2017-18
Counseling Clinical Field Experience Handbook
The faculty of the Counseling and Human Development Department at the UR/Warner School are pleased to provide this resource handbook that outlines our approach to clinical training, as well as provides reference material and resource links to the counseling profession and its credentialing standards. Information about the mission of the Counseling and Human Development Department and the connection of our programs to the wider mission of The Warner School are available on this site, as are faculty biographies and departmental policies relative to the practicum and internship experiences. Overviews of the courses that comprise the clinical sequence and specific CACREP objectives of each fieldwork experience are also presented. Students preparing to begin or currently taking these courses, can obtain more detailed contractual and assessment information on the Blackboard/Learn System. Students registering for Practicum are also advised to attend the Orientation to Fieldwork workshop at the start of the academic year to learn more about the clinical training sequence and experience.

Sincerely,

Dr. Karen Mackie  
Clinical Coordinator for Community Mental Health Counseling  
kmacro@warner.rochester.edu

Dr. Bonnie Rubenstein  
Clinical Coordinator for School Counseling  
brubr@warner.rochester.edu

Dr. Kathryn Douthit  
Department Chairperson, Counseling & Human Development  
kdothit@warner.rochester.edu
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DESCRIPTION OF CLINICAL INSTRUCTION

Master’s level students matriculated into all counseling programs within the department participate in sequenced, experiential and field based learning in the art of counseling practice.

Initially, first year students participate in a year-long, two course sequence entitled Counseling Theory and Practice I and II, during which they explore counseling and psychotherapy theories and the associated methods and skills of each approach. Students must formulate a statement of their own counseling perspective and theoretically informed approach backed by evidence that they in fact are using that perspective/approach in their counseling practice. They then develop their initial communication microskills, followed by intervention and process skills through practice sessions with peers in their own cohort but outside of their class. These practice sessions are audio & videotaped and processed during regular small group supervision sessions conducted by the faculty instructor and/or advanced doctoral level designates, who themselves have completed a course in counselor education and supervision practices.

In the first year, master’s students also complete one to two semesters (depending on program track) of training in psychopathology and DSM classification and are exposed to the rudiments of treatment planning during coursework. This sequence is referred to as Problem Identification and Treatment Intervention I and II. Mental Health counseling students also take a Pre-Practicum course focused on honing their skills in case formulation and comprehensive assessment of clients.

School counseling students are exposed to two courses specific to developing foundational knowledge and transformative change practices in schools in their first and second years of the program. These courses respectively are, Introduction to School Counseling and Contemporary Issues in School Counseling.

In either the second semester of the first year (full time students) or in the second year of study (part-time students) all students complete a Counseling Practicum experience which begins the scaffolded, tutorial, and closely supervised process of working with actual clients in a fieldwork setting. The initial fieldwork commitment is for 100 hours of experience in a professional counseling setting, of which 40 hours minimally must be direct service to clients. This service can be either individual or group counseling, or consultation with a client’s support system. Practicum students generally spend one full day (8 hours) or two half days per week for 14 weeks at the site. It is anticipated that students will initially have the opportunity to observe and/or co-facilitate client sessions with their site supervisor and then move towards increasingly independent work supported by weekly supervision sessions with both the site supervisor and university supervisor(s).

The goal of the practicum is mastery of the core counseling skills involved in all of the following: establishing and maintaining a relationship with a client; discerning client
needs and setting therapeutic goals with the client; using appropriate interventions to effect progress in the desired direction; reflexively assessing one’s use of self in the counseling process; and ascertaining the impact of the counseling approaches taken on the problem or goal. Formal assessment procedures leading to diagnosis and treatment planning may be introduced as appropriate to the operations of the clinical setting.

Practicum students receive site supervision, individual tape review (or live) supervision and group supervision in addition to classroom seminars and practice sessions in order to help students hone the counseling process skills begun in the first theory and practice courses. Students must successfully complete Practicum in order to progress to the Internship experience. Students must also demonstrate academic competence in all their concomitant coursework to progress timely through the clinical sequence.

Students in the second year of full time study or the third year of part-time study undertake their internship experience. The overarching goal of the Internship experience is to provide a supported and mentored experience of assuming the role and functions of a professional counselor as appropriate to the clinical setting. As a capstone experience, the internship is individualized to meet the learning needs of each student through the use of a written contract specifying the nature of the internship to be provided. All students however have opportunity to demonstrate their mastery of the CACREP (accreditation) competencies specified for clinical field experiences. A calendar of suggested learning objectives to be met each semester of the internship year is developed for students and supervisors for reference. The site supervisor provides most of the direct individual supervision of clinical work. Group supervision and audio/videotape review is provided by the university supervisor - either a faculty member or his or her doctoral -level designate.

The time commitment for both the practicum and the internship experience is specified by our accreditation standards (CACREP 2009 standards). The internship experience involves a minimum of 600 clock hours of site supervised practice of which 240 minimum/ 280 hours preferred must be direct clinical service to clients. Generally students spend between 2 and 2½ days (21.5 hours) hours per week for 14 weeks at the site, per semester. Students receive one credit hour for each 100 clock hours of internship time up to a maximum of 6 credits (9 if an optional fieldwork elective course is selected by the student as part of their degree program). It is possible to complete some of these hours during Summer Session A and B each of which is 6 weeks in length. Students may proceed directly from their Spring semester Practicum into Internship at the same site if all parties agree to continue. Students desiring a different placement from their practicum site should be prepared to begin the new experience in the next fall semester. Interview processes for new fall placements will occur between early March and early-May. Students are provided faculty supervision throughout the summer if in continuation of their current field experience.
As part of their doctoral degree program in counseling and counselor education, students at the University of Rochester, Warner Graduate School of Education and Human Development participate in supervised internship experiences. All doctoral students participate in a three credit Doctoral Internship in Teaching & Supervision (EDF 558) and three to six credits of Doctoral Internship in Counseling Practice (EDF 559 & EDF 560) depending upon their program of study. Students enrolled in the New York State licensure-qualifying EdD program in mental health counseling are required to complete 600 hours/6 credits of EDF 559/560. Most other doctoral students take 300 hours/3 credits of EDF 559. In addition, all doctoral students must complete a 100 hour/1 credit Advanced Practicum in Counseling experience at the start of their counseling internship experience. The Advanced Practicum provides the opportunity to determine areas of counseling skill with clients and to select areas for focused supervision or professional development during the Internship which follows. All doctoral students will thus have completed between 700 and 1000 total hours of clinical instruction by the end of their programs (EDF 558, 559, 560). Our Department follows CACREP Guidelines for the format and content of internship experiences at the doctoral level. This means that a minimum of 40 hours of direct client contact are required in the 100 hour Advanced Practicum and a minimum of 120 hours for every 300 hours of Internship must involve direct clinical contact. Our overall goal is for students to demonstrate knowledge, skills and practices beyond the entry-level as advanced counseling practitioners, supervisors and educators and for them to evolve one (or more) area of advanced clinical practice expertise that relates to their academic research and scholarly interests.
## Definitions

<table>
<thead>
<tr>
<th><strong>Practicum</strong></th>
<th>A distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrated professional knowledge. Practicum is completed prior to internship.</th>
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<tbody>
<tr>
<td><strong>Internship</strong></td>
<td>A distinctly defined post practicum, supervised “capstone” clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills appropriate to the student’s program and initial postgraduate professional placement.</td>
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<tr>
<td><strong>Licensure</strong></td>
<td>The process by which a state agency or government grants permission to an individual to engage in a given profession and to use the designated title of that profession after the application has attained the minimal degree of competency necessary to ensure that the public health, safety and welfare are reasonably well protected.</td>
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<tr>
<td><strong>Professional Counselor</strong></td>
<td>A counselor who has received a master’s degree or higher from an entry-level program in counselor education matching standards outlined by CACREP. A professional counselor remains active in the counseling profession by participating in professional development and seeking appropriate licensure and certification.</td>
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<tr>
<td><strong>Related Profession with equivalent qualifications</strong></td>
<td>A profession closely related to counseling, such as social work or psychology. Qualifications must be commensurate with the clinical preparation and experience of professional counselors. The Board will review faculty and supervisor qualifications based on terminal degree, postdoctoral study, professional affiliations, licensure and/or certification (e.g., LPC, NCC), presentations, publications and/or research. The program should be able to document faculty whose professional qualifications and identity is with professional counseling and counselor education.</td>
</tr>
<tr>
<td><strong>Supervision</strong></td>
<td>A tutorial and mentoring form of instruction in which a supervisor monitors the student’s activities in practicum and internship and facilitates the learning and skill development experiences associated with practicum and internship. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients.</td>
</tr>
<tr>
<td><strong>Supervision - Group</strong></td>
<td>A tutorial and mentoring relationship between a member of the counseling profession and more than two counseling students (more than three individuals).</td>
</tr>
<tr>
<td><strong>Supervision - Individual</strong></td>
<td>A tutorial and mentoring relationship between a member of the counseling profession and a counseling student (one to one supervision).</td>
</tr>
<tr>
<td><strong>Supervision - Triadic</strong></td>
<td>A tutorial and mentoring relationship between a member of the counseling profession and two counseling students (total of three individuals).</td>
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CAC REP Requirements for Fieldwork (2009 Standards)

Masters Practicum

- 100 hours minimum over an academic term
- 40 clock hours of direct service that leads to development of counseling skills
- Weekly interaction with an average of 1 hour per week individual OR triadic supervision by a program faculty member, a student supervisor or a site supervisor working in bi-weekly consultation with a program faculty member
- An average of 1 and ½ hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor
- The opportunity for the student to develop program appropriate audio/video recordings for use in supervision and/or to receive live supervision of the student’s interactions with clients
- Evaluation of the student’s counseling performance throughout the practicum including documentation of a formal evaluation after the student completes the practicum

Masters Internship

- 600 clock hours begun after successful completion of a practicum
- Intended to reflect the comprehensive work experience of a professional counselor appropriate to the designated program area
- 240 hours minimum (280 preferred) of direct service
- Weekly interaction with an average of 1 hour per week of individual and/or triadic supervision throughout the internship, usually performed by the on-site supervisor
- An average of 1 and ½ hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member
- The opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g. record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings)
- The opportunity for the student to develop program appropriate audio/video recording for use in supervision and/or to receive live supervision of the student’s interactions with clients
- Evaluation of the student’s counseling performance throughout the internship including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor
CAC REP Requirements for Fieldwork (2009 Standards)

Doctoral Clinical Experiences

- Required to participate in a supervised advanced practicum in counseling of 100 hours as part of the doctoral program. The nature of the practicum is to be determined in consultation with program faculty or a doctoral committee.

- Required to complete doctoral level counseling internships that total 600 clock hours minimum. The 600 hours include supervised experiences in clinical practice, supervision, research and/or teaching. The 600 hours can be allocated at the discretion of the doctoral advisor and student based on experience and training.

- Students should be given opportunity to participate in additional supervised practica or internships that are appropriate to their career objectives.

- Internships include most of the activities of a regularly employed professional in the setting.

- During practica and internships, the student must receive weekly individual and/or triadic supervision. This supervision is usually performed by a supervisor with a doctorate in counselor education or a related profession.

- Group supervision is provided on a regular schedule with other students throughout the internship and is usually performed by a program faculty member.
CA C REP SPECIALTY COMPETENCIES
FOR CLINICAL MENTAL HEALTH COUNSELING

FOUNDATION

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

Apply knowledge of public mental health policy, financing and regulatory processes to improve service delivery opportunities in mental health counseling

COUNSELING PREVENTION AND INTERVENTION

Uses principles and practices of diagnosis, treatment, referral and prevention of mental and/or emotional disorders to initiate, maintain and terminate counseling

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

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

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

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

Maintains ongoing familiarity with recognized professional standards of recordkeeping related to clinical mental health counseling

Provides appropriate counseling strategies when working with clients with addictions and co-occurring disorders

Demonstrates the ability to recognize one’s own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate
DIVERSITY AND ADVOCACY

- Maintains information regarding indigenous or community helping resources to make appropriate referrals
- Advocates for policies, programs and services that are equitable and responsive to unique needs of clients
- Demonstrates the ability to modify counseling systems, theories techniques and interventions

ASSESSMENT

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

RESEARCH AND EVALUATION

- Applies relevant research findings to inform the practice of clinical mental health counseling
- Develops measurable outcomes for clinical mental health counseling programs, interventions and treatments
- Demonstrates the ability to analyze and use data to increase the effectiveness of clinical mental health counseling interventions and programs

DIAGNOSIS

- Demonstrates appropriate use of diagnostic tools, including the current edition of the Diagnostic and Statistical Manual, to describe the symptoms and clinical presentation of clients with mental and/or emotional impairments
- Able to conceptualize accurate multi-axial diagnoses of disorders presented by clients and communicate the differential diagnosis to client’s managed care and insurance companies or other third party payers
CACREP Specialty Competencies for School Counseling

Students who are preparing to work as school counselors will demonstrate the professional knowledge, skills, and practices necessary to promote the academic, career, and personal/social development of all K-12 students. In addition to the common core curricular experiences outlined in Section II.F, programs must provide evidence that student learning has occurred in the following domains.

**Foundation**

- Demonstrates the ability to apply and adhere to ethical and legal standards in school counseling.
- Demonstrates the ability to articulate, model, and advocate for an appropriate school counselor identity and program.

**Counseling, Prevention, and Intervention**

- Demonstrates self-awareness, sensitivity to others, and the skills needed to relate to diverse individuals, groups, and classrooms.
- Provides individual and group counseling and classroom guidance to promote the academic, career, and personal/social development of students.
- Designs and implements prevention and intervention plans related to the effects of:
  a) Atypical growth and development
  b) Health and wellness
  c) Language
  d) Ability level
  e) Multicultural issues
  f) Factors of resiliency on student learning and development
- Demonstrates the ability to use procedures for assessing and managing suicide risk.
- Demonstrates the ability to recognize his or her limitations as a school counselor and to seek supervision or refer clients when appropriate.
DIVERSITY AND ADVOCACY

- Demonstrates multicultural competencies in relation to diversity, equity, and opportunity in student learning and development
- Advocates for the learning and academic experiences necessary to promote the academic, career, and personal/social development of students.
- Advocates for school policies, programs, and services that enhance a positive school climate and are equitable and responsive to multicultural student populations.
- Engages parents, guardians, and families to promote the academic, career, and personal/social development of students.

ASSESSMENT

- Assesses and interprets students’ strengths and needs, recognizing uniqueness in cultures, languages, values, backgrounds, and abilities.
- Selects appropriate assessment strategies that can be used to evaluate a student’s academic, career, and personal/social development.
- Analyzes assessment information in a manner that produces valid inferences when evaluating the needs of individual students and assessing the effectiveness of education programs.
- Makes appropriate referrals to school and/or community resources.
- Assess barriers that impede students’ academic, career, and personal/social development.

RESEARCH AND EVALUATION

- Applies relevant research findings to inform the practice of school counseling.
- Develops measurable outcomes for school counseling programs, activities, interventions, and experiences.
- Analyzes and uses data to enhance school counseling programs.
**ACADEMIC DEVELOPMENT**

- Conducts programs designed to enhance student academic development.

- Implements strategies and activities to prepare students for a full range of postsecondary options and opportunities.

- Implements differentiated instructional strategies that draw on subject matter and pedagogical content knowledge and skills to promote student achievement.

**COLLABORATION AND CONSULTATION**

- Works with parents, guardians, and families to act on behalf of their children to address problems that affect student success in school.

- Locates resources in the community that can be used in the school to improve student achievement and success.

- Consults with teachers, staff, and community-based organizations to promote student academic, career, and personal/social development.

- Uses peer helping strategies in school counseling program.

- Uses referral procedures with helping agents in the community (e.g., mental health centers, businesses, service groups) to secure assistance for students and their families.

**LEADERSHIP**

- Participates in the design, implementation, management, and evaluation of a comprehensive developmental school counseling program.

- Plans and presents school-counseling-related educational programs for the use with parents and teachers (e.g., parent education programs, materials used in classroom guidance and advisor/advisee programs for teachers.)
CACREP Specialty Competencies for Mental Health Counseling (Ed.D. MHC)

**FOUNDATION**

- Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling
- Apply knowledge of public mental health policy, financing and regulatory processes to improve service delivery opportunities in mental health counseling

**COUNSELING PREVENTION AND INTERVENTION**

- Uses principles and practices of diagnosis, treatment, referral and prevention of mental and/or emotional disorders to initiate, maintain and terminate counseling
- Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral and prevention of mental and/or emotional disorders.
- Promotes optimal human development, wellness and mental health through prevention, education and advocacy activities.
- Applies effective strategies to promote client understanding of access to a variety of community resources
- Demonstrates appropriate use of culturally responsive individual, couple, family, group and systems modalities for initiating, maintaining and terminating counseling
- Maintains ongoing familiarity with recognized professional standards of recordkeeping related to clinical mental health counseling
- Provides appropriate counseling strategies when working with clients with addictions and co-occurring disorders
- Demonstrates the ability to recognize one’s own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate
DIVERSITY AND ADVOCACY

- Maintains information regarding indigenous or community helping resources to make appropriate referrals
- Advocates for policies, programs and services that are equitable and responsive to unique needs of clients
- Demonstrates the ability to modify counseling systems, theories, techniques and interventions

ASSESSMENT

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

RESEARCH AND EVALUATION

- Applies relevant research findings to inform the practice of clinical mental health counseling
- Develops measurable outcomes for clinical mental health counseling programs, interventions and treatments
- Demonstrates the ability to analyze and use data to increase the effectiveness of clinical mental health counseling interventions and programs

DIAGNOSIS

- Demonstrates appropriate use of diagnostic tools, including the current edition of the Diagnostic and Statistical Manual, to describe the symptoms and clinical presentation of clients with mental and/or emotional impairments
- Able to conceptualize accurate multi-axial diagnoses of disorders presented by clients and communicate the differential diagnosis to client’s managed care and insurance companies or other third party payers

Aug 2016
OVERVIEW OF VARIOUS SUPPORT ROLES

There are many roles required to make both the Practicum in counseling and the subsequent Internship in counseling experiences work; from the initial placement at a site to instruction to supervision. Students in these courses also have a number of supervisors. A brief description of the responsibilities attendant to each role follows:

**Clinical Coordinator**: (a faculty member)

- Oversees aspects of the students’ clinical experiences
- Identifies students taking Practicum before the semester begins. Insures eligibility of students to begin internship experiences.
- Provides an orientation to the Practicum placement process to students in the fall semester
- Works closely with the doctoral research assistant assigned to placement to connect students to suitable placement sites and support the student’s successful placement in both practicum and internship sites
- Works closely with the Counseling & Human Development Department support secretary to communicate with site supervisors concerning stipend benefits, advisory meetings, events and other details
- Coordinates and assigns doctoral students and/or faculty to various instructional and supervisory roles
- Oversees distribution and completion of paperwork associated with Practicum and Internship and generates clinical fieldwork manuals for both courses, containing all needed documents and forms
- Organizes and leads advisory sessions for site supervisors and individual supervisors
- Makes initial and on-going contacts with various placements through site visits
- Supports Warner Counseling Program development with information on past successful and unsuccessful field experiences and works to improve clinical training experiences
- Provides professional development support to site supervisors on topic of supervision through generation of periodic newsletters and direct experiences
Course Instructors: (members of the faculty)

- Generates Syllabi and is in charge of the Practicum and the Internship courses
- Meets with the class each week throughout the semester
- Assigns students to individual supervisors for review of session tapes
- Conducts whole class learning experiences around professional, legal, ethical and counseling/clinical topics that arise in either practicum or internship experiences
- Serves as a supervisor of supervision for advanced doctoral students assisting with the courses
- Serves as a group supervisor in rotation with teaching assistant throughout semester
- Distributes clinical fieldwork handbooks to both practicum and internship students, containing all needed forms for the completion of all paperwork documenting successful course completion
- Coordinates receiving all paperwork from students with the database support secretary who enters this data (e.g. verification of student insurance, contracts, weekly logs, tape evaluations and site, group and individual supervision evaluations)
- Distributes course evaluation forms on all components of the clinical fieldwork experiences to students
- Submits final grades for course to Warner School Administrator

Group Supervisor: (the course instructor and advanced doctoral students)

- Conducts weekly group supervision sessions with up to ten students for one and one half hours, including hearing case presentations, facilitating peer feedback and responding to student concerns related to their work as counselors
- Completes an evaluation form for each student in the group and submits to course instructor each semester
Individual "Tape" Supervisor: (doctoral students, adjunct faculty or faculty members)

- Conducts individual supervision sessions with a student in accordance with the number of required meetings per the course syllabus for both Practicum and Internship students
- Listens to or views student’s tapes of their sessions. (Occasionally may engage in live supervision on-site if procuring audio or video tapes at site is not permitted)
- Maintains contact with the site supervisor including initial orientation, phone contact and a site visit
- Completes evaluation of student and submits to course instructor

Site Supervisor: (employees of the school district, college or community mental health agency working at the field-site)

- Provides information about site for university, clinical coordination database
- Interviews and selects students for practicum and/or internship experiences at the site
- Completes Practicum or Internship contract with student
- Attests to completion of required student hours of experience at the site
- Provides on-going weekly supervision and support of the student at site
- Attends orientation and other advisory sessions throughout the semester/academic year and attends Master’s Symposium Reception
- Completes interim and end-point evaluation of student progress and submits to course instructor
- Represents the interests of the field site to the university
ACTIVITIES SUGGESTIONS FOR NEW SITE SUPERVISORS

The following are all ideas that supervisors themselves have identified as being helpful to the learning experience of their new practicum or internship student and to the student's providing some service to their school or agency. Each supervisor, student and setting is different, so no one idea will work for all. Some ideas may apply more to schools and others to agencies but most apply to both settings. It is typical that the first few weeks will consist solely or primarily of introductions and learning experiences and that the student will then begin to provide direct service that will gradually increase in frequency as the clinical field experience continues.

**Introductions**

Introduce the student to other counselors in the office and to other colleagues and encourage them to think about ways to invite or involve the student in the activities of the setting.

Have the student take a tour of the building/agency and introduce him/herself to other therapists, faculty or staff.

Ask the student to identify some of his or her goals and the experiences he/she would like to have.

Bring the student to team meetings and clinical staffings with you. Convey to colleagues that they are now part of the team.

Have the student observe the counseling or unit secretary at work.

Suggest/facilitate the student observing some classrooms or programs to get the feel for the school day/climate of the agency etc.

Help the student gain entry to naturalistic gatherings of clients or students to introduce themselves, say they have time available to meet with them individually etc.

**Learning Experiences**

Set up 30-45 minute individual meeting between student and key staff, faculty, administrators etc. Have them interview person to learn about their work, perspectives, the institution etc.

Have student sit and observe one or more counseling sessions you are conducting. At the end of the session ask the student “do you have any questions you would like to ask (client)?”
Have student prepare an agenda for weekly supervision meetings with you—questions they have, suggestions they would like to make etc.

Suggest in-house or community-based professional development opportunities to students (e.g. case management, psychopharmacology, specific populations, transition planning, and learning disability issues)

Have student actively participate in department and multidisciplinary team meetings

Have student participate in CSE or other special education meetings

Have students shadow other counselors in their specialty area: e.g., college advising, addictions, prevention, eating disorders etc.

**Direct Client Service**

Have a student co-lead a group with you. At some point, turn the group over to the student to run him or herself

Have a student participate in the intake and assessment process

Ask the student to offer a psychoeducational group for a limited number of sessions

Give a student a case load of 2-3 clients to begin

Teach students how to advise students/clients on practical needs, e.g. a class schedule or related service condition and turn some of that over to the student

Have the student make a prevention/wellness presentation to client, parent or community audience e.g. career development, conflict resolution, self-care etc. Aside from the experience itself this can be a good way for the student to develop potential clients

Have the student present guidance information in a classroom or work on consultation with a classroom teacher regarding student needs

Have students make visits to the home of multi-stressed students or clients (if protocols for safety are in place for these contacts) to convey their availability to talk with family members
Guidelines for Practicum Site Supervisors

Objectives for EDF 450: Practicum

As part of their Master’s degree, counseling students from the University of Rochester, Warner Graduate School of Education and Human Development, participate in a supervised counseling practicum experience. This experience is intended to help the student:

1) To apply knowledge of human development, learning, and counseling theory to counseling practice; including giving theoretical rationale for a counseling strategy or intervention and evaluating the effectiveness of the intervention by describing the effect on client affect, cognition and behavior

2) To apply counseling communication, process skills, and dispositions effectively in a school or community mental health agency

3) To display knowledge of and act in accordance with legal and ethical standards

4) To understand the social context in which counseling work is conducted

5) To continue assessing and evaluating personal growth as a counselor

6) To use supervision processes and collegial support constructively

The student engages in fieldwork at the practicum site one day per week (or two half days) for thirteen weeks. In addition, the student attends a weekly seminar at the university which includes a combination of instruction and group supervision related to the practicum. Finally, the student meets regularly with a university supervisor who provides individual supervision by listening to tapes of the student’s counseling sessions and providing feedback and mentorship to help the student enhance his or her individual and/or group counseling skills. A total of 150 clock hours of practicum activities (at the practicum site, in the weekly class seminar, and in individual and group supervision) are required as part of EDF 450. Specifically, students must accrue 100 hours of experience in the field and a minimum of 40 of these hours must be in direct service activities with clients, per CACREP Standards.
Selection of Cooperating Institutions

Students’ practica take place in schools K-16, or community mental health agencies, depending on whether the student is working on a Master’s degree in school counseling or mental health counseling. The goal is for the faculty instructor and the student to ascertain the type of practicum experience that could best be arranged to increase his/her knowledge and understanding and to develop further his/her skills. The school or agency should be able to provide the student with access to clients for a minimum of forty (40) hours of individual or group counseling or related “direct” client services. Your school or agency has been identified as one that can provide this experience. One of the main considerations in placing a student has been the capabilities of the persons with whom he/she would work in the cooperating institution, their willingness and credentialing to supervise, and their opportunity to provide meaningful experiences. Site supervisors should have a graduate degree in counseling or a counseling related field, appropriate licenses or credentials and at least two years of professional experience in the current work setting or a setting comparable to the one in which the practicum takes place.

Procedures

Once a school or agency has agreed to accept the practicum student and a supervisor has been identified within that setting, the student initiates a contact with the site supervisor to make specific program and procedural arrangements. The site supervisor and the student discuss the contract which has been introduced in advance by the university course instructor, and it is then revised in line with the needs of the specific requirements of the field institution. If necessary, a joint meeting of the three is arranged. The resultant contract should:

1) Be consistent with the philosophy, policies, and objectives of the field site
2) Serve the student’s own professional and personal growth;
3) Make a contribution to the school or agency’s program of services.

When finalized, the contract is a jointly accepted program of objectives and activities mutually agreed upon by student, faculty instructor, and site supervisor. The student prepares the contract in writing and files copies of it with both the instructor and supervisor.
Suggested Time Schedule

Each student is expected to spend one work day per week for one semester. During the semester, therefore, you can expect to have the student available to you for fourteen (14) weeks. Beyond the first week or two for general orientation, as many as twelve (12) or thirteen (13) weeks may be available to him/her for helping in your program. Some of this time should regularly be used during your weekly supervision meeting for discussions of progress and for planning activities. The student should follow your calendar in terms of holidays, starting and stopping hours, etc. The placement normally begins and ends according to the university’s semester schedule. It is expected that the student may initially be learning about the site through observing, meeting clients and making arrangements to begin actual counseling activities. Supervisors should however be aware that in order for students to meet the course requirements for university-based supervision of their audiotapes, they should be picking up an initial client no later than the fourth week of the semester.

Even though it is desirable for the student to spend more time in the field, the realities of the student’s academic load will usually dictate rather firm limits to the total amount of time spent. However, the division of the one-workday requirement is flexible. This can be interpreted to mean the same day each week or other arrangements (provided you as a supervisor approve) which will best implement the student’s plan. Special evening meetings, case conferences, or other unique activities in which the student may participate may require some ad hoc shifting of the calendar of attendance. Once activities requiring regular and continuous contact are established (e.g., counseling given clients), it is assumed that the practicum student will meet the expectations of the situation.

The Student’s Responsibilities

After consultation with the appropriate clinical coordinator at the university, the student should initiate arrangements for the practicum experience and take responsibility for bringing the contract through to its final form.

He/she develops a written calendar of proposed attendance for the semester which is approved by you, the site supervisor and meets the course requirement of 100 field hours over at least 13 weeks of the semester spent as the equivalent of one full work day per week.
He/she is expected to complete, to the best of ability, any tasks you and he/she agree will be carried out. The initial contract which was developed serves as a chief guide. By the same token, that plan should not become an inflexible rule; if changes are called for because of circumstances or new insights, they should be arranged in consultation with all of the original parties and written into the contract.

The student should look to you as the immediate supervisor on the job. While the faculty instructor is available for consultation by both you and the student, he/she is essentially outside the day-to-day work of the practicum placement. The student may meet and even work closely with other members of your administrative, teaching, or helping services staffs; but he/she is primarily responsible to you regarding continued supervision and overall assessment of the practicum placement.

Each student will be required to complete one written assignment as part of the practicum placement. This will be a day-to-day log of experiences. You will not be involved in the evaluation of these materials except to attest by your signature that the hours have been duly fulfilled as reported.

Your Responsibilities

Supervising the practicum placement should not require an extensive amount of work but there are certain minimal tasks you will need to carry out if the practicum experience is to be successful.

1) Many of our students have had little or no on-the-job counseling experiences. Their understanding of a counselor's many responsibilities may be partial, so achieving the goal of providing a well-balanced and thorough exposure to the many services, functions, and responsibilities of a counselor will be in your hands as a supervisor. For these students, the following are desired steps.

   a. Engage in developing the semester's practicum contract with the student. The students will already have prepared a general proposal for activities, which should be used in developing the contract.

   b. Attend an Orientation session for site supervisors and university supervisors at the beginning of the practicum experience and participate in an additional site supervisor advisory meeting near
the end of the spring semester. (You will receive department invitations to these meetings which may be held on campus or at an off-campus location)

c. Orient the student to your institutional climate, its personnel, and its programs.

d. Work with the student on the specific tasks to implement his/her plan, in particular helping to arrange the ways the student can perform at least 40 hours of direct counseling or service to clients or their family members. These assignments, of course, are commensurate with your needs, and the student’s skills and maturity, and available time. The degree of freedom you give to the student to identify needs for helping services and to develop appropriate new activities in addition to the required hours of direct service, will depend on your judgment of his/her competence, enthusiasm, independence, and the ability to “fit in” with your overall program objectives.

e. Open up program possibilities and personal contacts for the student which will be helpful toward implementing his/her plan.

f. Initiate the student into the variety of your program’s services and activities. This includes planning sessions, client contacts in groups and individually, contacts with instructors, resource persons, administrators, and other significant personnel, case conferences/staffing sessions, collective negotiations, accountability & billing systems, etc.

g. Instruct the student on relevant topics, treatment strategies, protocol, procedures and report-writing as needed in your program and consistent with professional conduct.

h. Counsel the student on issues or concerns that arise.

i. Weekly review and mutually assess with the student his/her experiences, work achievements, learning, and problems if any.

j. Call on the faculty instructor to consult if there is a question on assignment of tasks, student preparation, or performance.

k. At the end of the practicum, complete an evaluation form on the student’s work and provide suggestions for continued growth.

2) The intent of the practicum placement is that the student participates actively in a broad variety of services and functions of your program, while focusing specifically on the development of individual and group
counseling skills and processes. Please do not consider the student as a volunteer who is assigned routine, low-level duties and then forgotten about; nor as a fully prepared professional who can work accepting full responsibility without supervision. While he/she may approach colleague status in terms of offering services to your clients, his/her major objective is to learn.

Our Responsibilities

We assume significant responsibility for the degree of success of the practicum experience. Specifically, this means:

1) We will communicate clearly to the student the purpose of the experience.

2) We will provide the most appropriate and congenial matching of the student and the institution (school or community agency) possible.

3) We will hold an advisory session for site supervisors and university supervisors near the beginning of the practicum experience for orientation and mutual advice and we will provide additional opportunities for your participation as the semester progresses.

4) We will meet with the students weekly in class to offer help in optimizing their experience and to provide on-going group supervision.

