College of Social and Behavioral Sciences

Master of Arts in Clinical Mental Health Counseling

Program Handbook

2025-2026

Physical Address: 5520 108th Avenue NE, Kirkland, WA 98033Mailing Address: PO Box 579, Kirkland, WA 98033

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Program Philosophy and Ethos

A Word from the Dean:

The College of Social and Behavioral Sciences (CSBS) at Northwest University (NU) educates individuals, through a distinct Christian Worldview, to serve within the mental health and humanservices professions both locally and internationally. Its four graduate programs, including the MA in Clinical Mental Health Counseling (CMHC), MA in International Community Development (ICD), MS in Data Analysis and Research Psychology (DARP), and Doctor of Psychology in Counseling Psychology (PsyD), are built upon the integration of counseling, culture and social justice and designed to equip people from a wide variety of professions to work for social change and justice across cultural boundaries. Students involved in the online and on-ground CMHC Programs prepare to serve individuals from different backgrounds with a variety of needs. These programs have a unique multicultural focus with an emphasis on social justice and prepare students to qualify for a master's level state license.

Whether serving locally or internationally, graduates of the CSBS are prepared to respond to the Call of Christ through excellent theory development and advanced applied skills to provide care in a rapidly globalizing world. We are excited to have you join us!

Robert Campbell, Psy.D.
Dean, College of Social and Behavioral Sciences

A Notice to Students

Welcome to the Master of Arts in Clinical Mental health Counseling (CMHC) program in the College of Social and Behavioral Sciences (CSBS) at Northwest University. Success in this program is a joint effort between faculty and student. The development of students to become spiritually sensitive, ethically sound, and academically prepared counselors is of utmost importance to our faculty. Due to the many requirements necessary for licensure, there are factors that can prohibit students from earning a MA-CMHC or becoming a Licensed Mental Health Counselor. The faculty of the program cannot guarantee either graduation from the program or licensure from the state. However, we will endeavor to provide each student with many opportunities to accomplish their goals. The university, program directors, and faculty are committed to upholding state and national standards to foster the opportunity for licensure, if desired.

Students are expected to reach a professional standard that exceeds passing grades, meeting prescribed competencies, clinical training requirements, and professional standards. The emotional stability, interpersonal skills, maturity, and ethical conduct of each student will be evaluated regularly. The program requires 10 hours of individual psychotherapy conducted by a licensed mental health provider. Participating in individual therapy provides an opportunity for students to experience all aspects of the therapeutic relationship, gain support while in graduate school, and further develop themselves as an individual in preparation for professional practice. Faculty reserve the right to request that a student engage in additional psychotherapy throughout the program and may require counseling as a condition for remediation or re-admittance. Please note, as a part of the CMHC Program, criminal background checks are conducted in the fall prior to the start of Practicum. Any record of criminal history involving mistreatment of vulnerable populations, such as but not limited to abuse of a child or elder, may subject the student to program dismissal due to professional conduct standards.

The information in this MA-CMHC Program Handbook does not supersede the information found in the:

American Counseling Association (ACA) Ethics Codes

Laws of the Washington State Department of Health

Students are responsible for knowing the information found at the websites above.

Attestation Form

This handbook is published for information purposes only. Although every effort is made to ensure accuracy at the time of publication, this handbook shall not be construed to be an irrevocable contract between the student and the University. Northwest University reserves the right to makeany changes to the content and provisions of the handbook without notice.

Students must agree to adhere to all the policies in this handbook. They must also agree to adhere to state, national, andthe American Counseling Association's (ACA) code of ethics.

Printed Name_____ Date_____

Signature_____ Date_____

*** Students need to download this notice, sign, and upload it to the assignment in the Human Growth and Development Course.**

CSBS Faculty Contact Information

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A directory of all CSBS faculty and staff is available on our Eagle page.

Mission Statement and Vision

Mission Statement

The Master of Arts in Clinical Mental Health Counseling (CMHC) program strives to equip individuals, through a distinct Christian Worldview, for service in the mental health field as licensed professional counselors working with diverse populations using evidenced-based practices and to be a catalyst in the integration of counseling, culture, and social justice through spiritual vitality, academic excellence, and empowered engagement with human need.

Vision and Commitment

The CMHC Program's passion for counseling, culture, and social justice complements and aligns with the vision of Northwest university to *Carry the Call* of God by continually building a learning community dedicated to spiritual vitality (heart), academic excellence (head), and empowered engagement with human need (hands).

To *Carry the Call* with the Heart involves understanding the spiritual side of life. It entails appreciating and valuing those who are different, and it requires connecting with people's heart in spiritual ways that are meaningful to them. To touch the heart, one must understand culture, for the heart is entwined with culture.

To *Carry the Call* with the Head suggests having a solid grasp on an area of expertise. In the field of counseling, it includes thinking critically, making decisions with authority, and accumulating a plentiful and available reservoir of knowledge.

To *Carry the Call* with the Hand is turning knowledge into power and living with conviction. With passion for action, it is improving society, helping those who cannot help themselves, having compassion, and being Christ-like. To truly minister and offer healing, one must champion justice and embrace the disadvantaged through loving acts of social justice.

Overview of the Master of Arts in Clinical Mental Health Counseling Program

The Master of Arts in Clinical Mental Health Counseling (CMHC) Program at Northwest University prepares students, through a distinct Christian Worldview, for licensure as counselingprofessionals with tangible knowledge and skills that can be used to serve the needs of others in a globally relevant and socially conscious manner. Students learn to integrate a strong theoretical knowledge base with practical, theory-informed, evidence-based skills to provide counseling services. During the CMHC Orientation, new students will be assigned an advisor who will support them through the course of the program. Advisor assignments are posted on the CMHC Eagle webpage.

Program and Course Format

* It is important to note that, regardless of the modality, the requirements of the program make full-time work very difficult. Therefore, students must be aware that, at minimum, work will likely need to shift to accommodate the requirements of the program.

Online Format

The CMHC online format is a 36-month (3 year), 9-semester, year-round online program with three required on-campus residency experiences. This program enrolls students in the fall. It takes three years in this format of full-time enrollment to complete the CMHC program across three annual terms (fall, spring, and summer semesters). Enrolling in the program part-time willextend the program to 48 or more months as not every course is offered every semester.

> Courses run 15 weeks in length. Students will enroll in two to three courses every term. The curriculum sequence is available on the Eagle website.

On-Campus Format

The CMHC on-campus format enrolls students in the fall. It takes 2 years in this format of full-time enrollment to complete the CMHC Program across three annual terms (fall, spring, and summer semesters). Students attend class on campus every Tuesday and Thursday and occasionally on weekends. Students will complete 12 credits (4 courses) each semester the first year and 9 credits (3 courses)in fall and spring and 6 or 7 credits in the summer of the second year.

Admission Requirements

The admission requirements for the CMHC program are:
A Bachelor of Arts or Science (or an equivalent degree) from a regionally accredited college or university.
Minimum GPA of 3.0 on a 4.0 Scale
To be considered for admission, a student must provide:
A completed admissions application
Interest letter addressing the following prompts:
Provide a brief introduction of yourself and why the Clinical Mental Health Counseling program at Northwest University interests you.
Describe your future career goals in the counseling field, and how you see the Clinical Mental Health Counseling Program at Northwest University preparing you to meet those goals.
Describe experiences that have led you to a career as a counseling professional. Include how these experiences have prepared you for the Clinical Mental Health Counseling Program and what strengths you bring with you to the program.
Describe cross-cultural experiences that have shaped your awareness of cultural differences and how those differences may be represented in the counseling setting.
Describe your faith/belief/spiritual journey.
Official Transcripts from the applicant's degree granting college or university.
Three references from any of the following sources (at least one academic reference is required. If an academic reference is not available, a professional references addressing possible academic readiness is encouraged)
Academic
Professional
Pastoral
Personal (non-family)
Participation in Group Interview with core faculty and other applicants

Individual Psychotherapy

All students are required to complete at least 10 hours of individual counseling with a fully licensed mental health provider prior to Internship I. These hours can begin being counted in thefall semester of the first year of the CMHC program. Students will not be allowed to start accruing internship hours until the individual counseling requirement has been met. The student will be asked to provide documentation of hours completed, to include the signature of the licensed mental health practitioner. The clinician must have an LMHC, LMFT, LCSW, or Psychologist license. Associate licensees do not satisfy the requirements. Each applicant shouldcarefully consider if he or she can successfully complete this program with his or her lifestyle and commitments.

Transferring Course Credits

Students may request the faculty to have previous graduate-level coursework considered for transfer credit.

In addition to the policy stated in the Graduate Catalogue for transferring credits from other institutions,

the following guidelines apply:

- A maximum of **six (6) credit hours** may be transferred.
- Courses must align with current CACREP Standards and meet the requirements of the program.
- Students must submit their transfer credit request at the time of program entry.
- A syllabus (in English) for each course being considered **must** be provided.
- Once the faculty team reviews the petition, students will be notified of the decision by email.
- Only the courses listed below are eligible for transfer credit:

Course Code	Course Name
COUN 5053	Marriage and Couples Counseling
COUN 5153	Research Methods and Program Evaluation
COUN 5403	Theories and Systems of Counseling
COUN 5503	Multicultural Issues in Counseling
COUN 6103	Child, Adolescent, Family Counseling
COUN 6363	Career Counseling
COUN 6603	Human Growth and Development
COUN 6763	Substance Abuse Counseling and Interventions

Accommodation Policy and Procedures

For students with learning differences and/or physical disabilities, as defined by the ADA and Section 504 of the Rehabilitation Act, Northwest University takes an individual and holistic approach to providing accommodations. Accommodations are developed and approved on an individual basis by the Student Development Office, not the CMHC program or individual faculty members. Students needing accommodations for a diagnosed disability should follow the procedures provided on the Student Development Office's website for disability accommodations. After an accommodation plan is approved, it is the student's responsibility to share their accommodation plan with their instructors.

Program Outcomes

The program utilizes the below program outcomes (i.e., goals) to both guide program curriculumand evaluate student competency development. In order to graduate from the CMHC program, students must successfully demonstrate proficiency in all program outcomes. These outcomes are evaluated using a variety of methods throughout the program.

Graduates will:

1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

   Develop comprehensive understanding of the identity of the professional counselor including history, roles, advocacy, credentialing, and ethical practice in a variety of private, interorganizational, and interdisciplinary settings.

2. SOCIO-CULTURAL DIVERSITY AND SOCIAL JUSTICE

   Demonstrate culturally competent and socially aware counseling skills through the integration of scholarly research, application of multicultural counseling theories, and the examination of the concepts of social justice and privilege.

3. SCIENTIFIC FOUNDATIONS

   Integrate knowledge of biological, cognitive, emotional, personality, and social development across the lifespan and integrate into the diagnosis, assessment, and treatment of mental healthissues.

4. COUNSELING THEORIES, SKILLS, AND HELPING RELATIONSHIPS

   Incorporate knowledge of counseling skills, case conceptualization, suicide prevention, and treatment planning into counseling practice in both in-person and technology assisted settings for general populations and those in crisis.

5. CAREER DEVELOPMENT

   Integrate theories and research of career development, assessment, and planning into the practice of career guidance for diverse people groups in wide range of vocational fields.

6. GROUP COUNSELING AND GROUP WORK

   Apply group counseling theory in the creation, recruitment, and facilitation of culturally relevant groups.

