statement describes the following clearly and with appropriate detail:</p> <p>1. methods used to assess progress, including hard data from treatment implementation and progress monitoring in graphical format.</p> <p>2. any ethical issues or threats to treatment validity encountered in the process, including possible counselor</p>

		behaviors and characteristics. 3. other limitations of the treatment process, if applicable.	validity encountered in the process, including possible counselor behaviors and characteristics. 3. other limitations of the treatment process, if applicable.	behaviors and characteristics. 3. other limitations of the treatment process, if applicable.
5,c 8i, and 8j	Review of Client Treatment Progress CMHC candidates reflect on their own practice and review progress with clients and appropriate stakeholders and develop new plans based on results.	The review of progress statement lacks any of the following components: 1. the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.). 2. generalization of gains to other domains/environments. 3. plans for follow-up. 4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR 5. If appropriate, plan for case closure/ termination.	The review of progress statement includes all of the following although some components may be vague or lack the detail of a novice counselor: 1. the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.). 2. generalization of gains to other domains/environments. 3. plans for follow-up. 4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR 5. If appropriate, plan for case closure/ termination.	The review of progress statement describes the following clearly and with appropriate detail: 1. the results/outcome data of intervention (changes in skills, behavior, symptom severity as measured by PNRs and or self-reports of distress/satisfaction, etc.). 2. generalization of gains to other domains/environments. 3. plans for follow-up. 4. If necessary, reformulation of hypothesis, goals, expectations, etc. OR 5. If appropriate, plan for case closure/ termination.

Comprehensive Assessment Oral Defense:

This comprehensive assessment is administered in the last three weeks of the final semester. The Clinical Mental Health Counseling candidate will participate in an oral defense in which he/she conducts a power point presentation on questions pertaining to the field of clinical mental health counseling. The oral defense will be evaluated by the candidate's faculty advisor and an additional full-time faculty member(s) on the basis of the following grading rubric. The clinical mental health counseling Oral Defense assesses the candidate's proficiencies across several CACREP standards and key domains of practice, as indicated below.

Question 1: Explain your theoretical orientation(s) to actual practice.

CACREP Standards for Clinical Mental Health Counseling:

- ✓ FOUNDATIONS: A1, A5
- ✓ COUNSELING PREVENTION AND INTERVENTION: C1, C2, C7, C9, D1, D2

✓ ASSESSMENT: G1, H4

Score: Question 1

Superior	Student gives a detailed description of preferred counseling theories, including an in depth explanation as to why they are the preferred theories based own their theoretical orientation and client characteristics. Student describes in detail all or most associated strategies and techniques and gives examples of how she/he has put them into practice.
Above Average	Student gives a detailed description of preferred counseling theories, including an explanation as to why they are the preferred theories based own their theoretical orientation and client characteristics. Student describes several associated strategies and techniques and gives examples of how she/he has put them into practice.
Average	Student gives an adequate description of preferred counseling theories, including a limited explanation as to why they are the preferred theories based own their theoretical orientation and client characteristics.. Student describes a few associated strategies and techniques and gives examples of how she/he has put them into practice.
Unsatisfactory	Student is unable to describe preferred counseling theories and/or unable to explain why they are the preferred theories based own their theoretical orientation and client characteristics.. Student is unable to identify and describe associated strategies and techniques. Student cannot give examples on how these theories and associated strategies and techniques have been put into practice.

Question 2: Discuss strategies you would use for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination.

CACREP Standards for Clinical Mental Health Counseling:

✓ DIVERSITY AND ADVOCACY: E1, E2, E3, E4, E5, E6, F2, F3

Score: Question 2

Superior	Students identify and discuss more than three strategies that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. The student is able to describe strategies and barriers in detail and gives examples of how they put them into practice.
Above Average	Students identify and discuss more than two strategies that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. Student describes several associated strategies and techniques and gives examples of how she/he has put them into practice.
Average	Students identify and discuss one or more strategies that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression and discrimination. Student describes a few associated strategies and techniques and gives examples of how she/he has put them into practice.
Unsatisfactory	Student is unable to identify or discuss any strategies that help eliminate barriers, prejudices, and processes of intentional and unintentional oppression

	and discrimination. Student cannot give examples on how these strategies and techniques have been put into practice.
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Question 3: How would you integrate evidenced based practice into your clinical work?

CACREP Standards for Clinical Mental Health Counseling:

✓ RESEARCH AND EVALUATION : I1, I3, J1, J3

Score: Question 3

Superior	Students identify three or more elements/criterion for evidenced based practices. The student is able to describe the integration of EBP strategies and gives examples of how they put them into practice.
Above Average	Students identify two or more elements/criterion for evidenced based practices. The student is able to describe the integration of EBP strategies and gives examples of how they put them into practice.
Average	Students identify one or more elements/criterion for evidenced based practices. The student is able to describe the integration of EBP strategies and gives examples of how they put them into practice.
Unsatisfactory	Student is unable to identify any elements/criterion for evidenced based practices. The student is unable to describe the integration of EBP strategies and gives examples of how they put them into practice.

