



**MENTAL HEALTH COUNSELING &
BEHAVIORAL MEDICINE PROGRAM**

**BOSTON UNIVERSITY SCHOOL OF MEDICINE
GRADUATE MEDICAL SCIENCES**

**GRADUATE STUDENT HANDBOOK
2022-2023**

TABLE OF CONTENTS

Welcome and Introduction.....	1
Mission Statement, Program Objectives, and Vision Statement.....	3
History of the Field.....	4
Clinical Mental Health Counseling Scope of Practice.....	4
Professional Organizations and Student Scholarship Support.....	5
The MHCBM Faculty.....	7
Program Curriculum, Policies, and Procedures.....	8
Course Offerings.....	8
Typical Curriculum Plan.....	13
Taking Courses Elsewhere.....	14
Course Registration Policy.....	15
Process Group.....	15
Advising.....	16
Formal Evaluation.....	16
Mentorship.....	16
Endorsement and Reference Policy.....	17
Documentation and Program-Related Materials.....	18
Part-Time Paid Positions.....	18
Clinical Fieldwork.....	18
Pre-Practicum Requirements.....	18
Field Site Selection.....	19
Practicum Requirements.....	19
Internship Requirements.....	20
Group Experience Requirement.....	21
Fieldwork Documentation.....	21
Fieldwork Site Supervision.....	21
Fieldwork Experiences for International Students	22
Assessment of Students.....	22
Key Performance Indicators.....	22
Professional Dispositions.....	23
Capstone Activities.....	25
State Licensure Requirements.....	26
Academic Integrity, Professionalism, and Ethical Conduct.....	27
Resources for Wellness and Engagement.....	28
Signature Form.....	31
Appendix: Policy on Academic Integrity, Professionalism, and Ethical Conduct.....	32-43

WELCOME AND INTRODUCTION

We are delighted that you have joined the Mental Health Counseling and Behavioral Medicine Program (MHCBM) at Boston University School of Medicine (BUSM). During the next two years, you will complete academic coursework in mental health counseling, neuroscience, and behavioral medicine; participate in a range of clinical fieldwork activities; and develop an identity as a **clinical mental health counselor**. The Faculty and staff in the Program will mentor you toward becoming outstanding clinicians. We look forward to getting to know you and hope that you stop by to say hello or email us to set up a time to ask for assistance or just chat.

Our Program is a two-year Master of Arts program designed to meet the educational and pre-degree clinical training requirements for licensure as a Mental Health Counselor in the Commonwealth of Massachusetts as granted by the Massachusetts Board of Allied Mental Health and Human Services Professions. We also work closely with students to ensure that they will meet requirements for licensure in states all across the country.

Our graduates have gone on to secure a wide range of positions, such as:

- Mental health counselor working with acute and longer-term trauma clients
- Mental health counselor providing home visits to families in need of care
- Member of an integrated care team in medical settings
- Consultant to individuals seeking to make health-related lifestyle changes, such as smoking cessation, weight management, enhanced sleep hygiene, and substance use reduction
- Mental health/school adjustment counselor in public and private/independent school settings
- Mental health counselor in day treatment and acute care settings for children/adolescents/adults
- Care provider in forensic settings
- Provider in a locked unit facility for adolescents and children
- Substance abuse/methadone maintenance counselor
- Mental health counselor in a day treatment program for adults with serious and persistent mental illness
- Mental health counselor in private practice
- Member of a clinical research team
- Provider in an adult dual diagnosis program
- Mental health counselor in a nursing home setting with geriatric populations
- Director of a residential eating disorder facility
- Mental health counselor in a college counseling center
- Member of a triage team in acute crisis settings
- Mental health counselor in Veterans Affairs or military setting

Our curriculum consists of a combination of academic coursework and clinical experiences. Having been awarded **accreditation by the Council for Accreditation of Counseling & Related Educational Programs (CACREP)**, we are committed to the core areas deemed essential in training competent clinical mental health counselors. In addition to completing these and other program requirements, you will be encouraged to identify areas of interest and will be provided with education and experience related to these interests. You will also be exposed to a wide array of patient/client populations, clinical topics, and possible career paths. We also facilitate connections and networking with program alumni, who can offer advice about licensure in other states, the licensing exams, job

pursuits, and additional educational opportunities. Our alumni network is strong and our alumni often supervise and sometimes hire our current/former students. Some alumni even return to teach as clinical instructors within the MHCBM Program.

You will be very well trained in clinical assessment and diagnosis, theory and application, and modalities of care. Our emphasis on behavioral medicine and neuroscience makes us unlike any other program in the country. Teaching faculty routinely integrate physical and mental health throughout the curriculum. Because we are housed in a medical school that is affiliated with an academic teaching hospital (Boston Medical Center [BMC]), you will be exposed to cutting-edge diagnostic and intervention practices and procedures. You will have a unique opportunity to avail yourselves of research, clinical, and training opportunities throughout the BUSM/BMC system.

The vast majority of our teaching faculty are active clinicians, providing them with direct, up-to-date exposure to “real world” clients, psychiatric presentations, and resources available to provide ethical and appropriate services. Many of our teaching faculty are also actively engaged in research, and contribute to the scientific understanding of a variety of issues. Collectively, they contribute to excellent learning opportunities in the classroom.

We welcome you to our program and look forward to a productive year.



Rachel Levy-Bell, Psy.D.
Program Director

MISSION STATEMENT

The mission of the Mental Health Counseling and Behavioral Medicine Program at Boston University School of Medicine is to educate and train future clinical mental health counselors to help enhance the health and wellness of individuals with diverse identities and backgrounds. The Program's curriculum emphasizes best practices for counseling approaches across behavioral healthcare and integrated care settings that serve varied cultural and clinical populations and promote healthcare equity. Accredited by the Council for Accreditation of Counseling & Related Educational Programs (CACREP), the Program places great value on excellence, diversity, integrity, social justice, advocacy, collegiality, equity of opportunity, and transdisciplinary collaboration.

Program Objectives

The Program's objectives are to:

- Instill in students the knowledge, skills, attitudes, and values that uniquely embody clinical mental health counselors
- Educate and train students of varied backgrounds, identities, and experiences as part of a vibrant learning environment that reflects the diverse communities in which they will be working
- Prepare students for the process to become licensed to practice as mental health counselors within the healthcare workforce

VISION STATEMENT

The Program strives to be a national leader in counselor education by preparing future generations of clinical mental health counselors to use research-based practice to enhance the health and wellness of diverse patient/client populations.

HISTORY OF THE FIELD

In 1976, a group of community mental health, community agency, and private practice counselors founded the American Mental Health Counselors Association (AMHCA) as the professional association for the newly emerging group of counselors who identified their practice as “mental health counseling”. Without credentialing, licensure, education and training standards, or other marks of a clinical profession, these nascent mental health counselors worked alongside social workers and psychologists in the developing community mental health service system as “paraprofessionals” or “allied health professionals” despite the fact that they held master’s or doctoral degrees. By 1979, the early founders of AMHCA had organized four key mechanisms for defining the new clinical professional specialty: 1) creating a definition of mental health counseling; 2) setting standards for education and training, clinical practice, and a code of professional ethics; 3) creating a national credentialing system; and 4) starting a professional journal that included research and clinical practice content. These mechanisms have significantly contributed to the development and identity of clinical mental health counseling as a unique profession and merit further explication.

