



2018-19

# Counseling Clinical Field Experience Handbook



**WARNER**  
SCHOOL OF EDUCATION  
UNIVERSITY of ROCHESTER

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,

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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.

## Warner Graduate School of Education Department of Counseling & Human Development

### 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, EDF 558, where they complete 400 hours in the categories of Teaching, Supervision, Scholarship/Research, and Leadership/Advocacy. Students also take 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, which includes a 100 hour/1 credit Advanced Practicum in Counseling experience followed by a 200/2 credit clinical experience (i.e., the 3 credit EDF 559 course is actually comprised of 1 credit of Advanced Practicum and 2 credits of doctoral clinical internship). 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 200 hours of 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, educators, scholars and leaders, and for them to evolve at least 3 areas of advanced practice expertise that relates to their academic research and scholarly interests.



**CACREP 2010-2011 DEFINITIONS AND STANDARDS**  
**ON CLINICAL TRAINING AND SPECIALIZATION STANDARDS**

<b>Definitions</b>	
<b>Practicum</b>	A distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrated professional knowledge. Practicum is completed prior to internship.
<b>Internship</b>	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.
<b>Licensure</b>	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.
<b>Professional Counselor</b>	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.
<b>Related Profession with equivalent qualifications</b>	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.
<b>Supervision</b>	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.
<b>Supervision – Group</b>	A tutorial and mentoring relationship between a member of the counseling profession and more than two counseling students (more than three individuals).
<b>Supervision – Individual</b>	A tutorial and mentoring relationship between a member of the counseling profession and a counseling student (one to one supervision).
<b>Supervision – Triadic</b>	A tutorial and mentoring relationship between a member of the counseling profession and two counseling students (total of three individuals).

## **CACREP REQUIREMENTS FOR FIELDWORK (FROM 2016 STANDARDS)**

### **PRACTICUM**

- 1) Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
- 2) Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- 3) Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
- 4) Practicum students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

### **INTERNSHIP**

- 1) After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
- 2) Internship students complete at least 240 clock hours of direct service.
- 3) Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.
- 4) Internship students participate in an average of 1 1/2 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

## **CACREP Requirements for Fieldwork (From 2016 Standards)**

### **PRACTICUM**

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. The nature of doctoral-level practicum experience is to be determined in consultation with counselor education program faculty and/or a doctoral committee.
2. During the doctoral student's practicum, supervision is provided by a counselor education program faculty member or an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.
4. Doctoral students participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum. When individual/triadic supervision is provided by the counselor education program faculty, practicum courses should not exceed a 1:6 faculty:student ratio
5. Group supervision is provided on a regular schedule with other students throughout the practicum and must be performed by a counselor education program faculty member. Group supervision of practicum students should not exceed a 1:12 faculty:student ratio.
6. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in practicum.

### **INTERNSHIP**

1. Doctoral students are required to complete internships that total a minimum of 600 clock hours. The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
2. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a

doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student's knowledge and skills.

3. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.

## **CACREP 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

## 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 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



**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
- 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 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:

- 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 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.

### 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 7<sup>th</sup> and February 3<sup>rd</sup>. 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 1<sup>st</sup> 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

13 weeks (beginning week 2 of Spring Semester)  
1 day/week or 2 half-days  
100 hours including:

- ✓ 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

With faculty instructor and advanced doctoral students  
14 weeks including:

- ✓ Instruction, case studies, discussion of issues, skill practice, etc.
- ✓ Weekly, small group supervision, case presentation, problem solving, support

### Tape Supervision

With advanced doctoral students  
10 weeks (beginning week 4 or 5 of spring semester)  
1 hour per week including:

- ✓ 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.

## THE WARNER SCHOOL MISSION AND VISION

At the Warner School of Education and Human Development, we believe that education can transform lives and make the world more just. This vision informs our teaching, research and service as a graduate professional school in a research institution, as we strive to:

- Prepare knowledgeable, reflective, skilled and caring educators who can make an impact in the lives of individuals and who are leaders and agents of change;
- Generate and disseminate knowledge to lead to new understandings of development, learning and change, on which more effective educational policies and practices can be grounded;
- Collaborate across disciplines, professions and constituencies -- to promote change that can significantly improve and transform education and support positive human development.

Our diverse work in each of these domains is informed by the underlying beliefs that: the improvement of education is in pursuit of social justice; development and learning shape and are shaped by the socio-historical contexts in which they occur; the complexity of educational problems requires an interdisciplinary and collaborative approach; and best practices are grounded in research and theory, just as theory and research are informed by practice.

## 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 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



## **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 \(Research\)](#)

## EVALUATION OF PROGRAM OBJECTIVES

The Warner School has adopted the following set of program objectives, which were informed by the 2016 CACREP Standards and derived from deliberations by the Core Counseling Faculty. It is important to note that Core Counseling Faculty brought to the table input from a range of stakeholders including field supervisors, employers, students, and alumni, as well our understanding of empirical research data generated in counseling and related fields.

## Program Objectives\*

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### Core Program Objectives\*\*

1. Students understand how the historical roots of the profession are reflected in the philosophical foundations of present day counseling practices. This understanding extends to a working knowledge of how counseling's orientation to practice is distinguishable from other professions striving to provide services that foster psychological health.
2. Students have a working knowledge of the ethical codes and associated ethical decision-making processes espoused by the range of organizations that regulate professional counseling practices. In addition, students are aware of the various sets of competencies, promulgated by the American Counseling Association and its divisions. Students understand the ways in which knowledge of these competencies governs ethical practice within a multicultural and pluralistic society.
3. Students are aware of their own cultural heritage, including attitudes, beliefs, understandings and acculturative experiences, and how those impact their views of others. They are aware of various dimensions of client cultural diversity, including various dimensions of power and privilege, that impact intervention success. In the context of their awareness of power and privilege, students are familiar with advocacy processes related to identifying and eliminating barriers, prejudices, and processes of oppression and discrimination.
4. Students have gained understanding of a wide range of theories and models of intervention strategy and have developed their own personal approach to counseling, which will be informed by knowledge of theory and best practices.

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\* These program objectives have been modified from an earlier version to reflect the 2016 CACREP Standards.

\*\* Core program objectives reflect knowledge and practice competencies across all master's and doctoral programs.

5. In devising intervention strategies, students have the knowledge and skill to integrate systemic, interpersonal, intrapersonal, and biological approaches to healing.
6. Students demonstrate basic counseling skills and processes necessary to establish rapport, assess problems, identify client goals, and begin to implement and assess prevention and intervention strategies.
7. Students have knowledge of the theories and models of therapeutic group work and an understanding of group process and development. Students also have the ability to function as effective group leaders.
8. Students will have an understanding of the professional roles and functions of counselors across specialty areas, and will have an understanding of inter-agency and inter-organizational collaboration and consultation.
9. Students engage in self-reflective practices that sustain and build their competence in the profession of counseling and support engagement in continuous professional learning.
10. Students are able to identify emergent theories of career development and counseling and apply theoretically-relevant strategies to facilitate client career development and navigate career transitions.
11. Students have a knowledge of psychological, psychosocial, and socio-structural theories of human development and are able to apply this knowledge to aid in their understanding of common counseling issues (e.g. addictions, anxiety, grief and loss).
12. Students recognize and demonstrate knowledge of basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments. They will also be able to identify and describe statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations.
13. Students understand the importance of membership in professional counseling organizations, professional development, and advocacy for the profession.

### **Clinical Mental Health Counseling**

1. Students are proficient in the processes of current DSM diagnosis and are able to accurately formulate a diagnosis of problems presented by clients; distinguish between common forms of psychological suffering that are generated by contextual challenges and mental disorder, and master the vocabulary and knowledge necessary to discuss diagnosis with collaborating professionals across the helping professions.

2. Students understand the principles, models and documentation formats of biopsychosocial case conceptualizations and treatment planning, including the bio-psycho-social-spiritual model of addiction.
3. Students have the necessary skills to apply principles, models and documentation formats of biopsychosocial case conceptualizations and treatment planning, including the bio-psycho-social-spiritual model of addiction.
4. Developing counselors will demonstrate how to theoretically conceptualize, treat, and assess addictive disorders from an ecological perspective (including but not limited to family, systems of care, societal norms and stigma, and legislative and ethical components) while recognizing the history of addiction treatment, different models of recovery, and different counselor roles across all levels of care.
5. Students have gained knowledge of etiological theories/models of addictions, including research and information on environmental factors that affect both normal and abnormal behavior.
6. Students can skillfully employ counseling and psychotherapy interventions, including evidence-based protocols for phased treatment across individual, dyadic, and group modalities.

### **School Counseling**

1. Students have a vision of school counseling that fosters conditions ensuring educational equity, access and academic success for all students.
2. Students have developed a perspective on school counseling that is based on the National (ASCA) standards and New York State (NYSSCA) model for the development of a comprehensive school counseling program K-12. Using this perspective, students have the skills to design and implement comprehensive school programs.
3. Students understand the characteristics, risk factors and warning signs of students at risk for mental health and behavioral disorders commonly seen in school settings.
4. Students understand and employ school counselor roles and responsibilities in relation to school emergency management plans, crises, disasters and trauma.
5. Students understand and utilize principles and counseling skills of a comprehensive, developmental model to shape their practice, which consists of service and advocacy for all students in the areas of evidence-based school counseling and school counselor leadership.
6. Students are able to articulate a comprehensive, developmental strategy for implementation in school counseling programs.

### **Doctoral Program**

1. Students have an interdisciplinary understanding of the connection between human psychological suffering and exposure to adversity across the life course.
2. Students understand the basic principles of quantitative and qualitative research designs.
3. Students have knowledge and skill to apply advanced research methods and program evaluation to their research agenda.
4. Students have the ability to utilize an advanced understanding of counseling theory to formulate integrative, holistic approaches that lead to developmental, strengths-based counseling practices, and support a healthy developmental trajectory.
5. Students have knowledge and demonstrated competency in models of advocating for clients at the individual, system and policy levels.
6. Students have knowledge and demonstrated competency regarding classroom and digital pedagogical practices, roles, responsibilities and ethics attendant to the training and education of counselors.
7. Students demonstrate the writing and presentation skills necessary to communicate scholarship with academics and practitioners in the field of counseling.
8. Students have advanced understanding of practitioner roles in group counseling.
9. Students demonstrate understanding, ethicality and capability as counseling supervisors.

### **Administrative and Evaluative Processes**

1. Input regarding student evaluation, as it pertains to both knowledge and practice, reflects the perspective of core faculty, non-core faculty, students, field supervisors, and clinical supervisors.

Evaluation of programs more broadly reflects the perspectives of core faculty, non-core faculty, current students, former students, clinical supervisors from cooperating agencies and clinics and field supervisors from school settings.

## **CACREP 2016 STANDARDS: STUDENT PERFORMANCE OBJECTIVES**

The following list of CACREP 2016 Standards outlines the performance objectives for students in our doctoral 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.

### **DOCTORAL PROFESSIONAL IDENTITY**

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational knowledge required of doctoral graduates in counselor education. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

#### **1. COUNSELING**

1. scholarly examination of theories relevant to counseling
2. integration of theories relevant to counseling
3. conceptualization of clients from multiple theoretical perspectives
4. evidence-based counseling practices
5. methods for evaluating counseling effectiveness
6. ethical and culturally relevant counseling in multiple settings

#### **2. SUPERVISION**

1. purposes of clinical supervision
2. theoretical frameworks and models of clinical supervision
3. roles and relationships related to clinical supervision
4. skills of clinical supervision
5. opportunities for developing a personal style of clinical supervision
6. assessment of supervisees' developmental level and other relevant characteristics
7. modalities of clinical supervision and the use of technology
8. administrative procedures and responsibilities related to clinical supervision
9. evaluation, remediation, and gatekeeping in clinical supervision

10. legal and ethical issues and responsibilities in clinical supervision
11. culturally relevant strategies for conducting clinical supervision

### 3. TEACHING

1. roles and responsibilities related to educating counselors
2. pedagogy and teaching methods relevant to counselor education
3. models of adult development and learning
4. instructional and curriculum design, delivery, and evaluation methods relevant to counselor education
5. effective approaches for online instruction
6. screening, remediation, and gatekeeping functions relevant to teaching
7. assessment of learning
8. ethical and culturally relevant strategies used in counselor preparation
9. the role of mentoring in counselor education

### 4. RESEARCH AND SCHOLARSHIP

1. research designs appropriate to quantitative and qualitative research questions
2. univariate and multivariate research designs and data analysis methods
3. qualitative designs and approaches to qualitative data analysis
4. emergent research practices and processes
5. models and methods of instrument design
6. models and methods of program evaluation
7. research questions appropriate for professional research and publication
8. professional writing for journal and newsletter publication
9. professional conference proposal preparation
10. design and evaluation of research proposals for a human subjects/institutional review board review
11. grant proposals and other sources of funding
12. ethical and culturally relevant strategies for conducting research

### 5. LEADERSHIP AND ADVOCACY

1. theories and skills of leadership
2. leadership and leadership development in professional organizations





3. leadership in counselor education programs
4. knowledge of accreditation standards and processes
5. leadership, management, and administration in counseling organizations and other institutions
6. leadership roles and strategies for responding to crises and disasters
7. strategies of leadership in consultation
8. current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession
9. role of counselors and counselor educators advocating on behalf of the profession and professional identity
10. models and competencies for advocating for clients at the individual, system, and policy levels
11. strategies of leadership in relation to current multicultural and social justice issues
12. ethical and culturally relevant leadership and advocacy practices



### **Kathryn Douthit**

**Professor and Chair of the Counseling and Human Development Program**

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PhD, University of Rochester

MS, University of Rochester (counseling)

MA, State University of New York - University at Buffalo  
(microbiology and immunology)

BA, Adelphi University (biology)

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**

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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 Tremain 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**  
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PhD, University of Rochester

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.



**Doug Guiffrida**  
**Professor Counseling & Human Development, Director of Counseling**

PhD, Syracuse University (counselor education)  
MS, State University of New York - Plattsburgh (student affairs practice)  
BS, State University of New York - Plattsburgh (business management)

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**

#### **Associate Professor–Clinical, Counseling & Human Development**

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EdD, University of Rochester (Counseling)

MDiv, Nashotah House Theological Seminary (Theology)

MAEd, Western Kentucky University (Counseling)

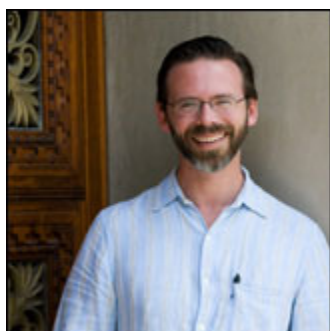
BA, Bowling Green State University (Anthropology)

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.