5) We will review the student’s contract and logs and give appropriate feedback.

6) The student’s university tape supervisor will meet individually with him or her weekly, for ten weeks, to review counseling session tapes, provide supervision and support the student. He or she will call the site supervisor at least once during the semester to discuss the student’s progress in developing counseling skills as evidenced by the tapes.

7) The student’s faculty instructor/clinical coordinator (or their advanced doctoral student designate) will make contact with the practicum site once each semester (more often if needed) to discuss the practicum, resolve any problems, and explore any suggestions for possible improvements in the practicum experience or process.

8) We will receive your calls for consultation regarding the student’s work.

9) Near the end of the practicum we will provide an evaluation form for you to use with the student to evaluate the student’s progress. If we need further clarification, we may call you to discuss with you some of the issues you raised in your evaluation.
PRACTICUM IN COUNSELING & Master’s INTERNSHIP IN COUNSELING

Overview of Various Support Roles

There are many roles required to make both the Practicum in counseling and the subsequent Internship in counseling experiences work; from the initial placement at a site to instruction to supervision. Students in these courses also have a number of supervisors. A brief description of the responsibilities attendant to each role follows:

Clinical Coordinator: (a faculty member)

- Oversees aspects of the students' clinical experiences
- Identifies students taking Practicum before the semester begins. Insures eligibility of students to begin internship experiences.
- Provides an orientation to the Practicum placement process to students in the fall semester
- Works closely with the doctoral research assistant assigned to placement to connect students to suitable placement sites and support the student’s successful placement in both practicum and internship sites
- Works closely with the Counseling & Human Development Department support secretary to communicate with site supervisors concerning stipend benefits, advisory meetings, events and other details
- Coordinates and assigns doctoral students and/or faculty to various instructional and supervisory roles
- Oversees distribution and completion of paperwork associated with Practicum and Internship and generates clinical fieldwork manuals for both courses, containing all needed documents and forms
- Organizes and leads advisory sessions for site supervisors and University tape supervisors
- Makes initial and on-going contacts with various placements through site visits
- Supports Warner Counseling Program development with information on past successful and unsuccessful field experiences and works to improve clinical training experiences
- Provides professional development support to site supervisors on topic of supervision through generation of periodic newsletters and direct experiences
Course Instructors: (members of the faculty)

- Generates Syllabi and is in charge of the Practicum and the Internship courses
- Meets with the class each week throughout the semester
- Assigns students to University Tape Supervisors for review of session tapes
- Conducts whole class learning experiences around professional, legal, ethical and counseling/clinical topics that arise in either practicum or internship experiences
- Serves as a supervisor of supervision for advanced doctoral students assisting with the courses
- Serves as a group supervisor in rotation with teaching assistant throughout semester
- Distributes clinical fieldwork handbooks to both practicum and internship students, containing all needed forms for the completion of all paperwork document ing successful course completion
- Coordinates receiving all paperwork from students with the database support secretary who enters this data (e.g. verification of student insurance, contracts, weekly logs, tape evaluations and site, group and individual supervision evaluations)
- Distributes course evaluation forms on all components of the clinical fieldwork experiences to students
- Submits final grades for course to Warner School Administrator

Group Supervisor: (the course instructor and advanced doctoral students)

- Conducts weekly group supervision sessions with up to ten students for one and one half hours, including hearing case presentations, facilitating peer feedback and responding to student concerns related to their work as counselors
- Completes an evaluation form for each student in the group and submits to course instructor each semester
University “Tape” Supervisor: (doctoral students, adjunct faculty or faculty members)

- Conducts individual supervision sessions with a student in accordance with the number of required meetings per the course syllabus for both Practicum and Internship students
- Listens to or views student’s tapes of their sessions. (Occasionally may engage in live supervision on-site if procuring audio or video tapes at site is not permitted)
- Maintains contact with the site supervisor including initial orientation, phone contact and a site visit
- Completes evaluation of student and submits to course instructor

Site Supervisor: (employees of the school district, college or community mental health agency working at the field-site)

- Provides information about site for university, clinical coordination database
- Interviews and selects students for practicum and/or internship experiences at the site
- Completes Practicum or Internship contract with student
- Attest to completion of required student hours of experience at the site
- Provides on-going weekly supervision and support of the student at site
- Attends orientation and other advisory sessions throughout the semester/academic year and attends Master’s Symposium Reception
- Completes interim and end-point evaluation of student progress and submits to course instructor
- Represents the interests of the field site to the university
ACTIVITIES SUGGESTIONS FOR NEW SITE SUPERVISORS

The following are all ideas that supervisors themselves have identified as being helpful to the learning experience of their new practicum or internship student and to the student's providing some service to their school or agency. Each supervisor, student and setting is different, so no one idea will work for all. Some ideas may apply more to schools and others to agencies but most apply to both settings. It is typical that the first few weeks will consist solely or primarily of introductions and learning experiences and that the student will then begin to provide direct service that will gradually increase in frequency as the clinical field experience continues.

Introductions

Introduce the student to other counselors in the office and to other colleagues and encourage them to think about ways to invite or involve the student in the activities of the setting.

Have the student take a tour of the building/agency and introduce him/herself to other therapists, faculty or staff.

Ask the student to identify some of his or her goals and the experiences he/she would like to have.

Bring the student to team meetings and clinical staffings with you. Convey to colleagues that they are now part of the team.

Have the student observe the counseling or unit secretary at work.

Suggest/facilitate the student observing some classrooms or programs to get the feel for the school day/climate of the agency etc.

Help the student gain entry to naturalistic gatherings of clients or students to introduce themselves, say they have time available to meet with them individually etc.
Learning Experiences

Set up 30-45 minute individual meeting between student and key staff, faculty, administrators etc. Have them interview person to learn about their work, perspectives, the institution etc.

Have student sit and observe one or more counseling sessions you are conducting. At the end of the session ask the student “do you have any questions you would like to ask (client)?”

Have student prepare an agenda for weekly supervision meetings with you—questions they have, suggestions they would like to make etc.

Suggest in-house or community-based professional development opportunities to students (e.g. case management, psychopharmacology, specific populations, transition planning, and learning disability issues)

Have student actively participate in department and multidisciplinary team meetings

Have student participate in CSE or other special education meetings

Have students shadow other counselors in their specialty area: e.g., college advising, addictions, prevention, eating disorders etc.

Direct Client Service

Have a student co-lead a group with you. At some point, turn the group over to the student to run him or herself

Have a student participate in the intake and assessment process

Ask the student to offer a psychoeducational group for a limited number of sessions

Give a student a case load of 2-3 clients to begin

Teach students how to advise students/clients on practical needs, e.g. a class schedule or related service condition and turn some of that over to the student

Have the student make a prevention/wellness presentation to client, parent or community audience e.g. career development, conflict resolution, self-care etc. Aside from the experience itself this can be a good way for the student to develop potential clients

Have the student present guidance information in a classroom or work on consultation with a classroom teacher regarding student needs

Have students make visits to the home of multi-stressed students or clients (if protocols for safety are in place for these contacts) to convey their availability to talk with family members
GUIDELINES FOR INTERNSHIP SITE SUPERVISORS- MASTER’S LEVEL

Objectives for Master’s Level Supervised Internship in School Counseling & in Mental Health Counseling

As part of their Master’s degree, counseling students at the University of Rochester, Warner Graduate School of Education and Human Development participate in supervised internship experiences of between 600 and 900 hours depending on their program. These experiences are intended to help the student:

1) To understand the work of the counselor as it is carried on in the school, agency or clinic setting.
2) To make applications of theory to practice.
3) To develop and/or improve clinical and professional skills as a counselor.
4) To understand the social context in which a counselor performs his or her work.
5) To enable the student to demonstrate entry level competencies as a counselor for purposes of qualification.

The student engages in fieldwork from two (2) days to three (3) days per week depending upon the number of semester credits they have elected for the completion of the total hours required in their program. In addition, the student attends a weekly seminar which includes group supervision at the university. The total of 600–900 clock hours required in the internship includes hours spent at the internship site, in the weekly seminar, and in individual and group supervision, and must including a minimum of 240 hours of direct service to clients and students for a 600 hour internship and a minimum of 360 hours for a 900 hour internship. An additional forty (40) hours beyond the minimum is recommended whenever possible such that approximately half of the internship clock hours are spent in direct service activities.

Selection of Cooperating Institutions and Agencies

A primary goal of the internship experience is to afford the student an opportunity to gain experience and mentorship in a setting and with a population of significant interest. To this end, the faculty instructor and the student meet to ascertain the types of internship experiences that could best be arranged to increase student’s knowledge and understanding and to develop further his/her skills. Your institution has been identified as a setting that can provide this experience. The main consideration in successfully placing a
student with your institution or agency has been the capabilities of the persons with whom he/she would work in the cooperating institution, their willingness to supervise, and their opportunity to provide meaningful experiences. Site supervisors, to meet state and national accreditation standards, should have a master’s degree in counseling or a counseling related profession, hold appropriate certifications and/or licenses and have at least two years of pertinent professional experience in the program area in which the student is enrolled. Relevant training in counseling supervision and knowledge about the expectations, requirements and evaluation processes of the counselor training program are also necessary.

Procedures

Once an agency institution has agreed to accept the internship student and a supervisor has been identified within the setting, the student initiates a contact with the site supervisor to make a specific program and procedural arrangements. The site supervisor and the student discuss the contract which was worked out in advance with the instructor, and it is revised in line with the needs of the specific requirements of the field institution. If necessary, a joint meeting of the three is arranged. The resultant contract should:

1) Be consistent with the agency institution’s philosophy, policies, and objectives;
2) Serve the student’s own professional and personal growth;
3) Make a contribution to the agency institution’s program of services.
4) Allow the student to demonstrate and be evaluated on the performance competencies specified by CACREP accreditation

When finalized the contract is a jointly accepted program of objectives and activities mutually agreed upon by student, faculty instructor, and site supervisor. The student prepares the contract in writing and files copies of it with both the instructor and supervisor.

Suggested Time Schedule

Each student is expected to spend two (School Counseling) or three (Mental Health Counseling) full work days per week for two semesters. Mental Health Counseling students may spend an additional summer semester during which they start or complete the additional hours they are required to accrue if their preference is to complete the internship in three rather than two semesters.
Generally these three-semester students spend 2.5 days a week in the field. During the Fall and Spring semesters, therefore, you can expect to have the student available to you for fifteen (15) weeks. Beyond the first week or two for general orientation, as many as thirteen (13) or fourteen (14) weeks may be available to him/her for helping in your program. Some of this time should regularly be used for discussions of progress and for planning activities. Summer semester is a twelve (12) week period from mid-May to mid-August.

The student should follow your calendar in terms of holidays, starting and stopping hours, etc. The placement normally begins and ends according to the university’s semester schedule. Students who wish to continue seeing clients during university breaks or holidays must first secure written permission from the supervising agency and site supervisor as the university does not assume liability coverage for student activity when it is not in session.

Even though it is desirable for the student to spend more time in the field, the realities of the student’s academic load will usually dictate rather firm limits to the total amount of time spent. However, the division of the two or three-workday requirement is flexible. (This can be interpreted to mean the same days each week or other arrangements that you as a supervisor approve which will best implement the student’s plan). Special evening meetings, case conferences, or other unique activities in which the student may participate may require some ad hoc shifting of the calendar of attendance. Once activities requiring regular and continuous contact are established (e.g., counseling given clients), it is assumed that the internship student will meet the expectations of the situation.

The Student’s Responsibilities

After consultation with the University Clinical Coordinator for his or her program, the student should initiate arrangements for the internship experience and take responsibility for bringing the contract through to its final form.

He/she develops a written calendar of proposed attendance for the semester which is approved by you, the site supervisor.

He/she is expected to complete, to the best of ability, any tasks you and he/she agree will be carried out. The initial contract which was developed serves as a chief guide. By the same token, that plan should not become an inflexible rule; if changes are called for because of circumstances or new insights, they should be arranged in consultation with all of the original parties and written into the...
contract. As the contract evolves, the originally approved written proposal should be amended so that it will always represent the most current version of the internship placement. The limitations of flexibility in the contracting process and its evolution are set by the need to be sure the student engages in those areas of counseling activity on which he or she will be evaluated during the collaborative joint assessment process. The contract form itself highlights these areas as required with asterisks.

The student should look to you as the immediate supervisor on the job. While the faculty instructor is available for consultation by both you and the student, he/she is essentially outside the day-to-day work of the internship placement. The student may meet and even work closely with other members of your administrative, teaching, or helping services staffs; but he/she is primarily responsible to you regarding continued supervision and overall assessment of the whole internship placement.

Each student will be required to complete a Weekly log of day-to-day experiences at the site which is turned in to the university course instructor on a regular basis to keep track of clinical hours accrued. You will not be involved in the evaluation of these materials but the student will be required to ask for your site supervisor's signature on the form attesting to authenticity of the hours calculated.

Your Responsibilities as Site Supervisor

We hope to avoid burdening you with a great load of work, but there are certain minimal tasks you will need to carry out if the internship program is to be successful.

1) Several students may have had little or no on-the-job helping services experiences. Their contract for internship will necessarily be general, so achieving the goal of providing a well-balanced and thorough exposure to the many services, functions, and responsibilities of a counselor will be in your hands as a supervisor. For these students, the following are desired steps.

    a. Engage in developing the semester’s contract with the student. The students will already have prepared a general proposal for activities, which should be used in developing the contract.
b. Attend an orientation session for site supervisors and university supervisors at the University of Rochester near the beginning of the internship experience.

c. Orient the student to your institutional climate, its personnel, and its programs.

d. Work with the student on the specific tasks to implement his/her plan. These, of course, are commensurate with your needs, his/her skills and maturity, and the time available. The degree of freedom you give to the student to identify needs for helping services and to develop appropriate new activities will depend on your judgment of his/her competence, enthusiasm, independence, and the ability to “fit in” with your overall program objectives.

e. Open up program possibilities and personal contacts for the student which will be helpful toward implementing his/her plan.

f. Initiate the student into the variety of your program’s services and activities. This includes planning sessions, client contacts in groups and individually, contacts with instructors, resource persons, administrators, and other significant personnel, case conferences/staffing sessions, collective negotiations, etc.

g. Instruct the student on relevant topics, treatment strategies, protocol, and procedures as needed in your program and consistent with professional conduct.

h. Counsel the student on issues or concerns that arise.

i. Weekly review and mutually assess with the student his/her experiences, work achievements, learning, and problems if any.

j. Sign and validate the student’s weekly log of activities and hours spent at your site.

k. Call on the faculty instructor to consult if there is a question on assignment of tasks, student preparation, or performance.

l. At the mid-point and again at the end of each semester, complete an evaluation form on the Intern’s work.

2) Other students may be more seasoned in terms of either professional roles or specific employment in the helping services that is concurrent with their graduate studies. For these students, the following are also desired steps in addition to all of the above:

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a. Review their semester contract with an eye to insuring that they broaden or deepen their existing experience with clients and programs as a result of their internship with you

b. Consider how the student’s strengths and areas of needed growth can best complement/contribute to your agency or school services and discuss these with the student so they make an early contribution to the site.

c. Arrange for in-service or other professional development opportunities that add skill sets to the student’s professional experiences

3) The intent of the internship placement is that the student participates actively in a broad variety of services and functions of your program. Please do not consider the student as a volunteer who is assigned routine, low-level duties and then forgotten about; nor as a fully prepared professional who can work accepting full responsibility without supervision. While he/she may approach colleague status in terms of offering services to your clients, his/her major objective is still to learn.

Our Responsibilities

1) We assume significant responsibility for the degree of success of the internship placement program. Specifically, this means:

   a. We will communicate clearly to the student the purpose of the experience.

   b. We will provide the most appropriate and congenial matching of the student and the institution possible.

   c. We will assume responsibility to provide an orientation session for site supervisors and university supervisors near the beginning of the internship experience and to follow this up with periodic advisory meetings throughout the year to inform and support on-going partnership efforts to train our students.

   d. We will meet with the students weekly to offer help in optimizing their experience.

   e. We will review the student’s contract and log and give appropriate feedback.
f. The student’s faculty instructor will make contact with the internship site once each semester (more often if needed) and will meet with the student and yourself at a mutually convenient time to discuss the internship, resolve any problems, and explore any suggestions for possible improvements in the internship and the internship process.

g. We will receive your calls for consultation regarding the student’s work at any time.

h. During the semester, we will provide a “Joint Assessment” form and an “Interim Report” form for you to use collaboratively with the student to evaluate his/her work. If we need further clarification, we may call you to discuss with you some of the issues you raised in your evaluation.

We thank you for your participation and welcome you to participation as a training partner with The Warner School
GUIDELINES FOR DOCTORAL INTERNSHIP SITE SUPERVISORS

Clinical Instruction of Doctoral Students

As part of their doctoral degree program in counseling and counselor education, students at the University of Rochester, Warner Graduate School of Education and Human Development participate in supervised internship experiences. All doctoral students participate in a three credit Doctoral Internship in Teaching & Supervision (EDF 558) and three to six credits of Doctoral Internship in Counseling Practice (EDF 559 & EDF 560) depending upon their program of study. Students enrolled in the New York State licensure-qualifying EdD program in mental health counseling are required to complete 600 hours/6 credits of EDF 559/560. Most other doctoral students take 300 hours/3 credits of EDF 559. In addition, all doctoral students must complete a 100 hour/1 credit Advanced Practicum in Counseling experience at the start of their counseling internship experience. The Advanced Practicum provides the opportunity to determine areas of counseling skill with clients and to select areas for focused supervision or professional development during the Internship which follows. All doctoral students will thus have completed between 700 and 1000 total hours of clinical instruction by the end of their programs (EDF 558, 559, 560). Our Department follows CACREP Guidelines for the format and content of internship experiences at the doctoral level. This means a minimum of 40 hours of direct client contact are required in the 100 hour Advanced Practicum and a minimum of 120 hours for every 300 hours of Internship must involve direct clinical contact. Our overall goal is for students to demonstrate knowledge, skills and practices beyond the entry-level as advanced counseling practitioners, supervisors and educators and for them to evolve one (or more) area of advanced clinical practice expertise that relates to their academic research and scholarly interests.

Specific Objectives for Doctoral Internship in Counseling: EDF559 & EDF 560

These experiences are intended to help the student:

1. Develop, improve, deepen and/or broaden their working knowledge and skills as an advanced practice counselor (Advanced Practicum focus in particular)
2. Apply counselor education and supervision theory to practice
3. Expand their understanding of the work of counselors as it is carried on in diverse job settings
4. Understand the social and advocacy context in which a counselor and counseling supervisor or educator’s work is carried on
5. Refine leadership, training and supervision skills through supervising master’s level staff or trainees (if possible)
The student engages in counseling and counseling-related activities at a field-site over the course of one semester to one year to complete the minimum number of hours as specified above. A student may choose to complete more than this minimum number of hours and may elect to spread the internship out over the academic year, even if only one credit of Advanced Practicum (100 hours) and three credits of Internship (300 hours) are required. Students requiring the full 6 credit (600) hours of internship in addition to the practicum can expect this to require a full year commitment of time. Students typically complete their counseling practice internship working with one institution for the entire period and supervisors can expect their student to be working with them no less than eight (8) hours per week and no more than 21.5 hours (two and one half days) per week.

Selection of Cooperating Institution

The goal is for the faculty clinical coordinator and the student to ascertain the types of internship experiences that could best be arranged to increase his/her knowledge and understanding and to develop further his/her skills. Your institution has been identified as one that can provide this experience. The main consideration in placing a student has been the capabilities of the persons with whom he/she would work in the cooperating institution, their willingness to supervise, and their opportunity to provide meaningful experiences. It is preferred that Site supervisors have a doctoral degree in counseling or a counseling related field, appropriate certifications or licenses and at least three years of professional experience in the current work setting or a setting comparable to the one in which the internship takes place.

Procedures

Once an institution has agreed to accept the internship student and a supervisor has been identified within the institution, the student initiates a contact with the site supervisor to make a specific plan and procedural arrangements. The site supervisor and the student complete a contract (on a form the student provides) which describes the work to be performed in the advanced practicum and internship and the nature of the intern-supervisor partnership. If necessary, a joint meeting between the site supervisor, the student and the faculty coordinator can be arranged to assist with this process. The resultant contract and the internship it describes should:

1. Be consistent with the institution’s philosophy, policies, and objectives;
2. Serve the student’s own professional and personal growth;
3. Make a contribution to the institution’s program of services.
When finalized the contract is a jointly accepted program of objectives and activities mutually agreed upon by student, faculty instructor, and site supervisor. The student, site supervisor and faculty instructor each keep a copy of the signed contract.

Suggested Time Schedule

The intern’s exact work schedule at your site is negotiated between you and the intern however during the semester, you can expect to have the student available to you for fifteen (15) weeks. Beyond the first week or two for general orientation, as many as thirteen (13) or fourteen (14) weeks may be available to him/her for helping in your program. Some of this time should regularly be used for discussions of progress and for planning activities. The placement normally begins and ends according to the university’s semester schedule but between semester participation and supervision can be arranged with written approval from the site.

The student should follow your calendar in terms of holidays, starting and stopping hours, etc. At the same time it should allow the student to meet his/her other responsibilities. Even though it is desirable for the student to spend more time in the field, the realities of the student’s academic load will usually dictate rather firm limits to the total amount of time spent. However, the scheduling of the work week is flexible. Special evening meetings, case conferences, or other unique activities in which the student may participate may require some ad hoc shifting of the calendar of attendance. Once activities requiring regular and continuous contact are established (e.g., counseling given clients), it is assumed that the internship student will meet the expectations of the situation.

In short, a successful internship works for both the institution and for the intern and is best achieved through mutual discussion during the writing of the contract and periodically thereafter.

The Student’s Responsibilities

The student should initiate arrangements for the internship experience and take responsibility for bringing the contract through to its final form.

He/she develops a written calendar of proposed attendance for the semester which is approved by you, the site supervisor.
He/she is expected to complete, to the best of ability, any tasks you and he/she agree will be carried out. The initial contract which was developed serves as a chief guide. By the same token, that plan should not become an inflexible rule; if changes are called for because of circumstances or new insights, they should be arranged in consultation with all of the original parties and written into the contract. As the contract evolves, the originally approved written proposal should be amended so that it will always represent the most current version of the internship placement. The limitations of flexibility in the contracting process and its evolution are set by the need to ensure that the student engages in those areas of counseling activity on which he or she will be evaluated during the Collaborative Joint Assessment Process. The contract form itself highlights these required areas with asterisks.

The student should look to you as the immediate supervisor on the job. While the faculty instructor is available for consultation by both you and the student, he/she is essentially outside the day-to-day work of the internship placement. The student may meet and even work closely with other members of your administrative, teaching, or helping services staffs; but he/she is primarily responsible to you regarding continued supervision and overall assessment of the whole internship placement.

Each student will be required to complete a Weekly log of day-to-day experiences at the site which is turned in to the university course instructor on a regular basis to keep track of clinical hours accrued. You will be asked for your signature on this form attesting to the authenticity of the hours tabulated.

Your Responsibilities

We hope to avoid burdening you with a great load of work, but there are certain minimal tasks you will need to carry out if the internship program is to be successful.

1) Some students may have had little prior advanced practice experience in the field. Their contract for internship will necessarily be general, so achieving the goal of providing a well-balanced and thorough exposure to the many clinical practices, supervisory and leadership functions, and responsibilities of a clinical counselor will be in your hands as a supervisor. For these students, the following are desired steps.
a. Engage in developing the semester’s contract with the student. The students will already have prepared a general proposal for activities, which should be used in developing the contract.

b. Attend an orientation session for site supervisors and university supervisors at the University of Rochester near the beginning of the practicum experience.

c. Orient the student to your institutional climate, its personnel, and its programs.

d. Work with the student on the specific tasks to implement his/her plan. These, of course, are commensurate with your needs, his/her skills, capacities and maturity, and the time available. The degree of freedom you give to the student to identify needs for helping services and to develop appropriate new activities will depend on your judgment of his/her competence, enthusiasm, independence, and the ability to “fit in” with your overall program objectives.

e. Open up program possibilities and personal contacts for the student which will be helpful toward implementing his/her plan.

f. Initiate the student into the variety of your program’s services and activities. This includes planning sessions, client contacts in groups and individually, contacts with instructors, resource persons, administrators, and other significant personnel, case conferences/staffing sessions, collective negotiations, etc.

g. Instruct the student on relevant topics, treatment strategies, protocol, and procedures as needed in your program and consistent with professional conduct.

h. Counsel the student on issues or concerns that arise.

i. Weekly review and mutually assess with the student his/her experiences, work achievements, learning, and problems if any.

j. Sign and validate the student’s weekly log of activities and hours spent at your site.

k. Call on the faculty instructor to consult if there is a question on assignment of tasks, student preparation, or performance.

l. At the mid-point and again at the end of each semester, complete an evaluation form on the Intern’s work.
2) Other students may be more seasoned in terms of either professional roles or specific employment in the helping services that is concurrent with their graduate studies. For these students, the following are also desired steps in addition to all of the above:

   a. Review their semester contract with an eye to insuring that they broaden or deepen their existing experience with clients and programs as a result of their internship with you.

   b. Consider how the student’s strengths and areas of needed growth can best complement/contribute to your agency or school services and discuss these with the student so they make an early contribution to the site.

   c. Arrange for in-service or other professional development opportunities that add skill sets to the student’s professional experiences.

3) The intent of the internship placement is that the student participates actively in a broad variety of services and functions of your program. Please do not consider the student as a volunteer who is assigned routine, low-level duties and then forgotten about; nor as a fully prepared professional who can work accepting full responsibility without supervision. While he/she may approach colleague status in terms of offering services to your clients, his/her major objective is still to learn.

Our Responsibilities

1) We assume significant responsibility for the degree of success of the internship placement program. Specifically, this means:

   a. We will communicate clearly to the student the purpose of the experience.

   b. We will provide the most appropriate and congenial matching of the student and the institution possible.

   c. We will assume responsibility to provide an orientation session for site supervisors and university supervisors near the beginning of the internship experience and to follow this up with periodic advisory meetings throughout the year to inform and support on-going partnership efforts to train our students.

   d. We will meet with the students weekly to offer help in optimizing their experience.
e. We will review the student’s contract and log and give appropriate feedback.

f. The student’s faculty instructor will make contact with the internship site once each semester (more often if needed), to meet with the student and you at a mutually convenient time to discuss the internship, resolve any problems, and explore any suggestions for possible improvements in the internship and the internship process. The opportunity for live supervision at this time is also encouraged if possible.

g. We will receive your calls for consultation regarding the student’s work at any time.

h. During the semester, we will provide a “Joint Assessment” form and an “Interim Report” for you to use collaboratively with the student to evaluate his/her work. If we need further clarification, we may call you to discuss with you some of the issues you raised in your evaluation.

We thank you for your participation and welcome you to participation as a training partner with The Warner School
GUIDELINES FOR UNIVERSITY TAPE SUPERVISORS

Dear University (Individual Tape) Supervisor:

Thank you for your willingness to assist our master’s students in school counseling and in mental health counseling as they complete their clinical fieldwork experiences. Students are always highly complementary and very grateful that they are able to work individually with their doctoral tape supervisor to improve their skills, confidence and counselor identity.

This letter provides some pointers about the materials contained on this supervisor information CD, as well as reminds you about some of the tasks expected of you in your role as the individual tape supervisor. For ease and efficiency these are bulleted below:

- **Description of Clinical Instruction** - a reminder of where the field courses fit in the sequence that students take for those not familiar with Warner MS programs

- **CACREP Specialty Competencies** - the outcomes expected from our students by the end of their training in the program. Suggests areas for supervision conversation as needed

- **Overview of the EDF 450 Practicum** - the course expectations in a nutshell

- **Overview of the EDF 451 and EDF 458 Internships** - course expectations of both school counseling and mental health counseling internships

- **EDF 450 Practicum Student Checklist** - the list of tasks the practicum student must complete with exact details specified (should there be any confusion)

- **EDF458 Internship Student Checklist** - the list of entire tasks and documents the student must complete to finish

- **Student Practicum/Internship Agreement** - students sign this form in all clinical courses to clarify, confidentiality, taping and grading policies. You are the “supervisory designate”

- **Overview of Support Roles** - clarifies who does what within Practicum course
- **Supervision Confidentiality Agreement** - YOU MUST SIGN and return form to student so they can submit for department file. Keep a Copy for your records.

- **Client Progress Notes** - students are asked to keep a brief note on every client they have direct contact with whether or not they tape their session. Some may elect to use the SOAP format within this note but they are not required to. The intent of these notes is to aid the supervision process with you and the site supervisor. **Like the tapes, they are not retained once the supervision process is finished.** Students should have their binder of short notes with them when they meet with you and you can ask to see them at any point.

- **Student Tape Critique Form** - This form is completed by the student PRIOR to meeting with you and forms the basis for their review of their tape with you in supervision. **These critiques are attached to the evaluation you will make** (see next bullet) and submitted to the department file for that student. There must be six critiques and reviews on file for each practicum student. **Interns** (not practicum students) use the same critique and evaluation forms but need to submit only three sets per semester of their internship, unless arrangements for additional tape review and supervision sessions have been made for that student to assist their growth.

- **Professional Orientation & Practice Tape Evaluation** - The form you use to evaluate the supervision tape submitted. **Please be sure to give the student's work an overall rating** along with the Pass/Fail evaluation and provide comments in each comment box to substantiate your assessment ratings.

- **Practicum & Internship Records** - This form is used to track the submission and review of each tape a student provides; to indicate that you have received supervision of your supervision (Dr. Dan Linnenberg completes for all doctoral students in EDF 558, Dr. Doug Guiffrida for all doctoral students taking his course in Counselor Supervision; and Dr. Karen Mackie or Dr. Bonnie Rubenstein for all others); and finally **this is the place where you will document your phone or face contact with the Site Supervisor for your practicum student.** Individual supervisors are required to make at least one contact per semester with the site supervisor to compare perceptions on the student’s progress, strengths, weaknesses and continuing supervision needs. Feedback to the Course Instructors is then
provided, using a format similar to the Sample Mid-semester Site and University Supervisor Conference Note

- **Doctoral Tape Supervisor Final Evaluation Form** – this is the final assessment you provide summarizing the student’s abilities based on your ten meetings and six reviews of taped sessions (Practicum) or three tape review meetings per semester (Internship). Again you should provide an overall rating and comment that can be used to guide the focus of supervision for the next clinical experience. Your evaluation is kept on file and must be received timely by the course instructor for the student to receive a Satisfactory (Pass) grade in the course.

- **UR Tape Supervisor Evaluation** – this is the feedback form for your student to evaluate your work as a supervisor to them. You will receive faculty comment based on this evaluation but the actual evaluation form is held in confidence

- **Syllabi** – copies of the course syllabi for both School Counseling and Mental Health Counseling Practicum for your information

- **Making Good Use of Supervision** – chapter excerpt from the students’ textbook, David Martin’s Basics of Clinical Practice so that you will know what they have learned to expect about the supervision process. Contains some useful charts on the forms of supervision which have also been shared with the Site Supervisors. Please see additional excerpted materials contained on this disc for further reading on clinical supervision topics and issues.

Finally, **important dates** for you to know are October 7th and February 3rd. These Site Supervisor Advisory Meetings are held from 9:00 a.m.-12:00 p.m. Also, the date of the Master’s Symposium, scheduled for May 1st from 4:00 p.m. to 6:00 p.m. You will be notified of the location for the symposium as more details become available.

You are always welcome to attend any meeting of the site supervisors should your schedule allow face to face contact time. The Symposium is a celebratory, end of year event where it means a great deal to the master’s students to thank their supervisors publicly and to share their next steps. We really hope you will be able to attend.
Of course, Bonnie and Karen, as the Clinical Coordinators, are always available to answer any questions you may have at any time and want to encourage you to call early and often if you have concerns about a student or their site, so that we may resolve the concern with the best outcome for all parties, long before the end of the semester.

Thank you again and we look forward to working with you.

