



**Department of
Academic Affairs**

Master of Science Clinical Mental Health Counseling

Official governing policies and procedures

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For questions or comments concerning this handbook, please contact the Department of Academic Affairs. The information contained in this handbook is program-specific and supplements the information contained in the institutional catalog. The administration reserves the right to amend, supplement or rescind these policies at any time without prior notification.

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Welcome

Dear Counseling Student,

Congratulations on embarking on a career in the counseling profession! You have entered an exciting time for the field as counselors across the country are witnessing a great deal of growth and development. In the upcoming years, you will be an important part of the lives of others and in the advancement of the counseling profession.

Your time at Keiser University will be a journey filled with personal growth, the development of clinical skills, and increased knowledge related to the counseling field. This is just the first step in what will be a lifelong pursuit of knowledge and skills.

Please read this handbook thoroughly. This publication serves as a guide for this program. This handbook is an official reference point for students regarding the clinical mental health counseling program requirements, including course curriculum descriptions.

Thank you for choosing Keiser University. We wish you a warm welcome to the Master of Science in Clinical Mental Health Counseling program!

Sincerely,

Keiser University's CMHC Faculty

Preface

The Clinical Mental Health Counseling (CMHC) Student Handbook has been developed to assist students with common questions as they progress through the program. The purpose of this student handbook is to assist you in understanding the policies, procedures, and general information specific to the CMHC program within the Keiser University Graduate School. The information within this publication should supplement, not substitute, information published in the Keiser University Graduate Catalog. Successful matriculation and graduation from this academic program of study require adherence to all policies, procedures, and regulations as stipulated by the institution. If you have any questions regarding requirements or policies, do not hesitate to refer them to your academic advisor, CMHC Academic Program Coordinator, or other appropriate persons. This handbook presents the policies, procedures, and general information in effect at the time of publication. Students affected by any changes to this handbook will be formally notified in writing.

The Clinical Mental Health Counseling Program follows Keiser University policies. This manual is intended to supplement the Keiser University Graduate Catalog. The Graduate School Catalog is available through the Keiser University website at www.keiseruniversity.edu/catalog. All policies about the Clinical Mental Health Counseling Program should be interpreted in conjunction with that publication. All questions or concerns related to degree requirements or program policy should be referred to the Dean of the School of Psychology.

To ensure a student's successful completion of their program, this Handbook must be carefully read, understood, and followed by the student. All students are bound by the policies and program requirements of the Student Handbook and Graduate School Catalog for the year they are fully accepted into the program. Students should retain a copy of this handbook and the Graduate School Catalog.

Notice: Please make sure you are referencing the latest edition of this handbook as policies are subject to change

Institutional Accreditation

Keiser University is institutionally accredited by the Commission on Colleges of the Southern Association of Colleges and Schools.

Commission on Colleges of the Southern Association of Colleges and Schools
1866 Southern Lane
Decatur, Georgia 30033-4097
(404) 679-4500
www.sacscoc.org

The Clinical Mental Health Counseling Program is currently accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). If a student has any questions about the program's accreditation or the CACREP accreditation process the student may contact CACREP.

Council for Accreditation of Counseling and Related Educational Programs (CACREP)
500 Montgomery Street, Suite 350
Alexandria, VA 22314
(703)535-5990
www.cacrep.org

Keiser University

Mission Statement

Keiser University is an institutionally accredited private career university that provides educational programs at the undergraduate and graduate levels for a diverse student body in traditional, nontraditional, and online delivery formats. The main campus is in Fort Lauderdale, with campuses located throughout the State of Florida and internationally. Through quality teaching, learning, and research, the university is committed to providing students with opportunities to develop the knowledge, understanding, and skills necessary for successful employment. Committed to a “students first” philosophy, Keiser University prepares graduates for careers in business, criminal justice, health care, technology, hospitality, education, and career-focused general studies. Inherent in the Mission is service to the community. This service includes community partnerships, involvement with various constituencies and various continuing education programs.

Strategic Direction and Goals

I. Promote Academic Excellence by Providing Institutional Resources, Assistance, and Oversight

- To be actively involved with the Southern Association of Colleges and Schools Commission on Colleges (SACSCOC) and such programmatic accreditation agencies as are desired and appropriate.
- To assess the effectiveness of and consequentially enhance the educational and academic service programs of the university.
- To provide academic support services designed to enhance student learning and prepare graduates for successful occupational choices.
- To continue to improve the competencies of students at all levels in both foundational skills and analytical/critical thinking.

II. Attract and Retain Quality Faculty and Staff

- To employ and further develop a diverse faculty who embrace the university's philosophy and are professionally qualified in their subject matter and teaching methods.
- To encourage and further develop well-qualified staff personnel to respond to the needs of a broad spectrum of university students in programs at all levels.

III. Develop and Maintain High-Demand Educational Programs That Are Accessible and Responsive to the Needs of Campus Communities

- To provide and enhance a variety of educational delivery systems that respond to current and future students, community, and professional occupational needs and expectations.
- To review all degree programs to ensure currency, relevancy, and cost-effectiveness with respect to content, delivery, and outcomes.

IV. Develop and Support Initiatives Designed to Enhance Institutional Effectiveness

- To collect evidence of student learning and programmatic outcomes in the ongoing effort to enhance the quality of the academic program.
- To maintain and enhance the mechanisms that collect and publish evidence of academic and operational effectiveness for continuous improvement.
- To develop strategies that support the implementation of program and degree-appropriate academic research.

V. Expand the International and Domestic Reach of the University's Programs, Services, and Collaborative Agreements in Support of the University Mission

- To create opportunities to partner with community organizations where mutual benefit through collaborative agreements and/or articulation agreements are attained.
- To pursue educational initiatives appropriate for a variety of domestic and global locations and cultural settings.

- To expand the physical facilities of the university to implement the institutional mission and vision more effectively.

VI. Continue the Implementation of Appropriate Fiscal, Budgetary, and Managerial Strategies to Provide Adequate Resources with Which to Support Keiser University and Its Future Development

- To ensure that the Board of Trustees continues to provide appropriate oversight of the financial and budgetary operations of the University.
- To analyze the ongoing financial operations of the university to ensure fiscal responsibility.
- To maintain well-qualified administrative officers with the background and experience necessary to oversee the institution.

VII. Enhance the University's Relationships with Its Alumni, Supporting Constituencies, Service Communities, and the Professions It Serves

- To continue to implement Keiser University fundraising programs for institutional support and advancement.
- To cultivate the Keiser University alumni development program.
- To enhance the community outreach initiatives of the various extended Keiser University locations to support their community service, public relations, and institutional advancement campaigns.

Equal Opportunity Statement

Keiser University's policy of equal opportunity, consistent with Federal policy, is that no person shall, on the grounds of race, creed, color, handicap, national origin, sex, age, political affiliation, sexual orientation, marital status, or belief, be excluded from any training, be denied the benefit of training, or be subjected to discrimination in any hiring practice or activity of the University. Keiser University complies with the provisions of Title VI and Title VII of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; and the Age Discrimination Act of 1967.

To ensure continued success in achieving equal opportunity and non-discrimination in all its programs and departments, Keiser University hereby reaffirms that it is the responsibility of all staff, administration, and supervisory personnel to work actively to ensure equal opportunities within their respective departments as well as to demonstrate a personal and professional

commitment to equal opportunity for all persons. Management and supervisory personnel are responsible for providing leadership and support for equal opportunity programs.

This handbook is for information only and does not constitute a contract. Keiser University reserves the right to make necessary changes in courses, programs, or financial charges without further notice.

Organization of Clinical Mental Health Program

Dr. Ashlee Robertson arobertson@keiseruniversity.edu	Dean of the School of Psychology
Dr. Brian Esterling besterling@keiseruniversity.edu	Department Chair, Psychology
Dr. Tina Marie Glover tglover@keiseruniversity.edu	Academic Program Coordinator
Dr. Victoria Panna vpanna@keiseruniversity.edu	Clinical Coordinator

*Core faculty bios can be found on the CMH Keiser university webpage.

www.keiseruniversity.edu

Clinical Mental Health Counseling Program

Program Description

The Master of Science in Clinical Mental Health Counseling provides students with comprehensive preparation for professional practice as a counselor through rigorous coursework and carefully supervised practical experiences in field settings. The program integrates mental health counseling theories and approaches, principles and practices of diagnosis, evidence-based treatments, and strategies for referral, prevention, and advocacy to meet the needs of diverse clients. Graduates will be prepared to assume various positions in the counseling field and be equipped to model the highest standards and ethics of the profession.

Program Mission

The mission of the Clinical Mental Health Counseling program at Keiser University is to provide the highest level of ethical, diagnostic, interpretive skills, and professional competence to

prepare well-rounded mental health counselors for independent practice. Graduates are eligible to apply for counseling licensure in clinical mental health and work in various roles and settings.

Program Goals

1. Perform the roles of a licensed counselor regarding ethical practice related to individual and group needs and based around social and cultural diversity.
2. Utilize theories of lifespan development, career development, and relationship development to counsel across a variety of modalities.
3. Practice active involvement in the field by developing a professional identity through counseling organizations and the development and evaluation of programs and processes to support overall wellness.
4. Prepare to obtain appropriate state licensure as professional counselors (i.e., LPC, LMHC).

Student Learning Objectives

The student learning objectives are used to prepare graduates through the curriculum who demonstrate evidence of being reflective practitioners and critical thinkers, and who seek to be culturally competent, respecting diverse worldviews, demonstrating self-evaluation and self-reflection strategies, and participating in the ongoing process of interpersonal skill development. Students will develop professional identities as counselors and engage as active members of their communities. Through the course curriculum students will:

1. Cultivate an understanding of the counseling profession while developing knowledge of history, structures, standards, credentialing, and professional and ethical roles and identity as Clinical Mental Health Counselors.
2. Demonstrate knowledge of diverse social and cultural foundations to be effective counselors.
3. Demonstrate knowledge of human growth and development across the lifespan to promote wellness.
4. Demonstrate knowledge of career development and related assessment and evaluation to effectively perform career counseling.

5. Demonstrate skills in performing counseling and consultation processes across a range of modalities.
6. Demonstrate skills in performing the counseling and consultation processes across individual and group work.
7. Demonstrate critical thinking in the choice and delivery of various diagnostic processes.
8. Demonstrate critical thinking in the use of research methods, statistical analysis, needs assessment, and program evaluation.

Admission Requirements

Admission to the program is based on a review of application materials by the program faculty. Strong applicants show evidence of academic success and potential for success in graduate school, potential success in developing interpersonal relationships in the counseling context, and an openness to personal and professional development.

The following admission materials are required to schedule an interview with faculty from the MS CMHC program to determine the student's academic and dispositional readiness.

1. Completed Graduate School Application
2. Official transcripts showing relevant bachelor's or master's degree in psychology, behavioral science, social work, human development, or related program from an accredited institution.
3. For students with a CGPA of 3.0 and above, no GRE is required to pursue this master's in clinical mental health counseling program.
4. Submission of a two- to three-page Personal Goal Statement. Applicants should include responses to the following questions to guide their personal goal statement:
 - a. Why have you chosen to pursue the field of mental health counseling?
 - b. How has your professional experience (or education) prepared you to succeed in this program?
 - c. What is your understanding of the mental health counseling profession compared to other helping fields?
"Counselors must understand the diverse cultural backgrounds of the clients with whom they work."
 - d. Please explain how this statement relates to your current cultural background.
 - e. What are one or two specific goals that you would like to do professionally to promote diversity, equity, and/or inclusion in the counseling field or that you have done in your current (or last) job?

*If you used references or would like to showcase your ability to cite sources as part of the application process, please do so accordingly in your response

*Students are invited to include anything additional you would like to share for consideration.

5. Three professional letters of recommendation. Letters should be from individuals who can address the applicant's academic and professional potential.
6. Resume or curriculum vitae.
7. Minimum requirements for admission include:
 - a. An undergraduate or master's degree in psychology, behavioral science, social work, human development, or a closely related field from a regionally accredited institution. Alternatively, applicants may demonstrate aptitude to work in counseling through at least one year of professional, volunteer, or research experience in mental health or closely related field.
 - b. Evidence of academic success and potential success in graduate school by meeting one of the following:
 - i. An overall undergraduate grade point average (GPA) of at least 3.0 on a 4.0 scale from a regionally accredited institution.
 - ii. A master's degree with an overall GPA of at least 3.0 on a 4.0 scale or higher from a regionally accredited institution.
 - iii. An overall undergraduate GPA of at least 2.7 on a 4.0 scale from a regionally accredited institution and submission of official Graduate Record Exam (GRE) general test scores. GRE scores will be weighed with other application materials to decide admission to the program.
 - iv. Clear criminal background check.
 - v. Successful interview with program faculty.

An applicant who meets these requirements is not automatically assured admission. The unique nature of the field of counseling requires the mastery of cognitive skills and the demonstration of relevant and appropriate interpersonal skills. The faculty retains the right to deny admission to the program to any candidate whose level of interpersonal competence is considered incompatible with that required for effective functioning as a counseling practitioner. Denial of admission might be evidenced by poor academic performance, inappropriate behavior, the behavior of not becoming a professional counselor, or a lack of fit between applicant interests and program emphasis.

Program admissions requirements are subject to change as such the Graduate School catalog is updated.

Academic Advisors

Once students are active in their first course, they are assigned a GS FT faculty member from the MS CMHC program as their academic advisor. The importance of a graduate student's Academic Advisor cannot be overemphasized. Students and advisors discuss academic plans and requirements, as well as the department and/or university policies, regulations, and

procedures. Students are recommended to meet with their advisor via e-mail, phone, or TEAMS virtual meeting at least once a semester.

Course Schedules

Students are enrolled in courses by the Registrar Department based on the approved curriculum located on SharePoint. Course offerings may vary, and there may be changes to schedules. It is essential for students to regularly check the Student Portal and consult with their advisor regarding their schedule. Further, students must speak with their academic advisor before proceeding if they wish to change their schedule or withdraw from a course.

Due to the courses' experiential, competency, and performance-based nature, students are limited to taking a maximum of three courses per semester. Schedule revisions or review can be requested by the student with their academic advisor.

Student Orientation

All students accepted into the Clinical Mental Health Counseling program are required to attend the new student orientation held three times a year, at the beginning of the Fall, Winter, and summer semesters, in conjunction with the introductory course (MHC 501: Foundations of Counseling). The orientation session date and time are announced in the MHC 501 Blackboard course room, and the announcement is e-mailed to students.

The primary objectives of the meeting are to introduce students to program requirements and materials; facilitate effective communication and promote student retention; inform new students of their assigned academic advisors; answer questions students may have about the program; and provide a brief introduction to using the online learning platform and navigating the courses.

Time Limit for Completing Program

Students must fulfill all requirements for the M.S. in Clinical Mental Health Counseling within six years of initial enrollment. This time limit applies to all graduate coursework in the program, including the practicum and internship requirements, completion of all required residencies, and successful completion of the comprehensive exam requirement.

Students should make every effort to complete their degrees within the time limits established. In writing, students who require an extension on the time limit must submit their request to the Department Chair, explaining the need for the extension and the projected timetable for completion of the degree. The Department Chair will share the student's appeal with the Graduate School Dean or Associate Vice Chancellor of Academic Affairs to decide on the appeal. The Department Chair will report to the students on the appeal resolution.

Technology Competence

Students are expected to have basic computer skills, regular access to a personal computer, and reliable high-speed internet access. All courses are facilitated through the Blackboard learning system. Students may access Blackboard by logging on to:

<http://keiseruniversity.blackboard.com>. The username is the student's Keiser e-mail address; the password is the student's ID number. The Chrome internet browser is considered the most compatible with Blackboard. For technical difficulties, students are encouraged to contact the Blackboard helpdesk.

All students are required to regularly access and utilize their Keiser student e-mail account. All official correspondence from the University (including e-mails and announcements from instructors through Blackboard) will be sent only to the student's Keiser e-mail address. Students are expected to respond promptly to faculty and administrators' communication.

Students in the Clinical Mental Health Counseling Program (CMHC) are expected to have a home computer or laptop, Internet access, and basic Microsoft Office software (Microsoft Word, PowerPoint, and Excel). In addition, students should develop competencies in the following areas. These competencies are based on the Association for Counselor Education and Supervision (ACES) Technical Competencies.

1. Use productivity software to develop group presentations, letters, and reports.
2. Be able to use such audiovisual equipment as video recorders, audio recorders, projection equipment, video conferencing equipment, and playback units.
3. Be able to use e-mail.
4. Help clients search for various types of counseling-related information via the internet, including information about careers, employment opportunities, educational

& training opportunities, financial assistance/scholarships, treatment procedures, and social and personal information.

5. Be able to subscribe, participate in, and sign off counseling-related list serves.
6. Be able to access and use counseling-related CD-ROM and online databases.
7. Be knowledgeable of the legal and ethical codes related to counseling services via the Internet.
8. Be knowledgeable of the strengths and weaknesses of counseling services provided via the Internet.
9. Use the Internet to find and use continuing education opportunities in counseling.
10. Be able to evaluate the quality of Internet information.

These competencies meet or exceed the recommendations of the American Counseling Association.

Retention of Course Syllabi

Many state licensure boards require a copy of the syllabus of the actual course taken by an applicant. It is the responsibility of the student to maintain personal copies of course syllabi.

Since course content changes from semester to semester in response to new knowledge and practices, neither the faculty nor the Clinical Mental Health Counseling program can guarantee that a current course description and/or syllabus adequately represent a course as it was taught previously.

Policies and Procedures

Background Check Policy

Due to the licensure requirement for future practitioners, a criminal background check is a requirement of the admissions process. The University reserves the right to deny an application to or continuance in the program for students whose background check reveals a criminal history.

Once the student has been accepted into the program, should the student become involved in criminal activity, in which the initial criminal background clearance status becomes compromised, the student may be withdrawn from the program. Students are required to report any change in their criminal background status to the Department Chair immediately. Failure to promptly notify the Department Chair of offenses occurring after admission shall be grounds for dismissal from the program.