7. DIAGNOSTIC SYSTEMS

   Utilize differential diagnostic processes and systems.

8. ASSESSMENT AND TESTING

Apply basic statistical concepts, principles of test design and selection, interpretation of psychological reports, and demonstrate ability to select appropriate assessments relevant to education, employment, and personal situations

9. RESEARCH AND PROGRAM EVALUATION

Evaluate counseling interventions and counselor education programs and develop outcome measures by utilizing knowledge of the principles of statistics, research methods and design, and current models of evidence-based practices.

Program Curriculum

Description of Program

The CMHC program is a post bachelor's counselor training program designed to meet state licensure requirements for professional mental health counselors in Washington state. The program consists of academic curriculum, intensive residency experiences (online format only), and clinical training experiences with 60 credits required for graduation. The CMHC program isdesigned to be completed in two or three years (depending on the chosen program format).

Graduation Requirements for the CMHC Degree

1. 60 semester hours of coursework
2. 10 hours of individual counseling
3. Successful student progress assessments: years 1, 2, & 3 (3rd year is online modality only)
4. Practicum: supervised counseling practicum of a minimum of 100 clock hours in a fullsemester
5. Internship: supervised counseling internship of a minimum of 600 clock hours in 1 year.
6. Successful completion of the Qualifying Exam

(See Professional Practice Section II for specific Practicum and Internship requirements)

Course Code	Course Name	Semester Credits
COUN 5053	Marriage and Couples Counseling	3
COUN 5153	Research Methods and Program Evaluation	3
COUN 5173	Crisis Counseling and Abuse	3
COUN 5303	Group Counseling	3
COUN 5343	Biological Bases of Behavior: Psychopharmacology	3
COUN 5403	Theories and Systems of Counseling	3
COUN 5453	Psychopathology and Diagnosis	3
COUN 5503	Multicultural Issues in Counseling	3
COUN 5553	Professional Orientation and Law and Ethics	3
COUN 5663	Professional Orientation and California Law and Ethics	3
COUN 5943	Counseling Skills	3
COUN 5773	Theology and Counseling	3
COUN 5963	Practicum: Field Experience	3
COUN 6103	Child, Adolescent, Family Counseling	3
COUN 6363	Career Counseling	3
COUN 6393	Assessment and Appraisal	3
COUN 6453	Advanced Counseling Theories and Practice	3

COUN 6603	Human Growth and Development	3
COUN 6763	Substance Abuse Counseling and Interventions	3
COUN 6943	Internship I	3
COUN 6953	Internship II	3
COUN 6961	Internship Continuation (if needed)	1

Assessment of Student Progress

The student's academic and clinical development is assessed annually by CMHC program core faculty. These assessments are conducted to evaluate a student's professional ethics and conduct, interpersonal and relationship skills, emotional maturity, academic progress, and clinical competency development required for clinical training. However, successfully passing each annual assessment does not ensure success in the student's clinical experiences, professional life, or guarantee licensure. Should a student's annual assessment indicate an area of major concern, the student may not be allowed to progress to the next phase of the program and may be placed on probation, given a remediation plan, or be dismissed from the program (see Probation under Academic Policy).

The annual assessments are as follows:

1. Assessment of Student Progress Form: summer semester in year 1, 2, & 3 (3rd year inonline format only)
2. Assignments tied to outcomes: end of each semester
3. Supervisor Evaluations: at the end of each semester of clinical training
4. Qualifying Exam

Residency Experiences (Online Program Only)

Students will participate in three on-campus residency experiences during the program. Residencies are attached to courses occurring in the first, third, and sixth semesters of the program: COUN 5943 Counseling Skills, COUN 5303 Group Counseling, and COUN 6453 Advanced Counseling. During residency experiences, students will participate in didactic learning, discussions, role-play, skills practice, and evaluations related to the topics of eachcourse.

Students are responsible for all costs related to the residencies, including but not limited totravel, lodging, meals, and supplies. Additionally, students are responsible for making all arrangements for travel, lodging, and meals for each residency experience.

Qualifying Exam

In order to be eligible for graduation, students are required to pass a Qualifying Exam. The Qualifying Exam consists of an assessment of academic and clinical skills. The CMHC programfaculty will provide essential information and instructions in advance of the Qualifying Exam.

The CMHC program utilizes the Counselor Education Competencies Exam (CECE) to assess students on CACREP's eight core competencies. A passing score is a requirement for graduation. On-ground students take the exam in the Fall of their second year. Online students take the exam in the Fall of their third year.

Students who fail the Qualifying Exam will be remediated by the CMHC faculty with an individualized plan.

Licensure as a Counselor

Licensure requirements differ from state to state, and therefore the CMHC program curriculum may not fulfill all educational and practical licensure requirements for every state. Given this, itis the student's responsibility to determine the licensure requirements for the state in which he orshe desires to become licensed and determine whether or not the CMHC Program meets those requirements.

State by State licensure requirements are outlined in this spreadsheet, to give you information regarding requirements for counselor/therapist licensure by state. The licensure information includes NU's CMHC and PsyD graduate programs and whether these programs meet licensure requirements for each of the 50 states and US territories. Please keep in mind, beyond coursework and internship/practicum, some states require additional hours and certification courses prior to licensure. For your convenience, links to state counselor websites and phone numbers are also provided. Additionally, this information is updated by October each year, so please keep in mind that the information is subject to change.

Every effort has been made to ensure the accuracy of the information presented here, but, due to the complexity of laws and regulations, and the frequency with which state regulations can and do change, we cannot guarantee that this report is completely without error. You are encouraged to bring any errors, omissions, or changes to our attention. For any questions or corrections regarding this state-by-state information, please contact the CMHC Program Coordinator at cmhcinfo@northwestu.edu. For additional information, clarification, or interpretation of laws and regulations summarized in this report, please contact the appropriate state licensing board (see spreadsheet by state for details).

Professional Organizations and Memberships

Participation in and membership of professional counseling organizations is an essential part of the work of being in counseling. Students are encouraged to seek

membership and actively participate in professional counseling organizations. Many organizations offer memberships for students entering the counseling professions. Some professional counseling organizations include:

- American Counseling Association
- Washington Mental Health Counselors Association
- Association for Counselor Education and Supervision
- American Association of Christian Counselors
- Christian Association for Psychological Studies

Endorsement Policy

The CMHC faculty are committed to supporting students while in the program and beyond graduation. Students who need recommendation letters for employment opportunities or for advancing their education may request a recommendation letter from individual faculty. For recommendation letters, students should email individual faculty members requesting if they would be willing to serve as a reference and the best contact information for their referral. Students should also note when they need the reference letter. While not required, students should waive their right to see the reference letter, if noted, so that the faculty reference can provide an honest referral. The selected faculty member will inform the student if they are willing to act as a reference.

References provided by core faculty or adjunct faculty will reflect the personal opinion of that reference in regard to an individual student's overall academic progress and displayed professional dispositions while attending the CMHC program. A student's educational data such as GPA, individual test scores, or grades in a course will not be disclosed in a reference letter. Academic references provided by faculty may not reflect the position of the CMHC program or Northwest University.

Conferred degrees meet the requirements for licensure in Washington state and the program will provide endorsements for graduates as needed. If a former student needs the CMHC program to endorse or verify their transcript with a credentialing body, the former student should contact the current program coordinator (noted on the CMHC admissions page) and request verification of records. Please provide the name and contact information for the credentialing agency, including specific forms required by that agency, and when the verification is needed. Former students need to allow 2-4 weeks for the verification of records. If a student's degree has not been conferred, transcript endorsements may take longer than 2-4 weeks to verify. By submitting a request for transcript endorsements or confirmation of clinical hours to a licensing body, the student is providing consent to the CMHC program to disclose the requested information.

Professional Practice
Section I: Clinical Training and Program Progression

The CMHC program emphasizes three major components: counseling theory and knowledge,counseling skills, and professional practice. In practicum and internship, students apply theory, knowledge, and skills in clinical settings under the direct supervision of qualified licensed mental health professionals.

"After graduation" describes the processes students and program administrators follow post-master's degree to assist graduates to pursue registration as Professional Counselors with thestate licensing body of the graduate's residence. Whereas this program cannot guarantee acceptance of the CMHC curriculum by each state licensing body, this link provides the information for students to contact their state's licensing body with specific questions about academic and professional practice standards required to pursue a license.

Entry-Level Professional Practice

Section 3 of the 2016 Council for Accreditation of Counseling and Related Educational Programs (CACREP) standards describes practicum and internship experiences as "Entry-Level Professional Practice" (see Table 1) combining the application of theory and counseling skill under direct supervision of a qualified professional (CACREP, 2015).

Table 1. Entry-Level Professional Practice

Section	Description of Standard
A.	Students are covered by individual counseling liability insurance policies while enrolled in practicum and internship.
B.	Supervision of practicum and internship students includes program appropriate audio/video recordings and/or live supervision of students' interactions with clients.
C.	Formative and summative evaluations to the students' counseling performance and ability to integrate and apply knowledge are conducted as part of the students' practicum and internship.
D.	Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
E.	In addition to the development of individual counseling skills during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

Note. CACREP 2016 Standards.

CMHC professional practice opportunities are a privilege. Students must find

balance in professional practice partner sites recognizing they are at once, guests and clinical team members. As such, students should familiarize themselves with, and follow agency policies. Students should comply with guidelines similar to those of agency staff, with some variations related to practicum and internship roles. Remember, students who are not respectful of the site'sclientele, staff, facilities, or policies can be asked to leave at any time. Northwest University CMHC program faculty, including the clinical director, do not have the legal authority to require partnering sites to maintain student placements, especially when difficulties arise.

Likewise, students facing any form of harassment or abuse at any professional practice partner site are not required to continue. Additionally, if, at any time during professional practice courses, agency policies conflict with those of Northwest University's CMHC program, state licensing agency laws, or national organization (e.g. American Counseling Association) ethics, students should alert their clinical director immediately. These types of situations are rare, butstudents should inform their clinical director if any of these concerns arise.

The primary responsibility of each professional practice partner site is to the welfare of the clients. This is the assumption underlying all professional practice placements. CMHC program faculty and program group supervisors assume all professional practice partner agencies teach and facilitate student activities with the primary welfare of the clients in mind. If this is not the case, students are responsible for informing program personnel.

The clinical directors serve as liaisons between the program and the partnering agencies. Client welfare and student learning can be symbiotic and program faculty aim to work with sites in consultative roles when concerns arise. Program group supervisors will serve as the first point of contact and resource for students assigned to their professional practice course.

Practicum

After successfully completing pre-requisites, including COUN 5943 Counseling Skills, COUN 6603 Human Growth and Development, COUN 5503 Multicultural Issues in Counseling, COUN 5403 Theories and Systems of Counseling, COUN 5773 Theology and Counseling, COUN 5173 Crisis Counseling and Abuse, and COUN 5453 Psychopathology and Diagnosis, students will enroll in COUN 5963 Practicum. Students must take COUN 5553 Professional Orientation and Law and Ethics and COUN 5153 Research Methods and Program Evaluations prior to or concurrent with a practicum course. Students on a remediation plan for any reason may not enroll in a practicum course without written approval from the clinical director.

Course Description

COUN 5963: Practicum

In this course, students will gain practical supervised experience in a counseling setting.Attention is given to develop interviewing, basic counseling, and remedial case conceptualization skills. Students will practice case consultation and conceptualization with a supervising faculty instructor and other CMHC practicum students. Faculty to student ratio never exceeds a 12:1 ratio.