Question 4: Scoring of the ethical vignette (to be presented at defense).

CACREP Standards for Clinical Mental Health Counseling:

✓ FOUNDATIONS: A1,A7,A10

Score: Question 4

Superior	Student provides an exemplary description of actions to be taken in the situation presented in the ethical vignette. Description outlines ethical and culturally relevant strategies in alignment with best practices.
Above Average	Description of actions to be taken in the ethical vignette include most ethical and culturally relevant strategies that would be implemented with best practices.
Average	Description of actions to be taken in the ethical vignette adequately covers ethical and culturally relevant strategies in such a way that the situation would be resolved satisfactorily.
Unsatisfactory	Student fails to describe ethical and culturally relevant strategies that would satisfactorily resolve the ethical dilemma.

Question 5: Scoring of the professional practice ethical vignette (to be presented at defense).

CACREP Standards for Clinical Mental Health Counseling:

✓ FOUNDATIONS: A1, A9,

✓ COUNSELING PREVENTION AND INTERVENTION: C1, C3, C5, C6, C7, C8, D6, D9

✓ DIVERSITY AND ADVOCACY: E1, E2, E3

✓ ASSESSMENT: G1

Score: Question 5

Superior	Student provides an exemplary description of actions to be taken in the situation presented in the professional practice vignette. Description outlines ethical and culturally relevant strategies in alignment with best practices.
Above Average	Description of actions to be taken in the professional practice vignette include most ethical and culturally relevant strategies that would be implemented with best practices.
Average	Description of actions to be taken in the professional practice vignette adequately covers ethical and culturally relevant strategies in such a way that the situation would be resolved satisfactorily.
Unsatisfactory	Student fails to describe professional practice and culturally relevant strategies that would satisfactorily resolve the ethical dilemma.

Question 6: Explain the most formative experience(s) in your development as a Counselor-in-Training at Niagara University.

CACREP Standards for Clinical Mental Health Counseling:

- ✓ Given the personal nature of this question and the diverse experiences of our students, the student response could potentially address an expansive number of the Clinical Mental Health Counseling standards.

✓ Score: Question 6

Superior	Student describes in detail how and why specific experiences at NU that have had a profound and lasting influences on her/his development as a counselor. Student reflects on courses, professors, internship experiences and any other areas that have been most meaningful. Student's reflection demonstrates a keen awareness of knowledge gained, as well as personal growth that has taken place while attending NU.
Above Average	Student provides a very good description of formative experiences at NU includes courses, professors, internship experiences and any other areas that have been most meaningful, with thoughtful reflection on why she/he chose these experiences.
Average	Student adequately identifies and describes courses, professors, internship experiences and/or any other formative experiences that have impacted his/her learning experience at NU. Reflection on how and why she/he chose these experiences is limited but sufficient.
Unsatisfactory	Student is not able to identify and describe formative experiences at NU.

Courses Required for the CMHC 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 CMHC 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: Advanced Counseling Techniques: 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: Couples & 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: Students will learn the basics of engaging children in therapy.

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.**

Clinical Mental Health Counseling Cycle of Classes

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 MHC*
EDU 669 Group Counseling

(* indicates the required course sequence for 4+2 students)

1st Year Summer Sessions Courses for Students having completed their first year:

EDU 655 Lifespan Development (4+2 students)
Other CMHC students may take any course(s) offered in the summer

2nd Year Fall Semester:

EDU 679 Mental Health Practicum
EDU 666 Psychopathology & DSM
EDU 595 Educational Research

2nd Year Spring Semester:

EDU 685 Mental Health Internship I
EDU 657 Assessment in Counseling
EDU 652 Multicultural Counseling
EDU 671 Psychopharmacology (or take in summer or in year 3)

2nd Year Summer Sessions:

Any course offered

3rd Year Fall Semester:

EDU 686 Mental Health Internship II
EDU 668 Couples & Family Counseling
EDU 803 Counseling & Behavior Therapy with Children
EDU 672 Substance Abuse and Addictions Counseling (if not taken previously)

3rd Year Spring Semester:

EDU 664 Career Counseling
EDU 687 Mental Health Internship III
EDU 659 Mental Health and Wellness
EDU 671 Psychopharmacology (if not taken previously)

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 coursework unrelated to the CMHC program.

State Licensure Examination:

The New York State Education Department has adopted the National Clinical Mental Health Counselors Examination (NCMHCA) as the State licensing examination. The NCMHCE is administered through the National Board for Certified Counselors (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.

Graduation:

Formal commencement ceremonies are held in May. Students who have completed coursework in good standing and have passed their 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, and friends.

Endorsement for Credentialing and Employment:

Upon graduation, the College of Education Dean's office will send relevant academic information to the New York State Education Department Office of the Professions that is required application for provisional licensure. Students / alumni wishing to obtain letters of reference for employment, post-graduate studies, or other professional opportunities should make requests by contacting faculty via University email. Such endorsements are made at the discretion of individual faculty members.