The Clinical Mental Health Counseling program requires students to complete clinical experiences in the practicum and internship courses for hands-on training. It is at the discretion of each practicum and/or internship site to implement a standard protocol regarding student admittance for educational purposes. Students should be prepared to abide by set protocols and incur any associated fees that may arise in the safety screening process to which the individual sites adhere.

Students should be aware that many agencies and credentialing bodies require a criminal background check as a prerequisite for granting licensure or certification to practice as a counselor. Being convicted of a felony and some misdemeanors may prevent the student from being licensed. It is the responsibility of each applicant to research eligibility for the examination, license, and/or certification being sought.

Transfer of Credits

Transfer of course credit is not automatic. A maximum of twelve graduate semester hours may be transferred from a master's level degree, from a regionally accredited institution. The student is required to present the course syllabi and/or other evidence that relates to the content of the course(s). Approval of any transfer credits is at the discretion of the Department Chair.

Acceptance of transfer credits for a course is dependent upon the following provisions:

- a) The student received a grade of B or higher (3.0 on a 4.0 scale) in the course.
Transfer credits must be relevant and consistent with the program's curriculum, which comprises the required program curriculum, and they must be judged to be equivalent to the Clinical Mental Health Counseling program coursework.

- b) The course is listed on an official transcript received by the admissions department and/or the registrar's office.
- c) The course was completed within the six years preceding admission to the program.
- d) No more than twelve (12) credit hours may be transferred into the Clinical Mental Health Counseling program. Exceptions must be approved by the Academic Program Coordinator and/or Department Chair.

Students may not receive transfer credit for: MHC 660: Practicum in Counseling, MHC 661: Internship in Counseling, MHC662 Internship in Counseling.

Non-Degree Seeking Students

The program prepares students for licensure and/or certification as professional counselors. As such, students must complete the admissions process and be admitted to the program to take program area courses.

However, as an exception to this restriction, individuals who already possess a master's degree (or above) in counseling and are taking courses toward licensure in Mental Health Counseling may take the following courses as a non-degree seeking student, pending available space after admitted students have been placed in those courses:

- MHC 555: Psychopathology and Diagnosis
- MHC 560: Counseling in Community Settings
- MHC 570: Foundations of Addiction and Addictive Behavior
- MHC 575: Counseling and Sexuality

If a non-degree seeking student subsequently wishes to seek a degree, they must make an application to the program and request a change in status. The student must meet all criteria for graduate admission. The student may carry forward no more than 12 hours of credit earned as a non-degree student if approved. The same commitment to high standards and professionalism is expected of non-degree-seeking students and is a requirement for continued participation.

Ethical and Professional Conduct

Professionalism includes adherence to ethical standards such as those of the American Counseling Association (ACA), the National Board of Certified Counselors (NBCC), and the American Mental Health Counselors Association (AMHC A). The faculty expects students to know these standards and act in accordance with them. Professionalism also includes appropriate and effective manners of interacting with others, manners of personal conduct and self-presentation, and respect for people, property, and processes.

Students must maintain professional behavior in the classroom. These behaviors include class attendance, active class participation, and successful completion of all class assignments. Course instructors should be informed of situations affecting class performance or completion. The program utilizes a dispositional assessment process for all students in the program. If professional dispositions are found to be compromised, students may be asked to take part in academic advising and action plans using the dispositional rubric. If any issues persist, student may be at risk for program dismissal in accordance with the University policies as outlined in the catalog. Further, students are expected to adhere to the Keiser University standards for academic honesty as stated in the Student Code of Conduct and the Graduate Student Catalog.

As a program that includes field experiences in community sites, students are expected to display professionalism in their practicum and internship experiences. Students should maintain appropriate dress, demeanor, behavior, and dispositions that meet the professional standards and those expected by the field site. If students have any concerns about the appropriateness of their own professional conduct or that of another, they are encouraged to consult with their faculty advisor or the program chair.

Absences

Classes meet in a variety of formats. Students with severe absences (as indicated in the tables below) may be required to retake the course.

Students must contact their instructors regarding absences as soon as possible to arrange any missed course content, assignments, or make-up work. Make-up work for an absence will be at the discretion of the instructor. Some instructors may not allow make-up work due to the nature

of the missed work (i.e., experiential class activities, hands-on instruction, etc.). All make-up work must meet the same high academic standards expected of any other assignment.

Instructors may make accommodations for those students who encounter extreme circumstances (e.g., hospitalization or death of an immediate family member). Under these circumstances, supporting documentation may be required.

Late Assignment Guidelines

Assignments are submitted on or prior to the due date to avoid late penalty deductions. Any work a student submits after the due date is subject to a 50%-point deduction. Work can only be accepted up to 7 days late unless arrangements are made with the instructor.

For an extenuating circumstance, a student should not be penalized for late work, but only if they contact the instructor prior to the due date to discuss viable options. Be advised that documentation of your circumstances will be required when a request is made for an extension. When circumstances are beyond the student's control, an alternate due date will be set.

All work must be submitted by the last day of Week 15. The late policy does not apply to assignments due in Week 16. All work due in Week 16 is due on the date noted with no exceptions.

Incomplete Grades

A grade of I (incomplete) is given when circumstances beyond a student's control prevent completion of course requirements. Students must be in good academic standing and have completed at least 70% of the course work to be eligible for an incomplete. Students must request the incomplete before the last day of the class. Request for an Incomplete Grade should specify what coursework must be completed within four (4) weeks or as mutually agreed upon (in writing) with the instructor. Incomplete must be approved by the instructor, and the Department Chair. If the assignments are not completed within the allotted time, the "I" grade will automatically be changed to an "F" or grade earned to date, whichever is higher. Students on Probation will not be granted an incomplete.

Academic Integrity

All students are expected to abide by the Keiser University Academic Integrity Policy. Acquiring or providing information dishonestly, plagiarism, conspiracy, fraudulent behavior, fabrication of information, submitting the same work for credit in different courses, facilitating academic dishonesty, falsifying records, clinical misconduct, and/or disclosing confidential information are all considered violations of academic honesty.

Academic dishonesty is not tolerated. Plagiarism detection software is integrated with each course. The software will analyze all written assignments and generate a report. The student must review and revise assignments, if needed, before the assignment's due date. Students should review the Student Code of Conduct in the Graduate School Catalog for detailed information and sanctions that may apply.

Endorsement Policy

The Clinical Mental Health Counseling faculty supports and encourages its graduates to become active professionals in the counseling field. At various times, students require an endorsement from the Clinical Mental Health Counseling program or faculty to gain employment or credentials. The faculty will endorse graduates only for positions, employment, or credentials related to the graduate's specialty area and for which the graduate has been prepared. Students should be aware of this policy and seek endorsement only for employment and credentials for which the relevant training has been successfully completed.

Expectations of Counselors-In-Training (Professionalism)

Throughout the program of study, students learn about the importance of acting as an ethical counselor as per the American Counseling Association (ACA) Code of Ethics.

The mission statement of the ACA is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

The ethical standards articulated in the ACA code of ethics will guide behavior as students practice counseling. The ACA code of ethics is based on five moral principles: *autonomy, justice, beneficence, nonmaleficence, and fidelity*.

Students will also learn that, as a professional counselor, they must adhere to the ACA Code of Ethics, practice within your boundaries of competence, participate in professional counseling associations, be knowledgeable of evidence-based and best practices, and engage in self-care activities as appropriate.

As a counselor-in-training, students will be introduced to the importance of personal development, beginning with a personal growth and development group experience. Through this and other self-reflection opportunities, students have the opportunity to develop an awareness of thoughts and behavior and how they might impact others.

Americans with Disabilities Act

Any student who self-identifies as a person with a disability requiring auxiliary aids and/or academic adjustments should contact the University's Americans with Disabilities Act (ADA) campus president/coordinator and provide current documentation for assistance. As determined by an appropriate licensed professional, the documentation should state that the student needs reasonable adjustments/accommodations. Auxiliary aids and academic adjustments are provided to students with disabilities at no cost.

Academic, Career, and Personal Support

Counseling is available to all students for academic care and personal support. Counseling is sincere, friendly, and always confidential. If the student is interested in any of these services, Keiser University maintains contacts with various community organizations and agencies to help meet students' needs. In addition, students may seek assistance from the Director of Student Services for additional resources available.

Additional Recourses:

- 1) Keiser University's Ombudsman, Reverend Dr. Louise Morley
- 2) Meta is an online application that allows students to connect to licensed counselors across the country at www.meta.app.
- 3) Academic and personal support services are within: www.keiseruniversity.edu/catalog/.

Methods of Instruction

The program offers weekly live classes ranging from 1 to 3.0 hours. Additional academic support provided to students includes one-on-one tutoring, role-playing exercises, asynchronous e-mail and text discussions, phone call interactions, and individualized academic advisement opportunities. Further, all faculty have regular office hours and are available throughout the week for all students. Moreover, all faculty supervise the interactive and independent instructions submitted through Blackboard for faculty input.

The methods of instruction are:

- Direct Instruction: Direct instruction is teacher centered. This style of instruction is accompanied by demonstrations, formal and informal small-group discussions, and visual aids. For example, students practice skills in counseling labs and get feedback from their professor and peers. In informal groups (such as breakout groups during class), students get to generate ideas and perspectives from their classmates and reflect on their readings, which provide an opportunity to engage in information gathering, critical thinking, problem-solving, and decision-making skills.
- Indirect Instruction: Indirect instruction is student-centered. It is most appropriate when the process of arriving at a conclusion or product is as important as the conclusion or product itself. Concept mapping, problem-solving, and reflective discussion are part of indirect-instruction activities.
- Interactive Instruction: Interactive instruction is student-centered and requires students to interact with one another to acquire a new understanding of a concept.
- Independent Instruction: Independent instruction is student-centered. It helps build decision-making abilities. In independent-study instruction, the student teaches him/herself under the supervision of a teacher.
- Experimental Instruction: Experimental instruction is also student-centered. In experimental instruction, the importance lies in arriving at a conclusion or product, not the conclusion or product itself.

Below is a breakdown of the methods of instruction for each required class:

Method of Instruction:	Direct	Indirect	Interactive	Independent	Experimental
Core Counseling Courses (36.0 credit hours)					
MHC 501 Foundations of Counseling (3 credits)	A	B	B	C	D
MHC 505 Counseling Across the Lifespan (3 credits)	A	B	E	C	D
* MHC 510 Counseling Skills and Techniques (3 credits)	A	B	C	D	B
MHC 515 Counseling Theories and Practice (3 credits)	A	D	C	B	C
MHC 520 Ethical and Legal Issues in Counseling (3 credits)	A	B	B	C	D
* MHC 525 Group Theories and Practice (3 credits)	A	B	C	E	D
MHC 530 Career Counseling (3 credits)	A	B	C	D	E
MHC 535 Counseling and Advocacy with Diverse Populations (3 credits)	A	C	B	D	E
MHC 540 Crisis Counseling (3 credits)	A	C	B	D	E
MHC 545 Counseling Intervention and Treatment Planning (3 credits)	A	C	D	B	E
MHC 550 Assessment in Counseling (3 credits)	A	B	D	C	E
RSM610 Research and Program Evaluation (3 credits)	A	B	D	C	E
Specialization Courses (15.0 credits required)					
MHC 555 Psychopathology and Diagnosis (3 credits)	A	C	D	B	E
MHC 560 Counseling in Community Settings (3 credits)	A	D	C	B	E
MHC 565 Couple and Family Counseling (3 credits)	A	D	C	D	B
MHC 570 Foundations of Addiction and Addictive Behavior (3 credits)	A	C	B	D	E

MHC 575 Counseling and Sexuality (3 credits)	A	D	C	B	C
Clinical Experiences (9.0 credits required)					
* MHC 660 Practicum in Counseling (3 credits)	A	B	C	D	N/A
MHC 661 Internship in Counseling (3 credits)	A	B	C	D	N/A
MHC 662 Internship in Counseling (3 credits)	A	B	C	D	N/A

A=Primary; B=Secondary; C=Tertiary;
D=Quaternary; E=Quinary

*Includes weekend long on-campus residency

Student Evaluation of Faculty

Keiser University allows students the opportunity to provide feedback to the faculty at the end of each semester. The use of end-of-course (EOC) evaluations via survey. This survey is one of the means the MS CMHC program uses for assessment and continuous improvement. The EOC survey allows students to reflect and provide feedback on their own learning. The EOC survey covers the following three areas: (1) Course Expectations, (2) Instructional Environment, and (3) Instructional Dynamics. Surveys are conducted once a semester, three times a year. The EOC survey results are shared with the Dean, Program Chair/Coordinator, and faculty and used to (1) verify program effectiveness, (2) identify the strength/weakness of the program, and (3) provide an opportunity for continuous improvement of the program. Students are highly encouraged to complete the EOC for every class registered.

Program of Study

To receive a Master of Science in Clinical Mental Health Counseling, students must earn 60 graduate semester credit hours. 48 of the program hours must be completed through Keiser University. Program requirements are as follows:

Core Counseling Courses (36.0 credit hours)

MHC 501	Foundations of Counseling	3.0 credit hours
MHC 505	Counseling Across the Lifespan	3.0 credit hours

MHC 510	Counseling Skills and Technique	3.0 credit hours
MHC 515	Counseling Theories and Practice	3.0 credit hours
MHC 520	Ethical and Legal Issues in Counseling	3.0 credit hours
MHC 525	Group Theories and Practice	3.0 credit hours
MHC 530	Career Counseling	3.0 credit hours
MHC 535	Counseling Advocacy with Diverse Populations	3.0 credit hours
MHC 540	Crisis Counseling	3.0 credit hours
MHC 545	Counseling Intervention and Treatment Planning	3.0 credit hours
MHC 550	Assessment in Counseling	3.0 credit hours
RSM610	Research and Program Evaluation	3.0 credit hours

MHC 501 is the first semester of the program. Students must successfully complete all core courses prior to participating in MHC 660.

Specialization Courses (15.0 credit hours)

MHC 555	Psychopathology and Diagnosis	3.0 credit hours
MHC 560	Counseling in Community Settings	3.0 credit hours
MHC 565	Couples and Family Counseling	3.0 credit hours
MHC 570	Foundations of Addiction and Addictive Behavior	3.0 credit hours
MHC 575	Counseling and Sexuality	3.0 credit hours

Clinical Experiences (9.0 credit hours)

MHC 660	Practicum in Counseling	3.0 credit hours
MHC 661	Internship in Counseling (taken final two semesters)	3.0 credit hours
MHC 662	Internship in Counseling (taken final two semesters)	3.0 credit hours

MHC 661 and 662 are scheduled in the final two semesters of the program.

Courses in the program are 16 weeks in length and are held online through the Blackboard learning platform. Courses are synchronous for lectures discussion, group activities, and supervision.

Residency Requirements

Quality distance learning programs present both benefits and challenges for students. A key challenge is the personal interaction and connectivity that develops more naturally in the traditional face-to-face classroom. Residency offers an opportunity for the cohort to gather, and build a learning community with one another, faculty, and staff. In addition, residencies provide enriching in-person networking and mentoring opportunities for students as they focus on skill development in individual and group counseling and application of knowledge gained in coursework. Students receive individual interaction, direction, and feedback from faculty members, opportunities to share experiences and insights with peers, and preparation for clinical work in practicum and internship settings.

The M.S. in Clinical Mental Health Counseling requires three online courses (i.e., MHC510, MHC525, MHC660) that include a mandatory intensive on-campus/residency component for one single three-day weekend (Friday-Sunday) during the 16-week semester in which the student is taking each of these classes. Attendance for the intensive on-campus/residency portions of the courses is required and part of the course grade. These courses are offered at specific times during the program. When following a typical student program plan, students will come to campus once per semester during the first year of the program and again while completing the practicum experience.

*A graduate course that is offered primarily online but has a minimum of even one session that meets the standard class session definition of a face-to-face class (e.g., one 50-minute class on a campus), will be certified as in-residence.

Residency dates and locations will be posted early each semester in the Blackboard courses and announced via e-mail. Students are responsible for making their own travel, lodging, and other meal arrangements. Students should budget for the following residency costs:

- a) Transportation

- b) Hotel accommodations
- c) Food cost

Attendance at the residencies is required and part of the course grade. Students who do not attend all residency sessions will earn a failing grade in the associated course and will be required to retake the course. Waiving the residency requirement will not be considered.

Course Descriptions

MHC 501 (3.0 credit hours)

Foundations of Counseling

This course provides students with an introduction to the counseling profession. The profession's history, philosophy, theoretical foundations, the scope of practice, credentialing, and other professional issues will be explored. The course provides an overview of the clinical mental health counseling program, the profession, and professional competencies. (Program co-requisite)

MHC 505 (3.0 credit hours)

Counseling across the Lifespan

This course will present theories and research on the nature and needs of individuals at all levels of lifespan development. Consideration will be given to the socio-emotional, intellectual, physical, moral, and spiritual aspects of development. Students will review theoretical frameworks describing optimal human development and the developmental etiology of problematic behaviors that will serve to introduce students to behaviors and concepts relevant to clinical practice with both children and adults.

MHC 510 (3.0 credit hours)

Counseling Skills and Techniques

This course will introduce students to basic counseling skills. Students will gain experience through role play, practice interviews, and videotaped presentations to learn and practice basic counseling skills. Ethical and culturally responsive practices emphasized.

MHC 515 (3.0 credit hours)

Counseling Theories and Practice

This course provides students with the theoretical background and therapeutic skills necessary for the practice of counseling. The course will focus on the major approaches to counseling and psychotherapy in current use, including historical foundations, empirical foundations, advantages, and limitations, to determine the most appropriate. Students will also begin to develop a personal theory of counseling.