Sincerely,

Dr. Karen Mackie
Clinical Mental Health Counseling

Dr. Bonnie Rubenstein
School Counseling
# Overview of EDF 450 Practicum in Counseling

## Practicum

<table>
<thead>
<tr>
<th>13 weeks (beginning week 2 of Spring Semester)</th>
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<tbody>
<tr>
<td>1 day/week or 2 half-days</td>
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<tr>
<td>100 hours including:</td>
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- At least 40 hours direct service to clients
- Indirect activities including, but not limited to: Observation, meeting preparing reports, meeting with site supervisor
- Weekly Log
- Six audio or video tapes of counseling sessions (at least 30 minutes in length)

## Class and Group Supervision

<table>
<thead>
<tr>
<th>With faculty instructor and advanced doctoral students</th>
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<tbody>
<tr>
<td>14 weeks including:</td>
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- Instruction, case studies, discussion of issues, skill practice, etc.
- Weekly, small group supervision, case presentation, problem solving, support

## Tape Supervision

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<th>With advanced doctoral students</th>
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<tr>
<td>10 weeks (beginning week 4 or 5 of spring semester)</td>
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<tr>
<td>1 hour per week including:</td>
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- Discussion of tapes for clinical skill, development, and case supervision
- Problem solving
- Support: self as counselor issues and counselor wellness

## Professional Liability Insurance

- Must be obtained prior to beginning of practicum experience and any work with clients at field sites

## Site Visits

- Participation in meeting with site supervisors and Warner faculty member or advanced doctoral student and co-clinical instructor
Overview of Masters Internships - EDF451-452 and EDF458-459

Students in both school counseling and mental health counseling complete a 600-hour** internship at an approved field placement site during their final year of the program.

Internship

15 weeks per semester for two semesters

Two to two and one half (2.0 - 2.5) full days per week

600 hours including:

- A minimum of 240 hours of direct service to clients (280 hours preferred)
- Indirect activities that provide experience in all aspects of the professional role including but not limited to: documentation, treatment planning and formulation, case conferencing, referral processes, meeting with site supervisor
- Weekly log of activities
- Three audio or video recordings (one per 100 hours) per semester of counseling sessions (at least 30 minutes in length)

Class and Group Supervision

With faculty instructor and advanced doctoral students

15 weeks including:

- Instruction, professional development, guest presenters, topical discussion, problem solving etc
- Weekly small group supervision, support, case presentation and reflecting team feedback

Tape Supervision

With advanced doctoral students

Three meetings per semester to review one tape in full at each session of 60-90 minutes. (October, November, December and February, March, April)

- Discussion of tapes for clinical skill development and case supervision
- Mentoring for professional development and counselor wellness
- Support for interactions with site or systems
Professional Liability Insurance

Must be obtained prior to beginning of internship experience and may need to be renewed during course of internship (i.e. new calendar year)

Site Visits

Participation in meeting with site supervisor(s) and Warner faculty member or doctoral designate

**As of Fall semester 2012**
Overview of EDF 559/560 Doctoral Internship in Counseling Practice & Mental Health Counseling

Doctoral students in EDF 559 complete 100 hours of an advanced practicum followed by an additional 300 hour internship at an approved field placement site. Students requiring eligibility for licensure in New York also complete EDF 560 for an additional 300 hours (600 hours total). All doctoral students also complete EDF 558 (Doctoral Internship in Teaching and Supervision) prior to the completion of their program of study.

Advanced Practicum and EDF 559 Doctoral Internship in Counseling Practice

- 15 weeks
- Usually 2.5 days per week for a one semester experience and 1.5 days per week for an internship extending over an academic year
- 160 hours minimum of direct service to clients (40 hours of advanced practicum followed by 120 hours of internship service
- Total of 400 hours at the site
- Indirect activities including but not limited to documentation, treatment planning and formulation, case conferencing, referral processes, meeting with site supervisor
- Weekly log of activities

Class and Supervision

- Weekly supervision of one hour from site supervisor who must be appropriately licensed and credentialed and hold doctorate
- Bi-weekly group supervision with faculty member for case presentation and reflecting team process
- Live supervision session during advanced practicum to assess skills and competencies
- Individual supervision meeting per semester with faculty member to review an audio or video tape of work at the site during internship

Professional Liability Insurance

Must be obtained prior to the beginning of advanced practicum/internship experience and/or any work with clients at field site

Site Visits

Participation in meeting with site supervisor(s) and Warner faculty member once a semester.
EDF 560 Doctoral Internship in Mental Health Counseling

In addition to meeting all the expectations for EDF 559 listed above, students in this second clinical internship will meet the following expectations:

**Internship**

- 15 weeks
- Usually 2.5 days per week for the semester
- 120 hours minimum of direct service to clients (140 recommended)
- Total of 300 additional hours at the site (for a total of 600 internship hours and 100 hours of advanced practicum) to meet eligibility requirements for state licensure in mental health counseling
- Indirect activities including but not limited to: documentation, treatment planning and formulation, case conferencing, referral processes, meeting with site supervisor
- Focus on development of skills and competencies specific to mental health counseling (as outlined in syllabus) including the following:
  - Deepening and broadening appropriate assessment and diagnostic skills including psychosocial histories, mental health status exams, clinical interviewing and standardized testing
  - Use of DSM IV-TR classification system to develop appropriate intervention plans implemented within a counseling/psychotherapy process
  - Expansion of intervention skills using evidence-based protocols (e.g. CBT, DBT, IPT etc.)
  - Documentation and outcomes assessment record keeping
  - Enhancing case formulation skills from one’s preferred clinical and theoretical approach
  - Development of related clinical competencies in consultation, case management or staff training/supervision as appropriate to role and setting.
COUNSELING PROGRAM MISSION

The mission of the Counseling Program at the Warner School of Education and Human Development is two-fold:

To educate counselors who will empower their clients and students to create more rewarding and meaningful lives and relationships; become more self-reflective, caring and compassionate persons; and contribute to reform of the systems in which their lives are imbedded.

To prepare counselor educators, researchers, practitioners and leaders in the counseling profession who will educate the next generation of counselors to do all of the above; will contribute new knowledge in the fields of counseling, counselor education and human development; and will be leaders in reforming educational and social systems to promote social justice, healthy human development, and quality relationships.

This mission is based on a an ecological perspective of professional counseling that acknowledges the importance of personal development, but also recognizes that individual lives are imbedded in a variety of personal and extended relationships and social systems. Within this perspective, we:

- see human development, counseling and education in a historical, cultural and social context
- work to foster healthy development across the life course and across a diversity of capabilities
- see the integration of biological, psychological and social intervention as an essential foundation for enduring and just human development and change.
- recognize the counselor’s role as an agent of institutional change and social justice as well as personal empowerment
- recognize the diversity of traditions, disciplines, practices and cultures that generate the wealth of counseling resources and welcome difference and innovation
- use the latest research to guide best practice and intervention strategies

Last updated 9/6/2016
Incorporating the principles of this mission, we provide the following graduate programs:

**Master of Science in Counseling and Human Development** (with specialization in school counseling) – provides entry-level preparation and New York State provisional certification for school counselors

**Master of Science in Counseling and Human Development** (with specialization in school counseling and additional concentration in community counseling) – provides entry-level preparation for counselors who may work in schools (with provisional certification) and qualifies the student for permanent certification in school counseling after two years as a school counselor.

**Master of Science in Counseling and Human Development** (with specialization in school counseling and additional concentration in disability counseling) – provides entry-level preparation for counselors who may work in schools (with provisional certification) and qualifies the student for permanent certification in school counseling after the equivalent of two years as a school counselor.

**Master of Science in Counseling and Human Development** (with specialization in school counseling and additional concentration in diversity counseling) – provides entry-level preparation for counselors who may work in schools (with provisional certification) and qualifies the student for permanent certification in school counseling after the equivalent of two years as a school counselor.

**Master of Science in Counseling and Human Development** (with specialization in school counseling and additional concentration in educational leadership) – provides entry-level preparation for counselors who may work in schools (with provisional certification) and qualifies the student for permanent certification in school counseling after the equivalent of two years as a school counselor.

**Master of Science in Community Mental Health Counseling** – provides entry-level preparation for counselors to become New York State license eligible as mental health counselors. Students graduating from this program are prepared to work in social service agencies, health care settings, child and family service centers, government agencies and other community facilities. Students can choose electives and internships to specialize in gerontological counseling or college counseling, if they so wish. Upon graduation from the program students will be eligible to receive a limited permit that will allow them to amass the 3000 hours of supervised practice required for the state license. Full licensure will be granted once the student has completed the 3000-hour requirement and has passed the state licensure examination.
Doctor of Education (Ed.D.) in Counseling and Human Development with a Concentration in Counseling - prepares counseling professionals to become counselor educators, leaders and advanced practitioners in the counseling field. Graduates of this program will typically work to advance personal development and systems change in schools, community agencies, government or higher education. (Accelerated option available.)

Doctor of Education (Ed.D.) in Mental Health Counseling and Supervision - prepares counseling professionals to become advanced practitioners who will work primarily in agency, medical or university settings, or assume a role in counselor education. This degree allows students, upon completion of the program, to begin the process of applying for a New York State license in Mental Health Counseling. (Accelerated option available.)

Doctor of Philosophy (Ph.D.) with a Concentration in Counselor Education and Human Development - prepares counselor educators, leaders, and researchers who will work in university settings, educating the next generation of counselors and contributing to new knowledge in the fields of counseling, human development, and counselor education.

Program Demographics
Currently, our student body draws from a regional, national and international base. The Master's programs consist mostly, but not exclusively, of students from the region and nation while our doctoral programs are comprised of a cross-section of regional, national and international students. Consistent with our mission, we serve both a part-time and full-time student body.

Meeting with an advisor to complete a Program of Study
In addition to reading the information provided in this section, you will be required to meet with your advisor to discuss the courses you will be taking throughout your program and to complete and sign a Program of Study to that effect. This is necessary because: (a) It is important to plan a course sequence that fits with the number of courses you intend to take each semester or summer session. Not all courses are offered every semester or even every year, so it is important to develop a program of study with your advisor that takes these scheduling issues into account. (b) Courses and requirements may change over time, so the courses listed on the following pages, or the times they are offered, may have changed since this edition of the Handbook was published. Your advisor should have the latest information about such changes, if any.

Once a Program of Study is completed and approved, be sure to get approval from your advisor for any changes. If it is a significant change, approval of the program chair and the Associate Dean will also be required.
Programs of Study for the Counseling and Human Development Department

Program of Study for CA1 Certificate of Advance Study (School Counseling)
Program of Study for CA2 Certificate of Advance Study (Community Counseling)
Program of Study for CA3 Ed.D. in Counseling
Program of Study for CA4 Ph.D. in Counseling and Counselor Education
Program of Study for CA5 Ed.D. in Mental Health Counseling and Supervision
Program of Study for CA9 Ed.D. in Counseling (Accelerated)
Program of Study for CB1 Advanced Certificate in Mental Health to School Counseling
Program of Study for CB2 Advanced Certificate in School Counseling to Mental Health Counseling
Program of Study for CM1 M.S. in Community Mental Health Counseling
Program of Study for CS1 M.S. in School Counseling
Program of Study for CS2 M.S. in School Counseling (3+2 program for U of R undergraduates)
Program of Study for CS3 M.S. in School and Community Counseling
Program of Study for CS4 M.S. in School Counseling and Diversity
Program of Study for CS5 M.S. in School Counseling and Disability
Program of Study for CS6 M.S. in School Counseling and Leadership
Program of Study for HA1 Program and Specialization in Applied Behavior Analysis
Program of Study for HA2 M.S. in Human Development (Developmental Differences and BCBA Certification)
Program of Study for HA3 M.S. in Human Development (Developmental Differences and BCBA Courses)
Program of Study for HD0 Ed.D. in Human Development (Accelerated)
Program of Study for HD1 M.S. in Human Development (General)
Program of Study for HD2 M.S. in Human Development (3+2 program for U of R undergraduates)
Program of Study for HD3 Ed.D. in Human Development
Program of Study for HD4  Ph.D. in Human Development
Program of Study for HD5  M.S. in Human Development (Early Childhood)
Program of Study for HD6  M.S. in Human Development (Developmental Differences)
Program of Study for HD7  M.S. in Human Development (Family Studies)
Program of Study for HD8  M.S. in Human Development (Gerontology)
Program of Study for HD9  M.S. in Human Development (Research)
PROGRAM OBJECTIVES

The objectives of the Counseling Program are as follows:

1. To offer a variety of degree programs that are nationally accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP)
2. To educate qualified and state-certified School Counselors
3. To educate qualified and license-eligible Community Mental Health Counselors
4. To educate Doctors of Education and Doctors of Philosophy in Counseling, Counselor Education and Supervision, and Mental Health Counseling.
5. To produce graduates who understand and pursue counseling:
   • as a research-based discipline
   • as a holistic approach to psychological wellness that encompasses multiple approaches to intra-psychic developmental process and integrates micro- and macro-systemic considerations in the individual change process
   • from a perspective that honors and celebrates the multiple dimensions of cultural diversity
   • as a purveyor of social justice working for the health of persons, families, and communities
6. To produce graduates who:
   • have excellent helping, communication, problem-solving, conflict resolution, consultation, leadership, advocacy and other intra-personal and inter-personal skills
   • are self-reflecting, self-renewing, and professionally current and active in the field
   • are committed agents of change
7. To have faculty and students generate useful theory, research, practice and policy in counseling, human development, and counselor education
8. To develop leaders for the counseling field who develop and improve counseling programs and contribute to the counseling field— in districts, agencies, universities, government, and professional organizations, from the local and regional to state, national and international levels
9. To contribute to the local and regional community by:
   • preparing qualified counselors to serve the area
   • training, consulting, and working with local schools and community institutions
   • providing professional development opportunities for practicing counselors and related professionals

Last updated 9/6/2016
CACREP 2009 STANDARDS: STUDENT PERFORMANCE OBJECTIVES

The following list of CACREP 2009 Standards outlines the performance objectives for students in all our Masters programs in counseling. These are the skills, dispositions and values we strive to teach and the elements of professional practice we expect our students to acquire and demonstrate as they pursue the program. Some courses emphasize some of these objectives more than others, but cumulatively the program seeks to teach and reinforce these objectives throughout the academic courses, practicum, internships, thesis and other experiences.

Instructors note each student’s progress in demonstrating these objectives, and instructors and advisors discuss how students are progressing in this regard on a regular basis.

PROFESSIONAL IDENTITY

FOUNDATIONS

A. Doctoral program objectives address the professional leadership roles of counselor education, supervision, counseling practice, and research competencies expected of doctoral graduates.

B. It is expected that doctoral students will have experiences designed to help them accomplish the following:

1. Develop an area of professional counseling expertise as demonstrated through scholarly publications and/or presentations.

2. Develop collaborative relationships with program faculty in teaching, supervision, research, professional writing, and service to the profession and the public.

3. Participate in appropriate professional counseling organizations.

4. Contribute to and promote scholarly counseling research.
KNOWLEDGE

C. Learning experiences beyond the entry level are required in all of the following content areas:

1. Theories pertaining to the principles and practice of counseling, career development, group work, systems, consultation, and crises, disasters, and other trauma causing events.

2. Theories and practices of counselor supervision.

3. Instructional theory and methods relevant to counselor education.

4. Pedagogy relevant to multicultural issues and competencies, including social change theory and advocacy action planning.

5. Design, implementation, and analysis of quantitative and qualitative research.


7. Ethical and legal considerations in counselor education and supervision (e.g., ACA Code of Ethics, other relevant codes of ethics, standards of practice).

PROFESSIONAL PRACTICE

CLINICAL EXPERIENCE

A. Doctoral students are required to participate in a supervised doctoral-level practicum of a minimum of 100 hours in counseling, of which 40 hours must be in direct service with clients. The nature of the doctoral-level practicum experience is to be determined in consultation with program faculty and/or a doctoral committee. During the doctoral student’s practicum, supervision will occur as outlined in entry-level standards III.A and III.C–E. The use of student supervisors is not allowed in a doctoral-level practicum.

July 2016
B. Doctoral students are required to complete doctoral-level counseling internships that total a minimum of 600 clock hours. The 600 hours include supervised experiences in counselor education and supervision (e.g., clinical practice, research, and teaching). The internship includes most of the activities of a regularly employed professional in the setting. The 600 hours may be allocated at the discretion of the doctoral advisor and the student on the basis of experience and training.

C. During internships, the student must receive weekly individual and/or triadic supervision, usually performed by a supervisor with a doctorate in counselor education or a related profession. Group supervision is provided on a regular schedule with other students throughout the internship and is usually performed by a program faculty member.

DOCTORAL LEARNING OUTCOMES

Programs must provide evidence that doctoral students will demonstrate knowledge, skills, and practices beyond the entry-level program requirements in all of the following areas. Programs may choose to emphasize one or more of the following areas congruent with program mission.

SUPERVISION

A. Knowledge

1. Understands the purposes of clinical supervision.

2. Understands theoretical frameworks and models of clinical supervision.

3. Understands the roles and relationships related to clinical supervision.

4. Understands legal, ethical, and multicultural issues associated with clinical supervision.

B. Skill/Practices

1. Demonstrates the application of theory and skills of clinical supervision.

2. Develops and demonstrates a personal style of supervision.
TEACHING

C. Knowledge

1. Understands the major roles, responsibilities, and activities of counselor educators.
2. Knows instructional theory and methods relevant to counselor education.
3. Understands ethical, legal, and multicultural issues associated with counselor preparation training.

D. Skill and Practices

1. Develops and demonstrates a personal philosophy of teaching and learning.
2. Demonstrates course design, delivery, and evaluation methods appropriate to course objectives.
3. Demonstrates the ability to assess the needs of counselors in training and develop techniques to help students develop into competent counselors.

RESEARCH AND SCHOLARSHIP

E. Knowledge

1. Understands univariate and multivariate research designs and data analysis methods.
2. Understands qualitative designs and approaches to qualitative data analysis.
4. Knows models and methods of program evaluation.
F. **Skill/Practices**

1. Demonstrates the ability to formulate research questions appropriate for professional research and publication.

2. Demonstrates the ability to create research designs appropriate to quantitative and qualitative research questions.

3. Demonstrates professional writing skills necessary for journal and newsletter publication.

4. Demonstrates the ability to develop and submit a program proposal for presentation at state, regional, or national counseling conferences.

5. Demonstrates the ability to write grant proposals appropriate for research, program enhancement, and/or program development.

6. Demonstrates the ability to create and implement a program evaluation design.

**COUNSELING**

G. **Knowledge**

1. Knows the major counseling theories, including their strengths and weaknesses, theoretical bases for efficacy, applicability to multicultural populations, and ethical/legal considerations.

2. Understands various methods for evaluating counseling effectiveness.

3. Understands the research base for existing counseling theories.

4. Understands the effectiveness of models and treatment strategies of crises, disasters, and other trauma-causing events.
H. Skills and Practices

1. Demonstrates a personal theoretical counseling orientation that is based on a critical review of existing counseling theories.

2. Demonstrates effective application of multiple counseling theories.

3. Demonstrates an understanding of case conceptualization and effective interventions across diverse populations and settings.

LEADERSHIP AND ADVOCACY

I. Knowledge

1. Understands theories and skills of leadership.

2. Understands advocacy models.

3. Identifies current multicultural issues as they relate to social change theories.

4. Understands models, leadership roles, and strategies for responding to community, national, and international crises and disasters.

5. Understands current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession.

J. Skills and Practices

1. Demonstrates the ability to provide leadership or contribute to leadership efforts of professional organizations and/or counseling programs.

2. Demonstrates the ability to advocate for the profession and its clientele.
Kathryn Douthit is a counselor educator who joined the Warner School in 2001 with a scholarly background and career experiences that encouraged her to bridge the worlds of social and biological sciences. Douthit thinks it is crucial to bring together the literatures of science and counseling to form one coherent statement about their relationship that both disciplines can digest and accept.

In her earliest academic and professional experiences, she devoted more than a dozen years to earning degrees in science, teaching undergraduate biology and mathematics courses, working in a tutoring program for medical school students in medical microbiology, and conducting research for use in various federal substance abuse prevention programs.

Through her academic work and career experiences, she has become increasingly interested in the relationship between neuroscience and counseling, and on the neurological changes that can result from effective counseling. As a division counselor in the department of math, science, and allied health at Harrisburg Area Community College, she provided personal and career counseling and academic advising to science and mathematics students.

Her research and doctoral education have produced articles and professional presentations on subjects as complex and diverse as an ecological view of attention deficit disorder, academic failure among gifted students, understanding the relationship between counseling and psychiatric genetics, the inequality of the aging experience, and a critical view of contemporary dementia care.

Douthit currently teaches courses in human development and the counseling process, including the requirements for effective multicultural counseling.
Samantha Daley
Assistant Professor, Counseling & Human Development
(585) 273-5090
dsaley@warner.rochester.edu
EdD, Harvard University (human development & psychology)

Samantha Daley focuses her work on creating emotionally supportive and inclusive learning environments, with a particular emphasis on vulnerable learners and those with disabilities. Daley’s academic training is in human development and psychology, and she works to span understanding of human variability, educational psychology, and teaching and learning.

A former special education teacher and learning disabilities specialist, Daley previously served as the director of research at CAST, a nonprofit education research and development organization that works to improve education for all learners through innovative uses of modern multimedia technology and contemporary research in the learning sciences. Pursuing emotionally inclusive learning across domains and learning contexts, she has investigated the experience of stigma among high school students with learning disabilities, the impact of stereotype threat on collaboration in inquiry-based science learning, and engagement in informal science learning settings. Daley has also been co-project director for a national center focused on improving literacy achievement for middle school students with disabilities, with an emphasis on students’ emotional experiences and using the instructional framework of Universal Design for Learning (UDL). She has led efforts to develop professional development experiences to translate research on emotional and motivational phenomena into usable knowledge for classroom practice.

Daley has received financial support from multiple sources, including the U.S. Department of Education, the National Science Foundation (NSF), the Spencer Foundation, and the Emily Hall Tremaine Foundation. Her work has been published in the Journal of Educational Psychology, Learning and Individual Differences, Mind, Brain, & Education, Journal of Postsecondary Education and Disability, British Journal of Educational Technology, and in various edited books.
Joyce Duckles conducts research on family engagement and community development through grounded theory and participatory research practices. Most recently, her scholarship interests include a four-year ethnographic collaborative project on community transformation and a qualitative exploration of the transition of older adults from the Emergency Department to home and the community. She has presented widely on the relational strategies and models of transformation emerging from both of these projects, on supporting neighborhood and family well-being, and on the inequalities and disparities across community and health through re-framing notions of collaborative research and publicly engaged scholarship.

Duckles serves on the parental involvement advisory committee formed by the Rochester City School District Board of Education in 2014. She earned her doctorate in human development from the University of Rochester in 2012.
Douglas Guiffrida teaches courses in counselor supervision, counseling theory and practice, college student retention, and counseling skills and communications techniques for teachers and administrators. He is a Nationally Certified Counselor (NCC), an Approved Clinical Supervisor (ACS), and a Licensed Mental Health Counselor (LMHC) in New York State. His primary research focus is to understand the experiences of College Students of Color in order to more effectively support their college success. He also explores the use of constructivist pedagogical practices in counselor training and supervision.

He is the author of over 30 articles and book chapters that have appeared in leading counseling and higher education publications. Guiffrida’s new book, Constructive Clinical Supervision in Counseling and Psychotherapy (Routledge), was published in January 2015.

Guiffrida was the 2007 winner of the American Counseling Association’s Ralph F. Berdie Memorial Research Award, which recognizes innovative college student affairs research. He has served as associate editor for Best Practices for the Journal of Counseling Development, senior associate editor for the Journal of College Counseling, and as a reviewer and editorial board member for several other scholarly publications.
Daniel Linnenberg has been teaching at the Warner School as an adjunct or visiting professor since 2000 and joined the counselor education faculty as a clinical member in 2010. Linnenberg is an ordained priest in the Episcopal Church besides having over 25 years experience as a therapist. He has worked in both pastoral and secular settings, including being the clergy counselor of a residential alcohol and drug treatment center and a college counselor and having a private counseling practice. He holds certifications as a National Certified Counselor, an Approved Clinical Supervisor, and as a Certified Choice Theory/Reality Therapy Therapist. He is a licensed mental health counselor in New York and a licensed professional counselor in Michigan.

His primary research interest has been in the development and implementation of an adult moral education program which incorporates Choice Theory, critical self-examination for the purpose of self-knowledge and a balanced perspective of the moral goods of justice and care. His research also includes the incorporation of constructivist thinking in counseling, moral decision making, the use of spirituality in counseling, and writing for the counseling profession.

Martin Lynch, a clinical psychologist, joined the Warner School faculty in 2008, teaching in the counseling and counselor education programs. His research focuses on the effects of social context on human motivation, personality development, and well-being. His current research interests include cross-cultural issues in the role of autonomy support; the sources of within-person variability in trait self-concept, well-being, and life satisfaction; motivation for emigration; and adjustment of international students. He is also involved in applied motivational research in the domains of health care, education, work, and psychotherapy. Additionally, Lynch is a Nationally Certified Counselor (NCC) and a Licensed Clinical Psychologist in New York State.

Lynch returned to the University of Rochester after teaching at the University of South Florida Sarasota-Manatee for four years. A former Scandling Scholar at the Warner School, Lynch completed his graduate work at the University in clinical psychology.

Lynch, who is fluent in Russian and has lived and worked in Russia, brings a unique perspective to cross-cultural studies and the understanding of intercultural relations and experiences. He publishes in both western and Russian journals.
Karen Mackie
Assistant Professor (clinical), Counseling & Human Development
(585) 275-9557 kmackie@warner.rochester.edu
PhD, University of Rochester (counseling)
MS, University of Rochester (counseling, family, and work-life studies)
BA, State University of New York - Geneseo (psychology)

Karen Mackie has been teaching counseling courses in the Warner School since 1989 and in 2001 was appointed the outreach coordinator for counseling for the Warner Center for Professional Development and Educational Reform. Since 2005 she has been a member of the clinical faculty in counselor education and in 2008 also became the clinical coordinator for mental health counseling. She is a nationally certified counselor (NCC), a licensed mental health counselor (LMHC) and a permanently certified school counselor in New York State. She has been a practicing professional counselor in mental health, addiction, private practice, college and public school settings since 1983.

Mackie’s teaching focuses on preparing the next generation of counselor educators and practitioner-researchers; the application of feminist, cultural, and post-modern perspectives to counseling; family and interpersonal systems counseling; and the incorporation of counseling practices and perspectives in community mental health as well as educational settings.

Her scholarship interests include understanding the impact of globalization, multinational identity and cultural plurality on counseling theory and practice; creativity and spirituality in the counselor education process; and post-modern approaches to family systems therapy and clinical supervision. In her role as clinical coordinator, she is interested in the design of professional development and supervisory activities which allow therapeutic professionals to transform and re-situate their practices. She has presented her work nationally and internationally at numerous professional conferences in the counseling field. Her on-going research explores the nature of professionalism for counselors and therapists in relation to the preservation of practitioner service ideals within challenging employment contexts. Mackie also studies the ways in which social class intersects with other cultural variables in shaping the self-narratives of both therapists and clients and in impacting their experience of life transition.

She serves on the editorial boards of The Journal for the Professional Counselor and the New York State School Counseling Journal and has published work in
the books Critical Incidents in Child Counseling (ACA 2006), Culturally Alert Counseling (Sage 2008) and Integrating the Expressive Arts into Theory Based Counseling Practice (Springer 2010).

Andre Marquis
Associate Professor, Counseling & Human Development
(585) 275-5582 amarquis@warner.rochester.edu
PhD, University of North Texas (counseling and counselor education)
MEd, Southwest Texas State (counseling and guidance)
BA, University of Texas, Austin (psychology)

Andre Marquis is an associate professor in counseling and human development at the Warner School. His teaching, research, and scholarly interests include counseling theories, psychotherapy integration and unification, group therapy, relational psychodynamics, developmental constructivism, human change processes, and integral theory as it provides a framework to coherently organize theory and practice. Although he has carried out a number of empirical studies, his strength involves conceptual and theoretical analyses, exploring issues such as unification in counseling and psychotherapy, epistemology and research methodologies, and psychopathology and human suffering.

Marquis is the author of several books, including Understanding Psychopathology: An Integral Framework (in press), The Integral Intake: A Guide to Comprehensive Idiographic Assessment in Integral Psychotherapy and Theoretical Models of Counseling and Psychotherapy. He has also authored numerous scholarly articles, including articles he co-authored with Ken Wilber and Michael Mahoney, both of whom he has worked with closely. Given that Marquis’ primary work involves developing a unified approach to counseling and psychotherapy, he has published in a range of journals, including the Journal of Psychotherapy Integration, Journal of Unified Psychotherapy and Clinical Science, Constructivism in the Human Sciences, Psychoanalytic Inquiry, Journal of Counseling and Development, Journal of Integral Theory and Practice, Journal of Humanistic Psychology, Counseling and Values, and Journal of Mental Health Counseling.

Marquis serves in various editorial roles for national publications, including the Journal of Psychotherapy Integration, the Journal of Unified Psychotherapy and Clinical Practice, and the Journal of Integral Theory and Practice, and is on the advisory board of the Unified Psychotherapy Project. He has taught more than
20 different courses in psychology, counseling, and human development. In addition to continuing to empirically investigate integrative counseling approaches, Marquis is interested in exploring research on human change processes, including how spirituality (secular and religious) and other aspects of Integral-Constructive approaches affect health and development across the life course.

Marquis is a licensed mental health counselor in New York with a small private practice.

Bonnie Rubenstein
Associate Professor (clinical), Counseling & Human Development
(585) 275-5163 brubenstein@wamer.rochester.edu
EdD, University of Rochester (counseling and human development)
MS, State University of New York - University at Brockport (guidance and pupil personnel services)
BS, State University of New York - University at Brockport (psychology)

Bonnie Rubenstein is a tireless leader in the counseling field. She previously served as director of counseling for the Rochester City School District (RCSD) for more than two decades before her full-time faculty position at the Warner School. At RCSD, she implemented college- and career-readiness programs and comprehensive school counseling programs for 34,000 students district-wide and supervised 91 school counselors. Prior to this district leadership position, she taught at the elementary, undergraduate, and graduate levels and was a counselor in elementary, middle, and high school. Rubenstein also worked as a high school assistant principal and acting principal in both urban and suburban districts.

At Warner, Rubenstein trains the next generation of school counselors in the transformative school counseling model, based on national (ASCA) and state (NYSSCA) models, while emphasizing their role as agents of change and advocates for equity and access. Her teaching focuses on urban education, which is particularly salient if counselors are to reduce the effects of environmental and institutional barriers that impede student academic success. In her courses, students are asked to analyze and disaggregate data elements and subsequently explore issues of equity—the systemic barriers that
restrict urban school students’ access to and acquisition of educational achievement, especially for traditionally underserved groups.

Rubenstein’s scholarship interests include the impact of grief and loss on students and families, the impact of divorce on teenagers’ home lives and school skill development, and college and career readiness. She has published articles in all of these areas and developed teacher/counselor resource materials, including manuals, videos, and software. Her interest in urban education has led to the creation of three school counseling laboratories, where cohorts of practicum and internship students are placed in urban settings.

Silvia Sörensen
Associate Professor, Counseling & Human Development
(585) 273-2952 ssorensen@warner.rochester.edu
PhD, Pennsylvania State University (Human Development and Family Studies)
MS, Technical University of Berlin (Psychology)
BA, Antioch College (Psychology)

Silvia Sörensen is a researcher and teacher in human development with particular interests in facilitating well-being among vulnerable older adults and their families. Collaborating with colleagues in ophthalmology, psychiatry, primary care, immunology, and with community-based health activists, she has developed and/or evaluated interventions to (1) promote positive health behaviors, (2) prevent mental and physical health problems, (3) increase access to mental health services for underserved groups, (4) assist older adults with preparation for future care, and (5) support well-being among older adults.

Sörensen is a co-founder of the Aging Well Initiative community collaboration with faith-based organizations, and she has a particular interest in empowerment of underserved groups in order to reduce health disparities. She is also the director of the Laboratory for Aging, Population Health, Disparities, and Intervention Research (LAPHDIR) in which new research and community health projects are hatched with the help of a Community Health-project Advisory Board (CHAB). Her specific areas of research include successful aging through preparation for future care, family caregiver stress and coping, interventions with caregivers, interventions with vision-impaired older adults, future thinking among older adults, as well as health literacy and patient
education for diabetes prevention.