Practicum Standards

Practicum provides students with their first experiences directly counseling clients. Students areexpected to practice and demonstrate basic counseling skills including: attending, listening, reflecting, mirroring, re-focusing, structuring the session, development of clinical relationship, awareness of affective responses, and recognition of biases. Professional conduct and ethical practice are also expected in practicum experiences. Practicum placements allow students the opportunity to directly observe administrative and clinical policies and procedures in clinical settings and to engage with a variety of professionals in the field, including those with alternatelicense types (psychiatrist, psychologist, clinical social worker, etc.). Table 2 outlines the 2016 CACREP requirements for practicum.

Table 2. Practicum Standards

Section	Description of Standard
F.	Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimumof 10 weeks.
G.	Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
H.	Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
I.	Practicum students participate in an average of 1.5 hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Note. CACREP 2016 Standards.

Practicum Requirements

During the practicum course, students must accumulate no fewer than 100 clock hours of supervised clinical experience, over 15 weeks. Activities counted as clock hours include contactwith clients, group and individual supervision sessions, live

and recorded observations, trainings, staff meetings, research related to diagnoses and treatment, and writing clinical notes. Students must be officially offered a clinical placement and complete all required paperwork at least one week prior to the start of the practicum class and must begin regular hours at their site within two weeks of the start of the semester.

As part of the minimum total 100 clock hours, students should accumulate no fewer than 40 direct client contact hours. CACREP's 2016 Standards for practicum are located on Table 2 inSection III: Professional Practice.

CACREP defines direct client contact (DCC) hours as "direct service with actual clients thatcontributes to the development of counseling skills" (CACREP, 2016). DCC hours only include assessment, diagnosis, collaborative treatment planning, and clinical counseling.

As counselors-in-training, working under close supervision of program group supervisors and site supervisors, students begin the practicum experience by treating one client per week at an approved professional practice partner site, preferable as a co-facilitator with an intern placed at the site or with a professional clinician. As students demonstrate satisfactory clinical skills, they will be assigned additional clients, averaging four DCC hours per week during the practicum course. Practicum students cannot apply any hours earned during the practicum experience towards internship courses and hours may not be counted during university breaks. Practicum requirements include one hour per week of individual or triadic supervision with a qualified site supervisor and 1.5 hours per week in program group supervision (practicum class). The student faculty ratio does not exceed 12:1 in practicum classes.

Program Group Supervision (Practicum Class)

Students may not skip individual or group supervision. It is understandable for students to miss a supervision session due to circumstances, such as illness. However, students are not to miss more than two sessions. Students are responsible for contacting their clinical director or faculty supervisor to discuss make-up options. Students who miss more than two supervision sessions over the course of a semester may not pass the course.

Students are expected to remain at their clinical site unless they have consulted with and received permission from their site supervisor and their clinical director to change sites or discontinue their clinical experience. It is the responsibility of the

student to communicate withthe site supervisor first if concerned about ethics of the site, supervision, or the number of hours they are obtaining.

Students are responsible for completing the necessary documentation for tracking clinical hours on a regular basis (Practicum Hours Log, see Appendix A); for securing appropriate document signatures from clients and supervisors; for providing appropriate document knowledge as evidenced by assessment using

Counselor Competency Scale-Revised (CCS-R, Lambie, 2008); and for maintaining copies of program-related documents for their own records. Students are not to maintain copies of any client documents or files outside of those required by the approved site or Northwest University's CMHC program. For example, before showing client recordings weekly in program group supervision, students must provide a signed copy of the Northwest University Consent to Record (Appendix B) document and keep the document in a HIPAA-compliant manner at their site. This is a student responsibility. Lack of supervisor request for this document will not absolve students from this requirement. Students will be evaluated twice per semester on the ability to properly manage required paperwork and client files and part of the CCS-R (Lambie, 2008).

Failure to manage required documentation will result in earning a No-Pass grade in the practicum course. It will also result in the development of a remediation plan, delay of internship enrollment, disqualification from the CMHC Program, and/or ineligibility for state licensure. If a site dismisses or discontinues the clinical agreement with the student, it may result in a failing grade in the course, probation including a remediation plan, or dismissal from the program.

Students must take the state telemedicine training and submit a copy of their certificate ofcompletion to the clinical director prior to the start of their clinical work.

In addition to engaging in required practicum hours, practicum course assignments include:

1. Recording approximately 50% of direct client contact hours (client must agree via aNorthwest University Consent to Record document*).
2. Review of Progress (self-assessment)
3. Two formal case presentations that include: video/audio recording, Northwest University Consent to Record document, and written case presentation (Appendix E) presented during practicum class.
4. Completion of the Supervisee Perception of Supervision Form (Appendix H) and the Professional Practice Partner Site Form (Appendix I)
5. Reviewing the CCS-R (Lambie, 2008) with the site supervisor during the end of practicum.
6. Weekly site supervisor signatures on clinical documentation and hours logs.
7. Timely provision of required clinical documentation, including session-specific clinicalnotes, intake and assessment documents, and treatment plans for professional review bysite supervisor.
8. Additional assignments as assigned by faculty supervisor.

**Note.* Professional practice partner sites may require agency-specific consent to record documentation. Agency-specific consent to record documentation does

not substitute for the Northwest University Consent to Record document as the agency-specific document may not provide information about the use of the recording in class, among peers, and among programfaculty.

Internship

Students must successfully pass all requirements including COUN 5963 Practicum in order to beeligible to begin COUN 6943 Internship I.

Internship Course Description

COUN 6943 Internship I

This course represents the first of two (or three) consecutive semesters in a clinical setting (withsupervised counseling). The student combines course knowledge and internship experience at the internship site. Students will discuss case consultation and conceptualization with a supervising faculty instructor and other CMHC student interns. Faculty to student ratio never exceeds a 12:1 ratio.

COUN 6953 Internship II

This course represents the second consecutive semester in a clinical setting (with supervised counseling). The student combines course knowledge and practicum experience at the internship site. Students will practice case consultation and conceptualization with a supervising faculty instructor and other CMHC student interns. Faculty to student ratio never exceeds a 12:1 ratio.

COUN 6963 Internship Continuation (optional dependent upon the completion of hours)

This course represents an optional third consecutive semester in a clinical setting (with supervised counseling). The student combines course knowledge and practicum experiences atthe internship site. Students will practice case consultation and conceptualization with a supervising faculty instructor and other internship students. Faculty to student ratio never exceeds a 12:1 ratio.

Internship Standards

Internship allows students to demonstrate advanced clinical skills and hone their use of a chosentheory in practice. Internship placement can occur at the same agency that hosted the student during COUN 5963 Practicum, or at a different, approved clinical site. Students should considerinternship sites at which the population served is of specific interest to the student or where theory and interventions used are of specific interest to the student. Table 3 describes the 2016 CACREP requirements for internship experiences.

Table 3. Internship Standards

Section	Description of Standard
J.	After successful completion of the practicum, students complete 600 hours of supervised counseling internship in roles and setting with clients relevant to their specialty area.
K.	Internship students complete at least 240 clock hours of direct service.
L.	Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
M.	Internship students participate in an average of 1.5 hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

Note. CACREP 2016 Standards.

Internship courses provide students with regular clinical supervision, consultation, and professional guidance as students gradually build client caseloads and have responsibilities commensurate with professional staff. Appropriate internship activities include staff meetings,individual supervision, group supervision, educational opportunities, in-service trainings, and performance reviews. Students should contribute to the internship site and attend site functions as requested. It is important to note students are not expected to function independently, with little or no supervision, or to practice outside the scope of their own skills, knowledge, and training, or the skills, knowledge, and training of supervisors.

After successfully completing pre-requisites including COUN 5943 Counseling Skills, COUN5553 Professional Orientation and Law and Ethics, COUN 5153 Research Methods and Program Evaluation, COUN 5173 Crisis Counseling and Abuse, COUN 5303 Group Counseling, and COUN 5963 Practicum, students may enroll in COUN 6943 Internship I.

Internship Requirements

Northwest University's CMHC program requires documentation of a minimum of 600 clock hours during internship experiences over a period of two to three semesters. 240 of these hours must be counted as Direct Client Contact (DCC) hours. DCC hours are only recorded when students engage in assessment, diagnosis, collaborative treatment planning, and clinical counseling. Remaining hours may include supervision, staff meetings or trainings, community relations,

research related to diagnoses and/or interventions, driving to and from required site events (not regular commuting to and from site), and record-keeping. Students may not double-dip hours, meaning hours cannot be counted in multiple categories. Other specific CACREP (2016) standards can be found in Table 3.

As internship courses are developmental in nature, students must maintain continuous enrollment in internship courses to assure progressive skill and knowledge development as well as continuity of care for clients. The progressive and developmental nature of the internship courses are dependent, in part, on the completion of a minimum number of DCC hours each semester.

Students must complete at least 100 DCC hours in Internship I in order to pass the course. Hours may not be counted during university breaks when a student is not attending class at NU. Lack of ability to complete required hours during each semester may result in the inability to enroll for the next semester of internship, loss of all accumulated hours, and delay in the program. The clinical director, after consulting with the site supervisor and program group supervisor, can make exceptions based on placement and forecasted ability to make up DCC hours. Students lacking required hours each semester must contact their Clinical Director as soon as they foresee an issue.

Internship students are responsible for completing the necessary documentation tracking clinical hours on a regular basis; securing appropriate document signatures from clients and supervisors; providing appropriate documentation to clients, site and program supervisors, and the program's administrative support person; and for maintaining copies of program-related documents for theirown records. Students are not to maintain copies of any client documents or files outside of thoserequired by the approved site or the CMHC program. Failure to maintain any of these documentation responsibilities will result in a No-Pass grade for the internship course, the development of a remediation plan, delay in graduation, possible disqualification from the program, and/or the ineligibility for state licensure. If a site dismisses or discontinues the clinical agreement with a student, it may result in a failing grade in the course, a remediation plan, or dismissal from the program.

Any HIPAA-protected client information, which must be transported for the sake of program group supervision presentation requirements, must be protected by double-locks. An example may include a locking Protected Health Information (PHI) bag in a locked briefcase. A vehiclelock, such as a door or trunk lock, is not considered a secure lock as the PHI is reduced to only one lock while being carried between vehicle and school or agency facilities. Failure to followthis rule is considered an ethical violation and may result in disqualification from the program.Remote students may not remove hard copies of client PHI from the professional practice partner site.

Client documents such as the Northwest University Consent to Record form should be kept in a HIPAA-compliant manner at the site in case it is requested from the clinical director or supervising instructor. Failure to follow this rule is considered

an ethical violation and may result in disqualification from the program.

As part of annual review of approved professional practice partner sites, students evaluate thesite and site supervisor each semester.

Students who do not submit all the required evaluations in the required timelines will not be allowed to enroll in the following semester, which will place internship, graduation dates, andprogram completion at jeopardy.

CMHC faculty reserve the right to remove any intern from the internship site at any time duringthe internship agreement period for any one of the following reasons:

1. The student is not receiving adequate direct client contact hours at the internship site.
2. The student is not receiving adequate supervision at the internship site.
3. The student is being placed in a potentially dangerous position at the internship site.
4. The student is being requested to perform personal and/or professional functions that arenot in line with the site agreement, state ethical codes, American Counseling Association Code of Ethics, or CACREP 2016 standards.
5. The student is not following the proper procedure set forth by the agency and/or the CMHC program regarding the internship experience.
6. The agency is uncooperative in complying with CMHC site agreement requirements.