Certificate of Advanced Standing/Bridge Program in Clinical Mental Health Counseling:

Individuals who have a related master's degree (e.g., School Counseling, School Psychology, Counseling Psychology, etc.) and are interested in becoming license eligible as an LMHC, may apply to Niagara University's NYSED approved CAS/Bridge Program in Clinical Mental Health Counseling. The CAS/Bridge Program consists of 5 required courses which include: EDU 666

Psychopathology and DSM Diagnosis, EDU 803 Counseling & Behavior Therapy with Children, 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 for license-eligibility** depending on the curriculum of their master's degree program. A basic determination of CAS/Bridge viability occurs 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 during their last year of undergraduate study. Students in the 4+2 program must complete the following courses:

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 Hours:

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 **Direct service includes individual, group, couples and family counseling, testing or test interpretation, etc. Clock hours include direct contact hours in addition to supervision hours, workshops, in-service training, hours at the setting, 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 students 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 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 required to purchase an ACA student membership through years 2 and 3 of the program as the membership provides required student liability insurance.

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*.

Canadian Counseling and Psychotherapy Association (CCPA)

The Canadian Counseling and Psychotherapy Association (CCPA) is the professional organization for Canadian counselors. CCPA provides professional membership, annual conference, an academic journal, website, trainings and much more. CCPA's website's address is www.ccpa-accp.ca.

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 website 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 website 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.** Clock hours include direct contact hours and any other time spent at the field site, including meetings, supervision, filing, etc. 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. In order to pass the class, students must also be given a satisfactory rating by both their field supervisor and a university supervisor/ course instructor

Students may select their own practicum, but their advisor and the field placement coordinator make the final decision on whether the site is appropriate. For a practicum site to be a viable experience, the site supervisor must hold a minimum of 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.

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. Although internship courses may 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 Master 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 (ACA). 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 his or her site. Evaluations of student performance and experiences at field placement sites are collected each semester.

**Field Placement Forms
(Contracts, Evaluations, Time Logs, etc.)**

**NIAGARA UNIVERSITY
CLINICAL MENTAL HEALTH PROGRAM
PRACTICUM & INTERNSHIP I CONTRACT – PART I**

This agreement is made on _____ by and between _____
(Date) (Field Site)
Niagara University Clinical Mental Health Counseling Program. This agreement will be effective for a period from _____ to _____ for *approximately* *8-10_ hrs/wk (practicum) and *20-24 hrs/wk (internship) for _____.
(Date) (Date) (Student Name)

** Practicum requires a minimum of 100 clock hours. Internship requires 300 clock hours. For practicum, 40 of the 100 hours must be direct contact hours. For Internship students, 120 of the 300 hours must be in direct service. Direct service is defined as: Individual, group, couples or family counseling, co-counseling, clinical intakes, phone crisis counseling, team counseling and observation through a two-way mirror, running psychoeducational groups, etc.*

Purpose

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

The University agrees:

- 1.to assign a university 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 university’s 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: Practicum students and 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.

The Field Placement Student agrees:

1. To maintain an appropriate, professional appearance in dress and hygiene.
2. To be consistently punctual and prepared. (e.g., follow a set schedule for days and times in week to attend the field site, as mutually agreed upon with site and university supervisor).
3. To be appropriately engaged and focused (e.g., no phone or other distractors).
4. To be responsive to feedback/constructive criticism with maturity and dignity.
5. To demonstrate appropriate professional communication skills and behaviors.
6. To complete and submit time logs in a timely manner.

PRACTICUM & INTERNSHIP CONTRACT – PART II

Within the above 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. _____ Tatjana Cownie will be Niagara University’s liaison with whom the student and practicum/internship site supervisor will communicate regarding progress, problems, and performance evaluations.

Practicum/Internship Activities

This list below is a list of possible clinical activities for the practicum/internship student. It is not necessary that field sites have the student counselor complete all or even most of these. Check all areas that seem to apply. Additional areas of responsibility may be added in the future.

- 1. **Individual Counseling /Psychotherapy** _____
 Personal/Social Nature _____
 Occupational/Educational Nature _____
- 2. **Group Counseling/ Psychotherapy** _____
 Co leading _____
 Leading _____
- 3. **Intake Interviewing** _____
- 4. **Couples or family counseling** _____
 Leading _____
 Co-leading _____
- 5. **Testing & Assessment** _____
 Administration & Interpretation _____
- 6. **Report Writing** _____
 Record Keeping _____
 Treatment Plans _____
- 7. **Consultation** _____
 Referrals _____
 Team Consultation & Case staffing _____
- 8. **Community/Psychoeducational Activities** _____
 Family conferences _____
 Community/campus Outreach _____
 In-service presentations _____
- 9. **Career Counseling** _____
- 10. **Other (please specify):**

Type of supervision student will receive: Individual ___ Group ___
(Need formal one hour of supervision per week)

Will the student be able to audio/video tape counseling sessions? Yes___ No___

As the site supervisor, I also agree to review the supervisor training materials available through the Niagara University Clinical Mental Health Counseling website <http://www.niagara.edu/mental-health-counseling> and the available mobile device app.