Linnenberg has published articles in the *British Journal of Guidance and Counseling* and the *International Journal of Reality Therapy* concerning spirituality in counseling, moral education, pro-feminist perspectives in counseling and the use of counseling as an aspect of public health.



### **Martin Lynch**

#### **Associate Professor, Counseling & Human Development**

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PhD, University of Rochester (clinical psychology)

MA, University of Rochester (clinical psychology)

MA, Franciscan University (counseling)

M Div, Regis College-University of Toronto (theology)

BA, University of Rochester (psychology)

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.





**David McAdam**

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PhD, University of Kansas (developmental & child psychology)

MA, Southern Illinois University at Carbondale (applied behavior analysis & therapy)

BA, California State University at Chico (psychology))

Dr. McAdam's professional training is in the areas of behavior analysis and developmental disabilities including autism and intellectual disabilities. His clinical interests include behavioral interventions for challenging behavior, strategies for increasing the quality of life of persons with developmental disabilities, and teaching independent living skills. His research interests include the functional assessment and analysis of challenging behavior, preference assessment methods for persons with severe developmental disabilities, and interventions to increase the functional engagement of persons with disabilities in community-based settings such as group homes and employment settings



**Karen Mackie**

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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**

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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

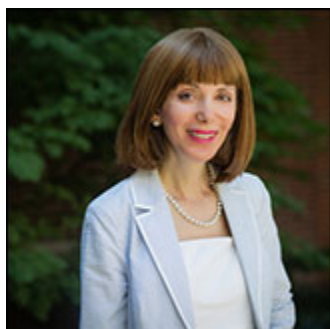


counseling theories, psychotherapy integration and unification, group therapy, relational psychodynamics, developmental constructivism, human change processes, and integral theory as it provides a framework to coherently organize theory and practice. Although he has carried out a number of empirical 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**

### **Professor (clinical), Counseling &**

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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**

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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**

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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).



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<b>Administrator for Licensure and Accreditation</b>		
Kaptein, Pamela	<a href="mailto:pkaptein@warner.rochester.edu">pkaptein@warner.rochester.edu</a>	276-5405 Administrator

## 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 100 clock hours of advanced practicum and 600 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 400 hours of the 600 hour internship requirement and provides students with experiences in teaching, supervision, research and scholarship, and leadership and advocacy.. Students registered in this internship may engage in classroom teaching; participate in supervision of master's level counseling students; engage in activities related to research, publishing and presentation; or pursue opportunities for leadership and advocacy in the counseling profession or in the community . In addition, this particular internship has a significant didactic portion that addresses such issues as professional publication and presentation, disaster mental health, and grant writing. 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* consists of 300 clock hours (600 hours for LMHC limited permit candidates). The first 100 clock hours is considered to be the advanced practicum, while the remaining 200 hours satisfies 200 hours of the total 600-hour internship experience. 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 regularly 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.

The doctoral Internships may be taken in either order, or simultaneously 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**

- a. American Counseling Association (ACA):  
<http://www.counseling.org/Resources/aca-code-of-ethics.pdf>
- b. American Mental Health Counseling Association (AMHCA):  
<http://www.amhca.org/viewdocument/amhca-code-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!>
- b. AMHCA Membership Info: <http://www.amhca.org/?page=benefits>
- c. NYMHCA Membership: [nymhca.macusa.net:591/nymhca/FMPro?-DB=nymhca&-Layout=Member&-Format=newv3.cfm&-view](http://nymhca.macusa.net:591/nymhca/FMPro?-DB=nymhca&-Layout=Member&-Format=newv3.cfm&-view)
- d. ASCA Membership Info and Application:  
<http://www.schoolcounselor.org/school-counselors-members/member-benefits-info/join-or-renew-today>
- e. NYSSCA Membership Info and Application: [http://nyssca.org/?page\\_id=2](http://nyssca.org/?page_id=2)

### **Other Counseling Student Reference Material**

- a. Certification Memo for School Counselor Certification in New York State:  
<https://www.warner.rochester.edu/files/studentservices/forms/certmemo.pdf>
- b. Dignity for All Students Act (DASA) Training:  
<https://www.warner.rochester.edu/students/support/certification/workshops>
- c. Chi Sigma Iota Client Rights brochure: <https://c.ymcdn.com/sites/www.csi-net.org/resource/resmgr/docs/client-rights-brochure.pdf?hhSearchTerms=%22client+and+rights+and+brochure%22>





## Office of the Professions

### Mental Health Counseling License Requirements

[General Requirements](#) | [Fees](#) | [Partial Refunds](#) | [Education Requirements](#) | [Experience Requirements](#) | [Examination Requirements](#) | [Applicants Licensed in Another State](#) | [Limited Permits](#)

#### 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](mailto: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



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.

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## 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.

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## 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:

- 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.

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## 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](mailto:certification@nbcc.org)  
Web: [www.nbcc.org](http://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.

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### 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.

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### 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.



## Office of the Professions

### Mandated Training Related to Child Abuse

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#### [List of Approved Training Providers](#)

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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.

[Certification of Exemption](#) (  9 KB)

**Note:** This form is in Adobe Portable Document Format (PDF). To view or print it, you will need to have the free Adobe Reader installed on your computer. Download times and print quality will depend on your connection speed and printer.

The law exempts from the training persons who possess, with an effective date no later than September 1, 1990, a permanent NYS certificate or full credentialing from the cities of Buffalo or New York, and who do not subsequently apply for additional classroom teaching service, administrative-supervisory service, or school service credential.

## 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!

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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/](http://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.

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### 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

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](http://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 33<sup>rd</sup> on Money Magazine's Top 50 Jobs in the Country!**



# Advocacy Alert!

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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)

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**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:

§ 8412. Mandatory continuing education. 1. Requirement of continuing education.

(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-

uing 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-**

tice 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, 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.

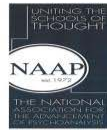
§ 6. This act shall take effect immediately; provided, however, section one of this act shall take effect June 30, 2013. Effective immediately, the addition, amendment and/or repeal of any rule or regulation necessary for the implementation of this act on its effective date are authorized and directed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





## Advocacy Alert!

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### 2013-14 NYS ENACTED BUDGET

*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, but our 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 EXEMPTION

LARGESTS COORDINATED GRASSROOTS  
EFFORT

HUNDREDS OF COMMUNICATIONS  
LEGISLATORS

ESTABLISHED ALLIES & ADVOCATES FOR  
ISSUES

#### NEXT STEPS

From now to the end of session (June 20<sup>th</sup>), 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 continue to build support among our colleagues, place of work, and partners in the mental health system in support of legislation 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 DenDekker and Senator Joseph Roba.

**KEEP ON THE LOOKOUT FOR MORE ADVOCACY OPPORTUNITIES!**



## Advocacy Alert!

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### **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.



American Mental Health Counselors Association

*...The only organization working exclusively for the mental health counseling profession.*

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## 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](mailto: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. Alarming, 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.





THE STATE EDUCATION DEPARTMENT/THE UNIVERSITY OF THE STATE OF NEW YORK/ALBANY, NY 12234

OFFICE OF THE STATE BOARD FOR MENTAL HEALTH PRACTITIONERS

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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<sup>1</sup>. 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](http://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

<sup>1</sup> 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/mhcllc.htm](http://www.op.nysed.gov/mhcllc.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](http://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](http://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.



## Office of the Professions

### Education Law

#### Article 163, Mental Health Practitioners

Effective June 18, 2010

[§8400. Introduction.](#) | [§8401. Definitions.](#) | [§8402. Mental health counseling.](#) | [§8403. Marriage and family therapy.](#) | [§8404. Creative arts therapy.](#) | [§8405. Psychoanalysis.](#) | [§8406. State board for mental health practitioners.](#) | [§8407. Boundaries of professional competency.](#) | [§8408. Hospital privileges.](#) | [§8409. Limited permits.](#) | [§8410. Exemptions.](#) | [§8411. Special provisions.](#) | [Note: Sunset provision for individuals employed by certain programs](#)

#### §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.

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#### §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.

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#### §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;

- 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.

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#### §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.

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#### §8406. State board for mental health practitioners.

A state board for mental health practitioners shall be appointed by the board of regents on the recommendation of the commissioner for the purpose of assisting the board of regents and the department on

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.

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#### §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.

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#### §8408. Hospital privileges.

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

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#### §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.

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#### §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.

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#### §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.

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#### 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>

### **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>)
- 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 you 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)

	FIRST LEVEL		ADVANCED LEVEL	
MINIMUM REQUIREMENTS	MENTAL HEALTH COUNSELOR - LIMITED PERMIT	LICENSED MASTER SOCIAL WORKER	LICENSED MENTAL HEALTH COUNSELOR	LICENSED CLINICAL SOCIAL WORKER
EDUCATION	<p>Minimum of a 60-credit hour Master's in SED-approved counseling program with <b>specified content areas including assessment, psychopathology, counseling theory and practice, group dynamics</b></p> <p>Minimum of 600 clock hours of supervised internship</p>	<p>Masters of Social Work – 60 credit Hours.</p> <p><b>No required clinical education.</b></p> <p>900 clock hours of supervised internship</p>	<p>Minimum of a <b>60-credit hour</b> Master's in SED-approved counseling program with specified content areas including assessment, psychopathology, counseling theory and practice, group dynamics. <b>Almost entire 60 hours are in clinical education and preparation.</b></p> <p>Minimum of 600 clock hours of supervised internship</p>	<p>Masters of Social Work with at least <b>12 hours of clinical coursework</b> including diagnosis and assessment and social work treatment and practice.</p> <p>900 clock hours of supervised internship</p>
EXPERIENCE	<p>Permit granted only to persons who have met all but experience and exam requirements of LMHC</p> <p>To obtain permit, must have appropriate work site that is approved by OP</p>	No experience necessary	<p><b>3,000 clock hours</b> (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.</p>	<p>2,000 client contact hours over 3 years of supervised experience in SED-approved setting. Supervision by LCSW, licensed psychologist, psychiatrist</p>
EXAMINATION	Must pass LMHC exam	Must pass exam	Must pass LMHC exam	Must pass LCSW exam
ADDITIONAL REQUIREMENT	Child Abuse Reporting Training	Child Abuse Reporting Training	Child Abuse Reporting Training	Child Abuse Reporting Training

To view these requirements on the New York State Education Department's website go to: [www.OP.NYSED.GOV](http://www.OP.NYSED.GOV).



Comparison of Counseling and Related Professions			
Minimum Requirements	Licensed Mental Health Counselor	Licensed Clinical Social Worker	Licensed Psychologist
<b>Underlying philosophy of profession</b>	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.	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.	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.
<b>Education</b>	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.	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.	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.
<b>Experience*</b>	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.	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.	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.



Comparison of Counseling and Related Professions			
Minimum Requirements	Licensed Mental Health Counselor	Licensed Clinical Social Worker	Licensed Psychologist
<b>Examination</b>	National Clinical Mental Health Counselor Exam administered by the National Board for Certified Counselors	Clinical Exam administered by the Association of Social Work Boards.	Examination for Professional Practice in Psychology (EPPP) administered by the Association of State and Provincial Psychology Boards (ASPPB)
<b>Additional Requirement</b>	Child Abuse Report Training	Child Abuse Report Training	Child Abuse Report Training

To view the requirements for these professions on the New York State Education Department's website, go to: <http://www.op.nysed.gov>.

\*Experience is post-masters, and can be obtained under a limited permit, except as noted.




## Guide to Understanding Counselor Credentialing, NBCC (NCC)

**A GUIDE TO UNDERSTANDING  
COUNSELOR CREDENTIALING**


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	<b>CMHC</b>	<b>LPC</b>
<b>NCC</b>	<b>CPC</b>	<b>LPC-MH</b>
<b>NCSC</b>	<b>LCMH</b>	<b>LPC-MHSP</b>
<b>CCMHC</b>	<b>LCMHC</b>	<b>LPCC</b>
<b>NCCC</b>	<b>LCPC</b>	<b>LPCMH</b>
<b>NCGC</b>	<b>LMFCC</b>	<b>LPC-P</b>
<b>MAC</b>	<b>LMHC</b>	<b>PCMHC</b>
<b>ACS</b>	<b>LMHP</b>	<b>PMHC</b>

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**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.

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**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)

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## 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

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## 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.

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## 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.

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## 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

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## 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



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## 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.



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## NBCC Timeline: 1982-1989

1982	NBCC incorporated
1983	First exam administered: 2800 certified Idaho first state to adopt NCE for licensure
1985	First directory of National Certified Counselors published NBCC recognizes first specialty: National Certified Career Counselor (NCCC) NBCC is recognized and becomes a member of the National Commission for Certifying Agencies (formerly NCHCA)
1986	10 exam administrations; more than 16,000 certified
1987	NCE used by 12 state credentialing boards
1988	Second directory published: more than 16,000 NCCs and 800 NCCCs First exam preparation guide published NCE used by 16 credentialing boards
1989	15 exam administrations; 17,000 certified

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## NBCC Timeline: 1990-1993

1990	Board Eligible status implemented NCE used by 23 credentialing boards CACREP site administrations established
1991	National Certified Gerontological Counselor (NCGC) credential established National Certified School Counselor (NCSC) credential established
1992	NBCC expands headquarters operations and relocates to Greensboro, NC NCE used by 31 credentialing boards Spanish Translation of NCE completed
1993	Academy of Clinical Mental Health Counselors merges with NBCC Development of the National Clinical Mental Health Counseling Examination (NCMHCE) Publication of first national Work Behavior Study in Counseling

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## NBCC Timeline: 1994 - 1999

1994	National Counselor Examination for Licensure and Certification Revised Revised NCE and NCMHCE exams used in state credentialing by 33 states
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 NCGC and NCCC credentials retired Total number of NCCs exceeds 30,000 More than 2,200 master's students apply for national certification prior to graduating via the GSA-NCE

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## 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. Counseling 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.

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## 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
- Sitting for the NCE on campus
- Having a later NCC application deadline than regular applicants

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## 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

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## 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

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## 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](http://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](http://www.nbcc.org).

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## 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](http://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.

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## 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)

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## 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

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## 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](http://www.nbcc.org).*

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## 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.*

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## 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*

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## State Counselor Legislation

A complete list of state credentialing boards is available at [www.nbcc.org](http://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	Kentucky	1996	Ohio	1984
Alaska	1998	Louisiana	1987	Oklahoma	1985
Arizona	1988	Maine	1989	Oregon	1989
Arkansas	1979	Maryland	1985	Pennsylvania	1998
Colorado	1988	Massachusetts	1987	Puerto Rico	2001
Connecticut	1997	Michigan	1988	Rhode Island	1987
Delaware	1987	Minnesota	2003	South Carolina	1983
DC	1992	Mississippi	1985	South Dakota	1990
Florida	1981	Missouri	1985	Tennessee	1984
Georgia	1984	Montana	1985	Texas	1981
Guam	1989	Nebraska	1986	Utah	1994
Hawaii	2004	New Hampshire	1992	Vermont	1988
Idaho	1982	New Jersey	1993	Virginia	1976
Illinois	1992	New Mexico	1993	Washington	1987
Indiana	1997	New York	2002	West Virginia	1986
Iowa	1991	North Carolina	1983	Wisconsin	1992
Kansas	1987	North Dakota	1989	Wyoming	1987

Contact individual states for specific requirements.