It is the policy of the CMHC program and clinical director to seek to resolve issues with professional practice partner sites prior to the removal of a student. However, in cases in which the concern centers on potential harm to the student and/or client or unethical practices, the clinical director maintains the authority to remove a student immediately and notify the agency following the decision. Students are expected to remain at their clinical site unless they have consulted with and received permission from their site supervisor and the NU clinical director to change sites or discontinue their clinical experience. It is the responsibility of the student to communicate with the site supervisor first if concerned about ethics at the site, supervision, or the number of hours they are obtaining.

The internship courses are the final and most comprehensive experiences in the CMHC program. In order to ensure students' individualized career goals are addressed during clinical internship experiences, arrangements for internship are negotiated between the student, the CMHC clinical director, site supervisors, and site administrators. Internship is designed to provide the studentwith an opportunity to apply classroom learning to real clients and agency situations in a closely monitored internship site. Students will work under the close supervision of a licensed mental health clinician. The site supervisor will closely monitor student activities, provide effective and appropriate feedback, work cooperatively with the clinical director and supervising instructor and encourage student participation in a

variety of on-site activities.

During internship courses, students will be expected to demonstrate a commitment to implement and expand the following skills:

1. Establishing and maintaining a client caseload.
2. Demonstration and application of appropriate individual, couple, family, and groupcounseling skills.
3. One-time completion of all client files in hard copy or electronic health record systemas required by the internship site and internship agreement.
4. Development of specialized skills relevant to the context of the host internship site.
5. Establishing and maintaining effective working relationships with staff, supervisors, andcolleagues.
6. Demonstration of openness to receiving and incorporating supervision feedback.
7. Demonstration of knowledge and application of ACA and state Codes of Ethics.
8. Demonstration of use of community resources and referrals.
9. Demonstration of continued education and training outside of the CMHC program's academic requirements including site-sponsored training, reading of texts and articlesuseful for client care, and professional workshop or conference attendance.
10. Demonstration of enthusiasm and commitment to the field of professional counseling;and,
11. Demonstration of personal traits conducive to effective counseling and continuedprofessional development.

In addition to engagement in required hours and implementation of the aforementioned skills,internship assignments include:

1. Students are expected to spend 20 hours per week in the internship setting on internshiprelated activities. Participation in internship typically starts in the fall and continues throughthe spring semester. Students may participate in internship continuation as needed to complete the required hours. Alternate starting and ending dates may be approved relative to a given internship setting (CACREP 2016, III, J.).
2. Students are required to obtain a minimum of 240 contact hours (direct service) for the academic year. These hours are to be recorded on weekly logs and monthly logs that willbe submitted electronically at the end of each month.
3. Students are to engage in a minimum of 1-hour weekly individual and/or triadic supervision with their on-site supervisor and 90-minutes of group supervision with their internship supervising instructor. Internship groups will not

exceed a 12:1 faculty: student ratio.

4. Students are to record as many sessions (individual, group, outreach) as possible duringboth fall and spring semesters (client must agree via a Northwest University Consent toRecord document*).
5. Students are to present at least two case presentations each semester using the Case Presentation Form (Appendix E) with recording and Northwest University Consent to Record document presented during Program Group Supervision.
6. Each student will share a short presentation (30-40 minutes) with the internship class during the academic year, typically during Internship II. The special topic presentation will be related to counseling issues of interest to interns (e.g., "crisis intervention", or "working with a depressed client" or "treatment planning").
7. Interns are expected to plan, design, and implement a group counseling experience duringthe internship year. Each intern should co-facilitate an ongoing group for at least 10 total hours or longer with a minimum of four or more clients.
8. Students can expect their clinical director to contact their site supervisor each semester.
9. Forms:
    a. Students are to complete the Supervisee Perception of Supervision Form (Appendix H) in evaluating their supervisors.
    b. Site supervisors will complete and review the CCS-R (Lambie, 2008) at the end of each clinical course.
    c. Students will complete the Student Evaluation of Professional Practice PartnerSite Form (Appendix I) at the end of each internship course.
    d. Students are to turn in completed hours log with site supervisor's signature at the conclusion of each semester (Appendix A).

**Note.* Professional practice partner sites may require agency-specific consent to record documentation. Agency-specific consent to record documentation does not substitute for the Northwest University Consent to Record document as the agency-specific document may not provide information about the use of the recording in class, among peers, and among programfaculty.

** Numbers 6 and 7 are usually implemented during the spring semester, with much planningdone in the fall semester.

If a student does complete the requirements for Internship I, or II, they will have to enroll in Internship Continuation in the summer semester.

Section II: Professional Practice Requirements

Liability Insurance

Students are required to carry a professional liability insurance policy for all clinical courses (regardless of whether or not professional practice sites cover their interns). The professional liability insurance policy should have limits of no less than $1,000,000 per claim, up to $3,000,000 annual aggregate, and subject to a $6,000,000 masterpolicy aggregate.

Students must provide evidence of professional liability insurance prior to the start of COUN 5963 Practicum. Liability insurance policies are issued for periods of one year so students must renew their policy if enrolled in clinical courses for longer than 12 months.

Student rates are available through membership with the American Counseling Association (ACA), which provides eligible ACA student members with professional liability coverage as a

benefit of membership at no additional charge. More information is available athttps://www.counseling.org/membership/aca-and-you/students.

American
Counseling
Association5999
Stevenson Avenue,
Alexandria, VA 22304-3300
1 (800) 347-6647

Proof of professional liability insurance is due to the clinical director by the first day of practicum. Students who cannot verify their liability insurance coverage may NOT treat nor engage in any way with clients until they can provide that proof. Please also provide a copy of the professional liability insurance to your site supervisor. Keep all original documents for your records.

Criminal History Background Check

As a part of enrollment into the CMHC program, a criminal background check is required prior to the start of clinical training. The CMHC program utilizes a professional background check agency to conduct background checks. Students will be invited to participate in the background check process via email from the agency and will also receive disclosure information from the CMHC program at that time. Students are required and responsible for submitting all documentation related to the background check process prior to starting practicum.

Regardless of state laws and rules, each student must complete a background check

to the satisfaction of the CMHC Program Director. Students whose background checks do not meet theprogram standard will be notified immediately by the CMHC Program Director.

Notice of Subpoena

If students receive a subpoena to provide information or testify in any proceeding related to professional practice roles, they are to follow University policies, which require students to contact: (1) their site supervisor, (2) their site administrator, (3) their supervising instructor, and (4) their clinical director prior to responding to the subpoena.

The clinical director will contact the agency supervisor to discuss who will contact the attorney or judge initiating the subpoena and request the subpoena be transferred to the agency supervisor. If this process cannot occur, the clinical director will speak with the student and supervisors, gather information, contact the attorney or judge who initiated the subpoena, and request the subpoena be transferred to the student's counselor education program supervisor.

NOTE: Students must verify in writing they have been released from testifying and the name ofthe supervisor chosen to testify instead. Please notify all parties noted in the first paragraph of this section via email and include copies of any associated documents.

The clinical director will notify the dean of the College of Social and Behavioral Sciences and Northwest University legal counsel when a student indicates receipt of a subpoena that has not been transferred to a site supervisor. Additionally, cooperating agencies or the clinical director should immediately notify clients that internship and practicum students cannot serve as expert witnesses because of their lack of training and licensure.

Non-Discrimination

Students enrolled in the CMHC Program may NOT claim religious or moral exemptions from treating clients during any Professional Practice course. Students must avoid discriminating against or refusing counseling services to anyone on the basis of race, ethnicity, gender identity, sexual orientation, religion, health status, age, disabilities, or national origin. Students may refer clients when the client's presenting problem(s) are beyond the scope of the student's knowledgeor skill base. However, if patterns of referral emerge suggesting discriminatory behaviors, students risk being placed on a remediation plan. Students challenged with presenting problemsor topics for which they do not have knowledge or experience are expected to pursue education about the topic and to discuss the topic with their site supervisor, supervising instructor, or clinical director.

Section III: Evaluation Processes

In addition to the formative evaluations based on course assignments detailed in each course syllabus and briefly described above, students enrolled in each Professional Practice course will be evaluated by the Site Supervisor once per 16-week semester using the Counselor Competency Scale – Revised.

The Counseling Competencies Scale – Revised (CCS-R) assesses counseling students' skills development and professional competencies. Additionally, the CCS-R provides counseling students with direct feedback regarding their counseling skills and professional dispositions (dominant qualities), offering the students practical areas for improvement to support their development as effective and ethical professional counselors. (Lambie, 2008)

The CCS-R (Lambie, 2008) is measured on a 5-point Likert scale including: *Exceeds Expectations (5)*, *Meets Expectations (4)*, *Near Expectations (3)*, *Below Expectations (2) or harmful (1)*. Site supervisors complete the assessment and are asked to review of the results with each student, including taking into consideration the context, course content, and site requirements. Students scoring below 3 on any area of the CCS-R (Lambie, 2008) assessment will not pass the clinical course in which they are enrolled.

Students will be provided with a copy of the CCS-R for their review at the beginning of the practicum and internship semesters.

Faculty Evaluation of Students

Students are evaluated throughout the course of the program to ensure that students are meeting the program's Key Performance Indicators (KPI) and professional dispositions. Current students are evaluated annually by core faculty and are notified if they are meeting competency or have areas of concern that need to be addressed through remediation by the first week of October in the fall semester. KPI are measured through key assessments embedded in courses (noted in the syllabi for the course) and professional dispositions are measured by the CCS-R.

Section IV: Site Selection Process

Professional Practice Orientation

Northwest University's CMHC Program requires all students to engage in a clinical practice orientation meeting as a prerequisite to enrolling in the Practicum course. This clinical practice orientation provides detailed review of expectations for students during practicum and internship courses, discusses expectations for student behavior at collaborating professional practice sites, and explains site and site supervisor requirements, so that students have the opportunity to ask questions prior to enrollment.

Remote students must attend the online clinical practice orientation.

The Clinical Directors will provide the clinical practice orientation meetings during the first semester in the program.

Remote Students

Students are responsible to locate potential professional practice partner sites in or around their communities and provide site information using the Site Submission Form (Appendix K). After a potential site is submitted, the clinical director contacts the site administrator to discuss interest, fit, and requirements to serve as a professional practice partner site with the CMHC program.

Students are welcome to contact site administrators, supervisors, or clinicians after getting approval from their clinical director.

- Sites must be able to provide each practicum student they accept with at least 40 DCC hours and an additional 60 hours of agency work; and each internship student with 240 DCC hours and an additional 360 hours of agency work appropriate to professional practice (note-writing, clinical training, staff meetings, consultation, group supervision, etc.).
- Sites must be able to provide each Professional Practice student with 1-hour of weekly direct clinical supervision by a licensed mental health counselor, licensed clinical socialworker, licensed psychologist, or licensed psychiatrist.
- Sites must be able to ensure approved site supervisors submit all required professional practice paperwork in a timely manner.
- Sites must be willing to regularly communicate with clinical directors about student progress and engage in remediation plans when students struggle with skill or knowledge development.
- Sites must agree to inform the CMHC clinical directors immediately if there is any concern related to ethical or legal issues related to student performance or behavior.
- Sites must be able to provide clinical support to students

while they are providing counseling services to clients, whether sessions are provided on site or via telehealth.