 Agency Supervisor’s Signature

Student's Signature

*University Representative Signature

Site Contact Information:

Name of Site:

Address:

Primary Supervisor:

Phone:

E-mail:

University Contact Information:

Tatjana Cownie, M.S., LMHC

Field Placement Coordinator

Clinical Mental Health & School Counseling Programs

College of Education -P.O.Box 2042

Niagara University, New York 14109 - 2042

Office: (716) 286-8723

Cell: (716) 957-4433

Email: tcownie@niagara.edu

**NIAGARA UNIVERSITY
CLINICAL MENTAL HEALTH PROGRAM
INTERNSHIP II & III CONTRACT – PART I**

This agreement is made on _____ by and between _____
(Date) (Field Site)

and the Niagara University Clinical Mental Health Counseling Program. This agreement will

be effective for a period from _____ to _____ for approximately 20-
24 hours

(Date)

(Date)

per week for _____.

(Student Name)

Internship requires 300 clock hours per semester of which 120 of those must be in direct service. Direct service is defined as: Individual, group, couples or family counseling, co-counseling, clinical intakes, phone crisis counseling, team counseling and observation through a two-way mirror, running psychoeducational groups, etc.

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 an internship supervisor who has appropriate credentials, time and interest for training the internship student;

(Note: Interns must receive an average of at least ONE HOUR of field-based supervision per 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 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.

The Field Placement Student agrees:

1. To maintain an appropriate, professional appearance in dress and hygiene.
2. To be consistently punctual and prepared. (e.g., follow a set schedule for days and times in week to attend the field site, as mutually agreed upon with site and university supervisor).
3. To be appropriately engaged and focused (e.g., no phone or other distractors).
4. To be responsive to feedback/constructive criticism with maturity and dignity.

5. To demonstrate appropriate professional communication skills and behaviors.
6. To complete and submit time logs in a timely manner.

INTERNSHIP CONTRACT – PART II

Within the specified time frame, _____ will be the primary 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. _____ Tatjana Cownie _____ will be Niagara University’s liaison with whom the student and internship site supervisor will communicate regarding progress, problems and performance evaluations.

Internship Activities

This list below is a list of possible clinical activities for the internship student. It is not necessary that field sites have the student counselor complete all or even most of these. Check all areas that seem to apply. Additional areas of responsibility may be added in the future.

- | | | |
|--------------------------------------------------|--|-------|
| 1. Individual Counseling /Psychotherapy | | _____ |
| Personal/Social Nature | | _____ |
| Occupational/Educational Nature | | _____ |
| 2. Group Counseling/ Psychotherapy | | _____ |
| Co leading | | _____ |
| Leading | | _____ |
| 3. Intake Interviewing | | _____ |
| 4. Couples or family counseling | | _____ |
| Leading | | |
| Co-leading | | |
| 5. Testing & Assessment | | _____ |
| Administration & Interpretation | | |
| 6. Report Writing | | _____ |
| Record Keeping | | _____ |
| Treatment Plans | | _____ |
| 7. Consultation | | _____ |
| Referrals | | _____ |
| Team Consultation & Case staffings | | _____ |
| 8. Community/Psychoeducational Activities | | |
| Family conferences | | _____ |
| Community/campus Outreach | | _____ |
| In-service presentations | | _____ |

9. Career Counseling _____

10. Other (please specify):

Type of supervision student will receive: Individual ___ Group ___
(Need formal one hour of supervision per week)

Will the student be able to audio/video tape counseling sessions? Yes ___ No ___

As the site supervisor, I also agree to review the supervisor training materials available through the Niagara University Clinical Mental Health Counseling website <http://www.niagara.edu/mental-health-counseling> and the available mobile device app.

Agency Supervisor's Signature

Student's Signature

*University Representative Signature

Site Contact Information:

Site Name:

Address:

Site Supervisor:

Phone:

E-Mail:

University Contact:

Tatjana Cownie, M.S., LMHC

Field Placement Coordinator

Clinical Mental Health & School Counseling Programs

College of Education -P.O.Box 2042

Niagara University, New York 14109 - 2042

Office: (716) 286-8723

Cell: (716) 957-4433 (preferred)

Email: tcownie@ecmc.edu

**SITE SUPERVISOR'S EVALUATION OF INTERN
CLINICAL MENTAL HEALTH
PRACTICUM STUDENT'S PERFORMANCE – EVALUATION**

STUDENT: Provide the following information:

Name of Student Intern: _____

Site Supervisor Name: _____

Date of Evaluation: _____ or period covered by the evaluation

SITE SUPERVISOR: Respond to the items below (1-20) to evaluate your student intern. Use the definitions of the descriptors listed below to aid in your evaluation.

Not Observable: N/O: The student intern has not had a chance to perform this skill or task.