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## Use Of NBCC Examinations

Alabama	NCE®	Missouri	NCE
Alaska	NCE	Montana	NCE or NCMHCE
Arizona	NCE	Nebraska	NCE or NCMHCE
Arkansas	NCE or NCMHCE™**	New Hampshire	NCMHCE
Colorado	NCE	New Jersey	NCE
Connecticut	NCE or NCMHCE	New Mexico	NCE/NCMHCE (2 tier)
Delaware	NCE	New York	To be determined
DC	NCE	North Carolina	NCE
Florida	NCMHCE	North Dakota	NCE/NCMHCE (2 tier)
Georgia	NCE	Oklahoma	NCE
Guam	Not designated	Oregon	NCE
Idaho	NCE	Puerto Rico	To be determined
Indiana	NCMHCE	Pennsylvania	NCE or EMAC™**
Illinois	NCE/NCMHCE (2 tier)	Rhode Island	NCMHCE
Iowa	NCE or NCMHCE	South Carolina	NCE or NCMHCE
Kansas	NCE/NCMHCE (2 tier)	South Dakota	NCE/NCMHCE (2 tier)
Kentucky	NCE	Tennessee	NCE and NCMHCE
Louisiana	NCE	Utah	NCE and NCMHCE
Maine	NCE	Vermont	NCE and NCMHCE
Maryland	NCE	Virginia	NCMHCE
Massachusetts	NCMHCE	Washington	NCE or NCMHCE
Michigan	NCE	West Virginia	NCE
Mississippi	NCE	Wisconsin	NCE
		Wyoming	NCE

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

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## How Do We Assure Quality in the Counseling Profession?

- Credentials
- Ethical standards/practice
- Education and training



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## Department of Counseling and Human Development



*Karen Mackie, Ph.D.  
Clinical Assistant Professor  
Clinical Coordinator, Community  
Mental Health Counseling*

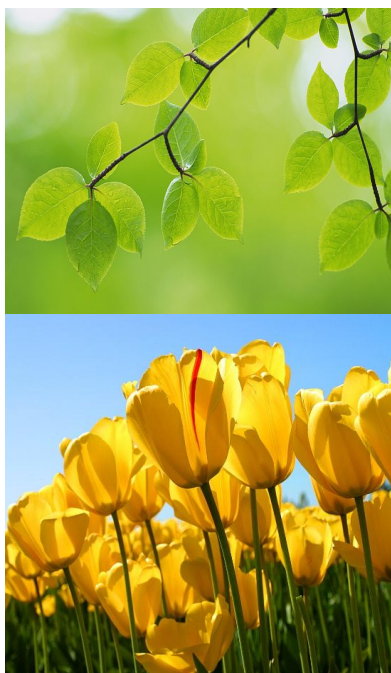


*Bonnie Rubenstein, Ed.D.  
Clinical Associate Professor  
Clinical Coordinator, School Counseling*

### **Living Meliora**

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". We watch them start their good-byes to clients, peers, faculty and supervisors as they anticipate moving to new places and towards new life milestones. Moments of happy expectation, pride and relief sit side by side with last minute anxieties about getting everything finished, and as always students count on the community of fellow trainees and counseling mentors for emotional and practical support during this transitional time in their lives.

As we approach graduation we also think a lot about "Meliora"—the university's motto meaning "Ever Better"—and delight in knowing that our students, as graduates, will indeed advance the counseling profession and the lives of their future clients through their efforts to foster human development while making the world more just and humane. Our annual Master's Symposium event provides a hint of how each new counselor might do just that. In framing their capstone projects and thesis papers as practice-based research and inquiry, our newest practitioners have been able to suggest to the counseling profession how we might collectively do a better job at serving those who seek our help. They have identified under-served client populations and under-developed programming needs and searched out best practices in the professional literature that might constitute a contribution to the field. The attitudes of research inquiry combined with curiosity, caring, reflection and courage to move into



action reflect both the ideals of our Warner graduates and support them as they continue their post-degree, professional learning.

Students have already shown their dedication in how they have taken up their symposium projects and in how they have addressed social challenges that impact those we serve as counselors. This spring for example, some graduates became social activists, driving to Washington DC to march with the hundreds of young people in support of gun reform legislation, sharing their videos of the experience with their peers, upon their return. Others are using their energies to address Islamophobia, gender spectrum expression or the need for reform of social welfare systems serving hundreds of children currently in foster care. Each of these areas for inquiry and action go beyond "counseling as usual"—indeed they reach towards "ever better" as our new counselors find ways to marry their love of counseling interactions to their commitment to make the world a better place by speaking up and speaking out. As mentors we are amazed and justifiably proud of what they have already achieved and what this suggests

about their future impact on the profession and world. We look forward to staying connected to them all as they surpass us in the next generation of our mutual work as counselors and can't wait to welcome them back to Warner one day as the new site supervisors they are likely to become. The cycle of *Meliora* continues!

Best wishes for an enjoyable and rejuvenating summer season.

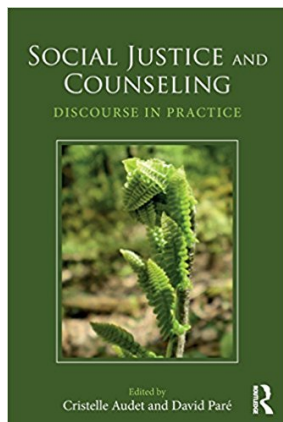
Karen and Bonnie



## Researcher's Corner

Hoover, S.M. & Morrow, S.L. (2016). A qualitative study of feminist multicultural trainees' social justice development. *Journal of Counseling and Development*, 94(3). 306-318. <https://doi.org/10.1002/jcad.12087>

Social justice-oriented development was examined by recruiting practicum trainees from a site selected for its unique emphasis on feminist multiculturalism and social justice. The grounded theory design triangulated multiple data from 20 female participants. Analysis yielded an empirical model of how core experiences contributed to 3 types of growth: (a) doing your own work, (b) honoring your voice and others' voices, and (c) challenging power to create systemic change. Counseling, supervision, and training implications are also provided.



For a fuller discussion of social justice perspectives on counseling and supervision see also Clinical Coordinator Karen Mackie and Site Supervisor Mike Boucher's chapter titled "Just Supervision: Thinking about Clinical Supervision That Moves toward Social Justice" in Audet and Paré's book "Social Justice and Counseling: Discourse in Practice." Mike Boucher works at St. Joseph's Neighborhood Center, a site that models this perspective in clinical supervision.



### Graduate Assistant Perspectives

As I sit down to write I find myself struggling to determine what more I could possibly say that would be worthwhile? I write so often that I usually feel I have come to the end of myself, that I have exhausted every word in my vocabulary and have nothing left to say. I feel as if this has been the story of my year thus far, the story of coming to the end of myself as clinician, student and supervisor. I have been challenged to go beyond what I would have thought myself capable of and found that there was more inside of me than I ever would have imagined. I have also had the gift of getting to see this in my supervisees and in the activism that has occurred as a result of tragic events this year. I have seen my supervisees find themselves in uncomfortable spaces and choose to sit with difficult emotions and do so with grace and humility as they have come to the end of what they can apply from their formal learning. I have seen students step beyond their roles as counselors-in-training and do the work of activists to change their clients' lives from the outside in.



*Rachel Carter, Clinical Coordination  
Graduate Assistant*

If there is one thing that I feel characterizes the work of clinicians and supervisors now more than ever, it is having to reach not only inward but outward as well, to bring change to their community and the communities of clients. In a time of such political distress and collective pain, I have found myself having to reach in to check myself more often as I relate to people that have different values and views of the world. I have had to reach in to myself to remember that dehumanizing others also dehumanizes me. I have also had to reach out and work for systems change and realize that if I want to make something happen and alter the state of the institutions I am a part of, I have to partner with others who know more and can see the work from different angles.

As we come to the close of this academic year I want to encourage everyone to take a moment to think about the times they have reached both inward and outward this year and what changes these instances have made. Who or what caused you to look inward and what did you find there that helped you move forward with that person or situation? What have you found inside of you that enables you to push past the limits you once thought impossible to move past? When have you had to reach outward this year and ask for or offer support? Who or what brought you to that place and what was the result? In what ways would you like to be able to reach outward more? How might this strengthen you? What is inside of you that can push you toward closer relationships and what is outside of you that can only be transformed through pushing for and removing barriers to connection? No counselor, counselor educator or supervisor should be an island unto themselves and it is my hope that in a year of so much division, we can stand united and find strength in our partnerships with one another.

### Practicum Student Perspectives



*Katie Lloyd,  
CMHC Practicum Student*

When first entering Warner's program for Mental Health Counseling, all I knew was that I had a passion for social justice, wanted to empower whatever clientele I would decide to work with, and craved work that would allow me to fight against oppression in the realm of mental health. My role as a first-year practicum student at St. Joseph's Neighborhood Center has allowed me to explore and express all of these hopes and has been a formative experience that has had a profound effect on my interpretations of myself, the counseling field, and the broader world in general. Working with clients each week has been a gift that is continually teaching me how to be a better therapist and person. I have already been changed by this work and the way that I am understanding myself is constantly being altered because of it. Before this experience I knew my passion for social justice work was strong but was unaware of how fundamentally it defined my life. Through counseling I have learned that this passion is truly a defining tenant of how I view myself. This work has also exposed biases and assumptions that I have held my entire life and challenged me to re-evaluate them, a learning experience that I know will serve me throughout the rest of my counseling career.

My practicum experience has also altered how I view the counseling field as it has shown me the power that society has on our mental health, an idea that I have been eager to explore for years. I have always wanted to combine activism with therapy but was unsure if this marriage was even possible. Viewing my clients as individuals suffering under an oppressive system has always come naturally to me and thanks to my supervisor I was able to label this and use it to my advantage in session. It is my work at St Joseph's that revealed to me that the systems perspective is what fits my therapeutic approach best and that indeed counseling is its own form of activism and a powerful form of resistance and strength. This new role is shaping me into more of the activist that I want to be, teaching me that activism and counseling do not have to live in separate spheres but in fact can be quite the opposite, working together for the betterment of our clients and greater society. This shaped how I see this field entirely. My one hesitation about joining this line of work was that therapists seemed passive to me. Now I see them as active engagers of personal, as well as broader societal, change who are anything but passive.

"I see them [counselors] as active engagers of personal, as well as broader societal change who are anything but passive."

I have found that even my ideas on our culture and broader world have been impacted by this work. I now see humanity as much more linked to one another than I ever had, as each of the clients that I have worked with are suffering mentally at the hands of an oppressive system riddled with injustice. Through witnessing this connection that my clients have shared it has taught me that our world in general is incredibly interconnected, a state that I would like to enhance through social justice work and reminding clients of this connectedness.

As I am being shaped and transformed by this new role as a counselor, supervision has proven to be an incredible arena for me as it allows me the space to explore, reflect, question, and seek guidance. As my ideas and perceptions change, supervision is the first place that I go to explore them. I utilize it as a time for recognizing myself and whatever I may need that week, be it asking questions, seeking guidance, reflecting on my work and myself, or gaining personal and professional insights. My time with my supervisor feels like a safe-haven where I can let out all that I have been thinking and feeling in session, explore where to go next with clients, and recognize what has been happening within myself as I work with clients. Much of my personal and professional growth has come out of my experience with supervision. Through hands on experience, supervision, and reflection, my experience at St Josephs has enabled me to grow into a counselor, advocate, and activist in ways I had not thought possible. I now am growing into the counselor and activist that I have always wanted to be.

### Practicum Student Perspectives

Stepping into new things is something that I have done quite a lot of this semester. I entered my practicum placement at SUNY Geneseo Counseling Services in mid-January, and I began working as a graduate assistant in the RIT Q Center a couple weeks later. These experiences have influenced not only the course of my semester, but the course of my professional development as well. The supervision that I have received as a practicum student and as a graduate assistant has helped to shape the way that I fulfill these roles and the way that I am developing as a counselor.

At the Q Center, which is the LGBT resource center, my supervisor, coworkers, and I have had many conversations about what it means to be an LGBT college student right now and what we can do to better that experience. For me, this means fulfilling my duties as a graduate assistant, but also going above and beyond to truly connect with and form meaningful relationships with the students who frequent the center. The students are able to turn to

"I am able to speak out about and educate others concerning issues that plague the LGBT community during class time"

me to ask questions, tell stories, express emotions, or even just to show me something funny they found on reddit. I have become more of an advocate than I was previously; I am able to speak out about and educate others concerning issues that plague the LGBT community during class time, while I am at practicum, and on my own time as well. As I understand it, education and advocacy go hand in hand and are part of my development and embodying the role of counselor. A different aspect of my developing counseling skills that has been shaped during this semester is my attunement to emo-



Alyssa Lombardi,  
CMHC Practicum Student

tional data.

My practicum supervisor asked me if I was more of an emotional or cognitive person while already knowing the answer. I tend to rely on intellect, logic, and rationality; three things that might not always fit well with the deep emotional work involved with counseling. My supervisor encouraged me to not shy away from my clients' emotions. She also encouraged me to be confident in my abilities and reminded me that I was there for a reason while learning to be a counselor. When working with clients, I kept this piece of advice in mind, and I found that I was able to build rapport with my clients while working with their emotions. On two occasions, I had a client tell me that they did not realize how much a particular issue was bothering them until they talked about it and experienced emotions surrounding it during a counseling session. I was able to see how working with and confronting emotions can be beneficial in ways that are unexpected to the client.

Although it has only been a few short months that I have been in the Q Center and at SUNY Geneseo, I have already been able to see so much growth and development in my students and clients. Similarly, I've been able to acknowledge my growing confidence and developing counseling skills as a result of the experiences I've had and the supervision that I've received. I am so happy and thankful that I will be continuing as a graduate assistant in the Q Center and as an intern at SUNY Geneseo for the duration of my time in the mental health counseling program.

