

**Florida Atlantic University  
Department of Counselor Education**

**Clinical Mental Health Counseling Handbook:  
M.Ed./Ed.S. Program Requirements & Practicum/Internship Information**

**effective August 21, 2022**

**revised October 1, 2024\***

**\*this revision is occasioned by additional CACREP and university requirements**

## PREFACE

The development of this Handbook was prompted by changes in the Council for Accreditation of Counseling and Related Educational Program's (CACREP) policies, standards, and expectations which have resulted in a number of policy changes and requirements in the Mental Health Counseling program at Florida Atlantic University. Among these is the shift to competency-based education and outcomes-based evaluation. Accordingly, this Handbook addresses policies and requirements unique to the M.Ed. degree in Clinical Mental Health Counseling and the Ed.S. degree in Mental Health Counseling. It specifically addresses completion of program requirements, the professional performance review process and procedure, the re-admission policy, transfer policy, the Rehabilitation Counseling Option, and specific information and requirements for practicum and internship training. Note: this Handbook is intended as a supplement to the general departmental policies and procedures addressed in the department's *Student Handbook* for M.Ed. and Ed.S. students.

Students need to understand that the M.Ed. program in Clinical Mental Health Counseling is CACREP accredited, but that the Ed.S. program has not sought CACREP accreditation and continues under the title "Ed.S. in Mental Health Counseling." Note: in this Handbook, "program" refers to both CMHC and the Ed.S. Mental Health Counseling program unless otherwise stated.

So what is Clinical Mental Health Counseling (CMHC) and how does it differ from other counseling specialties? While CMHC shares commonalities with other counseling specialties, it is uniquely different in both its scope of practice. Florida statute 491.003(9) describes the uniqueness of mental health counseling practice.

The "practice of mental health counseling" is defined as the use of scientific and applied behavioral science theories, methods, and techniques for the purpose of describing, preventing, and treating undesired behavior and enhancing mental health and human development ....The practice of mental health counseling includes methods of a psychological nature used to evaluate, assess, diagnose, and treat emotional and mental dysfunctions or disorders (whether cognitive, affective, or behavioral), behavioral disorders, interpersonal relationships, sexual dysfunction, alcoholism, and substance abuse. The practice of mental health counseling includes, but is not limited to, psychotherapy, hypnotherapy, and sex therapy...

Besides reflecting CACREP standards, the development of this Handbook also reflects legal requirements of the state of Florida. Among these is Florida statute 491.002 which specifies the "gatekeeping" function of graduate programs and faculty that train individuals seeking mental health licensure. This and other statutes addresses their duty and responsibility to ensure that only clinically competent and ethical persons are qualified for licensure.

...since such services assist the public primarily with emotional survival, which in turn affects physical and psychophysical survival, the practice of ...mental health counseling by persons not qualified to practice such professions presents a danger to public health, safety, and welfare...(T)o further secure the health, safety, and welfare of the public...by establishing minimum qualifications for entering into and remaining in the respective professions."

CMHC is also unique among other counseling specialties in terms of those who practice it effectively. Those who have a high level of "fit" and who go on to become effective clinical mental health counselors tend to be characterized by the following profile: They enjoy "people watching" and are intrigued by intrapsychic and interpersonal dynamics. They can readily conceptualize patterns of thoughts and behaviors in others, and are fascinated by symbols and metaphors in movies, novels, or poetry. Typically, others gravitate to them because of their capacity to listen, to reflect, and to be supportive. Like other counselors, they desire to help others. But unlike other counselors, the level of change and healing that they foster in

clients tends to be at a very deep level, involving changes in the client's basic personality structure and patterns.

## COMPLETING PROGRAM REQUIREMENTS

The process of becoming a Licensed Mental Health Counselor (LMHC) is both rewarding and challenging. The rewards include membership in an increasingly respected mental health profession and the satisfaction of making a difference in the lives of clients. The challenges involve increasing competence as a professional counselor. The CACREP (2024) Standards require counseling programs to conduct a systematic developmental evaluation of students' progress in counseling knowledge, skills, and dispositions. CMHC faculty support this requirement as well as the spirit behind it. A subsequent section describes this evaluation process in detail.

The CMHC program specifies four distinct phases of this systematic, developmental evaluation in the process of completing M.Ed. and Ed.S. degree requirements and continuation or retention in the program.

### FOUR PHASES

**Phase 1. Acceptance into Didactic Coursework.** To be accepted in didactic coursework phase of this program, applicants must meet all required admission requirements, which include a rubric-evaluated screening of application material and an in-person interview, which is rubric-evaluated. Applicants are screened against the Graduate College and Department of Counselor Education academic admission standards (e.g., GPA, GRE, academic letters of recommendations, etc.) as well as for their personal and professional suitability for the counseling profession. Acceptance at this phase means the applicant is approved only to undertake didactic coursework.

**Because of the competency-based nature of this program, the following required courses: MHS 5005, 5428, 6401, 6070, 6800, and 6830 must be taken in this Clinical Mental Health Counseling program. Accordingly, courses with the same or similar titles and/or content cannot be transferred from another program at FAU or from another university to this program.**

Once accepted into didactic coursework, students are assigned an advisor and are expected to meet with their advisor in the first semester and complete an approved *Plan of Study*. It specifies the courses and the order in which these courses are to be taken and is filed with the Graduate College. Each semester, students will meet with their advisors to register for classes. During this time, advisors will assess and monitor students' progress in their coursework as well as their personal and professional development.