MHC 520 (3.0 credit hours)

Ethical and Legal Issues in Counseling

This course covers the standards for professional conduct in counseling, including ethical principles, legislation, and court decisions affecting professional behavior. Students will examine and apply standards of the counseling profession, including the American Counseling Association (ACA) Code of Ethics and counselor ethical decision-making processes. Case examples, current federal laws/statutes, ethical codes, and standards on assessment, diagnosis, and placement data are discussed in counseling various culturally diverse populations in multiple settings.

MHC 525 (3.0 credit hours)

Group Theories and Practice

This course explores leadership styles, group dynamics, and group processes necessary to run successful groups. The major group counseling theories will be explored, and group skills will be practiced. Students will engage in various practical application assignments and discussions, focusing on counseling diverse types of groups, the efficacy of using group therapy as the treatment method with multicultural and diverse populations, and the stages of group development. The course requires students to gain experience as group participants and co-leader.

MHC 530 (3.0 credit hours)

Career Counseling

This course surveys the major theories of career choice, planning, development, and standardized methods for assessing vocational interests and aptitudes. The social, psychological, and economic factors influencing career choice are examined. An emphasis will be placed on individual career counseling skills across diverse populations.

MHC 535 (3.0 credit hours)

Counseling and Advocacy with Diverse Populations

This course addresses cultural diversity and its implications for counseling. It considers the psychological impact of factors such as gender, race, ethnicity and culture, religious preference, socioeconomic status, sexual orientation, and physical disability in various counseling and educational settings. Finally, it reviews counseling issues and advocacy strategies for diverse clients.

MHC 540 (3.0 credit hours)

Crisis Counseling

This course focuses on the personal and systemic impact of crises, disasters, and other trauma-causing events on diverse individuals across the lifespan. Students will explore theories and models applied to crises and emergency management systems and collaboration among schools, agencies, and governmental entities. Students will explore and discuss counselor competencies, vicarious trauma and countertransference, specific diagnoses, and advocacy. Through contemporary articles and case studies, students will consider and discuss cultural, legal, and ethical issues related to crises, trauma, and disaster events and responses.

MHC 545 (3.0 credit hours)

Counseling Intervention and Treatment Planning

This course prepares students for their roles as counselors in areas of prevention and intervention with specific populations in diverse settings. The course develops clinical interviewing, diagnostic assessment, case conceptualization, and treatment planning competencies. Diversity considerations and current models of evidence-based practice are emphasized. Students will explore therapeutic approaches related to a broad range of mental health issues, aspects of the therapeutic alliance, goal setting, and outcome evaluation.
(Prerequisite: MHC 515)

MHC 550 (3.0 credit hours)

Assessment in Counseling

This course design is to provide an overview of the principles and application of mental health assessment in a multicultural society. Students will understand basic counseling assessment methods, including evaluating, selecting, and using appropriate techniques and standardized testing methods and conducting a thorough, culturally sensitive, and ethically responsible assessment.

MHC 555 (3.0 credit hours)

Psychopathology and Diagnosis

This course covers the etiology and presentation of major mental health disorders classified in the Diagnostic and Statistical Manual of Mental Disorders. Multiple perspectives of clients' emotional and psychological distress, disturbances, and behaviors are considered while including acknowledgment of client strengths and resilience and the social and cultural context. Additionally, the course introduces students to skills in selecting and implementing appropriate treatment strategies and case presentations.

MHC 560 (3.0 credit hours)

Counseling in Community Settings

This course will cover the history of community psychology, focusing on the various approaches and techniques used by community counselors across diverse populations. Distinctions between traditional clinical interventions and community interventions are highlighted. Students will also develop strategies to promote client understanding and access to various community-based resources.

MHC 565 (3.0 credit hours)

Couple and Family Counseling

This course provides counseling students with the theoretical background and skills necessary for therapeutic intervention in families, couples, and systems. Information on contemporary approaches, ethical considerations, and professional issues will be provided. Counseling practices for different populations and types of families will be explored.

MHC 570 (3.0 credit hours)

Foundations of Addiction and Addictive Behavior

This course provides students with the major theories, concepts, issues, and data for diagnosing and treating addictive behaviors. Students will develop conceptual knowledge, practical skills, and self-awareness concerning the etiology of addiction and its impact across the lifespan. Assessment, diagnosis, and treatment of addictions with diversity and advocacy issues will also be explored. (Prerequisite: MHC 555)

MHC 575 (3.0 credit hours)

Counseling and Sexuality

This course focuses on increasing students' awareness, knowledge, and skills regarding the broad range of issues in the field of counseling when addressing human sexuality issues. Students will develop competence and comfort in addressing sexuality issues in counseling

clients across the developmental spectrum. Students will develop the skills and tools necessary to strengthen positive relational and sexual functioning in a therapeutic setting. Personal values clarification, sex education, cultural messages, gender role development, and relational patterns will be examined throughout the course. (Prerequisite: MHC 505)

RSM610 (3.0 credit hours)

Research and Program Evaluation

This course provides students with a foundation in the concepts and techniques of hypothesis testing, research design, and analysis used in counseling research and program design. Students will understand qualitative, quantitative, and mixed methods approaches to research and evaluation, as well as the strengths and limitations of each method. Students will explore the history and theory underlying program evaluation, approaches to evaluation, and techniques used to perform the evaluation and demonstrate program effectiveness.

MHC 660 (3.0 credit hours)

Practicum in Counseling

This supervised practicum experience has a minimum of 100 clock hours over one 16-week semester. The practicum must include 1) at least 40 clock hours of direct service with actual clients that contribute to the development of counseling skills; weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the practicum by a program faculty member or a site supervisor who is working in biweekly consultation with a program faculty member per the supervision contract; 2) an average of 1 1/2 hours per week of group supervision that is provided on a regular schedule throughout the practicum by a program faculty member or a student supervisor; 3) the development of program-appropriate audio/video recordings for use in supervision or live supervision of the student's interactions with clients; 4) evaluation of the student's counseling performance throughout the practicum, including documentation of a formal evaluation after the student completes the practicum. Site supervisors must have a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, a minimum of two years of relevant professional experience, and relevant training in counseling supervision. (Prerequisites: MHC 501, MHC 505, MHC 510, MHC 515, MHC 520, MHC 525, MHC 530, MHC 535, MHC 540, MHC 545, MHC 550, RSM610)

MHC 661 (3.0 credit hours total)

Internship in Counseling

This course requires a minimum of 300 hours of internship experience. Each student's internship includes 1) at least 240 clock hours of direct service, including experience leading groups; 2) weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor; 3) an average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member; 4) the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings); 5) the opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of their interactions with clients; 6) evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor. Site supervisors must have a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, a minimum of two years of pertinent professional experience, and relevant training in counseling supervision. (Prerequisite: MHC 660)

MHC 662 (3.0 credit hours total)

Internship in Counseling

This course requires a minimum of 300 hours of internship experience. Each student's internship includes 1) at least 240 clock hours of direct service, including experience leading groups; 2) weekly interaction that averages one hour per week of individual and/or triadic supervision throughout the internship, usually performed by the onsite supervisor; 3) an average of 1 1/2 hours per week of group supervision provided on a regular schedule throughout the internship and performed by a program faculty member; 4) the opportunity for the student to become familiar with a variety of professional activities and resources in addition to direct service (e.g., record keeping, assessment instruments, supervision, information and referral, in-service and staff meetings); 5) the opportunity for the student to develop program-appropriate audio/video recordings for use in supervision or to receive live supervision of their interactions with clients; 6) evaluation of the student's counseling performance throughout the internship, including documentation of a formal evaluation after the student completes the internship by a program faculty member in consultation with the site supervisor. Site supervisors must have a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, a minimum of two years of pertinent professional experience, and relevant training in counseling supervision. (Prerequisite: MHC 661)

Independent Study

An independent study course refers to an existing course scheduled for less than two students with a graduate faculty member to meet an extraordinary need of the student because they cannot take the course at the scheduled time or must repeat it. Students requesting an independent study course should meet with their Academic Advisor. The Academic Advisor will then forward the request to the Academic Program Coordinator (APC), who forwards it to the Department Chair and/or Dean of Graduate School for approval.

Textbooks

Students may order their books from the Keiser University Bookstore and have them delivered to their address on record. Students may also order their books from a vendor of their choosing. The ISBNs for a course textbook are available on the Keiser University Bookstore website <https://www.bkstr.com/> or through the professor on record.

Some courses use Access Codes for accessing supplemental publisher content. Access codes are available through the bookstore and often through direct contact with the publisher.

Personal Awareness and Experiential Exercises

During a student's program of study, specific exercises and experiential activities will be presented to students to demonstrate clinical techniques and promote the student's self-awareness. These activities are not intended as therapy or counseling for the student. However, personal reflection has the potential to evoke certain emotions, memories, or personal insights which may prove unpleasant or disconcerting.

In preparation for a career as a professional counselor, it is recommended that any individual strongly consider individual or group counseling as a means of resolving issues and facilitating personal growth. Students interested in pursuing counseling are encouraged to contact their Academic Advisor.

Student Evaluations

Student counseling skills and dispositions are assessed periodically using the GSRR rubric.

- Assess each student disposition after residency by faculty instructor.
- Assess each student in didactic curriculum to track dispositions over time. Rubrics are embedded into aligned labs where skills are demonstrated.
- Assess by internship faculty for feedback on video sessions.
- Assess by practicum and internship site supervisor at conclusion of each semester.
- Assess by academic advisor or academic coordinator when dispositional issue arises.

Academic advising will be completed as needed, and under the following circumstances including:

- Poor academic performance (Earned C's or F's-probation status)
- Re-entry to the program

The criteria and outcomes of this evaluation can be found in the appendix of the Graduate student Review and Recommendation Rubric.

Student Referral

At any time, the student realizes that their goals have changed and are no longer aligned with the objectives of the Clinical Mental Health Counseling program, program faculty are available to assist that student in exploring alternatives and referrals. Please contact the appropriate advisor on record for more information or to begin this process.

Comprehensive Examination

All Clinical Mental Health Counseling students are required to successfully complete via passing a comprehensive exam as part of their degree requirements. The program uses the Counselor Preparation Comprehensive Examination (CPCE). The CPCE is an objective test developed by the Center for Credentialing and Education (CCE), an affiliate of the National Board for Certified Counselors (NBCC), to assess counseling students' knowledge of counseling information viewed as necessary by counselor preparation programs. The exam is a summative evaluation that may serve as an educational resource to measure students' pertinent and professionally relevant knowledge during their program.

Requirements to Sit for the Exam

Students must meet the following requirements prior to taking the CPCE:

Students must have completed all core counseling courses (i.e., MHC 501, MHC 505, MHC 510, MHC 515, MHC 520, MHC 525, MHC 530, MHC 535, MHC 540, MHC 550, and RSM610).

Students must have a minimum 3.0-grade point average (GPA). Students must have passed the following clinical courses with a grade of B or higher:

- MHC 510: Counseling Skills and Technique
- MHC 515: Counseling Theories and Practice
- MHC 525: Group Theories and Practice
- MHC 545: Counseling Intervention and Treatment Planning

Administration

Students can begin to take the Counselor Preparation Comprehensive Examination (CPCE) during MHC660 and successful completion by the end of MHC662. The administration of exams is through Pearson Vue utilizing Computer-Based Testing (CBT). Instructions regarding the exam will be provided during Pre-Practicum and Practicum. The examination cost for taking the CPCE is \$150.00 and will be paid by the student at the time of registration. Graduate students are encouraged to begin preparing for the CPCE as soon as they begin their Practicum training.

The CPCE is given once per semester and lasts four hours. Student must wait 90 days in between exam attempts as per CPCE. Exam dates and application deadlines are posted early each semester on Blackboard and sent to all students via e-mail.

Students with disabilities that need accommodation should consult with their Academic Advisor to obtain assistance in arranging individual examination requirements.

Criterion for Passing

Students receive a score upon completion of the CPCE. However, this is not a pass or fail score. Students will need to obtain a score that is equal to or greater than 90 percent of the national average (this score is set by CPCE). The CMHC program will notify students of their scores on or about the 20th of the following month. For example: if the student takes the CPCE in May, scores will be provided on or about the 20th of June.

Students will be notified by the Academic Program Coordinator or Clinical Coordinator of their test results. Each exam score consists of a score for each section and a total score. Passing or failing the exam is determined by the national average.

Students who fail to take the CPCE and/or pass the CPCE in MHC 660: Practicum in Counseling and/or MHC 661: Internship in Counseling I, must meet with their advisor prior to being enrolled in MHC662.

*It is encouraged to begin exam attempt early in MHC660, for maximum attempts prior to MHC662, to avoid needing to re-take the final course, due to a non-passing score.

Exam Content and Format

The CPCE consists of multiple-choice items within listed core curriculum areas. The eight areas include:

1. Human Growth and Development – studies that provide an understanding of the nature and needs of individuals at all developmental levels.
2. Social and Cultural Diversity – studies that understand issues and trends in a multicultural and diverse society.
3. Helping Relationships – studies that provide an understanding of counseling and consultation processes.
4. Group Work – studies that provide an understanding of group development, dynamics, counseling theories, group counseling methods and skills, and other group work approaches.
5. Career Development – studies that provide an understanding of career development and related life factors.
6. Assessment – studies that provide an understanding of individual and group approaches to assessment and evaluation.
7. Research and Program Evaluation – studies that provide an understanding of research methods, basic statistics, and ethical and legal considerations in research.
8. Professional Orientation and Ethical Practice – studies that understand all aspects of professional functioning, including history, roles, organizational structures, ethics, standards, and credentialing.

Remediation Procedures

Students who do not pass the first attempt at the CPCE must retake the examination. Students are required to meet with their academic advisor to develop strategies to prepare to be successful in their second attempt at the exam. Remediation processes are as follows:

- a. Meet with the advisor to discuss the student's weakest testing areas.
- b. A written action plan to prepare for the exam.
- c. Submit action plan for review and approval. Upon approval, the student must complete the exam in the agreed-upon time and pass.

Students who fail to pass the exam are subject to failing MHC 662 and retaking the course. Retaking the course would include expansion of additional internship hours and completing an action plan to retake the CPCE. Students are responsible for reapplying and repaying for the exam. All students must pass the comprehensive exam requirement. If the student cannot pass the examination after three attempts at MHC662, the student will be dismissed from the program. The student may request reconsideration of this dismissal.

Assessment of Student Progress

Faculty members regularly review students for the purposes of retention in the program. Withdrawal from the program may be recommended if academic performance is substandard and not remediated, if their personal or professional conduct is inappropriate, or if they cannot demonstrate the essential functions of an effective counselor as defined by professional societies and research literature.

Faculty members contribute input based on students' academic performance, personal and professional classroom behaviors, ability to have a good relationship with peers, openness to feedback and constructive criticism, and other aspects of their functioning as future counseling professionals.

Academic Requirements

The following academic standards are required for all students in the program:

1. Students must maintain a grade point average (GPA) of at least 3.0 throughout the program.
2. Students must earn at least a “B” grade in clinical courses (i.e., MHC 515, MHC 525, MHC 545, MHC 660, MHC 661, MHC 662). Earning lower than a B will require the student to retake the course.
3. Students may have no more than two courses with a grade of “C.” Students who earn a third “C” grade will be required to retake one of the courses.
4. Students are required to attend their courses regularly. Attendance involves logging in and participating in the online course. Students who do not post attendance will be administratively withdrawn from the program. Students who need to withdraw from a class must discuss the situation with their academic advisor for assistance.
5. Students are required to successfully complete at least 67% of the credits they attempt.

Students should review the “Graduate Satisfactory Academic Progress” section of the Graduate School Catalog for further information on minimum academic requirements for graduate students and remediation procedures.

Non-Academic Requirements

In addition to academic performance, students must demonstrate personal qualities, dispositions, and behaviors consistent with becoming effective counselors. Students need to communicate an awareness of personal values, attitudes, beliefs, and behaviors and their influence on the counseling process. Likewise, students must also demonstrate the ability to avoid personal values on clients and a commitment to understanding the diverse backgrounds of others. Finally, students must follow the ACA Ethical Codes and Standards of Practice.

Procedures for Remediation and/or Dismissal

The following guidelines describe procedures for remediation and/or dismissal from the program for non-academic reasons.

As a result of any evaluation of student progress, three options are considered:

- A. The student is making adequate progress.

- B. The student is recommended for remediation (details to be determined by the faculty)
- C. The student is recommended for dismissal from the program.

Option A

If option (a) is decided upon, no action is taken other than sharing this information individually with the student.

If option (b) or (c) is determined, a meeting is scheduled with the student. This meeting includes the selected program, faculty members, and the student's advisor. The faculty's concerns and recommendations are clearly explained to the student. Students will be allowed to discuss their thoughts, feelings, and reactions.

Option B

If option (b) is determined, the student and faculty develop a remediation plan. This plan will be specific to remediating the identified behaviors and may involve outside parties (e.g., counseling professionals), and the student's Academic Advisor will determine adherence to the outlined plan. Some possible recommendations for remediation include asking the student to participate in personal counseling or some other self-reflective, change-oriented experience, asking the student to take additional coursework to complete the degree, or asking the student to take a leave of absence from the program for a period.

If the student fails to adhere to the plan, this may result in dismissal from the program. The faculty will help facilitate the student's transition out of the program and, if possible, into a more appropriate area of study. The written remediation plan will state the student's actions for remediation. This plan will:

1. Advise the student of the faculty's concerns and expectations.
2. Provide the student with an opportunity to correct these concerns.
3. Make the student aware of the consequences of not following through with the plan.
4. Clearly specify what changes in behavior are expected and time limits in place.

5. All involved parties will sign the remediation plan, and the student will be given a copy. A copy of the signed plan will be placed in the student's academic file.

Option C

If option (c) is decided upon or option (b) is not completed by the student, faculty members will help facilitate the student's transition out of the program.

Appeals Process

Students may appeal any of the above decisions through the appropriate channels beginning with the program chair, who will then follow the procedures for mediating and settling student complaints. Students should follow the policies and procedures for Student Grievances stated in the Graduate School Catalog.