### Intern Perspectives



Faeza Masood,  
CMHC Intern

It's November 9th 2016, and I've awakened from a not so restful sleep, sheets drenched in sweat, blankets thrown every which way. I look out my window and the street is still shrouded in darkness. This does not surprise me as winter in Rochester is an exercise in endurance, long nights giving way to dark and dreary days, punctuated by occasional splashes of stolen sunlight. This morning, I'm nervous, the tension concentrating itself in a solid mass in my abdomen. I reluctantly reach for my phone, and hold my breath, the election results are likely in, the last time I checked, things were looking extra Trump-y. As the page loads, I feel a small fluttering sense of hope, maybe, just maybe, overnight, a new, less horrific reality came into being. I glance back at the page and my heart sinks, I feel that the air has been sucked from my lungs. A new president has been crowned and he is, in my eyes, the least qualified candidate for the position. I spend the rest of the day in a haze. At work, everyone is talking about our new leader, and every time I hear his name, I feel a sharp stabbing hopelessness. How could we have let this happen? I have not felt this sense of powerlessness since September 11, 2001, when being who I am suddenly became deeply political. This moment has the same sense of foreboding I associate with the world changing beneath my feet and I am afraid of what's to come.

I am certain that this day is memorable for many people across America as it served to expose our country's deepest problems, highlighting the impact that race, class, and privilege continue to play in our lives. In the months following the election, I found my sense of social justice come back to life. In January, I went on the Women's March on Washington and while I mourned the loss of who I thought we were as a country, I was able to remember, how we could be better through re-engagement with our humanity. Even though as a nation, we are faced with deepening division, we can reach across political boundaries and really see each other. Our common ground has always been in our ability to authentically connect with others. At my practicum and internship site, SUNY Geneseo, I couldn't help but bring the world into my work with clients. To continue forward as if nothing had changed was impossible, so I was forced to consider how I could impact my corner of the universe to counteract the supreme injustice of such a polarized election. Who do I think we are as Americans? How can I live by the values that I associate with my America? What did I have the power to change so that our future did not facilitate further division?

As I pondered these and many other questions, supervision helped me realize how the greatest resource for change I had at my disposal was myself. As simple as it is to write this out now, it was not a simple process to come to this understanding. Prior to being a part of the counseling program, I had considered supervision to be an opportunity to feel bad about myself. My experience of working with someone who I saw as having the power to ruin my career, gave me the impression that rather than working through my struggles, I should present myself as being flawless. Deep down I knew I was not perfect, no matter how much I wanted to be. Even further down, I knew that perfection was im-

"Our common ground has always been in our ability to authentically connect with others."



possible, as being human requires imperfection. Recognizing this disconnect between how I presented myself versus how I knew myself to be, made the facade that much harder to live out. Eventually, I cracked, as anyone would under the type of pressure I was placing on myself and began to tentatively ask my site supervisor for support. I was done pretending I was without fault and I was prepared to admit that I had things to learn, even at the risk of exposing my imperfections. This moment, though innocuous at the time, changed me forever.

My relationship with my supervisor began shakily as I was unwilling to share anything too real with her, fearing that she would confirm my negative beliefs and use them against me. Over time and through patience on her end, I began to open up and reveal myself. I found that while the process was still agonizing, as I think being vulnerable always is, I started to feel lighter and less anxious with my clients. I started to become more fully engaged with my client's struggles, and less involved with my own worries about how I was failing them. This in turn, allowed me to connect more completely with their needs and actually help them discover their own strengths. I loosened up, accepted that I might not have answers to difficult questions and made space for uncertainty. I stopped trying to be the perfect counselor and started nurturing the counselor I already was instead. I started trusting myself to be enough and this trust functioned as the fertile ground I needed to blossom out of my protective shell. This experience renewed my faith in the generative power of relationships by allowing me to appreciate and honor who I am, something I have struggled to do for as long as I can remember. For this and so much more, I am forever grateful to my supervisor.

Now, as I look ahead to an uncertain future, seeing storm clouds brewing on the horizon, I take solace in knowing how our relationships with others can be our most inexhaustible source of power, as I know firsthand the magic that can happen through human connection. Faced with seemingly insurmountable hypocrisy at the highest levels of office in our nation, we can meet it most effectively by being our authentic selves, standing up for what we believe in by having faith in who we are. For who else will stand for us, if we won't stand up for ourselves?

### A Reflection on Parallel Life Experiences and the Importance of Supervision



Marissa Ross, M.S., LMHC  
Warner CMHC Alumna

In the five years since graduating from the Warner School, I recognize that my growth as a counselor has been influenced by my experiences with clients, supervisors and trainings. These professional experiences offer moments for reflection and improvement in my counseling skills. Recently I have noticed how my experience of becoming a parent has impacted my learning and ongoing growth as a counselor..

I am profoundly grateful to my clients, supervisors and colleagues at UPMC Pediatric Behavioral Health and Wellness for the wealth of knowledge and training I received throughout my internship and employment. I was able to reach my goal of becoming a Licensed Mental Health Counselor in 2014. I achieved another professional milestone when I established my private practice in February 2016.

I welcomed my first daughter in 2014 and my second daughter in April 2017. Becoming a parent was a transformative experience. As counselors, we are reflective by nature. Even so, I did not anticipate how significantly my experience as a parent would impact my role

as a counselor. I specialize in working with children, adolescents and their families. My youngest clients are often the same age as my oldest daughter. Parenthood has allowed me to internally empathize with parents in a new and different light. I am able to correlate my experiences with the challenges many parents face. For example, as I discussed the guidelines for healthy sleep hygiene and sleep training parameters with a new family, I internally recalled my experiences of sleep training my children. In many ways, I am able to understand a client's struggle to change because of my insight into the complexity of parenthood. Although this relational experience may enhance my skills as a counselor, I look to supervision to fully connect the parallel life experiences.

Supervision is a place to explore how my experience and feelings as a parent impact my role as a counselor. My colleagues provide strong support and create the appropriate environment for me to share my feelings and ask questions about specific cases. I find it crucial to be part of a like-minded counseling supervision group.

I believe that our personal life experiences impact how we look at the world, how we approach our clients and how we promote change in their lives. I continue to grow and learn from the parallel experience of raising my children and counseling children and their families. I rely on ongoing supervision to honor these experiences appropriately.

"I find it crucial to be part of a like-minded counseling supervision group."

## Doctoral Supervisor Perspectives



Walter Benedict,  
Ph.D. Student, Counseling & Counselor Ed.

If my first year of doctoral studies has reminded me of anything, it is that you have to be open to all of the amazing, and sometimes complicated, processes in life. Things are not always linear and causal and far too often our original plans change again and again before reaching our final goal. The same has been true here. As a current school counselor in the Syracuse City School District, I had no idea what pursuing a doctoral degree would mean. Of course, I did my homework and researched the program, weighed the pros and cons, debated whether or not it was realistic or even worth it, but in the end, I decided that although it would be a difficult experience it would be one of the most rewarding things I could do.

I remember when I first decided to pursue studies as a school counselor. I was in my senior year of my undergraduate studies and really needed to decide what to do next. I discovered school counseling as it married two of my previous career interests: mental health counseling and teaching. Right off the bat I fell in love

with school counseling, and the counseling field in general. In my masters, much like my experience in doctoral studies thus far, I was pushed in more ways than I would have ever imagined possible. Yet through all the difficult times I learned so much about myself that I would not have if I did not enter this field. I learned that I have such a high respect and passion for this field and that it is all I want to do for the rest of my life; to be a counselor, a counselor educator, a supervisor, to advocate for our profession and help it grow.

I am obviously biased, but I truly believe counseling to be one of the greatest and most rewarding professions a person can be in. Not only does it allow us to grow and develop, but it allows us to be so intimately interwoven with other individuals and their stories. We watch our clients struggle, we watch them grow, we watch them become angry and sad, we watch them have breakthroughs. In no other profession do people get to see these intimate processes that are often hidden and kept from the world.

There is a lot that I do not know, but one thing that I do know is that this profession has taught me how essential it is to be connected with yourself as well as those around you and to be open to the new and unfamiliar. My goal as a school counselor has been to push my students to grow and be their best, happiest, healthiest, and most authentic selves. As I journey through this program my new goal is to push my future counseling students and supervisees to do and be the same. I feel so honored and privileged to be a part of my students' lives as a school counselor, and I only hope that this program will allow me to do the same for others venturing into their journeys as counselors. This program and my new roles as a doctoral student, teaching assistant, and supervisor have all only reaffirmed my passion for this field.

"I truly believe counseling to be one of the greatest and most rewarding professions a person can be in."

Please know that you and the work you do matters so much. In my experience, this has not always seemed to be the case as you track day to day events, but when you sit back and reflect on where you have come from, where your clients have come from, and where you can go, you will see the importance of your work. I, for example, reflect back on my first year as a counselor, working with the tenth-grade students and my school not knowing their names or what I was doing. Now as my first year of doctoral studies is close to ending, I am working with my now seniors, preparing them for their graduation this June. It will be tough, you will question yourself, you will have rough times, but you are meant for this work.

For me, supervision played a crucial role in my development as a counselor and continues to play an equally important role. I view my role as a counselor as one where I am challenged to learn new things all the time, and in order to successfully integrate the new knowledge and skills acquired, I've had to receive some

form of supervision. Now as a current doctoral supervisor for Master's counseling students, I am beyond lucky and excited to be in the role where I get to help other counselors develop their own skills. It truly is a privilege to be able to give back to such an amazing profession, and to take part in its growth.

Anyone who knows me, knows how much I use this quote, but I am going to use it again to close. In moments like this, I am reminded of something a former professor of mine once said that has stuck with me for years. "The most amazing part about being human, is being able to be a part of another person's growth". I hope that you feel encouraged and that this year so far has reminded you of the gifts that come with being counselors and supervisors.

### Jamie Collins– Site Supervisor, Wilson Magnet High School



Jamie Collins, SC Site Supervisor

At Wilson Magnet High School, we recognize the importance of fostering a positive school climate and helping students learn from their mistakes. We have made a concerted effort to move away from harmful and counter-productive zero-tolerance discipline policies and have moved toward proven restorative approaches to addressing conflict in our school. Restorative practices is an emerging social science that studies how to strengthen relationships between individuals as well as develop social connections within communities. It is inherent for humans to connect to others and we need strong and meaningful relationships to thrive. By fostering these relationships in the school setting amongst students, teachers, administrators, and parents, we have seen some great outcomes in our discipline practices. Over the course of one year, we have decreased our suspension rate by 45%. This is due to the time spent building a sense of community and inclusion in our classrooms, encouraging teachers to build meaningful relationships with students, and offering a lot of support and encouragement along the way.

At Wilson, restorative practices gets to the root of what happened, rather than focusing on the why. As the Restorative Coach, when a harm has been done, I spend time with the student(s) to talk about what happened, who was affected, and what needs to be done to repair the harm and restore the situation. I have been fortunate to work with a great team of educators who have helped train 20 of our high school students in restorative practices as well. These students are integral to the positive changes we are seeing in our school community. They are the foundation upon which most of the work is done.

As a site supervisor for Warner, I recommend to all my interns and practicum students to learn more about restorative practices. Not only does it help to mediate conflict, it is a natural lens through which to practice empathic listening and counseling skills. The key to building relationships is developing trust and rapport, which are essential counseling skills and critical to doing restorative work as well. Restorative practices has helped my work as a school counselor immensely. I have learned to trust in the circle and the time it takes to process through a situation. I implement restorative practices in every aspect of my work, in that I directly involve students, staff, and parents in matters that concern them and give everyone a voice.

"it (restorative practices) is a natural lens through which to practice empathic listening and counseling skills."

Links to resources:

<http://schottfoundation.org/sites/default/files/restorative-practices-guide.pdf>

<https://www.sccgov.org/sites/pdo/ppw/SESAP/Documents/SCHOOL%20RJP%20GUIDEBOOK.pdf>

<https://www.edutopia.org/blog/restorative-justice-resources-matt-davis>

**Warner CMHC Program Receives CASAC Approval from OASAS**

The Department of Counseling and Human Development at Warner recently received approval as an Academic Provider of the Credentialed Alcoholism and Substance Abuse (CASAC) 350-hour Standardized Curriculum.

This new certification for our program means that beginning with the Fall'18 cohort of mental health counseling students, all of our trainees will take an additional course in psychopharmacology within their 60-credit mental health counseling degree program. Upon graduation, application to the Office of Alcoholism and Substance Abuse Services (OASAS) and the passing of the national alcohol and drug exam (ADC), students will be eligible for the designation of CASAC-T (Trainee). Students will then be eligible to complete 2,000 hours post-degree in clinics or agencies serving clients with co-occurring substance use and mental health disorders and become qualified health professionals in the field of addictions, as well as further their pursuit of their state license as mental health counselors in New York.



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**Professional Development Opportunities**

Join Us in Orlando for #AMHCA2018 at the University of Central Florida



American Mental Health Counselors' Association  
2018 Annual Conference  
August 1-3, 2018

To register, visit: <http://www.amhca.org/conference>



**North Atlantic Region  
Association for Counselor Education and Supervision  
2018 Regional Conference**

Burlington, VT  
September 27-30

Registration opens April 1, 2018

Visit: [naraces.org/2018-conference-burlington-vt/](http://naraces.org/2018-conference-burlington-vt/)

**ASCA ANNUAL CONFERENCE  
REACH FOR THE**



**LOS ANGELES, JULY 14-17, 2018**

To register, visit:  
[www.ascaconferences.org](http://www.ascaconferences.org)

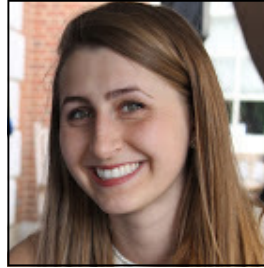




Denise Asandrov-Bondy



Walter Benedict



Rachel Carter



Nicole Casamento



Rachel Darcy



Jen Farah



Nancy Gearhart



Gabrielle Hazan



Cameka Hazel

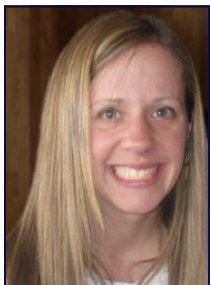


Julie Hofmann

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!!!



Dorothy Kinzel



Hennessey Lustica



Scott McGuiness



Daniel Miller



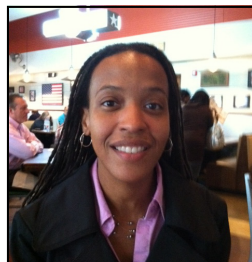
Justin Russotti



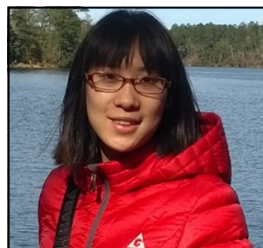
Molly Schleigh



Matt Tansey



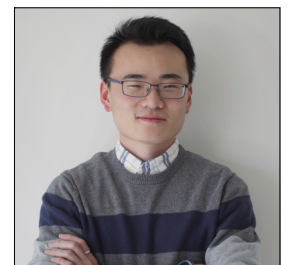
Serina Tetenov



Peng Wang



Tracey Welch



Zhaopu Xu



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## Department of Counseling and Human Development



*Karen Mackie, Ph.D.  
Clinical Assistant Professor  
Clinical Coordinator, Clinical  
Mental Health Counseling*



*Bonnie Rubenstein, Ed.D.  
Clinical Associate Professor  
Clinical Coordinator, School Counseling*

### Intentional Practice, Beginner's Mind & Other Joys of Supervision

As we begin second semester with a new group of trainees just starting their first fieldwork experience, Bonnie and I look forward to reconnecting with former and new site supervisors. Practicum site supervisors generously offer their mentorship and oversight to our newest students when they are at their most anxious and eager moment in training, and as such shepherd never-to-be-forgotten experiences.