Since its formation as a professional organization, AMHCA has been committed to establishing and promoting rigorous standards for education and training, professional practice, and professional ethics for clinical mental health counselors. Initially, AMHCA sought to define and promote the professional identity of mental health counselors. Today, with licensure laws in all 50 states, AMHCA seeks to enhance the practice of clinical mental health counseling and to promote standards for clinical education and clinical practice that anticipate the future roles of clinical mental health counselors within the broader healthcare system. As a professional association, AMHCA affiliated with APGA (a precursor to the American Counseling Association [ACA]) as a division in 1978. In 1998, AMHCA became a separate not-for-profit organization, but retained its status as a division of ACA. Presently, AMHCA and ACA are completely separate associations. AMHCA as a standalone association is the only one that is uniquely dedicated to the education, training, supervision, and licensure of clinical mental health counselors.

CLINICAL MENTAL HEALTH COUNSELING SCOPE OF PRACTICE

A crucial development in mental health counseling was defining the roles and functions of the profession. The initial issue of AMHCA’s *Journal of Mental Health Counseling* included the first published definition of mental health counseling (Seiler & Messina, 1979):

... an interdisciplinary, multifaceted, holistic process of: 1) the promotion of healthy lifestyles; 2) identification of individual stressors and personal levels of functioning; and 3) the preservation or restoration of mental health.

In 1986, the AMHCA Board of Directors adopted a more formal, comprehensive definition:

... clinical mental health counseling is the provision of professional counseling services involving the application of principles of psychotherapy, human development, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families and groups, for the purpose of promoting optimal mental health, dealing with normal problems of living and treating psychopathology. The practice of clinical mental health counseling includes, but is not limited to, diagnosis and treatment of mental and emotional disorders, psycho-educational techniques aimed at

the prevention of mental and emotional disorders, consultations to individuals, couples, families, groups, organizations and communities, and clinical research into more effective psychotherapeutic treatment modalities.

Clinical mental health counselors have always understood that their professional work encompasses a broad range of clinical practice, that is, “*dealing with normal problems of living*” and “*promoting optimal mental health*” in addition to the prevention and treatment of mental health and substance use problems. Clinical mental health counselors have developed a strong sense of professional identity over the last 35 years. AMHCA has sought to support this sense of professional identity through legislative and professional advocacy, professional standards, a code of ethics, continuing education and clinical educational resources.

PROFESSIONAL ORGANIZATIONS AND STUDENT SCHOLARSHIP SUPPORT

Many professional organizations are devoted to practitioners of mental health and to serving diverse client needs. MHCBM Program faculty members encourage students to become active in professional organizations that represent the interests of clinical mental health counselors – American Mental Health Counselors Association (AMHCA), American Counseling Association (ACA), and their respective affiliated organizations and state chapters. As stated above, AMHCA’s primary foci include education and training, professional practice, and professional ethics. For more than 50 years, ACA has been devoted to the needs of professional counselors and counselor educators and has been a linchpin to helping clients and students with the challenges that they confront. ACA has also dedicated itself to helping counselors with the resources, services, products, and information needed to be successful.

Please visit the websites of [AMHCA](#), [ACA](#), [ACES](#) for additional information about becoming a student member.

Professional development scholarships are available for students interested in presenting or attending conferences such as the ACA or AMHCA annual conference. Each year, the program makes funds available to students to apply for support - up to \$100 per student per academic year. In order to apply for this scholarship, students must fill out a scholarship form (on the following page) at least two weeks prior to their attendance at a conference.

*Please note: For students planning to submit a presentation proposal to a professional conference, they are required to select a faculty member to mentor them through the process. Thus, a faculty member’s name must be listed on the conference proposal presentation at the point of submission. Proposals may not be submitted prior to the faculty member’s review and permission.

Mental Health Counseling and Behavioral Medicine Program
Professional Development Scholarships-Conference Support

This form must be submitted at least 14 days prior to attending a conference. Please submit a single PDF document that includes all supporting documentation. Send as an email attachment to lcraigen@bu.edu. A student may request a maximum amount of \$100 per academic year on a first come, first served basis. Only completed applications will be accepted. Students will be notified of the status of their application via email within 14 days of their submission.

Applicant Information:

Name: Date:

Conference Information:

Conference Name, Sponsoring Organization, and Location:

Type of Conference: National/International Regional State Local

If you are presenting:

Current Status of Proposal: Accepted Under review Waitlisted Rejected No proposal, attending only

Type of Presentation: 60 min Panel Round table Poster Other (please describe on attachment)

Presentation Title:

Please include the following: 1) proof of acceptance including contact name/email address; and 2) one page (max) abstract of the presentation, or description of the activity you will be leading, containing the day and time of session along with a list of all individuals presenting with you.

If only attending the conference:

Include a one page (max) summary of how attendance will contribute to your educational and career objectives. Include any specific activities in which you will be engaged at the conference.

Estimated Conference Expenses and Amount Requested:

Estimated cost of transportation:

Estimated cost of registration:

Estimated cost of meals and lodging:

Total amount requesting (maximum \$100):

*Receipts must be provided after conference attendance for reimbursement.

Signature of Student Applicant: Name (Printed): Signature:

Date:

Signature of Core Faculty Member Mentor: Name (Printed): Signature:

Date:

*****Please remember to include all signatures and required documents as one email attachment*****

THE MHCBM FACULTY

The counseling faculty consists of core program faculty, non-core BU faculty (affiliates) and clinical instructors (not BU affiliated).

Core faculty leading the MHCBM Program include: Dr. Rachel Levy-Bell (Program Director), Dr. Jori Berger-Greenstein (Director of Curricula), Dr. Carryl P. Navalta, Dr. Laurie Craigen, Dr. Sandy-Ann Griffith, Dr. Eric Brown, Dr. Seungbin Oh, and Dr. Stephen Brady (part-time). Core faculty members are involved in program administration, teaching, supervision and serve as advisors to MHCBM students. Core faculty are also involved in clinical, scholarly, and other activities that promote clinical mental health counseling and our Program.

The Clinical Training Coordinator is Jon Waldo, LMHC.

BU non-core (affiliate) faculty includes Dr. Eric Devine and Dr. Kaila Rudolph. Non-BU clinical instructors include Professor Madeeha Channah, Dr. Carmela DeCandia, Professor Tasha Ferguson, Professor Keith Gilliam, Dr. Shelby Munschauer, Professor Pilar Tucker, Professor Samir Wahid, and Dr. Madison White.

The consultant who facilitates our student Process Groups is Guy Croteau, LICSW.

PROGRAM CURRICULUM, POLICIES, AND PROCEDURES

Our curricular requirements are consistent with professional and accreditation standards, including CACREP and AMHCA. We were awarded accreditation by CACREP in July 2014. The emphasis of our program is on preparing students to provide effective and ethical clinical mental health counseling for a variety of populations, presenting problems, and settings. We are also committed to augmenting this focus with a foundation in behavioral medicine and neuroscience.

Our course curriculum is structured to provide instruction in basic skills during the first semester of students' first year so that they are best prepared to begin their on-site clinical practicum training, which takes place either the spring of students' first year or the summer between years one and two. This semester-long practicum experience varies by site and student interest, but typically includes individual, group, and family work for a wide variety of clinical populations across a wide range of settings, with an emphasis on assessment and diagnosis. More information about these experiences can be found on pages 20-21 of this handbook. All students are closely supervised and observed while on site. In addition to on-site supervision, students meet weekly in small groups with fellow students and a faculty member to process students' experiences, present cases, and discuss differential diagnosis. Students are also exposed to the medical center with bedside interviewing, where they conduct brief psychosocial assessments of patients in inpatient medical units. This experience contributes to our mission to incorporate medicine into our curriculum. An introduction to neuroscience and psychopharmacology begins in spring of Year 1. Students explore more focused areas of interest by choosing elective courses throughout the four semesters. Clinically, students complete an academic year-long internship in Year 2, where they gain more specialized skills working in a setting of interest. More details about clinical training sites can be found later in this handbook.