Licensure and Certification

A counseling license allows counseling professionals with the proper education, experience, and supervision to offer counseling services. The M.S. in Clinical Mental Health Counseling was developed to align with national licensure standards. All states require professional counselors to undergo a licensing process; however, the specific rules and regulations vary by state.

Students are strongly encouraged to contact their state licensing board to determine the requirements needed in the state where they seek licensure before beginning any counseling program. The program prepares students for, but does not guarantee, licensure in any state. Information about licensure in professional counseling and links to each state's professional counselor licensure board can be obtained from the American Counseling Association.

In general, the following are required to obtain licensure as a professional counselor:

1. A master's degree in counseling, including state-specific coursework and supervised clinical experience.
2. Passing scores on one or more national and/or state-specific examinations
3. Supervised post-master's clinical work.
4. Completion of additional state-specific continuing education hours

5. Demonstration of appropriate fitness to practice counseling.

There are two national examinations. Some states use the National Counselor Examination (NCE) for licensure and certification, while others require the National Clinical Mental Health Counseling Examination (NCMHCE). The National Board of Certified Counselors (NBCC) offers both exams. Additional information about the exams, including a state board directory, is available on the NBCC website at www.nbcc.org.

National Counselor Exam (NCE)

The National Counselor Examination is a national exam that many states require for licensure. Information regarding sitting for the National Counselor Examination may be found at www.nbcc.org. Students may sit for the exam upon graduation at one of the many Test Centers where it is offered.

Professional Development

In addition to the responsibilities inherent in the curricular demands of the graduate program, students are encouraged to aggressively pursue professional development through attendance and participation at local, regional, state, and national professional conferences and workshops. Program faculty welcome collaborating with students in writing, presentation, and other professional development activities. Graduate students are expected to be active and involved in professional organizations pertaining to their specialized areas.

Credentialing

The credentialing of professional counselors takes various forms. Credentialing is an umbrella term covering areas such as licensure, certification, and registry. Please consult the appendix for information about national and state credentials and professional associations.

Faculty Endorsement

Program faculty are pleased to provide recommendations and endorsements for program graduates. However, that endorsement will reflect the student's overall competence. Recommendation requests should be made directly to the program faculty member from whom the endorsement is solicited.

State Requirements for Practicum, Internship, and Licensure

Educational requirements for licensure vary from state to state. Therefore, it is the obligation of Graduate students who intend to seek licensure to review those state's requirements to ensure they complete all the necessary educational requirements.

The NBCC website has every state's license requirement listed:

<http://www.nbcc.org/Search/StateBoardDirectory>

Activities Appropriate for Students

Students are encouraged to seek out opportunities that allow for skill development and allow them to gain familiarity with counseling settings. However, students are encouraged to accept paid or volunteer positions only for which they are qualified or trained. Students are advised to seek positions where supervision and guidance will be provided.

Academic Honesty and Professional Behavior

Academic Honesty Policy

The University can best function and accomplish its mission in an atmosphere of high ethical standards. As such, the University expects students to observe all accepted principles of academic honesty. Academic honesty in the advancement of knowledge requires that students respect the integrity of one another's work and recognize the importance of acknowledging and safeguarding the validity of intellectual property. Students will maintain complete honesty and integrity in all academic work attempted while enrolled at the University. Academic dishonesty is a severe violation of the trust upon which an academic community depends. There are different forms of academic dishonesty including, but not limited to, the following:

Acquiring or Providing Information Dishonestly

Using unauthorized notes or other study aids including information furnished from artificial intelligence generators; using unauthorized technology during an examination; improper storage of prohibited notes, course materials, and study aids during an exam such that they are accessible or possible to view; looking at other students' work during an exam or in an assignment where

collaboration is not allowed; attempting to communicate with other students in order to get help during an exam or in an assignment where collaboration is not allowed; obtaining an examination prior to its administration; altering graded work and submitting it for re-grading; allowing another person to do one's work and submitting it as one's own; or undertaking any activity intended to obtain an unfair advantage over other students.

Plagiarism

Plagiarism is the deliberate or unintentional use of another's words or ideas without proper citation for which the student claims authorship. It is a policy of Keiser University that students assume responsibility for maintaining honesty in all work submitted for credit and in any other work designated by an instructor of a course. Keiser University understands that, in some cases, students commit acts of plagiarism due to carelessness, ignorance, inexperience and unfamiliarity with the academic environment and APA standards, or a general lack of understanding or knowledge of the concepts of academic integrity. Offenses of this type are characterized as level one, which can be supported and remediated by faculty based on the student ownership and willingness. Offenses characterized by being more severe and affecting a more significant portion of the work submitted are considered level two offenses. Level one and level two plagiarism offenses carry penalties appropriate to the offense level.

Major Written Projects

All major written projects in Clinical Mental Health Counseling must follow specified guidelines for style and format. Students should refer to the APA Publications Manual, 7th Edition.

Deadlines

The student must know all deadlines applicable to their academic program. Information regarding deadline dates can be obtained from the advisor on record.

Conspiracy

Agreeing with one or more persons to commit any act of academic dishonesty.

Fraudulent Behavior

Fraudulent behavior includes sharing one's confidential login information with another person, which can also be an instance of misrepresenting oneself. In addition, allowing another student to participate in class assignments under your name and submitting work under another student's name constitute violations of academic integrity.

Fabrication of Information

Falsifying or inventing any information, citation, or data; using improper methods of collecting or generating data and presenting them as legitimate; misrepresenting oneself or one's status in the University; perpetrating hoaxes unbecoming to students in good standing or potentially damaging to the University's reputation or that of the members of its academic community of students and scholars.

Multiple Submissions

Multiple submissions are defined as submitting the same work for credit in two different courses without the instructor's permission. Students may not submit the same work completed for one course in any other course, earning credit for the same work each time.

Facilitating Academic Dishonesty

Aiding another person in an act that violates the standards of academic honesty; allowing other students to look at one's own work during an exam or in an assignment where collaboration is not allowed; providing information, material, or assistance to another person knowing that it may be used in violation of course, departmental, or University academic honesty policies; providing false information in connection with any academic honesty inquiry.

Abuse or Denying Others Access to Information or Resource Materials

Acts of dishonesty include but are not limited to, any act that maliciously hinders the use of or access to the library or course materials; the removing of pages from books or journals or reserve materials; the removal of books from libraries without formally checking out the items; the intentional hiding of library materials; the refusal to return reserve readings to the library; or obstructing or interfering with another student's academic work. These acts are harmful to the community.

Falsifying Records and Official Documents

Forging signatures or falsifying information on official academic documents such as drop/add forms, incomplete forms, petitions, letters of permission, or any other official University document.

Sanctions for Violating the Academic Honesty Policy

After determining that the student has violated the Academic Honesty Policy, the instructor may impose one or more of the following sanctions (please note: separate sanctions apply to plagiarism as described above).

The penalties are as follows:

Academic Integrity Violation:

1. The student must revise and resubmit the assignment for a lower grade.
2. The student is given an additional assignment (i.e., an essay on academic integrity).
3. The student must participate in an ethics/academic integrity workshop.
4. The first occurrence could result in an automatic “F” for that assignment.
5. The second occurrence results in an automatic “F” for the course.
6. The third occurrence may result in automatic dismissal from the University.

Plagiarized Assignments

1. The first occurrence of a student turning in plagiarized assignment results in an automatic “F” for the course.
2. The second occurrence of a student turning in a plagiarized assignment may result in dismissal from the University.

All progressive disciplinary measures described above are cumulative throughout the program and are not limited to occurrences within a specific course or term. Students who have been dismissed may reapply to Keiser University after remaining out of school for one full semester and advised by the program chair.

Keiser University believes strongly that each student against whom the University is forced to act has a right to procedural due process where the student has notice and an opportunity to be

heard. If the administration must take disciplinary measures against a student or other action related to the student, the student may appeal the decision to the Grievance Committee. The procedures for the grievance are found in the Keiser University catalog.

Student Retention and Remediation Policy

The Clinical Mental Health Counseling Program is dedicated to student success, growth, and remediation. As such, an expectation exists for students to read and follow professional standards set forth by the American Counseling Association Ethical Guidelines, the Keiser University Student Code of Conduct, and the Clinical Mental Health Counseling (CMHC) Guidelines for Professional and Academic Behavior. As professionalism is foundational in one's program of study, behaviors deemed below this standard will involve a remediation process as outlined below.

Level I: This level is utilized for a first behavioral incident of mild to moderate nature. The faculty/staff member reporting a behavioral incident will contact the student and the student's Advisor within two weeks of the incident and cooperatively endeavor to resolve the issue. Resolution may include creating a behavioral rehabilitative contract with the expectation of student initiation, implementation, and documentation. This contract/plan will be documented by the Advisor utilizing a Remediation Letter. A copy of this contract/plan will be sent to the student and placed in the student's file. Compliance with the contract/plan will be reviewed by the student and the student's Advisor at the end of the semester.

Level II: This level is utilized for a second behavioral incident OR a first offense of a moderately severe nature. The incident is reported by the faculty/staff member within two weeks of the incident to the student's Advisor and the Academic Program Coordinator (APC) or the Department Chair of the Department of Psychology. The APC/Department Chair will contact the student to discuss the remediation issue(s), and cooperatively endeavor to resolve it beneficially. Remediation may include creating a behavioral rehabilitative contract with the expectation of student initiation, implementation, and documentation. The student admission status will be returned and classified as conditional. This contract/plan will be documented by the APC/Department

Chair utilizing a Level II Remediation Letter. A copy of this contract/plan will be sent to the student, placed in the student's file, and sent to the Department Chair and the Dean of the Graduate School. Compliance with the contract/plan will be reviewed by the student, the student's Advisor/APC, and the Department Chair at the end of the semester. Outcomes will be discussed with the Dean of the Graduate School and documented in the student's file.

Level III: This level is utilized for the third incident of behavioral misconduct OR an offense of a significantly severe nature. The incident is reported by the faculty/staff member within two weeks of the incident occurrence to the APC and/or Department Chair. The Department Chair reports the incident to the Dean of the Graduate School. Once the Department Chair has obtained any necessary clarifying documentation, they will schedule a meeting with the student, Advisor/APC, and the faculty/staff member as appropriate. Following this meeting, the Department Chair, in collaboration with the APC and other participating faculty/staff, will render a decision. Consequences may include a requirement to obtain professional counseling, a behavioral contract, other activities as required, program warning status, conditional acceptance status, or suspension or dismissal from the program and/or university.

Two "C" Policy

Students in graduate programs cannot exceed two C grades. If a third C grade is earned, it must be retaken (unless a C is earned in a course that is ineligible for a C grade). C grades may interrupt the minimum CGPA of 3.0 and could lead to a probationary status. C grades are not permitted in the clinical courses. Students are permitted to take two attempts at a clinical course to earn a B grade or higher. If a student earns two C grades in the same clinical course, they are subject to termination in the MS CMHC program. The Grading Policy is available in the Graduate School catalog.

Academic Warning

At the end of every semester, there is a review of student academic progress to affirm the minimum CGPA of 3.0 is met, along with course completion of a minimum of 66.67%. Graduate students who fall below either standard will be placed on Academic Financial Aid

Warning (AFAW) probation status with an action plan for remediation. The student will have the next semester to raise their CGPA and/or course completion to the minimum requirement or risk suspension from the graduate program. *During the probation term, the student will meet with their Academic Advisor to develop a plan to remediate the academic area of concern.* **No student will be allowed to enroll for a Practicum or Internship while on academic warning.**

Academic Probation

At the end of the probation semester, students who have not met the minimum CGPA of 3.0 during the AFAW warning semester, can appeal for Academic Financial Aid Probation (AFAP). Students must submit a written appeal letter stating why they should be permitted to remain in the program and their intentions to achieve academic progress. Students on approved AFAP status can retain Title IV funding, if they are eligible. Appeals will be reviewed individually according to the following considerations:

1. Mitigating circumstances (i.e., health, family, personal considerations, etc.).
2. The performance trend is reflected in the CGPA performance over earlier graduate semesters.
3. Other individual circumstances and considerations.

An approved appeal will permit a maximum of two consecutive semesters on Academic Financial Aid Probation with an action plan to remediate the grades or course completion to return to good standing. If the appeal is not approved, the student is suspended from the program and institution for a minimum of one semester.

Academic Suspension-Readmission after Academic Suspension

Suspended students may be readmitted to the Clinical Mental Health Counseling program after a semester through application to the Academic Program Coordinator and Admission re-entry committee. The readmission decision will be based upon the student's compliance with conditions of suspension, evidence suggesting potential for improvement, and/or other individual factors. There is not a guarantee of a Readmission to the Clinical Mental Health Counseling program based on unresolved circumstances or courses need to meet academic progress is not available until a future semester.

Other Causes for Suspension

Graduate students in the Clinical Mental Health Counseling program who demonstrate a callous disregard for learning, as stated in the Student Handbook, may be subject to suspension by the Clinical Mental Health Counseling program or the Academic Affairs Office. In addition, students who commit academic dishonesty may be subject to suspension or expulsion from the University (See Academic Honesty and Professional Behavior). Graduate students in the Clinical Mental Health Counseling program are expected to act in accordance with all federal, state, and local laws, as well as adhere to the code of ethics of the American Counseling Association. Students who fail in this responsibility will be subject to disciplinary action, including suspension from the program or university.

Student Complaint Policy

Students are encouraged first to discuss any concerns with their instructor. If the concern is not resolved, the student should discuss their concerns with the Academic Program Coordinator. If the student feels their concerns are still unresolved, they should follow the process outlined in the university handbook (see Professional Behavior Policy). In the event a student has a complaint the following are the appropriate steps to follow:

NOTE: This process governs situations in which:

1. Students have issues with their instructor regarding the grading of an assignment; or
2. Students have personal issues with their instructor and/or the conduct of the class.
3. If the student is still unsatisfied or the problem is not resolved, the student should communicate with the academic program coordinator.

Step 1: The student MUST first attempt to resolve the issue with the instructor.

All correspondence should be conducted in writing via Keiser University e-mail.

Step 2: If the student, for personal reasons, feels they cannot approach the instructor, OR if the student is dissatisfied with the resolution by the instructor in Step 1, the student can appeal to their academic advisor via communication with the academic coordinator and/or Department Chair. If a student wishes to protest a grade, the student agrees to accept the grade of the new reviewer. All correspondence will be communicated in writing via Keiser University e-mail to

understand that the instructor may be copied on ALL communication between the student and the Department Chair.

Step 3: Student Appeal: If a student is dissatisfied with the resolution by the Department Chair, the student can appeal to the Dean. This appeal must be communicated in writing via Keiser University e-mail to understand that the department chair AND the instructor may be copied on ALL communication between the student and the Dean. The Department Chair, Dean, and the Vice Chancellor of Graduate School to reserve the right to withhold communication with the instructor due to exceptional circumstances.

The Vice Chancellor's decision is FINAL and will be communicated to the student, the department chair, and the instructor in writing via Keiser University e-mail.

Academic Advisor Notification

Academic Advisors may also be copied on all correspondence. Suppose a student starts the complaint process through their advisor. In that case, the Academic Advisor will re-route the complaint to the Academic Program Coordinator and the appropriate Department Chair. A copy of the correspondence may also be sent to the course instructor.

Netiquette

When communicating online, you should always:

1. Treat your instructor(s) respectfully in e-mail and other online communication.
Always use your professors' proper title: Dr. or Prof., or if you are in doubt, use Mr. or Ms. (Corollary: Make sure if you use a gender-specific title that you are clear on their gender. Some names can be gender ambiguous.)
2. Please do not refer by their first name unless specifically invited to do so.
3. Use clear and concise language and always respect your reader's time.
4. Remember that all college-level communication should have correct spelling and grammar.
5. Avoid slang terms such as "wassup?" and texting abbreviations such as "u" instead of "you."

6. Use standard fonts optimized for online reading (e.g., Times New Roman) and a consistent and readable size (12 pt.).
7. Please avoid using the caps lock feature AS IT CAN BE INTERPRETED AS YELLING.
8. Limit and avoid the use of emotions.
9. Be cautious when using humor or sarcasm, as the tone is lost in an e-mail or discussion post, and your message might be taken literally or offensively.
10. Be careful sharing personal information online (both yours and others).
11. If you are in a healthcare course, follow HIPPA guidelines, including not sending confidential client information via e-mail or posting online.

E-mail Netiquette:

When you send an e-mail to your instructor or classmates, you should:

1. Use a clear and descriptive subject line to give them a reason to open your e-mail.
2. Be brief. Do not make the reader have to scroll to read the entire message.
3. Put the most important part at the very beginning.
4. Avoid attachments unless you are sure your recipients can open them.
5. Sign your message with your name and return your e-mail address.
6. Think before you send an e-mail to more than one person. Does everyone really need to see your message? (Be sure you want everyone to receive your response when you click “reply all.”)
7. Similarly, be sure that the message author intended for the information to be passed along before you click the “forward” button.
8. If you are sending an e-mail while upset or angry, think about not sending it until you have cooled off. A 24-hour resting period is often a good idea.

Security

1. Remember that your password is the only thing protecting you.
2. Always follow Keiser University guidelines for password security. Keep it private, and never share it with anyone.
3. Change your password immediately if you think someone else might know it.

4. Always log out when you finish using any secure system, especially if you use a shared computer in a public place.

Overall, please use common sense when communicating electronically. In the same way you would present yourself in person to make a positive and constructive impression, you should always do the same when taking an online course. Remember that most of what we communicate to others is nonverbal (body language, voice inflection, etc.), and all you have in online courses is in text form. Make sure your digital impression is a clear and positive one.

Social Media

“Social media” is a term used to describe tools and platforms that enable individuals to share ideas and content quickly and easily. Social media has fundamentally changed the way we communicate. The Clinical Mental Health Counseling program recognizes and embraces the power and use of social media. Students must recognize that the use of social media reflects on them in the same manner as their physical behavior. Social media behavior is governed by policies, rules of conduct, and etiquette that apply to all other activities involving students.