Beginners also bring to supervisors the opportunity to re-discover "beginner's mind"—a concept brought to the western world by Suzuki Roshi (1980) in his book *Zen Mind, Beginner's Mind*. Roshi writes that "In the beginner's mind the possibilities are many, in the expert's they are few" to indicate that while experience can confer expertise, expertise can narrow focus to the point where curiosity and creativity grow quiet. Ron Epstein (2017), a UR physician who recently wrote about the need for mindfulness in medical practice, made a related point: "Now that I

am a senior member of clinical teams, I value...students' input more than ever. Often the medical student on the team is the one who asks the key question... 'why are you doing that?' The naïve questions of a bright medical student can profoundly alter an experienced clinician's point of view." Dr. Epstein goes on to say that beginner's mind "uncouples expertise from one's present experience. It is a cultivated naiveté, an intentional setting aside of the knowledge and preconceived notions that one has gained...to see the situation with new eyes." When we ask our own site supervision partners why they are willing to engage in the work of supervision with rank beginners for quite modest compensation, we hear a variety of responses—including commitment to the value of giving back to the profession by helping to train the next generation. But the comment we hear most often resonates with Roshi and Epstein's idea of beginner's mind: supervisors essentially say that "student trainees help keep my own eyes fresh—they bring in current information and insights; they ask important questions which remind me about what is important about counseling."

One of the experiences that I have





been noticing a lot in my own teaching of new counselors this year are the moments and practices that give me greatest personal joy. The capacity for retaining joy in my work echoes what I have been reading about “beginner’s mind” in a way. Noticing joy has become for me a deliberate, grace-seeking practice, that is to say, something I intentionally look for so I can pay attention to how it came about and hopefully cultivate further. For me it parallels the experiences my students report when they first feel truly connected to their first or second client and sense that “counseling works!” It is their first taste of grace—that awesome comprehension, that without knowing exactly how it happened, something significant has just occurred and a relationship has changed for the better. The students feel joy and are eager to get better at having such moments with clients in session. Being “beginners” magnifies their openness to experiencing moments of discovery, connection and joy in taking up this fresh new practice of counseling. As supervisors witnessing these developments, we too get to re-experience the joy of discovery through connection.

Contemplating beginners mind in my students and how it connects to my work as a supervisor, has led me to think too about other intentional or deliberate ways of operating that I need to actively practice in order to feel integrity as a teacher and supervisor. Undoubtedly, each of us has our own list of things to pay attention to in order to keep ourselves feeling fresh and attuned to others every day, but I think it’s worth mentioning a few such practices by name since they seem so central: Practicing flexibility, whether of body, mind or spirit is at the top of my personal list. Challenges for me as a supervisor or teacher are almost always connected to becoming inflexible in some way. In contrast, the better I get at improvising in novel, unexpected ways, the more authentic learning and connection seem to be facil-

itated for trainees, who then can see where they need to go to work with client challenges they face. Similarly, I need to deliberately practice self and other compassion every day, to keep creative energy and ideas flowing. Witnessing the suffering of others with compassion and giving myself ease and acceptance, knowing that we are all doing the best we can in the moment, has dissolved many a fear-filled impasse in my clinical and supervisory work. Stillness is another everyday practice I try to invoke. When my time and attention are too driven or too distracted, I find it hard to be still, but I know as a therapist and supervisor that stopping for reverie and reflection is in fact what permits new insight and understanding to emerge and is what sharpens my skills. Finally, I have come to appreciate how much the relational complexities of practice, whether as a counselor, educator or supervisor, demand a focus on clarity and balance. Staying agile in how I perceive myself and others helps me connect to the strengths and vulnerabilities that are dynamically present in each moment of interaction. Balancing a both/and view of people and situations helps in negotiating nuance and complexity and opens the door to revised and alternative accounts of troubles of all kinds. Working to see things from multiple and interconnected perspectives that need to be negotiated to be useful, is an experiential practice that never stops needing my attention. Bonnie and I invite you to think this spring about your own deliberate practices that fuel your energy for counseling and supervising and to share these with us. Our community of supervision practice is enriched by your association and your wisdom and we thank you for sharing in the joys of beginner’s mind with yet another great group of new counselors in training.

Warm regards,  
Karen and Bonnie

### Researcher's Corner

This article overviews relational-cultural theory and developmental relational counseling (DRC) and reports the results of a randomized study evaluating supervisory relational health as defined by DRC theoretical constructs. As measured by an adaptation of the Relational Health Index (Liang et al., 2002), counseling students enrolled in clinical courses identified clear preferences for supervisory relationships that promoted accurate relational awareness, compassion, clarity, feedback receptivity, and responsible use of power.

Duffey, T., Haberstroh, S., Ciepcieliski, E., & Gonzales, C. (2015). Relational-cultural theory and supervision: Evaluating developmental relational counseling. *Journal of Counseling and Development*, 94(4), 405-414. doi: 10.1002/jcad.12099





**Graduate Assistant Perspectives**

When I think about what is important to me as a supervisee and a supervisor, there is only one word that comes to mind: connection. Throughout my time at Warner thus far, I have experienced connection in many forms. I have felt it when I read certain articles and discussed them with classmates and friends, when people have told their stories and another person has said "I thought I was the only one," and when students were able to see themselves at their placement sites and feel a connection to their work and clients. These are the kind of moments that lead people to connect not only with the world around them but also with themselves.

However, over the past year the most powerful way I have experienced connection has been in supervision. When you are a counselor-in-training it can feel like those that are near to you are a million miles away. It can become difficult when you feel you are the only one holding a hundred stories that you are bound by law and one's relationship with clients to keep quiet about. It can be hard to find that work-life balance when your work is people and relationships and those relationships inevitably change you. We have all heard the phrase "Don't bring your work home," but many of us find ourselves asking if this is realistic and if so, how is it possible? How can we hear the stories we do and expect them not to shake us, mold us, and grow us? How do we connect with our clients and still connect with our loved ones? Where is the space where we can feel near to our clients and also near to our loved ones? Where do our two worlds collide? I think that this space, this merging of worlds, happens in supervision. It is the space in which we can usher our clients, ourselves and everything and everyone else in our lives into the room and say "Here is what we are working on today." It is where we don't have to leave clients or home behind and can discuss how they both play a role in our work. It is where we learn to be whole people in every room.

Supervision brings close the things that often seem far-away, it is where we explore the relationships between what affects us as human beings and our work as counselors. For counselors-in-training, supervision is a time where they can not only bring together each of their own separate worlds but learn how to relate to others about them and feel whole again. It is a time where trainees can learn to better connect with their clients through their relationships with their supervisors and fellow trainees and by reconnecting with themselves. I have seen the difference that the connections established in supervision can make not only in the growth and development of trainees as counselors, but also as friends, family members and human beings.



*Rachel Carter, Clinical Coordination  
Graduate Assistant*

**Re-Centering Practices***Traveling to Guatemala: Learning Spanish as a Second Language and Emotions*

Alia Healy Souissi

I traveled to the old, beautiful, volcano-surrounded city of Antigua, Guatemala and lived at a Spanish immersion school July 11<sup>th</sup>-August 9<sup>th</sup> of this summer. I had recently graduated from Warner with a Master's Degree in Mental Health Counseling and completed my internship assisting survivors of domestic violence at Willow Domestic Violence Center in May. I greatly appreciated the many learning experiences I received at both of these institutions. I noticed, however, that there was something missing from my education. I wanted to have the ability to communicate with Spanish-only, or English as a Second Language, speakers. I wanted to help people not able to yet process their mental health/trauma needs in English.

Spanish is the second most spoken language in the United States. Many potential clients and agencies need therapists who can speak Spanish. I work on a hotline on Sundays. I began to feel sad at my lack of helping ability and angry with myself when all I was able to muster up, in basic Spanish, was "There will be someone who is fluent here tomorrow. Can you call back tomorrow or try calling 211?" I knew I could do better so I enrolled in Spanish 103 at Monroe Community College my last semester of graduate school and began to re-search summer immersion programs.

Guatemala was the least expensive country in which to study Spanish. This is perhaps due to tourism taking a hit because of their bloody, 36-year Civil War which only ended in the 1990's. This war was funded in large part

by the US, but my waxing politics is beyond the scope of this article.

Antigua, Guatemala is very accommodating. There are many immersion schools to choose from. I have enjoyed how professional, intelligent, warm and welcoming everyone here at the Ixchel School has been. I study 8AM-noon Monday through Friday with a personal tutor. In my free time, I have hiked volcanos, explored the many church ruins around the city and visited nearby farms. My teacher, Jacky, and I focus on the subjects I need to learn. We discuss emotions and domestic violence. I try to explain how Trump came to power and what social services are like in the US. She tells me about her life and about Guatemalan culture.

"I notice that when I'm upset, frustrated, sad or angry it becomes very difficult for me to speak in Spanish."

I notice that when I'm upset, frustrated, sad or angry it becomes very difficult for me to speak in Spanish. My own apprehension over speaking a second language seems to lead to the listener expressing frustration back as well. A block seems to go up.

I believe that experiencing this difficulty has been crucial for my development as a professional counselor. This experience has helped me to better feel and empathize with the struggles of my ESL clients.

Although I do not believe I am ready to counsel entirely in Spanish yet, I know that I am one step closer. I do have the ability to establish rapport with ESL clients using conversational Spanish. I plan on continuing Spanish lessons at El Buen Amigo (a cultural exchange center) in Buffalo, NY and possibly through Skype lessons. I am excited about future possibilities and the ability to help larger segments of the population!



*Alia Healy Souissi (right), Warner CMHC*

### **Viajando a Guatemala: Aprendiendo Español como Segundo Idioma y Emociones**

Yo viajé a una bella ciudad Antigua rodeada de volcanes. Yo viví en una escuela de inmersión en Español del 11 de julio al 9 de agosto de este verano. Me acabo de graduar de Warner con una maestría en salud mental. Completé mi práctica ayudando a sobrevivientes de violencia doméstica en Willow Domestic Violence Center en mayo. Aprecio mucho el aprendizaje que obtuve de ambas instituciones. Como sea algo me hizo falta en mi educación. Quería tener más habilidad para comunicarme con Hispanos que solamente hablan Español y con quienes hablan Inglés como segundo lengua. Quería ayudar a las personas que todavía no son capaces de procesar su salud mental y sus necesidades en inglés.

El Español es el Segundo idioma más hablando en los Estados Unidos y lo que significa un alto potencial de clientes. Yo trabajo vía telefónica los domingos y pienso que debe haber alguien que pueda ayudar en el momento que el cliente lo necesite y no tener que decirle "Por favor llame mañana, cuando haya alguien bilingüe." Empecé a sentirme triste y que me faltaba habilidad para ayudar y me enojaba conmigo misma cuando apenas podía decir lo básico en Español. Yo sabía que podía hacerlo mejor por eso me inscribí en Español 103 en Monroe Community College y empecé a investigar los programas de inmersión de verano.

Guatemala era el país menos caro en donde estudiar Español. Debido a que el turismo no es muy popular por sus treinta y seis años de guerra interna que terminó hasta el año 1996. Esta guerra fue fundada en gran parte por los Estados Unidos, pero la política va más allá del alcance de este artículo.

Antigua Guatemala es muy servicial. Hay muchas escuelas de inmersión para elegir. He disfrutado aquí en la escuela Ixchel todos han sido profesionales, inteligentes, cálidos y me sentí bienvenida. Yo estudio mediodía de 8 a 12 de lunes a viernes con una maestra personal. Mi maestra, Jacky, y yo nos enfocamos en temas que yo necesito aprender. Nosotros hablamos sobre emociones y violencia doméstica. Yo trato de explicar por qué Trump llegó al poder y sobre el trabajo social en los Estados Unidos. Ella me habló sobre su vida a cerca de la cultura de Guatemala. En mi tiempo libre, he subido volcanes, explorado muchas iglesias, ruinas, y he visitado fincas cercanas.

"Yo noto que cuando me siento molesta, frustrada, triste o abojada llega a ser muy difícil para mí hablar en Español."

Yo noto que cuando me siento molesta, frustrada, triste o abojada llega a ser muy difícil para mí hablar en Español. Mi aprehensión sobre hablar una segunda lengua parece al oyente expresando frustración también. Un bloqueo acercándose.

Yo creo que experimentando esta dificultad ha sido crucial para mi desarrollo como una consultora mental. Esta experiencia me ha ayudado a sentirme mejor y enfatizarme en las metas de mis clientes Hispanos.

Aunque todavía no creo que estoy lista para aconsejar completamente en Español, estoy a un paso. Tengo la habilidad de establecer una relación con clientes Hispanos usando un Español básico. Yo planeo continuar con las lecciones en El Buen Amigo (un centro de intercambio cultural) en Buffalo, NY y posiblemente por Skype. ¡Estoy emocionada por las posibilidades futuras y poder ayudar a muchas personas!

### Intern Perspectives: Megan Gillson, School Counseling Intern

In reflecting on my time here at Warner, I realize just how much I've grown as a result of supervision with classmates, doctoral student supervisors, and school counseling site supervisors. At first, receiving feedback on such a personal practice was intimidating, but now I find it invaluable. Supervision has helped me learn how to benefit from constructive criticism (instead of beating myself up about it) and improve my skills in order to become the best counselor I can be, because my students deserve that!

I'm grateful to have benefited from supervision with two doctoral students who've broadened my view by offering different perspectives through their varying counseling experiences. My doctoral student supervisors have truly affirmed me in my calling to become a school counselor and have encouraged me to exit my comfort zone and try new things! Although it's not easy to listen to yourself counsel someone on tape, my supervisors have made this process much more bearable.

My understanding is that most school counseling students utilize supervision informally throughout the day at their sites due to the nature of what is typically a busy and go-with-the-flow type of schedule. A school day at my site is almost always filled to the brim with walk-in and scheduled appointments with students, teachers, administrators, social workers, parents, behavior specialists, and more—it would be almost impossible for my supervisor and I to close the door for a full hour each day and discuss counseling concerns, since we have to be available in case crises occur. However, since my supervisor is flexible and willing to help at any time, I am free to consult with her throughout the day.