Course Offerings

GMS MH 701: Counseling Theory

This course provides an overview of major theoretical approaches to case conceptualization for counseling, including psychoanalytic, person-centered, cognitive-behavioral, and solution-focused theories. Students will begin to develop an understanding of the process for selecting appropriate counseling interventions, consistent with current research standards and cultural applications. (Craig; 3 cr.)

GMS MH 715: Professional Orientation & Ethics

This course is process-oriented with an emphasis on personal and professional development as it pertains to preparation to assume a professional role as a clinical mental health counselor within various clinical settings. The focus of the course revolves around developing clinical knowledge and professional skills to help facilitate adjustment to and preparation for field training. Skill development in the areas of assessment, advocacy, treatment, appreciation of cultural complexities in the clinical environment, balancing professional and personal roles, and understanding the role of a clinical mental health counselor in behavioral healthcare settings will be discussed throughout the seminar. A significant portion of course time is spent orienting students to field training opportunities and requirements (Oh; 3 cr.)

GMS MH 703: Counseling Techniques

This course provides an overview of the skills and styles needed for building healthy and

therapeutic helping relationships, as well as techniques specific to a variety of psychological disorders and problems with living, all within a cultural lens. Emphasis is placed on experiential exercises and skills-building, including interviewing and behaviors influencing the helping process. (Griffith; 3 cr.)

GMS MH 704: Group Work Dynamics & Process

This course provides an overview of the basic principles of group counseling including the conception and design of group interventions and components, group dynamics, facilitation approaches, methods for recruiting and intervening with group members, and modalities through which groups are often conducted (i.e. psychodynamic, behavioral, support groups, and skills-based groups for special populations). Sensitivity to issues related to culture is emphasized. (Brown; 3 cr.)

GMS MH 705: Psychopathology

This course provides students with an introduction to the etiology, presentation, and treatment of major mental health disorders as classified in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Students will become familiar with identifying and differentiating diagnoses across a range of clinical presentations and cultural similarities and variations. In addition, there will be discussion of strategies that may be applied when working with a variety of clients, beginning with the first contact and including the therapeutic process and treatment planning. (Ferguson; 3 cr.)

GMS MH 706: Social & Cultural Foundations

This course provides an overview of the cultural context of relationships, issues, and trends in a multicultural society, in order to enable students to work effectively with people from varied racial, cultural and class backgrounds. The course is organized around a social justice model and the ethical responsibility of counselors to provide clients across a wide range of identities with meaningful and relevant clinical services, and the role of counselors in promoting overall health and wellness across cultures. A contemporary body of professional literature is explored, with an emphasis on self-awareness, cultural sensitivity and humility, experiential learning activities, and multicultural counseling skills acquisition. (Oh; 3 cr.)

GMS MH 707: Research and Evaluation

This course provides an understanding of research methods, statistical analysis, needs assessment, and program evaluation. There is an emphasis on the importance of research in advancing the counseling profession, varied approaches to research methods, and the use of research to inform evidence-based practice. Landmark studies and current articles are used to illustrate applications. Students develop critical thinking skills for examining research information and its use for asking questions that extend knowledge, and for planning studies to address new questions. (Tucker; 3 cr.)

GMS MH 708: Human Growth & Development

This course provides an overview of biological, psychological, and sociocultural aspects of individual and family development from conception through older adulthood in a multicultural context. The course is taught from perspectives of cognitive science and behavioral systems as well as sociological, cultural, life span developmental, and comparative approaches. The focus of the course is on normative development; developmental disorders are used to

elucidate normative developmental and adaptive processes in language, cognition, and behavioral self-regulation that will serve to introduce students to behaviors and concepts relevant to clinical practice with both children and adults. (Oh; 3 cr.)

GMS MH 709: Neuroscience for Mental Health Professionals

The general objective of this course is to provide a foundation in the understanding of central nervous system structure and function and the relationship of brain and behavior tailored to the mental health professional. Special emphasis is on the neurobiology of mental illness and neurologic disease. The course provides information about how neuroscience can be integrated into counseling assessments, case conceptualization, and interventions. (DeCandia; 3 cr.)

GMS MH 710: Basic Mental Health Assessment

This course is designed to provide an overview of principles and applications of mental health assessment in a multicultural society. The primary objectives of this course are to facilitate students' understanding of the basic methods of assessment in counseling, to include evaluating, selecting, and using appropriate techniques and standardized testing methods, and to conduct thorough, culturally sensitive, and ethically responsible assessments in accordance with patient/client needs. Methods for dissemination of assessment results will also be reviewed. (White; 3 cr.)

GMS MH 712: Marriage and Family Counseling**

This course will help students gain a basic conceptual understanding of the theory, process and practice of family systems therapy, incorporating cultural concepts and understanding of ways in which "family" is defined. In addition, students will begin to develop skills and strategies for the assessment and treatment of family systems approaches within mental health systems and to practice these skills during in-class role-play exercises. (Griffith; 3 cr.)

GMS MH 713: Human Sexuality**

This course explores physiological, psychological, and socio-cultural aspects of human sexuality, focusing on trends in the field, including teen sexuality, pregnancy, early sexual experiences, sexual assault, HIV/AIDS and other sexually-transmitted diseases, sex addiction, sexuality across the lifespan, gender identity, and ethics. (Brady; 3 cr.)

GMS MH 714: Behavioral Medicine and Applied Health Psychology This course is designed to provide a broad overview of the central concepts of behavioral medicine and health psychology, with a focus on adult populations, utilizing a biopsychosocial approach. The emphasis of the course is on primary, secondary, and tertiary prevention of illness as well as practical application and the ways in which information can and should be utilized in multidisciplinary care. Theory and content will be presented and applied to specific acute and chronic health conditions, including obesity, diabetes mellitus, and chronic pain. The role of the media in health and applications for technology will also be discussed. (Berger-Greenstein, Munschauer; 3 cr.)

GMS MH 716: Career and Vocational Counseling

This course will provide an overview of the history and theories of career development; students will learn how to conduct a career interview and review and discuss the influence of

developmental, ethnic, racial and gender differences for career counseling. Students will also complete and review several career tests and present their personal career development plan. (Brown; 3 cr.)

GMS MH 717: Theory and Practice of Child and Adolescent Counseling** This course presents evidence-based practices designed to impact children and adolescents. The course will focus on theoretical underpinnings and options for intervening directly with children/adolescents, with parents/guardians, and in schools and other environmental settings. Sensitivity to multicultural perspectives and competencies will also be reviewed. (Navalta; 3 cr.)

GMS MH 718: Psychological Trauma Across The Lifespan**

This course will provide students with a foundation in psychological trauma and its impact on mental and physical health. Two frameworks – biopsychosocial and developmental psychopathology – will be used for students to gain up-to-date knowledge on the consequences of traumatic experiences and other serious adversities along the molar (behavior) to molecular (neurobiology) continuum and across the lifespan. With an emphasis on evidence-based practice, students will attain core clinical competencies in the assessment and treatment of trauma-related symptoms and problems through various didactic and experiential activities. Evaluation strategies will encompass the utility of diagnostic nosologies (i.e., Diagnostic and Statistical Manual of Mental Disorders [DSM]) as well as case conceptualization. State-of-the-science interventions will be covered so that students acquire knowledge and skills in helping traumatized individuals to successfully ameliorate their symptoms and improve their functioning. 3 cr. (Brown; 3 cr.)