**Students must attend the Orientation Session in their first semester in the program and must sign and return the *Clinical Mental Health Student Agreement Form*, which will be shared electronically via the OneDrive. Both are required to continue in the program.**

The threshold of this phase includes: (1) formal admission to take didactic coursework; (2) attendance at Orientation; (3) return of the signed *Clinical Mental Health Counseling Student Agreement Form*; (4) submission of an acceptable *Plan of Study* by the end of their third semester in the program and (5) demonstrated suitability for the counseling profession.

**Phase 2. Acceptance into Clinical Coursework.** Prior to completing all didactic coursework required for clinical coursework (practicum and internship), students must apply for the clinical coursework phase of training. The threshold of this phase includes: (1) maintenance of academic eligibility in terms of graduate GPA [at least 3.0] with no grade below a B; (2) passes the *Counselor Preparation Counseling Examination (CPCE while in Internship) or hold the National Certified Counseling (NCE) credential/have a passing score on the NCE by the end of Internship I*; and (3) demonstrated suitability for the counseling profession.

The *CPCE* is usually taken while enrolled in or at the end of MHS 6800 or start of MHS 6830, and passing the test is a requirement to graduate the program. If the student does not pass the examination, the student can apply for the next scheduled exam. A second non-pass will result in administrative dismissal from the program. Students are expected to score either no less than 3 points below the national mean score or no less than 1 standard deviation below the national mean score, whichever results in the higher score. Students must register to take the CPCE on their own through NBCC computer-based testing. Students must have a passing score on the CPCE turned into the department no later than the end of Internship I. Students that already hold the NCC credential or that have passed the NCE are exempt from taking the CPCE and must submit a copy of their NCC or passing NCE score to LiveText by the end of the semester. Note: The Clinical Coursework requirement holds only for Ed.S. students whose *Plan of Study* specifies it; and the *CPCE* requirement can be waived—by the advisor—for Ed.S. students with the NCC credential.

**Phase 3. Completion of Didactic and Clinical Coursework.** The threshold of this phase requires that the student meets all three thresholds: (1) maintenance of academic eligibility in terms of graduate GPA [at least 3.0] with no grade below a B; (2) the *Exit Counseling Competency Exams (ECCE)* and the *CPCE or hold the NCC*; and (3) demonstrates suitability for the counseling profession assessed by the *Professional Performance Evaluation Rubric*. Note: The *ECCE* requirement holds only for Ed.S. students whose *Plan of Study* specifies Clinical Coursework. It is only possible to take the *ECCE* exam during the scheduled time. If the *ECCE* is taken at the scheduled time but not passed the student can petition the instructor to re-take it within one week.

Students who fail [grade lower than B] didactic courses are eligible to register for that course the next time it is offered. They will be permitted to register for other didactic courses in the meantime, but they will not be permitted to register for a clinical course (Practicum or Internship) until they receive a passing grade in the retaken didactic course. A non-pass in the retaken course results in administrative dismissal from the program.

Students who fail [grade lower than B] a clinical course cannot register for additional clinical coursework until specified conditions are met. This may require additional clinical coursework such as remedial clinical coaching, such as is offered in MHS 6401, or in the *Counseling Lab* component of MHS 6800. Such remediation must be satisfactorily completed before the student can register to retake the failed clinical course. If the retaken clinical course is not passed, the student will be administratively dismissed from the program. If the student wants to complete other didactic coursework during this time, written permission from the department chair must be secured. Remediation may require that the student engages in personal therapy to resolve personal issues that interfere with clinical training. Students who receive a grade of Incomplete (I) in MHS 6800 or MHS 6830 and have not taken and passed the *ECCE* are eligible to take the *ECCE* in a subsequent semester provided that they complete all remaining requirements to remove the I before the time the for the *ECCE* has been scheduled.

If it comes to the attention of the faculty/seminar instructor during the semester that the student is not functioning adequately at the assigned site, suspension from the site placement may be necessary until remediation is satisfactorily demonstrated to the faculty/seminar instructor. In addition, withdrawal from the practicum or internship may be required, resulting in an “in progress” grade until all remediation efforts are completed. Such decisions are made by the faculty/seminar instructor in consultation with the department chair and are documented in the student's file. Students must accrue all clinical hours at a site from the approved site list and hours may not roll from one semester to the next.

Students must also take and pass the *ECCE*, near the end of of the Internship II (MHS 6830). The importance of this exam cannot be underestimated since it is an objective evaluation of the student's competency with a live (standardized) client in the two key statutory functions and responsibilities of Licensed Mental Health Counselors in the state of Florida: to perform a diagnostic evaluation and to implement psychotherapeutic treatment. Accordingly, it is a course requirement to pass this exam with a composite minimum score of 7.0/10 for MHS 6830. Failure to pass it requires retaking the *ECCE*. A second

non-pass results in failing the course and requires retaking that respective course to continue and/or graduate from the Mental Health Counseling program.

**Phase 4. Completion of Remaining Graduation Requirements.** The threshold of this phase includes: (1) submission of approved revisions to the *Plan of Study*; (2) formal application and departmental approval for graduation; (3) completion of the university Graduate Student Exit Survey (GSES); (4) completion of other requirements of the department and the Graduate College; and (5) demonstrated suitability for the counseling profession.