On a slower day, though, my supervisor and I will intentionally take the time to discuss personal and counseling-related matters. Sometimes, we just need a break, and we shut the door to debrief from a draining session. After I finish individual or group counseling, my supervisor always checks in about how things went. What I find most useful about supervision and consultation in the school setting is that I can benefit from an experienced counselor's input regarding some really important decisions that often relate to a student's well-being or safety. This use of consultation is irreplaceable and is necessary no matter how long a school counselor has worked in the field.

One of the most important things I'll take away from the supervision I have had during my internship experience is the importance of self-care in our field. My supervisor helps add humor and light-heartedness to a job that can often be stressful and anxiety-producing. Taking breaks, eating lunch together, and having a few conversations not about work, has helped us regain the energy needed in order to meet our students' needs as best we can. For me, supervision and consultation in the school setting serves as a reminder that we cannot pour from empty cups. We do our best counseling when we take care of ourselves and help one another.



*Megan Gillson, SC Intern*

### Alumni Perspectives

#### Finding the Right "Fit" When Choosing a Doctoral Program

Briana Bliss, Warner CMHC Alumna



*Briana Bliss, CMHC Alumna*

I guess my decision to go back to school, specifically for a PsyD is multifaceted. I felt that obtaining a master's degree in mental health counseling was a great start to my journey. Working at Evelyn Brandon for a year and a half confirmed my desire to continue in the mental health field. As I became more competent in working with clients, I became increasingly aware of my worldview and how I tend to look at things. As much as we learn about ourselves in graduate school, there is something to be said about the experience you get while working with clients in an outpatient urban setting. As you know, I like to look at things from a holistic perspective. My thesis topic was extremely helpful in formulating my perspective. In the community mental health setting, I often found it difficult to address client problems holistically. I started to feel like a piece of the puzzle was missing. It became obvious to me that this population needs to be able to benefit from integrated care. As a counselor in this setting, you try your best to coordinate with collateral contacts (PCPs, Psychiatry, family members, refer for testing). Sometimes this works out well. For me personally, I wanted to be able to help the client on a different level.

For example, I was seeing a client at EBHC for about a year who experienced severe depression. He is Ethiopian, in his mid 40s, and had experienced episodes of depression for several years. He also had an extensive history of trauma and memory loss. The therapeutic relationship seemed to be helpful for him, however he was unable to maintain any gains made. After reaching out to his doctor a few times and advocating for memory testing, we finally learned that the client had experienced two Traumatic Brain Injuries. This particular client was a reminder to me that we often need to look at the whole picture in order to alleviate mental health issues.

I have always had an interest in neuropsychology and clinical testing, so after gaining some experience at EBHC, I decided to take the plunge and apply to PsyD programs. The process of applying was a long one which included taking the GRE, asking for letters of recommendation, sprucing up the CV, writing several essays for each school, interviews,

and finally the decision (which was a process in itself). I researched all of the schools I applied to (which was 6) very thoroughly. After interviewing at schools, I talked with current students and alums of the program. Once I received acceptances, I narrowed it down to the two schools that I thought were a good fit for me. I called many students from each program and asked them a list of questions (what do they like/dislike about the program? Where do students work after they graduate? What are the internship placements? Are there internships in neuropsychology? What are the professor's research interests? These students proved to be a great resource. Ultimately, I relied on a good old Pro/Con list. I chose the PsyD over a PhD because I wanted my studies to be clinically focused. The school I chose is called Philadelphia College of Osteopathic Medicine (PCOM). This is a medical school with a psychology program that is based in cognitive behavioral therapy. Psychology students have the unique opportunity to learn how to treat the whole person osteopathically. The program focuses on integrated care, meaning that psychology students work with medical students to treat both physical and mental health symptoms. Another reason I chose this program is because of the CBT focus and emphasis on learning evidenced based practice. It is important to me to learn best practice because I feel it will make a difference with clients. There were so many other factors that I considered on the Pro/Con list (cost, scholarship opportunities, location, support system, APA internship match rate, faculty support, class size). The other school I thought about attending was called William James College (in Boston). The PsyD program had a neuropsychology concentration that I was very interested in. However, the class size was around 80 students, as opposed to 20 students at PCOM.

I am currently halfway through my first year of the PsyD program at PCOM and am really enjoying it. I have found the classroom environment to be both supportive and challenging. Many of my classes incorporate an integrated care perspective. This is valuable because the program is essentially training students to bring psychology expertise to medical settings. Additionally, PCOM has established relationships with many of the major medical institutions in the Philadelphia area, which I have already found to be beneficial. I was recently able to obtain a research assistant position at the Children's Hospital of Philadelphia. Attending graduate school in a large city allows for a wealth of opportunities in research and clinical work. Although I am only in the beginning stages of my doctoral degree, I am thoroughly content with my decision to further my education in psychology. The more I learn, the more passionate I become about my choice.

### Meagan Saile, LMHC, NCC, Warner Alumna



*Meagan Saile, Senior Mental Health Therapist, UPMC Pediatric Behavioral Health and Wellness; Warner Supervisor*

Behind every therapist there is a story, one which inspires hope, ignites interest and motivates a calling to the helping profession. It is that special story that serves as the foundation upon which clinical skills and therapeutic styles are built. Some may have overcome obstacles or faced hardships, while others felt inspiration from a mentor or found curiosity and satisfaction in an academic course. While every story is unique, we as counselors all share one common foundational theme: care and compassion for others.

Starting out in the field, I remember my thirst for both knowledge and the successful application of all essential aspects of clinical practice. Surprisingly to me, my longing for success and robust persistence to learn, in order to provide excellent clinical care, resulted in discouragement. I was a novice counselor setting unrealistic expectations and comparing myself to highly experienced therapists. My own supervision process evoked the realization that counseling is a multifaceted profession, and professional development is a continuous, evolving process. It would take time and experience to learn evidenced-based treatment strategies, to develop an area of clinical expertise and to win the respect of my collaborators. But during this process, I could rely on my most valuable, accessible tool nested at the core of my foundation- compassion. After turning down the volume on the pressure to suc-

ceed, I began a more effective utilization of resources. Attending trainings, consulting with colleagues, diversifying my caseload and appropriately challenging myself to learn and apply a variety of interventions and treatment techniques all contributed to a more confident sense of self, a therapeutic style rich with knowledge and empathy tempered by objectivity. And at the forefront of it all, my compassion remains.

Similar to my therapeutic style, the development of my supervision style has also been an evolving process. When supervising, my mind is frequently visited by memories of my own experiences in the field from training years to the present time. There is value in returning to those personal experiences and also reflecting on the supervision process, as reflection promotes empathy and understanding and seeks to better serve each supervisee's needs. Therapists vary immensely in their clinical experience, theoretical orientation, and level of counseling and professional development. As a result, each supervisee has different needs and goals. My ability to identify a supervisee's stage of development and utilize corresponding skills and approaches will be a continuing process. I have grown into my role as a clinical supervisor and recognize my supervision style is molded by experiences, enriched with skills and tailored in such a way to meet the needs of each supervisee. However, as this supervision style continues to evolve, I naturally and consistently return to the groundwork, the commonality between myself and my supervisee. We both are driven by compassion and a desire to make a difference in this world. During the processes of counseling as well as supervision, practicing compassion, leading with care and demonstrating authenticity, a foundation is cemented and change is possible.

"Behind every therapist there is a story, one which inspires hope..."



## Supervisor Perspectives

### Supervision for the Supervisor Douglas Guiffrida, PhD



Several years ago I was diagnosed with a herniated disc that caused me excruciating pain for over a year. After trying a variety of traditional and non-traditional approaches to healing, including cortisone shots, chiropractors, yoga, and acupuncture to name a few, my pain became worse and I reluctantly resigned myself to undergo back surgery. To help deal with my pain as I awaited surgery, I began a mindfulness practice that provided some relief. Encouraged by the modest progress I experienced, I explored other mind/body approaches to healing chronic pain, which included Dr. John Sarno's (2007) Tension Myositis Syndrome (TMS) approach. Miraculously, after just a few weeks of practicing this combination of mindfulness and TMS therapy, I was pain free. Not only was I able to avoid back surgery, but I was also able to heal a number of other chronic health issues I had suffered with for years through this work. This experience fueled a passion in me to learn more about mind/body and somatic medicine so

that I can help others in chronic pain.

After years of home study on the topic, the opportunity arose last year to participate in a University of Rochester "Bridging Fellowship" that would allow me to engage in more formal and intensive training in mind/body medicine with faculty from the UR Medical Center. I was fortunate to connect with Dr. William Watson, a psychologist who works in the Seizure Unit of Strong Hospital. Dr. Watson uses an approach called Intensive Short Term Dynamic Psychotherapy (ISTDP) to cure patients of somatic (i.e., non-epileptic) seizures. ISTDP is an approach that helps clients recognize and experience highly painful emotions, including repressed anger, rage, and guilt. It is also an approach that influenced Dr. Sarno's TMS approach to back pain (the approach that cured me).

For the past year I have not only been learning about ISTDP and other forms of mind/body counseling, but I was also able to implement the approach by starting a private practice and co-developing and studying a chronic pain group. My private practice began with a chance conversation with a physician specializing in functional medicine. She listened with interest about my perspective of mind/body medicine and, after doing some reading on the subject herself, referred two patients to me for counseling. Both patients had been sick for many years with fibromyalgia and other chronic conditions, were on disability from work, were taking a lot of medications, and felt hopeless and let down by mainstream medicine. However, they also shared a curiosity about the relationship between their emotional states and their physical symptoms. After only two sessions, both patients showed marked improvements, and after eight sessions (about 4 months), one of them was completely symptom free and off all her medication.

These early successes, combined with a growing awareness of the power of mind/body medicine and ISTDP, allowed my case load to grow significantly in a short period of time and for me to see clients with more diverse and complex cases. Like many beginners, I found myself judging my clinical effectiveness based on the feelings of whichever clients I had last seen. When clients were happy with my work and said their pain was reduced, I felt like I was an excellent therapist; when clients left our sessions feeling frustrated, resistant, and in physical pain, I felt inept. Having been out of clinical practice for many years, I was also not prepared for the personal stress that accompanies engaging in a therapeutic relationship with others. In addition to being a technically complex approach to learn, ISTDP is emotionally-intensive for both clients and therapists.

Fortunately, there are several local experts in ISTDP and one of them graciously agreed to serve as my clinical supervisor. I have also been meeting informally with two other local ISTDP clinicians to review tapes, discuss cases, and share general learning about the approach. This supervision has been invaluable to my work with clients and my growth as a therapist and person. One example of what I gained from supervision came just recently after completing a session where both the client and I left feeling frustrated. I was lucky to have taped the session and was able to bring the session to my supervisor to review. I began the supervision session by outlining my hypotheses about client resistance and the role of my own countertransference, which my supervisor kindly acknowledged as possibilities. However, he also pointed out the "battle" I had engaged in with the client's su-

"After only two sessions, both patients showed marked improvements, and after eight sessions...one of them was completely symptom free and off all her medication."

perego, which, as he stated, "is a battle that can never be won." He continued by noting, "it's a common mistake among people just learning ISTDP." With that critique in mind, we began brainstorming ways that I could work with the client to address her resistances rather than attempting to battle her. Instead of continuing to wage war with my client, I was able to refocus and engage with her in a much more helpful, therapeutic way.

These recent experiences as a therapist and supervisee have reinforced in me the need for all us to participate in clinical supervision in some form. Irrespective of our level of expertise or experience, we all have blind spots that can hinder our work. There are times when all of us will travel down

paths that can create more barriers than openings with clients. There are other times where we might do everything right, but still leave the session doubting ourselves when clients do not respond in ways we hoped. These are things that can be impossible to discern without the help of a clinical supervisor. It is with this deep appreciation for the power of clinical supervision that I want to thank all the clinical supervisors for the great work you do for our students! I would also like to offer a gentle nudge to all of you (even the seasoned veterans) to find opportunities to reengage as a supervisee so that you too can benefit from this valuable learning process.

"These recent experiences as a therapist and supervisee have reinforced in me the need for all us to participate in clinical supervision in some form."

*Douglas Guiffida is a Professor in the Warner School's Counseling and Human Development Program and the author of "Constructive Clinical Supervision in Counseling and Psychotherapy." For more information about mind/body counseling or constructive clinical supervision, he can be reached by email at [Douglas.Guiffida@Rochester.edu](mailto:las.Guiffida@Rochester.edu).*

### ***Site Supervisor Perspectives: Sherylanne Diodato, PhD, School Counselor/Site Supervisor***



I am employed by the Rochester City School District and I work at East Upper School in Partnership with the University of Rochester. My caseload is 10-12th graders. I have been working at East High School as a school counselor since 2000. I have been a clinical supervisor for the Warner School of Education since 2002. As a clinical supervisor, I value the opportunities I am given to be able to teach and empower my interns. I especially find it important to teach my interns to not only to help their students develop their identities as adolescents, but also work on developing their professional identities as school counselors within the educational system. I believe that these interactions will help them live out the contemporary role of a school counselor as interns and future practitioners. Through this contemporary role I try to teach my interns the importance of understanding that as a school counselor they will need to have agency to take on leadership roles that enable them to feel empowered to challenge traditional roles. In doing so, they will be able to define their role as a practitioner on the principles of access, equity, and social justice.

Supervision for me adds to my educational philosophy of being a lifelong learner. Through my interns questioning and inquiries, I am able to transfer theory into practice that will allow them to develop as school counselor practitioners. Most of all, I value the lessons my interns teach me on a daily basis as we discuss current research in the field of school counseling and education. When I am able to observe my interns practicing their counseling skills it helps me to revisit and refine some of my own counseling techniques and educational philosophies. The supervisor intern relationship becomes beneficial not only to their practice, but to my own practice.

For me, meaningful supervision is being able to have my intern become totally immersed in the practitioner role right from the beginning of their internship. I feel the most valuable experiences come from "learning by doing." In order to immerse my interns into the practitioner's role I provide them with a small part of my caseload to manage. This allows my intern to feel empowered and learn through autonomy to work through challenges that might arise. As my intern takes on this practitioner's role, it is important for me to check in with them and discuss any questions or concerns that may arise, so we can have reflective conversations on how to work through specific situations. This interaction not only can help my intern, but it also helps to enhance my practice as a school counselor and clinical supervisor. For me, my interns become colleagues, just like individuals on my counseling team.

Overall being a clinical supervisor helps to enhance my daily practice as a school counselor because it helps me to reflect on my practitioner's role through a theoretical lens. As my interns inquire about various counseling and educational theories I am able to reflect on how my practice relates to theory. For me being a school counselor clinical supervisor helps me to teach my interns how to be an advocate for their students and themselves. Most of all being a school counselor clinical supervisor allows me to model for my interns how rewarding, important, and challenging the role of a school counselor is within the educational system.