GMS MH 810: Psychopharmacology

This course provides an overview of psychopharmacology for the non-medical mental health provider. There will be an overview of the neurobiology of mental health disorders and the medications commonly used in their treatment. (Rudolph; 3 cr.)

GMS MH 812: Addictions

The aim of this course is to provide the necessary knowledge base for understanding and treating addiction within a socio-cultural context. This course places emphasis on acquiring clinically useful knowledge and skills for recognizing and treating substance use disorders. Topics covered in this course include: recognizing drug intoxication and withdrawal, assessment of substance use disorders, Community Reinforcement Approach, Family Systems Treatment Models, Motivational, Enhancement Therapy, Cognitive-Behavioral/Skills Building approaches, 12-Step Recovery/Mutual Support Groups, and Addiction Medicine. (Devine; 3 cr.)

GMS MH 814: Clinical Field Work Research Seminar**

This course is designed to provide students with knowledge and experience in the conduct of clinical trials. Students become part of a clinical research team investigating the efficacy of clinical and/or medication management of a discrete mental health and/or medical disorder. Students will choose from a list of clinical research sites currently conducting trials and approved by our Curriculum Director to supervise and train students. Site availability differs from semester to semester; past options have included an addictions medicine research clinic, posttraumatic stress and gender minority mental health, and serious mental illness.. This

opportunity is limited to availability of clinical research opportunities that are able to provide the academic requirements needed for this experience, which may not be present every semester. The opportunity is also limited to a small number of students per lab, who interview with research staff prior to being offered a slot. The minimum commitment is 8 hours per week for one semester (3 credits). Some labs may require 8 hours per week for two semesters. Training will include readings, presentations, observation, web-based training, and direct experience working with research participants. (TBD; 3 or 6 cr.)

GMS MH 803: Advanced Ethics and Ethical Decision Making

This course provides a review of professional ethics governing the field of counseling, to include ethical decision-making, confidentiality and informed consent, competence and supervision, malpractice, use of technology, self-care, and medical ethics. The course includes a careful review of the American Counseling Association and American Mental Health Counselors Association Codes of Ethics. This is an advanced ethics course, building upon ethical concepts covered throughout the program, with a focus on critical thinking skills and cultural sensitivity as applied to ethical practice. Discussion of student's training experiences is also emphasized. (Berger-Greenstein; 3 cr.)

GMS MH 902: Practicum Supervision

This is a group supervision course in which students enroll while they are on their practicum training. This course does not take the place of on-site supervision, provided by a clinician where they complete their practica. In this course, students meet weekly with a faculty member and several fellow students present cases in oral and written format, discuss differential diagnosis within a social-cultural lens, work through ethical challenges, and process their experiences on site. Students also complete bedside interviewing in the inpatient medical units of Boston Medical Center although this may currently be on hiatus with COVID-19 restrictions in order to not expose students to infection. (TBD; 3 cr.)

GMS MH 921: Internship Supervision

This is a group supervision course in which students enroll while they are on the first of two semesters of their internship training. This course does not take the place of on-site supervision, provided by a clinician where they complete their internships. In this course, students meet weekly with a faculty member and several fellow students present cases in oral and written format, discuss differential diagnosis, actively apply theory and clinical techniques, within a socio-cultural lens, work through ethical challenges, and process their experiences on site. (Craigén, Levy-Bell, Brady, Navalta; 3 cr.)

GMS MH 922: Internship Supervision

This is a group supervision course in which students enroll while they are on their second of two semesters of internship training. This course does not take the place of on-site supervision, provided by a clinician where they complete their internships. In this course, students continue to actively apply theory and clinical techniques within a socio-cultural lens, work through ethical challenges, and process their experiences on site. Students also complete one of their capstones, written case report and oral defense, incorporating aspects of the curriculum throughout the program, including ethics, theory, treatment planning, and behavioral medicine. (Craigén, Levy-Bell, Navalta; 3 cr.)

****Program elective**

Typical Curriculum Plan

The curriculum below is that in which the typical student will be enrolled 2022-2023. Some variability exists depending on clinical site schedules and other circumstances.

Year 1 Fall Semester

GMS MH 703 Counseling Techniques
GMS MH 705 Psychopathology
GMS MH 707 Research and Evaluation
GMS MH 710 Basic Mental Health Assessment
GMS MH 715 Professional Orientation and Ethics
GMS MH 717 Theory and Practice of Child and Adolescent Counseling**
Total Credits = 15/18

Year 1 Spring Semester

GMS MH 701 Counseling Theory
GMS MH 704 Group Work Dynamics and Process
GMS MH 706 Social and Cultural Foundations
GMS MH 709 Neuroscience for Mental Health Professionals
GMS MH 810 Psychopharmacology
GMS MH 902 Practicum Supervision [or Year 1 Summer Session]
Total Credits = 15/18

Year 1 Summer Session

GMS MH 902 Practicum Supervision [or Year 1 Spring Session; students electing to complete Practicum over the summer do not pay extra tuition to do so]
Two didactic courses are offered (based on student interest). Recent offerings include Addictions and Career and Vocational Counseling.
Total Credits = 3/6

Year 2 Fall Semester

GMS MH 708 Human Growth and Development
GMS MH 714 Behavioral Medicine and Applied Health Psychology
GMS MH 718 Psychological Trauma Across the Lifespan**
GMS MH 812 Addictions
GMS MH 921 Internship Supervision
Total Credits = 12/15 (fewer if summer sessions taken)

Year 2 Spring Semester

GMS MH 712 Marriage and Family Counseling**
GMS MH 713 Human Sexuality**
GMS MH 716 Career & Vocational Counseling
GMS MH 803 Advanced Ethics and Ethical Decision Making
GMS MH 922 Internship Supervision
Total Credits = 9/12/15

**Indicates a program elective – at least two electives need to be taken to accrue the minimum 60 credits required for graduation

Taking Courses Elsewhere

Required Courses

All students in the MHCBM Program are expected to take all of their courses in our program, which is important for oversight and ensuring to the best of our ability that our courses meet the requirements of national standards, CACREP accreditation, and licensure boards.

On occasion, exceptions to this requirement are granted if extenuating circumstances provide a compelling reason for substitute courses to be taken elsewhere. Compelling exceptions may include the following:

- time conflict with required practicum or internship schedules
- time conflict with another course (when students take courses out of sequence)
- desire to take a more advanced course in a given area, with demonstrated ability to successfully manage this coursework

Approval for taking courses outside of the MHCBM Program is dependent on three criteria:

- being in good academic standing (which can not be determined prior to students' first semester in the program)
- determination that the course is *likely* to pass licensure standards (based upon review by the Director of Curriculum)
- in the case of a more advanced course, completion of a previous undergraduate/graduate-level course in which an A- or better was earned.

Elective/additional courses

Students are provided with greater latitude to take courses outside of our program that are *in addition* to required courses. We have identified several courses in Graduate Medical Sciences (GMS), the School of Social Work (SSW), and the School of Education (SED) that our students may take. Reasons students may take outside courses include:

- knowledge or experience in a topic not currently available in our program that reflects a specific area of interest
- knowledge or experience with a specific population or presenting problem that would improve a student's competitiveness for a particular training site or future opportunities
- need for a course required by a licensure board in another state that we do not offer

All requests for alternative courses should be reviewed with students' academic advisors. In some cases, these inquiries will be triaged to the Curriculum Director, who will facilitate this process. As with required courses, ***approval must be discussed and granted in advance***. Please do not contact an outside program without discussing with your advisor.