## PROFESSIONAL PERFORMANCE REVIEW

### Rationale

In addition to meeting academic competency standards, students are expected to conduct themselves in an ethical, responsible, and professional manner. They must be knowledgeable of, and, at all times, adhere to the standards of professional ethics and practice set forth by the American Counseling Association (ACA) available at: <http://www.counseling.org>. Mental Health Counseling students are directed to review these standards and seek any clarification needed from their advisor and faculty. As noted earlier, **CACREP requires ongoing, systematic and formative evaluation of personal and professional as well as academic performance.**

As future professional counselors, the Mental Health Counseling faculty expects students to be concerned about others, to be stable and psychologically well adjusted (both personally and professionally), to be capable of effective interpersonal relationships, to take responsibility for their words and actions, to be able to receive and apply feedback willingly, and to give feedback constructively. Students are expected to behave in a manner that demonstrates suitability for the counseling profession. Furthermore, faculty expects students to be committed to continued personal growth and professional development and to demonstrate that commitment through self-care, and through self-reflection and responsiveness to supervision in all activities related to their degree program. Finally, faculty believes that it is ethically imperative that counselors-in-training be willing to do in their own lives what they ask their clients to do in theirs. These characteristics reflect "suitability" for the counseling profession and the Mental Health Counseling faculty are required to exercise their gatekeeping function by evaluating the suitability of counselors-in-training.

Accordingly, faculty will regularly monitor not only students' academic progress but also selected personal and professional characteristics that affect their performance in the field. The purpose of this monitoring and ongoing evaluation process is to ensure that all graduates of this program possess those characteristics sufficiently to support—rather than interfere with—their professional responsibilities and wellbeing. The ***Professional Performance Evaluation Rubric*** [Appendix] is keyed to the ten standards of the ***Criteria for Professional Performance Evaluation*** [Appendix], a highly regarded and commonly used objective measure for evaluating suitability in counseling students (McAdams, Foster & Ward, 2007). **These Criteria are standards that operationally define "suitability" for entry into the counseling profession, and FAU Mental Health Counseling students are systematically evaluated against these ten standards.** The ten standards are:

1. Openness to new ideas
2. Flexibility
3. Cooperativeness with others
4. Willingness to accept and use feedback
5. Awareness of own impact on others
6. Ability to deal with conflict
7. Ability to accept personal responsibility
8. Ability to express feelings effectively and appropriately

9. Attention to ethical and legal considerations
10. Initiative and motivation

### **The Professional Performance Review Procedure**

These ten standards characterize the attitudes and behavior of effective, ethically-sensitive and culturally-sensitive and competent professional counselors, and represents a tangible, formative model for Mental Health Counseling students to emulate. Accordingly, these standard serve as the basis for both meeting the CACREP requirement for an ongoing systematic evaluation of students' academic, personal, and professional competence, and for facilitating students' personal and professional development. Based on these Standards, the following policy and procedure have been established.

Each student's personal and professional performance is rated on the ***Professional Performance Evaluation Rubric*** on a scale of 1 (poor) to 5 (excellent). The *Rubric* provides a quantitative measure of a student's suitability for the counseling profession with a score of 3 or higher on each standard representing "suitability."

Near the end of each semester, instructors in the following MHS courses (5005, 6401, 6070, 6450, 6470, 6701, 6800, and 6830), are expected to complete the *Rubric* on every student in that course who is admitted to the Mental Health Counseling Program. The instructor and the student will sign the ***Professional Performance Evaluation Rubric***, after which the instructor delivers the form to the Department Academic Program Coordinator. An electronic copy is placed in the student's file and the original is retained by the department. Ordinarily, during the student progress review segment of the last faculty meeting of the semester, faculty review students who wish to be promoted to practicum or internship training. At that time, a student's *Rubric* is considered. Note: the student's academic advisor can also rate the student at any time.

Students receiving a rating below 3 on one or more of the ten standards is considered deficient in professional performance and subject to the following "Professional Performance Review Procedure:"

1. If a student receives a single rating of below 3 on one of the ten standards, the "issuing faculty" meets with the student to discuss and to resolve the Professional Performance concern. Note: "Issuing faculty" refers to the course instructor or academic advisor.
2. If a resolution is not reached, or if the student has two or more ratings below 3—from one or more issuing faculty—the student is presented with a *Notification of Professional Performance Concern Form* which lists the deficient rating(s), the issuing faculty's explanation for the ratings, and details the required remedial actions. Signatures of both the issuing faculty and the student will verify their understanding of the concerns, the required remedial actions, and the schedule for completing them. Both the student and issuing faculty will retain copies of the signed *Notification of Professional Performance Concern Form*, with a copy placed in the student's file, and copies forwarded to the student's assigned advisor and the department chair.
3. If a student receives more than one *Notification of Professional Performance Concern* during their Program of Study or fails to show reasonable progress in remediation of deficiencies previously cited, they are required to meet with the issuing faculty and their academic advisor in accordance with the procedure described in #2 above. Depending upon the nature of new performance concerns and/or the reasons for the student's failure to comply with previously determined remedial action plans, the issuing faculty and academic advisor will consult faculty regarding the development of alternative remedial strategies and/or evaluation of the student's suitability and fitness for continuation in the Program. The issuing faculty, the student, and the academic advisor will retain a signed copy of any revision made to the *Notification of Professional Performance Concern Form*. A copy is sent to the department chair and a copy is retained in the student's file.

4. Faculty will initiate the "Professional Performance Review Procedure" at any time for students who engage in illegal or unethical activities, or for students whose professional performance is deemed to present an immediate threat to the wellbeing of others. In such cases and depending upon the level of perceived threat, the Mental Health faculty and the department chair may recommend discontinuation in the program without opportunity for student remediation.