"...I value the lessons my interns teach me on a daily basis..."

## Doctoral Student Perspectives

### Counselor Education in the Online Setting

Zhaopu (Ken) Xu, Doctoral Student



*Zhaopu (Ken) Xu,  
Doctoral Student*

When asked to write a piece for the newsletter in our department, the topic of counselor education in the digital age was the first one that came to mind. I have had the pleasure of being a teaching assistant for several online and in-person courses at two different universities. In my experience, one of the major differences of these two formats is the physical presence and interaction of instructors and students. In the traditional setting, instructors can convey their ideas and thoughts while observing the reaction that students may have in the process and adjust the material or pace accordingly. This process is similar for students as they can observe and interact with instructors as they are learning. The relationship between instructors and students is built in this interactive process. Additionally, in the field of counseling, physical presence and interaction play a crucial role. Empathy, compassion and other therapeutic characteristics are conveyed through the physical presence of counselors. One may wonder if such a presence is so critical, how can we ever learn or teach efficiently through online courses?

The key, I believe, is the feedback that instructors and students give to each other. Detailed feedback is likely to bridge the gap caused by lack of physical presence for students and instructors in the virtual learning space. For both parties to come up with detailed feedback, it requires much more frequent and deeper reflections regarding the learning process. Reflection is also a critical tool that is used in counseling and often discussed in literature. If designed appropriately, an online counseling course may offer a similar or even more reflective space compared to an in-person course. In the traditional education setting, especially for those courses that require a decent amount of lecturing, students may feel they are simply going through the motions if they are not invited or do not have a strong motivation to participate in the discussion. The physical presence of instructors and students provides both parties with the luxury of "turning off" once in a while during the teaching and learning process. In contrast to this, to achieve similar educational objectives compared to the in-person course, both instructors and students in the online setting have to be active and engage in discussions.

When I was taking an online course in my Master's program, I felt compelled to respond to my peers if they offered me detailed feedback in the discussion forum. Somehow, this detailed feedback made us feel more connected to each other. In retrospection, the detailed feedback my peers provided convinced me that my opinions and thoughts were valued. Validation, which is another core characteristic of counseling, is also a component of engaging online courses that positively contributes to the online learning and teaching environment. In the online setting, students and instructors both learn by reacting to and interacting with the feedback they are given. Thus, to enhance online learning, it is crucial for both instructors and online learners to give detailed feedback, because this is what creates connection and fosters rich discussions and learning experiences for everyone involved.

## Professional Development Opportunities



### NYMHCA 2018 Convention

"Exploring Innovative Approaches in  
Counseling and Counselor Education"  
April 13-15, 2018  
Albany Marriott

Register Online: [http://www.nymhca.org/  
ConventionRegistrationForm.html](http://www.nymhca.org/ConventionRegistrationForm.html)



### AMHCA 2018 Annual Conference August 1-3, 2018 Orlando, Florida

Registration: [http://www.amhca.org/  
conference/registration](http://www.amhca.org/conference/registration)



To register, go to:  
[https://www.ascaconferences.org/  
registration](https://www.ascaconferences.org/registration)



American Counseling Association  
2018 Conference and Expo  
Atlanta, Georgia

April 26-29, 2018  
Pre-Conference Learning Institutes: Apr. 25-26

Register: [https://www.counseling.org/  
conference/2018-conference-expo-registration](https://www.counseling.org/conference/2018-conference-expo-registration)





Denise Asandrov-Bondy



Walter Benedict



Rachel Carter



Nicole Casamento



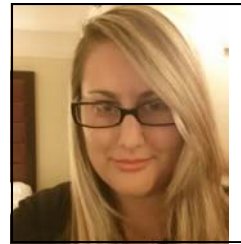
Rachel Darcy



Jen Farah



Nancy Gearhart



Gabrielle Hazan



Cameka Hazel



Julie Hofmann

We want to acknowledge the doctoral students who are serving with us as group or individual supervisors for our practicum and internship students. Our thanks to all of you!!!



Dorothy Kinzel



Hennessey Lustica



Scott McGuiness



Daniel Miller



Justin Russotti



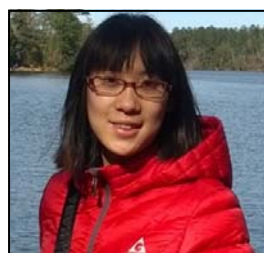
Molly Schleigh



Matt Tansey



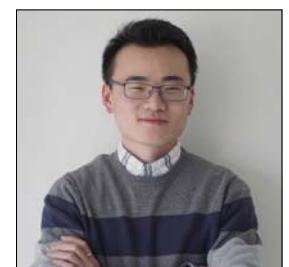
Serina Tetenov



Peng Wang



Tracey Welch



Zhaopu Xu



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## Department of Counseling and Human Development



*Karen Mackie, Ph.D.  
Clinical Assistant Professor  
Clinical Coordinator, Community  
Mental Health Counseling*



*Bonnie Rubenstein, Ed.D.  
Clinical Associate Professor  
Clinical Coordinator, School Counseling*

### **The Territory and the Journey: Supervision as a Co- Constructed Practice**

Welcome to a new year of partnership with Warner Counseling faculty, students and support staff. We look forward to working with you over the coming months as we train and mentor our newest counselor trainees in mental health and school counseling. We are so pleased to have both new and returning site partners with us each year as we work to develop our supervision community. As faculty coordinators we want to do all we can to encourage the unique kinds of learning conversations that supervision relationships create opportunity for, and so we have taken up a "community of practice" orientation to supervi-

sion in which we try to continuously improve our mentoring work with trainees and supervisors through talking together and sharing resources about something we all care deeply about and want to practice with deliberation.

This year we are especially interested in more closely mapping with you the "territory" of the clinical training experience at each training site we partner with and highlighting intersections of training experiences and supervision modalities, as we move towards new accreditation standards (CACREP 2016). Continually improving the experiences we offer our students—with your able assistance—reflects our own professional commitment to the UR's motto "Meliora" (Ever Better) and reminds us of something said by the sculptor, Ruth Asawa, who in talking about her own practice, said

"sculpture is like farming, if you just keep at it you can get quite a lot done." As supervisors, mentors and teachers in the terrain of developing counselors, I think the same can be said of us; if we just keep at it, looking more closely, leaning in to learning together, and shaping what we do to fit the requirements of our constantly evolving territory, we can get a lot done and find we have taken quite a remarkable journey with people we care about while we do it.

We hope to begin this work at each of this year's community of practice supervisor meetings and encourage you to attend one in person if you possibly can. We are always interested to hear about the continuous improvement and development journeys in which you engage and what you do to sustain your professional capacities in the face of the complexities and difficulties you encounter with your popula-

tions and settings in these anxious and challenging times.

We will also be talking with you through the pages of this newsletter and during visits to your site as the training year unfolds, and as always, we look forward to seeing you at our celebratory supervisor reception and graduating student symposium on May 4th.

Site supervisor partners make an inestimable and unforgettable contribution to the clinical acumen and personal/professional integrity of our counselors-in-training and we are very appreciative of your willingness to undertake this journey in partnership with us, sharing your "map of the terrain" and working steadily to accomplish great things for and with our newest counselors.

**Karen and Bonnie**

### **Warner Represents at the ACES 2017 National Conference**

Warner faculty, students, and alumni recently participated in the 2017 National Conference for the Association for Counselor Education and Supervision held in Chicago, Illinois in early October. ACES is the largest national organization dedicated to the scholarship and practice of counselor education and supervision, and is the largest division of the American Counseling Association. The National Conference is a great place to learn more about new innovations in counselor education and supervision practice, in addition to connecting and networking with fellow counselor educators and supervisors from across the country.

Presentations by Warner faculty, students, and alumni addressed a wide array of topics. Department Chair Kathryn Douthit and doctoral students Justin Russotti and Scott McGuinness presented on the intersections of counselor education, supervision and neuroscience. Professor Doug Guiffrida presented with doctoral students Daniel Miller and Matt Tansey on the timely topic of supervising counselors working with clients who hold discriminatory views. Professor Karen Mackie and alumna Tammy Sullivan presented on a collaborative model of supervision for counselors-in-training. Warner's creative side was also represented, with a presentation on developing interpretive competence in counselors-in-training by doctoral student Amy Andrews, and a presentation on understanding improvisation as a critical counselor competence by Karen Mackie and Daniel Miller.

The Warner community also found time to connect, have fun, and explore Chicago together! Next year, the 2018 North Atlantic Region ACES (NARACES) Conference will be held in October in Burlington, Vermont. We hope to see you there!





## 2017 New Clinical Supervisor Fellows

Mental Health  
Marge Kreiss

School Counseling  
Lisa Barnett  
Terri Orden

## 2017 New Dedicated Fellows

Mental Health  
Darsnikia Lane-Williams  
Alana Russotti

School Counseling  
Stephanie Bliss  
Jamie Collins  
Chenetta Hunter-Stokes  
Karen Kline  
John Specksgoor

**Congratulations and thank you for  
all that you do!**

### Researcher's Corner

This month in our "researcher's corner" we are featuring an article that discusses the power of incorporating systemic interventions into the supervision of students from mental health, school counseling, and marriage and family therapy tracks. The author of this article explains the systemic dual-developmental supervision model and the stages of development that supervisees and supervisors experience throughout the supervision process. It highlights the importance of addressing the development and developmental needs of not only the supervisee, but the supervisor as well.

Harris, S. (2017). Systemic dual-developmental supervision: An approach for psychotherapy practitioners and Supervisors. *Family Journal*, 25(1), 84-90. doi:10.1177/1066480716680183



**Graduate Assistant Perspectives**

What drew me to the field of Counselor Education and Supervision was my own experiences with incredible supervisors that transformed my career goals, my approach to clients, and how I saw myself. Throughout my career I have had the opportunity to be supervised by individuals in the disciplines of Counseling and Counselor Education, Psychology and Marriage and Family Therapy from whom I have learned critical lessons that have shaped me as a clinician and a human being and inspired me to enter the field of Counselor Education and Supervision.

As a Masters student, my university supervisor showed me and my fellow students the value of strong relationships and how such relationships foster change not only in our work with clients, but in ourselves. Through our weekly meetings I was challenged to see different perspectives, understand the language of my client's lives, and sit with uncomfortable emotions that came up. My supervisor taught me how deep change happened through vulnerability by her own willingness to share her experiences and create space for each of us to do the same. She taught me to never forget myself in my work as who I am might just be the most powerful tool I have to bring to the counseling process.

As a practicum student, I was supervised by a Psychologist on a child and adolescent psychiatric unit who modeled for me what it meant to be a person-centered clinician, to see each person that came through the door with fresh eyes, and to look for and focus on clients' strengths. He showed me how to facilitate community among hurting people to help them learn from each other and heal together. He taught me how to search for and point out areas of hope for kids on the unit and instilled hope and courage within me when I felt helpless and overwhelmed. I learned from him the value of sitting with unanswered questions and trusting the process of growth even when it felt uncomfortable and I would not see the end result of my work.

As an intern, I had the opportunity to be supervised by an LMFT in an integrated care family medicine department and it was through her that I learned the beauty of collaboration and being a part

of an interdisciplinary team. I was taught how to see things from a systems perspective and was shown that there was strength in leaning on others and investing in those I worked with, while soaking up their investment in me. She modeled for me how to value my strengths and ask for support and supervision when I felt lost, unsure, and scared. She gave me opportunities to challenge myself and create my niche in a world of far more qualified professionals. I found in her a teacher, supervisor, mentor and friend and was reminded once again of how vital it is to have a supervisor that is invested in your well-being and models for you how to invest in your clients, community and yourself.



*Rachel Carter,  
Clinical Coordination  
Graduate Assistant*

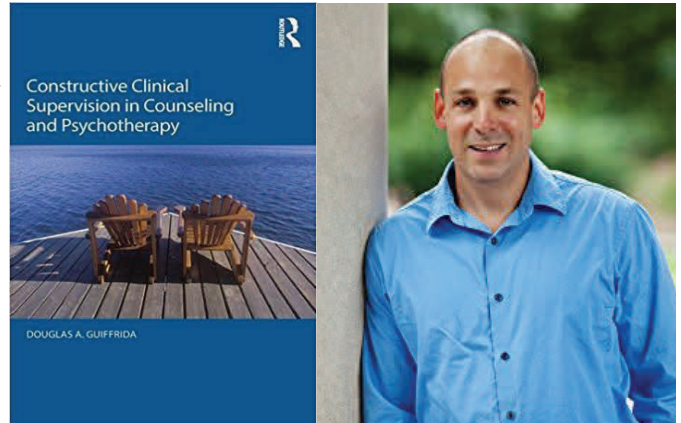
As a Doctoral student at Warner who just started this fall, I have been amazed at the collaboration between university and site supervisors as they work to create a learning community that is beneficial for both supervisors and students. If there is one thing I love, it is being a part of a team whose members are committed to the growth of one another and the community they are a part of. I am inspired by people who share their knowledge, time, and resources with others so that they can learn and be empowered to do the same. As the new clinical coordination assistant, I am excited to have the opportunity to meet, learn from, and work with the supervisors, clinicians and students in the Rochester area to determine how we can co-create the best experiences for everyone involved. If there is one thing I have learned as a counseling supervisee; it is that it takes a village to train a counselor. I am so excited to be a part of your village for the next few years and get to learn and co-construct the ever-unfolding story of supervision with all of you.

## Free NBCC-Approved Continuing Education Credit Available to Warner School Supervisors

The Warner School Counselor Education Program is offering free continuing education in the area of clinical supervision to all our clinical supervisors. The activity, which normally costs \$69, is approved by the National Board for Certified Counselors (NBCC) to award 10 CE credits that can be applied to National Certified Counselor continuing education requirements and the training requirements to become an Approved Clinical Supervisor (ACS).

The activity is related to the "Constructive" approach to clinical supervision developed by Warner faculty and used widely in the program. To participate in the activity, supervisors must first purchase the book titled *Constructive Clinical Supervision in Counseling and Psychotherapy* (available at Amazon.com). After reading the book, participants will then complete a brief quiz on each chapter of the book. Once they pass each section, supervisors will be able to download and print a certificate of completion that can be submitted as proof of their professional development.

The link to complete the activity is available in your UR Blackboard account. To participate, supervisors need to log into their UR blackboard accounts and click the course link titled "Constructive Clinical Supervision." Questions about the activity can be directed to Dr. Douglas Guiffreda ([douglas.guiffreda@rochester.edu](mailto:douglas.guiffreda@rochester.edu)).