Her areas of mentoring expertise include community engagement, research methods and statistics, and grant-writing; content expertise is in application of life-span developmental perspectives, adult development and aging, mental health in the context of chronic illness, health and aging, health disparities, and health promotion.

Dena Swanson
Associate Professor, Counseling & Human Development
(585) 273-3341 dswanson@warner.rochester.edu
PhD, Emory University (educational/developmental psychology)
MEd, Georgia State University (counseling/rehabilitation)
BA, Emory University (psychology)

Dena Phillips Swanson is an associate professor of counseling and human development and creator of the research consortium INSPIRE (Investigating Strategies for the Promotion of Positive Identity and Resilience), which aims to engage in culturally-relevant, developmental research with domestic and international investigators to inform institutional practices. As an applied developmental psychologist, she examines psychological vulnerability in relation to identity processes, cultural values, and multiple stressors. While focusing primarily on adolescence, her research also addresses these processes from early childhood through adulthood. Schools, workplaces, and faith-based institutions are examined as primary contexts in which significant stressors affecting identity are encountered or mitigated.

As an extension of her research, Swanson consults with organization leaders and investigators on implementing culturally and developmentally appropriate practices, providing training as needed to maximize their sustainability. She is a faculty development and diversity officer for the University of Rochester and a certified leadership coach and faculty mentor with Ramerman Leadership Group. Additionally, she has a longstanding collaborative relationship with the Gandhi Institute for Nonviolence to improve how early adolescents perceive and respond to conflict and with the Gateway to College Foundation to improve high school completion rates and college potential for students nationally.
Swanson is a former postdoctoral fellow and co-director of the Center for Health, Achievement, Neighborhood Growth and Ethnic Studies (CHANGES) at the University of Pennsylvania. Her research is supported by the William T. Grant Foundation and the National Institute of Mental Health (NIMH). She has authored numerous articles and book chapters and edited Adolescent Development in a Global Era to present multiple domains of vulnerability and resilience impacting adolescents' developmental trajectories. She was a researcher for the CNN 360° series Black or White: Kids on Race and is past chair of The Black Caucus of the Society for Research on Child Development. She has served on the editorial board of Child Development and currently serves on the editorial board of Identity: An International Journal of Theory and Research. Her active professional affiliations include the Society for Research on Adolescence (SRA), Society for the Study of Human Development (SSHD), and the International Society for Research on Identity (ISRI).
<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
<th>Email</th>
<th>Office</th>
<th>Credentials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douthit, Kathryn (C)</td>
<td>276-6138</td>
<td><a href="mailto:kdouthit@warner.rochester.edu">kdouthit@warner.rochester.edu</a></td>
<td>486</td>
<td>Ph.D., LMHC, University of Rochester</td>
</tr>
<tr>
<td>Daley, Samantha (HD)</td>
<td>273-5090</td>
<td><a href="mailto:sdaley@warner.rochester.edu">sdaley@warner.rochester.edu</a></td>
<td>470</td>
<td>Ed.D., Harvard University</td>
</tr>
<tr>
<td>Donnelly, David (HD)</td>
<td>275-7833</td>
<td><a href="mailto:ddonnelly@warner.rochester.edu">ddonnelly@warner.rochester.edu</a></td>
<td>482</td>
<td>Ph.D., BCBA, University of Rochester</td>
</tr>
<tr>
<td>Duckles, Joyce (HD)</td>
<td>276-4894</td>
<td><a href="mailto:joyce.duckles@warner.rochester.edu">joyce.duckles@warner.rochester.edu</a></td>
<td>489</td>
<td>Ph.D., University of Rochester</td>
</tr>
<tr>
<td>Guiffrida, Doug (C)</td>
<td>275-3964</td>
<td><a href="mailto:dguiffrida@warner.rochester.edu">dguiffrida@warner.rochester.edu</a></td>
<td>490</td>
<td>Ph.D., LMHC, Syracuse University</td>
</tr>
<tr>
<td>Linnenberg, Daniel (C)</td>
<td>276-4782</td>
<td><a href="mailto:dlinnenberg@warner.rochester.edu">dlinnenberg@warner.rochester.edu</a></td>
<td>491</td>
<td>Ed.D., LMHC, University of Rochester</td>
</tr>
<tr>
<td>Lynch, Martin (C)</td>
<td>273-3408</td>
<td><a href="mailto:mlynch@warner.rochester.edu">mlynch@warner.rochester.edu</a></td>
<td>483</td>
<td>Ph.D., LCP, University of Rochester</td>
</tr>
<tr>
<td>Mackie, Karen (C)</td>
<td>275-9557</td>
<td><a href="mailto:kmackie@warner.rochester.edu">kmackie@warner.rochester.edu</a></td>
<td>496</td>
<td>Ph.D., LMHC, University of Rochester</td>
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<tr>
<td>Marquis, Andre (C)</td>
<td>275-5582</td>
<td><a href="mailto:amarquis@warner.rochester.edu">amarquis@warner.rochester.edu</a></td>
<td>494</td>
<td>Ph.D., LMHC, University of North Texas</td>
</tr>
<tr>
<td>McGee, Meghan (HD)</td>
<td></td>
<td><a href="mailto:Meghan_Mcgee@urmc.rochester.edu">Meghan_Mcgee@urmc.rochester.edu</a></td>
<td>482</td>
<td>Board Certified Behavior Analyst</td>
</tr>
<tr>
<td>Rubenstein, Bonnie (C)</td>
<td>275-5163</td>
<td><a href="mailto:brubenstein@warner.rochester.edu">brubenstein@warner.rochester.edu</a></td>
<td>493</td>
<td>Ed.D., University of Rochester</td>
</tr>
<tr>
<td>Sorensen, Silvia (HD)</td>
<td>273-2952</td>
<td><a href="mailto:ssorensen@warner.rochester.edu">ssorensen@warner.rochester.edu</a></td>
<td>488</td>
<td>Ph.D., Pennsylvania State</td>
</tr>
<tr>
<td>Swanson, Dena (C &amp; HD)</td>
<td>273-3341</td>
<td><a href="mailto:dswanson@warner.rochester.edu">dswanson@warner.rochester.edu</a></td>
<td>492</td>
<td>Ph.D., Emory University</td>
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Counseling and Human Development Senior and Emeriti Faculty

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<th>Name</th>
<th>Email</th>
<th>Degree</th>
<th>University</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jefferson, Frederick</td>
<td><a href="mailto:fcjefferson@warner.rochester.edu">fcjefferson@warner.rochester.edu</a></td>
<td>Ed.D.</td>
<td>University of Massachusetts</td>
</tr>
</tbody>
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<tr>
<td>Kirschenbaum, Howard</td>
<td><a href="mailto:hkirschenbaum@warner.rochester.edu">hkirschenbaum@warner.rochester.edu</a></td>
<td>Ed.D., Temple University</td>
</tr>
<tr>
<td>French, Lucia (HD)</td>
<td><a href="mailto:lucia.french@warner.rochester.edu">lucia.french@warner.rochester.edu</a></td>
<td>Ph.D., University of Illinois</td>
</tr>
<tr>
<td>Earl B. Taylor Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casamento, Nicole (C)</td>
<td><a href="mailto:Nicole.Casamento@warner.rochester.edu">Nicole.Casamento@warner.rochester.edu</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Coffey, Kevin (C)</td>
<td><a href="mailto:Kevin_Coffey@URMC.Rochester.edu">Kevin_Coffey@URMC.Rochester.edu</a></td>
<td>Ed.D., University of Rochester</td>
</tr>
<tr>
<td>Fitzgibbons, Sara (C)</td>
<td><a href="mailto:Sarah_Fitzgibbons@warner.rochester.edu">Sarah_Fitzgibbons@warner.rochester.edu</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Hazel, Cameka (C)</td>
<td><a href="mailto:Cameka22@gamil.com">Cameka22@gamil.com</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Hazan, Gabriele (C)</td>
<td><a href="mailto:ghazan@ur.rochester.edu">ghazan@ur.rochester.edu</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Hudson, Deborah (C)</td>
<td><a href="mailto:dhudson2@u.rochester.edu">dhudson2@u.rochester.edu</a></td>
<td>LCSW, Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Kehoe, Lee (C)</td>
<td><a href="mailto:Lee.kehoe@gmail.com">Lee.kehoe@gmail.com</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>McAdam, David (HD)</td>
<td><a href="mailto:David_McAdam@URMC.Rochester.edu">David_McAdam@URMC.Rochester.edu</a></td>
<td>Ph.D., BCBA, University of Kansas</td>
</tr>
<tr>
<td>McGuinness, Scott (C)</td>
<td><a href="mailto:scott.ryan.mcguinness@gmail.com">scott.ryan.mcguinness@gmail.com</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Morris, Andy (C)</td>
<td><a href="mailto:amor10@u.rochester.edu">amor10@u.rochester.edu</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Mruzek, Daniel (HD)</td>
<td><a href="mailto:Daniel_Mruzek@URMC.Rochester.edu">Daniel_Mruzek@URMC.Rochester.edu</a></td>
<td>Ph.D., BCBA, Ohio State University</td>
</tr>
<tr>
<td>Napolitano, Deborah (HD)</td>
<td><a href="mailto:Deborah_Napolitano@URMC.Rochester.edu">Deborah_Napolitano@URMC.Rochester.edu</a></td>
<td>Ph.D., BCBA, University of Kansas</td>
</tr>
<tr>
<td>Nittoli, Jay (C)</td>
<td><a href="mailto:risesome@gmail.com">risesome@gmail.com</a></td>
<td>Ed.D., University of Rochester</td>
</tr>
<tr>
<td>Russotti, Justin (C)</td>
<td><a href="mailto:justin_russotti@urmc.rochester.edu">justin_russotti@urmc.rochester.edu</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
<tr>
<td>Smith, Atiya (HD)</td>
<td><a href="mailto:atiyarsmith@gmail.com">atiyarsmith@gmail.com</a></td>
<td>Doctoral program, University of Rochester</td>
</tr>
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**Administrative Support Office**

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<th>Name</th>
<th>Email</th>
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<th>Title/Position</th>
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<tr>
<td>Kirschenbaum</td>
<td></td>
<td></td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>Cellini, Wendy</td>
<td><a href="mailto:wcellini@warner.rochester.edu">wcellini@warner.rochester.edu</a></td>
<td>275-9929</td>
<td>Administrative Assistant</td>
</tr>
<tr>
<td>Kaptein, Pamela</td>
<td><a href="mailto:pkaptein@warner.rochester.edu">pkaptein@warner.rochester.edu</a></td>
<td>276-5405</td>
<td>Administrator</td>
</tr>
</tbody>
</table>

Last updated 9/6/2017
MASTER'S PRACTICUM AND INTERNSHIP POLICIES

Full-time Master’s students in counseling generally enter the Practicum in the spring semester of their first full year of study. In order to enter Practicum class, school counseling students must have an S in Theory and Practice I; and community mental health counseling students must have a B or better in Pre-practicum and Problem Identification and Intervention I and an S in Theory and Practice I. The Practicum is the students’ first experience working with clients and students are therefore carefully screened before they are allowed to begin Practicum clinical work. The faculty in any program course may occasionally deem that a student is 1) dispositionally unprepared to enter Practicum or that 2) the student has not mastered enough basic skill or knowledge of ethical issues to begin working with clients in a Practicum setting. In some cases faculty may require that students engage in personal counseling as a condition of their being admitted to the Practicum class.

INTERNSHIP POLICIES

For all Master’s programs in counseling, the internship is normally done in the last academic year of study. For School Counseling students, Internship I is taken in the fall semester and Internship II taken the following spring semester. For Community Mental Health Counseling Students, one of two options is available. Option one divides the internship experience into 2 semesters, fall and spring, with each semester entailing 300 hours of work; while option two allows the student to gain hours over the summer to either compute final hours or to start early at the request of the site. This positioning of Internship at the end of the program allows students to have taken as many courses as possible before beginning this intensive clinical experience. The following are special internship policies and practices that address questions and requests that sometimes arise. Faculty also reserves the right to ask a student to submit to a psychological evaluation to determine if they can function effectively in a clinical setting.
Prerequisites, Sequencing, Incompletes, Counseling

In order to enter Internship I, II or III (please note that Internship III is only an option for Community Mental Health students) **school counseling students** must have an S in Counseling Practicum and Theory and Practice II and must not have any outstanding incomplete grades in any other course on their program of study; and **community mental health counseling students** must have an S in Counseling Practicum, and Theory and Practice II and a B- in Problem Identification II. The faculty in any program courses may occasionally deem that a student is 1) dispositionally unprepared to enter Internship or that 2) the student has not mastered enough basic skill or knowledge of ethical issues to begin working with clients in an Internship setting. Likewise, faculty may occasionally (case by case situation) deem that a student is prepared to move ahead even if the student’s grades have not met the academic criteria due to extraordinary circumstances. Faculty will require remedial work concurrently as the student participates in the internship. In some cases faculty may require that students engage in personal counseling as a condition of their being admitted to the Internship class. Faculty also reserves the right to ask a student to submit to a psychological evaluation to determine if they can function effectively in a clinical setting.

Changing Internships

The expectation is that Internships are year-long experiences at the same site. However, it is possible to change internship sites if (a) your current placement really isn’t working and attempts to improve it have failed, or (b) a too-good-to-pass-up opportunity arises. Therefore, an internship site may be changed if the following conditions are met:

1. **Your current internship site supervisor accepts the change.** In light of the fact that you will already have a signed contract with an existing supervisor, it is important to honor that contract so that the supervisor maintains an amicable working relationship with the Warner School Counseling Department. **Changes in site supervisor must not hurt the counseling program or opportunities for future practicum and internship students.** If site supervisors feel abandoned, they may no longer be willing to take on that role. **The needs of your current individual clients and groups must also be taken into consideration.** Once you have talked to your site supervisor and you inform the Counseling Program’s Clinical Coordinators (for School Counselors, Bonnie Rubenstein; for Community Mental Health Counselors, Karen
Mackie) that you have reached an agreement with your current site supervisor, the Clinical Coordinator will call him/her to confirm that an agreement has indeed been reached.

2. You have completed a significant number of hours at your current site, and your current site supervisor completes a “Joint Assessment Form” so that we have her/his evaluation of your work at that site.

3. Your new site is an appropriate setting for your continued internship.

4. There is a qualified supervisor at your new site who agrees to provide site supervision for you. This means a professional with at least a Master’s degree in counseling or a closely related field and at least two years experience at the site.

5. You develop a new “Internship Contract” with the new supervisor before or as soon as you begin at the new site.

6. You continue to meet all the requirements of the internship, such as tapes and attending classes and supervision.

Paid Internships

Occasionally, in a small minority of cases, the opportunity occurs for an intern to be paid by the internship site. This may happen if a counselor at the site goes on maternity or sick leave or leaves abruptly, and since the Intern is already working successfully at the site, she is asked to fill in for the departing employee. It may also occur that a student already working as a counselor (typically a community counselor) sees an opportunity to do the Internship at her work site while continuing to be employed there.

Can a Student Do Her Internship at Her Current Work Site?

The answer is “Yes,” under the following three conditions, as well as conditions A, B, & C below:

1. The Internship will involve a substantially new learning experience in which the student engages in a new type of counseling or works with a new population. The student cannot simply continue her/his normal work and receive Internship credit for it.

2. There is appropriate supervision. Appropriate supervision means that a site supervisor meets all the usual qualifications expected of a site supervisor, and also has expertise in the new type of counseling or with the new population and can therefore support and facilitate the student’s learning experience. This supervisor should not be the
student’s co-worker/buddy who may find it difficult to act or be perceived as a supervisor with one’s peer or friend.

3. There are no other potentially serious role conflicts or problematic situations at the site.

Can an Intern Receive Pay as a Substitute or Part-time or Full-time Employee? During the Internship?

In past experience, an intern shifting from practicum student or intern to employee at the internship site has often created problems. When an intern is an employee, school districts and agencies often forget that the intern is there for a learning experience and assign the intern to duties that might be beyond the intern’s capability, reduce supervision of the intern, and/or neglect to facilitate new learning experiences for the intern. Simultaneously, the intern is often more reluctant to ask for help or to say she is not ready for a particular assignment, because after all, she is being treated as and paid as a regular counselor or because she hopes to be offered a permanent position at the site and does not want to appear inexperienced.

Therefore, if you will be paid at the internship site (e.g., as a substitute or part-time or full-time counselor), these additional requirements apply:

A. Your supervisor recognizes that you are still doing your internship, which means that weekly supervision, provision of new learning experiences, and on-going support are still important and expected. It does not mean that since you are now a paid member of the staff you can be “left alone”, which has sometimes happened in the past when interns became employees. To be sure that this criterion is met, the Clinical Coordinator will speak with the Site Supervisor and, if needed, the site administrator (principal, director, etc.), and the site supervisor or administrator will sign an addendum to the Internship Contract agreeing that a) the Intern will receive on-going supervision, b) the Intern will not be asked to engage in activities that are beyond her professional capacity, and c) the site will honor the intern’s program needs, including work hours that enable the intern to get to classes on time.

B. You will still be willing to ask your site supervisor and others for help, say “I’m not yet qualified to do that,” or “I’m going to need some help and support to fulfill that assignment.” Again, in the past, interns who became employees have felt they could not say “no” or ask for
help because they were being paid or because they hoped to be offered a permanent position at the site and did not want to appear inexperienced. The first goal of the internship is still learning.

C. You are still required to participate in the Internship course for its entire length. By working full-time, for example, an intern could accumulate 600 hours in one semester. The intern must still participate fully in the Internship throughout the spring semester in order to benefit from the ongoing supervision, learning experiences, and reflection opportunities that the Internship provides.

Summer Community Counseling Internship & Community Mental Health Counseling Internship

The summer **Community Mental Health Counseling** internship is designed for dual program (School and Community) students after they have completed their full School Counseling internship. The summer Community Counseling Internship cannot be taken before the two semester School Counseling Internship because the School Counseling fall-spring internship also contains important learning experiences that give needed structural and intellectual support to first and second semester internship students. In addition, the fall-spring internship has more levels of supervision than the summer internship, and is inappropriate for a first semester internship experience. Students who are staying at the same site for practicum and internship can start in the summer session, however, summer starts must still register and attend the fall-spring sequence for EDF458. Students who are taking an additional 300 hours of fieldwork as their elective course can also complete this by utilizing the 12 week summer session either before or after the internship year.

The summer internship in **Community Mental Health Counseling** is designed to be a Fall-Spring-Summer Internship sequence, taken at the end of the student’s program in Community Mental Health Counseling. This enables the student to have taken as many courses as possible before or during the internship. Students who are completing the CMHC Internship who wish to stay at the same site for Practicum and Internship are permitted to start accumulating field-based hours towards the Internship requirement during the intervening summer session (12 weeks).
COUNSELING DOCTORAL INTERNSHIP POLICIES

All doctoral students are required to do 700 clock hours of internship experiences (900 hours in some instances where: 1) students are attempting to fulfill the internship requirements for the New York State Licensed Mental Health Counselor [LMHC] limited permit, 2) students enter the program with insufficient counseling experience to competently supervise master's level students).

Supervised Internship in Teaching and Clinical Supervision consists of 300 hours and provides students with teaching and supervisory experience in counselor education and supervision. Students registered in this internship may engage in classroom teaching or participate in supervision of master's level counseling students. In addition, this particular internship has a significant didactic portion that addresses such issues as professional publication and presentation, disaster mental health, and program evaluation. This didactic portion spans the entire academic year even though students only register for the course once (registration is in either fall or spring depending upon which fits better into the students’ schedule). All students are required to attend the full spring-fall didactic sequence of this course. In addition, all students will undergo supervision as a part of this course. All students amassing practice hours in teaching and clinical supervision are required to have faculty supervision of those hours.

Supervised Internship in Counseling Practice also consists of 400 clock hours (600 hours for LMHC limited permit candidates). The focus of this internship is direct clinical experience to deepen and broaden one’s counseling skills. For this course, students select their own internship site, with the help of the Clinical Coordinator. Doctoral interns recently have worked at the University Counseling Center, the psychiatric outpatient clinic at the University’s Medical Center, a local church doing pastoral counseling, Mount Hope Family Center, and other community agencies. In each setting there must be a qualified site supervisor who provides weekly individual supervision. Students also meet periodically with a university faculty instructor for individual and group supervision. Students are able to obtain internship hours at their place of work only if: 1) they participate in new activities that are beyond the scope of their regular job duties and 2) have a qualified site supervisor. For doctoral students with extensive clinical experience, in consultation with the advisor, up to 200 of these hours can be substituted with research activities.
The doctoral Internships may be taken in either order, with approval of your program advisor and the Clinical Coordinator (Dr. Karen Mackie). If it is deemed necessary that a student with insufficient clinical experience have additional counseling experience before teaching and supervising the Masters’ students, an expanded Supervised Internship in Counseling Practice of 600 hours, devoted entirely to clinical practice, is taken before the Supervised Internship in Teaching and Clinical Supervision.
The following hyperlinks are to reference material that may be useful to students in the Warner School Counseling Program.

**Codes of Ethics**

c. American School Counselor Association (ASCA): Ethical Standards for School Counselors

**Professional Membership & Liability Insurance**

a. ACA Membership info: [https://www.counseling.org/membership/join-reinstate-today!](https://www.counseling.org/membership/join-reinstate-today!)
b. AMHCA Membership Info: [http://www.amhca.org/?page=benefits](http://www.amhca.org/?page=benefits)
c. NYMHCA Membership: [nymhca.macusa.net:591/nymhca/FMPro?-DB=nymhca-&-Layout=Member-&-Format=newv3.cfm&-view](nymhca.macusa.net:591/nymhca/FMPro?-DB=nymhca-&-Layout=Member-&-Format=newv3.cfm&-view)
e. NYSSCA Membership Info and Application: [http://nyssa.c.org/?page_id=2](http://nyssa.c.org/?page_id=2)

**Other Counseling Student Reference Material**

   Dignity for All Students Act (DASA) Training: [https://www.wamer.rochester.edu/students/maticulated/forms](https://www.wamer.rochester.edu/students/maticulated/forms)
Office of the Professions

Mental Health Counseling License Requirements

General Requirements

The practice of Mental Health Counseling and use of the titles "Mental Health Counselor" and "Licensed Mental Health Counselor" or any derivative thereof within New York State requires licensure as a Mental Health Counselor, unless otherwise exempt under the law.

To be licensed as a Mental Health Counselor in New York State you must:

- be of good moral character;
- be at least 21 years of age;
- meet education requirements;
- meet experience requirements;
- meet examination requirements; and
- complete coursework or training in the identification and reporting of child abuse offered by a New York State approved provider;

Submit an Application for Licensure (Form 1) and the other forms indicated, along with the appropriate fee for licensure and first registration to the Office of the Professions at the address specified on each form. It is your responsibility to follow up with anyone you have asked to send us material.

The specific requirements for licensure are contained in Title 8, Article 163, Section 8402 of the New York State Education Law and Section 52.32 and Subpart 79-9 of the Regulations of the Commissioner of Education.

You should also read the general licensing information applicable for all professions.

Fees

The fee for licensure and first registration is $371.

The fee for a limited permit is $70.

Fees are subject to change. The fee due is the one in law when your application is received (unless fees are increased retroactively). You will be billed for the difference if fees have been increased.

- Do not send cash.
- Make your personal check or money order payable to the New York State Education Department. Your cancelled check is your receipt.
- Mail your application and fee to:

  New York State Education Department  
  Office of the Professions  
  PO Box 22063  
  Albany, NY 12201

NOTE: Payment submitted from outside the United States should be made by check or draft on a United States bank and in United States currency; payments submitted in any other form will not be accepted and will be returned.

Partial Refunds

Individuals who withdraw their licensure application may be entitled to a partial refund.

- For the procedure to withdraw your application, contact the Mental Health Counseling Unit by e-mailing opunit5@mail.nysed.gov or by calling 518-474-3817 ext. 592 or by faxing 518-402-2323.
- The State Education Department is not responsible for any fees paid to an outside testing or credentials

http://www.op.nysed.gov/prof/mhp/mhclic.htm
verification agency.

If you withdraw your application, obtain a refund, and then decide to seek New York State licensure at a later date, you will be considered a new applicant, and you will be required to pay the application fee and meet the licensure requirements in place at the time you reapply.

Education Requirements

To meet the professional education requirement for licensure as a Mental Health Counselor, you must present evidence of receiving a **master's or doctoral degree in counseling** from a program that is:

- registered by the Department as **licensure qualifying**;
- accredited as a mental health counseling program of 60 semester hours by the **Commission on the Accreditation of Counseling Related Education Programs (CACREP)** or another acceptable accrediting agency; or
- determined by the Department to be the substantial equivalent of such a registered or accredited program.

A program located outside the United States and its territories may be used to satisfy the professional education requirement if it:

- prepares individuals for the professional practice of Mental Health Counseling; and
- is recognized by the appropriate civil authorities of that jurisdiction; and
- can be appropriately verified; and
- is determined by the Department to be the substantial equivalent of a registered licensure qualifying or acceptable accredited master's or doctoral program in counseling.

**Substantial Equivalence**

To be considered substantially equivalent, your program must include at least 60 semester hours, or the equivalent, of graduate study that contains curricular content that includes but is not limited to the following areas:

- human growth and development;
- social and cultural foundations of counseling;
- counseling theory and practice;
- psychopathology;
- group dynamics;
- lifestyle and career development;
- assessment and appraisal of individuals, couples, families and groups;
- research and program evaluation;
- professional orientation and ethics;
- foundations of Mental Health Counseling and consultation;
- clinical instruction; and
- include a minimum one year supervised internship or practicum in Mental Health Counseling where one year means at least 600 clock hours.

**Note:** The education requirement for licensure as a Mental Health Counselor can only be met through completion of graduate level courses at an acceptable degree granting institution. Training in an institute or by a registered individual does not meet the education requirement for licensure even if the training is accredited by a private organization.

Evidence of receipt of your degree(s) must be presented on **Form 2 - Certification of Professional Education** - and must be submitted directly to the Office of the Professions by the school(s) where you obtained your degree(s). In most cases, an official transcript is also needed.

A degree in school counseling, school psychology, social work or a related field does not meet the education requirements. An applicant with a degree in another field must be individually evaluated to determine what additional graduate coursework, including supervised internship/practicum, must be completed to constitute an equivalent degree.

In addition to the professional education requirement, every applicant for Mental Health Counseling licensure or a limited permit must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. See **additional information and a list of approved providers** for this training.
Experience Requirements

To meet the experience requirement for licensure as a Mental Health Counselor, you must submit documentation of completion of a supervised experience of at least 3,000 clock hours providing Mental Health Counseling in a setting acceptable to the Department. The supervised experience must be obtained after completion of the master’s degree program required for licensure.

The practice of Mental Health Counseling is defined as:

- the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and
- the use of assessment instruments and Mental Health Counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate Mental Health Counseling services.

Not less than 1,500 clock hours of such required experience must consist of direct contact with clients. The remaining experience may consist of other activities that do not involve direct client contact, including but not limited to, recordkeeping, case management, research, supervision and professional development.

Experience for licensure must be completed in a legal manner, under a qualified supervisor in a setting that is authorized to provide professional services. In New York State, the experience must be under a limited permit issued by the Department for a specific setting under a qualified supervisor (see below). Experience in other jurisdictions will be evaluated to determine if the equivalent requirements have been satisfied in a legal manner.

You must apply for a license and have your education approved to be eligible for a limited permit. For additional information about limited permits, see the Limited Permits Section.

To be acceptable to the Department, your supervised experience in New York State must meet the following supervision and setting requirements.

Supervision of Experience

Your supervisor must be licensed and registered in New York State to practice Mental Health Counseling, medicine, as a physician assistant, psychology, licensed clinical social work, or as a registered professional nurse or nurse practitioner and competent in the practice of Mental Health Counseling, or must have the equivalent qualifications as determined by the Department for experience completed in another jurisdiction.

The supervisor is responsible for the assessment, evaluation, and treatment of each patient and must delegate to the limited permit holder those activities the limited permit holder is competent to perform by education, training or licensure. The supervisor must provide an average of one hour per week or two hours every other week of in-person individual or group supervision.

The supervisor provides you with oversight and guidance in assessment and evaluation, treatment planning, completing psychosocial histories and progress notes, individual counseling, group counseling, psychotherapy, and consultation, and reviews your assessment and treatment of each client seen under his/her general supervision.

In addition, the supervisor is responsible for appropriate oversight of all services provided by a limited permit holder under his or her general supervision. **No supervisor can supervise more than five limited permit holders at one time.**

All supervised experience must be verified by your supervisor(s) using a Certification of Supervised Experience (Form 4B). Acceptable verification should include an attestation by the actual supervisor. In cases where such attestation is not available, the Department may accept an attestation of the duration and frequency of the supervised experience and the qualifications of the supervisor submitted by a licensed colleague.

Setting for Experience

The setting where the experience is obtained must be a location where legally authorized individuals provide services that constitute the practice of Mental Health Counseling, as defined in Education Law, and must be responsible for the services provided by individuals gaining experience for licensure. The setting cannot be a private practice owned or operated by you. If the experience is completed in a setting other than the permit setting, you must submit an operating certificate or certificate of incorporation that indicates the entity is
authorized to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.

An acceptable setting is defined in the Commissioner’s Regulations as:

- a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Mental Health Counseling;
- a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Mental Health Counseling;
- a professional partnership owned by licensees who provide services that are within scope of practice of Mental Health Counseling;
- a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Mental Health Counseling;
- a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Mental Health Counseling;
- a program or facility authorized under Federal Law to provide services that are within the scope of practice of Mental Health Counseling;
- an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Mental Health Counseling.

The setting where the experience is gained is responsible for the services provided by individuals gaining experience for licensure. The setting is also responsible for providing adequate supervision to such individuals and for assigning a qualified supervisor, as defined in this section, to individuals gaining experience for licensure.

### Examination Requirements

Please note: New York State candidates for the Mental Health Counselor licensing examination must have completed their graduate program and received the graduate degree as a condition for admission to the examination. Applicants for licensure will not be approved to take the examination prior to receipt of the graduate degree.

To meet the examination requirement for licensure as a Mental Health Counselor in New York State, you must pass the "National Clinical Mental Health Counselor Examination (NCMHCE)," administered by the National Board for Certified Counselors (NBCC). The National Counselor Examination (NCE) from NBCC is not acceptable for licensure.

Before being admitted to an examination for New York State licensure, you must:

1. Submit an Application for Licensure (Form 1) and fee ($371) to the New York State Education Department.
2. Ask your school to verify your education directly to the New York State Education Department on the Certification of Professional Education form (Form 2).
3. Receive notification of approval of your education and all application materials from the New York State Education Department. (We will notify you and the examination administrators when you have satisfied the examination eligibility requirements.)
4. Register directly with the examination administrator to take the examination after being notified of your eligibility.

Information regarding the examination, including examination format, select bibliography, and availability of study materials for purchase, may be obtained from the NBCC by contacting them at:

National Board for Certified Counselors  
3 Terrace Way, Suite D  
Greensboro, NC 27403-3660  
Phone: 336-547-0607  
Fax: 336-547-0017  
E-mail: certification@nbcc.org  
Web: www.nbcc.org

If you have passed the NCMHCE for another licensing jurisdiction, you will need to ask NBCC to submit your passing examination score directly to the Office of the Professions on your behalf, using the contact information above.

Note: New York State will not accept an examination given under non-standard conditions except per the provisions of the Americans with Disabilities Act. Examples of such non-standard conditions include the use of...
a dictionary or extra time for applicants whose primary language is other than English. If a candidate passed the examination under non-standard conditions for another jurisdiction, that candidate may be required to retake the examination under standard conditions.

Reasonable Testing Accommodations

If you have a disability and may require reasonable testing accommodations for the examination, you must complete and submit a Request for Reasonable Testing Accommodations form (23 KB). You must mail the Request for Reasonable Testing Accommodations form to the address printed on that form, along with the required documentation. You will be notified in writing as to whether or not your request for accommodations has been approved. If your request is approved, it will be valid for 1 year from the date of the approval notification. A copy of your accommodation approval must be attached to your NCMHCE examination registration form. You may not test until your request for accommodations has been processed by the Department. If you schedule a test before your request for accommodations has been processed, you may lose any fee paid to the examination administrator. Please be sure to check the box in item 8 of your Application for Licensure (Form 1) if you are requesting accommodations.