5. All faculty recommendations for denial of a student's continuance in the program are forwarded to (and will be the ultimate decision of) the Dean of the College of Education.

### **RE-ADMISSION POLICY**

1. If faculty determine that a student must withdraw from the program and attend to personal issues with remedial action as determined by the faculty, a remediation plan is developed, discussed, and signed by the student.

2. Once the student has completed the remediation plan, and the student wishes to re-enter the program, the student is required to re-apply, at the next available application date, and undergo the admission process.

3. Such students wishing to re-enter the program will need to provide a written report of the completion of their remediation plan that specifically explains the actions that they have taken, and the steps to alter any problematic behavior that triggered the withdrawal from the program.

4. The student is also required to address these issues in the Personal Statement of their formal application for readmission. The Personal Statement must include sufficient reflection on the impact of their experiences during the time away from the program, and how they have used and will continue use the insights gained as a readmitted student and then as a professional counselor.

5. The readmission application is processed as if it were a first-time application. To insure impartiality, all applications are evaluated by the same set of criteria and rubrics.

6. The student is required (if invited) to attend one of the group interview sessions.

7. Student may not take any additional course work (even as a non-degree student) before being re-admitted into the program.

8. A student who was previously admitted to the program and becomes inactive for reasons other than those specified above, and fails to register and complete coursework for more than two consecutive semesters is required to re-apply for admission.

### **TRANSFER TO THE CMHC PROGRAM**

Students admitted to the School Counseling or Rehabilitation Counseling track who might consider a transfer to the CMHC track should be aware of the transfer policy whose purpose is to identify those with a high level of fit for this track and clinical mental health practice. The policy is: (1) An application for transfer can only be made before the student has completed 27 hours of all degree coursework; and (2) Transfer applicants must meet the same admission standards to the Clinical Mental Health track as initial applicants and have full faculty approval. Students should understand that requests for transfer are not automatically approved and that an alternative to transfer is to meet coursework requirements for Florida LMHC licensure in by completing the original track requirements and then completing the designated MHS specialty courses. This is accomplished as an M.Ed. student in their current track or in the Ed.S. Mental Health Counseling program. A formal request for transfer includes the following: (1) Send a letter of

petition to the Director of Clinical Training stating reason for request for transfer. It must detail the student's *specific* goals and *specifically* how the CMHC master's degree will help achieve that goal. The letter must also spell out how the applicant "fits" the profile of the effective clinical mental health counselor. (2) Provide a statement from the assigned advisor endorsing the transfer request. E-mail statements are sufficient. (3) Submit an unofficial transcript of courses already taken. (4) Submit a separate written statement indicating that the student has read and agrees to abide by this and other policies included in the "Mental Health Counseling Handbook." (5) The request and accompanying materials must be received prior to the posted deadline for receipt of new applicants for admission. When received, applications are processed as follows: (1) The request and accompanying material is reviewed by the same eligibility criteria (rubric-evaluated) as materials from new applicants. (2) If CMHC faculty agrees that a student requesting transfer is eligible, they will be invited to participate in the CMHC interview process (rubric-evaluated) with incoming applicants. Typically, these interviews take place in late February or early March. (3) If the requesting student is at or above the interview cut-off level criteria (rubric-based) for new applicants who were interviewed, the student is accepted into the track and is formally notified by the Department Chair (4) Once accepted into CMHC track, the student may begin to take CMHC specialty courses in that Summer or Fall semester.

### **Joint M.Ed/Ed.S. Option for CMHC Students**

The Clinical Mental Health Program in the Department of Counselor Education at Florida Atlantic University has sought to be innovative in the training of its students, and to prepare them for success in the workforce. Currently we provide a pathway for students to obtain advanced training for skills in areas such as, supervision, university counseling, couples and family therapy, and integrated behavioral practice (among others) through our joint M.Ed/Ed.S option. This option allows students a seamless process to garner this education. Students that choose to receive the Ed.S degree in addition to their M.Ed will need to put in an application with their intention for completion of the Ed.S degree no later than the semester they begin practicum. This will allow students to be approved to take the additional 12 hours of coursework to receive their Ed.S degree. Students would take Ed.S. coursework while in their master's program. In addition, students would only need one additional semester, while receiving advanced training. In some cases, students may not need additional semesters to finish the requirements.

## **PRACTICUM/INTERNSHIP INFORMATION**

### **Introduction**

**The signature feature of CMHC is therapeutic counseling with a focus on clients' strengths rather than on pathology.** As such, it differs considerably from the signature feature of *case management* in social work, *psychological testing* in clinical and counseling psychology, *family and couples work* in marital and family therapy, *medication* in psychiatry, and *detoxification* and *psychoeducation* in substance abuse treatment. While students in our program would do well to learn about case management, psychometrics, couples and family work, detoxification, and psychoeducation, their ***direct supervised hours*** practicum and internship experience should primarily involve therapeutic counseling, whether in an individual, group, or family context. CACREP (2024) defines direct service as:

Supervised use of counseling, consultation, or related professional skills with actual clients (individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) consultation. The following would not be considered direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision, and (5) role plays.



In short, the endpoint of CMHC practicum and internship training is to document *direct supervised experience* in therapeutic counseling. Thus, the availability of clients suitable for therapeutic counseling should be the student's main criteria in interviewing and in selecting a training site. Students should also be aware that the formal agreement between FAU and approved training sites requires that the site will *"provide the student clinical cases that are appropriate to their present level of training and competence."*

Students should keep in mind that no more than 50% of their direct service hours should be teletherapy hours. Therefore, at least half of students' direct service hours should be in-person counseling experiences. This applies to all practicum and internship semesters.