Unacceptable (1):

- Lacks the ability to perform this skill, task, or role
- Shows minimal understanding of the concepts that underlie this skill, task, or role.
- Is not prepared to perform this skill, task, or role in the clinical mental health setting

Emerging (2):

- Demonstrates limited ability to perform this skill, task, or role consistently.
- Shows some understanding of the concepts needed to perform this skill, task, or role
- Is occasionally prepared to perform this skill, task, or role

Proficient (3):

- Demonstrates the ability to perform this skill, task, or role consistently.
- Shows an understanding of the concepts needed to perform this skill, task, or role.
- Is usually prepared to perform this skill, task, or role.

Advanced (4):

- Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level.
- Shows a strong understanding of the concepts needed to perform this skill, task, or role.
- Is consistently prepared to perform this skill, task, or role in the clinical setting.

INTERNSHIP STUDENT PERFORMANCE – FINAL EVALUATION

	SKILL OR ABILITY		N/O	1	2	3	4
A.)	GENERAL SUPERVISION COMMENTS						
1.	Invests time and energy in becoming a counselor/therapist.	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.5.f.					
2.	Accepts and uses constructive criticism to enhance self-development and counseling skills.	CACREP.2016.2. F.1.k.; CACREP.2016.2. F.1.m.					
3.	Engages in open, comfortable, and clear communication with peers and supervisors.	CACREP.2016.2. F.1.m.					
4.	Recognizes own competencies and skills and shares these with peers and supervisors.	CACREP.2016.2. F.1.k.					
5.	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	CACREP.2016.2. F.1.m.					
6.	Completes case reports and records punctually and conscientiously.	CACREP.2016.5. C.2.m.					
7.*	Understands and maintains confidentiality of client information at appropriate times.	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.5.g.					
8.	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics.	CACREP.2016.2. F.1.i.					
9.	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	CACREP.2016.2. F.1.k.					
10.	Articulates personal theoretical orientation towards counseling/therapy.	CACREP.2016.2. F.1.a. CACREP 2016 2 F.5.a					
11.	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	CACREP.2016.2. F.1.k.					
12.	Makes efforts to become aware of issues of diversity and culture in the setting of the site	CACREP.2016.2.F . 2.d.; CACREP.2016.2. F.2.c.					

13.	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	CACREP.2016.5. C.2.a.; CACREP.2016.2. F.2.h.					
14.	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.)	CACREP.2016.5. C.1.b.; CACREP.2016.5. C.2.d.					
15.*	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	CACREP.2016.5. C.2.m.	■				
16.	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	CACREP.2016.2. F.1.l.					
17.*	Advocates for and protects the rights of clients	CACREP.2016.5. C.3.e.	■				
18.	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.1.m.; CACREP.2016.5. C.3.d.					

	Skill or Ability		N/O	1	2	3	4
S.)	Internship Site Competencies						
19.	Develops a working understanding of the policies and procedures of the internship site.	CACREP.2016.5. C.2.a-d, h, m					
20.	Develops competency in utilizing the professional technologies available at the internship site.	CACREP.2016.2. F.1.j. CACREP 2016.2 F.5.e					

To receive a rating of Satisfactory, it is expected that 80% (20 items) or more of the above ratings are at the Emerging level or higher AND items marked with * must be proficient or higher.

Satisfactory: I believe this student is prepared to move toward licensure and furthering their professional development as a counselor.

Unsatisfactory: I have concerns about this person entering the counseling profession.

Additional comments and/or suggestions

Date: _____ Signature of site supervisor: _____

My signature indicates that I have read the above evaluation and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date: _____ Signature of student intern: _____

This form is adapted with permission from the University of Tennessee at Martin Dept of Educational Studies.

**SITE SUPERVISOR'S EVALUATION OF INTERN
CLINICAL MENTAL HEALTH
INTERNSHIP STUDENT'S PERFORMANCE – EVALUATION**

STUDENT: Provide the following information:

Name of Student Intern: _____

Site Supervisor Name: _____

Date of Evaluation: _____

SITE SUPERVISOR: Respond to the items below (1-49) to evaluate your student intern. Use the definitions of the descriptors listed below to aid in your evaluation.

Not Observable: N/O: The student intern has not had a chance to perform this skill or task.

Unacceptable (1):

- Lacks the ability to perform this skill, task, or role
- Shows minimal understanding of the concepts that underlie this skill, task, or role.
- Is not prepared to perform this skill, task, or role in the clinical mental health setting

Emerging (2):

- Demonstrates limited ability to perform this skill, task, or role consistently.
- Shows some understanding of the concepts needed to perform this skill, task, or role
- Is occasionally prepared to perform this skill, task, or role

Proficient (3):

- Demonstrates the ability to perform this skill, task, or role consistently.
- Shows an understanding of the concepts needed to perform this skill, task, or role.
- Is usually prepared to perform this skill, task, or role.