Applicants Licensed In Another Jurisdiction

If you are or have been licensed/certified in another jurisdiction(s), you must request the licensing authority of the jurisdiction(s) to provide verification of your licensure/certification on a Verification of Other Professional Licensure/Certification (Form 3). The Form 3 will be reviewed to determine if you have prior disciplinary history which may constitute a question of moral character for the license or limited permit.

Licensure by Endorsement

An applicant seeking endorsement of a license in Mental Health Counseling issued by another jurisdiction must present evidence of having completed 5 years of licensed practice in the 10 years prior to applying for licensure in New York State. You must have been licensed in the other jurisdiction by meeting the following requirements:

- being at least 21 years of age;
- holding a graduate degree in counseling or a related field that at the time of completion qualified you for licensure as a Mental Health Counselor in another jurisdiction;
- completing supervised experience in Mental Health Counseling and psychotherapy that qualified you for initial licensure in the other jurisdiction; and
- passing an examination acceptable to the New York State Education Department for the practice of Mental Health Counseling.

You must be of good moral character, as determined by the Department, and complete the required course work in the identification and reporting of child abuse or the exemption from such course work, as required in Section 6507(3) of the Education Law.

If you cannot certify 5 years of acceptable post-licensure experience in the 10 years prior to applying for a New York State license, you are not eligible for licensure by endorsement and must apply as an applicant for initial licensure. If your initial license in Mental Health Counseling was issued by a jurisdiction that does not have significantly comparable licensure requirements to New York State, you will need to submit all of the documentation required of an applicant for initial licensure so that the Education Department can determine whether your qualifications are substantially similar to New York State's licensure requirements.

To apply for licensure by endorsement you must submit:

- an Application for Licensure (Form 1) along with the $371 fee; and
- verification of your licensure status from the jurisdiction in which you were initially licensed, and if it is different, from any other jurisdiction in which you are or have been licensed. Each licensing authority must complete and submit a Verification of Other Professional Licensure/Certification (Form 3); and
- an Endorsement Applicant Experience Record (Form 4E); and
- a Certification of Licensed Experience (Form 4F) completed and submitted by the licensed colleague who is attesting to your 5 years of post-licensure experience within the last 10 years.

In addition, you must have NBCC submit your examination scores to the Department.

Limited Permits

A limited permit allows an individual who has submitted an Application for Licensure (Form 1) and who, in the
determination of the Department, has satisfied all the requirements for licensure as a Mental Health Counselor except the examination and/or experience requirements to practice Mental Health Counseling under the appropriate supervision while meeting the requirements.

Limited permits are only issued for specific practice sites in New York State under a qualified supervisor acceptable to the Department. The setting must be authorized to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law. Appropriate supervision and allowable practice sites are the same as those for the experience requirements specified above. Effective January 1, 2006, one must be licensed or otherwise exempt to practice Mental Health Counseling or supervise a permit holder.

The limited permit is valid for a period of two years. The permit may be extended for up to two additional one-year periods at the discretion of the Department if the Department determines that the permit holder has made good faith efforts to successfully complete the examination and/or experience requirement but has not passed the licensing examination or completed the experience requirement, or has other good cause as determined by the Department for not completing the examination and/or experience requirement. To request an extension of your limited permit, you must submit a new Application for Limited Permit (Form 5) and a fee of $70 along with a justification for the extension.

You may apply for a limited permit by submitting the Application for Limited Permit (Form 5) and fee of $70 at the same time or any time after you submit your Application for Licensure (Form 1), licensure fee of $371, and evidence of satisfactory education using a Certification of Professional Education (Form 2). Practice without a permit is not allowed and any experience obtained without a limited permit may not be acceptable for licensure. You may not practice until the limited permit is issued by the Department.
Mandated Training Related to Child Abuse

Training related to child abuse is required for the following professions:

- Certified Behavior Analyst Assistants
- Chiropractors
- Creative Arts Therapists
- Dental Hygienists
- Dentists
- Licensed Behavior Analysts
- Licensed Clinical Social Workers
- Licensed Master Social Workers
- Marriage and Family Therapists
- Mental Health Counselors
- Optometrists
- Physicians
- Podiatrists
- Psychoanalysts
- Psychologists
- Registered Nurses

Specific information about this training is provided below.

**Effective January 1, 1989**, Education Law requires certain individuals, when applying initially for licensure or a limited permit, to provide documentation of having completed two hours of coursework or training regarding the identification and reporting of child abuse and maltreatment. This is a one-time requirement and once taken does not need to be completed again. This requirement applies to: Chiropractors, Dental Hygienists, Dentists, Optometrists, Physicians, Podiatrists, Psychologists, and Registered Nurses. The Law also includes this training among the requirements for certification or licensure of school administrators/supervisors, school service personnel, and classroom school teachers. All persons applying for a provisional or permanent certificate or license valid for administrative or supervisory service, school service, or classroom teaching service must have completed the two hours of coursework or training.

Since September 1, 1990, programs registered by NYS that lead to licensure or certification in one of the above areas affected by the legislation have been required to include training in the identification and reporting of child abuse and maltreatment. Students graduating from such programs on or after September 1, 1990 are not required to take additional training and are not required to receive a Certification form and submit documentation. However, medical residency programs, which are taken after receiving licensure, are not required to include such training. Therefore, training received during residency does not satisfy the NYS training requirement. An individual who completes an out-of-state medical program unregistered by NYS who then receives training in a NYS residency program has not met the training requirement and must take additional training from an approved provider.

**Effective September 1, 2004**, this requirement also applies to Licensed Clinical Social Workers and Licensed Master Social Workers. Individuals in these professions, when applying initially for licensure or a limited permit, or for the renewal of a New York State license or registration, must provide documentation of having completed the coursework or training through a Department-approved course.

**Effective January 1, 2005**, this requirement applies to Mental Health Counselors, Marriage and Family Therapists, Creative Arts Therapists, and Psychoanalysts. As of that date, individuals in these professions, when applying initially for licensure or a limited permit must provide documentation of having completed the coursework or training through a Department-approved course.

**Effective July 1, 2014**, this requirement also applies to licensed behavior analysts and certified behavior analyst assistants. As of that date, individuals in these professions, when applying initially for licensure or a
limited permit must provide documentation of having completed the coursework or training through a
Department-approved course.

*Programs registered by NYS that lead to licensure in these professions now are required to include training in the
identification and reporting of child abuse and maltreatment. Students graduating from such programs on or after the
effective dates are not required to take additional training and are not required to receive a Certificate form or submit
documentation.

**Documentation**

Documentation in the form of an authorized Certification of Completion must be submitted to the State
Education Department at the time of reregistration or initial application for licensure, certification, or a limited
permit. Within ten days of coursework completion, the approved provider from whom you obtain the training is
required to issue you two copies of the Certification form.

**Exemptions**

The law exempts from the training an individual who can document, to the satisfaction of the Department, that
there is no need for the training based on the nature of his or her practice. You may be eligible for an
exemption if the nature of your practice is such that you do not have professional contact with persons under
the age of 18 years and you do not have contact with persons 18 years of age or older with a handicapping
condition, who reside in a residential care school or facility. If you wish further information about an
exemption, or you wish to request an exemption application (17 KB), please contact:

The New York State Education Department
Professional Education Program Review
89 Washington Avenue, 2nd Floor West Wing
Albany, New York 12234
Attn: Child Abuse Training Exemption.

**Choosing a Provider**

The list of providers is arranged alphabetically by city. You may wish to contact several providers before
deciding on the offering that best meets your needs and schedule. Please note that some providers will be
offering training that exceeds the two-hour minimum established in law. Also, fees will vary from provider to
provider. Additional questions may be addressed to the Office of Professional Education Program Review.
Important News for Counselors!

NBCC, ACA and AMHCA are pleased to announce that on July 26, 2011, Secretary of the Army John M. McHugh signed Army Directive 2011-09, Employment of Licensed Professional Counselors as Fully Functioning Army Substance Abuse Program Practitioners. This directive authorizes “the Army Substance Abuse Program to employ licensed professional counselors and licensed mental health counselors as independent practitioners with a well-defined scope of practice.”

The directive also establishes credentialing and privileging standards for licensed counselors who seek employment through the Army Substance Abuse Program (ASAP). The criteria include the following:

- Successful completion of a master’s degree in counseling from a regionally accredited college or university that has its counseling program accredited by the Council for Accreditation of Counseling and Related Education Programs (CACREP) (Counselors who are already employed with ASAP or who have already entered the application process for an ASAP counseling position prior to the effective date of the directive do not have to meet the accreditation requirement.)
- Possession of a state license as a professional counselor or mental health counselor
- Achievement of the highest clinical level offered by their state licensure board
- Passage of the National Clinical Mental Health Counseling Examination

The directive became effective upon signature by Secretary of the Army McHugh on July 26, 2011.

We have been told that the directive is a temporary policy that allows counselors to practice independently until the TRICARE regulations are completed as directed by the FY 2011 National Defense Authorization Act (P.L. 111-383).

You may recall that the TRICARE regulations were due out by June 20, 2011, but the deadline was missed and we were told that it may be another six months or more. There is no requirement that the final TRICARE regulations establish the same criteria as this directive. NBCC, ACA and AMHCA continue to urge the Department of Defense to adopt broad TRICARE regulations that recognize all qualified professional counselors.

Qualifying counselors who are interested in ASAP positions should act quickly. The Army is in dire need of more counselors and recently launched a national hiring initiative described here: www.dodlive.mil/index.php/2011/08/army-urgent-to-hire-130-substance-abuse-counselors-asap/. The job announcements reference social workers and psychologists, but we have confirmed with ASAP leadership that these positions are available to professional counselors.

ASAP vacancies are posted here for interested counselors: http://medcell.army.mil/spotlight.asp?id=20

Our organizations are pleased with this step forward, but continue to encourage recognition of all qualified professional counselors. We invite counselors to report back on any challenges or successes they experience as the result of this new policy and employment opportunities.

Contact Info:

Sen. Charles
Schumer:
schumer.senate.gov
202-224-6542

Sen. Kirstin
Gillibrand:
gillibrand.senate.gov
202-224-4451

*You must find out the names and contact info for your respective members of the House of Reps.*

To join our grassroots advocacy network and be alerted by email to take action click HERE!
New York Mental Health Counselors Association

Dear NYMHCA Member:

The licensure of mental health counselors in New York has ushered in a new era for our profession. The acceptance of clinical counselors in the mental health service provider community will be the result of an educational process that all of us need to contribute to. Please share the attached information sheet with colleagues, referring professionals, agencies, insurance companies and potential employers, and you will help to educate the public about our profession.

When applying for jobs enclose a copy of the attached sheet with your resume or CV. As you approach the insurance companies of your clients, forward a copy of the mental health counselor definition to them with your forms. When seeking referrals from school, hospitals and local agencies, enclose the info sheet with your material.

As we use the information sheet to promote ourselves and our practice, we will also be promoting the profession in New York State. Ultimately, the acceptance of mental health counselors as qualified service providers will become a reality because each of us does our part to make it happen!

For more information and materials you can use to advance your career and the profession go to the Consumer Information link on our homepage: NYMHCA.org.

Sincerely,

Your NYMHCA Leadership!
THE PROFESSION OF MENTAL HEALTH COUNSELING

- **Mental Health Counseling** is a distinct profession with national standards for education, training and clinical practice. The American Mental Health Counselors Association is the professional membership organization that represents the profession nationally. New York Mental Health Counselors Association is a state chapter of the American mental Health Counselors Association and has more than 1,200 members!

- Graduate education and clinical training prepare mental health counselors to provide a full range of services for individuals, couples, families, adolescents, children and groups.

- The core areas of mental health programs approved by the Council for Accreditation of Counseling and related Educational Programs include: diagnosis and psychopathology; psychotherapy, testing and assessment, group counseling, human growth and development, counseling theory and supervised practicum and internships.

- New York State requires that mental health counselors have a masters or higher in professional counseling or its substantial equivalent. Counselors will need a minimum of a 60 credit masters. Three thousand (3,000) hours of post-masters supervised experience is also required before a counselor can be licensed.

- Mental health counselors are licensed in 50 states, the District of Columbia, Puerto Rico and Guam.

- Mental Health Counselors practice in a variety of settings, including independent practice, community agencies, managed behavioral health care organizations, integrated delivery systems, hospitals, employee assistance programs and substance abuse treatment centers.

- More than 90% of the nation's managed care organizations either employ or contract with licensed mental health counselors.

- In the *Journal of Counseling & Development (Summer 2001 – Volume 79)* article: Clinical Judgment in Case Conceptualization and Treatment Planning Across Mental Health Disciplines, it was found that mental health counselors scored higher than social workers and similar to psychologists on assigned clinical tasks.

- Mental Health Counselors are highly skilled professionals who provide a full range of services including: assessment and diagnosis; psychotherapy; treatment planning and utilization review; brief and solution-focused therapy, alcoholism and substance abuse treatment; psycho-educational and prevention programs, and crisis management.

- Mental Health Counseling was rated 33rd on *Money Magazine*’s Top 50 Jobs in the Country!
Advocacy Alert!

This is the bill we have been waiting for! Once passed and signed into law, many new internship and job opportunities will be open to mental health counselors in state and private agencies. We will need YOUR help in getting it passed, so please contact your legislators! Ask us for a Lobbying Packet.

Bill Numbers:

S. 7061
Robach, Joseph (Republican)

A. 10142
DenDekker, Michael (Democrat)

S. 7061/A. 10142

Introduced by Sen. ROBACH -- read twice and ordered printed, and when printed to be committed to the Committee on Higher Education

AN ACT to amend the education law, in relation to mandatory continuing education for mental health practitioners and clarifies authorization to practice

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. The education law is amended by adding a new section 8412 to read as follows:


(a) Each licensed mental health counselor, marriage and family therapist, psychoanalyst, and creative arts therapist required under this article to register triennially with the department to practice in the state shall comply with the provisions of the mandatory continuing education requirements prescribed in subdivision two of this section except as set forth in paragraphs (b) and (c) of this subdivision. Licensed mental health counselors, marriage and family therapists, psychoanalysts and creative arts therapists who do not satisfy the mandatory continuing education requirements shall not practice until they have met such requirements, and they have been issued a registration certificate, except that a licensed mental health counselor, marriage and family therapist, psychoanalyst, and creative arts therapist may practice without having met such requirements if he or she is issued a conditional registration certificate pursuant to subdivision three of this section.

(b) Each licensed mental health counselor, marriage and family therapist, psychoanalyst, and creative arts therapist shall be exempt from the mandatory continuing education requirement for the triennial registration period during which they are first licensed. In accordance with the intent of this section, adjustment to the mandatory continuing education requirement may be granted by the department for reasons of health certified by an appropriate health care professional, for extended active duty with the armed forces of the United States, or for other good cause acceptable to the department which may prevent compliance.

(c) A licensed mental health counselor, marriage and family therapist, psychoanalyst, and creative arts therapist not engaged in practice, as determined by the department, shall be exempt from the mandatory contin-
using education requirement upon the filing of a statement with the department declaring such status. Any licensee who returns to the practice of mental health counseling, marriage and family therapy, psychoanalysis, or creative arts therapy during the triennial registration period shall notify the department prior to reentering the profession and shall meet such mandatory education requirements as shall be prescribed by regulations of the commissioner.

2. During each triennial registration period an applicant for registration as a licensed mental health counselor, marriage and family therapist, psychoanalyst, and creative arts therapist shall complete a minimum of thirty-six hours of acceptable formal continuing education as specified in subdivision four of this section, a maximum of twelve hours of which may be self-instructional course work acceptable to the department. Any licensed mental health counselor, marriage and family therapist, psychoanalyst, and creative arts therapist whose first registration date following the effective date of this section occurs less than three years from such effective date, but on or after June thirtieth, two thousand thirteen, shall complete continuing education hours on a prorated basis at the rate of one-half hour per month for the period beginning June thirtieth, two thousand thirteen up to the first registration date thereafter. A licensee who has not satisfied the mandatory continuing education requirements shall not be issued a triennial registration certificate by the department and shall not practice unless and until a conditional registration certificate is issued as provided for in subdivision three of this section. Continuing education hours taken during one triennium may not be transferred to a subsequent triennium.

3. The department, in its discretion, may issue a conditional registration to a licensee who fails to meet the continuing education requirements established in subdivision two of this section but who agrees to make up any deficiencies and complete any additional education which the department may require. The fee for such a conditional registration shall be the same as, and in addition to, the fee for the triennial registration. The duration of such conditional registration shall be determined by the department but shall not exceed one year. Any licensee who is notified of the denial of registration for failure to submit evidence, satisfactory to the department, of required continuing education and who practices without such registration may be subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

4. As used in subdivision two of this section, “acceptable formal continuing education” shall mean formal courses of learning which contribute to professional practice in mental health counseling, marriage and family therapy, psychoanalysis, or creative arts therapy and which meet the standards prescribed by regulations of the commissioner. Such formal courses of learning shall include, but not be limited to, collegiate level credit and non-credit courses, professional development programs and technical sessions offered by national, state and local professional associations and other organizations acceptable to the department, and any other organized educational and technical programs acceptable to the department. The department may, in its discretion and as needed to contribute to the health and welfare of the public, require the completion of continuing education courses in specific subjects to fulfill this mandatory continuing education requirement. Courses must be taken from a sponsor approved by the department, pursuant to the regulations of the commissioner.

5. Licensed mental health counselors, marriage and family therapists, psychoanalysts, and creative arts therapists shall maintain adequate documentation of completion of acceptable formal continuing education and shall provide such documentation at the request of the department. Failure to provide such documentation upon the request of the department shall be an act of misconduct subject to disciplinary proceedings pursuant to section sixty-five hundred ten of this title.

6. The mandatory continuing education fee shall be forty-five dollars, shall be payable on or before the first day of each triennial registration period, and shall be paid in addition to the triennial registration fee required by section sixty-seven hundred thirty-four of this chapter.

§ 2. Subdivision 1 of section 8402 of the education law, as added by chapter 676 of the laws of 2002, is amended to read as follows:

1. Definition of the practice of mental health counseling. The prac-
lice of the profession of mental health counseling is defined as:
(a) the evaluation, assessment, diagnosis, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; [and]
(b) the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate, diagnose and treat dysfunctions and disorders for purposes of providing appropriate mental health counseling services; and
(c) diagnosis in the context of licensed mental health counseling practice is the process of distinguishing between similar mental, emotional, behavioral, developmental, and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems.

§ 3. Subdivision 1 of section 8403 of the education law, as added by chapter 676 of the laws of 2002, is amended to read as follows:
1. Definition of the practice of marriage and family therapy. The practice of the profession of marriage and family therapy is defined as:
(a) the assessment, diagnosis and treatment of nervous and mental disorders, whether affective, cognitive or behavioral, which results in dysfunctional interpersonal family relationships including, but not limited to familial relationships, marital/couple relationships, parent-child relationships, pre-marital and other personal relationships;
(b) the use of mental health counseling, psychotherapy and therapeutic techniques to evaluate and treat marital, relational, and family systems, and individuals in relationship to these systems;
(c) the use of mental health counseling and psychotherapeutic techniques to treat mental, emotional and behavioral disorders and ailments within the context of marital, relational and family systems to prevent and ameliorate dysfunction; [and]
(d) the use of assessment instruments and mental health counseling and psychotherapy to identify [and], evaluate, diagnose and treat dysfunctions and disorders for purposes of providing appropriate marriage and family therapy services; and
(e) diagnosis in the context of licensed marriage and family therapy practice is the process of distinguishing between similar mental, emotional, behavioral, developmental, and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems.

§ 4. Subdivision 1 of section 8404 of the education law, as added by chapter 676 of the laws of 2002, is amended to read as follows:
1. Definition of the practice of creative arts therapy. The practice of the profession of creative arts therapy is defined as:
(a) the assessment, evaluation, diagnosis and the therapeutic intervention and treatment, which may be either primary, parallel or adjunctive, of mental, emotional, developmental and behavioral disorders through the use of the arts as approved by the department; [and]
(b) the use of assessment instruments and mental health counseling and psychotherapy to identify [and], evaluate, diagnose and treat dysfunctions and disorders for purposes of providing appropriate creative arts therapy services; and
(c) diagnosis in the context of licensed creative arts therapy practice is the process of distinguishing between similar mental, emotional, behavioral, developmental, and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems.

§ 5. Subdivision 1 of section 8405 of the education law, as added by chapter 676 of the laws of 2002, is amended to read as follows:
1. Definition of the practice of psychoanalysis. The practice of the profession of psychoanalysis is defined as:
(a) the observation, description, evaluation, [and] interpretation, diagnosis and treatment of dynamic unconscious mental processes that contribute to the formation of personality and behavior in order to
identify and resolve unconscious psychic problems which affect interpersonal relationships and emotional development, to facilitate changes in personality and behavior through the use of verbal and nonverbal cognitive and emotional communication, and to develop adaptive functioning; and

(b) the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate, diagnose and treat dysfunctions and disorders for purposes of providing appropriate psychoanalytic services; and

(c) diagnosis in the context of licensed psychoanalysis practice is the process of distinguishing between similar mental, emotional, behavioral, developmental, and addictive disorders, impairments and disabilities within a psychosocial framework on the basis of their similar and unique characteristics consistent with accepted classification systems.

§ 6. This act shall take effect immediately; provided, however, section one of this act shall take effect June 30, 2013. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed to be made and completed by the state education department.
Advocacy Alert!

2013-14 NYS ENACTED BUDG
Update

On behalf of all of our organizations, we would like to THANK YOU for your continued advocacy this year we were not able to secure the clarification of the scope of practice in the 2013-14 enacted budget, tos organizations were recognized by all sectors of government - Senate, Assembly and Executive office. There continues to be a seat at the table for Licensed Mental Health Practitioners.

The Legislature listened to our objections, and rejected the Governor’s recommendation to make the exemption from licensure permanent. Instead, the 2013-14 NYS Enacted Budget extends the exemption for an additional three years, and directs the New York State Education Department to issue a report regarding the benefits of the use of licensed professionals in the exempt settings. While the Assembly and the Senate agreed to extending continuing education requirements and add flexibility to the limited permit process, the final budget did not include those provisions and will need to continue to advocate for both.

OUR SUCCESSES
OVER 5,000 SIGNATURES IN SUPPORT CLARIFICATION
REJECTION OF THE PERMANENT EXEMPT
LARGESTS COORDINATED GRASSROOT EFFORT
HUNDREDS OF COMMUNICATIONS LEGISLATORS
ESTABLISHED ALLIES & ADVOCATES FOR ISSUES

NEXT STEPS

From now to the end of session (June 20th), we need to continue to educate Legislators on the need for clarification of the scope of practice to include diagnosis and the importance of continuing education. We need to co build support among our colleagues, place of work, and partners in the mental health system in support of and the benefits of continuing education to the entire mental health system in NYS. We need to support legislation A3652/ S2900 introduced by Assembly member Michael DenDeker and Senator Joseph Roba

KEEP ON THE LOOKOUT FOR MORE ADVOCACY OPPORTUNITIES!
From the American Counseling Association:  10/29/13

The Inspector General at the Department of Veteran’s Affairs released a report in April 2013 on veterans’ access to mental health care. According to the Veterans Health Administration (VHA), from 2005 to 2010, mental health services increased their staff by 46 percent and treated 39 percent more patients. Despite the increase in mental health care providers, VHA’s mental health care service staff still did not believe they had enough staff to handle the increased workload and consistently see patients within 14 days of the desired date. There is currently a bill being considered by the Senate Veterans’ Affairs Committee that would improve access to mental health care for veterans across the country.

Sen. Jon Tester (D-MT) introduced legislation in June 2013 focused on improving access to mental health counselors for the growing population of veterans. The legislation will encourage the VA to recruit more Licensed Professional Mental Health Counselors and Marriage and Family Therapists and strengthen existing law to allow the VA to provide mental health services to veterans' immediate family members. The Senate Veterans’ Affairs Committee will be holding a legislative hearing on Wednesday October 30th to consider pending bills.

Licensed professional counselors can make a valuable contribution to treating the mental health concerns of service members. Psychological and cognitive injuries and their consequences are the signature wounds of the Iraq and Afghanistan conflicts. Policymakers both inside and outside the Department of Veterans Affairs have repeatedly said that there aren’t enough mental health providers available to meet veterans' treatment needs.

Click here to contact your U.S. Senators and ask them to co-sponsor S.1155.
Professional Advocacy: Looking Ahead at Health Care Reform 09/05/12

By Jim Finley, AMHCA Associate Executive Director/Director of Public Policy
jfinley@amhca.org

September 5, 2012 – Alexandria, VA – Clinical mental health counselor (CMHC) practice is changing soon, in ways that will alter the business approach of many professionals now in private practice. Driving the changes are health care reform, unsustainable growth in national health spending, and a very costly, fragmented and inefficient care system with mediocre outcomes by international standards. Public and private payers, but particularly Medicare, are restructuring provider payment arrangements compelling most health professionals and providers to make major changes over the next several years.

The private practice environment of many clinical mental health counselors remains largely beyond direct federal regulation; nevertheless, a major financial constraint on their practice is the lack of Medicare coverage and the impact it will have under the Affordable Care Act (ACA). Under the ACA, Medicare will be refocused toward new delivery and financial arrangements designed to reshape the healthcare environment. CMHCs will need to adapt quickly to the changing environment or confront the future at a considerable structural disadvantage relative to other behavioral health professionals. The changing environment is a lot about money, but it's also about improving the quality of healthcare and demonstrating the value of CMHC services to a broader group of payers and potential business partners.

Accountable Care Organizations (ACO)

ACOs are a critical new service delivery model piloted under the ACA through Medicare and Medicaid demonstration funding. These largely untested delivery models are intended to improve healthcare quality, while achieving better outcomes for patients, thereby increasing the value of health spending. ACOs are composed of providers from across the continuum of care (including acute and long-term care, primary care, home care and behavioral health). They take on responsibility for managing the health of a group of beneficiaries with the goal of improving health outcomes while reducing service fragmentation and realigning payment incentives. ACOs will primarily receive fee-for-service payments as well as bonus payments for improving the health of their beneficiary group or penalties for exceptionally high rates of hospital readmission. The success of ACOs will depend upon improved care coordination and delivery of the right service at the right time. ACO demonstrations have already begun under various payers such as Medicare, Medicaid and private insurance plans. The ACO service model is currently flexible, with many key unanswered questions about their operation and performance. They currently have options such as giving providers health information technology (HIT) that includes electronic health records and decision-support tools to help providers and patients determine care plans. They also perform key administrative functions, such as negotiating payer contracts for their participating provider partners. ACOs are expected to focus particularly on chronic conditions to prevent unnecessary care and expense. View helpful resources on understanding ACOs at The Commonwealth Fund.

With the ACA providing the funding impetus, the ACO service model is quickly emerging throughout the country. A Commonwealth Fund survey conducted in September 2011 found 154 ACOs already serving nearly 2.4 million Medicare beneficiaries with dozens more in partnerships with private insurers. Furthermore, 13 percent of 1,700 reporting hospitals were either already participating in an
ACO, or planning to participate in the next year. Almost three-quarters of all operational ACOs reported sharing clinical information between care settings, such as a hospital and primary care setting. Nearly 85 percent have information systems to track how patients use health care services.

CMHC Environmental Changes
Under the ACA over the next several years, 32 million more Americans are expected to obtain either Medicaid or private insurance, with greatly improved coverage for behavioral health services. However, CMHCs confront a major obstacle to successful adaptation to the emerging service models: Medicare’s exclusion of CMHCs from independent provider status. Winning Medicare provider status is more important than ever because new delivery models advanced primarily under Medicare will require provider participation within integrated provider and business/payment models. Alarmingly, integrated networks of Medicare providers will of necessity exclude CMHCs.

Following are among the major coverage improvements on the horizon:

- ACA will eventually add roughly 17 million new recipients to Medicaid, all with comprehensive mental health benefits.
- Health exchanges, whether state or federally operated, will offer plans with comprehensive insurance benefits to approximately 15 million new beneficiaries. All plans sold must provide mental health benefits at parity levels.
- Millions of small businesses employees with inadequate mental health coverage are expected to gradually receive parity benefits as old plans are updated.
- All new individual and small group plans sold either inside or outside state exchanges must include parity benefits for mental health and substance use disorders.

Impact on CMHC Practice
Medicare ACOs are intended to improve care and lower costs. They are expected to function as integrated provider systems, but unless the law is changed, they will exclude CMHCs because they are not Medicare recognized providers and cannot participate in the payment model. Such a development would have a highly depressing impact on practice opportunities for CMHCs as more are excluded from the emerging delivery system. These reformed delivery models are expected to phase in over five to ten years, but they have already begun in many communities. If CMHCs are not included in Medicare soon, members of the profession will confront growing disadvantages in the marketplace.

Marketplace challenges demand a collective response:

- ACA will expand ACO model delivery systems.. Medicare is the primary payer to advance this model. If the model proves effective, it will be expanded to many more Medicare and Medicaid beneficiaries and picked up by private plans.
- CMHCs, lacking Medicare provider status, will be excluded from Medicare ACOs.
- ACOs serving Medicaid or private plans are incentivized to exclude CMHCs from their groups because they cannot see Medicare enrollees that will also receive care in these programs.
- CMHCs will lack a payment source for the cost of acquiring new technology such as electronic health records.

Advocacy Considerations
The future of the profession is at stake, and it needs to ramp up Medicare advocacy immediately. More effective congressional advocacy requires a more vigorous, organized and enlarged membership. The profession can shape its future, by organizing for full recognition or risk being left behind. Urge colleagues that have not joined with national and chapter advocacy efforts to become a part of the effort, get involved. AMHCA chapters are essential participants in this national effort; work with them to ensure their participation.

ACOs are expected to phase in over time, regardless of which Party emerges victorious in November. The model has strong bi-partisan support and partisan efforts to repeal the ACA will not curtail the movement toward ACOs. Lastly, AMHCA will ramp up its efforts going into 2013. We plan to hold our 2013 national conference in the Washington, DC area on July 18-20, 2013. Please plan to attend and “storm the Hill” to push your Representative and Senators for action on Medicare recognition.
Acceptable Setting for the Practice of Mental Health Counseling

Setting for Experience

The setting where the experience is obtained must be a location where legally authorized individuals provide services that constitute the practice of Mental Health Counseling, as defined in Education Law, and must be responsible for the services provided by individuals gaining experience for licensure. The setting cannot be a private practice owned or operated by you. If the experience is completed in a setting other than the permit setting, you must submit an operating certificate or certificate of incorporation that indicates the entity is authorized to employ licensed professionals and provide services that are restricted under Title VIII of the Education Law.

An acceptable setting is defined in the Commissioner’s Regulations as:

i. a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Mental Health Counseling;

ii. a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Mental Health Counseling;

iii. a professional partnership owned by licensees who provide services that are within scope of practice of Mental Health Counseling;

iv. a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Mental Health Counseling;

v. a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Mental Health Counseling;

vi. a program or facility authorized under Federal Law to provide services that are within the scope of practice of Mental Health Counseling;

vii. an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Mental Health Counseling.

The setting where the experience is gained is responsible for the services provided by individuals gaining experience for licensure. The setting is also responsible for providing adequate supervision to such individuals and for assigning a qualified supervisor, as defined in this section, to individuals gaining experience for licensure.
License Qualifying Programs in Mental Health Counseling

To meet the professional education requirement for licensure as a Mental Health Counselor, you must present evidence of receiving a master's or doctoral degree in counseling from a program that is:

- registered by the Department as licensure qualifying;
- accredited as a mental health counseling program of 60 semester hours by the Commission on the Accreditation of Counseling Related Education Programs (CACREP) or another acceptable accrediting agency; or
- determined by the Department to be the substantial equivalent of such a registered or accredited program.

A program located outside the United States and its territories may be used to satisfy the professional education requirement if it:

- prepares individuals for the professional practice of Mental Health Counseling; and
- is recognized by the appropriate civil authorities of that jurisdiction; and
- can be appropriately verified; and
- is determined by the Department to be the substantial equivalent of a registered licensure qualifying or acceptable accredited master's or doctoral program in counseling.