The primary purpose of the beginning practicum (MHS 6800) and the internship (MHS 6830) is to provide students with closely supervised and integrated therapeutic counseling experiences as part of their overall professional preparation program. Practicum and internship field experiences are expected to integrate didactic preparation with practical application. The practicum and internship experience is designed to assist students in developing not only a better understanding of themselves as persons and competent counselors, but also a better understanding of the constituency with which they expect to work in the future.

**All students admitted to the CMHC program are required to successfully complete three consecutive semesters of beginning practicum and internship.**

#### **MHS 6800: Practicum in Mental Health Counseling**

*Prerequisites: permission of instructor AND completion of the following eight courses*

- 1) MHS 5005 Processes in Counseling
- 2) MHS 6401 Counseling Theories & Techniques
- 3) MHS 6842 Life Span Development
- 4) MHS 6700 Legal, Ethical & Professional Issues in Counseling
- 5) MHS 6070 Psychopathology in Counseling
- 6) MHS 6220 Appraisal & Evaluation\*
- 7) MHS 6430 Family Counseling
- 8) MHS 6701 Issues in Mental Health Counseling Practice

\*courses noted are co-requisite with practicum

**In other words, registration for MHS 6800 is not possible unless these eight courses are completed; with the exception of MHS 6220 which is a co-requisite.**

Students can begin their first practicum in the sixth semester of the program assuming they have completed the required prerequisites. Group Counseling MHS 6510 and Substance Abuse MHS 6450 can be taken concurrently with MHS 6800. However, if students have not taken MHS 6510 prior to their first practicum, it is unlikely that they will not be allowed to conduct/lead group counseling/therapy at their site.

#### **MHS 6830: Internship in Mental Health Counseling**

*Prerequisites: MHS 6800 Practicum Counseling AND permission of instructor*

MHS 6830 is divided into two consecutive 3 credit hours semesters, for a total of 6 credit hours.

## PROCEDURES AND GUIDELINES

Every student who seeks clinical training must complete a new application (specific for Practicum or Internship) via the Supervision Assist platform by the specified application deadline. One complete application is due for both practicum and internships. Please note that the student are not required to have a site at the time of application submission. The site choices noted on the application are sites of interest. Practicum and Internship experiences are expected to be completed at the same site. When students begin working with a practicum site, they are expected to stay at that site, unless there is a reason that the site can no longer have the student work and reaches out to the clinical coordinator to notify of this situation (e.g., the site closes or does not have enough client hours). Students are making a commitment to that site. If they leave or withdraw from site, students are required to drop the course for the semester and retake the course with a new site placement from the approved list of sites during the next semester that the course is offered. Student hours will restart at the new placement. Students who are dismissed from a site for non-professional behavior, ethical concerns, breach of contracts, or behavior not becoming of a professional counselor are required to halt their progress and meet with the clinical mental health faculty to determine if progression in their clinical sequence needs to be modified, remediated, or otherwise.

### Application Deadline: Fall – November 15<sup>th</sup>

#### ♣ Step One

#### **Submit application for Practicum or Internship via Supervision Assist by 11:59pm.**

After the application deadline, the Clinical Coordinator will review and approve all appropriate applications submitted on time. The student will then receive an email noting eligibility to contact sites on the approved site list. Students are to contact the on-site supervisors of the practicum/internship sites recommended by the department on the approved list only. The list of the approved practicum/internship sites is available on the Supervision Assist platform. As a reminder, students must complete their three semesters of field placement experiences at the same site. No more than 2 students are allowed at one site during each semester, with the exception of the Faulk Center and FAU Counseling and Psychological Services (CAPS).

Students must select a site from the approved site list. Students may request that a new site be developed only in extenuating circumstances approved by the department and pending site review. The department must review and approve any new site before adding it to the approved site list. To submit a new site development request, the student must complete the *Site Development Interest Form* and send it to the Clinical Coordinator for consideration. Please note that no site request is ever guaranteed; each site is screened thoroughly and must meet the educational standards and requirements outlined by the CACREP and the department.

Students are not allowed to complete their clinical training at a place of employment. If a student is offered a job by a site where they are currently an Internship Student and have successfully completed prior sequences of clinical training, the faculty will consider these requests on a case-by-case basis.

#### ♣ Step Two

Students will go through the interview process required by the on-site supervisors to be accepted for their clinical experiences. Once accepted, students are to notify the Clinical Coordinator via email of placement.

Students must submit the following documentation by the first day of the semester for practicum and internship: (1) Professional liability insurance, and (2) signed Site Supervisor Agreement. These items should be uploaded to or completed in the Supervision Assist platform, which will be accessible to you, your site supervisor, and your campus instructor.

### ♣ Step Three

**Begin at your site during the first week of class (unless instructed otherwise). You must have your liability insurance in place before you begin work with any clients.** Beginning practicum students must complete a **minimum of 150 hours** at their clinical site within the semester. [Note that for the first five weeks of the *Counseling Lab* portion of MHS 6800, students follow specific guidelines in their site activities]. A minimum of 15 hours per week on site is required.

- 60 hours will be direct, face-to-face contact in counseling.
- 90 hours will be indirect services related to counseling activities.