Whereas students set the process in motion by contacting potential sites, opening dialogue aboutthe process and requirements, and completing site submission forms, students cannot form agreements with sites about eligibility to partner with the Northwest University CMHC program.This is the sole responsibility of the CMHC clinical directors in collaboration with CMHC faculty.

Local Students

CMHC program faculty requires local students progressing to COUN 5963 Practicum attendthe clinical practice orientation meeting held during the fall semester prior to enrolling in COUN 5963 Practicum.

The clinical director works to regularly recruit local agencies qualified to host practicum and internship students. Local students can help with this recruitment process by notifying the clinical director of a potential site using the site profile form in the Experiential Learning Cloud. Students who contact potential sites are welcome to provide the following basic information about site requirements:

- Sites must be able to provide each practicum student they accept with at least 40 DCC hours and an additional 60 hours of agency work, and internship students with 240 hoursof direct client contact and an additional 360 hours of agency work appropriate to professional practice (note-writing, clinical training, staff meetings, consultation, group supervision, etc.).
- Sites must be able to provide each professional practice student with 1-hour of weekly,direct clinical supervision by a licensed mental health counselor, licensed clinical socialworker, licensed psychologist, licensed marriage and family therapist or licensed psychiatrist.
- Sites must be able to ensure approved site supervisors submit all required professionalpractice paperwork in a timely manner.
- Sites must be willing to regularly communicate with program supervisors about Professional Practice student progress and engage in remediation plans when studentsstruggle with skill or knowledge development.
- Sites must agree to inform the CMHC clinical directors immediately if there is any concern related to ethical or legal issues related to student performance or behavior.
- Sites must be able to provide clinical support to students while they are providing counseling services to clients, whether sessions are provided on site or via telehealth.

In addition to a review of the process and documentation required, the live orientation providesan

opportunity to learn about available sites and information on policies or protocols specific to application to those sites. Local students applying for COUN 6943 Internship I are also encouraged to speak with students in the prior cohort currently engaging in internship to gain valuable insights on quality of supervision, receptiveness of staff, and type of clients served.

Whereas students set the process in motion by contacting potential sites, opening dialogue about the process and requirements, and completing site submission forms, students cannot form agreements with sites about eligibility to partner with the Northwest University CMHC program. This is the sole responsibility of the CMHC clinical directors in collaboration with CMHC faculty.

Professional Practice Agreement

To enroll in clinical training students must fill out a CMHC Application for Practicum/ Internship application in the Experiential Learning Cloud, where they identify sites they are interested in. The CMHC program clinical directors review suggested or interested sites for fit and the ability to meet program requirements. New sites must first go through an approval process outlined in the Learning cloud. Once a site is reviewed and informally approved, the process becomes formal when a student who has been invited to engage in professional practice verbally accepts a site's offer. However, the Professional Practice Agreement is still not official until all parties have signed.

Students who receive and accept a placement offer should initiate a professional practice agreement in the Learning Cloud which will be reviewed by their clinical director. The site supervisor, student and clinical director must all sign the professional practice agreement for the placement to be final. In addition to reviewing the site and student requirements, the contract outlines the days and times students will be present at the professional practice partner site. The Professional Practice Agreement also allows the site to provide details about the site supervisor's license information and supervisor training.

Students may not start work at their professional practice site until the agreement is fully executed and official. Students may engage in training opportunities; however, the hours cannot becounted until the first week of each term. Hours may not be counted in between semesters or when not enrolled and participating in a clinical course.

The Professional Practice Agreement only allows students to engage in direct client contact during each semester in which the student is enrolled in a clinical course. Students may not count hours towards internship between semesters, during holiday breaks, extended leave, or when program group supervision is not scheduled.

Section V: Ethical and Legal Requirements

CACREP

In the 2016 Standard's glossary, CACREP emphasizes ethics as a fundamental component of any counselor education program and defines counselor education as:

> "a distinct academic discipline that has its roots in educational and vocational guidance and counseling, human development, supervision, and clinical practice. The primary focus of counselor education programsis the training and preparation of professional counselors who are competent to practice, abide by the ethics of the counseling profession, and hold strong counseling identities" (CACREP, 2016).

American Counseling Association (ACA) Code of Ethics

The American Counseling Association's 2014 Code of Ethics includes Sections A-I and are located online in PDF Format at: https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf

Code of Ethics in detail. By signing the Professional Experience Application form, students confirm they have thoroughly read, understand, and agreeto follow this Code of Ethics.

State Legal Requirements

a. Washington Administrative Code

Section VI: Crisis Reporting Protocols

Occasionally, professional practice students treat clients in crisis, including those who threaten or present physical risk to self or others, and with those for whom abuse, and neglect reporting is required. Each clinical site should offer crisis and reporting protocols. Students should ask site supervisors for specific training related to crisis response and reporting and report any incidents immediately to site supervisors.

At no time should a student engage in direct client contact when no staff or professionals are on site. Students should **never** be in a building alone with clients and students are not approved to do in-home care. Students presented with a crisis should contact their site supervisor immediately and as soon as possible.

Academic Policies and Procedures

General policies and procedures such as academic and professional requirements, probation, program dismissal, appeals, and grading are listed in the Graduate Catalog and the Graduate Handbook.

Student Retention and Remediation

Student retention and remediation are foundational to successful Clinical Mental Health Counseling programs and to student success. CACREP 2016 standards emphasize the importance of a systematic, proactive retention and remediation policy (CACREP, 2014). Likewise, Sections F.6. and F.9. of the 2014 American Counseling Association (ACA) Code of Ethics highlights the importance of remediation for both academic and professional practice concerns.

Combining information from CACREP, the ACA, state licensing bodies in WA, and with respect for Northwest University's emphasis on due process for students having academic and/or non-academic difficulties, this program uses a variety of remedial interventions including, but not limited to: personal counseling, increased supervision, repetition of coursework, special assignments, student restrictions of credits taken, requirement for special studies; student restriction of Professional Practice hours or caseload, academic or non-academic probation, increased number of advising appointments, and leaves of absence (Henderson & Dufrene, 2011). The CMHC Program goal is to utilize these remedial interventions to help students successfully complete the program of study when possible.

Students notified of academic or non-academic concerns impacting their progress in the program must agree to participate in a remediation plan or face immediate dismissal from the program. A remediation plan provides details about academic or skill deficits, objectives for improvement, evaluation criteria, and a timeline for assessment of progress and completion. Participants in designing the remediation plan may include the program academic advisor, program faculty, site supervisor, the program group supervisor, and the student. Should students fail to meet the requirements specified in the remediation plan, students will be dismissed from the program.

If the student is currently enrolled in clinical training and is dismissed from the CMHC program, they will work with the clinical director and their site supervisor to ethically terminate their clients or refer to another provider. If a student has not completed the required hours or is missing any required documentation, they will receive a No Credit (NC) for the clinical courses that they are enrolled in (Practicum, Internship I, or Internship II).

Academic Appeals

The CMHC program aims to provide a clear process for students to submit appeals to the CMHC faculty team. Students are encouraged to approach these matters professionally and to follow the steps outlined below.

1. Students should first address any grade concerns directly with the course instructor or, in matters of clinical training, with their clinical supervisor. Most issues can be resolved through discussion and clarification.

2. If the issue is not resolved, students should then consult with their faculty advisor.

3. If the matter remains unresolved, students may submit a written petition to the CMHC faculty team through their faculty advisor. If the issue pertains to the student's faculty advisor, the petition may be submitted to the program coordiantor. The petition should include:
    a. A clear description of the concern and/or a clearly stated requested exception to the CMHC policies and procedures
    b. The reason for the appeal
    c. Any relevant documentation

4. The advisor will present the petition at the next CMHC faculty meeting (held bi-weekly during the semester, excluding academic breaks). Students will be notified of the faculty team's decision by email.

5. If the student wishes to request a further review, they may appeal to the Dean of the College of Social and Behavioral Sciences within **ten (10) business days** of receiving the faculty team's decision.

Additional information about the academic appeal process can be found in the **Graduate Catalog** under "Academic Appeals" (available online at catalog.northwestu.edu). Academic appeal forms are available on the Provost's webpage on Eagle.

Program Progression and Leave of Absence

The CMHC is delivered in two formats that take two or three years to complete. We understand that instances occur in students' lives and therefore allow for a student to petition a formal leave of absence from the program. Petitions for leave will be evaluated by the CMHC faculty team. Students may not be on a leave of absence for longer than one academic year. On campus students have up to four years, and online students have up to five years to complete the online

program from the date of initial enrollment.

After Graduation

CMHC Program Responsibilities

The Northwest University CMHC program, in conjunction with the graduate, completes all forms required by state licensing bodies confirming completion of course requirements and detailing regional or national accreditation for the program when students successfully complete all requirements for graduation. Contact the Registrar's Office to determine when the degree will be conferred and mailed if the state licensing body requires an official transcript noting the degree conferred.

If a state's licensing board requires a recommendation, or a document supporting the student's fit for the profession, the program reserves the right to deny this recommendation if there was concern about student behavior or fit. In these rare cases, the student will be advised as soon as possible.

License Applications

Washington State

The link to the license application in Washington State can be found here.

Licensure in Other States

Please contact your state licensing body for directions on applying for licensure after graduation.

National Counselor

The National Certified Counselor (NCC) certification was first offered by the National Board of Certified Counselors (NBCC) in 1983. It is one of two NBCC certifications currently accredited by the National Commission for Certifying Agencies (NCCA), the most prestigious accreditation available for professional certification.

National certification is not only a source of great pride for professional counselors, but it also carries with it many benefits. Once an application for the NCC credential has been approved, the applicant will be registered for the NCE (exam).

Northwest University's CMHC students are encouraged to take either the National Clinical Mental Health Counseling Exam (NCMHCE) or the National Counselor Examination (NCE).

NCMHCE

The National Clinical Mental Health Counseling Examination consists of 10 clinical simulations designed to sample a broad area of competencies, not merely the recall of isolated facts. The

NCMHCE is a requirement for counselor licensure in many states and for the Certified Clinical Mental Health Counselor (CCMHC) national certification. The NCMHCE is also used by the military health systems. The majority of coursework must be completed prior to application.

NCE

The National Counselor Examination is a 200-item multiple-choice examination designed to assess knowledge, skills and abilities determined to be important for providing effective counseling services. The NCE is a requirement for counselor licensure in many states and for the National Certified Counselor (NCC) certification. The NCE is also used by the military health systems. The NCE was first used in 1983, as part of the NCC application process, and continues to undergo regular review and development to ensure it represents the current reality of practice and research in the counseling profession.

To assist students in preparing for the NCE, study materials for the exam are available. Students should consult the center coordinator and the NBCC website at www.nbcc.org regarding the procedure for accessing these materials and applying for the NCE.

Endorsement Policy

The CMHC faculty are committed to supporting students while in the program and beyond graduation. Students who need recommendation letters for employment opportunities or for advancing their education may request a recommendation letter from individual faculty. For recommendation letters, students should email individual faculty members requesting if they would be willing to serve as a reference and the best contact information for their referral. Students should also note when they need the reference letter. While not required, students should waive their right to see the reference letter, if noted, so that the faculty reference can provide an honest referral. The selected faculty member will inform the student if they are willing to act as a reference.