Substantial Equivalence

To be considered substantially equivalent, your program must include at least 60 semester hours, or the equivalent, of graduate study that contains curricular content that includes but is not limited to the following areas:

- human growth and development;
- social and cultural foundations of counseling;
- counseling theory and practice;
- psychopathology;
- group dynamics;
- lifestyle and career development;
- assessment and appraisal of individuals, couples, families and groups;
- research and program evaluation;
- professional orientation and ethics;
- foundations of Mental Health Counseling and consultation;
- clinical instruction; and
- include a minimum one year supervised internship or practicum in Mental Health Counseling where one year means at least 600 clock hours.

Note: The education requirement for licensure as a Mental Health Counselor can only be met through completion of graduate level courses at an acceptable degree granting institution. Training in an institute or by a registered individual does not meet the education requirement for licensure even if the training is accredited by a private organization.
Evidence of receipt of your degree(s) must be presented on Form 2 - Certification of Professional Education - and must be submitted directly to the Office of the Professions by the school(s) where you obtained your degree(s). In most cases, an official transcript is also needed.

A degree in school counseling, school psychology, social work or a related field does not meet the education requirements. An applicant with a degree in another field must be individually evaluated to determine what additional graduate coursework, including supervised internship/practicum, must be completed to constitute an equivalent degree.

In addition to the professional education requirement, every applicant for Mental Health Counseling licensure or a limited permit must complete coursework or training in the identification and reporting of child abuse in accordance with Section 6507(3)(a) of the Education Law. See additional information and a list of approved providers for this training.
March 30, 2009

TO: License-qualifying programs in mental health counseling

FR: David Hamilton, Ph.D. LMSW, Executive Secretary

RE: Licensure as a mental health counselor in New York

I am writing to provide you with information about the process by which students may be licensed as a mental health counselor under New York Law. Please share this information with faculty, field instructors and students, as you see fit, so that students can proceed in a legal manner after graduation.

Effective January 1, 2006, an individual must be licensed, hold a limited permit, or be in an exempt setting in order to practice mental health counseling and psychotherapy. An individual who practices without authorization, such as a permit, even under supervision could face questions about his/her moral character for licensure. A licensed supervisor who delegates activities to an unauthorized person could be charged with unprofessional conduct, under Part 29 of the Regents Rules.

Applying for Licensure: A student may apply for licensure at any time by submitting the application (Form 1) and fee ($345). The applicant must provide a photograph with the application and answer the “moral character” questions on the application. If the applicant answers yes to any of these questions, he or she must attach documentation (see “moral character” below).

Education for Licensure: The graduate school must submit Form 2 to verify that the student has met the degree requirements or received the degree. We do not require a transcript from graduates of NYSED-registered programs in mental health counseling. Every graduate of a registered program has also completed the course work in child abuse identification and does not need to complete this separately.

Examination: When the Department has approved the student’s application for licensure and graduate education, the student will be eligible to take the National Clinical Mental Health Counseling Examination (NCMHCE). The Department notifies the examination vendor, NBCC, and sends the student a letter with instructions on how to register. The exam may be taken anytime after graduation and is geared toward those with experience in mental health counseling. New York does not accept any other examination for licensure in this profession. The NCMHCE demonstrates minimal competence for entry-level practice of the mental health counseling profession. The student must submit the NBCC application and fee to schedule the examination which is available every month at multiple sites across the United States. NBCC provides candidates scores to the Department on a monthly basis. Students can access more information about the examination development, content, and scoring at www.nbcc.org.

Moral Character: The Education Law requires an applicant for a limited permit or license to be of good moral character as determined by the Department. The student must report on the application for licensure (Form 1) any criminal arrests or convictions or disciplinary action in another licensed profession and attach documentation.

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1 The law defines an exempt setting as a program that is regulated, funded, operated or approved by the Office of Mental Health, Office of Mental Retardation and Developmental Disabilities, Office of Alcoholism & Substance Abuse Services, Office of Children and Family Services, local social service or mental hygiene district, until January 1, 2010.
of the disposition of the matter. This information will be reviewed to determine if the applicant is of good moral character and eligible for the permit and/or license.

**Experience for licensure:** The Education Law requires an applicant to complete at least 3,000 hours of post-degree supervised experience in mental health counseling. The practice of mental health counseling is defined in the Education Law as: the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate mental health counseling services. The State Board for Mental Health Practitioners recently clarified that at least one-half of the required 3,000 supervised hours in the practice of mental health counseling should be face-to-face with clients ("direct") and the remainder may be "indirect". Indirect activities would include supervision, record-keeping, professional development, research, and case management.

**Limited Permit:** In order to practice the profession and meet the requirements for supervised experience and examination, the applicant must have a limited permit issued by the Department. The permit authorizes practice under the supervision of a qualified licensed professional, as defined in regulations, in a setting that is authorized to provide professional services. The supervisor is responsible for all services provided by the permit holder. In order to receive a permit, in addition to submitting the application (Form 1) and fee ($345) for licensure and having the education (Form 2) and moral character approved, the applicant must submit a permit application (Form 5) and fee ($70). The permit application should include information about the proposed setting, including documentation of authority to provide professional services. Additional permits may be issued for approved settings and supervisors, upon filing of a new Form 5 but an additional fee is not required.

The permit is valid for two years and may be renewed for one additional year upon filing of a new permit application (Form 5) and fee ($70). If the permit holder practices in more than one setting, he or she must have a permit displayed in each setting. If the permit holder practices under more than one supervisor, all supervisors must be named on the permit. The permit holder may not employ the supervisor in any setting, as the supervisor is legally responsible for practice and cannot be employed by the permit applicant. An employer may hire a qualified supervisor to provide third-party supervision but there must be a letter of agreement submitted by the employer, supervisor and permit applicant for review by the Department.

**Licensure:** When the applicant has met the examination requirement, the Department may issue a license and three-year registration. The licensee must notify the Department within 30 days if of any change in address or name. The licensee will receive a renewal notice every three years and must be registered to practice the profession. It is the licensee's responsibility to practice in accordance with the scope of practice, as defined in the Education Law, and Part 29 of the Regents Rules, which define unprofessional conduct in the professions. The laws, rules and regulations are on our web site: www.op.nysed.gov/mhclic.htm.

**Other jurisdictions:** The requirements for licensure are established by each jurisdiction and can be accessed through the National Board for Certified Counselors' web site: www.nbcc.org.

Students can access application materials and instructions, as well as practice guidelines developed by the State Board for Mental Health Practitioners, on the web: www.op.nysed.gov/mhp.htm. If there are changes in the laws, rules and regulations, or the application materials in the future, those would be posted on the web.

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§8400. Introduction.

This article applies to the professions of mental health counseling, marriage and family therapy, creative arts therapy, and psychoanalysis and provides for the licensing of such practitioners. The general provisions for all professions contained in article one hundred thirty of this title apply to this article.

§8401. Definitions.

For purposes of this article, the following terms shall have the following meanings:

1. "Board" means the state board for mental health practitioners authorized by section eighty-four hundred six of this article.

2. "Psychotherapy" means the treatment of mental, nervous, emotional, behavioral and addictive disorders, and ailments by the use of both verbal and behavioral methods of intervention in interpersonal relationships with the intent of assisting the persons to modify attitudes, thinking, affect, and behavior which are intellectually, socially and emotionally maladaptive.

§8402. Mental health counseling.

1. Definition of the practice of mental health counseling. The practice of the profession of mental health counseling is defined as:
   a. the evaluation, assessment, amelioration, treatment, modification, or adjustment to a disability, problem, or disorder of behavior, character, development, emotion, personality or relationships by the use of verbal or behavioral methods with individuals, couples, families or groups in private practice, group, or organized settings; and
   b. the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate mental health counseling services.

2. Practice of mental health counseling and use of the titles "mental health counselor" and "licensed mental health counselor". Only a person licensed or exempt under this article shall practice mental health counseling or use the title "mental health counselor". Only a person licensed under this article shall use the title "licensed mental health counselor" or any other designation tending to imply that the person is licensed to practice mental health counseling.

3. Requirements for a professional license. To qualify for a license as a "licensed mental health counselor", an applicant shall fulfill the following requirements:
   a. Application: File an application with the department;
   b. Education: Have received an education, including a master's or higher degree in counseling from a program registered by the department or determined by the department to be the substantial equivalent thereof, in accordance with the commissioner's regulations. The graduate coursework shall include, but not be limited to, the following areas:
      i. human growth and development;
      ii. social and cultural foundations of counseling;
      iii. counseling theory and practice and psychopathology;
      iv. group dynamics;
      v. lifestyle and career development;
      vi. assessment and appraisal of individuals, couples and families and groups;
      vii. research and program evaluation;
viii. professional orientation and ethics;
ix. foundations of mental health counseling and consultation;
x. clinical instruction; and
xi. completion of a minimum one year supervised internship or practicum in mental health counseling;

c. Experience: An applicant shall complete a minimum of three thousand hours of post-master's supervised experience relevant to the practice of mental health counseling satisfactory to the board and in accordance with the commissioner's regulations. Satisfactory experience obtained in an entity operating under a waiver issued by the department pursuant to section sixty-five hundred three-a of this title may be accepted by the department, notwithstanding that such experience may have been obtained prior to the effective date of such section sixty-five hundred three-a and/or prior to the entity having obtained a waiver. The department may, for good cause shown, accept satisfactory experience that was obtained in a setting that would have been eligible for a waiver but which has not obtained a waiver from the department or experience that was obtained in good faith by the applicant under the belief that appropriate authorization had been obtained for the experience, provided that such experience meets all other requirements for acceptable experience;
d. Examination: Pass an examination satisfactory to the board and in accordance with the commissioner's regulations;
e. Age: Be at least twenty-one years of age;
f. Character: Be of good moral character as determined by the department; and
g. Fees: Pay a fee of one hundred seventy-five dollars for an initial license and a fee of one hundred seventy dollars for each triennial registration period.

§8403. Marriage and family therapy.

1. Definition of the practice of marriage and family therapy. The practice of the profession of marriage and family therapy is defined as:

   a. the assessment and treatment of nervous and mental disorders, whether affective, cognitive or behavioral, which results in dysfunctional interpersonal family relationships including, but not limited to familial relationships, marital/couple relationships, parent-child relationships, pre-marital and other personal relationships;

   b. the use of mental health counseling, psychotherapy and therapeutic techniques to evaluate and treat marital, relational, and family systems, and individuals in relationship to these systems;

   c. the use of mental health counseling and psychotherapeutic techniques to treat mental, emotional and behavioral disorders and ailments within the context of marital, relational and family systems to prevent and ameliorate dysfunction; and

   d. the use of assessment instruments and mental health counseling and psychotherapy to identify and evaluate dysfunctions and disorders for purposes of providing appropriate marriage and family therapy services.

2. Practice of marriage and family therapy and use of the titles "marriage and family therapist" and "licensed marriage and family therapist". Only a person licensed or exempt under this article shall practice marriage and family therapy or use the title "marriage and family "therapist". Only a person licensed under this article shall use the titles "licensed marriage and family therapist", "licensed marriage therapist", "licensed family therapist" or any other designation tending to imply that the person is licensed to practice marriage and family therapy.

3. Requirements for a professional license. To qualify for a license as a "licensed marriage and family therapist", an applicant shall fulfill the following requirements:

   a. Application: File an application with the department;

   b. Education: Have received a master's or doctoral degree in marriage and family therapy from a program registered by the department, or determined by the department to be the substantial equivalent, in accordance with the commissioner's regulations or a graduate degree in an allied field from a program registered by the department and graduate level coursework determined to be equivalent to that required in a program registered by the department. This coursework shall include, but not be limited to:

      i. the study of human development, including individual, child and family development;

      ii. psychopathology;

      iii. marital and family therapy;

      iv. family law;

      v. research;

      vi. professional ethics; and

      vii. a practicum of at least three hundred client contact hours;

   c. Experience: The completion of at least one thousand five hundred client contact hours of supervised clinical experience, by persons holding a degree from a master's or doctoral program,
or the substantial equivalent, in accordance with the commissioner's regulations or the completion of at least one thousand five hundred client hours of supervised post-master's clinical experience in marriage and family therapy satisfactory to the department in accordance with the commissioner's regulations. Satisfactory experience obtained in an entity operating under a waiver issued by the department pursuant to section sixty-five hundred three-a of this title may be accepted by the department, notwithstanding that such experience may have been obtained prior to the effective date of such section sixty-five hundred three-a and/or prior to the entity having obtained a waiver. The department may, for good cause shown, accept satisfactory experience that was obtained in a setting that would have been eligible for a waiver but which has not obtained a waiver from the department or experience that was obtained in good faith by the applicant under the belief that appropriate authorization had been obtained for the experience, provided that such experience meets all other requirements for acceptable experience;

d. Examination: Pass an examination satisfactory to the board and in accordance with the commissioner's regulations;

e. Age: Be at least twenty-one years of age;

f. Character: Be of good moral character as determined by the department; and

g. Fees: Pay a fee of one hundred seventy-five dollars for an initial license and a fee of one hundred seventy dollars for each triennial registration period.

§8404. Creative arts therapy.

1. Definition of the practice of creative arts therapy. The practice of the profession of creative arts therapy is defined as:
   a. the assessment, evaluation, and the therapeutic intervention and treatment, which may be either primary, parallel or adjunctive, of mental, emotional, developmental and behavioral disorders through the use of the arts as approved by the department; and
   b. the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate creative arts therapy services.

2. Practice of creative arts therapy and use of the titles "creative arts therapist" and "licensed creative arts therapist". Only a person licensed or exempt under this article shall practice creative arts therapy or use the title "creative arts therapist". Only a person licensed under this article shall use the title "licensed creative arts therapist" or any other designation tending to imply that the person is licensed to practice creative arts therapy.

3. Requirements for a professional license. To qualify for a license as a "licensed creative arts therapist", an applicant shall fulfill the following requirements:
   a. Application: File an application with the department;
   b. Education: Have received an education, including a master's or higher degree in creative arts therapy from a program registered by the department or determined by the department to be the substantial equivalent thereof, in accordance with the commissioner's regulations. The graduate coursework shall include, but not be limited to, the following areas:
      i. human growth and development;
      ii. theories in therapy;
      iii. group dynamics;
      iv. assessment and appraisal of individuals and groups;
      v. research and program evaluation;
      vi. professional orientation and ethics;
      vii. foundations of creative arts therapy and psychopathology; and
      viii. clinical instruction;
   c. Experience: Have completed at least fifteen hundred hours of post-master's supervised experience in one or more creative arts therapies satisfactory to the department and in accordance with the commissioner's regulations. Satisfactory experience obtained in an entity operating under a waiver issued by the department pursuant to section sixty-five hundred three-a of this title may be accepted by the department, notwithstanding that such experience may have been obtained prior to the effective date of such section sixty-five hundred three-a and/or prior to the entity having obtained a waiver. The department may, for good cause shown, accept satisfactory experience that was obtained in a setting that would have been eligible for a waiver but which has not obtained a waiver from the department or experience that was obtained in good faith by the applicant under the belief that appropriate authorization had been obtained for the experience, provided that such experience meets all other requirements for acceptable experience;
   d. Examination: Pass an examination in creative arts therapy satisfactory to the department and in accordance with the commissioner's regulations;
§8405. Psychoanalysis.

1. Definition of the practice of psychoanalysis. The practice of the profession of psychoanalysis is defined as:
   a. the observation, description, evaluation, and interpretation of dynamic unconscious mental processes that contribute to the formation of personality and behavior in order to identify and resolve unconscious psychic problems which affect interpersonal relationships and emotional development, to facilitate changes in personality and behavior through the use of verbal and nonverbal cognitive and emotional communication, and to develop adaptive functioning; and
   b. the use of assessment instruments and mental health counseling and psychotherapy to identify, evaluate and treat dysfunctions and disorders for purposes of providing appropriate psychoanalytic services.

2. Practice of psychoanalysis and use of the titles "psychoanalyst" and "licensed psychoanalyst". Only a person licensed or exempt under this article shall practice psychoanalysis or use the title "psychoanalyst". Only a person licensed under this article shall use the title "licensed psychoanalyst" or any other designation tending to imply that the person is licensed to practice psychoanalysis.

3. Requirements for a professional license. To qualify for a license as a "licensed psychoanalyst", an applicant shall fulfill the following requirements:
   a. Application: File an application with the department;
   b. Education: Have received a master’s degree or higher from a degree-granting program registered by the department or the substantial equivalent and have completed a program of study registered by the department in a psychoanalytic institute chartered by the board of regents or the substantial equivalent as determined by the department. The program of study in a psychoanalytic institute shall include coursework substantially equivalent to coursework required for a master's degree in a health or mental health field of study. The coursework shall include, but not be limited to, the following areas:
      i. personality development;
      ii. psychoanalytic theory of psychopathology;
      iii. psychoanalytic theory of psychodiagnosis;
      iv. sociocultural influence on growth and psychopathology;
      v. practice technique (including dreams and symbolic processes);
      vi. analysis of resistance, transference, and countertransference;
      vii. case seminars on clinical practice;
      viii. practice in psychopathology and psychodiagnosis;
      ix. professional ethics and psychoanalytic research methodology; and
      x. a minimum of three hundred hours of personal analysis and one hundred fifty hours of supervised analysis;
   c. Experience: Have completed a minimum of fifteen hundred hours of supervised clinical practice satisfactory to the department and in accordance with the commissioner's regulations. Satisfactory experience obtained in an entity operating under a waiver issued by the department pursuant to section sixty-five hundred three-a of this title may be accepted by the department, notwithstanding that such experience may have been obtained prior to the effective date of such section sixty-five hundred three-a and/or prior to the entity having obtained a waiver. The department may, for good cause shown, accept satisfactory experience that was obtained in a setting that would have been eligible for a waiver but which has not obtained a waiver from the department or experience that was obtained in good faith by the applicant under the belief that appropriate authorization had been obtained for the experience, provided that such experience meets all other requirements for acceptable experience;
   d. Examination: Pass an examination in psychoanalysis satisfactory to the department and in accordance with the commissioner's regulations;
   e. Age: Be at least twenty-one years of age;
   f. Character: Be of good moral character as determined by the department; and
   g. Fees: Pay a fee of one hundred seventy-five dollars for an initial license and a fee of one hundred seventy dollars for each triennial registration period.
matters of licensing and regulation. The board shall be composed of at least three licensed members from each profession licensed pursuant to this article and at least three public representatives who do not hold interests in the organization, financing, or delivery of mental health services. Additionally, the board shall contain one physician who shall be a psychiatrist. Members of the first board need not be licensed prior to their appointment to the board. The terms of the first appointed members shall be staggered so that five are appointed for three years, five are appointed for four years, and six are appointed for five years. An executive secretary to the board shall be appointed by the board of regents on recommendation of the commissioner.

§8407. Boundaries of professional competency.

1. It shall be deemed practicing outside the boundaries of his or her professional competence for a person licensed pursuant to this article, in the case of treatment of any serious mental illness, to provide any mental health service for such illness on a continuous and sustained basis without a medical evaluation of the illness by, and consultation with, a physician regarding such illness. Such medical evaluation and consultation shall be to determine and advise whether any medical care is indicated for such illness. For purposes of this section, "serious mental illness" means schizophrenia, schizoaffective disorder, bipolar disorder, major depressive disorder, panic disorder, obsessive-compulsive disorder, attention-deficit hyperactivity disorder and autism.

2. Any individual whose license or authority to practice derives from the provisions of this article shall be prohibited from:
   a. prescribing or administering drugs as defined in this chapter as a treatment, therapy, or professional service in the practice of his or her profession; or
   b. using invasive procedures as a treatment, therapy, or professional service in the practice of his or her profession. For purposes of this subdivision, "invasive procedure" means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or other means. Invasive procedure includes surgery, lasers, ionizing radiation, therapeutic ultrasound, or electroconvulsive therapy.

§8408. Hospital privileges.

Nothing herein contained shall be deemed to authorize, grant, or extend hospital privileges to individuals licensed under this article.

§8409. Limited permits.

The following requirements for a limited permit shall apply to all professions licensed pursuant to this article:

1. The department may issue a limited permit to an applicant who meets all qualifications for licensure, except the examination and/or experience requirements, in accordance with regulations promulgated therefor.

2. Limited permits shall be for one year, except that limited permits for mental health counseling shall be for two years; such limited permits may be renewed, at the discretion of the department, for one additional year.

3. The fee for each limited permit and for each renewal shall be seventy dollars.

§8410. Exemptions.

Nothing contained in this article shall be construed to:

1. Apply to the practice, conduct, activities, services or use of any title by any person licensed or otherwise authorized to practice medicine within the state pursuant to article one hundred thirty-one of this title or by any person registered to perform services as a physician assistant within the state pursuant to article one hundred thirty-one-B of this title or by any person licensed or otherwise authorized to practice psychology within this state pursuant to article one hundred fifty-three of this title or by any person licensed or otherwise authorized to practice social work within this state pursuant to article one hundred fifty-four of this title, or by any person licensed or otherwise authorized to practice nursing as a registered professional nurse or nurse practitioner within this state pursuant to article one hundred thirty-nine of this title; provided, however, that no physician, physician’s assistant, registered professional nurse, nurse practitioner, psychologist, licensed master social worker, or licensed clinical social worker may use the titles "licensed mental health counselor", "licensed marriage and family therapist", "licensed creative arts therapist", or "licensed psychoanalyst", unless licensed under this article.

2. Prohibit or limit any individual who is credentialed under any law, including attorneys, rape crisis counselors, certified alcoholism counselors and certified substance abuse counselors from providing mental health services within their respective established authorities.
3. Prohibit or limit the practice of a profession licensed pursuant to this article by a student, intern or resident in, and as part of, a supervised educational program in an institution approved by the department.

4. Prohibit or limit the provision of pastoral counseling services by any member of the clergy or Christian Science practitioner, within the context of his or her ministerial charge or obligation.

5. Prohibit or limit individuals, churches, schools, teachers, organizations, or not-for-profit businesses, from providing instruction, advice, support, encouragement, or information to individuals, families, and relational groups.

6. Prohibit or limit an occupational therapist from performing work consistent with article one hundred fifty-six of this title.

7. Prohibit the practice of mental health counseling, marriage and family therapy, creative arts therapy or psychoanalysis, to the extent permissible within the scope of practice of such professions, by any not-for-profit corporation or education corporation providing services within the state of New York and operating under a waiver pursuant to section sixty-five hundred three-a of this title, provided that such entities offering mental health counseling, marriage and family therapy, creative arts therapy or psychoanalysis services shall only provide such services through an individual appropriately licensed or otherwise authorized to provide such services or a professional entity authorized by law to provide such services.

§8411. Special provisions.

1. This section shall apply to all professions licensed pursuant to this article, unless otherwise provided.

2. Any nonexempt person practicing a profession to be licensed pursuant to this article shall apply for a license of said profession within one year of the effective date of the specified profession.
   a. If such person does not meet the requirements for a license established within this article, such person may meet alternative criteria determined by the department to be the substantial equivalent of such criteria.
   b. If such person meets the requirements for a license established within this article, except for examination, and has been certified or registered by a national certifying or registering body having certification or registration standards acceptable to the commissioner, the department shall license without examination.
   c. If such person meets the requirements for a license established within this article, except for examination, and there exists no national certifying or registering body having certification or registration standards acceptable to the commissioner, the department shall license without examination if the applicant submits evidence satisfactory to the department of having been engaged in the practice of the specified profession for at least five of the immediately preceding eight years.

3. Any person licensed pursuant to this article may use accepted classifications of signs, symptoms, dysfunctions and disorders, as approved in accordance with regulations promulgated by the department, in the practice of such licensed profession.

Note: Sunset provision for individuals employed by certain programs

Subdivision b of section 17-a of chapter 676 of the laws of 2002 amending the education law relating to defining the practice of psychology, as amended by chapter 419 of the laws of 2003, as amended by chapters 130 and 132 of the laws of 2010 provides:

§ 17-a.

a. In relation to activities and services provided under article 153 of the education law, nothing in this act shall prohibit or limit the activities or services on the part of any person in the employ of a program or service operated, regulated, funded, or approved by the department of mental hygiene or the office of children and family services, or a local governmental unit as that term is defined in article 41 of the mental hygiene law or a social services district as defined in section 61 of the social services law. In relation to activities and services provided under article 163 of the education law, nothing in this act shall prohibit or limit such activities or services on the part of any person in the employ of a program or service operated, regulated, funded, or approved by the department of mental hygiene, the office of children and family services, the department of correctional services, the state office for the aging and the department of health or a local governmental unit as that term is defined in article 41 of the mental hygiene law or a social services district as defined in section 61 of the social services law, pursuant to authority granted by law. This section shall not authorize the use of any title authorized pursuant to article 153 or 163 of the education law by any such employed person, except as otherwise provided by such articles respectively.

b. This section shall be deemed repealed July 1, 2013 provided, however, that on or before October 1, 2010, each state agency identified in subdivision a of this section shall submit to the commissioner of
education data, in such form and detail as requested by the commissioner of education, concerning the functions performed by its service provider workforce and the service provider workforce of the local governmental units and social services districts as defined in subdivision a of this section over which the agency has regulatory authority. After receipt of such data, the commissioner shall convene a workgroup of such state agencies for the purpose of reviewing such data and also to make recommendations regarding amendments to law, rule or regulation necessary to clarify which tasks and activities must be performed only by licensed or otherwise authorized personnel. No later than January 1, 2011, after consultation with such workgroup, the commissioner shall develop criteria for the report required pursuant to paragraph one of this subdivision and shall work with such state agencies by providing advice and guidance regarding which tasks and activities must be performed only by licensed or otherwise authorized personnel.

1. On or before July 1, 2011, each such state agency, after consultation with local governmental units and social services districts as defined in subdivision a of this section over which the agency has regulatory authority, shall submit to the commissioner of education a report on the utilization of personnel subject to the provisions of this section. Such report shall include but not be limited to: identification of tasks and activities performed by such personnel categorized as tasks and functions restricted to licensed personnel and tasks and functions that do not require a license under article 153 or 163 of the education law; analysis of costs associated with employing only appropriately licensed or otherwise authorized personnel to perform tasks and functions that require licensure under such article 153 or 163, including salary costs and costs associated with providing support to unlicensed personnel in obtaining appropriate licensure. Such report shall also include an action plan detailing measures through which each such entity shall, no later than July 1, 2013, comply with professional licensure laws applicable to services provided and make recommendations on alternative pathways toward licensure.

2. The commissioner of education shall, after receipt of the reports required under this section, and after consultation with state agencies, not-for-profit providers, professional associations, consumers, and other key stakeholders, submit a report to the governor, the speaker of the assembly, the temporary president of the senate, and the chairs of the senate and assembly higher education committees by July 1, 2012 to recommend any amendments to law, rule or regulation necessary to fully implement the requirements for licensure by July 1, 2013. Other state agency commissioners shall be provided an opportunity to include statements or alternative recommendations in such report.
Mental Health Counseling Licensure Timeline

Important Notice/Disclaimer:

The following is based on information gathered during fall 2012. Please know that the licensure law, criteria, application, and review processes are subject to periodic revisions. For example, currently changes to the licensure law are being recommended that will (1) clarify counselors’ ability to diagnose and (2) mandate the accrual of CEUs for continued licensure status. Therefore, prior to completing the application for your limited permit, carefully review the information on the Office of the Professions web site for the most up-to-date information.

Office of Professions Web Site: [http://www.op.nysed.gov/prof/mhp/mhclic.htm](http://www.op.nysed.gov/prof/mhp/mhclic.htm)

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**Fall Semester of Your Last Full Academic Year:**

- Register for the NCE Exam and secure study materials (this exam is only offered annually in April)

**Spring Semester Prior To Graduation**

- Continue to study for the NCE
- Complete the NCE
- Print out the application for your mental health counseling limited permit ~ Form 1: Application for Licensure ([http://www.op.nysed.gov/prof/mhp/mhcforms.htm](http://www.op.nysed.gov/prof/mhp/mhcforms.htm))
- Begin filling out the form and sending appropriate requests to your academic program and clinical supervisors

**Immediately Following Your Last Spring Semester**

- Once you complete your coursework, clinical/experiential requirements, and have been officially conferred your degree, you can send in your portion of the application.
- Read Appendix A: Requirements for Supervised Experience. When you job search, ensure that your eventual supervisor will meet these requirements
- Begin looking for employment
  - Securing a professional position can take anywhere from one to eight months
  - Representatives from The Office of The Professions cannot provide an estimated time for the completion of the review process
  - Hopefully, the process will be completed prior to beginning your job; however, there are no guarantees that this will happen
- In order to qualify as a site in which you can accrue licensure hours, your employer must meet the following criteria:
  - A location where legally authorized individuals provide services that constitute the practice of Mental Health Counseling, as defined in Education Law
A location that is responsible for the services provided by individuals gaining experience for licensure

The setting cannot be a private practice owned and operated by you

The following information is copied from the Office of Professions website:

- An acceptable setting is defined in the Commissioner’s Regulations as:
  - a professional corporation, registered limited liability partnership, or professional service limited liability company authorized to provide services that are within the scope of practice of Mental Health Counseling;
  - a sole proprietorship owned by a licensee who provide services that are within the scope of his or her profession and services that are within the scope of practice of Mental Health Counseling;
  - a professional partnership owned by licensees who provide services that are within scope of practice of Mental Health Counseling;
  - a hospital or clinic authorized under Article 28 of the Public Health Law to provide services that are within the scope of practice of Mental Health Counseling;
  - a program or facility authorized under the Mental Hygiene Law to provide services that are within the scope of practice of Mental Health Counseling;
  - a program or facility authorized under Federal Law to provide services that are within the scope of practice of Mental Health Counseling;
  - an entity defined as exempt from the licensing requirements or otherwise authorized under New York State law or the laws of the jurisdiction in which the entity is located to provide services that are within the scope of practice of Mental Health Counseling.

http://www.op.nysed.gov/prof/mhp/mhclic.htm

**Following Employment**

- Print and ask your clinical supervisor to complete the Application for Limited Permit (http://www.op.nysed.gov/prof/mhp/mhcforms.htm). This form is the application to have your supervisor approved to provide supervision toward licensure.
- Keep a record of your clinical and non-clinical hours
- Take the NCMHCE Exam just prior to completing your hours
  - The exam assesses your clinical skills; therefore, you want to have enough experience to be able to successfully complete the exam
- Once you have accrued the required hours for full licensure,
  - Complete and submit Form 4 – Applicant Experience and Endorsement Record.
  - Print and ask your supervisor(s) to complete and submit Form 4B – Certification of Supervised Experience. The office of Professions will reject this form if it is sent by you.
  - Wait for The Office of Professions to process your paperwork and award licensure
- CONGRATULATIONS ~ YOU ARE FINALLY LICENSED!!!!!
## COMPARISON OF LICENSURE REQUIREMENTS
Prepared by the New York Mental Health Counselors Association (NYMHCA)

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<tr>
<td><strong>EDUCATION</strong></td>
<td>Minimum of a 60-credit hour Master’s in SED-approved counseling program with specified content areas including assessment, psychopathology, counseling theory and practice, group dynamics</td>
<td>Masters of Social Work – 60 credit Hours. <strong>No required clinical education.</strong> 900 clock hours of supervised internship</td>
<td>Minimum of a <strong>60-credit hour</strong> Master’s in SED-approved counseling program with specified content areas including assessment, psychopathology, counseling theory and practice, group dynamics. <strong>Almost entire 60 hours are in clinical education and preparation.</strong> Minimum of 600 clock hours of supervised internship</td>
</tr>
<tr>
<td><strong>EXPERIENCE</strong></td>
<td>Permit granted only to persons who have met all but experience and exam requirements of LMHC</td>
<td>No experience necessary</td>
<td><strong>3,000 clock hours</strong> (not including internship hours) supervised experience in an SED-approved setting. Supervision by a licensed mental health professional, including: LMHC, LCSW, psychologist, psychiatrist, physician’s assistant, psychiatric nurse.</td>
</tr>
<tr>
<td><strong>EXAMINATION</strong></td>
<td>Must pass LMHC exam</td>
<td>Must pass exam</td>
<td>Must pass LMHC exam</td>
</tr>
<tr>
<td><strong>ADDITIONAL REQUIREMENT</strong></td>
<td>Child Abuse Reporting Training</td>
<td>Child Abuse Reporting Training</td>
<td>Child Abuse Reporting Training</td>
</tr>
</tbody>
</table>

To view these requirements on the New York State Education Department’s website go to: [www.OP.NYSED.GOV](http://www.OP.NYSED.GOV).
<table>
<thead>
<tr>
<th>Minimum Requirements</th>
<th>Licensed Mental Health Counselor</th>
<th>Licensed Clinical Social Worker</th>
<th>Licensed Psychologist</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Underlying philosophy of profession</strong></td>
<td>Counseling is rooted in a strengths-based wellness model combining knowledge of human development and the biopsychosocial model to develop best strategy for client growth. Primary emphasis on working with individuals, but can also be trained to work with larger systems.</td>
<td>Social work is rooted in the pursuit of social justice and empowerment of individuals and families with a system. Clinical practice is one avenue through which these ideals are attained.</td>
<td>Professional psychology is rooted in models of human development, often with additional emphasis on medical model of psychological treatment. Also tends to be proficient in clinical, cognitive and neuropsychological assessment.</td>
</tr>
<tr>
<td><strong>Education</strong></td>
<td>60-credit Masters in SED-approved counseling program with specified content areas including diagnosis and assessment, psychopathology, counseling theory and practice, group dynamics. Minimum of 600 clock hours of supervised internship.</td>
<td>Masters of Social Work with at least 12 hours of clinical coursework including diagnosis and assessment and social work treatment and practice. 900 clock hours of supervised internship.</td>
<td>Hold a doctoral degree in psychology in SED-approved psychology program, or its equivalent, with coursework in ethics, cultural diversity, biological, cognitive, affective and social basis of behavior; individual difference; psychometrics; history and systems of psychology; and research. Minimum of one year of a supervised internship.</td>
</tr>
<tr>
<td><strong>Experience</strong></td>
<td>3,000 clock hours supervised experience in an SED-approved setting. Supervision by a licensed mental health professional, including: LMHC, LCSW, psychologist, psychiatrist, physician’s assistant, psychiatric nurse practitioner.</td>
<td>3 years (defined as 20 contact hours for 48 weeks or 960 hours per year) supervised experience in SED-approved setting. Supervision by LCSW, licensed psychologist, psychiatrist. In order to be an LCSW-R, and qualify for insurance reimbursement by some carriers, an additional 3 years of supervised experience is required.</td>
<td>2 years of full-time supervised experience (defined as 1750 clock hours per year) or the part-time equivalent. One of the two years must be done after completion of doctoral degree.</td>
</tr>
<tr>
<td>Minimum Requirements</td>
<td>Licensed Mental Health Counselor</td>
<td>Licensed Clinical Social Worker</td>
<td>Licensed Psychologist</td>
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</tr>
<tr>
<td>Examination</td>
<td>National Clinical Mental Health Counselor Exam administered by the National Board for Certified Counselors</td>
<td>Clinical Exam administered by the Association of Social Work Boards.</td>
<td>Examination for Professional Practice in Psychology (EPPP) administered by the Association of State and Provincial Psychology Boards (ASPPB)</td>
</tr>
</tbody>
</table>

To view the requirements for these professions on the New York State Education Department’s website, go to: [http://www.op.nysed.gov](http://www.op.nysed.gov).