**\*Your CPCE should ideally be taken during internship I. Successful scores on the CPCE are required to continue in your clinical experiences. Students must test on their own and submit their scores to the department along with their Internship I documentation. See the policy above.**

**Split Internship (over two consecutive semesters)** students must complete a **minimum of 300 hours** at their clinical site within each semester. Students must accrue all clinical hours at a site from the approved site list and hours may not roll from one semester to the next.

- 120 hours each semester will be direct, face-to-face contact in counseling.
- 180 hours each semester will be indirect services related to counseling activities.

Example: For each internship semester – (must be consecutive):

- 20 hours a week (x15 wks) of direct & indirect = 300 hrs/semester
  - 8 hours a week (x15 wks) of direct counseling = 120 hrs/semester
  - 12 hours a week (x15 wks) of indirect activities = 180 hrs/semester

### ♣ Step Four

Obtain the **Field Experience Logs** from the Supervision Assist platform. These forms will validate the student's counseling and administrative experience while at their clinical site. The student is expected to keep these forms current and obtain the appropriate signature from their site supervisor. Students must track and submit their hours weekly for their site supervisor's routine review and approval. If students are unclear regarding what counts as direct versus indirect work at their site, please refer to the University Seminar Instructor.

### ♣ Step Five

Complete the **Practicum/Internship Student Counselor Site Evaluation** and the **Practicum/Internship Supervisor Evaluation Form** on the Supervision Assist platform. These forms should be completed and signed by the student and the student's site supervisor by the end of each practicum and internship semester.

The student is expected to participate in an on-going evaluation process with their site supervisor and their practicum/internship course instructor. The **Practicum/Internship Supervisor Evaluation Form** will evaluate the student's progress and should be completed by the final class meeting of the semester.

The practicum/internship experience is evaluated on the basis of each student's counseling skills and ability to integrate theory and practice. Since practicum involves clients in a community counseling setting, a great deal of value is placed on providing high quality service in a professional and ethical manner. Become familiar with your responsibilities and assist your site supervisor in understanding their responsibilities, as described in this handbook.

### ♣ Step Six

Submit the signed **Field Experience Logs** on Supervision Assist by end of the semester. This submission completes the practicum and internship experiences for the semester.

**♣ Step Seven**

If, after students receive approved site, they have an emergency situation which makes it impossible to proceed with the Practicum or Internship, notify the Clinical Coordinator immediately. The student must reapply for the next practicum or internship sequence offered.

If students do not gain enough hours in their clinical experience to meet the deadline for the course, the instructor can consider an incomplete grade. Still, the student must make the instructor aware of the need for an incomplete no less than 3 weeks before the semester ends, and it is based on full CMHC faculty approval. Incomplete grades will only be provided to students attempting to progress in the course and completing over half of their coursework. Those who have yet to progress or complete at least half of their coursework will not be allowed to enroll in the next clinical training sequence and must take the following semester off to finish the current clinical training sequence. Incomplete grades are customarily reserved for extreme circumstances where students have stayed current with their coursework and are making all reasonable attempts to complete the assignments.

If an incomplete is granted, there must be a clear and tangible timeline for remediation of outstanding hours or case reports and tapes that will be submitted to the instructor for grading and to reverse the incomplete. One semester is the maximum allowable time frame for remediating an incomplete grade. An incomplete will not be automatically provided for the next clinical training sequence for those continuing their coursework. Remediation plans to reverse the incomplete grades must be drafted with the instructor and approved by the Clinical Coordinator. Additionally, failure to meet this timeline and stay in contact with the course instructor will result in the incomplete grade reverting to a failing course grade and having to retake the course and restart hours associated with the course.

Failure to submit tapes/case conceptualization papers on time to the instructor without approval and a valid reason will result in a failing grade for the course. Valid reasons may include (with site verification): the clients all terminated; clients canceled their appointments and the students were unable to record a session; there are no clients on the student's caseload who have consented to record and the site is unable to allow the student to borrow a client; or the student just started on site, and does not yet have a caseload. Delaying submission due to feeling dissatisfied with performance is not a valid reason for turning in a case report late. Late case reports will only be accepted with approval from the course instructor. Students must email their course instructor to request approval and copy the site supervisor on the email to verify that there was an issue on site that interfered with their ability to complete the case report by the specified deadline.

## **APPENDIX**

- **Clinical Mental Health Counseling Student Agreement Form**
- **Criteria for Professional Performance Evaluation**
- **Professional Performance Evaluation Rubric**

### Clinical Mental Health Counseling Student Agreement Form\*

After reading the *Clinical Mental Health Counseling Handbook*, please sign this Agreement and return it to the Department Chair. Failure to do so promptly will result in non-continuation in the program.

I, \_\_\_\_\_ (print) have read and understand the FAU *Clinical Mental Health Counseling Handbook* and the policies and related program requirements and expectations. By signing below, I agree to follow the policies outlined in this Handbook and to abide by the ACA Code of Ethics.