## Upcoming Conferences



### "School Counselors: Prepared to Lead the Way"

NYSSCA ANNUAL CONFERENCE  
2017

The DoubleTree, Syracuse, NY  
November 17-18, 2017



LOS ANGELES, JULY 14-17, 2018

Registration opens January 2018  
To register, go to:  
<https://www.ascaconferences.org/registration>



### NYMHCA 2018 Convention

"Exploring Innovative Approaches in Counseling and Counselor Education"  
April 13-15, 2018  
Albany Marriott

Register Online: <http://www.nymhca.org/ConventionRegistrationForm.html>



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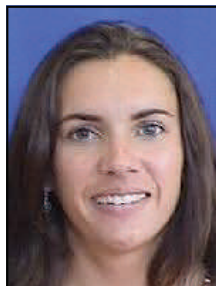
Register: <https://www.counseling.org/conference/2018-conference-expo-registration>



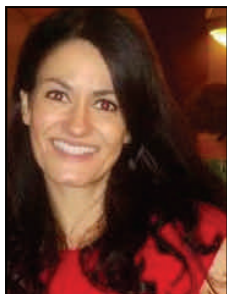
### AMHCA 2017 Annual Conference July 27-29, 2017

The Mayflower Hotel, Washington, DC





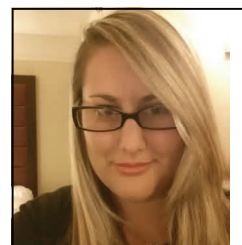
Nicole Casamento



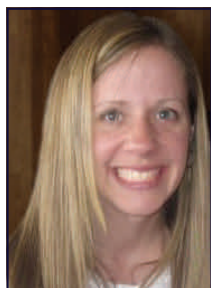
Jen Farah



Nancy Gearhart

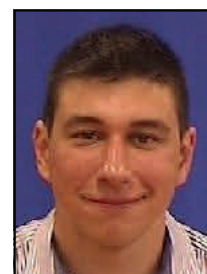


Gabrielle Hazan

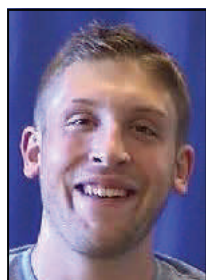


Hennessey Lustica

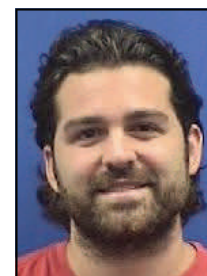
We want to acknowledge  
the doctoral students who  
currently serve with us as  
group or individual  
supervisors for our  
internship students.  
We are glad to be working  
with all of you!



Scott McGuiness



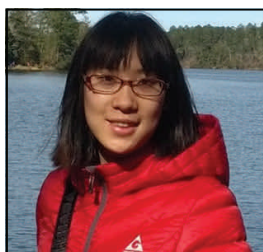
Daniel Miller



Justin Russotti



Matt Tansey



Peng Wang



Dorothy Weishaar

## Alumni Perspectives

**Professional Supervision: The Power of Conversation**  
**Nicki Ditch, LMHC, Alumna**

If there was one thing about being a counseling student at the Warner School I hated most, it was all the supervision I was required to have—and then to be told that I will appreciate it someday. Clearly my professors did not listen when I spoke about how, if you tell me not to do something, I will do it twice and take pictures. In my head, I would say things like “Oh, I’m sorry, have we met? My name is Nicki. You know, the Nicki that has a problem with authority?” Now my introduction sounds more like, “Hi. I’m Nicki. The one that whole-heartedly appreciates supervision even when it’s uncomfortable, the one who has HIRED a supervisor for seemingly large sums of money, and the one that eats a crap-load of humble pie. It’s nice to meet you.” After graduation, 3 hours of my work week consisted of formal supervision (individual supervision, group supervision, and doc meetings). I also had “informal supervision” when I would hunt down my colleagues after a difficult session. I currently have a supervisor that I’ve hired for my private practice. In this, I will share with you some of the many gems I hold onto from a few of those conversations. I’ll admit, I struggled with the decision to share these very personal moments with you. It is a bit scary for me to do but as Brené Brown said in her book “The Gifts of Imperfection” (2010), shame thrives in secrecy and doesn’t stand a chance when we talk openly about it. The conversations I have had in my supervision meetings have been hard. I feel vulnerable, I cry, I eat humble pie, and while I don’t like most of it, I appreciate all of it.



On supervision: “I feel vulnerable, I cry, I eat humble pie, and while I don’t like most of it, I appreciate all of it.”

*Feelings of Inadequacy:* During a supervision meeting with Nancy, I shared with her my doubt that I was qualified enough to work with a particular client and I asked if I should transfer him. This client had been seeing me twice/month for 2 years. He continued to relapse with opioids. Nancy asked me why I questioned my own abilities. I told her, “Because, Nancy, he continues to relapse. Just when I think he is on the right path, he relapses. What if he overdoses and dies? This is serious and he deserves a therapist who can truly help him.” Nancy simply stated, “Nicki, this is what addiction does. It has a way of blaming everyone but the person who is ultimately responsible for his own healing. It sounds like he has found a way for you to feel responsible for his relapse. If he overdoses and dies, it is because he overdosed, not because you are not qualified to work with him. If you were not qualified to work with a client in our clinic, you would not have been hired to be a therapist in our clinic.”

*Sheer panic:* I was working with a client whose visitation with his daughter was contingent upon his engagement in therapy. He failed to attend so many times. I worked hard to help remove barriers to his presence but his only barrier was “I forgot.” I initiated an attendance agreement and when he continued to miss appointments, I executed what I hoped would be a “therapeutic discharge” (a discharge that helps the client learn the consequences of his actions with the outcome being returning and fully engaging in therapy). The client was irate and left me many angry voicemail messages about how it is my fault that he will never see his child. My anxious mind took over and I catastrophized. I convinced myself that since I made it so that he can’t see his child, he would make it so that I can’t see mine. I cried to my supervisor at the time that I was terrified that my client would find my daughter and kill her. He listened to the messages my client left and explained to me all the reasons why he felt the client’s message was “closure” for the client rather than a threat to me. I felt immediate relief.

(Continued on next page)

*Shameful:* After a particularly difficult session with a client with consistent depression and suicidal thoughts, I found my colleague's door open and plopped myself onto her couch. I told her about my struggle with this client and I impulsively said, "If she is going to kill herself, I wish she would go ahead and do it already." As soon as the words left my lips, I was flooded with shame. At that moment, I wept. I said out loud, "What kind of person says that? What kind of therapist says that??" My colleague stated, "The kind of therapist who is so worried that the client will suicide that she just wants the worrying to be over. Nicki you are an awesome therapist and I know for a fact that you don't want her to die. You are just so scared she will."

*Ethical Compass Recalibration:* The other day, I had shared with a client that I was concerned about her partner's aggressive behaviors. I initially felt good about the session but later, my mind started racing. Was I too suggestive? Was I out of line? I called my hired supervisor and told her I think I behaved unethically and needed her feedback. In that conversation, I told her I was worried that I was too directive. She said, "Being directive is telling a client, 'You should think as I think.' Being protective is telling a client, 'You should be safe.' You were being protective as you should."

Supervision is uncomfortable and at times, I feel so vulnerable. I still must work hard to replace my **willfulness** with **willingness** in my meetings but I know that supervision is not to punish me. It is to support me and to indirectly support my clients. My clients deserve a therapist who has a good supervisor and I deserve the support of a supervisor as well.

**Donna Walck, PhD, Alumna  
Therapist, Mt. Hope Family Center**

I started a doctoral degree at the Warner school (part-time) in 2008 with over 30 years of experience in the counseling field. My goals at the time were to learn more about supervision theories, gain supervision experience, extend my knowledge in research methodologies, and obtain research experience. Reflecting back on my time as a doctoral student, Warner provided me with excellent opportunities to practice supervision along with top rate supervision of the supervisory experience. I should also add that during my time at Warner, my growth as a student and as a professional was enhanced by my clinical supervisor, Dr Alisa Hathaway at Mt Hope Family Center (where I work). Dr Hathaway is a Warner graduate and her mentoring and constructivist style of supervision helped me to deeply reflect not only on my clinical work but also on my academic and research endeavors.

"...Warner provided me with excellent opportunities to practice supervision along with top rate supervision of supervisory experience."

While at Warner, through networking with faculty from the psychology department and medical center, I was able to be involved in a number of research studies, which helped to steer the direction of my own research. Warner's flexibility and openness to a range of research methodologies allowed me to be creative and pursue my passions. My research includes an innovative combination of two theories, Self-determination Theory (SDT) and Critical Race Theory (CRT) in exploring culturally diverse client motivation. This research project is a mixed methods study and I completed the first qualitative phase for my dissertation. Two Warner master's students (Kristin Rabb and Jen Parr) volunteered to help transcribe and analyze the data for this first phase. This collaboration was one of tremendous benefit as it added other voices to my reflective research process and provided these students experience in qualitative research techniques. With continued help from Kristin and Jen, we are in the process of collecting data for the second

(Continued on next page)



quantitative phase of this research. I continue to use my research to inform my clinical work and I am working on getting it broadly disseminated to inform others' work. I am also lucky enough to be the clinical supervisor for one these students.

Throughout my time as a doctoral student at Warner, I have taken the opportunity to join various associations including the American Counseling Association (ACA) along with the Association for Counselor Education and Supervision (ACES), the North Atlantic Region Association for Counselor Education and Supervision (NARACES), the Association for Multicultural Counseling and Development (AMCD), the American Mental Health Counseling Association (AMHCA), the American Psychological Association (APA), and the Mixed Methods International Research Association (MMIRA). Joining these associations and attending conferences is much more affordable as a student member. With these memberships, I have taken the opportunity to present aspects of my work. Participating in conferences, preparing submissions, and presenting workshops, stretches the learning experience and is a great way of networking in the field.

So my takeaways:

- ◆ Surround yourself with support and take advantage of the opportunities to collaborate with colleagues within and outside of Warner.
- ◆ Recognize and appreciate people in your circle who are possible mentors, and use your talents and position to mentor others. Find mentors and be a mentor, never underestimate the power of mentoring!
- ◆ Use your student status to join associations, attend conferences, and put in submissions to present your work.

### Doctoral Supervisor Perspectives



*Peng Wang, PhD Student &  
Doctoral Supervisor*

#### **Some Tips On Working With International Supervisees– Peng Wang**

Teaching and supervising international counseling students has always been my interest and passion, as well as an expertise I am trying to develop through my doctoral study at Warner. As an international counseling student myself, I vividly remember the intersected challenges of immediate cross-cultural transition and intense counseling training.

Looking back at my personal experience and interactions with international supervisees, I found that language barriers continue to be a primary challenge. Most of my supervisees have great ideas and intuitions when they practice, but translating them into authentic English frustratingly takes too much brainpower, time and sense of self-efficacy. This is particularly true among entry-level international students (i.e., 1st year or 2nd year master-level students). They would appreciate if supervisors were aware of their language struggles and helped them articulate helpful expressions of counseling conversations (including basic questioning, assessment and appraisal, reflect-

ing and challenging). I would suggest supervisors grant more time on familiarizing international counseling students with general counseling-related expressions, allowing them to practice speaking them out in a safe environment, and then encouraging them to apply these in the field.

Many international students come with educational backgrounds reflecting a very different educational philosophy than that of U.S. education. Some may have experienced hierarchical and non-loving relationships between teachers and students; and some may manifest less self-directedness and self-advocacy when interacting with supervisors due to their culture. I would suggest to supervisors be more proactive when you sense your international supervisee is being somehow passive or you are not sure what is going on. Showing interest and open mindedness in what they are processing, using prompts to help them express themselves, explaining rationale for every step and asking about their perspectives would help establishing a working relationship. Friendship outside supervision is also key to embracing international students into our community.



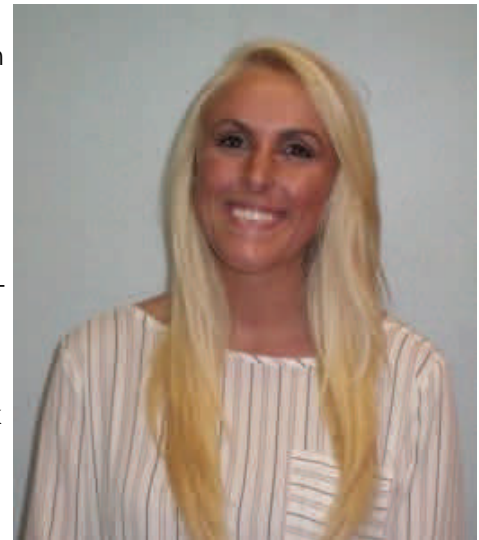
**Our Supervision Experience as Developing Counselors**  
**Jennifer Parr & Kristin Rabb, Interns, Community Mental Health Counseling**

We have been lucky enough to be employees of Mt. Hope Family Center for the past several years conducting research with children and families who have experienced trauma. It made perfect sense to complete our internship at Mt. Hope as well, knowing that we want to continue this important work as both clinicians and researchers. We were prepared to hear difficult stories, as many children and families involved in Mt. Hope research and therapy contexts have experienced such things as child maltreatment and abuse, neglect, domestic violence, community violence, traumatic grief, bullying, or suicide. Despite having heard these types of stories, it was shocking to hear the difference in depth and breadth of the toll these traumas take on children and their families when we work with them individually week after week. The center provides a variety of evidence-based treatment modalities to serve children and families who have experienced trauma. As interns, we conduct child-parent psychotherapy (CPP) and trauma-focused cognitive-behavioral therapy (TF-CBT).

All the staff members at Mt. Hope Family Center are cognizant of not only how important these clinical services are, but also that it is crucial to support the therapists that do this work. Vicarious trauma can be a serious consequence of holding a client's experience and bearing witness to their story. Mt. Hope supports its clinical staff through intensive weekly group and individual supervision, as well as a focus on self-care and group wellness.

Supervision offers an additional lens that contributes to our understanding of client experiences and what makes meaning in a therapeutic relationship. Supervision allows us a space to critically conceptualize the specifics of a client's presenting situation, offers an opportunity to engage in perspective-taking, and also supports us in our journeys professionally and personally.

Our internship experience is truly enhanced by the grounding that Mt. Hope's supervision affords, and even small steps are evidence of important therapeutic work with these children who have experienced such hardship. It's easy to want to "make everything better" for our clients immediately, and that isn't always realistic. Supervision reminds us that what we may measure as a small step can be a huge leap for a client. Many of the children we work with have never been asked about trauma they may have experienced or how it affects them. We can open the door for children and their families to talk about these tough experiences and hold a space for them to process what they've been through; simultaneously, supervision holds a space for us as therapists to process what we're hearing, how we react to our client's stories, and what that means for our development as a counselor.



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