*Experience is post-masters, and can be obtained under a limited permit, except as noted.*
History Of The Development Of The Counseling Profession

• Primary philosophical emphasis in counseling in the USA is on the needs of the individual and on the individual's capability for self-direction, the obligation of the individual to develop personal strengths and resources, and the systematic development of the individual through the life span.

• Historically, U.S. federal legislation has focused both on the role of counseling in personal development and on the national development of effective social, educational, and occupational structures.

Important Federal Legislation

• National Defense Education Act (NDEA) 1958
• Rehabilitation Act of 1973
• Carl D. Perkins Vocational Act of 1984
• H.R. 2109
• Women's Educational Equity Act
• H.R. 4094
• Senate Joint Resolution 35
• H.R. 94-142
• Elementary and Secondary Education Act (ESEA)
**Preparation Of Counselors In The USA**

- Counselor preparation occurs throughout the USA in institutions of higher education at the graduate level.
- Approximately 400 institutions in the USA offer one or more counselor preparation programs.
- The master’s degree, the most frequent level of preparation offered, is viewed as the entry level for practice as a professional counselor in the USA.

*Source: Hollis, Counselor Preparation, 9th and 10th editions; NBCC & Accelerated Development*

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**The Credentialing Maze**

**Definitions and Terminology**

- **LICENSE**
- **TITLE LAW**
- **PRACTICE LAW**
- **CERTIFICATION**
- **ACCREDITATION**

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**The Philosophy Of Voluntary Certification**

- Professionals voluntarily apply for certification as a professional credential rather than a necessity for professional practice.
- The voluntary nature of the process contributes to its credence because usually only those professionals who value professional certification and believe they are qualified to receive it apply.
- Certification procedures tend to perpetuate high professional standards by involving only those who believe in such standards.

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**Purposes Of National Certification**

- Promotes professional accountability through training and ethical standards
- Clearly identifies to the public and professional peers those counselors who have met specific professional standards
- Advances cooperation among groups and agencies actively involved in professional credentialing activities
- Encourages continuing professional growth and development through training and supervision
- Ensures that the profession, not legislators, defines counseling based on a national standard of training and practice
Why Hold Both Licensure And National Certification?

- National certification is broader than state licensure.
- State licensure is subject to the politics of the state.
- National certification provides referral sources across state lines.
- Professional counselors, not legislatures or bureaus, should define timing and practice of standards.
- Portability of the credential and often times the examination scores necessary for state credentialing.

Why Should Professional Counselors Support Credentialing?

- Jointly, national certification and state licensure are one of the major reasons why counseling is achieving parity with related professions.
- Credentialing ensures the legitimate right of counselors to participate as equal professionals in the field of mental health care.
- The most effective way of achieving third party payment recognition is to have a solid national voice.
- The insurance industry recognizes only credentialed counselors.
- Clients deserve an ethical, regulated profession.

What is NBCC?

- NBCC and Affiliates is a non-profit, national credentialing body incorporated in 1982.
- NBCC identifies and maintains a register of counselors who have voluntarily sought and obtained certification.

NBCC and Affiliates’ Executive Team

- Executive Director – Thomas W. Clawson, Ed.D., NCC, NCSC, LPC
- Associate Executive Director – Susan H. Eubanks, M.Ed., NCC, NCSC, LPC
NBCC Accreditation

- NBCC has been accredited by the National Commission for Certifying Agencies (NCCA) since 1985.
- Accreditation by this commission represents the foremost organizational recognition in national certification.

NBCC Timeline: 1982-1989

- 1982: NBCC incorporated
- 1983: First exam administered; 2,800 certified
- 1984: Idaho first state to adopt NCE for licensure
- 1985: First directory of National Certified Counselors published
- 1987: NBCC is recognized and becomes a member of the National Commission for Certifying Agencies (formerly NCHCA)
- 1988: 10 exam administrations; more than 16,000 certified
- 1989: Second directory published; more than 16,000 NCCs and 800 NCCCs

NBCC Timeline: 1990-1993

- 1990: Board Eligible status implemented
- 1991: National Certified Gerontological Counselor (NCGC) credential established
- 1992: NBCC expands headquarters operations and relocates to Greensboro, NC
- 1993: Academy of Clinical Mental Health Counselors merges with NBCC

NBCC Timeline: 1994-1999

- 1994: National Counselor Examination for Licensure and Certification Revised
- 1995: Master Addictions Counselor (MAC) credential established
- 1996: Center for Credentialing and Education (CCE) and Research and Assessment Corporation for Counseling (RACC) created
- 1998: NBCC Approved Clinical Supervisor (ACS) credential established
- 1999: NCE and NCMHCE exams used by 45 states and the District of Columbia
- 1999: Total number of NCCs exceeds 30,000
- 1999: More than 2,200 master’s students apply for national certification prior to graduating via the GSA-NCE
**NBCC Timeline: 2000 - 2004**

2000  NBCC Examinations used in state credentialing by 41 states

2001  NBCC Approved Clinical Supervisor (ACS) credential moved to CCE

2004  47 states plus DC use NBCC Examinations as part of their credentialing process

Total # of NCCs exceeds 37,000

**Future Directions for NBCC and Affiliates**

As globalization becomes more evident, certification without borders may become the standard. Counselling will achieve a world-wide scope.

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**Basic Educational Requirements For The NCC Credential**

- Master’s degree with a major study in counseling from a regionally accredited institution
- 48 semester or 72 quarter hours of graduate study in the practice of counseling and related fields
- A counseling course in each of the following content areas:
  - Human Growth & Development
  - Social & Cultural Foundations
  - Helping Relationships
  - Group Work
  - Career & Lifestyle Development
  - Appraisal
  - Research & Program Evaluation
  - Professional Orientation & Ethics

Each course must be taken for a minimum of two semester hours or three quarter hours of graduate credit.

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**Other Basic Requirements For The NCC Credential**

- Two academic terms of supervised field experience in a counseling setting
- Two years post-master’s counseling experience (unless CACREP graduate or applying for Board Eligible status) with 3000 hours of client contact and 100 hours of face-to-face supervision
- Pass the National Counselor Examination for Licensure and Certification (NCE)

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**Graduate Student Application For The NCC (GSA-NCC)**

- The GSA-NCC is a private application process offered to graduate students at qualified schools in their final year of study.
- Master’s students whose schools participate in the GSA-NCC have the advantage of taking the NCE prior to graduation. Qualified students who pass the NCE are eligible for the National Certified Counselor (NCC) credential, following graduation
- More than 180 counseling programs participate in the GSA-NCC. Many programs cite the GSA-NCC as an advantage for their students and as an incentive for recruiting new students to their programs. NBCC also sends an aggregate score report to each participating program.
- The GSA-NCC is available to all schools with CACREP-accredited programs, and to non-CACREP schools following CACREP’s educational guidelines.
Graduate Student Application for The NCC (GSA-NCC)

Here are some of the advantages for students at schools participating in the GSA-NCC Program:

• Taking the NCE prior to graduation while information is still fresh in their minds
• Completing part of the state credentialing process (in states which use the NCE for licensure)
• Paying a lower application fee than regular applicants
• Siting for the NCE on campus
• Having a later NCC application deadline than regular applicants

GSA-NCC - CACREP

• For CACREP Applicants: Becoming eligible for the NCC credential right after graduation, since the post-Master's experience requirement is waived for graduates of CACREP-accredited programs
• CACREP (The Council for Accreditation of Counseling and Related Educational Programs) currently accredits programs in 180 institutions

GSA-NCC - Non-CACREP: Board Eligible Status

• Becoming qualified for Board Eligible National Certified Counselor status is a stepping stone to national certification
• Students from regionally accredited programs may take NCE upon graduation, or during final year of graduate study at participating institutions (Board Eligible GSA-NCC)
• “Board Eligible NCC” designation granted when NCE is passed, and final transcript and other required documents are submitted
• Two years post-Master's experience requirement may be fulfilled after examination
• NCC full certification granted upon completion of experience requirement

Application Deadlines For the National Certified Counselor (NCC) Credential

These deadlines are for regular applicants who have already graduated. Deadlines for GSA-NCC applicants are different.

April Examination
Postmarked On or Before October 1
Postmarked October 2 - December 15

October Examination
Postmarked On or Before May 1
Postmarked May 2 - July 15

Current fees and complete information are available on the Web at www.nbcc.org.

All NBCC fees are subject to change. All NBCC fees are nonrefundable and nontransferable. Applications can be printed from NBCC's web site at www.nbcc.org.
GSA-NCC Application Information
For Students At Participating Schools

NBCC sends applications for the GSA-NCC to a designated contact (Campus Coordinator) in the Counselor Education Department at participating schools. The Campus Coordinator distributes GSA-NCC applications to eligible students. Students return their completed applications and payments to the Campus Coordinator, who reviews and sends the applications, as a group to NBCC.

NCC application fees are lower for applicants who apply via the GSA-NCC.

Students at participating schools should contact their Counselor Education Department to obtain application and deadline information. Doctoral students must include with their application a final transcript showing master's degree earned.

More information is available in the Applicants/Grad Students section of NBCC's web site: www.nbcc.org.

NBCC will send passing scores to state credentialing boards for a reporting fee, provided the applicant has sent in a final, official transcript and professional endorsement.

National Counselor Examination For Licensure And Certification (NCE)

• Is a general practice exam rather than a specialty exam
• Is based on CACREP curriculum standards as well as actual counselor work behaviors
• Assesses cognitive knowledge of counseling information and practical counseling skills deemed appropriate for safe and effective counselor functioning
• Requires recognition, recall, application, or analysis
• Is the most commonly used state-required credentialing examination (the vast majority of states and the District of Columbia use the NCE for licensure)

Composition Of The NCE

Each question is assessed on two levels:
CACREP knowledge area
Counselor work behavior area

CACREP areas:
Human Growth and Development
Social & Cultural Foundations
Helping Relationships
Group Dynamics
Lifestyle & Career Development
Appraisal of the Individual
Research & Evaluation
Professional Orientation

Counselor work behavior areas:
Fundamental Counseling
Assessment & Career Counseling
Group Counseling
Programmatic & Clinical Interventions
Professional Practice Issues

How To Prepare For NCE

➢ NBCC Preparation Guide available
➢ Review courses taken at universities
➢ Form study groups
➢ Review current textbooks
➢ Review your known weakest areas
➢ Use previous NCE results to identify weak areas
➢ Review materials available on-line

More information on the NCE, including sample questions and prep guide information, is available on NBCC's web site at www.nbcc.org.
Score Reports

- 200 items are on the examination:
  - 160 items scored for candidates
  - 40 additional items are for item development purposes
- No penalty for guessing
- Past cut score ranges: 89-107
- Percent passing in past: 79-88%
- Candidates receive score distribution and national descriptive statistics comparison
- Examination is not scored on a “curve”
  Theoretically, all examinees could meet the criterion (cut) score.

Recertification Requirements
For The NCC Credential

1. Accrue 100 approved contact hours of continuing education within 5 years from date of first certification
   OR
   Retake the NCE within 12 months prior to expiration date and pass at the level of those taking the exam for initial certification
2. Abide by the NBCC Code of Ethics
3. Pay the annual renewal fee and sign the ethics attestation

NCCs who hold NBCC specialty certification(s) must also satisfy the continuing education requirements for the specialty.

State Counselor Legislation

A complete list of state credentialing boards is available at www.nbcc.org.

48 states, the District of Columbia, Guam, and Puerto Rico have passed counselor credentialing legislation. Below is a list including the year the legislation passed.

- Alabama 1979
- Alaska 1998
- Arizona 1988
- Arkansas 1979
- Colorado 1988
- Connecticut 1997
- Delaware 1987
- District of Columbia 1993
- Florida 1981
- Georgia 1984
- Guam 1989
- Hawaii 2004
- Idaho 1992
- Illinois 1997
- Indiana 1991
- Iowa 1987
- Kentucky 1996
- Louisiana 1987
- Maryland 1988
- Maine 1997
- Maryland 1992
- Massachusetts 1985
- Michigan 1988
- Minnesota 1997
- Mississippi 1989
- Missouri 1987
- Montana 1988
- Nebraska 1989
- Nevada 1993
- New Hampshire 1983
- New Jersey 1993
- New Mexico 1984
- New York 2002
- North Carolina 1983
- North Dakota 1989
- Ohio 1998
- Oklahoma 1995
- Oregon 1989
- Pennsylvania 1998
- Rhode Island 1988
- South Carolina 1990
- Tennessee 1984
- Texas 1981
- Utah 1984
- Vermont 1988
- Virginia 1976
- Washington 1987
- West Virginia 1986
- Wisconsin 1992
- Wyoming 1987

A complete list of state credentialing boards is available at www.nbcc.org.

Use Of NBCC Examinations

- Alabama NCE
- Alaska NCE
- Arizona NCE
- Arkansas NCE or NCMHCE™*
- Colorado NCE
- Connecticut NCE or NCMHCE
- Delaware NCE
- District of Columbia NCE
- Florida NCMHCE
- Georgia NCE
- Guam NCE
- Hawaii NCE
- Idaho NCE
- Illinois NCE
- Indiana NCMHCE
- Iowa NCE
- Kansas NCE
- Kentucky NCE
- Louisiana NCE
- Maine NCE
- Maryland NCE
- Massachusetts NCMHCE
- Michigan NCE
- Minnesota NCE
- Mississippi NCE
- Missouri NCE
- Montana NCE or NCMHCE
- Nebraska NCE
- Nevada NCE
- New Hampshire NCE
- New Jersey NCE
- New Mexico NCE
- New York NCE
- North Carolina NCE
- North Dakota NCE/NCMHCE (2 tier)
- Ohio NCE
- Oklahoma NCE
- Oregon NCE
- Pennsylvania NCE
- Rhode Island NCE
- South Carolina NCE
- South Dakota NCE
- Tennessee NCE
- Texas NCE
- Utah NCE
- Vermont NCE
- Virginia NCE
- Washington NCE
- West Virginia NCE
- Wisconsin NCE
- Wyoming NCE

*NCMHCE is National Clinical Mental Health Counseling Examination
** EMAC is the Examination for Master Addiction Counselors

Contact individual states for specific requirements.
How Do We Assure Quality in the Counseling Profession?

- Credentials
- Ethical standards/practice
- Education and training
The Great Spiral Metaphor in Supervision and Life

“I do not believe that sheer suffering teaches. If suffering alone taught, all the world would be wise, since everyone suffers. To suffering must be added mourning, understanding, patience, love, openness, and the willingness to remain vulnerable.”

As the semester winds down each spring, students are hard at work bringing closure to their course assignments and term papers, dreaming of the weekend in the near future that won’t involve having a thesis to write and edit. They begin the many dimensions of the process we think of as the transition from counselor-in-training to counselor-ready-for-employment, and they start their goodbyes to clients, peers and supervisors, as they anticipate moving to new places. Moments of happy anticipation, pride and relief sit side by side with last minute anxieties about getting everything finished, and as always, students count on faculty, supervisors and fellow trainees for emotional and practical support during this transitional time.

Usually at graduation-time we make reference to the well-worn maxim that a graduation is also a commencement. Where one thing ends, another begins, and this cycle of endings and beginnings is of course what life is all about. Thinking of the cycles of change in life made me recall the image of the nautilus shell and with it, an old but still inspiring book, Anne Morrow Lindbergh’s Gift from the Sea. Nautilus shells made me recall that summer vacation is the time for beach reading on languorous days, filling up on inspiring, rejuvenating and enjoyable ideas that effortlessly contribute to expanding our growth and enriching our humanity.

The Gift from the Sea quote that starts this column also reminded me of the practices we seek to inculcate into our
new counselors here at Warner. As counselors-in-training they have certainly witnessed the suffering of the world and they have also come with their own need for healing that permits them to have empathy with others. Training has brought them self-reflection, mindful presence, openness to depth of feeling, bravery to innovate in action, and humility in recognizing that we learn best from our clients. Most of all trainees learn that the journey to be a therapeutic and positive force in the world never really ends and that it is good to have companions and mentors along the way. As faculty and supervisors we are proud of all our students have accomplished on the journey so far and encourage our newest counselors to embrace the great spiral metaphor of learning and change. Everything we have experienced now will be revisited again as we move through time with others. All that we have learned will be enlarged in the next turn of the bend, even if it’s sort of familiar. As we wind up our year together, we hope this final quote from Anne Morrow Lindbergh might serve to remind us to cherish every chambered curl in the unfolding personal and professional journey that we are sharing and moving vulnerably with. Congratulations to our trainees and heartfelt thanks to all our partners for your part in the unfolding.

Karen and Bonnie

“Perhaps this is the most important thing for me to take back from beach-living: simply the memory that each cycle of the tide is valid: each cycle of the wave is valid: each cycle of a relationship is valid”

This month in our “researcher’s corner” we are featuring an article ideal for supervisors working with supervisees who may be impacted by vicarious trauma through their work with clients. The article provides an overview of vicarious trauma (VT) and vicarious post-traumatic growth (VPTG) and explains how the restorative approach to supervision uses expressive arts to mitigate the effects of VT and facilitate the development of VPTG in supervisees.

Neswald-Potter, R., & Simmons, R. T. (2016). Regenerative supervision: A restorative approach for counsellors impacted by vicarious Trauma/Supervision régénérative : Une approche rétablissante pour les conseillers affectés par traumatisme vicariant. Canadian Journal of Counselling and Psychotherapy (Online), 50(1).
Positive Supervisor-Supervisee Relationships

Empathy, trust, and safety are critical elements of a successful and positive supervisory relationship. Supervisees who receive empathic responses from supervisors feel listened to and understood; these form the basis for developing rapport, trust, and safety in the supervisory relationship. It has often been my experience that when the elements of trust and safety are established, supervisees ask more questions, willingly reflect on their experiences, share achievements and struggles, explore techniques, and experiment with new ideas. The end result is supervisees who talk openly and honestly about their client-counselor relationships: “I don’t like working with this client, he is draining” or “I get what this client is going through, I’ve been there” or supervisees who acknowledge mistakes: “I feel overwhelmed so my notes are late.” Reflection, insight, awareness, curiosity, and self-disclosure are integral to the learning process and are sought after as much as skill building and development of technique in my supervisory relationships. Because good clinical supervision forms a bridge from classroom to effective practice any space in between should be safe for learning, not knowing, asking questions, and clinical exploration. Clinically speaking, relationships with secure attachments facilitate self-efficacy and with enough support, competence.

Threats to positive supervisor-supervisee relationships abound, of course. Negative factors include rigidity, exploitation, overly harsh criticism, relational styles that are aloof or distant, and communication and problem solving styles that are ineffective for supervisor and/or supervisee. Power dynamics are inherent to supervisory relationships and further complicate interactions. How does a supervisee disclose areas of struggle when supervisors report on their progress? Transparency, collaboration, and establishment of appropriate boundaries and expectations can make this process more manageable. Each year my supervisees and I complete evaluations on their progress and also, reflect on my supervision of them. Evaluations can be tedious and burdensome, however, periodic assessments can be a means to reflect on the supervisory relationship and collaborate on mutual goals.

Talking explicitly about goals and areas of improvement can be intimidating; however feedback is a necessary part of training. Also, supervisors have choices in how they deliver feedback. For example, after viewing a trainee tape I might notice a problem area between a supervisee and client that needs further discussion. I might then watch the tape with the supervisee and ask non-judgmentally what was happening in the moment and the rationale behind the intervention. Ideally, I am curious about a supervisee’s approach and want to understand their perspective. This stance is beneficial for two reasons: first, it allows me to meet the supervisee at their developmental level and second, it allows me to more effectively scaffold teachable moments, sometimes in the form of corrective feedback using clinical work (such as case examples) and/or talking about my experience of failure/struggle/learning (self-disclosure or modeling). For most of us, effectively negotiating conflict, repairing ruptures, and managing negative feelings are unspoken tasks of the supervisory relationship.

Strong, positive supervisor-supervisee relationships do not often occur naturally or without reflection, effort, psychological mindfulness and purposeful intervention. Addressing the various tasks and responsibilities of clinical supervision is essential, and allows the most effective components of this rich, rewarding, and complex relationship to develop.

Alumni Contributions

Brianna Vespone, MS ’15, recently published an article addressing the need for support groups for LGTBQ students enrolled at Christian colleges and universities. The article addresses the unique difficulties faced by LGTBQ students and identifies practices that can help this population navigate these difficulties. The citation for Brianna’s article is:

Experiencing Supervision- Mia Scalzitti, Community Mental Health Student, Warner School

When I first started this program, I knew that I would probably go through therapy and grow, however this growth was an abstract concept to me. I was also not prepared for how vulnerable I would have to be and how uncomfortable this vulnerability would make me. I started out with peer counseling for theory and practice, and then moved to professional counseling, both of which gave me a taste of what growth and vulnerability would feel like. I expected therapy to be a rewarding experience, even though at the time I was too defended to know how much. However a relationship that I unexpectedly came to value, was the supervision relationship. Before coming to Warner, I did not know much about supervision and the important role that it played.

Supervision is like therapy to me. It forces me to be honest and check in with myself, which I usually subconsciously avoid. Sometimes supervision can be unexpectedly difficult. It forces us to deal with tough things in order to better serve our clients. Occasionally, on a particularly resistant day, I would leave supervision feeling angry because it pushed me to face things I was happier ignoring in favor of just getting through the week. I have learned to be grateful for that anger because it signifies growth.

Sometimes supervisors and therapists have to drag me closer to my emotions. I am always grateful for their efforts because it helps me get into the habit of getting there on my own.

Another unexpected reward was the relationships that I developed with my supervisors. There is a certain intimacy that came from being forced to face my emotions and becoming comfortable with vulnerability. I appreciated coming to know each other after working together. This is why Warner’s supervision method has been extremely enjoyable for me. I appreciate having someone who understands my counseling style, knows what I need to improve, and how I need to be challenged. I like that it is similar to therapy in that I lead the way, but they are also able to take me to a place of further understanding using their own counseling skills.

At the end of my master’s level education I will be a different person than when I started. I truly have transformed as a person and as a therapist. This is in great part thanks to my wonderful supervisors at Warner and at my internship. They have taught me how to be present and vulnerable, as well as reflective and introspective. I hope that as my career and education continue, I will continue to have supervision relationships that push me beyond my comfort zone into a place of growing.

The Many Layers of Supervision- Abigail Cantello, School Counseling Student, Warner School

A key part of the practicum and internship experience for counseling students is getting supervision. One of the many ways Warner’s counseling program is set apart from others is the amount of supervisory relationships offered to students. In addition to our site supervisor, we have a faculty member who serves as a clinical coordinator and course instructor, group supervisors, and a doctoral student who serves as an individual tape supervisor. This allows us to get multiple perspectives on our experiences and skills. I am able to get feedback and guidance from many knowledgeable, empathetic supervisors. It also provides the opportunity to learn from several people who have had direct field experience. Hearing the stories and case examples my supervisors share has built my knowledge about school counseling. Synthesizing their real-life examples with class material has given me tools to use with the students and situations I encounter at my internship site.

Similarly, I have learned a lot from listening to my fellow classmates’ stories and experiences during group supervision. We are at all different sites and work with a variety of populations and age-ranges. I really enjoy hearing about the triumphs and hardships they are facing. Their stories provide me with an opportunity to reflect on what I would do or if I were in a similar circumstance. Additionally, the actions my classmates take give me examples of how to approach student and school systems situations in a professional and caring manner. Having space to share my thoughts and feelings about my internship work and brainstorming solutions to the many situations we are encountering is not only beneficial academically but also has helped me grow personally and professionally.

At every level and in every situation Warner students are provided with intense and individualized supervision. From sharing and listening to stories, to going over audio tapes, there is always a faculty member or doctoral student there to give feedback and assistance. When you peel back one layer, there is another layer there to provide you with support, encouragement, and guidance. This facilitates a high level of learning and skill acquisition.

As counselors we are demonstrating best practice when we rely on our colleagues for support, when we collaborate and consult with others in our field. The level of supervision given to graduate students at Warner emphasizes these values, ingraining them into the professional conduct of the future counselors who go through the program.
An Unforgettable Experience

An approach that is increasingly researched and practiced in the counseling field is the mind-body connection. The medical and mental health community is taking notice of how the mind and body react to one another, often to such an extent that it is difficult to determine which comes first. Our professors and supervisors are taking steps to include this important connection in the continuing education of mental health professionals.

Dr. Bill Watson, who is an Associate Professor of Psychiatry and Neurology at the University of Rochester Medical Center, presented his students with the opportunity to observe brain surgery. He explained that mental health professionals would possibly encounter clients in the future who may have to have brain surgery, or have to counsel family members whose loved one has surgery and that more should be known about the experience. In fact, I have had two clients in my private work who have recently had brain surgery. My own mother, who has epilepsy, had brain surgery because her seizures were not controlled by medication and her symptoms were complicated by depression, which then led to more seizures—clearly, a good example of the mind-body connection at work.

On the day of the brain surgery Dr. Watson had invited us to witness. I accompanied a fellow doctoral classmate to the operating theater, which made the experience less intimidating for me. We were given specific instructions and arrived extra early to prepare for entering the operating room. We donned our scrubs, our funny hats and booties and entered a room of precision and education. Everyone, from the anesthesiologists to the head nurse, was welcoming and offered to answer any questions that we had. We stood on stools two feet from the operating table but could also utilize the monitors in case it was difficult to see some procedures. We arrived after the patient was asleep and the surgeons had begun to prepare to mark where they would make the incision. This patient had a tumor that was being removed and the nurse shared that she had only presented with headaches. This again reminded me of the importance of taking account of the patient holistically so that other causes of symptoms may be ruled out.

I have to admit that I was both nervous and excited to observe this surgery but I also knew that I would never regret attending. This experience enticed me to consider, "if I was her therapist, how would I help her to heal emotionally"? "How might I help her family to understand what she was going through and what questions and assistance would have been helpful when I went through this process with my own mother"? I am extremely grateful that the medical community is beginning to open its doors to the mental health care community so that we can care for our patients in a holistic and integrated way. This was a unique educational experience in my doctoral program in counselor education and I greatly appreciate having a faculty supervisor pave the way for therapists like me, to have first-hand exposure to the world of surgical medicine.

“I have to admit that I was both nervous and excited to observe this surgery but I also knew that I would never regret attending.”
Bonnie Rubenstein interviews Tom Dyer, School Counselor at RCSD East

BR: How has school counseling changed over the past 20 years?

TD: We’re now school counselors, not guidance counselors. The profession is now data-driven both pre- and post-intervention. Counselors are now more fully integrated into the school rather than office-bound. There is a slow yet growing presence at the elementary level. The emphasis is upon services to ALL students. I view my workload as having more than doubled over time due to the cultural shift in schools toward data gathering/analysis, the use of e-mail for most communications, and the increased level of trauma and basic needs issues expressed by students.

BR: What have you enjoyed most about being a school counselor?

TD: First and foremost, relationship development with various constituencies. I’ve always gravitated toward project-based work, including adjustments to continuously improve them over time. Leadership opportunities have regularly emerged. Goal setting followed by goal achieving. “Seed planting” is an important part of the work I’ve done over time with my high-needs caseloads. I’ve also enjoyed supporting our on-site agency partners in understanding how school works so they can more effectively be part of our school team. Finally, as you know, I’ve always valued the time I’ve spent supporting counselors-in-training or those who’ve been newly-hired.

BR: What have been your most challenging issues as a school counselor?

TD: Supporting students who are “in the middle” has always been challenging. We know and focus upon those at the very top and very bottom of the caseload. Successfully addressing parents who struggle with parenting, and whose children have suffered as a result, has usually been a losing battle. Think of the student who missed 45 days of school when they were in kindergarten. The parent owns that responsibility. Or the numerous parents who act as though their 13-year-old is actually a miniature adult needing minimal attention and supervision. Balancing direct service to students with data-gathering/analysis and mundane clerical tasks exacerbated by the absence of clerical support is a constant challenge.

BR: What are some of your suggestions for avoiding counselor burn-out?

TD: Accept that being fully caught up is not a realistic goal. Do the best you can for the greatest number of students you can every single day. There will always be someone else at the door who wants, need or expects something from you. Strive for a 50/50 balance between electronic and face-to-face communications. Just because you can doesn’t mean you should: try looking at something other than your computer screen. Spending time outside the regular school day to read and respond to e-mails is now a given. Seek new opportunities to stay off “auto pilot”: take on a new project, coach a sport, be a class advisor, organize a field trip to someplace new, change buildings or levels if the spirit moves you. Become a mentor to new counselors. Write a grant to fund something important to you. Carefully consider your strengths and interests, then play to them: I’m good at teaching others about rules, guidelines, options and multi-step processes, so I choose tasks that allow me to do that. On the flip side, if possible, I avoid tasks that don’t fit my skill set, especially if I have no interest in improving those skills.

BR: It is well known that you have a wonderful sense of humor. What else do you do for self-care?

TD: I’ve generally stunk at the traditional aspects of self-care: proper eating, regular exercise, making time for favorite recreational pursuits, etc., though I expect significant improvement in these areas following my retirement. I grew up playing the piano - got quite good at it by age 18 - and haven’t touched one in 36 years. I can’t wait to re-learn how to play. Throughout my career, my best self-care has been my commitment to parenting my own children through to their early adulthood, purposefully choosing to be present for them every day to meet basic needs, offer advice and guidance, witness their successes, and help them deal with failures without coddling.