References provided by core faculty or adjunct faculty will reflect the personal opinion of that reference in regard to an individual student's overall academic progress and displayed professional dispositions while attending the CMHC program. A student's educational data such as GPA, individual test scores, or grades in a course will not be disclosed in a reference letter. Academic references provided by faculty may not reflect the position of the CMHC program or Northwest University.

Conferred degrees meet the requirements for licensure in Washington state and the program will provide endorsements for graduates as needed.

If a former student needs the CMHC program to endorse or verify their transcript with a credentialing body, the former student should contact the current program coordinator (noted on the CMHC admissions page) and request verification of records. Please provide the name and contact information for the credentialing agency, including specific forms required by that agency, and when the verification is needed. Former students need to allow 2-4 weeks for the

verification of records. If a student's degree has not been conferred, transcript endorsements may take longer than 2-4 weeks to verify.

Appendices: Clinical Forms

Note: The CMHC program has transitioned from paper to digital forms using the Experiential Learning Cloud platform. All forms are subject to change.

Appendix A: Practicum Hours Log

Note: DCC=Direct Client Contact, I = Individual; C = Couples; F = Family; G = Group; Superv = Supervision

Week	*DCC-I*	*DCC-C*	*DCC-F*	*DCC-G*	*Other*	*Site Supervision Hours*	*Supervisor Signature*	*NU Internship Supervision Hours*
1 -								
2 -								
3 -								
4 -								
5 -								
6 -								
7 -								
8 -								
9 -								
10 -								
11 -								
12 -								
13 -								
14 -								
15 -								
16-								
Column Totals								

DCC Total	
Other Total	
Supervision Total	
Total Hours	

Note: *Internship Supervision hours are tracked here for convenience. Site Supervisor/Clinical Director Signatures do not apply to Internship Supervision.*

_____ _____

Student Signature Date

_____ _____

Site Supervisor Signature Date

NU Internship Instructor Signature Date

Appendix B: Northwest University Consent to Record Form

*The Professional Practice student counselor named below is pursuing a graduate degree in Clinical Mental Health Counseling through Northwest University. The student counselor has a variety of training experiences and cours*es in pursuit of this degree. The student must pass rigorous evaluation and remain in good academic standing in order to work with clients. Clinical training requires demonstration of clinical counseling skill sets to program faculty, including audio or digitalrecordings or videotapes of sessions with clients. All recordings are handled within strict confidentiality guidelines according HIPAA standards and are destroyed either immediately after being viewed or before the completion of the students' academic program. All Protected Health Information is maintained behind double locks to ensure only those allowed have access to the information.

_____has requested I/We

(Name of student counselor)

_____

(Name of person(s) seeking clinical mental health counseling)

grant permission to have counseling sessions recorded (audio, video, digital, etc.). This permissionallows the student counselor, clinical supervisors, and other students participating a supervision (no more than 12 counselors-in-training) follow strict ethical guidelines related to privacy and confidentiality of Protected Health Information. Exceptions to client confidentiality can only ethically and legally occur in cases in which the client is a harm to self or others; in cases of suspected abuse of minors or other at-risk populations; and, when a court subpoena requires verbal or written report of the content of client files. I/We understand giving Consent to Record is voluntary. I/We can request a recording be stopped at any time and can request no additional recordings take place.

If minors are participating in the clinical counseling session, please complete the following:

_____ I/We verify _____has legal guardianship of the following minor(s):

(Initials) *(Printed name of guardian(s)*

Please choose one of the following and initial:

_____ I agree to allow my sessions to be recorded for the purpose of clinical supervision asdescribed above.

_____ I do not agree to allow my sessions to be recorded for the purpose of clinical

supervision.

_____	_____
Client or legal guardian signature	*Date*
_____	_____
Counseling student signature	*Date*

Appendix C: Counseling Interview Rating Form

(Adapted from Hill, 2014)

Student Name: _____ Date: _____

Observer Name: _____ Recording #: _____

Supervisor Name: _____ Session #: _____

For each of the following specific criteria demonstrated, make a frequency marking. Then assign points related to consistent skill mastery using the rating scale below. Noting the actual counselor phrasing is useful when providing feedback.

Skill Ratings

Advanced (4): Strong mastery of skills and thorough understanding of self and concepts;
Proficient (3): Understanding of concepts/self/skills evident;
Developing (2): Basic understanding of concepts/self/skills evident; Minor conceptual and/or skill errors; in process of developing;

Unsatisfactory (1): Remediation needed; deficits in knowledge/skills/dispositions

Case Presentation will be based upon the following:

- *Case conceptualization:* how the clinician is understanding what is occurring within the session (culturally, systemically, developmentally, functionally), identifying patterns, choosing interventions, and recognizing covert processes (listening with your 'third ear').
- *Personalization:* how the clinician is incorporating a personal style into the counseling encounter AND the clinician's awareness and modulating of personal issues and experiences as they emerge in the counseling relationship (countertransference).
- *Skills:* the appropriate and timely use of exploration skills, insight skills, and action skills (a review of these skills are below).
- *Professionalism:* counselor appearance, language, case presentation write-up and delivery; includes attendance and participation

Microskill	Frequency	Comment	Skill Rating
Exploration Phase Attending			
Listening			
Restatement/ Prob/ Summarizing			
Open Questions			
Reflection of Feeling			

Self-disclosure for Exploration			

Intentional Silence			
Insight Phase Challenges			
Open Questions for Insight			
Interpretations			
Self-disclosure for Insight			
Immediacy			
Action Phase Open Questions for Action			
Information-giving			
Feedback about the Client			
Direct Guidance			
Role-play and Behavior Rehearsal			
Disclosure of Strategies			
Homework			
Case Conceptualization:			
Personalization:			
Professionalism:			

Appendix D: Microskills Classification Form

Use the following stages and micro-skills (Adapted from C. Hill, 2014)

Exploration

1. **Attending** (orient yourself physically toward the client).
2. **Listening** (capture and understand the messages that clients communicate).
3. **Restatements/Prob/Summary** (repeat or rephrase what the client has said, in a way that is succinct, concrete, and clear).
4. **Open questions** (ask questions that help clients to clarify or explore their thoughts or feelings).
5. **Reflection of feelings** (repeat or rephrase the client's statements with an emphasis on his or her feelings).
6. **Self-disclosure for exploration** (reveal personal information about your history, credentials, or feelings).
7. **Intentional silence** (use silence to allow clients to get in touch with their thoughts or feelings).

Insight

8. **Challenges** (point out discrepancies, contradictions, defenses, or irrational beliefs of which the client is unaware or that he or she is unwilling or unable to change).
9. **Open Questions for insight** (an invitation for clients to think about the meaning of their thoughts, feelings, and behaviors).
10. **Interpretations** (make statements that go beyond what the client has overtly stated and that give the client a new way of seeing his or her behavior, thoughts, or feelings).
11. **Self-disclosures for insight** (disclose *past* experiences in which you gained some personal insight).
12. **Immediacy** (disclose *immediate* feelings you have about the client, the therapeutic relationship, or yourself in relation to the client).

Action

13. **Open questions for action** (invites clients to explore their goals, what has worked, what hasn't worked, what are the benefits).
14. **Information-giving** (teach or provide the client with data, opinions, facts, resources, or answers to questions).
15. **Feedback about the client** (you maintained good eye contact, you did a good stating what it is you want, you did a good job staying with your emotions).
16. **Direct guidance** (give the client suggestions, directives, or advice that imply actions for the client to take; the next time you have a nightmare…).
17. **Role-play and behavior rehearsal** (assist the client to role-play or rehearse behaviors in-session).
18. **Disclosure of strategies** (strategies that the helper has used in the past).
19. **Homework** (develop and prescribe therapeutic assignments for clients to try out between sessions).

Appendix E: Case Presentation

Directions: Choose a 15-minute segment of your session recording that you would like to review in group supervision. Write up your presentation in 3-5 pages including the following information (do not use real client names) and submit to your group supervisor prior to the class session that you are presenting at:

Practicum Counselor _____ Date _____

Date of Service _____ Session # _____ Working Diagnosis _____

Please attest that the client (or parent of a minor client) presented in this case study signed a recording consent form and that it is stored securely in a HIPAA compliant manner at the practicum/internship site then respond to the following:

A. Summary of the client's history (including family history, academic/occupational history, medical information, developmental/social history, any psych testing)

B. Client's presenting problems/needs including evidence for diagnostic considerations

C. Client goal(s) and at least 2 objectives for each goal. These should be written in SMART (Specific, Measurable, Achievable, Relevant, Timely) format

D. Counselor interventions offered and how they address client's goal(s)

E. Counselor's hypotheses (what is occurring within the session systemically, developmentally, functionally). What covert processes are occurring in session?

F. Multi-cultural and spiritual considerations

G. Ethical and legal considerations

H. How this session gives direction to future sessions

I. Any concerns you have with this client and your desired feedback from the group

Counselor Signature _____ Date _____

Appendix F: Counselor Competencies Scale – Revised

Counselor Competencies Scale—Revised (CCS-R) ©

(Lambie, Mullen, & Swank, & Blount, 2014)

The *Counselor Competencies Scale—Revised* (CCS-R) assesses counselors' and trainees' skills development and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition and behavior(s).
- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at this level at the conclusion of his or her practicum and/or internship.
- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

Directions: Evaluate the counselor's or trainee's counseling skills, ability to facilitate therapeutic conditions, and professional dispositions & behaviors per rubric evaluation descriptions & record rating in the "score" column on the left.

CACREP (2009; 2016, Draft #2) Standards relating to the *Counselor Competencies Scale-Revised* (CCS-R)

- Ethical and culturally relevant strategies for developing helping relationships (CACREP, 2016, Section IT, Standard 5 d.).
- Counselor characteristics and behaviors that influence helping processes (CACREP, 2009, Section ll , Standard 5.b; CACREP, 2016, Section ll , Standard 5.e.).
- Essential interviewing, counseling, and case conceptualization skills (CACREP, 2009, Section ll , Standard 5.c.; CACREP, 2016, Section ll , Standard 5.f.).
- Processes for aiding students in developing a personal model of counseling (CAC REP, 2016, Section II, Standard 5.m.).
- Strategies for personal and professional self-evaluation and implications for practice (CACREP, 2016, Section TT, Standard 1.j.).
- Self-care strategies appropriate to the counselor role (CACREP, 2009, Section II, Standard l.d.; CACREP, 2016, Section II, Standard 1.k.).
- If evaluations indicate that a student is not appropriate for the program, faculty members help facilitate the student's transit ion out of the program and, if possible, into a more appropriate area of study, consistent with established institutional due process policy and the ethical codes and standard s of practice of professional counseling organizations. (CACREP, 2009, Section L Standard P.; CACREP, 2016, Section 1, Standard P.).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (CACREP, 2009, Section **lll** , Professional Practice; CACRE P, 2016 , Section **lll** , Professional Practice).
- Entry-Level Program Practicum (CACREP, 2016, Section **lll** , Professional Practice, p. 12).
  A. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.
  B. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.
  C. An average of **one hour per week of individual and/or triadic supervision** is provided throughout the practicum by (I) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a sit e supervisor who is work in g in biweekly consultation with a counselor education program faculty member in accordance with the supervision agreement.

D. An average of **l ½ hours per week of group supervision** is provided on a regular schedule throughout the practicum by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.
E. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum.
F. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
G. Formative and summative evaluations of the student' s counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum.