Advanced (4):

- Demonstrates the ability to consistently perform this skill, tasks, or role at a higher than expected level.
- Shows a strong understanding of the concepts needed to perform this skill, task, or role.
- Is consistently prepared to perform this skill, task, or role in the clinical setting.

INTERNSHIP STUDENT PERFORMANCE – FINAL EVALUATION

	SKILL OR ABILITY		N/O	1	2	3	4
A.)	GENERAL SUPERVISION COMMENTS						
1.	Invests time and energy in becoming a counselor/therapist.	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.5.f.					
2.	Accepts and uses constructive criticism to enhance self-development and counseling skills.	CACREP.2016.2. F.1.k.; CACREP.2016.2. F.1.m.					
3.	Engages in open, comfortable, and clear communication with peers and supervisors.	CACREP.2016.2. F.1.m.					
4.	Recognizes own competencies and skills and shares these with peers and supervisors.	CACREP.2016.2. F.1.k.					
5.	Recognizes own deficiencies and actively works to overcome them with peers and supervisors.	CACREP.2016.2. F.1.m.					
6.	Completes case reports and records punctually and conscientiously.	CACREP.2016.5. C.2.m.					
7.*	Understands and maintains confidentiality of client information at appropriate times.	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.5.g.	■				
8.	Demonstrates knowledge and understanding of the American Counseling Association (ACA) Code of Ethics.	CACREP.2016.2. F.1.i.					
9.	Demonstrates a commitment to professional development and continually makes efforts to increase skills and abilities relative to professional work.	CACREP.2016.2. F.1.k.					

10.	Articulates personal theoretical orientation towards counseling/therapy.	CACREP.2016.2. F.1.a. CACREP 2016 2 F.5.a						
11.	Demonstrates an awareness of personal values, attitudes, and beliefs as they affect professional activities	CACREP.2016.2. F.1.k.						
12.	Makes efforts to become aware of issues of diversity and culture in the setting of the site	CACREP.2016.2.F . 2.d.; CACREP.2016.2. F.2.c.						
13.	Demonstrates respect for and acceptance of clients, peers, supervisors, and community members from diverse backgrounds	CACREP.2016.5. C.2.a.; CACREP.2016.2. F.2.h.						
14.	Has necessary knowledge base to perform clinical mental health counseling duties (e.g., counseling theory, diagnosis, treatment, etc.)	CACREP.2016.5. C.1.b.; CACREP.2016.5. C.2.d.						
15.*	Maintains appropriate records and documentation in accordance with state/provincial and federal laws	CACREP.2016.5. C.2.m.	■					
16.	Demonstrates and models effective stress management and coping skills when dealing with emotional and physical demands of clinical mental health counseling	CACREP.2016.2. F.1.l.						
17. *	Advocates for and protects the rights of clients	CACREP.2016.5. C.3.e.	■					
18.	Asks for consultation, collaboration, assistance, and advice from colleagues and supervisors when needed	CACREP.2016.2. F.1.b.; CACREP.2016.2. F.1.m.; CACREP.2016.5. C.3.d.						

B.)	THE COUNSELING PROCESS							
19.	Researches the referral prior to the first interview/session	CACREP.20 16.2. F.5.g.						
20.	Keeps appointments on time	CACREP.20 16.2. F.1.b.						
21.	Begins the interview/session smoothly	CACREP.20 16.2. F.1.b.						
22.	Explains the nature and objectives of counseling/therapy when appropriate	CACREP.20 16.2. F.1.b.; CACREP.20 16.2. F.5.g.						

23.	Is relaxed and comfortable in the interview/session	CACREP.20 16.2. F.1.b.; CACREP.20 16.2. F.5.f.						
24.	Communicates interest in and acceptance of the client	CACREP.20 16.5. C.2.j.						
25.	Facilitates client expression of concerns and feelings	CACREP.20 16.2. F.5.g.						
26.	Focuses on the processes driving the client's presenting problem	CACREP.20 16.5. C.3.b.						
27.	Recognizes and responds appropriately to resistant behaviors by the client.	CACREP.20 16.2. F.5.g.						
28.	Recognizes and deals with positive affect of the client	CACREP.20 16.2. F.5.g.						
29.	Recognizes and deals with negative affect of the client	CACREP.20 16.2. F.5.g.						
30.	Demonstrates flexibility in the interview/session	CACREP.20 16.2. F.5.f.						
31.	Uses silence effectively in the interview/session	CACREP.20 16.2. F.1.b.; CACREP.20 16.2. F.5.g.						
32.	Is aware of own feelings in the counseling session	CACREP.20 16.2. F.1.k.						
33.	Communicates own feelings to the client when appropriate	CACREP.20 16.2. F.1.b.						
34.	Recognizes and skillfully interprets the client's covert messages	CACREP.20 16.5. C.3.b.						
35.	Facilitates realistic goal setting with the client	CACREP.20 16.2. F.5.i.						
36.	Encourages appropriate action-step planning with the client	CACREP.20 16.5. C.3.b.						
37.	Employs judgment in the timing and use of different techniques	CACREP.20 16.5. C.3.b.						
38.	Initiates periodic evaluation of goals, action-steps, and process during counseling	CACREP.20 16.2. F.5.i.						
39.	Demonstrates an understanding of the dynamics associated with group process and development	CACREP.20 2.F.6.a.						