\_\_\_\_\_

Student signature

\_\_\_\_\_

Date

\_\_\_\_\_

Department Chair

\_\_\_\_\_

Date

\*Also required of students admitted to the Ed.S. in Mental Health Counseling Program

## Criteria for Professional Performance Evaluation\*

### 1. Openness to new ideas (rated from Closed [1] to Open [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Was dogmatic about own perspective and ideas.</li> <li>Ignored or was defensive about constructive feedback.</li> <li>- Showed little or no evidence of incorporating constructive feedback received to change own behavior.</li> </ul>	<ul style="list-style-type: none"> <li>- Was amenable to discussion of perspectives other than own.</li> <li>- Accepts constructive feedback without defensiveness.</li> <li>- Some evidence of effort to incorporate relevant feedback received to change own behavior.</li> </ul>	<ul style="list-style-type: none"> <li>- Solicited others' opinions and perspectives about own work.</li> <li>-Invited constructive feedback, and demonstrated interest in others' perspectives.</li> <li>- Showed strong evidence of incorporation of feedback received to change own behavior.</li> </ul>		

### 2. Flexibility (rated from Inflexible [1] to Flexible [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Showed little or no effort to recognize changing demands in the professional &amp; interpersonal environment.</li> <li>- Showed little or no effort to flex own response to changing environmental demands.</li> <li>- Refused to flex own response to changing environmental demands despite knowledge of the need for change.</li> <li>- Was intolerant of unforeseeable or necessary changes in established schedule or protocol.</li> </ul>	<ul style="list-style-type: none"> <li>- Effort to recognize changing demands in the professional &amp; interpersonal environment was evident but sometimes inaccurate.</li> <li>- Effort to flex own response to new environmental demands was evident but sometimes inaccurate.</li> <li>- Flexed own response to changing environmental demands when directed to do so.</li> <li>- Accepted necessary changes in established schedule or protocol, but without effort to understand the reason for them.</li> </ul>	<ul style="list-style-type: none"> <li>- Showed accurate effort to recognize changing demands in the professional &amp; interpersonal environment.</li> <li>- Showed accurate effort to flex own response to changing environmental demands as needed.</li> <li>- Independently monitored the environment for changing demands and flexed own response accordingly.</li> <li>- Attempts to understand needs for change in established schedule or protocol to avoid resentment.</li> <li>- Accepted necessary changes in established schedule and attempted to discover the reasons for them.</li> </ul>		

### 3. Cooperativeness with others (rated from Uncooperative [1] to Cooperative [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Showed little or no engagement in collaborative activities.</li> <li>- Undermined goal achievement in collaborative activities.</li> <li>- Was unwilling to compromise in collaborative activities.</li> </ul>	<ul style="list-style-type: none"> <li>- Engaged in collaborative activities but with minimum allowable input.</li> <li>- Accepted but rarely initiated compromise in collaborative activities.</li> <li>- Was concerned mainly with own part in collaborative activities.</li> </ul>	<ul style="list-style-type: none"> <li>- Worked actively toward reaching consensus in collaborative activities.</li> <li>- Was willing to initiate compromise in order to reach group consensus.</li> <li>- Showed concern for group as well as individual goals in collaborative activities.</li> </ul>		

### 4. Willingness to accept and use feedback (rated from Unwilling [1] to Willing [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Discouraged feedback from others through defensiveness and anger.</li> <li>- Showed little or no evidence of incorporation of feedback of supervisory feedback received.</li> <li>- Took feedback contrary to own position as a personal affront.</li> <li>- Demonstrated greater willingness to give feedback than receive it.</li> </ul>		<ul style="list-style-type: none"> <li>- Was generally receptive to supervisory feedback.</li> <li>- Showed some evidence of incorporating supervisory feedback into own views and behaviors.</li> <li>- Showed some defensiveness to critique through "over-explanation of own actions--but without anger.</li> <li>- Demonstrated greater willingness to receive feedback than to give it.</li> </ul>		<ul style="list-style-type: none"> <li>- Invited feedback by direct request and positive acknowledgement when received.</li> <li>- Showed evidence of active incorporation of supervisory feedback received into own views and behaviors.</li> <li>- Demonstrated a balanced willingness to give and receive supervisory feedback.</li> </ul>

### 5. Awareness of own impact on others (rated from Unaware [1] to Aware [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Words and actions reflected little or no concern for how others were impacted by them.</li> <li>- Ignored supervisory feedback about how words and actions were negatively impacting others.</li> </ul>		<ul style="list-style-type: none"> <li>- Effort to determine how own words and actions impacted others was evident but sometimes inaccurate.</li> <li>- Respond as necessary to feedback regarding negative impact of own words and actions on others, but at times, with resentment.</li> </ul>		<ul style="list-style-type: none"> <li>- Effort toward recognition of how own words and actions impacted others was impact on others through words and actions.</li> <li>- Initiates feedback from others regarding impact of own words and behaviors</li> <li>- Regularly incorporates feedback regarding impact of own words and behaviors to effect positive change.</li> </ul>

### 6. Ability to deal with conflict (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>-Was unable or unwilling to consider others' points of view.</li> <li>-Showed no willingness to examine own role in a conflict.</li> <li>-Ignored supervisory advisement if not in agreement with own position.</li> <li>-Showed no effort at problem solving.</li> <li>-Displayed hostility when conflicts were addressed.</li> </ul>		<ul style="list-style-type: none"> <li>- Attempted but sometimes had difficulty grasping conflicting points of view.</li> <li>- Would examine own role in a conflict when directed to do so.</li> <li>- Was responsive to supervision in a conflict if it was offered.</li> <li>- Participated in problem solving when directed.</li> </ul>		<ul style="list-style-type: none"> <li>- Always willing and able to consider others' points of view.</li> <li>- Almost always willing to examine own role in a conflict.</li> <li>- Was consistently open to supervisory critique about own role in a conflict.</li> <li>- Initiated problem solving efforts in conflicts.</li> <li>- Actively participated in problem solving efforts.</li> </ul>

### 7. Ability to accept personal responsibility (rated from Unable [1] to Able [5])

1	2	3	4	5
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- Refused to admit mistakes or examine own contribution to problems.
- Lied, minimized or embellished the truth to extricate self from problems.
- Consistently blamed others for problems without self-examination.