Part 1: Counseling Skills & Therapeutic Condition

#	Score	Primary Counseling Skills	Specific Counseling Descriptors	Exceeds Expectations/ Demonstrates Competencies (5)	Meets Expectations/ Demonstrates Competencies (4)	Near Expectations/ Demonstrates Competencies (3)	Below Expectations/ Demonstrates Competencies (2)	Harmful (1)
I A		NonverbalSkills	Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc. (matches client)	Demonstrates effective nonverbal communication skills conveying connectedness & empathy (85%).	Demonstrate effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his her nonverbal communication skills	Demonstrates limited nonverbal communication skills	Ignores client &/or gives judgmental looks
l. B		Encouragers	Includes Minimal Encouragers & Door Openers such as "Tellme more about..."	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship(70%)	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers	Uses skills in ajudgmental manner.
l. C		Questions	Use of appropriate open and closed questioning (e.g., avoidance of double questions)	Demonstrates appropriate use of open & close-ended questions with an emphasis on open ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%)	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Uses open-ended questions sparingly& with limited effectiveness	Uses multiple questions at onelime
l. D		Reflecting, Paraphrasing	Basic Reflection of Co ntent- paraphrasing	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).	Demonstrates paraphrasing inconsistently& inaccurately or mechanical or parrotedresponses.	Demonstrates limited proficiency in paraphrasingor is often inaccurate.	Judgmental, dismissing, &/or overshoots
I E		Reflecting, Reflection of Meaning	Reflect ion of Feelings	Demonstrates appropriate use of reflection of feelings as a primary approach(85%)	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is *nor* matching the client	Demonstrates limited proficiency in reflecting feelings &/or is ofl.crt inaccurate.	Judgmental, dismissing. &/or overshoots
l. F		Reflecting, Summarizing	Summarizing content, feelings, behaviors & future plans	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%)	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization.	Judgmental, dismissing. &/or overshoots
l. c;		Advanced Reflection *(Meaning)*	Advanced Reflection of Meaning including Values and Core Beliefs (taking counseling to a deeper level)	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth during counseling sessions (85%).	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions: 70%).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Counseling sessions appear superficial.	Demonstrates limited ability to use advanced reflection &/or switches topics in counseling often.	Judgmental, dismissing, &/or overshoots

#	Score	Primary Counseling Skill(s)	Specific Counseling Description	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Unaccountable (2)	Harmful (l)
I .I I		Confrontation	Counselor challenges client to recognize & evaluate inconsistencies.	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client' s words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the client's words &/or actions in a supportive fashion (can confront, but hesitant) or was *not* needed, and therefore appropriately *not* used (majority of counseling sessions: 70%).	Demonstrates inconsistentability to challenge clients through verbalizing in competencies & discrepancies in client's words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing discrepancies in the client's words *&/or* actions in a supportive & caring fashion, &/or skill is lacking.	Degrading client, harsh, judgmental, &/or being aggressive
I. I		Goal Setting	Counselor collaborates with client to establish realistic, appropriate & attainable therapeutic	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with client (85%)	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling	Demonstrates inconsistentability to establish collaborative & appropriatetherapeutic	Demonstrates limited ability to establish collaborative, appropriate	No therapeutic goals collaboratively established

			goals		sessions: 70%).	goals with client	therapeutic goals with the client	
I. J		Focus of Counseling	Counselor focuses (or refocuses) client on his or her therapeutic goals - i.e., purposeful counseling	Demonstrates consistent abilityto focus &/or refocus counseling on client goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on client's goal attainment (majority of counseling sessions: 70%) .	Demonstrates inconsistent ability to focus &/or refocus counseling on client' s therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on client's therapeutic goal attainment	Superficial, &/or moves focus away from client
I. K		Facilitate Therapeutic Environment	Expresses accurate empathy and care (includes immediacyand concreteness)	Demonstrates consistent abilityto be empathic & uses appropriate responses (85%)	Demonstrates ability to be empathic & uses appropriate responses (majority of counselingsessions; 70%).	Demonstrates inconsistent ability to be empathic &/oruse appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Creates unsafe space for client
1. L		Facilitate Therapeutic Environment	Counselor expresses appropriate respect & unconditional positive regard	Demonstrates consistent abilityto be respectful, accepting, & caring with clients (85%)	Demonstrates ability to be respectful. accepting, & caringwith clients (majority of counseling sessions: 70 %).	Demonstrates inconsistentability to be respectful, accepting, & caring	Demonstrates limited abilityto be respectful. accepting, &/or caring	Demonstrates conditional or negative respect for client

_____ Total Score *(out of a possible 60 points)*

Part 2: Counseling Dispositions & Behaviors

#	Score	Primary Professional Dispositions	Specific Professional Disposition Descri1ltors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations/ Demonstrates Competencies (4)	Near Expectations/ Develo1iing towards Competencies (3)	Below Expectations / Unacce1Jtable (2)	**Harmful** (I)
2. A		**Professional Ethics**	Adheres to the ethical guidelines of the **ACA, ASCA, IAMFC, APA, & NBCC;** including practices within competencies.	Demonstrates consistent & advanced (i.e., *exploration & deliberation)* ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic ethical decision-making process.	Demonstrates limited ethical behavior & judgment. and a limited ethical decision-making process	Repeatedly violates the ethical codes & /or makes poor decisions
2 B		**Professional** Behavior	Behaves in a professional manner **towards supervisors,** peers, & clients (includes appropriate dress & attitudes). Able to collaborate with others.	Demonstrates consistent & advanced respectfulness and thoughtfulness, & appropriate within *all* professional interactions.	Demonstrates consistent respectfulness and thoughtfulness& appropriate within *all* professional interactions.	Demonstrates inconsistent respectfulness and thoughtfulness, & appropriate within professional interactions.	Demonstrates limited respectfulness and thoughtfulness & acts inappropriate within some professional interactions.	Dresses inappropriately &/or repeatedly disrespectful of others.
2. C		Professional & Personal Boundaries	Maintain s appropriate boundaries with supervisors, sites & clients.	Demonstrates consistent & strong appropriate boundaries	Demonstrates consistent appropriate boundaries.	Demonstrates appropriate boundaries inconsistently.	Demonstrates inappropriate boundaries.	Harmful relationship with others
2. D		Knowledge & Adherence to Site Policies	Demonstrates an understanding & appreciation for *all* counseling site policies & procedures.	Demonstrates consistent adherence to *all* counseling site policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to most counseling site policies & procedures, including strong attendance and engagement.	Demonstrates limited adherence to most counseling site policies & procedures, including strong attendance and engagement.	Failure to adhere to policies after discussed with supervisor
2. E		Record Keeping & Task Completion	Completes *all* weekly record keeping & tasks correctly & promptly (e.g- case notes, psychosocial reports, Treatment plans, supervisory report).	Completes *all* required record keeping, documentation, and assigned tasks in a thorough, timely, & comprehensive fashion	Completes *all* required record keeping, documentation, and tasks in a competent & timely fashion.	Completes *all* required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation. and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline

#	Score	Primary Professional Dispositions	Specific Professional Disposition Descriptors	Exceeds Expectations / Demonstrates Competencies (5)	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies (3)	Below Expectations / Insufficient / Unacceptable (2)	Harmful (1)
2.F		Multicultural Competencies	Demonstrates awareness, appreciation, & respectof cultural difference (e.g., race, ethnicity, spirituality, sexual orientation, disability, SES, etc.)	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients, peers, and supervisors.	Not accepting worldviews of others
2.G		Emotional Stability & Self-control	Demonstrates emotional stability (i.e., congruence between mood & affect) & self-control in relationships with supervisors, peers, & clients.	Demonstrates consistent emotional resiliency & appropriateness in interpersonal interactions with clients, peers, and supervisors.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients, peers. and supervisors.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients, peers , and supervisors.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients, peers, and supervisors .	Inappropriate interactions with others, Continuously high levels of emotion reactions with clients, peers, and supervisors.
2.H		Motivated to Learn & Grow / Initiative	Demonstrates engagement in learning& development of his or her counseling competencies.	Demonstrates consistent and strong engagement in promoting his or her professional and personal growth & development.	Demonstrates consistent engagement in promoting his or her professional and personal growth & development.	Demonstrates inconsistent engagement in promoting his or her professional and personal growth & development .	Demonstrates limited engagement in promoting his or her professional and personal growth & development.	Expresses lack of appreciation for the profession &/or is apathetic in promoting his or her professional and personal growth & development.
2.I		Openness to Feedback	Responds non-defensively & alters behavior in accordance with supervisor y feedback.	Demonstrates consistent and strong openness to supervisory feedback & implement suggested changes.	Demonstrates consistent opennesstosupervisory feedback & implements suggested changes.	Demonstrates openness to supervisory feedback; however, does *not* implementsuggested changes .	Demonstrates a lack of openness to supervisory feedback & does *not* implement suggested changes	Defensive &/or disrespectful when given supervisory feedback.
2.J		Flexibility & Adaptability	Demonstrates ability to flex to changing circumstances, unexpected events, & new situations.	Demonstrates consistent andstrong ability to adapt & “reads-&-flexes" appropriately.	Demonstrates consistent ability toadapt & "reads-&-flexes" appropriately.	Demonstrates an inconsistent ability to adapt & flex to his or her clients' diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients' diversechanging needs	Not flexible , demonstrates rigidity in work with clients
2.K		Congruence & Genuineness	Demonstrates ability to be present and "be true to oneself”	Demonstrates consistent and strong ability to be genuine & accepting of self& others.	Demonstrates consistent ability tobe genuine & accepting of self & others	Demonstrates inconsistentability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Incongruent and *not* genuine

_____ Total Score *(out of a possible* 55 *points)*

 CCS-R 7

Narrative Feedback from Supervising Instructor/ Clinical Supervisor

Please note the counselor's or trainee 's areas of strength, which you have observed:

Please note the counselor's or trainee's areas that warrant improvement, which you have observed:

Please comment on the counselor's or trainee's general performance during his or her clinical experience to this point:

_____ _____

Counselor's or Trainee's Name (print) *Dale*

_____ _____

Supervisor's Name {print) *Date*

Date CCS was reviewed with Counselor or Trainee - _____

_____ _____

Counselor's or Trainee's Signature *Date*

Supervisor's Signature *Date*

Note: **If the supervising instructor/clinical supervisor is concerned about the counselor's or trainee's progress in demonstrating the appropriate counseling competencies, he or she should have another appropriate trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee**

Appendix G: Review of Progress, Self-Assessment

Please rate your development on the following items (1=strongly disagree; 5=strongly agree). Include three separate two- to three-page summaries of your *knowledge (*items 1-20), *skills* (items 21-27), and *professional/academic/dispositional development (*items 28-35). Identify strengths, areas requiring further development, and plans for future progress.					
Name: _____	Advisor: _____				
I. Develop identity as a professional counselor.					
1. Displays professional identity through behavior, disposition, attire, etc.	1 ○	2 ○	3 ○	4 ○	5 ○
2. Knows the history and philosophy of the counseling profession.	1 ○	2 ○	3 ○	4 ○	5 ○
3. Demonstrates a commitment to personal development, and a readiness to participate and contribute to the profession/professional organizations.	1 ○	2 ○	3 ○	4 ○	5 ○
II. Develop an understanding of the roles and functions of professional counselors as leaders, advocates, collaborators, and consultants.					
4. Knows the roles and responsibilities of counselors as collaborative members of interdisciplinary teams (e.g., treatment teams, student services teams, behavioral health teams).	1 ○	2 ○	3 ○	4 ○	5 ○
5. Understands the role of counselor supervision and the consultation process.	1 ○	2 ○	3 ○	4 ○	5 ○
6. Knows the role and process for advocating on behalf of the counseling profession.	1 ○	2 ○	3 ○	4 ○	5 ○
7. Maintains appropriate boundaries with supervisor, peers and clients.	1 ○	2 ○	3 ○	4 ○	5 ○
III. Develop the ability to reflect on the self of the counselor within all aspects of therapeutic work.					
8. Engages in self-exploration and reflection of self throughout counseling process.	1 ○	2 ○	3 ○	4 ○	5 ○