40.	Demonstrates an understanding of therapeutic factors and how they contribute to group effectiveness.	CACREP.20 2.F.6.c.					
41.	Demonstrates an understanding of the interrelationships among and between work, mental, well-being, relationships, and other life roles and factors.	CACREP.20 2.F.4.b.					
42.	Demonstrates an understanding of strategies for facilitating client skill development for career, educational, and life-work planning and management.	CACREP.20 2.F.4.h.					

	Skill or Ability		N/O	1	2	3	4
43.	Explains, administers, and interprets tests/assessments correctly	CACREP.20 16.5. C.1.e.					
44.	Terminates the interview/session smoothly	CACREP.20 16.2. F.1.b.; CACREP.20 16.2. F.5.g.					
C.)	KNOWLEDGE AND SKILLS						
45.	Has the ability to manage crisis situations when they arise	CACREP.20 16.2. F.5.m.; CACREP.20 16.5. C.2.f.					
46.	Focuses on specific behaviors and their consequences, implications, and contingencies	CACREP.20 16.5. C.3.b.					
47.	Recognizes and pursues discrepancies and meaning of inconsistent information	CACREP.20 16.2. F.5.g.					
48.	Uses relevant case data in planning both immediate and long-range goals	CACREP.20 16.5. C.3.b.					
49.	Uses relevant case data in considering various strategies and their implications	CACREP.20 16.2. F.7.e. 2.F.7.i; CACREP.20 16.5. C.3.b.					
50.	Bases decisions on a theoretically sound and consistent rationale of human behavior	CACREP.20 16.5. C.1.b.					
51.	Is perceptive in evaluating the effects of own counseling techniques	CACREP.20 16.2. F.1.k.					

52.*	Demonstrates ethical behavior in the counseling activity and case management	CACREP.2016 .2.F. 1.i.; CACREP.20 16.5. C.2.l.	█					
53.*	Considers issues of racial, ethnic, and cultural diversity when developing, implementing, and evaluating sessions	CACREP.20 16.2. F.5.d.						
S.)	Internship Site Competencies							
54.	Develops a working understanding of the policies and procedures of the internship site.	CACREP.20 16.5.C.2.a-d, h, m						
55.	Develops competency in utilizing the professional technologies available at the internship site.	CACREP.20 16.2. F.1.j. CACREP 2016 2 F.5.e						

To receive a rating of Satisfactory, it is expected that 80% (40 items) or more of the above ratings are at the proficient level or higher AND items marked with * must be proficient or higher.

Satisfactory: I believe this student is prepared to move toward licensure and furthering their professional development as a counselor.

Unsatisfactory: I have concerns about this person entering the counseling profession.

Additional comments and/or suggestions

Date: _____ Signature of site supervisor: _____

My signature indicates that I have read the above evaluation and have discussed the content with my site supervisor. It does not necessarily indicate that I agree with the report in part or in whole.

Date: _____ Signature of student intern: _____

This form is adapted with permission from the University of Tennessee at Martin Dept of Educational Studies.

Student's Evaluation of Site and Supervisor

Student: _____

Supervisor: _____ **Site:** _____

Select: Practicum ____ **Internship I** ____ **Internship II** ____ **Internship III** ____

Directions: Circle the number that best represents how you-the Practicum or Internship Student-feels about the supervision and experience received from your field placement. This information will not be shared with your on-site supervisor without your consent.

My Supervisor:

	Poor	Fair	Good
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 clinic 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 performance.	1 2	3 4	5 6
13. Demonstrates respect to students, staff and supervisees.	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

This Site:

17. Provided continuity and diverse student experiences (e.g. multicultural, group, learning disabled students, etc.)	1 2	3 4	5 6
18. 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

Student Signature

DSM-5 -TR and S.O.A.P. Client Case Notes Format

Page 1 of 2

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

Date: ___/___/___ Code(s): _____ Session #: _____

Presenting Problem: _____

Medications:

***DSM-5-TR:**

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

** Prescriptive. Not intended as a final diagnosis.*

Subjective (S): _____

Objective (O): _____

Assessment (A): _____

Plan (P): _____

Counselor's Signature _____

Example of Informed Consent for Clients:

Marijane Rojas, M.S., LMHC, NCC
Licensed Mental Health Counselor
rojas1@focus.com

1719 Freud Lane
Therapy, NY 10017
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 master's 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)
6101 Stevenson Ave.
Alexandria, VA22304
1-800-347-6647
www.counseling.org/

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: <https://www.niagara.edu/campus-offices-services/> or the *Niagara University Graduate Catalog*.