Certain behaviors within the capacity of social media may subject students to disciplinary action if such behaviors raise concern. When posting to any social media site or communicating with others, students should remember how this may reflect on them as students and future professionals. Students should remember that policies govern inappropriate conduct such as sexual (or other) harassment, bullying, discrimination, defamation, infringement of copyright and trademark rights, and unauthorized disclosure of student records. Much of the content and subject matter within the Keiser Live classroom and the Clinical Mental Health Counseling online program is sensitive. As such, the student should keep in mind that this information is to be kept confidential and private by all students through social media.

Students enrolled in the Clinical Mental Health Counseling program are training to become professionals and will work in their community. Therefore, students should carefully consider their comments' accuracy, clarity, and tone before posting them. Posts on social media sites should be professional in tone and good taste. Students should utilize sound judgment and

refrain from posting obscene, pornographic, defamatory, racist, excessively violent, harassing, threatening, bullying, or injurious content.

Clinical Training

In partnership with the faculty or Clinical Coordinator, the student is responsible for securing an official affiliation agreement with a qualified clinical site and on-Site Supervisor. Before student placement is approved, the faculty or Clinical Coordinator and/or the Academic Program Coordinator will determine the appropriateness of the clinical site and Site Supervisor.

The clinical curriculum assists in developing and mastering knowledge, skills, and concepts practiced in Clinical Mental Health. Students from micro-counseling skills towards applying macro-counseling skills and applying evidence-based practice.

Before Practicum in Counseling

Prior to starting clinical experience students must have successful completion of clinical courses (e.g., MHC 510, MHC 515, MHC 525, and MHC 545) with a grade of B or higher. Eligible students will complete a self-directed pre-practicum course in preparation for clinical experiences. Successful completion of the pre-practicum course is required to matriculate to practicum and internship. Pre-Practicum will include information about finding and securing a clinical site and professional and ethical expectations for clinical mental health counseling. Upon completion of the pre-practicum course, clinical applications will be submitted via the clinical software program Supervision Assist, which will be used throughout the clinical experiences to document and evaluate work and clinical hours.

Selecting a Site Supervisor

Selected site supervisors are appropriate based on their qualifications and clinical experience to support student achievement of individual course objectives and overall program objectives. In a Collaborative Supervision Model, the site supervisor facilitates and guides students in meeting practice-based objectives and achieving clinical learning outcomes. See the clinical student handbook for all information regarding roles and responsibilities of securing a clinical site and working with a clinical supervisor.

Practicum and Internship

Practicum and Internship Clinical Training

The purpose of practicum/internship training courses is to prepare students to perform all the requirements of a professional mental health counselor. By the end of the final internship, students should conduct a thorough intake interview, conduct ongoing individual and group counseling sessions, write professional session notes, treatment plans, and termination summaries, perform suicidal and homicidal assessments, make appropriate referrals for treatment, consult with other mental health professionals in a professional manner, and be able to discuss theoretical orientation to counseling.

Practicum

The Practicum course is the first opportunity for graduate students to apply skills and knowledge acquired from coursework. The graduate student is expected to find a field placement site where they can function in a role like that of an employed counselor while under the supervision of an on-site supervisor and a group supervisor.

It is fully expected through this field placement experience that the practicum student will grow in their counseling skills, knowledge, and confidence in large part due to the professional mentoring relationship with their supervisors. Finding a good on-site supervisor who is willing to share their knowledge is integral to a “good” clinical experience.

Internship

Each Internship course provides graduate students with the opportunity to continue to learn and enhance clinical skills. It is expected that the graduate student will begin to take more responsibility for client care during each internship and be allowed to experience different populations and issues. The more varied an experience a graduate student can have in terms of populations worked with and presenting issues, the better. Graduate students are encouraged to gain as much clinical experience as possible while enrolled in an internship experience so that they can practice in a more generalist way and discover populations they are more attracted to working with versus populations that are less attractive.

Time Requirement

Each field course requires a specific number of minimum hours for its completion. For MHC 660: Practicum in Counseling, students must complete at least 100 clock hours over one 16-week semester. At least 40 hours of direct service (face-to-face counseling) with actual clients that contribute to developing counseling skills are required.

Internship students (MHC 661 and MHC662) are required to complete experiences that total a minimum of 600 clock hours over two 16-week semesters. At least 240 hours of direct service (face-to-face counseling) with actual clients, including individual and group therapy. In addition, internship experiences must provide the opportunity to become familiar with various professional activities and resources in addition to direct services (e.g., record keeping, assessment instruments, supervision, information, referral, in-service and staff meetings).

In some states, including Florida, students may be required to obtain more practicum/internship hours to fulfill licensure requirements. *Students are encouraged to obtain a minimum of 1000 hours of clinical experience (of which 40% should be face-to-face client contact hours) to meet various state requirements.*

Practicum and internship are separate, sequential experiences; concurrent registration in MHC 660: Practicum in Counseling, MHC 661: Internship in Counseling, and MHC 662: Internship in Counseling is not permitted. Further, students cannot accumulate internship hours while they are enrolled in practicum, and they cannot accumulate practicum or internship hours prior to the beginning of the semester in which they are enrolled in the practicum or internship class.

Incomplete is not granted for practicum or internship courses. Students unable to meet the course requirements must retake the course the following semester.

Supervision

Each student enrolled in a practicum or internship has a site supervisor and a faculty supervisor. The site supervisor is a professional employed in the setting who has volunteered to provide supervision and must meet minimum requirements. Site supervisors must have a minimum of a master's degree in counseling or a related profession with equivalent qualifications, including appropriate certifications and/or licenses, a minimum of two years of pertinent professional

experience, and relevant training in counseling supervision. The site supervisor has the final authority for all decisions and/or actions taken about roles and activities while the student is at the clinical site.

Students enrolled in practicum or internship must participate in weekly interaction that averages 1 hour per week or individual and/or triadic supervision by a faculty supervisor. In addition, the student is required to participate in an average of 1½ hours per week of group supervision provided on a regular schedule throughout the practicum by a faculty supervisor. Interns MUST always supervise. Students may not miss supervision meetings with faculty group supervisors or site supervisors for any reason other than unavoidable emergencies (e.g., hospitalization/death).

Recordings

For all field experiences and some courses, students must submit audio and video recordings of their work. To do this, students must access a high-quality digital recorder that will produce clear and audible recordings. In addition, students must follow informed consent and gain written permission prior to any recording of counseling sessions. Students must present audio and video of actual counseling sessions to their faculty supervisor during the academic term. The recordings must be of good quality. Inaudible recordings or recordings of poor quality are not acceptable.

Prerequisites

Counseling students must demonstrate a standard level of proficiency in counseling skills throughout their training. Students are evaluated by faculty each semester to ensure they have attained the counseling skill levels needed to advance to the next training phase. Students may be asked to complete additional sections of courses to be able to achieve the level of counseling skills required for the field experience.

In addition to faculty evaluation of readiness, to enroll in MHC 660: Practicum in Counseling, students must have met the following criteria:

1. Completed the core counseling courses (i.e., MHC 501, MHC 505, MHC 510, MHC 515, MHC 520, MHC 525, MHC 530, MHC 535, MHC 540, MHC 545, MHC 550, and RSM610) with a minimum overall 3.0 grade point average.
2. Complete the clinical courses (e.g., MHC 510, MHC 515, MHC 525, and MHC 545) with a grade of B or higher.
3. Complete all modules in Pre-Practicum located in Blackboard.
4. A complete initial application for the practicum site approved by the Clinical Coordinator.

To enroll in MHC 661: Internship in Counseling and MHC 662: Internship in Counseling, students must have met the following criteria:

1. Completed MHC 660: Practicum in Counseling with a grade of B or higher.
2. Obtained approval for their internship site from the program's clinical coordinator.

Professional Liability Insurance

As professionals-in-training, all Clinical Mental Health Counseling students must obtain professional liability insurance before beginning practicum and internship experiences. Proof of liability insurance is required before the first class of clinical courses. Students who do not provide liability insurance documentation will be blocked from the course and not eligible to begin the clinical experience.

Students can obtain professional liability insurance through professional organizations such as the American Counseling Association (ACA) or the American Mental Health Counselors Association (AMHCA).

Practicum/Internship in the Workplace

Because the purpose of practicum/internship is to offer students a learning experience, the requirements for practicum and internship are that the activities performed must be separate and distinct from their regular employment.

Direct Client Hours

Because the KU master's program is in ***Clinical Mental Health Counseling***, and in the interest of ensuring competency to practice with a variety of client needs and settings, most a student's direct client service hours during Practicum/Internship need to be conducted in a mental health setting.

Supervision from On-Site Supervisors

Providing professional counseling services requires a professional license. Therefore, for Graduate students to provide counseling services, they must do so under the licensed supervision of an appropriate mental health professional. The licensed mental health professional providing this supervision allows the student to practice under their license. This supervisor accepts professional liability for the work of the Graduate student.

Any time a graduate student sees a client at their Practicum or Internship site, it must be conducted under approved supervision. There must be supervision for every client at every location. Additionally, the appropriate supervisor must sign off on every client. There are no circumstances when a practicum or internship student counsels a client without the supervisor's knowledge.

Minimum Qualification Requirements for On-Site Supervisors

The Clinical Mental Health Counseling program has established that On-Site Supervisors must meet all four qualifications. Additional qualifications for supervision of Graduate students may vary by state, as dictated by state law. Please review the "State Requirements for Practicum/Internship and Licensure" section of this Clinical Training Handbook for more specific information about each state. Consult with the Clinical Coordinator if there are any questions.

1. A minimum of a master's degree in counseling or a related profession with equivalent qualifications:
 - a. Counseling
 - b. Psychology

- c. Marriage and Family
 - d. Social Work
 - e. Psychiatry
 - f. Nursing (with psychiatric certification)
2. Relevant certifications and/or licenses for professional practice in the state where the professional counseling services are to be conducted with clients:
 - a. An appropriate autonomous/independent license (e.g., Florida LMHC; Pennsylvania LPC, or Kentucky LPCC).
 3. Minimum two years of relevant professional experience in mental health counseling (post-independent license).
 4. Relevant training in counseling supervision.
 - a. A supplemental training video to support this supervision training requirement can also be viewed at

[WY1MS00M2E2&list=PL2MzMtNTUwNTAyMjUzMGNj/edit?usp=sharing](https://www.youtube.com/watch?v=WY1MS00M2E2&list=PL2MzMtNTUwNTAyMjUzMGNj/edit?usp=sharing)

Below are a couple of commonly questioned credentials and their approval statuses:

- Certified Alcohol and Drug Counselor (CADC)
 - Some CADCs do not have master's degrees. However, a master's degree in counseling or a related profession with equivalent qualifications would be required to serve as an On-Site Supervisor.
 - With a qualifying master's degree, a CADC can serve as an On-Site Supervisor when the client being served is dealing with a substance abuse issue.
- Certificate for Guidance Counselor
 - While the Certificate for Guidance Counselor does require a master's degree, the "Certificate for Guidance Counselor" is not an appropriate certification and/or license for professional practice, which CACREP requires.
 - The most appropriate license for a Certified Guidance Counselor is a license in Professional Counseling (i.e., LPC or LPCC).
 - If a Certified Guidance Counselor is licensed as an LPC, LMHC, or LPCC, they can serve as an On-Site Supervisor.

If there is a question as to whether a proposed clinical training site can be approved the Clinical Coordinator will work with the Academic Program Coordinator to determine the viability of the proposed experience. If further consultation is needed to determine the appropriateness of a proposed site or experience, the Clinical Coordinator will consult with the Academic Program Coordinator.

*See clinical handbook for additional policies and procedures on securing clinical sites, appropriate clinical sites, and progression through the clinical portion of the program.

Dismissal from a Clinical Site

If a student is dismissed from a clinical site due to a violation in the site affiliation agreement and/or for any other academic/ethical/behavioral situations as deemed a violation of the agreement by the clinical site, the following procedures are followed.

1. The student must immediately inform the clinical coordinator and program coordinator of the violation and decision to dismiss.
2. The student will meet with a committee comprised of the program coordinator, advisor, and/or program chair for academic and/or dispositional advisement and action plans (if warranted).
3. The student may not be permitted to complete the current clinical course they are enrolled in. The student may be rescheduled if they are able to secure a new affiliation agreement by the following semester. If clinicals are moved, this will change their potential graduation date. The student will be asked to consult with financial aid for financial implications.
4. The student may not be permitted to start at the new site immediately following the infraction within that same semester based on timing (e.g., time constraints securing a new site, affiliation approval by the institution, and making up missed hours) and/or the type of infraction leading to dismissal from the approved site.
5. If the infraction breaks the student code of conduct for the university or program, the student may face disciplinary action or dismissal from the program.

Deadlines

We understand that life happens, and plans change. If that is the case, the Clinical Coordinator can offer an extension. This extension may not exceed the end of the semester's first week of classes. If a Graduate student does not have an approved Practicum/Internship site by the end of the first week of classes, they will need to withdraw from the course immediately. The Academic Program Coordinator may approve exceptions for those students who encounter extreme circumstances (e.g., hospitalization or death of an immediate family member). Under these circumstances, supporting documentation is required.

Final Deadline for Completing Each Semester's Practicum/Internship Hours

To continue enrollment in the next semester's Internship course, all Practicum/Internship hours for any semester must be complete, approved, and submitted by the last day of final exams for that semester and delivery format (evening, community campus/extended, online).

The graduate student may request an incomplete grade if an extenuating circumstance, e.g., hospitalization or death of an immediate family member. The course instructor has the discretion to issue an incomplete grade subject to approval. If all course requirements, including submission of approved hours, are not completed by the end of the extension, then the Graduate student's final course grade will be calculated based on the completed work submitted by that date and according to the course syllabus.

Any graduate student who has failed to submit complete and approved Practicum/Internship hours by the deadline may not continue enrollment and must immediately withdraw from the following semester's Internship course.

Requirements

Practicum and Internship Hours Log

To log clinical training hours, students will use a digital account. There are six (6) hour categories to log clinical training hours:

1. Administrative Hours
2. Direct Family Client Hours
3. Direct Group Client Hours
4. Direct Individual Client Hours
5. Group Supervision Hours
6. Individual Supervision Hours

Professionalism

While it is difficult (and hopefully unnecessary) to define and elucidate all aspects of professional conduct here, a few specific guidelines are offered.

1. Please do not talk about clients in the halls, waiting areas, or other public areas. Client information must remain confidential and be discussed in supervision and consultation.
2. Please dress professionally, that is, no sport, casual, or provocative clothing. If you are unsure about what constitutes appropriate dress or how it affects effective service delivery, please discuss this with your On-Site Supervisor or Group Supervisor.
3. Please keep doors to outside halls closed and locked to maintain client materials' security.
4. Please familiarize yourself with the procedures in this Handbook and your site and always follow them.

Apart from reviewing the ACA Code of Ethics and Standards of Practice, be sure to schedule a time for your On-Site Supervisor to orient you to the expectations of the site.

Clinical Misconduct

Dishonesty in the clinical setting includes but is not limited to misrepresenting completion of clinical hours or assignments; falsification of client records; fabrication of client experiences; failure to report omission of, or error in, assessments, treatments, or medications; and appropriation/stealing of facility, client, staff, visitor, and/or student property.

Disclosure of Confidential Information

A high, responsible standard of conduct and professionalism is expected from each student. Students are personally accountable for how clients and other confidential information in clinical facilities are utilized. Confidential information is never to be discussed with anyone other than those directly involved in the client's care or the legitimate use of other confidential agency information. Those having access to client, salary, or associate information should never browse such information out of "curiosity." It can be used and accessed only for legitimate clinical/learning purposes. A confidentiality breach involving discussing and/or releasing confidential client or facility information, or obtaining unauthorized system access, will lead to disciplinary action from Keiser University.

Confidentiality of Recorded Client Sessions

During practicum and both semesters of internship, you will be required to present real client cases to your group supervision section. Graduate students must guard the confidentiality of the

recordings of these client sessions. These recordings are the same as client session notes and should be handled with extreme caution and sensitivity. Client session recordings must be kept in a safe, locked location until the presentation to the group supervision class. Once the session is reviewed, the recording should be destroyed.

Students must maintain HIPPA requirements with the confidentiality of all client records and information they encounter at a clinical education site or the University as part of their educational process.

1. The student must follow all state and federal statutes and regulations regarding client information.
2. The student must follow the clinical education site's policies and procedures regarding client records and information.
3. When a student must use a client's medical and or past mental health information, the student must use it properly and in the correct setting.
4. The student must not disclose a client's information to a non-provider. The provider must be involved with the client for the student to provide the client's information.
5. Failure of the student to follow state and federal statutes and regulations and improperly use confidential client medical record information may cause the student to be withdrawn from the CMHC Program.

Falsifying Records and Official Documents

Forging signatures or falsifying information on official academic documents such as drop/add forms, incomplete forms, petitions, letters of permission, or any other official University document, can result in dismissal from the university.

Exposure Incident Policy

Occupational Exposure is defined as the skin, eye, mucous membrane, or parenteral contact (i.e., needle stick) with blood or other potentially infectious materials that may result from the performance of an employee's/student duties.

Incident reporting. Should an exposure incident occur during a student's clinical experience; the student should immediately inform the on-site supervisor and the KU Clinical Faculty. The

Department Chair for the Master of Science in Clinical Mental Health Counseling (CMHC) Program will initiate appropriate action and follow up upon receipt of a written incident report.