- Was willing to examine own role in problems when informed of the need to do so.
- Was accurate and honest in describing own and others roles in problems.
- Might blame initially, but was open to self-examination about own role in problems

- Monitored own level of responsibility in professional performance.
- Invited constructive critique from others and applied it toward professional growth.
- Accepted own mistakes and responded to them as opportunity for self-improvement.
- Avoided blame in favor of self-examination.

### 8. Ability to express feelings effectively and appropriately (rated from Unable [1] to Able [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Showed no evidence of willingness and ability to articulate own feelings.</li> <li>- Showed no evidence of willingness and ability to recognize and acknowledge the feelings of others.</li> <li>- Acted out negative feelings (through negative behaviors) rather than articulating them.</li> <li>- Expressions of feeling were inappropriate to the setting</li> <li>- Was resistant to discussion of feelings in supervision.</li> </ul>	<ul style="list-style-type: none"> <li>- Showed some evidence of willingness and ability to articulate own feelings, but with limited range.</li> <li>- Showed some evidence of willingness and ability to acknowledge others' feelings-- sometimes inaccurate.</li> <li>- Expressions of feeling usually appropriate to the setting-- responsive to supervision when not.</li> <li>- Willing to discuss own feelings in supervision when directed.</li> </ul>	<ul style="list-style-type: none"> <li>- Was consistently willing and able to articulate the full range of own feelings.</li> <li>- Showed evidence of willingness and accurate ability to acknowledge others' feelings.</li> <li>- Expression of own feelings was consistently appropriate to the setting.</li> <li>- Initiated discussion of own feeling in supervision.</li> </ul>		

### 9. Attention to ethical and legal considerations (rated from Inattentive [1] to Attentive [5])

1	2	3	4	5
<ul style="list-style-type: none"> <li>- Engaged in dual relationships with clients.</li> <li>- Acted with prejudice toward those of different race, culture, gender, or sexual orientation than self.</li> <li>- Endangered the safety and the well-being of clients.</li> <li>- Breached established rules for protecting client confidentiality.</li> </ul>	<ul style="list-style-type: none"> <li>- Was responsive to supervision for occasional personal-professional boundary confusion in verbal interactions with clients.</li> <li>- Was responsive to supervision for occasional insensitivity to diversity in professional interactions.</li> <li>- Used judgment that could have put client safety and well being at risk.</li> <li>- Used judgment that could have put client confidentiality at risk.</li> </ul>	<ul style="list-style-type: none"> <li>- Maintained clear personal-professional boundaries with clients.</li> <li>- Demonstrated consistent sensitivity to diversity.</li> <li>- Satisfactorily ensured client and safety and well-being, including informed consent.</li> <li>- Appropriately safeguarded the confidentiality of clients.</li> </ul>		

### Initiative and motivation (rated from Poor Initiative and Motivation [1] to Good Initiative and Motivation [5])

1	2	3	4	5
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- Often missed deadlines and classes.
- Rarely participated in class activities.
- Often failed to meet minimal expectations in assignments.
- Displayed little or no initiative and creativity in assignments.

- Missed the maximum allowable classes and deadlines.
- Usually participated in class activities.
- Met only the minimal expectations in assigned work
- Showed some initiative and creativity in assignments.

- Met all attendance requirements and deadlines.
- Regularly participated in class activities.
- Met or exceeded expectations in assigned work.
- Consistently displayed initiative and creativity in assigned work

\* McAdams, C., Foster, V., & Ward, T. (2007). Remediation and dismissal policies in counselor education: lessons learned from a challenge in federal court. *Counselor Education and Supervision*, 46, 212-229.

## Professional Performance Evaluation Rubric

Student \_\_\_\_\_ MHS \_\_\_\_\_ Semester/Year \_\_\_\_\_ / \_\_\_\_\_

**Directions:** The instructor and/or advisor rates [1-5 scale] the student on the following ten items using the detailed anchors of the *Criteria for Professional Performance Evaluation* (McAdams, Foster & Ward,2007)

\_\_\_\_\_ 1. **Openness to new ideas** (rated from *Closed* [1] to *Open* [5])

\_\_\_\_\_ 2. **Flexibility** (rated from *Inflexible* [1] to *Flexible* [5])

\_\_\_\_\_ 3. **Cooperativeness with others** (rated from *Uncooperative*[1] to *Cooperative* [5]).

\_\_\_\_\_ 4. **Willingness to accept and use feedback** (rated from *Unwilling* [1] to *Willing* [5])

\_\_\_\_\_ 5. **Awareness of own impact on others** (rated from *Unaware* [1] to *Aware* [5])

\_\_\_\_\_ 6. **Ability to deal with conflict** (rated from *Unable* [1] to *Able* [5]).

\_\_\_\_\_ 7. **Ability to accept personal responsibility** (rated from *Unable* [1] to *Able* [5]).

\_\_\_\_\_ 8. **Ability to express feelings effectively and appropriately** (rated from *Unable* [1] to *Able* [5])

\_\_\_\_\_ 9. **Attention to ethical and legal considerations** (rated from *Inattentive* [1] to *Attentive* [5])

\_\_\_\_\_ 10. **Initiative and motivation** (rated from *Poor Initiative and Motivation* [1] to *Good Initiative and Motivation* [5])

\_\_\_\_\_  
Instructor or Advisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