BR: What are some words of wisdom that you would give to the next generation of school counselors?

TD: Quickly list every stereotype you’ve heard about school counselors. Now don’t behave like any of them.

Here’s how school works: Show up every day. Play nice with others. Produce work. Submit it on time. The end. Consider working at the elementary level, where prevention and early intervention can occur for students AND
parents. Practice does not make perfect. Practice makes permanent. Only perfect practice makes perfect. Once high school rolls around, chronic behavior patterns are hard to change.

Determine the message that’s so important to you that you’d have it engraved on your tombstone. Here’s mine: Nice people who try hard are useless. Knowledge and skills matter, so develop them every day. Your first minute with someone new is really important, so don’t screw it up. No sugar-coating EVER. Students respect and appreciate honesty. They can handle it just fine. Apologize for those occasions when you weren’t your best self. Some students have never had an adult in their lives apologize to them. It’s relationship-affirming. Emphasize the development of student independence all day every day. The adult world is hard enough. Having to overcome the laziness fostered by having so many things done for you that you should’ve done on your own only makes it worse. Commit. Formulate strong opinions and share them at every opportunity. Earned self-esteem is critical: “I am, therefore I am wonderful” is nonsense. “Plan the work, then work the plan” makes more sense. When people achieve something significant, they can affirm themselves. This is especially important for students whose families tend not to affirm anything they do because they fail to realize how important it is to do such a thing. Remind students that the world is not exclusively about them. Other people are often impacted. Identify your weaknesses and work on them. My own voice is my favorite sound, so I’ve needed to work hard at listening throughout my career. Become indispensable at your school. Take on tasks and do them well, and the school will beg you to never leave. Always ask lots of questions. Don’t be a mouse. Mice inspire no one. Speak with confidence. Be who you are. Go to school each day and be as good as you. Never mislead anyone about who you actually are. You’ll spend a lot of time writing. Proofread everything you write. You never know where it might end up. Identify your “go to” person both inside and outside of school – the one you want in the room with you when things get really bad. Then let them know that they’re your person. Here comes the closer……wait for it…….Good counseling looks a lot like good teaching, coaching, administering and parenting. They all involve leadership. The best workshop I ever attended defined leadership in very simple terms: rapport and support plus the demand for work. No concept has had a more profound impact on my practice as a counselor or parent.

Professional Development Opportunities

AMHCA 2017 Annual Conference
July 27-29, 2017
The Mayflower Hotel, Washington,

American Counseling Association
2018 Conference and Expo
Atlanta, Georgia
April 26-29, 2018
Pre-Conference Learning Institutes: Apr. 25-26

NYSSCA ANNUAL CONFERENCE 2017
“School Counselors: Prepared to Lead the Way”
The DoubleTree, Syracuse, NY
November 17-18, 2017

Association for Counselor Education and Supervision 2017 Conference
Preconference: 10/4/17
Conference: 10/5-10/8/2017
Hyatt Regency Chicago, Chicago, IL

AMHC 2017 Annual Conference
July 27-29, 2017
The Mayflower Hotel, Washington,
We want to acknowledge the doctoral students who have served with us as group or individual supervisors for our practicum and internship students. Our thanks to all of you!!!
Inside this issue:

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Cultivating Mindfulness Practices in Supervision

Welcome to 2017 and the start of spring semester at Warner. At this point in the year, Bonnie and I want to welcome our newest site supervisors working with our practicum students, and also our returning doctoral supervisors who work one on one with our counselors in training (CIT’s) each week.

While it may be spring semester, outside it is still mid-winter and the darkest time of the year. However, each day after the winter solstice promises just a few more minutes of extended light and that natural reality mirrors what we see in the experience of our CIT’s as they get clearer about their commitments to their counseling careers and more fully enter the professional practice of counseling. By the sun-filled days of May, our students, with your extensive help, have transformed themselves into warm, shining lights full of enthusiasm and passion for the work of helping and change-making with others.

In between now and then, we see all of our supervisory roles as about providing support, encouragement, hopeful persistence, clarification and other experiences that sustain adult learners as they work to incorporate new identities and conquer new frontiers. One tool in this armamentarium, that we find to be critical, is cultivating mindfulness. Like the capacity for reflection “on and in action” (Schon, 1987, 1983), mindfulness helps all of us contain anxiety, restore balance and center on our strengths and adequacies to cope as human beings, when we are uncertain about what lies ahead.

From the youngest student in grade school to the most senior clinician or seasoned counselor educator, it is clear that feelings of anxiety, uncertainty, fear and overwhelm are all around us today. Our site visits with you and the reports of our students working with you in the field confirm that there is a great need for counselors to be facilitators and leaders in promoting wellness practices that reduce stress and anxiety and empower people to engage their own capacities for healing, health and wellbeing.

Mindfulness practices have the ca-
pacity to help individuals of all ages and abilities to find a centering mind-body connection that supports psychoneuroimmunological (PNI) health. Whether the specific practice involves cognitive and emotional practices like quieting, focusing, seeing, reframing, caring and connecting, or works instead, with introspective awareness methods like breath-work and anchoring practices, awareness practices, body scans, guided visualization or cultivating meditative states; all mindfulness work tends to reduce personal stress, enhance feelings of self-efficacy and create the conditions for empathic connection to oneself and to others.

In working with our CIT’s at Warner, several classes specifically include training in mindfulness practices to support students’ access to feelings of compassion, gratitude and well-being. Each of these feelings can counteract the effects of anxiety, uncertainty, painful associations, fear of mistakes, negativity bias or critical self-internalizations. Replacing these with presence, appreciation, resilience and openness to discovery on the journey with clients and peers helps us to create preferred experiences and desired life outcomes.

Counselor training has always entailed much more than didactic instruction followed by practice. We know that our students learn best and primarily from the power of the relationships they build with supervisors, instructors and peers as they learn to serve their clients. The more intentional we as a department have become about centering our training on formation practices like community building, reflection “on and in action” and compassionate mindfulness, the more we believe we can create the next generation of counselors who will be capable of facilitating integrated wholeness and positive well-being for others, even in uncertain and challenging circumstances.

As our partners in supervision and training too have a critical role to play and powerful experiences to voice for the benefit of our trainees and we anticipate many mindful and uplifting conversations with you to come this year.

Welcome to our community of practice.

Warm regards,
Karen and Bonnie

Researcher’s Corner

This month in our “researcher’s corner” we are featuring an article that organizes and explains the counselor education and supervision framework for supporting site supervisors. In line with accreditation expectations (CACREP) of support for site supervisors, partnering with our department involves attention to orientation, community building, assistance, consultation and professional learning opportunities within site supervision.

DOI: 10.1002/j.1556-6978.2014.00060.x

In support of the discussion of mindfulness in this issue of the newsletter, the following two recent research articles may also be of interest:


A Season of Change

As I contemplate what to write, music fills my mind. At risk of dating myself; songs like, “Changes” by David Bowie (ch ch ch changes); and “The times they are a changin” by Bob Dylan are at the forefront. What’s this about? Well, as you know, the world around us is constantly in flux, and the world of counseling is no different. From changes in ethical standards, to changes in schedules, none of us are strangers to the reality of change. Yet, our familiarity with this reality does not make it any easier to accept. So, what do we do? In his blog about doing the “hard things”, Dan Waldschmidt (2014) wrote;

You have to get up earlier than you want to get up.
You have to give more than you get in return right away.
You have to care more about others than they care about you.
You have to feel unsure and insecure when playing it safe seems smarter.
You have to lead when no one else is following you yet.
You have to invest in yourself even though no one else is.
You have to deliver results when making excuses is an option.
You have try and fail and try again.
You have to run faster even though you’re out of breath.
You have to keep moving towards where you want to be no matter what’s in front of you.

He goes on to write; “[The hard things are] the things that no one else is doing. The things that scare you. The things that make you wonder how much longer you can hold on.” As we reach the midpoint in our academic year, a season of perpetual change, let’s acknowledge that we are doing the “hard things”, and let’s find a bit of solace in the fact that, even in doing so, we are not alone. From the faculty and staff, to the students, along with agency and school partners, Warner is a great community, offering “bread for the journey” when it is needed. In this season of change, I, in collaboration with your Clinical Coordinators work diligently to maintain a sense of continuity. Our initiatives this semester include supporting students in making the transition from practicum, to internship, to career; while continuing our work to build and strengthen partnerships with our community of practice. As always, we are eternally grateful to the site supervisors. We recognize that the program does not work without you, and we thank you for being invested in this journey.

Alumni Contributions

As part of Domestic Violence Awareness month in October, Crystal Foster, MS ’15, SPCC therapist, reflects on her work with children and families impacted by Intimate Partner Violence, reminding us that there is a “rest of the story” beyond the headlines we read. Crystal’s blog, Domestic Violence: Beyond the Headlines, originally published in The Society for The Protection and Care of Children’s Blog, October 2016 can be found at https://spccrochester.wordpress.com/2016/10/31/domestic-violence-beyond-the-headlines/.

Crystal Foster, M.S. ’15
The Win-Win of A Supervision Partnership: Interview with Mary Gilbert

Q: What do you enjoy most about being a Warner site supervisor and, of course, what do you like most about your career as a school counselor?
A: One of the biggest joys of being a site supervisor is seeing the growth (both personally and professionally) that students make from being a beginning practicum student to the end of internship. It is a win-win partnership since the Warner students bring with them the newest and latest information—which keeps us as site supervisors up-to-date and always learning!

Regarding my career as a school counselor, I have a sense that I really make a difference in my students' lives on a daily basis. I find that very gratifying.

Q: You have been a site supervisor for Warner for many, many years. What changes have you noticed in your supervision style?
A: I practice supervision more collaboratively now and really embrace the constructivist/narrative approach. We both learn together and grow as a result of this collaboration.

Q: What would you like other site supervisors to know about the EAST/UR Partnership?
A: We've talked for a long time about the power of relationships between counselors, teachers, faculty, students and families. But we never truly had the necessary space and authority to work in this manner, to work on that in meaningful ways, where all voices were heard. The EAST/UR Partnership has engaged all players and given us not only the space but the support and resources to make important changes which impact our students and families.

Q: You manage to juggle the busy role of a school counselor along with being a site supervisor, along with parenting, etc. Talk about self-care and what works for you.
A: I practice yoga regularly and also try my best not to bring work home on the weekends. I think it is really important to set aside time to recharge and pay attention to my family.

Alumni Perspectives

I remember first starting my practicum at the VA. There were all these different supervision times that were mandatory both at the VA and at Warner. It was overwhelming at first. Looking back on individual supervision, I remember feeling intimidated. I remember thinking, “This is the person that decides how far you will go.” In reality, you are the person that decides how far you go by how much work you are willing to put into it. Supervisors are there to help guide you along the journey. By the end of my internship, I rarely missed any supervision because I valued that time. I could count on my colleagues to help me with different techniques to try with my clients. I could share with my colleagues different techniques that worked for my clients. The secret to supervision is that everyone in that room for that hour is there to support you. In my experience, the supervisors I had helped me in any way that they could in succeeding and growing as a counselor. Supervision is the place much of my growth as a counselor and a person happened.

My favorite supervision period was at Warner during the summer session. Everyone had just started his or her internships. I remember feeling the energy in the room. Sure, we were all tired because we had just come from our internships, but I could still feel everyone’s excitement in starting to help people. There was also some panic, as there usually is starting something new. We were there to support each other and work through whatever came our way together. I remember always feeling uplifted after this supervision. Even though it was one more thing I had to do during that summer, it was the best and a significant part.
This past week has been a whirlwind. As the semester is rapidly coming to a close, my work at the neighborhood center has increased. I observed my first group session at the Monroe County Correctional Facility, had a deeply moving group supervision session, counseled for almost six hours straight one day, did as much homework as I could, and went to class. It is not merely the quantity of work that is challenging, but the emotional weight of it. I talked with people about suicide, insomnia, substance misuse, child abuse, rage, homelessness, shame, rejection, failure, disappointment, and so on. Yet there was not a person who I could not empathize with. Not a person I did not care for. The emotional drain is real, but there is also the beauty of intimacy, the glimmers of hope, the signs of strength, the awareness of creating and facilitating a relationship that contains a therapeutic element. I have come to believe that I would be remiss not to appreciate these aspects of the process. My fears, my worries, my problems have made the work difficult, but I am gaining a sense that my emerging practice is striving towards the expansive rather than the narrow.

Not a soul left my office this week without expressing gratitude, despite the depths of despair, the tears of pain, shame, and obsessive worry—past, present, and future. My reflections can move towards awe—the simultaneity of wonder and fear. In between I’m finally getting some pride and joy too, which is definitely something to write home about. I am gradually growing, gaining strength and confidence as a person and a counselor, and my teachers, my supervisor, my therapist, and my clients all deserve credit for these realizations. I sometimes tell people that it can take me a little while to get my sea legs, but eventually I get there. And right now there is doing for myself what I’m doing for others. Self-trust: “every heart vibrates to that iron string,” as Emerson says.

Supervision is a central aspect of becoming a counselor and, for me, the self-trust Ralph Waldo Emerson so eloquently writes about greatly informs the process of forming a trusting, collaborative relationship with my site supervisor. When the supervisory role includes the task of student evaluation and keeping a student-counselor developing within the ethical and professional standards of practice, difficult moments arise, since we all make mistakes (usually lots of them) and the work is demanding. I have had to learn to differentiate between criticism and feedback, and to clarify expectations in order to build a solidly helpful supervisory relationship. At one point my supervisor explained that in his experience it is not uncommon for a supervisee to begin internship with the question, “what do I do?” and progress to “who am I?”

“It is not uncommon for a supervisee to begin internship with the question, ‘what do I do?’ and progress to ‘who am I?’”

While the pace, intensity, and demands of interning as a community mental health counselor combined with graduate studies are generally not all that easy (the grind is intended to hone, no?), the challenge does present a great opportunity for developing. The question of who I am is important in general and to counseling in particular, but should not reduce to solipsism. Rather, it must expand to the question of the self in relation to the other and to community. Who are you? Who are we together, and what good can come from us? As I continue to gain strength and momentum, and persist through the inevitable setbacks, I am learning to go with the flow, weather the storms, and, in the words of the playwright Samuel Beckett, “fail better.”
Take Me to Church - Michelle Summers, Intern, Community Mental Health Counseling

As a Caucasian raised in the United States I was raised to believe in heroic individualism. I was also raised to value selflessness. What a combination.

My supervision relationship at my first job in a helping profession was also an epic combination. She was emotionally cut off after having worked on “the front lines” for too long. She believed in rugged individualism as well. Thus, my performance was judged not by how much I cared or prioritized my clients, but by my ability or inability to do it alone. Even the therapists I worked alongside used this criterion. Heroic individualism. Pride before a fall. I quickly learned that although rugged individualism has its place in this world, serving traumatized individuals did not qualify. We cannot emotionally survive it alone.

Lacking support taught me its value. I set out on a mission to find caring and supportive supervisors and agencies. The truth is even amazing supervisors cannot act out their potential without support. Even supervisors cannot give support without receiving support.

I started grilling my supervisors during interviews: “How do you support your people?” “What’s a specific example of how you support them?” The supervisors who thought this was an odd line of questioning did not make my cut, and those that did make the cut are the only reason I have made it as far as I have.

The supervision relationship is my church and my sanctuary for when all of the horrors of the world start to cloud my judgment. My supervisors help me to re-center and part the clouds to help me see clearly again. They help me lighten my load by sharing it with me and bearing witness. They are the light that helps me not get lost in all the stories I am bearing witness to.

I know who I am without a supportive supervisor, and I know who I am with one, along with support from my peers. I choose the latter.

Supervision: Bridging the College-Career Gap - Meghan Kraeger, Intern, School Counseling

What a blessing it has been to have a site supervisor who also attended the Warner school. My internship experience at Allendale Columbia School has felt like “Phase 2” of my school counseling program—another baby step towards my new career. Rebeka Rada-Crasta, a recent Warner grad, has made my transition from student to counselor a smooth one. She acts as a buffer to lessen any negative consequences of stumbling through many firsts. I am met with patience and compassion whenever I seek her supervision which allows me to take risks and experiment in my new role. Her views align with the constructivism that Warner teaches and therefore I am able to sculpt my internship experience to suit my needs. I have been able to implement programs related to my passion for wellness and learn about the structure of the school in the process. Having someone to brainstorm with challenges the notion that a supervisor must only critique and discipline their subordinate in a one-way flow of power.

Rebeka often reminds me that she knows what I’m going through; she was in my shoes only 3 years ago. Luckily for me, this is the first year that she is eligible to supervise an intern. Little did either of us know, my last day of classes would be during the same week as her due date. I would like to think of our relationship as mutually beneficial: Rebeka won’t need to worry about her substitute while she prepares for motherhood and I have a year of hands-on training for my first counselor position. My supervision experience has built a bridge between my role as a student and that of a school counselor.
Growth in Continuing Supervision

When I was asked to write this article about the supervision relationship, I began to try to search for the relationship that I would talk about. I was searching for the one most influential, meaningful relationship that transformed my way of thinking. What I began to comprehend is that there is no one supervision relationship that assisted in forming the clinician I am today. Many supervisors and supervisees have influenced my clinical experience. Supervision is a continuing dimension of ensuring not only quality mental health treatment for our clients, but also growth for ourselves. It can also be utilized as a tool with which the clinician can explore their feelings, new ideas, possible concerns, and alternative solutions with a constructive listener, and should be utilized throughout one’s career.

One example of my own continuing supervision is the supervision group that I utilize for my private work. There is no rule that dictates that I need to have a supervisor for private work, yet I meet with a supervision group once a month. We have been meeting for years and I look forward to it every month. In this group, there are eight participants, all with differing approaches. My groupmates’ approaches may be diverse but it is helpful for someone who is a peer professional to listen, explore possibilities, and process any feelings which may arise.

Another example of continuing supervision is the growth I receive through supervising others. Through utilizing a Reflective Supervision approach, I learn by observing the supervisees’ process and by continually challenging myself to search beyond what I already know. Supervisees challenge me to broaden my knowledge and consider that there is more than one way of knowing. As a supervisor, I strive to assist my supervisee in learning more about the field and in finding their own personal way to be an effective clinician. In supervision, we learn to collaborate and explore together how to best serve our clients.

The most thought provoking supervision experience for me thus far has been while at my current advanced doctoral internship after many years of practicing. If one was looking at just titles, I was a supervisor returning to a supervisee role. I chose to regard this experience as continuing education. Here I am working alongside past supervisees of my own, who have been hired and at the moment, know more about this environment than me. However, due to our relationship being one of respect and growth, we are able to move past titles and work for our clients. Previous supervisees assisted me with learning how to navigate a visitation session, complete certain paperwork, and handle scheduling. It was and continues to be a mutual relationship and process which never ends. All one needs to do is keep an open mind to the positives of continuous supervision so that no matter which chair in the supervision relationship you currently occupy, you will be learning.

Professional Development Opportunities

AMHCA 2017 Annual Conference
July 27-29, 2017
The Mayflower Hotel, Washington, DC
Register: http://www.amhca.org/mpage/2016ConferenceReg

July 8-11, 2017
Relate, Recharge, Reflect, Realize
Denver, CO
Registration opens January, 2017
Register online at: http://www.ascacconferences.org/#hotel-information

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July 8-11, 2017
Relate, Recharge, Reflect, Realize
Denver, CO
Registration opens January, 2017
Register online at: http://www.ascacconferences.org/#hotel-information

Join us for Psychotherapy’s most celebrated gathering. For 40 years, the Networker Symposium has been psychotherapy’s largest and most celebrated annual meeting.

Register: http://www.psychnetworker.org/2017/
We want to acknowledge the doctoral students who have served with us as group or individual supervisors for our practicum and internship students. Our thanks to all of you!!!
The Power of Conversation

Over the summer I encountered a small but interesting book by author Margaret Wheatley entitled Turning to One Another: Simple Conversations to Restore Hope to the Future. In this charged election season, it was good to be reminded that there are ways of holding conversations that permit us to turn to one another and restore our community to hope. I hope your summer allowed you to find resources and rejuvenation for your work in unexpected places too.

Our philosophy of supervision at Warner is that it is in our community of practice that we best learn what supervision entails as a lived experience for supervisors and supervisees. We need each other and the conversations that we share when we come together face to face, to experience the joy in learning that is part of mentoring new professionals. We also gain support to navigate those turbulent supervisory challenges which require us to invent novel and expansive ways of responding in the moment.

Margaret Wheatley asserts a few really powerful ideas that captured my attention and perhaps will speak to you too. She begins by asserting that “conversation is the natural way we humans think together”. She goes on to state that “there is no power for change greater than a community discovering what it cares about” and finally confides that “we can’t be creative if we refuse to be confused”. She adds to her own thoughts a wonderful comment by Buddhist nun and teacher Pema Chodron, who writes “We don’t set out to save the world; we
set out to wonder how other people are doing and to reflect on how our actions affect other people’s hearts”.

When I think about all these ideas in relation to the practice of counseling supervision I am reminded about the importance of genuine curiosity and empathic listening to make sense of what others are discovering about their own experiences. I am reminded that even advanced students and clinicians need to be able to share the self doubt they may feel when they undertake new practices like supervision or work with complex client presentations that stretch and challenge their abilities. Sharing in dialogue our confusion and vulnerabilities while still feeling appreciated and esteemed, creates the relational conditions that give rise to new learning partnerships. When supervisors open the door to heartfelt conversations with each other and with their trainees, they inspire hope and create that welcoming and witnessing alliance that helps everyone get connected and off on the right foot. We look forward to sharing in such moments with you during our face to face meetings in the coming academic year.

Karen and Bonnie

**Researcher’s Corner**

At our recent Site Supervisor Advisory meeting this fall, the suggestion was made that we add a “researcher’s corner” to our newsletter where we can share a reference to an interesting supervision-related research article. This month we are featuring an article to which Warner counseling faculty member, Dr. Douglas Guiffrida contributed as follows:


To link to this article: [http://www.tandfonline.com/doi/full/10.1080/07325223.2016.1153991](http://www.tandfonline.com/doi/full/10.1080/07325223.2016.1153991)

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**2016 New Clinical Supervisor Fellows**

Mental Health
- Raquel Bateman
- Maria Hall
- Gretchen Mims
- Paul Wencek
- Darlene O’Brien

School Counseling
- Lisa Barnett
- Teri Orden

**2016 New Dedicated Fellows**

Mental Health
- Katie Carlaola
- Kevin Coffey
- Mike Tursi

School Counseling
- Christine Bumell
- Sherylanne Diodato
- Mary Gilbert

**Congratulations and thank you for all that you do!**
New Counseling and Human Development Courses at Warner

There are several new courses being offered by the Counseling and Human Development Department this year which may be of interest to supervisors and other partners wishing to expand their professional development. Sarah Fitzgibbons, a Clinical Director at the Society for the Protection and Care of Children and Warner doctoral student is offering a spring course, EDE 475 on Infant Mental Health. This course considers early attachment and attachment disruption impacts on parent and child mental health and well-being and teaches effective interventions to promote closer bonding and relational repair. Human Development doctoral student Jessica Biondi is offering EDE 493 on Navigating Illness with Children and Families: A Child Life Approach. This course introduces a novel career path to CHD students that links their interpersonal helping and communication skills to the medical context where families often need assistance to retain resilience and well-being while experiencing health challenges. A third course, EDE 447 on Counseling Children and Adolescents was taught during the summer session by doctoral student Tom Christensen. This course completes the department’s interest in building our student capacities to offer mental health and wellness support to clients from cradle to grave. Some other areas of innovative course development are reflected in a research course that will be offered for the first time to doctoral students in our department on Studying Human Development, Counseling & Education in Context: Advances in Design and Method. Dr. Silvia Sorensen, our newest faculty member in CHD is leading this initiative to better prepare practitioners and researchers to construct relevant approaches to answering complex research questions in our work. Finally, a new course on Human Sexuality also to be offered in Spring ’17 is under development by doctoral student Cameka Hazel, to help prepare both school and mental health counselors to address this lifelong and diverse dimension of human experience with greater effectiveness.

Changing Lives through a Community of Practice

The University of Rochester has concluded the first year of serving as the EPO (Educational Partnership Organization) in revitalizing and supporting East Lower and Upper Schools. One major focus of our work has been in the area of student social-emotional developmental health. Restorative practices have been instituted in an effort to foster healthy relationships within the East/EPO Community, to promote positive discipline, to rebuild relationships and to reduce disruptive behavior. Each scholar (student) was a participant in a daily “family group”. The purpose of family group is “for all to feel a sense of belonging through positive relationships, to develop healthy habits, and to empower all to have a voice.” Training in restorative practices (including family group circles) was led by a former Warner site supervisor. The six Warner interns who were placed at East during the 2015-16 school year were first trained in their internship class and then helped to run family group circles under the supervision of their site supervisors. This is an example of the multiple levels of supervision in a community of practice. The counseling interns embraced family group as a vehicle to develop a sense of belonging at school and as a new way of preventing and working through conflict. They understood the need to bring others into building conversations. As the interns embarked on job interviews, they have been able to share what they have learned regarding restorative practices with other districts.

On the first day of school this year, all members of the East/EPO community wore shirts saying, “I Change Lives at East, What is YOUR Superpower?” We all change lives through our presence and our conversations. You, as site supervisors, are changing the lives of our students just as our students are changing lives of the youth that you have entrusted to them. Thank you.—Bonnie and Karen
AMHCA 2017 Annual Conference
July 27-29, 2017
The Mayflower Hotel, Washington, DC

July 8-11, 2017
Relate, Recharge, Reflect, Realize
Denver, CO
Registration opens January, 2017
Register online at: http://www.ascaconferences.org/#hotel-information

“School Counselors: Making a Difference!”
November 18-19, 2016
The DoubleTree
Tarrytown, NY
For conference information and registration visit: http://nyssca.org/?page_id=13

Mental Health Association of Greater Rochester
“OC 87: The Obsessive Compulsive, Major Depression, Bipolar, Asperger’s Movie”
(1 Hr 40 Min)
November 7, 2016, 6:30 pm
at Rochester Psychiatric Center
1111 Elmwood Avenue, Rochester, NY
You are invited to view the film/documentary, followed by a brief discussion led by Dr. Laurence Guttmacher, Clinical Director of Rochester Psychiatric Center and Clinical Professor of Psychiatry and Medical Humanities, University of Rochester Medical Center and other Rochester Psychiatric Center clinical staff.
There will be an informational panel on the same subject the following month.
You are welcome to attend both the film and the informational program, but attending both is not required.
The series is free, but registration is required by calling Tammy at (585) 325-3145 x100

Best Practices Seminar
Antisocial Personality Disorder
Date: October 20, 2016
Time: 3:30pm - 5:00pm
(registration begins at 3:00pm)
Unity Hospital Education Center
1555 Long Pond Rd., Rochester, NY 14626
Limited seating available - Pre registration will close on 10/18/16 at noon.
Cost: $20.00 Certificate Fee
(This fee is waived for all Rochester Regional Health Employees)
*Note This seminar will also be live streamed to the Twig Auditorium at Rochester General Hospital, the Rotary Room at Clifton Springs, the DeMay conference Room at Newark Wayne and the Inpatient Unit at St. Mary’s Hospital.
We want to acknowledge the doctoral students who have served with us as group or individual supervisors for our internship students. Our thanks to all of you!!!
Site supervisor partners may be interested in knowing that our participation in the education of students from around the globe continues to expand. The Warner School as a whole welcomed 26 master’s students, 6 doctoral students, and 1 visiting scholar to our community for the 2016-17 academic year. The countries represented include Canada, China, Egypt, Ghana, India, Kosovo, Saudi Arabia, and Spain. In our own Department of Counseling & Human Development we are pleased to welcome three new master’s level mental health counseling students from China, Hong Kong, and India who will start their practicum experience this spring. We are also delighted to be training two school counselor interns from China this year.

Site Supervisor interview from ACA Counseling Today

Amy Rosechandler, a graduate of the mental health counseling program at Warner was recently featured in ACA’s Counseling Today magazine for practitioners. Amy wrote about her developing stance as a therapist who is curious about the dilemmas and gifts that clients bring to her. She mentions her continued involvement with narrative therapy practices and therapeutic letter-writing, first learned with the help of site supervisor, Michael Boucher at St. Joseph’s Neighborhood Center during her internship there. To read the full article go to: http://claritymentalhealth.org/documents/Counseling-Today_August-2016.pdf
Nonverbal communication is a natural part of the interpersonal communication process. Within this context there are several subconscious factors that add to the many messages that are sent and received. While senders and receivers often focus on verbal aspects of the messages they encounter, other aspects of communication, such as body language and voice inflection, serve to influence how messages are understood and, ultimately, how the receiver of the message responds.

In clinical supervision settings, nonverbal communication occurs equally within the dyadic relationship between supervisor and supervisee. Often times, scholarship in this area reports from the perspective of the established professional with little input from the learner. As a result, a comprehensive understanding of the dyadic relationship is lost, despite several factors that influence the way nonverbal messages are communicated. In particular, counseling supervision dyads encounter many of the same social factors that occur in counseling relationships among clinician and client. Such factors are diverse and cover a wide range including power dynamics, gender, race, age, and sexuality. Without an explicit awareness as to the existence of these influences, supervisors are not always cognizant of the ways in which their own nonverbal cues can influence the supervisory relationship.

The accompanying diagram describes the process in which communication takes place nonverbally in supervision settings with special emphasis on clinical supervision.
Dorothy Kinzel

When I made the choice to return to school to complete my doctorate, one of the unexpected changes that occurred, although it seems so simple, was the shift from a supervisory role to the role of supervisee. It is not uncommon for me to make this shift many times in one week or even one day. Shifting back and forth could be considered negative but I have come to believe that there are as many benefits in being a supervisee as a supervisor. Indeed the two roles can even be seen as having a symbiotic relationship.

After working for 20 years in the field of mental health counseling and supervising numerous and diverse clinicians along the way, returning to the role of supervisee has been enlightening. I now see that supervising is as much an educational experience as being the supervisee. As a doctoral-level supervisee, my supervisor is an outside objective listener to my introspective experiences. This relationship is mutual. As a supervisor of master’s trainees, I strive to assist my own supervisees in learning more about the field and how to be an effective clinician, but now I have discovered that I can also learn from my supervisees. We learn to collaborate and explore how to best serve our clients. This process is an ongoing one which never ends. At all points along the continuum of supervision roles to keep benefiting, all one needs to do is keep an open mind.

Denise Lampo

Reflecting on three years of working with masters’ students in their internship course and my experience as one of their small group supervisors, I can’t help but be taken aback by the tremendous amount of development that occurs. Not only have the students developed in their sense of self as counselors, but I too have begun a journey of self-discovery through engagement with them. Passionate inquiries during our time together have aided in my sense of self as supervisor as well as sharpened my skills as counselor. For that, my gratitude towards the students having allowed me into their lives is lifelong.

Fundamentally, I believe the key to quality group supervision is an environment that engenders open discussion and exploration. Students come to class with a variety of issues related to their internships. How do they work with aggressive clients? When is self-disclosure appropriate? And while I have many strengths as a supervisor, one of them is not mind-reading. I need students who feel invested in our time together and feel like they can, and will, discuss any aspect of their experience. My part in this dialogical dynamic is, in my opinion, best served by modeling that which I would like from the students; openness and empathy to others, self-reflection, and a genuine inquisitive nature. It is through this authentic engagement with them that I hope to co-create a space of active learning.

On a final note, I’ve noticed that many students over the years feel “rushed” and “overwhelmed” by the demands of the program, their internship site, and personal lives. Group supervision embedded within their internship course can begin to feel like another demand and obstacle to becoming a mental health counselor. Through our time together, I like the students to learn that reflection by oneself and within a group, can be a fantastic form of self-care. Time to process our experience, our thoughts and emotions, related to this work is important to maintaining the capacity to be present with clients and sustain our own sanity. Use of humor, relaxation, and expressive arts have been some means that have fostered self-care for interns. Learning and reflecting come in many forms. It does not have to be dry and painful. If we can learn and laugh so hard that we cry, why not?