Students should also consult the policies attached to their financial aid agreements, as some financial aid programs will not cover courses unrelated to their program track.

Students may not transfer in more than 2 courses outside of our program (including electives or courses taken previous to matriculation), as per University guidelines.

Course Registration Policy

Course sizes are capped in accordance with several factors, including but not limited to, pedagogy and national licensure requirements. As a program we are committed to creating an academic environment that is conducive to learning and meets licensure requirements.

All students must be in compliance with University registration and health requirements prior to the first day of course registration. It is your responsibility to ensure that you meet registration compliance in all areas and you may check this on your Student Link under the “Personal” tab and selecting “Compliance Status.” Any student who is not in compliance will be blocked or ejected from registration by the University.

For semesters in which students are completing Practicum and Internship training, they are expected to arrange their field placement schedule prior to registration as this will assist in the registration process. We recognize that not all field placements will have their schedules set prior to the registration deadline, however it is the student’s responsibility to attempt to secure their field training schedule by the petition deadlines communicated to them. The Clinical Training Coordinator will assign students to specific sections of Practicum and Internship Supervision courses. Deadlines for providing this information will be given to you.

Process Group

All students will participate in a Process Group throughout the first semester of Year 1. These groups meet weekly in a small group format (~10 students each) their first year in the program and are facilitated by a Program Consultant not otherwise affiliated with our Program.

Information disclosed during these sessions remains confidential within the group, with two exceptions:

- 1) Faculty will be informed if a student is missing sessions.
- 2) Faculty will be informed if the facilitator becomes concerned that a student is at risk of harm to self or others, appears to be in an emotional crisis such that could interfere with their ability to successfully complete the semester or begin clinical training, or seems otherwise mentally/physically impaired.

Process groups provide students with experience being a group member, which informs an understanding of group dynamics and complements learning in the Group Work Dynamics and Process course. This experience also provides a mechanism for students to discuss dynamics of class cohesion and interpersonal concerns, as well as to access support.

Academic Advising

You will be assigned a formal academic advisor upon your matriculation into the program. The role of the academic advisor is to provide assistance with ensuring that the requirements of the program are met. Your assigned advisor will have designated office hours when you can schedule (in advance) an advising session. Your advisor will ask for you to come to the advising session prepared to discuss any questions you may have. Letting your advisor know ahead of time what you would like to discuss would be helpful. If you are not prepared for the advising session, your advisor will ask you to reschedule the appointment.

Per CACREP requirements, you must meet with your advisor at least once per calendar year. For 1st-year students, your advisor will schedule individual or group meetings with you toward the beginning of the Fall semester. For 2nd-year students, you will meet individually or collectively with your advisor somewhere in the middle-end of the Fall semester.

Most importantly, your academic advisor is the person to whom you go with academic issues, scheduling questions, grading concerns, etc. Additional meetings beyond the required yearly ones can also be scheduled as needed, with expectations for such outlined above.

Formal Evaluation

Students are routinely evaluated formally each semester by instructors and clinical supervisors. This information is provided to academic advisors to provide students with feedback about their progress, to increase self-awareness, and to contribute to advisors' ability to provide meaningful feedback.

Factors evaluated include the following:

- strengths and areas for growth
- specific challenges that may interfere with successful completion of the program
- feedback about students' specific skill sets that would make him/her/them a good "fit" with a given career path.

In some cases, information suggests that a given student may need some remediation. This information will be discussed candidly with the student and a professional growth plan will be implemented as appropriate.

Mentorship

Advising and mentoring are qualitatively different from one another. Mentorship is often much more informal and is characterized by fostering personal and professional growth. There are a variety of definitions of mentorship, including: "*Mentorship is a professional, working alliance in which individuals work together over time to support the personal and professional growth, development, and success of the relational partners through the provision of career and psychosocial support.*" (National Academies of Sciences, Engineering, and Medicine; Policy and Global Affairs; Board on Higher Education and Workforce; Committee on Effective Mentoring in STEMM)

Mentor-mentee relationships can occur with any faculty/staff, including affiliate and clinical instructors. You may feel free to seek these connections from someone who is not your academic advisor.

Due to the informal nature of mentorship, both the student and the faculty member must decide whether they are able to enter into a mentoring relationship. The ability to invest in this will need to be determined on both sides given competing responsibilities and time constraints.

Communication

MHCBM and GMS faculty email students on a very frequent basis in order to pass along information about classes, scheduling, deadlines, and requests for information. Students are expected to check their email *at least once a day* in order to be up-to-date on needs and requirements. We also expect a prompt response, particularly when time-sensitive issues exist.

Students must be familiar with Boston University's adherence to Title IX, the federal law that prohibits discrimination on the basis of sex in education programs and activities. The Boston University Sexual Misconduct/Title IX Policy can be found [here](#). Notably, any university "responsible employee", which includes core and non-core faculty and staff, who becomes aware of alleged sexual misconduct is required to report such actions to the appropriate university designees.

Regardless of our legal reporting requirements, we also encourage any student who has experienced sexual misconduct to seek personal and/or professional support to help navigate the aftermath of such adverse experiences. Helpful resources may be found at the BU Sexual Assault Response and Prevention Center ([SARP](#)). In addition, Boston University will provide reasonable protective measures and interim support to provide a safe educational and work environment and to prevent additional acts of sexual misconduct once a report of sexual misconduct is received.

Endorsement and Reference Policy

Faculty provide recommendations for students as part of their applications for practicum/internship opportunities, jobs after graduation, applications to doctoral programs/medical schools/other educational pursuits, licensure applications, scholarship or volunteer opportunities, and the like.

We are happy to provide these recommendations when we believe that a given student is qualified to do the work. Our policy is not to provide generic recommendations; rather, we will provide recommendations for specific positions when we believe such endorsement is appropriate.

In order to obtain recommendations, students are responsible for taking the following steps:

- obtaining explicit permission to submit the faculty member's name and contact information in advance of doing so
- providing as much advance notice as possible (this provision is particularly important in cases where letters to multiple programs and completion of forms will be needed, such as applying to doctoral programs or college counseling internship programs)
 - graduate programs: please request with at least 6 weeks notice
 - internship programs: please request with at least 4 weeks notice
- providing the following materials and information:
 - current professional resumé or CV
 - current GPA in the program and grades thus far
 - person and title (e.g., Dr., Ms., Mr.) to whom the letter is addressed

- o name of the program and/or specific clinic or department to which you are applying and their address (mailing and email)
- o title of the position (e.g., intern, practicum student, trainee)
- o how the letter is sent to the program (i.e., directly from us by mail, online, or through you to send with the remainder of an application)
- o clear submission deadlines
- o clear statement and/or a detailed, bulleted outline about your ultimate goals, your strengths and values, why you're interested in a given position, and how the role and responsibilities would help you toward your goals

Documentation and Program-Related Materials

All students are expected to save and archive program-related materials and documentation throughout their tenure in the program and thereafter. This includes course syllabi, documentation of clinical hours, and supervisor signatures for licensure purposes. Do not rely on faculty, off-site supervisors, or others to provide these materials at a later date, as we may not have the ability to respond to requests for copies of these materials. It's important to not underestimate the importance of collecting and keeping these documents, as licensure boards, programs for further study, or other entities frequently require them.