Campus Bookstore: Butler Building: (716) 286-8370: Students may purchase textbooks for their classes, plus supplies and NU apparel. See: <https://niagara.bncollege.com/>

Career Services: Bailo Hall, (716) 286-8500:
For help with a resume, mock interviewing help, and placement files. See: <https://www.niagara.edu/career/>

College of Education: (716) 286-8560: Academic 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. See: <https://www.niagara.edu/counseling/>

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. See: <https://www.niagara.edu/hs-available-services/>

Kiernan Fitness and Recreation Center: (716) 286-8622:. See:

<https://www.niagara.edu/fitness-wellness-program/>

Niagara University Library (Holy Angels Library): (716) 286-8000:

www.niagara.edu/library. 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.

Office of Student Records and Financial Services: 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. See: <https://www.niagara.edu/student-records-and-financial-services>

Accessibility Services: Seton Hall, 1st. floor. (716) 286-8076. Accessibility Services provides needed accommodations in accord with the Americans With Disabilities Act (ADA) and Section 504 of the U.S. Rehabilitation Code. See: <https://www.niagara.edu/accessibility-services/>

Office of Diversity, Equity and Inclusion: Glynn Hall, 1st Floor. The Office of Institutional Diversity, Equity, Inclusion, and Belonging leads Niagara University’s planning, assessment, compliance and growth as it envisions achieving inclusive excellence efforts across the institution. See: <https://www.niagara.edu/odei/>

NU Athletics: NU offers varsity basketball, ice hockey, volleyball, swimming, soccer, baseball, softball, lacrosse, and other women’s and men’s intercollegiate athletics. For information on NU athletic team competition schedules, etc. see: <https://purpleeagles.com/>

Student Identification Cards: The ID card office is located at the IT Helpdesk in Glynn Annex. Your Niagara University ID card allows you to do many things on campus. It allows for building access, on-campus purchases, identification, authentication, and much more. If you are a new student, staff member, or faculty member, it is important that you get a Niagara University ID card. See: <https://www.niagara.edu/nuid/>

Information Technology – Glynn Hall Annex. (716) 286- 8040. The Office of Information Technology (IT) is the central hub for IT Resources and serves the Niagara University community's technology needs with an emphasis on customer service. The Help Desk provides front-line support for the university community, providing telephone, in-person and on-site services during normal business hours to resolve any technical challenges that may occur. For the fastest service please submit a new support ticket or browse our knowledgebase for answers to your questions. See: <https://www.niagara.edu/it/>

Leary Theatre, Theatre Department, Clet Hall. (716) 286-8685: The NU Theatre Department puts on many high quality performances through the academic year. See: <https://theatre.niagara.edu/shows/current-shows/>

Veteran’s Services Office, Glynn’s Hall: (716) 286-8323. For assistance with financial aid, etc. See: <https://www.niagara.edu/veterans/>

Writing Center: Seton Hall: (716) 286-071. The Writing Center offers tutoring beginning from the third week of each semester until exams begin. While tutors do not correct or proofread papers for students, they can recommend a variety of strategies and resources to help students with their drafts-in-progress. See: <https://www.niagara.edu/asc-writing-center/>

Mental Status Examination for Older Children, Adolescents and Adults

Adapted from Sattler, J. M. (1990), *Assessment of children, 3rd ed.*, San Diego: Sattler publications.

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?
- Was there 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 pre-school 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:

Zuckerman, E.L. (2000). *The clinician’s thesaurus, 4th Ed.: The guidebook for writing Psychological reports.* New York: Guilford.

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 papers:

Grading 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 APA style use in 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. 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 is 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. The 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 than 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 too few errors of spelling and grammar. In addition, 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? How would the paper's subject be better addressed? 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 *The Publication Manual of the American Psychological Association, Seventh Edition*

A good guideline is for you to proofread the papers aloud. In addition, sounding out your work will help you to catch some errors that you may miss in reading. You can ask, "Does this make sense?"

C. Use APA style referencing. Either buy a copy of the *The Publication Manual of the American Psychological Association, Seventh Edition*. or check the library. Also, the APA web-site has links for examples at apa.org. Most college libraries also have copies of *The Publication Manual of the American Psychological Association, Seventh Edition*.

D. Understand, as master's 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.

Websites of Interest:

The following lists the websites of professional counseling associations and related organizations (**Highlighted organizations denote flagship organizations**)

American Academy for Experts in Traumatic Stress (AAETS)

www.aaets.org/

American Art Therapy Association (AATA)

www.arttherapy.org

American Counseling Association (ACA) (Counseling's Flagship Organization)

www.aca.org/

American College Counseling Association (ACA)

www.acca.org

Association for Gay, Lesbian, & Bisexual Issues in Counseling (AGLBIC)

www.aglbic.org

American Mental Health Counselors Association (AMHCA) (ACA Div. for CMHC)

www.amhca.org

Association for Multicultural Counseling & Development (AMCD)

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)

College of Registered Psychotherapists of Ontario

www.crpo.ca

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

*See 2014 ACA Code of Ethics:

https://www.counseling.org/docs/default-source/ethics/2014-code-of-ethics.pdf?sfvrsn=2d58522c_4