Medical Care

1. The student will wash the exposed area immediately with soap and water.
2. The student is advised to seek medical attention within 24 hours of the incident.
3. The student should see a primary care provider and have the necessary testing, evaluation, and follow-up performed. Suppose the student does not have a primary care provider available. In that case, the student should seek care in an Urgent Care or Emergency Care facility where testing, evaluation, and follow-up can be done.
4. During the student's visit with the healthcare provider, a baseline blood sample may be collected immediately following the incident, with subsequent periodic samples taken later. The student's blood test results are confidential and will be known only to the contacting healthcare provider and the exposed student.
5. Whether or not the student elects to have baseline HIV/HBV/HCV serological testing, counseling, and other features of post-exposure evaluation may be offered.
6. The student assumes all costs.

Directions for Completion of Incident/Accident Report

1. The student will report any student accident or incident to the on-site supervisor and the KU Clinical Faculty. The Clinical Faculty will notify the Academic Program Coordinator and Department Chair. The Department Chair will notify the Dean of the School of Psychology and complete the written report within twenty-four (24) hours.
2. The Dean will review the report for completeness and any needed follow-up before the Department Chair forwards the original and copies to the Campus President.
3. NOTE: "On duty" means from when you started at the clinical site or class when you left, and/or any other time you might be somewhere on Keiser University business.
4. ALL INCIDENT REPORTS MUST BE COMPLETED WITHIN 24 HOURS OF THE INCIDENT.

Professional Liability Insurance

Graduate students must obtain professional liability insurance before beginning any Practicum or Internship training experience. You must understand that you must maintain a liability insurance policy throughout your Practicum and Internship enrollments. Failure to maintain a liability insurance policy will result in you not being covered if something should happen and a lawsuit is brought against you. It is also your responsibility to ensure that a current copy of your actual professional liability insurance policy statement has been submitted to your Group Supervisor each semester and uploaded into the digital documentation program. A simple verification of policy purchase (payment receipt) does not count as proof of liability insurance coverage.

Additionally, since American Counseling Association membership is a requirement for Graduate students, an attractive feature of this membership for students is that they automatically receive professional liability insurance (see below).

The following information is taken from the American Counseling Association Website:

“The ACA Student membership now includes liability insurance to ACA student members enrolled and engaged in a master's degree counseling curriculum at a post-secondary institution. Coverage is solely for counseling services (e.g., practicum and internship) related to such curriculum.”

However, you may obtain professional liability insurance from any company you choose. Professional liability insurance policies can be purchased from the American Counseling Association website at www.counseling.org or the Healthcare Providers Service Organization at www.hpsso.com.

Professional liability insurance should be obtained at least two months before beginning your Practicum enrollment. It takes several weeks for companies to process applications, so it is crucial to act early.

Ethical Standards

Practicum and Internship is a professional setting with professional staff and actual clients. Therefore, professional, and ethical conduct is required for your participation in Practicum and

Internship. Toward that end, Graduate students adhere to the professional ethics of the counseling profession as advocated by the American Counseling Association. Please familiarize yourself with those standards and consider them binding on your involvement in Practicum/Internship. A copy of the 2014 ACA Code of Ethics can be found at the following link: <http://www.counseling.org/knowledge-center/ethics>

In addition to the ACA Code of Ethics, other ethical rules for Practicum and Internship are listed below. Each Practicum/Internship site will have its policies and procedures. It is your responsibility to obtain and understand these policies.

1. Video and material from client files are never to be discussed or shown to anyone other than your supervisor, instructor, or in class as directed by your instructor. Seek permission from your On-Site Supervisor before discussing a case in class.
2. Information about clients is never requested or released without the client's specific written consent, a copy of which must be kept in the client's file. In the case of child clients, a parent or guardian must authorize such action. An exception to this rule is made when it is suspected that the client may be a danger to self or others. The decision to breach the client's confidentiality is never to be made by the Graduate student alone. If the need arises, discuss it in detail with your On-Site Supervisor. Clients must be advised of these limits to confidentiality during the intake interview. Clients at risk of harm to themselves or others may not be appropriate for Graduate students and may need to be referred to more advanced practitioners.
3. The on-site supervisor or an appropriate designee must review all counseling documents.

Using Wireless Technology

The Clinical Mental Health Counseling Online program would like to identify best practices when connecting to an online Practicum or Internship course using wireless technology.

- a. Students should avoid using an unprotected Wi-Fi network. A Wi-Fi network is protected if it requires a password to log on.
- b. Students should consider using their cell phones as personal hotspots if a protected Wi-Fi network is unavailable. The student's hotspot should be password protected.

- c. When participating in supervision discussions online, the student should use language that de-identifies clients as much as possible.
- d. Students should find a private location when participating in online practicum or internship online course discussions.
- e. Students should use headphones or a headset with a microphone to prevent anyone, even family, from overhearing the conversation.
- f. Recording any part of an online discussion is expressly prohibited.

Telemental health for Practicum and Internship

Keiser University is committed to the continued education and field experience of students enrolled. If students cannot work at the approved site and could continue their clinical experience, they may apply to continue practicum or internship utilizing telehealth. Students and on-site-supervisor will need to adhere to the following:

- a. The student has an established site.
- b. The student has a qualified supervisor and maintains the same qualified supervisor for the duration of the application (site).
- c. The student site has a written telehealth protocol and safety plan in place.
- d. The site or other outside sources in telehealth professionally train the supervisor.
- e. The current site and qualified supervisor have a provision in place that the qualified supervisor will be readily available during the electronic therapy session: and
- f. The student and the client have an existing therapeutic relationship established before using telehealth.

Students and community partners know that Telehealth is synchronous (real-time information sharing) or asynchronous (relay of information with lag time) telecommunications technology by a telehealth provider to provide health care services. Healthcare services include but are not limited to the assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. Telehealth does not include audio-only telephone calls, e-mail messages, or fax transmissions.

Telehealth Training

It is recommended that supervisors and students only provide telehealth services after engaging in appropriate education, study, training, consultation, or supervision for professionals who are competent in the use of technology-based treatment. Students and supervisors understand that professional counseling services must be under a License Professional and adhere to The ACA Code of Ethics and HIPPA guidelines.

Professional Practice Materials

CASE CONCEPTUALIZATION AND PRESENTATION FORMAT

Adapted from: Stoltenberg, C.D., McNeill, B., & Delworth, U. (1998). *IDM supervision: An Integrated developmental model for supervising counselors and therapists*. (pp. 187-1819). Jossey-Bass.

This format is designed to help therapists collect and integrate relevant information for case conceptualization, diagnosis, and treatment, to organize client information, and facilitate discussion leading to an understanding and decision-making regarding client care.

Please document most of this data in past tense, as you have already met with the client.

1. Clinic Data

- a. Therapist name
- b. Status (first practicum site, intern, staff)
- c. Agency/Clinic site
- d. Number of sessions with clients
- e. Type of sessions (individual, group, marital, family)

2. Client Demographic Data

This section could include the client's name (initials or altered name for confidentiality), age, sex, marital status, children (in and out of home, ages, sex), and living situation (house or apartment, people living in the home and relationship with client).

3. SES Data

This section could include the client's occupation status, family members, average family income, transportation status (drives own car, public transportation), other economic resources (own house, savings, family support), and economic stressors (debts, child support, etc.).

4. Presenting Problem(s)

This section could include a description of the problem areas, listed separately, from the client's perspective, particularly noting the client's view of their order of importance. Suggested items of focus could be precipitating factors, duration of problems, history of problem occurrences, circumstances for previous problem occurrences, possible connections between problems.

5. Relevant History

This section covers the client's psychosocial, medical, and psychiatric history. It will vary in comprehension and focus according to the depth of treatment, length of treatment, theoretical orientation utilized, and the specific nature of the problems. Suggested topics for discussion:

1. Family and relationship history (family of origin/developmental issues, past marriages/significant relationships -duration, sexual functioning, dissolution factors, sexual orientation, etc., children -from current or prior relationships and status, current family status and structure)
2. Cultural history and identity (issues of ethnicity and race, identification/acculturation)
3. Educational history (childhood/developmental, adulthood/status)
4. Vocational history (types, stability, satisfaction)
5. Medical history (acute/chronic illness, hospitalizations, surgeries, significant patterns of illness in the family, accidents, injuries, with whom/where/how often receive medical care, etc.)
6. Health practices (sleeping, eating patterns, tobacco use, caffeine consumption, etc.)
7. Mental health history (prior problems, symptoms, diagnoses, evaluations, therapy experiences, past prescribed medications, current and family of origin mental health histories)
8. Current medications (dosages, purposes, physician, compliance, effects, side effects, etc.)

9. Legal history (arrests, DUI, jail/prison, lawsuits, any pending legal actions)
10. Use/abuse of alcohol or drugs (prescription or illegal)
11. Family (current and origin) alcohol/drug history

6. Interpersonal Factors

This section contains a description of client's orientation toward others in environment, such as manner of dress, physical appearance, general self-presentation, nature of typical relationship (e.g., dependent, submissive, aggressive, dominant, withdrawing, etc.), and behavior toward therapist (e.g., therapeutic alliance).

7. Environmental Factors

This section could include a description of elements in the environment, not already mentioned, that function as stressors and/or supports (e.g., friends, family, recreational activities, etc.) to the client – those centrally related to the presenting problems and more peripheral.

8. Personality Dynamics

Cognitive factors (data related to thinking and mental processes), such as intelligence, mental alertness, persistence of negative cognitions, positive cognitions, nature and content of fantasy life, level of insight (awareness of changes in feelings, behavior, reactions of others, understanding of the interplay, etc.), or capacity for judgment (ability to make decisions and carry out practical affairs of daily living).

Emotional factors, such as typical or most common emotional stress, predominant mood during interviews, appropriateness of affect, range of emotions client can display, or cyclical aspects of client's emotional life.

Behavior factors, such as psychosomatic symptoms, existence of problematic habits, or mannerisms.

9. Psychological Testing

Discussion of the methods or instruments utilized (both past and present), the evaluator(s), location, dates, reasons for testing, and results.

10. Life Transition/Adaptation Skills

Discussion of the client's coping skills (concrete efforts to deal with distressing situations; anticipation, preparation, response), social resources (supportive social

networks), and psychological resources (adaptive personality characteristics; self-efficacy, hardiness, optimism).

11. Formal Diagnosis and Diagnostic Rationale

DSM-5 Diagnosis, ICD-10 Code, Specifiers and include at least 1 (one) differential diagnosis.

Diagnostic Rationale

Discussion of symptoms/criteria shows how the client meets the diagnostic criteria for the diagnoses given above. Include the differential diagnoses, demonstrating that you ruled out other diagnoses.

12. Theoretical Conceptualization of the Case

First, identify the specific theories and briefly overview the general theory's main points. Next, describe how the conceptualization was applied to understand the existence of this client's problems. Finally, describe how the conceptualization affected the therapist's approach to treatment, which may also include discussion related to multicultural variables.

13. Recommendations

Each of the following is required to be included in your recommendations:

1. Prognosis.
2. Should services continue to be offered? Would a referral for counseling services elsewhere be more appropriate?
3. Potential referral(s) to other professions (e.g., medical, psychiatric, etc.).
4. Recommendation for a specific therapeutic orientation to be used with this client.
5. Nature of treatment (e.g., specific therapist, priority of treatment issues, interaction with client characteristics such as defensiveness, motivation for treatment, problem complexity, etc.).
6. Format recommendations concerning working with the client (e.g., individual, group therapy, etc.).

14. Treatment Plan

Based on the above information, describe the treatment plan you will follow to address the presenting and emerging problems. Make it consistent with your theoretical

orientation and available empirical evidence. Estimate the number and types of sessions needed to address the issues.

15. Session Critique:

Treatment Goals for the Session:

In preparation for the session, what were the goals that were hoped to have been accomplished?

1. These may or may not have been discussed with the client.
 - a. Examples of session goals could have been generated in supervision just prior to the session.
2. These may or may not be listed on the formal treatment plan.
 - a. Examples of session goals that would not necessarily be listed on the treatment plan would be: “Review the coping skills that were discussed during the previous session,” or “Strengthen rapport after the mandated breach of confidentiality due to risk of self-harm.”

Strengths:

After looking back on the session, what areas do you feel were managed well? Are there any components that the client happened to comment on as being helpful?

Weaknesses:

If you had the session to do over again, would you add or remove any of the session goals, say anything differently, use a different intervention technique, or use a different theoretical approach?

16. Questions/Issues

Note questions you have regarding the case and any issues you would like to address during group supervision.

Case Conceptualization and Presentation Format – Example

Clinic Data

Jan Therapist, Counseling Intern at College Counseling Clinic.

Number of sessions with the client: 12

Type of sessions: Individual

Client Demographic Data

Jane Doe is a 45-year-old Caucasian and Asian American female. JD is single, never married with no children. JS currently resides with her parents in the family home.

SES Data

The client reported they are a full-time student who is currently unemployed. Her father currently works full-time, and mom is a stay-at-home mom. The average family income is unknown currently. Client stated they rely on public transportation because they do not have a driver's license or a car. Client reported her parents will give her money when necessary. The client stated they are unemployed, and they do not like to take money from her parents unless it is necessary. Client reported they will collect aluminum cans and hold yard sales to have spending money.

Presenting Problem(s)

Client presented for counseling because a friendship they had with a classmate had just ended. The client reported feeling incredibly sad and alone. Client reported that they have a difficult time making friends and trusting others. The client reported that the friendship ended because the friend chose her boyfriend over the client. The client reported a lifetime of difficulties making and maintaining friendships. The client stated that all throughout elementary school, middle school, and high school people made fun of them, and they had very few friends. The client also reported having difficulties having a good relationship with her siblings, cousins, and other

relatives. The client appears to have pervasive problems with close intimate relationships as well as casual relationships with friends and family members by evidence of...

Relevant History

Family and relationship history: The client reported they are the youngest of three children; two older brothers, both of whom are very successful. The client reported that when they were, they experienced a lack of oxygen for a significant amount of time, resulting in being born “blue.” The client reported struggling both socially and academically all her life. The client reported that her mother has always loved and supported her, but her father has not been supportive, and they have a very strained relationship. The client also stated that they experience difficulties interacting with their siblings. However, the client reported being close to nieces and nephews and enjoys spending time with them.

Cultural history and identity: The client reported being Mexican American. The client reported that both her mother and father’s families have been in the United States for many generations.

Educational history: The client stated being labeled as learning disabled as a child but was able to attend classes and graduate from high school with her peers. The client reported graduating from junior college and is now pursuing a bachelor’s degree in art.

Vocational history: The client started having several part-time jobs, including busing tables in restaurants, and taking souvenir photographs for a riverboat touring company. The client reported having difficulties having a good relationship with her managers and co-workers in all job situations.

Medical history: As mentioned previously, the client suffered from a lack of oxygen during birth, which led to the development of some cognitive deficits pertaining to her intellectual and social abilities. The client denied any further medical difficulties.

Health practices: The client reported having normal sleeping patterns. The client denied the use of alcohol or tobacco. The client reported consuming approximately two 20 oz bottles of Pepsi per day.

Mental health history: The client reported being in counseling previously to help her deal with depression. The client stated that they saw a counselor for a while and that helped her learn how to better deal with depressive symptoms. Client reported that they have not currently taken any psychotropic medication in the past and would not consider taking any such medications in the future.

Current medications: None reported.

Legal history: None reported.

Use/abuse of alcohol or drugs: None reported.

Family (current and origin) alcohol/drug history: None reported.

Interpersonal Factors

Manner of dress: Client's style of dress was appropriate for her age, the setting, and the season.

Physical appearance: Client's hygiene was good by evidence of being well groomed. The client appeared short and significantly overweight for her height. Client reported weight gain; approximately 15 pounds over the past year.

General self-presentation: Client appeared shy and withdrawn by evidence of not maintaining eye contact and speaking in a very slow manner.

Nature of typical relationship: Client appeared to be very dependent in relationships by evidence of looking for self-validation from others.

Behavior toward therapist: The client was very slow to establish a relationship with the counselor, stating, "I don't trust psychologist types." However, the client has built a strong therapeutic alliance with the counselor over time.

Environmental Factors

The client reported being unhappy living at home with her parents and would like to have a place of her own. However, at this time, it may not be economically possible. The client reported struggling academically in some of her classes.

The client stated enjoying volunteering at the animal shelter. The client stated it is easier to have a good relationship with animals than with people, the client continued to state that being with the animals makes them feel better.

Personality Dynamics

Cognitive factors: The client has been shown to have several learning disabilities that include math, reading comprehension, and expressive language. The client tends to have more negative than positive cognitions as expressed through her distrust of people and the world in general. The client has a moderate level of insight by evidence of identifying how they are feeling, how other people are responding to her, and how her effect has an impact on how people treat her. The client has a moderate level of judgment by evidence of her ability to perform daily living tasks such as cooking, cleaning, navigating public transportation, attending classes, and doing homework. However, the client seems to lack the judgment of knowing how much it would cost her per month to live on her own.

Emotional factors: It appears the client's most common emotional stress is her lack of relationships and her feeling of being unloved and alone. During sessions, the predominant mood of the client is depression. The client is currently beginning to demonstrate a broader range of affect by evidence of smiling more, laughing, and making jokes.

Behavioral factors such as psychosomatic symptoms and existence of problematic habits or mannerisms: None to report.

Psychological Testing

Methods or instruments: WAIS-III

Evaluator, location, dates, and reasons for testing: Client was evaluated by Dr. Johnson at the counseling clinic June 2 – 14, 2010. The client was being tested to have her learning-disabled status updated.

Results: The client's previous status of being learning disabled was substantiated. The client's I.Q. was found to be 84.

Life Transition/Adaptation Skills

Coping skills: The client reported using deep breathing and relaxation techniques when experiencing stress. If possible, the client reported going on walks or removing stressful situations.

Social resources: The client reported their mother and current therapist as being a source of support.

Psychological resources: The client has a lot of tenacity by evidence of developing goals and working to accomplish the goals identified. The client reported working towards goals, no matter the length of time needed to accomplish the goal.