Part-Time Paid Positions

Students are welcome to participate in the GMS part-time work program. Accepted students work in another GMS master's degree program or the GMS Office for one or two semesters, 5-10 hours/week. Interested students should make an inquiry with their academic advisors, as they must be nominated by a faculty member.

CLINICAL FIELDWORK

The MHCBM Program has robust clinical field training. The expectation is that students will participate in a practicum and internship during their time in the program. With COVID-19, it is possible that field training components may need to be adjusted based on governmental regulations and environmental circumstances. Our program is committed to informing students of any changes in clinical field training as we move through the year. As counselors, we are considered essential workers. As a program, we are committed to the health and safety of our students and clients/patients.

Pre-Practicum Requirements

Students must satisfactorily complete their first semester required coursework in order to be eligible for their practicum training in spring or summer of Year 1. This requirement ordinarily includes receiving a B or better in the following courses; Ethics and Professional Orientation, Counseling Techniques, Assessment, Group Work, and Psychopathology. Additionally, students must consistently attend Process Group sessions. These gateway courses and experiences ensure that students have the requisite temperament, behavior, knowledge, and skills to be placed in the field. Students must also adhere to deadlines set forth by the Clinical Training Coordinator and responsive to emails from faculty. In September, all students will participate in several meetings as a group in order to learn about the site placement process, site requirements, and site options. They will additionally complete

required preparatory materials prior to meeting individually with the Clinical Training Coordinator to identify their goals for clinical training.

Field Site Selection

All students are required to meet individually with the Clinical Training Coordinator to identify placements to which the student will be applying for both practicum and internship. These meetings will take place during the month of October of students' first year. Students should also consult with their academic advisors to help make decisions about where they would like to apply, and to seek feedback from second year students. Students will receive an approved list of sites for application, for both practicum and internship. All decisions regarding practicum and internship applications must be approved by the Clinical Training Coordinator prior to submission of application materials to field placement sites (NOTE: Students interested in applying to programs of the Department of Veterans Affairs will be asked to attend a meeting in November to review their application procedures).

Practicum Requirements

The practicum is a 1st-year clinical placement that primarily focuses on conducting cognitive, risk, and substance abuse assessments in acute and chronic care settings. Students in practicum training typically work 16 hours per week for a minimum of a 15-week academic semester (i.e., January-May or May-August). The practicum is an integral component of clinical training that provides a closely supervised experience in which students use knowledge obtained in the classroom to understand their clients and to develop skills in assessment, counseling, and other discipline-related tasks. As such, the practicum serves to integrate the theoretical and practical aspects of the education of the clinical mental health counseling student. Practicum training also allows students to become familiar with professional collaboration and consultation in a clinical setting. For many students, the practicum will be their first experience engaging in clinical work. Therefore, the practicum experience should be viewed as a highly-individualized learning experience tied to the developmental needs of the student. In most instances, the practicum is designed as an experience whereby students learn and refine clinical assessment and diagnostic skills. The overall goal of the practicum is for students to hone their diagnostic and case conceptualization skills through practical experiences, such as conducting intakes and assessments. Through their practicum experience, students are exposed to experiences to afford a deeper understanding of cultural sensitivity and cultural humility.

Practicum is composed of varied experiences, which are determined by the particular needs, opportunities, mission, and training goals of the practicum site. During the practicum, students are expected to engage in various activities that should include some of the following experiences:

- engaging in approximately 5 hours per week of clinical contact through direct and observational clinical interactions
- observing assessment/counseling sessions (initial 6-week phase)
- completing structured skill development exercises and experiences (e.g., role-playing, video/audio recording sessions)
- increasing exposure to varied clinical populations and diagnostic profiles
- conducting culturally-competent assessments under supervision
- writing intake/assessment reports
- facilitating/co-facilitating group counseling sessions
- developing case conceptualization skills, utilizing a socio-cultural lens

- developing diagnostic skills, including formulating DSM-5 diagnoses
- giving and receiving feedback regarding clinical cases with supervisor
- learning how to prepare case presentations
- learning how to develop treatment goals
- learning how to develop treatment plans
- participating in didactics/seminars to enhance clinical skill and professional development

Internship Requirements

The internship is a 2nd-year clinical placement that focuses on training of various counseling techniques. The primary goal of the internship is for students to gain experience with counseling and case management services working with individual and group counseling caseloads. Students in internship training work a minimum of 24 hours per week for the full academic year (September-May).

An internship is intended to enable the individual to learn and enhance diagnostic skills, develop more advanced counseling skills, and integrate professional knowledge and skills appropriate to the individual's professional placement. Internship provides an opportunity for the individual to perform most of the activities that a regularly employed staff member in the setting would be expected to perform. As interns continue to develop their professional skills, performing their work in a more autonomous capacity is highly encouraged. The internship year should be a time of both personal and professional development in the field of clinical mental health counseling.

Internship is composed of varied experiences, which are determined by the particular needs, abilities, and mission of the site. During the internship students are expected to engage in various activities that should include some of the following activities, with increasing levels of autonomy over time:

- engaging in approximately 8-10 hours/week of direct clinical contact
- observing and conducting assessment/counseling sessions
- completing structured skill development exercises and experiences (e.g., role-playing, video/audio recording sessions)
- performing clinical activities such as individual, group, sibling, couples, and family therapy
- maintaining individual caseloads and completing clinical documentation
- co-leading group counseling or psycho-education sessions
- conducting culturally competent intakes, assessments, and counseling
- writing intake/assessment reports
- enhancing diagnostic skills, including formulating DSM-5 diagnoses
- developing treatment plans and identifying treatment goals
- demonstrating the capacity to integrate and apply theoretically-sound approaches to therapeutic interventions
- demonstrating the ability to appreciate cultural contexts and respond in culturally sensitive ways
- demonstrating the capacity to communicate effectively orally and in writing
- giving and receiving feedback regarding clinical cases with the supervisor
- developing case conceptualization skills
- preparing and delivering case presentations for multidisciplinary team meetings
- attending educational didactics/seminars to supplement clinical knowledge
- participating in research protocols if opportunities exist

Group Experience Requirement

During either the practicum or internship, all students must lead or co-lead a counseling or psychoeducational group.

Fieldwork Documentation

Students are responsible for the completion of all required documentation as deemed necessary by their training facility. Failure to complete documentation in a timely manner suggests a lack of readiness for the field of clinical mental health counseling. The clinical facility's site supervisor is required to complete a Learning Contract, Supervisor/Supervisee Contract, and several evaluation forms to assess the student's progress in the training program.

Students who are enrolled at the Boston University School of Medicine are covered by the University's liability insurance plan. Proof of such insurance can be provided if requested by the training site. Students are also required to have their own personal student liability insurance and provide documentation demonstrating their coverage. We highly encourage students to obtain their insurance through either the professional organizations of the American Counseling Association (ACA) or the American Mental Health Counseling Association (AMHCA).

Fieldwork Site Supervision

Practicum site supervisors are required to provide students a minimum of 1 hour of individual supervision per week. At a minimum, the supervisor is required to provide 10 hours of individual supervision using direct observation or contemporary audio and/or visual recording techniques. We highly recommend that field placements provide group supervision to enhance the student's learning process. Group supervision can occur in various formats such as team meetings, in-service trainings, and peer supervision. The MHCBM Program provides approximately 3 hours of weekly group supervision for all students in a clinical field placement.