9. Understands limitations and develops strategies to ensure client welfare.	1	2	3	4	5
IV. Develop an understanding of personal values as well as knowledge of and compliance with codes of ethics of the counseling profession.					
10. Demonstrates an understanding of personal values and how they may impact practice.	1	2	3	4	5
11. Knows and adheres to ethical guidelines.	1	2	3	4	5
12. Functions ethically in a professional setting.	1	2	3	4	5
V. Develop the ability to use technology.					
13. Demonstrates the ability to use technology to support the delivery of services (video recording, using a software program for diagnosis, documentation, intake, etc.).	1	2	3	4	5
VI. Develop an understanding of and skills to work with and advocate for diverse client/student populations in a complex global society.					
14. Recognizes ways to advocate on local, state and national level for diverse client and student populations.	1	2	3	4	5
15. Understands multi-cultural variability (e.g., help-seeking behaviors) within and among diverse groups.	1	2	3	4	5
16. Demonstrates multicultural counseling competencies (e.g., impact of heritage, attitudes, beliefs within counseling session).	1	2	3	4	5
VII. Develop an understanding of theories of career, human development and individual, family and group counseling in the case conceptualization process.					
17. Uses a theoretical lens to formulate a comprehensive case conceptualization.	1	2	3	4	5
18. Utilizes a career lens to facilitate client/student career/life planning and inter-relationship with mental health.	1	2	3	4	5
VIII. Develop an understanding of approaches to research and program evaluation and use of data to meet the needs of clients, students, families and/or communities.					
19. Accesses and utilizes research to inform the counseling process.	1	2	3	4	5

20. Can use data and effectively conduct program evaluation in the clinical or school setting (e.g., monitor treatment, outcomes, program, etc.).	1	2	3	4	5
IX. Develop the skills needed to facilitate growth, development, success, and health with clients/students in individual, family and group settings.					
21. Demonstrates the ability to implement and facilitate groups.	1	2	3	4	5
22. Demonstrates *Exploration Skills* (e.g., attending, listening, open questions).	1	2	3	4	5
23. Demonstrates *Insight Skills* (e.g., challenges, interpretations, immediacy).	1	2	3	4	5
24. Demonstrates *Action Skills* (e.g., feedback, information-giving, role-play, behavioral rehearsal).	1	2	3	4	5
X. Develop the ability to critically analyze multiple sources of client information throughout the counseling process.					
25. Engages in treatment planning with clients (e.g., identify client concerns, set goals, and evaluate progress).	1	2	3	4	5
26. Knows how to select, utilize and interpret counseling assessment instruments.	1	2	3	4	5
27. Can use diagnostic criteria to help guide the treatment process.	1	2	3	4	5
XI a. Professional and Academic Skills					
28. Shows initiative and motivation (meets deadlines, attends class).	1	2	3	4	5
29. Demonstrates professional writing skills (forms, reports, case notes).	1	2	3	4	5
XI b. Dispositions					
30. Accepts and uses feedback.	1	2	3	4	5
31. Interacts in a collegial fashion with peers; collaborates well.	1	2	3	4	5

32. Demonstrates self-awareness (e.g., impact of self on others).	1 ○	2 ○	3 ○	4 ○	5 ○
33. Demonstrates emotional stability (e.g., congruence between mood and affect) and self-control (e.g., impulse control).	1 ○	2 ○	3 ○	4 ○	5 ○
34. Demonstrates the ability to adapt to changing circumstances, unexpected events, and new situations.	1 ○	2 ○	3 ○	4 ○	5 ○
35. Demonstrates honesty, integrity, and respect for others.	1 ○	2 ○	3 ○	4 ○	5 ○

Appendix H: Supervisee Perception of Supervision Form

(Adapted from Russell-Chapin, Sherman, & Ivey, 2016 and Olk & Friedlander, 1982)

Directions: The following statements describe some problems that therapists in training may experience during the course of clinical supervision. Please read each statement and then rate the extent to which you have experienced difficulty in supervision in your most recent clinical training from 1 (*not at all*) to 5 (*very much so*).

Regarding each statement below consider whether, "I have experienced difficulty in my current or most recent supervision because:"

N	Statement	1	2	3	4	5
1.	I was not certain about what material to present to my supervisor.					
2.	I have felt that my supervisor was incompetent or less competent than I.					
3.	I have wanted to challenge the appropriateness of my supervisor's recommendations for using a technique with one of my clients but I have thought it better to keep my opinions to myself.					
4.	I was not sure how to best use supervision as I become more experienced, although I was aware that I was undecided about whether to confront my supervisor.					
5.	I have believed that my supervisor's behavior in one or more situations was unethical or illegal and I was undecided about whether to confront the supervisor.					
6.	My orientation to therapy was different from that of my supervisor. The supervisor wanted me to work with clients using the supervisor's framework, and I felt that I should be allowed to use my own approach.					
7.	I have wanted to intervene with one of my clients in a particular way and my supervisor has wanted me approach the client in a very different way. I am expected both to judge what is appropriate for myself and also do what I am told.					
8.	My supervisor expected me to come prepared for supervision, but I had no idea what or how to prepare.					
9.	I was not sure how autonomous I should be in my work with clients.					
10.	My supervisor told me to do something I perceived to be illegal or unethical and I was expected to comply.					
11.	My supervisor's criteria for evaluating my work were not specific.					
12.	I was not sure that I had done what the supervisor expected me to do in a session with a client.					
13.	The criteria for evaluating my performance in supervision were not clear.					
14.	I got mixed signals from my supervisor and I was unsure of which signals to attend to.					
15.	When using a new technique, I was unclear about the specific steps involved. As a result I was not sure how my supervisor would evaluate my work.					
16.	I disagreed with my supervisor about how to introduce a specific issue to a client, but I also wanted to do what the supervisor recommended.					

17.	Part of me wanted to rely on my own instincts with clients, but I always knew that my supervisor would have the last word.					
18.	The feedback I got from my supervisor did not help me to know what was expected of me in my day-to-day work with clients.					
19.	I was not comfortable using a technique recommended by my supervisor; however, I felt that I should do what my supervisor recommended.					
20.	Everything was new and I was not sure what would be expected of me.					
21.	I was not sure if I should discuss my professional weaknesses in supervision because I was not sure how I would be evaluated.					
22.	I disagreed with my supervisor about implementing a specific technique, but I also wanted to do what the supervisor thought best.					
23.	My supervisor gave me no feedback and I felt lost.					
24.	My supervisor told me what to do with a client, but did not give me very specific ideas about how to do it.					
25.	My supervisor wanted me to pursue an assessment technique that I considered inappropriate for a particular client.					
26.	There were no clear guidelines for my behavior in supervision.					
27.	The supervisor gave no constructive or negative feedback and as a result I did not know how to address my weaknesses.					
28.	I did not know how my supervisor would evaluate me.					
29.	I was unsure of what to expect from my supervisor.					

Scoring Key:

Role Ambiguity Items: 1, 4, 8, 9, 11, 12, 13, 18, 20, 21, 23, 24, 26, 27, 28, 29

Role Conflict Items: 2, 3, 5, 6, 7, 10, 14, 15, 16, 17, 19, 22, 25

Meaning:

Look at the responses for each statement. High scores of 4s and 5s validate your feelings and beliefs concerning role ambiguity and role conflict. These concerns need to be shared in supervision.

Appendix I: Student Evaluation of Professional Practice Partner Site

Student Name:_____ Date: _____

Internship Site Name: _____

Site Supervisor Name: _____

Please indicate your experience of the site's performance and qualities using the following Likert Scale: 1 = *Poor*, 2 = *Fair*, 3 = *Good*, 4 = *Very Good*, 5 = *Excellent*, and N/A = *Not Applicable*.

Description	1	2	3	4	5	NA
Appropriateness of the site to your theoretical orientation.						
Appropriateness of the site to your client population of interest.						
Adequacy of physical facility (office access, restrooms, etc.)						
Receptivity of staff toward you as a student.						
Provision of a variety of professional tasks and activities.						
Availability of needed resources.						
Support of student's pursuit of client recordings.						
Staff support for consultation.						
Provided with appropriate orientation to site.						
Training for emergency procedures.						
Culturally-informed treatment of clients.						
Overall rating of the site for future internship students.						
Additional Comments:						

_____ _____

Student Signature *Date*

Appendix J: Internship Hours Log

Note: DCC=Direct Client Contact, I = Individual; C = Couples; F = Family; G = Group; Superv = Supervision

Week	*DCC-I*	*DCC-C*	*DCC-F*	*DCC-G*	*Other*	*Site Supervision Hours*	*Supervisor Signature*	*NU Internship Supervision Hours*
1 -								
2 -								
3 -								
4 -								
5 -								
6 -								
7 -								
8 -								
9 -								
10 -								
11 -								
12 -								
13 -								
14 -								
15 -								
16-								
Column Totals								

DCC Total	
Other Total	
Supervision Total	
Total Hours	

Note: *Internship Supervision hours are tracked here for convenience. Site Supervisor/Clinical Director Signatures do not apply to Internship Supervision.*

_____ _____

Student Signature Date

_____ _____

Site Supervisor Signature Date

_____ _____

NU Internship Instructor Signature Date

Appendix K: Site Submission Form

Student Name:_____ Student ID #: _____

Proposed Site for: Practicum ☐ Internship ☐ Both ☐

Student's State of Residence: _____

Professional Practice Site Name: _____

Professional Practice Site Address: OBJ

_____

Professional Practice Site Phone: __(_____)_____

Professional Practice Site Fax:____(_____)_____

Professional Practice Site Website: _____

Supervisor's Name: _____

Supervisor's Phone: __(_____)_____

Supervisor's Email: _____

Supervisor's License Number: _____

Contract Email: _____

Additional information student would like to share:

_____

_____

_____

_____

_____

_____ _____

Student Signature *Date*

Appendix L: Specialized Supervision Plan

Student Name: _____ Student ID #: _____

Student's State of Residence: _____ Current Date: _____

Professional Practice Site Name: _____

Professional Practice Site Address: _____

_____

Professional Practice Site Phone: _(_____)_____

Site Supervisor Name: _____

Phone: _(_____)_____ Email: _____

Current course in which student is enrolled:

- COUN 5963: Practicum
- COUN 6943: Internship I
- COUN 6953: Internship II
- COUN 6961: Internship Continuation

_____

Date(s)/Time(s) Supervision was/will be missed: _____

_____

Describe plan for completing the required number supervision of hours:

_____

_____ _____

Student Signature *Date*

_____ _____

Site Supervisor Signature *Date*

_____ _____

Clinical Director Signature (Indicates Plan Approval) *Date*