Formal Diagnosis and Diagnostic Rationale

296.21 (F33.0) Major Depressive Disorder, recurrent, mild

Client meets the criteria for major depressive disorder, recurrent, mild, because they report having a depressed mood for most of the day, nearly every day for more than two weeks, significant weight gain over the past few months, diminished interest in past pleasurable activities, feelings of worthlessness nearly every day, and a diminished ability to think or concentrate nearly every day. The client had previously been diagnosed with major depressive disorder, and this episode has not caused her significant impairment in her daily functioning.

V62.89 (R41.83) Borderline Intellectual Functioning

The client meets the criteria for borderline intellectual functioning because the client has had a history of learning and social deficits. Recent testing revealed the client's I.Q. to be 84.

Theoretical Conceptualization of the Case

The main theory utilized with this client is the client centered approach. Because this client has had such a difficult time forming relationships with others, the therapist believed this was the

best approach to use. Client centered therapy focuses on building a strong therapeutic alliance with the client through listening, reflecting feelings, and demonstrating unconditional positive regard.

It appears the client's problems stem from her inability to form and maintain relationships by evidence of the client being socially awkward and often speaks at a very slow pace. The client reported people often respond to her with impatience and judgment. The therapist believes this client needs to feel safe to express herself and needs to be treated with unconditional positive regard.

In demonstrating unconditional positive regard for the client, the therapist took her time to get to know the client. The therapist allowed the client to tell her story numerous times until the client felt heard and validated. While this initial stage of therapy took some time, once the client felt safe and secure in her relationship with the therapist, the client was then able to begin setting goals for herself and was able to begin moving toward those goals.

The client did not believe that being a Mexican American female had an impact on her or her problems. However, over time the client has begun to realize that her relationship with her father has been largely impacted by cultural values held by her father. This realization has given her a new way of thinking about her father and a new way of attempting to interact with him.

Recommendations

Each of the following is required to be included in your recommendations:

1. The client's prognosis is fair. With time, the client can develop friendships with at least one other person.
2. Services should continue through the college counseling center since the client is making some progress.
3. Client has been referred for neurofeedback to assist her with her depression and her issues with concentration. The client has previously refused to have an evaluation for anti-depressant medication.
4. It is recommended that the therapist continue to use a client centered approach with this client, as well as a gradual introduction of reality and choice theory.

5. It is recommended that this client continue to see the current therapist for counseling services.
6. It is recommended that the client continue in individual therapy currently. A possible referral to group therapy could be explored in the future.

Treatment Plan

All goals on the treatment plan have been created by the client, which is consistent with the client centered therapeutic approach.

Treatment Goal 1: Reduce symptoms of depression.

Objectives:

1. The client will walk for 30 minutes three times a week.
2. The client will add more fruits and vegetables to her diet daily.
3. The client will engage in one pleasurable activity of her choice at least once weekly.
4. The client will attend neurofeedback sessions once a week.

This goal will be addressed during every session and adjustments made when necessary. The client and therapist will re-evaluate this goal after the fourth session.

Treatment Goal 2: Begin making connections with other people.

Objectives:

1. Client will say “hi” to another student in her classes every class period.
2. Client will walk with her head up and will look people in the eye at least three times over a one-week period.
3. A client will smile at a classmate or stranger at least three times over a one-week period.

This goal will be addressed during every session and adjustments made when necessary. The client and therapist will re-evaluate this goal after the fourth session.

Treatment Goal 3: Improve concentration and school performance.

Objectives:

1. The student will attend neurofeedback sessions once a week.
2. The student will attend tutoring sessions three times a week.

3. The student will request that the school provide her with her books on tape when possible.
4. The student will request and use a note taker in her classes.

This goal will be addressed during every session and adjustments made when necessary. The client and therapist will re-evaluate this goal after the fourth session.

Session Critique:

Treatment Goals for the Session:

1. Review the goals outlined in the treatment plan.
2. Review the client's coping skills and how they are doing at implementing them during times of stress.

Strengths:

1. I believe I handled the review of the treatment plan goals well. I also believe I listened well to the client and was able to help the client look at an incident that occurred with the client's father in a different and more helpful manner.
2. The client stated that it had been helpful for us to talk about what has happened between the client and their father, as well as processing feelings regarding the situation.

Weaknesses:

1. Instead of asking a particular question, I might have reflected on what the client had said to see if I would have gotten a different response.
2. I think if I had the session to do over again, I would incorporate more choice theory into our discussion surrounding the father.

Questions/Issues

Now that we have established a solid therapeutic alliance, how do I begin to challenge the client to look at their actions in situations without coming across as judgmental and pushing them away?

Professional Counseling Organizations

As an important part of professional counselors, students are encouraged to join professional counseling associations. Active participation in professional associations is integral to professional identity and responsibility. Student members are available at a significantly reduced cost and typically provide the following advantages:

1. Receiving professional publications, such as journals and newsletters which provide current trends, research, issues, and other types of information in counseling.
2. Access and discounts to national and state conferences, which provides professional development and networking opportunities.
3. Access to resources, programs, and seminars.
4. Access to professional liability insurance.
5. Direct involvement with activities and issues (e.g., legislation and professional credentialing, including certification, licensure, and program accreditation)

The following professional counseling organizations offer opportunities valuable at any stage in professional development. Many national associations also have state-level counterparts. Membership is available to both students and professionals. Membership applications can be obtained directly from the organization.

National Counseling Associations

American Counseling Association

American Mental Health Counselors Association

American School Counselor Association

National Career Development Association

American Association for Marriage and Family Therapists

American Rehabilitation Counseling Association

Counseling Associations in Specific Areas

Association for Assessment in Counseling and Education

Association for Creativity in Counseling

Association for Adult Development and Aging

American College Counseling Association

Association for Counselors and Educators in Government

Association for Counselor Education and Supervision

Association for Lesbian, Gay, Bisexual, & Transgender Issues in Counseling

Association for Humanistic Education and Development

Counselors for Social Justice

Association for Multicultural Counseling and Development

The Association for Humanistic Counseling

Association for Spiritual, Ethical, and Religious Values in Counseling

Association for Specialists in Group Work

National Career Development Association

National Employment Counseling Association

Counseling Education Resources

Council for Accreditation of Counseling and Related Educational Programs

National Board for Certified Counselors

UNDERSTANDING AND ACKNOWLEDGEMENT

I _____ have received and read the Clinical Mental Health Counseling Program Student Handbook. I understand the policies and procedures as stated in the handbook. I agree to abide by the policies set forth therein.

I understand that it is my responsibility to meet the requirements stated in the handbook and to regularly check my Keiser e-mail account and attend courses to keep abreast of any announcements and news about the program and counseling profession.

I understand that the faculty will meet regularly to review student progress through the program and have the right and responsibility to monitor my academic progress, professional ethical behavior, and personal and interpersonal qualities necessary to succeed as a professional counselor. Based on that monitoring, faculty have the responsibility to render a judgment about my standing in the program. I understand that remediation may include the requirement of personal counseling which I will undertake at my own expense.

I understand that success in the sequence of clinical courses require skills that may be different from those required for success in didactic courses; thus, I understand that success in didactic courses does not guarantee success in clinical courses. I also understand that the sequence of clinical courses involve the demonstration of increasingly complex counseling skills and competencies and, consequently, success in earlier course(s) in the clinical sequence does not guarantee success in later course(s) in the sequence.

I understand that it is solely my responsibility to keep course syllabi, practicum, and internship supervision documents, and time logs, for when I apply for licensure.

I understand that the program meets general educational requirements for licensure and thus prepares me for but does not guarantee licensure as a professional counselor in any state. It is my responsibility to verify the specific requirements for licensure in the state I intend to practice.

Signature:

Date:

Appendices



Keiser University
M.S. in Clinical Mental Health Counseling
Program Plan and Checklist

Core Counseling Courses (36 credits)				
Course Number	Course Name	Pre-Requisite(s)	In-person Residency	Minimum Grade
MHC 501	Foundations of Counseling			
MHC 505	Counseling Across the Lifespan			
MHC 510	Counseling Skills and Techniques		Yes	B
MHC 515	Counseling Theories and Practice			B
MHC 520	Ethical and Legal Issues in Counseling			
MHC 525	Group Theories and Practice		Yes	B
MHC 530	Career Counseling			
MHC 535	Counseling and Advocacy with Diverse Populations			
MHC 540	Crisis Counseling			
MHC 545	Counseling Intervention and Treatment Planning	MHC555		B
MHC 550	Assessment in Counseling			
RSM610	Research and Program Evaluation			
Specialization Courses (15 credits)				
Course Number	Course Name	Pre-Requisite(s)	In-person Residency	Grade
MHC 555	Psychopathology and Diagnosis			B
MHC 560	Counseling in Community Settings			
MHC 565	Couple and Family Counseling			
MHC 570	Foundations of Addiction and Addictive Behavior			
MHC 575	Counseling and Sexuality			
Clinical Experiences (9 credits)				
Course Number	Course Name	Pre-Requisite(s)	In-person Residency	Grade
MHC 660	Practicum in Counseling Minimum: 100 clinical hours Recommended: 200 clinical hours	All Courses	Yes	B
	Comprehensive Exam (CPCE)			Pass
MHC 661	Internship in Counseling Minimum: 300 clinical hours Recommended: 800 clinical hours	MHC660		B
MHC 662	Internship in Counseling Minimum: 300 clinical hours Recommended: 800 clinical hours	MHC661		B



Clinical Mental Health Counseling Program

Graduate Student Review Rubric

Name: _____

Date: _____

Student ID: _____

The Graduate Student Review Rubric assesses dispositions necessary to support effective counseling skills and professional dispositional competencies. The GSRR provides direct feedback on traits, behaviors, and ethical application to develop as an effective counselor.

<i>Part I. Counseling Skills (work of the counselor)</i>	Exceeds Competencies (5)	Meets Competencies (4)	Developing Competencies (3)	Below Expectation on Competencies (2)	Does not Demonstrate Competencies (1)
Non-Verbal Cues	Demonstrates exemplary nonverbal communication and active listening skills that convey connectedness and empathy.	Demonstrates effective nonverbal communication and active listening skills that convey connectedness and empathy.	Demonstrates active listening and empathy but some inconsistency in nonverbal communication skills.	Demonstrates active listening and empathy but some inconsistency in nonverbal communication skills that cause connectedness issues.	Demonstrates poor nonverbal communication and active listening skills, such as ignores client or gives feelings of lack of empathy or judgment.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Encouragement	Demonstrates exemplary use of encouragement that supports the development of a therapeutic relationship.	Demonstrates appropriate use of encouragement for most counseling sessions but does not impede the therapeutic relationship.	Demonstrates some inconsistency in use of encouragement- or keeps very dry with the client.	Demonstrates limited ability to use encouragement, which impedes the therapeutic relationship.	Demonstrates poor ability to use appropriate encouragement, such as judging or blaming.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Questions	Demonstrates exemplary use of both open and close-ended questions, with an emphasis on the open-ended questions.	Demonstrates appropriate use of open and close-ended questions for most counseling sessions, some sessions may show discomfort in what to ask.	Demonstrates inconsistency in using open-ended questions and may use closed questions for prolonged periods.	Demonstrates limited ability to use open-ended questions with restricted effectiveness in building the session from those questions.	Demonstrates poor ability to use open-ended questions, such as questions tend to confuse clients or restrict the counseling process.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content paraphrasing	Demonstrates exemplary use of paraphrasing of the client with application as a primary therapeutic approach.	Demonstrates appropriate use of paraphrasing (majority of counseling sessions) with effective application suggestions.	Demonstrates paraphrasing inconsistently or relies on mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or paraphrasing is inaccurate leading to ineffective application.	Demonstrates poor ability to paraphrase, such as being judgmental, dismissive, or moving from topic to topic too quickly.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reflection and Summary	Demonstrates exemplary use of reflection of feelings as a primary approach and consistent ability	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions)	Demonstrates reflection of feelings inconsistently or does <i>not</i> match the client, and inaccurate ability	Demonstrates limited proficiency in reflecting feelings and/or is often inaccurate and limited	Demonstrates poor ability to use reflective feelings, may be judgmental

	to use summarization that includes content, feelings, and behavior and future.	and the ability to appropriately use summarization to include content, feelings, and behaviors.	to use summarization with only content or feelings included.	ability to use summarization (e.g., summary suggests counselor did <i>not</i> understand client or is focused on content rather than feelings, behaviors, or future).	and/or dismissive, or no use of summary.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expresses accurate empathy and care	Demonstrates exemplary and consistent ability to be empathic and understand when clients' needs take precedence over personal needs.	Demonstrates ability to be empathic and uses appropriate responses in most counseling sessions.	Demonstrates inconsistent ability to be empathic or use appropriate responses- client needs may not take precedence over counselors needs.	Demonstrates limited ability to be empathic or use appropriate responses; clear that clients' needs are not understood.	Demonstrates poor ability to be empathic and caring, such as creating an unsafe space for clients.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate respect and compassion	Demonstrates exemplary ability to be respectful, accepting, warm, and compassionate to form good working relationships with clients.	Demonstrates consistent ability to be respectful, accepting, and compassionate with clients in most counseling sessions.	Demonstrates respect but inconsistent ability to be accepting or compassionate with clients.	Demonstrates limited ability to be respectful, accepting, or compassionate with clients.	Demonstrates poor respect, acceptance, and compassion.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Boundaries	Demonstrates exemplary ability to hold to professional boundaries with clients and to support clients	Demonstrates the ability to hold to professional boundaries with clients and to support clients with professional	Demonstrates the ability to hold to professional boundaries with clients but may not or may be unaware of how to	Demonstrates limited understanding of what professional boundaries are.	Violates professional boundaries or allows client to violate professional boundaries.

	with professional boundaries.	boundaries in most sessions.	support clients with professional boundaries.		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part II. Therapeutic Conditions (Supporting work of the Client)	Exceeds Competencies (5)	Meets Competencies (4)	Developing Competencies (3)	Below Expectation on Competencies (2)	Does not Demonstrate Competencies (1)
Challenging Client Reflection	Demonstrates exemplary ability to be present, support and challenge clients through verbalizing inconsistencies and discrepancies in the clients' words and actions and use immediacy in working with the client.	Demonstrates the ability to support and confront clients by being present, verbalizing inconsistencies and discrepancies in the clients' words or actions but may be hesitant or not using immediacy in some sessions.	Demonstrates limited ability to be present, or to challenge clients through verbalizing inconsistencies or discrepancies in clients' words or actions or may not do so supportively, with immediacy, or may miss opportunities.	Demonstrates inability to be present or to challenge clients or does not utilize immediacy to verbalize discrepancies in the client's words or actions in a supportive or caring fashion.	Demonstrates poor ability to be present with clients or use advance reflection to challenge clients in a supportive way.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supporting Client Goals	Demonstrates exemplary ability to establish collaborative and appropriate therapeutic goals with clients, to recognize strengths, and to redirect clients as needed.	Demonstrates ability to establish collaborative and appropriate therapeutic goals with a client in most counseling sessions but may struggle or delay in redirecting.	Demonstrates inconsistent ability to establish collaborative therapeutic goals with clients, or to redirect to focus on goals, but goals established are appropriate.	Demonstrates limited ability to establish collaborative goals, to redirect client to focus on goals, or some therapeutic goals are not appropriate.	Demonstrates poor ability to develop and redirect to therapeutic goals, such as identifying unattainable goals, or agreeing with goals that may be harmful to the client.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Align Client Responses with Goals	Demonstrates exemplary ability to be empathic in the use of appropriate responses that align with client goals.	Demonstrates consistent ability to be empathic and uses responses that appropriately align to client goals in most counseling sessions.	Demonstrates inconsistent ability to be empathic and responses may be somewhat appropriate but misaligned with client goals. or does not use appropriate responses that align to client goals.	Demonstrates limited ability to be empathic and does not use appropriate responses that align to client goals.	Demonstrates poor ability to maintain focus in counseling, such as counseling moves focus away from clients' goal.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Structuring the Counseling Session	Student displays exemplary organization of the structure of the session within time limits, appropriate follow up as necessary, and referrals offered. Counselor adheres to an appropriate treatment plan, use of theory/best practices, and identifies risk factors.	Student adheres to an organizational structure and timeframes of the session. Student uses appropriate treatment plan, use of theory/best practices, and can identify risk factors, but may struggle with follow up or offering resources/referrals.	Student adheres to an organizational structure and timeframes of the session, uses the treatment plan, but may not rely on theory/best practices, or may struggle with addressing risk factors or appropriate referrals/resources.	Student has somewhat of an unorganized structure of their session, may not adhere to timeframes, or may not focus on the treatment plan. Student may not utilize best theory/practice or may not address appropriate support for risk factors.	Student is not organized in their client sessions, does not adhere to timeframes, or may be off topic from the treatment plan or best practices. Student does not identify risk factors or provide appropriate response to those factors.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part III. Personal Counseling Disposition	Exceeds Competencies (5)	Meets Competencies (4)	Developing Competencies (3)	Below Expectation on Competencies (2)	Does not Demonstrate Competencies (1)
Professional and personal enthusiasm	The student demonstrates exemplary enthusiasm	The student demonstrates consistent enthusiasm	The student demonstrates	The student lacks some enthusiasm which has a negative	The student has a negative attitude surrounding the work