Internship students are required to receive 1½ hours of supervision per week. The site supervisor will determine whether audio, video, or process recordings will be utilized to assess the student's progress and proficiency in her/his clinical skills. Supervisors are expected to provide direct observation of the student's work over the course of the field training experience. At a minimum, supervisors are required to directly observe at least 1 group session or intake conducted by the student trainee during both the fall and spring semesters.

All supervisors working with students from our program are required to attend a clinical supervisor orientation hosted by the MHCBM Program. This orientation typically occurs each August to help orient the supervisor to the program's documentation requirements and other expectations.

Students are required to provide care to all clients assigned to them via their site and/or site supervisor, regardless of the degree to which students' personal characteristics, attitudes, and values conflict with those of their clients. These factors include, but are not limited to, age, sex, gender identity, sexual orientation, race/ethnicity, religion, and political affiliation.

Fieldwork Experience for International Students

International students will complete the same amount of fieldwork experience and complete the same number of clinical hours as domestic students. The only field site to which international students are ineligible to apply is the Department of Veterans Affairs, due to government restrictions and regulations.

Documentation

Federal guidelines require that international students complete a Curricular Practical Training Form and Acknowledgement (CPT) prior to starting their field placements for both practicum and internship. Once a student secures their clinical placement, they are required to contact the Director of Clinical Training to request completion of the CPT. The student is responsible to make an appointment with the International Students & Scholars Office (ISSO) to submit the CPT for approval. This form is due to ISSO 1 month prior to the field training start date. For more information on CPT requirements, click [here](#).

Practicum Field Placement

International students have the option to complete their practicum training in either the spring or the summer semester of their first year. According to federal regulations, students can only receive a CPT during the time when they are in the field and registered for the supervision course (GMS MH 902 or GMS MH 902S). As such, those students who are participating in their practicum in the spring must also be registered for class in the spring. Students who take the course during the summer semester will be required to register and pay for the course under the summer tuition rates.

Internship Placement

International students are eligible for the traditional internship track that begins at the start of their second year.

On Campus Work

International students with an F-1 or J-1 immigration status are authorized to work on campus during their program of study. If you hold another immigration category, you may be eligible to work if you have U.S. employment authorization. Students can work on the University campus for up to 20 hours a week during the academic school year (September-May) and as many as 40 hours a week during the summer months.

ASSESSMENT OF STUDENTS

Consistent with institutions of higher learning nationwide, the MHCBM Program uses indices known as student learning outcomes (SLOs) as a means to gauge how well students are progressing throughout their graduate studies. SLOs can be viewed as the results, competencies, or attainment levels that are achieved by students at the **end** of their educational experiences. Such experiences include, but are not limited to, formal coursework, research/laboratory work, and clinical training/fieldwork. One simple way of understanding SLOs is that they are the *outputs* of the academic activities and tasks that students participate in rather than the *inputs*, which are the actual educational experiences themselves.

Key Performance Indicators

In the 2016 CACREP Standards, a different term is used to denote SLOs, key performance indicators (KPIs). The Standards define KPIs as follows: “*student learning outcomes that are connected to the curriculum and chosen by faculty to represent student knowledge and skills related to program objectives*”. The Standards also specify that KPIs must be identified for each of the eight core areas and for students’ specialty area—in this case, clinical mental health counseling (as opposed to school, addiction, career, etc.). Because of the Program’s complementary emphasis in behavioral medicine and neuroscience, a KPI that aligns with this area has also been established. Thus, a total of 10 KPIs is used to assess students’ progress and accomplishments in their academics and clinical training, which are delineated in the table below.

<p>1. Professional Counseling Orientation and Ethical Practice: Recognizes and applies professional and ethical standards.</p>	<p>6. Group Counseling: Understands dynamics associated with group process and development.</p>
<p>2. Social and Cultural Diversity: Demonstrates knowledge, awareness, skills, and attitudes of sensitivity and respect for differences related to cultural diversity</p>	<p>7. Assessment and Testing: Assesses to understand before intervening, including evaluation for suicide/homicide risk and reporting requirements.</p>
<p>3. Human Growth and Development: Develops self-awareness into beliefs about what impacts the student’s own development, and the development of their clients.</p>	<p>8. Research and Program Evaluation: Critically evaluates research related to counseling practice.</p>
<p>4. Career Development: Understands the history and development of career and vocational counseling.</p>	<p>9. Clinical Mental Health Counseling. Understands and applies theories and methods derived from the mental health counseling field to the assessment, case conceptualization, prevention, and treatment of health and mental health conditions.</p>
<p>5. Helping Relationships. Develops treatment alliance and employs counseling techniques that are consistent with the selected theoretical approach.</p>	<p>10. Behavioral Medicine and Neuroscience: Understands and applies theories and methods derived from the mental health counseling field to the assessment, case conceptualization, prevention, and treatment of health and mental health conditions.</p>

Generally, *knowledge* consists of particular areas of disciplinary or professional content that students can recall, relate, and appropriately deploy. In contrast, *skills* are general learned capacities to do something (e.g., think critically, communicate effectively, collaborate productively, or perform particular technical procedures) either as an end in itself or a prerequisite for further development.

Professional Dispositions

The 2016 CACREP Standards also stipulate that programs must identify and assess professional

dispositions (PDs), which are defined as “*commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor's professional growth and interactions with clients and colleagues*”. Consequently, the MHCBM Program has established and defined nine PDs as essential to students’ growth and development as future clinical mental health counselors. These PDs are operationalized in the following table.

<p>1. Written expression</p> <ul style="list-style-type: none"> Writes with sufficient quality that meets professional standards 	<p>6. Interpersonal boundaries</p> <ul style="list-style-type: none"> Maintains appropriate physical and emotional boundaries Is aware of one’s impact on others Respects the stated boundaries of others
<p>2. Verbal expression</p> <ul style="list-style-type: none"> Engages in challenging conversations in a respectful manner Communicates thoughts and feelings directly to other people as appropriate 	<p>7. Openness to feedback and self-reflection</p> <ul style="list-style-type: none"> Attempts to learn from the perspectives of others without attempting to change their permission Is open to learning Is open to receiving feedback and makes needed changes Seeks out opportunities for personal growth, support, and any needed behavioral changes Is open to risk, uncertainty, and fear
<p>3. Nonverbal expression</p> <ul style="list-style-type: none"> Nonverbally communicates attending behavior and active listening 	<p>8. Career goals</p> <ul style="list-style-type: none"> Has career goals that are consistent with entering the helping professions Understands the identity, roles, and function of professional counselors
<p>4. Professionalism</p> <ul style="list-style-type: none"> Presents self professionally, both in-person and in the use of communication technology Follows through on commitments Adheres to expectations regarding assignments and scheduled meetings Is responsive to all professional communications Accepts responsibility for one’s role in situations Adheres to academic honesty policy of the university Takes actions in the best interests of their clients Recognizes and practices within ethical guidelines of the profession of clinical mental health counseling, including the ACA Code of Ethics and AMHCA Code of Ethics 	<p>9. Respect for individual and group differences</p> <ul style="list-style-type: none"> Is willing to work with people who identify cultures, backgrounds, beliefs, experiences, and values that differ from the student’s own Collaborates and cooperates with others Demonstrates the core characteristics of a counselor, including unconditional positive regard, empathic understanding, warmth, and treating others with dignity, respect, and kindness
<p>5. Emotional regulation</p>	

<ul style="list-style-type: none"> ● Acts thoughtfully rather than impulsively ● Effectively manages and responds to an emotional experience ● Effectively manages conflict ● Is emotionally flexible and adaptable in response to social cues and others' needs 	
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Faculty members in the MHCBM Program take a multi-pronged approach in assessing KPIs and PDs. In line with the 2016 CACREP Standards, measurement of student learning is conducted via multiple measures and over multiple points in time. The use of multiple assessments across time is based on best practices and allows for measuring differences in student learning. Across the various educational experiences of the Program, student learning can be assessed with a variety of activities and strategies, including the following:

- course data
- collaboration
- individual projects
- interviews and surveys
- summative performance assessment
- archival measures
- self-assessment/reflection

Capstone Activities

Capstone activities (aka capstones or culminating experiences) are tasks in which students participate that provide measures of overarching SLOs across multiple educational experiences within the curriculum. In general, such SLOs broadly include what students know, what they are able to do, how they think about their discipline, and/or how they approach problem solving after they finish a program of study. Capstones thus allow students to demonstrate mastery of a given subject matter.