	for the work of a counselor. The student appears genuinely interested and displays initiative in acquiring the skills and knowledge expected of a professional counselor.	for the work of a counselor. The student appears genuinely interested in acquiring the skills and knowledge expected of a professional counselor, although initiative in acquiring deeper skills could be utilized.	enthusiasm for the work of a counselor. The student appears interested in acquiring the skills but may not exhibit initiative in continuous development of skills.	impact on the environment. The student does not appear interested in developing skills and knowledge expected of a professional counselor.	of a counselor that impacts the environment and overall success of the student in acquiring skills and knowledge.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethical/ Professional Behavior	The student demonstrates exemplary integrity, ethical behavior, and is honest and trustworthy in communications and interactions with others. Students always professionally represents themselves.	The student consistently demonstrates ethical behavior and is honest and trustworthy in communications and interactions with others.	The student demonstrates ethical behavior but may lack some honest or trustworthy communication in interactions with others.	The student does not demonstrate ethical behavior by engaging in gossip, or complaints in an unproductive manner. The student has violated copyright restrictions, plagiarized, or broke an ethical violation in the didactic curriculum. The student may not present themselves professionally to classmates or instructors.	The student demonstrates poor ethical behavior such as disrespect, or otherwise impedes professional standards of the counseling profession. The student may have broken an ethical violation in the clinical curriculum. The student may not present themselves professionally in the practical or clinical portions of the program in front of classmates, supervisors, and/or clients.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respectful and Collegial Interaction with Faculty & Peers	<p>Student shows exemplary respectful collaboration, while utilizing professional boundaries with peers, faculty, staff, and other professionals.</p> <p>Student is aware of and sensitive to roles within one on one and group settings and responds appropriately (social cues).</p>	<p>Student is respectful and relates well to peers, faculty, staff, and other professionals.</p> <p>Student is sensitive to their role in settings and responds appropriately (social cues).</p>	<p>Student relates well to peers, faculty, staff, and other professionals, but could work on respectful interactions in the face of adversity.</p> <p>Student continues to work on understanding their role in different settings.</p>	<p>Student has difficulty relating well to peers, faculty, or other professionals, and sometimes shows a lack of awareness or borderline disrespect in modifying interactions for roles in a variety of settings.</p>	<p>Demonstrates no openness to collegial or faculty feedback and is defensive, dismissive, or disrespectful when put in varying settings.</p>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Openness to Diversity	<p>Students demonstrates exemplary commitment to diversity including self-awareness, knowledge, and skill. The student consistently strives to develop in multicultural and social justice counseling competencies (MSJCC). The student is open to feedback regarding strategies to eliminate</p>	<p>The student regularly demonstrates a commitment to diversity. The student demonstrates knowledge and skill and regularly strive to develop multicultural and social justice counseling competencies (MSJCC). The student may need to develop self-awareness skills, but</p>	<p>The student demonstrates a commitment to diversity. The student continues to develop multicultural and social justice counseling competencies (MSJCC) and is open to feedback regarding strategies to eliminate intentional/unintentional oppression and discrimination prejudices.</p>	<p>The student demonstrates indifference or lack of awareness/commitment to diversity. The student may lack self-awareness or general knowledge. The student does not work to develop multicultural social justice counseling competencies (MSJCC) or is closed to feedback regarding strategies to eliminate prejudices of</p>	<p>The student demonstrates a poor ability to adapt to his or her clients' diversity and does not have self-awareness, or openness to knowledge and skill development in the area. The student is not open to feedback regarding strategies to eliminate intentional/unintentional oppression and</p>

	intentional/unintentional oppression and discrimination prejudices and can articulate their beliefs.	is open to feedback regarding strategies to eliminate intentional/unintentional oppression and discrimination prejudices.		intentional/unintentional oppression and discrimination.	discrimination prejudices.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stable/ Dependable	The student exceeds expectations regarding the demonstration of emotional maturity, follow through on commitments, an adequate sophistication of thought, and behavior appropriate for a graduate student aspiring to be a professional counselor. Students take actions recommended for self-care and builds self-care into their daily routine.	The student consistently displays emotional maturity, an adequate sophistication of thought, and behavior appropriate for a graduate student aspiring to be a professional counselor. The student may need to take actions for self-care.	The student demonstrates an emotional maturity but may need to build sophistication of thought and behavior appropriate for a graduate student aspiring to be a professional counselor. Self-care routines while essential, may be inappropriately managed and impede student success.	The student demonstrates either limited emotional immaturity, or an inadequate sophistication of thought or behavior inappropriate for a graduate student aspiring to be a professional counselor. Self-care may either be non-existent, or so exaggerated that it impacts success.	The student demonstrates poor maturity, and inadequate sophistication of thought and behavior appropriate for a graduate student aspiring to be a professional counselor.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication / Conflict Resolution	The student utilizes exemplary respectful communication style, language, and demeanor, and acknowledges own	The student utilizes appropriate communication styles in all situations and is continuing to work on refining professional	The student demonstrates an appropriate communication style when reminded but need to establish a	The student is aggressive, passive, or defense in communication, and discourages support for conflict resolution.	The student utilizes assertive and aggressive communication styles that are off putting to classmates,

	role in difficult communication for all situations.	communication style that matches their counseling identity.	counseling identity that carries through the way they communicate.		instructors, or supervisors, in a way that is unbecoming of the field.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Response to Criticism with Respect to Leadership	The student demonstrates exemplary understanding of the supervisory relationship, listens carefully to feedback, and responds by making appropriate changes. Students often seek feedback from supervisors as an opportunity for growth. The student is not defensive and takes responsibility for own actions.	The student is respectful to the supervisory relationship but may need to listen to feedback so they can better respond by making appropriate changes. The student sees feedback as an opportunity for growth. The student is not defensive. The student does not make excuses.	The student is respectful to their supervisor but does not accept feedback by making appropriate changes. The student is respectful of feedback and is not defensive but may make rational excuses.	The student demonstrates an emotional immaturity, or a covert disrespect to the supervisory relationship. An inadequate sophistication of thought or behavior when receiving criticism may impede improvement or positive change.	The student utilizes assertive and aggressive responses to criticism or is disrespectful to the supervisory relationship. Student is unwilling to self-reflect.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professionalism (Residency/Live Sessions)	Student demonstrates exemplary professional hygiene, attire, time management, and professional focus. Student can critique their own performance	Student demonstrates professional hygiene, attire, time management, and professional focus. Student can accept critique on their performance but may	Student may not demonstrate professional hygiene, attire, time management, or professional focus. Student respectfully accepts critique but	Student does not demonstrate professionalism or professional focus. Student may be willing to listen to feedback but does not accept it as personal critique or	Student does not display professionalism in dress or conduct. Student is unwilling to participate, receive feedback, or modify

	and adjust performance as situations require.	not adjust performance as situations require.	does not adjust performance as situations require.	is not willing to change performance and practice.	practices for the purpose of learning.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments / Clarifications / Notations (Required for any “No Pass” Items):

Student Signature:

_____ Date: _____

Academic Advisor
Signature:

_____ Date: _____

Clinical/APC
Signature:

_____ Date: _____



Keiser University

**Graduate School
Site Supervisor
Information Form**
Clinical Mental Health Counseling

Instructions

Type or clearly print the required information in the provided space. All completed forms must be scanned and emailed to the Clinical Coordinator. Forms will be returned if not completed completely & correctly.

Term: _____ Course Name/ Number: _____

Student Name: _____ Student #: _____

Email: _____@student.keiseruniversity.edu Phone: _____

Contact Information: Prior Approved Site ☐ New Site ☐ Date: _____

Name of Clinic or Site (no commas, colons or semicolons)

Site Address: _____

City _____ County: _____ State _____ Zip _____

Phone: _____ FAX : _____

Clinical Contact Person Name (First and last name with title):

On-Site Supervisor (if different from above): _____

On-Site Supervisor's Degree & Major: _____

A minimum of a master's degree in counseling or a related profession.

License/Certification Title: _____

License/Certification #: _____

Must be licensed in the state where the counseling services will be conducted.

Total Years of On-Site Supervisor's Professional Experience: _____

*Minimum two years professional experience in mental health counseling (including practicum/internship during graduate school).

Copy On-Site Supervisor's Resume included: ☐ Yes ☐ No

Copy On-Site Supervisor's license included: ☐ Yes ☐ No

Copy On-Site Supervisor's supervision credentials included (if applicable): ☐ Yes ☐ No

Supervisor's Phone: (*important*): _____ Email (*important*): _____

Primary Practice Population: (please check)

☐ Adolescent ☐ Young Adults ☐ Adult ☐ All Ages

Primary Area of Specialization: (please check all that apply)

☐ Community Mental Health (Clinical) ☐ Addiction service ☐ Outpatient ☐ Residential/Inpatient

☐ Community-Based Services ☐ Other: _____

Graduate Student's Signature

Date

On-Site Supervisor's Signature

Date

Clinical Coordinator Signature

Date



Master of Science, Clinical Mental Health Counseling Program

Live Supervision Micro Counseling Skills Assessment Scale

Name of Student: _____

Supervisor: _____

Date: _____

Counseling Skills Assessment Rubric

Given the context of the session (setting, population, stage in the counseling process, and presenting problem), rate the student's use of each counseling skill, trait, or attitude. Criteria are quality and quantity of skill, trait, or attitude including appropriateness, effectiveness, timeliness, and accuracy. It is expected that students in MHC 661 and MHC662 would have mostly 2's and 3's.

Rating Scale

3 – Master's criteria

2 – Consistently meets criteria

1 – Minimally or inconsistently meets criteria

0 – Absence or inappropriate use of skill, attitude, or trait

N – Not required, not applicable, or no opportunity to observe

	3	2	1	0	N
The Counseling Session					
Demonstrates attending behavior (verbal and nonverbal, eye contact, vocal qualities, verbal tracking, body language) <i>Ch. 3</i>					
Uses questions appropriately to enhance the session and draw out the client's story (e.g., minimal, open, timing) <i>Ch. 5</i>					
Uses paraphrasing and summarizing to show understanding of client's story (reflection of content) <i>Ch. 6</i>					
Accurately reflects client feeling as evidenced by client affirmation (reflection of feeling) <i>Ch. 7</i>					
Demonstrates confrontation of client discrepancies, inconsistencies, and conflicts <i>Ch. 10</i>					
Demonstrates reflection of meaning/interpretation/reframing <i>Ch. 11</i>					
Uses appropriate self-disclosure/feedback/immediacy. (Here-and-now) <i>Ch. 12</i>					
Collaborates with the client to establish clear therapeutic goals. <i>Ch. 8, 14</i>					

Facilitates client movement toward goals (action) <i>Ch. 13</i>					
Structures the beginning and ending of the session					
Demonstrates the use of theory specific techniques					
Counselor Traits & Attitudes					
Demonstrates caring/warmth/positive regard toward client					
Demonstrate acceptance and an unconditional attitude toward client					
Cultivates hope and creates with the client the expectation of positive change (a common factor)					
Demonstrates ethical behavior <i>Ch. 2</i>					
Attends to multicultural issues <i>Ch. 2</i>					

NATIONAL CREDENTIALS

National Board for Certified Counselors (NBCC). The National Board for Certified Counselors was initiated due to the American Association for Counseling and Development's professional concerns and efforts in credentialing. After several years of investigation and survey of need, it was determined that the time had come for a national certification process for counselors. In 1982, the NBCC was incorporated as an independent, voluntary, non-profit organization whose primary purposes are to establish and monitor a national certification system, to identify to professionals and the public those counselors who have voluntarily sought and obtained certification, and to maintain a register of those who have met predetermined NBCC standards in their training, experience, and performance on the NBCC Certification Examination.

By granting certification, it is not the intent of the NBCC to certify counselors for employment nor to impose personnel requirements on agencies and organizations. Rather, it is their intent to provide a national standard that can be used as a measure of professionalism by interested agencies, groups, and individuals. The responsibility for professional integrity and excellence remains with the counselor. It is further intended that national certification will encourage the continuing professional growth and development of National Certified Counselors and advance cooperation among groups and agencies actively involved in the credentialing of counselors and counselor educators.

The NBCC exam is administered three (3) times each year at locations throughout the nation. Information and registration materials are available from The National Board for Certified Counselors, 3-D Terrace Way, Greensboro, North Carolina 27403, or you may visit their web site at www.nbcc.org.

Certified Clinical Mental Health Counselor (CCMHC). The National Certified Counselor (NCC) certification is a prerequisite of specialty certification. Applicants for the Certified Clinical Mental Health Counselor (CCMHC) must complete the required coursework, supervision, and examination.

Students in a Clinical Mental Health Counseling program, approved by CACREP, who have met all the requirements except experience and submittal of the clinical work sample may sit for the NCE and the NCMHC E during their last semester before graduation. Upon passing the

examinations, the applicant is given the designation NCC and Board Eligible CCMHC. Certification as a CCMHC has become the standard in the field of Mental Health Counseling for regulatory boards establishing state standards and insurance companies and other third-party payors evaluating service providers (KCA News, Vol. 5 No. 4).

PROFESSIONAL ASSOCIATIONS

American Counseling Association (ACA). The American Counseling Association (ACA) is an organization of counselors, students, faculty, and related members interested in, or working in, the counseling profession. Its origins go back almost 60 years, and the name ACA has undergone numerous changes. ACA contains the following divisions:

Association for Assessment in Counseling (AAC). This association is for persons who use assessment in counseling, train and supervise such persons, or develop and validate assessment products and procedures (e.g., tests, inventories, behavioral rating scales). (Organizational Affiliate) of American Counseling Association www.aarc-counseling.org

Association for Adult Development and Aging (AADA). This association is for those interested in counseling adults and focusing on matters related to the development and needs of adults across the lifespan. (Organizational Affiliate) of American Counseling Association www.counseling.org

American College Counseling Association (ACCA). This professional association is for those in higher education who have a professional identity in counseling and whose purpose is student development. You may visit their web site at www.collegecounseling.org and www.counseling.org.

Association for Counselor Education and Supervision (ACES). This association is for those interested in counselor education which recognizes the need for quality education and supervision of counselors in all work settings. You may visit their website at www.acesonline.net.

Association for Humanistic Education and Development (AHEAD). This association is for those committed to implementing humanistic principles and with a primary responsibility or interest in human development. You may visit their website at <https://afhc.wildapricot.org/>

Association for Multicultural Counseling and Development (AMCD). This association is for those who want to improve ethnic and cultural empathy and understanding through education and exchange experiences. You may visit their web site at www.multiculturalcounselingdevelopment.org .

American Rehabilitation Counseling Association (ARCA). This association is for professional rehabilitation counselors and others concerned with improving the lives and rehabilitation of persons with disabilities. You may visit their web site at www.arcaweb.org .

Association for Spiritual, Ethical & Religious Values in Counseling (SERVICE). This professional association is for those interested in religious, spiritual, and value issues and how they relate to the counseling profession and its practitioners. (Organizational Affiliate) of American Counseling Association www.counseling.org

American School Counselors Association (ASCA). This association is for those interested in school counseling or related areas and activities having an impact on a student's success and wellbeing. You may visit their web site at www.schoolcounselor.org.

Association for Specialists in Group Work (ASGW). This professional association is for those interested in group counseling and group process with all age groups and in all settings. You may visit their web site at www.asgw.org.

International Association of Addiction / Offender Counselors (IAAOC). This association is for those interested in the field of addictions and/or offender counseling, particularly in the rehabilitation of the incarcerated addict and codependents. You may visit their web site at www.iaaoc.org .

International Association of Marriage & Family Counselors (IAMFC). This association is for those whose primary work-related responsibilities or interest is around marriage and family counseling. www.iamfconline.org.

Military Educators and Counselors Association (MECA). This association is for those interested in counseling military personnel and their families and developing professional counseling services for the Armed Forces and federal agencies. (Organizational Affiliate) of American Counseling Association www.counseling.org

National Career Development Association (NCDA). This professional association is for those interested in career development and counseling practices, and whose primary responsibility or interest involves enhancing work experience across the life span. You may visit their web site at www.ncda.org.

National Employment Counseling Association (NECA). This association is for those who counsel in employment and placement settings. You may visit their website at www.employmentcounseling.org/

American Mental Health Counselors Association (AMHC A). The American Mental Health Counselors Association (AMHC A) is the professional membership in AMCHA that requires a master's degree in counseling or a closely related mental health field and adherence to AMHC A's National Standards for Clinical Practice. Student membership is encouraged while completing the graduate program. This association is to enhance mental health counseling through licensing, advocacy, education, and professional development. The American Mental Health Counselors Association is the national organization representing licensed mental health counselors and state chapters with consistent education, training, licensing, practice, advocacy, and ethics standards. Mental health counseling is a distinct profession with national education, training, and clinical practice standards. You may visit their website at www.amcha.org.

COUNSELING-RELATED WEBSITES BY STATE

Please note that not all states and originations are represented on this list. For a comprehensive list, visit the American Counseling Association website at <https://www.counseling.org/knowledge-center/licensure-requirements/state-professional-counselor-licensure-boards>

ALABAMA

Alabama Counseling Association - www.alabamacounseling.org

CALIFORNIA

California Counseling Association - <https://cacounseling.wildapricot.org/>

FLORIDA

Florida Counseling Association – www.flacounseling.org

GEORGIA

American Counseling Association of Georgia - www.counseling.org/my-aca/

IDAHO

Idaho Counseling Association - www.idahocounseling.org/

ILLINOIS

Illinois Counseling Association – www.ilcounseling.org

INDIANA

Indiana Counseling Association – www.indianacounseling.org

KENTUCKY

Kentucky Counseling Association – www.kyca.org

LOUISIANA

Louisiana Counseling Association – www.lacounseling.org

Louisiana Mental Health Counseling Association - www.lacounseling.org/lca/LMHC A.asp

MISSOURI

American Counseling Association of Missouri –
www.counselingmissouri.org/counselingmissouri/

Missouri Mental Health Counselors Association – www.mMHC a.net

NEW YORK

New York Counseling Association - www.counseling.org/new-york/

New York Mental Health Counselors Association – www.nyMHC a.org

OHIO

Ohio Counselors Association – www.ohiocounseling.org

Ohio Mental Health Counseling Association – www.ohMHC a.org

TENNESSEE

Tennessee Counseling Association – www.tncounselors.org

TEXAS

Texas Counseling Association – www.txca.org

VIRGINIA

Virginia Counseling Association – www.vcacounselors.org

WASHINGTON

Washington Counseling Association – www.wa-counseling.org

Washington Mental Health Counseling Association – www.wMHC a.org/

WEST VIRGINIA

West Virginia Counseling Association – <http://wvcounseling.org>