For the MHCBM Program, the overarching SLOs are the three program objectives highlighted in the mission statement. As a reminder, the objectives read as follows:

The MHCBM Program's objectives are to:

- Instill in students the knowledge, skills, attitudes, and values that uniquely embody clinical mental health counselors
- Educate and train students of varied backgrounds, identities, and experiences as part of a vibrant learning environment that reflects the diverse communities in which they will be working
- Prepare students for the process to become licensed to practice as mental health counselors within the healthcare workforce

As a means to ascertain the degree to which students attain these aims, two capstone activities have been identified as requisites for students: 1) written case report and oral defense; and 2) Counselor Preparation Comprehensive Examination (CPCE)—both of which take place during the Spring semester of Year 2.

Written case report and oral defense

This capstone consists of a written case report, an oral presentation, and an oral defense of students' clinical work during their internship with an identified client/patient.. The case report is submitted to the students' internship supervision instructor two days prior to the oral presentation and defense ("orals"), which take place in the students' internship supervision course. The faculty supervisor will evaluate the written report and oral defense. Following the oral presentation, students will be required to field questions from their peers and faculty relative to the case. In all, this activity should reflect students' integration and synthesis of what they've learned about the application of mental health counseling practices to clients/patients with mental health and substance use problems.

CPCE

The CPCE was developed and is overseen by the Center for Credentialing & Education (CCE). Used by more than 400 universities and colleges, the CPCE is a nationally standardized and normed written test designed to assess counseling students' knowledge of counseling information viewed as important by counselor preparation programs. The exam covers the eight core areas as defined by the 2016 CACREP Standards. As with other capstone tests, the CPCE assesses students' cumulative knowledge from an entire program of study.

Students must earn 60% or higher to "pass". In the event that a student does not pass the exam, the student will be given one opportunity to take the exam again or complete and defend a competency portfolio.

Competency Portfolio

Students will be required to create a portfolio as a means to demonstrate competency if they do not pass the CPCE. The portfolio will represent each of the eight core areas of the CPCE in which the student received a score of less than 60%. The student (along with her/his/their academic advisor) will identify work samples from her/his/their coursework to include in the portfolio, along with a new assignment (decided upon in collaboration with the student's academic advisor). As an example, the student's career plan that was created as a written assignment for the course, Career & Vocational Counseling, can be chosen as evidence to support the student's competency in career counseling. The student will present the portfolio in a formal meeting with her/his academic advisor and one other core faculty member in attendance. The student will also be expected to defend the portfolio by competently answering questions posed by the attending faculty.

STATE LICENSURE REQUIREMENTS

The MHCBM Program is designed to meet (and exceed) the education and degree requirements for licensure as a mental health counselor in the Commonwealth of Massachusetts. The degree requirements are a master's degree in mental health counseling or a related field with a minimum of 60 semester credit hours or 80 quarter credit hours. In addition to these requisites, other educational requirements include 1) practicum (minimum of 40 contact hours of direct client contact experience); 2) internship (minimum of 240 contact hours of direct client contact experience); 3) at least 10 graduate level courses covering specific content areas (i.e., counseling theory, human growth and development, psychopathology, social & cultural foundations, clinical skills, group work, special treatment issues, appraisal, research & evaluation, and professional orientation); 4) elective courses; and 5) a minimum of 70 hours of supervision (both individual and group). The specific mandatory components of practicum, internship, and supervision are found in the Code of Massachusetts

Regulations (262 CMR 2.00: Requirements For Licensure As a Mental Health Counselor).

Education and degree requirements for licensure as a mental health counselor vary across states (and countries). Program faculty work closely with students who intend to work and eventually seek licensure outside of Massachusetts to help identify these additional requirements and strategize for how to fulfill them during their tenure in the Program, to the extent that we are able to do so. In some instances, fulfillment of these requisites is not possible locally (e.g., coursework that is only offered in a specific state) and must be addressed elsewhere.

All state licensure boards require post-master's clinical field experience and supervision and a passing score on a licensure exam. In Massachusetts, the exam is the National Clinical Mental Health Counselor Examination (NCMHCE). Other states may have additional criteria.

ACADEMIC INTEGRITY, PROFESSIONALISM, AND ETHICAL CONDUCT

The MHCBM Program has a written policy outlining expectations of students, entitled the *“Policy on Academic Integrity, Professionalism, and Ethical Conduct”*.

As described in the document:

The purpose of this policy is to clarify and identify areas of academic performance, professionalism, and ethical conduct expected of students in the Mental Health Counseling and Behavioral Medicine Program at Boston University School of Medicine and to describe the procedures for identifying, assessing, and addressing issues related to impairment. This policy draws on those of other academic programs at Boston University, Boston University School of Medicine, and other universities throughout the country.

The Mental Health Counseling and Behavioral Medicine Program has a responsibility to protect students' rights. The Program also has a responsibility to protect patients, faculty, and the public from harm. This policy has been developed with both of these principles in mind.

Notably, the expectations outlined below are in accordance with the American Counseling Association (ACA) Code of Ethics (2014) with regard to counselor education:

“Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program” (F.9.a)

The American Mental Health Counselors Association (AMHCA) Code of Ethics (2015) also identifies the primary role of supervisors in training roles:

“Clinical supervision is an important part of the mental health treatment process. This purpose is two-fold: to assist the supervisee to provide the best treatment possible to counseling clients, through guidance and direction by the supervisor regarding clinical, ethical, and legal issues; and to provide training to the supervisee, which is an integral part of counselor education. Supervision is also a gatekeeping process to ensure safety to the client, the profession and to the supervisee.” [III.B.]

The policy includes expectations and standards for the following areas:

- Academic integrity

- Professionalism
- Scholarly writing
- Online communication
- Grading and mastery of course content
- Academic failure
- Remediation
- Dismissal policies
- Problematic behaviors and incompetence
- Ethical misconduct

The policy is included as an appendix to this handbook. Every student is responsible for reviewing the policy, abiding by its terms, and seeking clarification as needed.

RESOURCES FOR WELLNESS AND ENGAGEMENT

The Program recognizes that students are most successful when they perceive a sense of community across faculty, staff, and students. For students to meet, converse, support, and learn from one another in a more intimate forum, several Affinity Groups have been established for students with similar backgrounds, identities, and experiences. These groups are facilitated by one or more core faculty and meet throughout the academic year with one overarching objective to help initiate and sustain students' perception of belonging. Each group with its faculty sponsor is described below.

LGBTQI Affinity Group

- The LGBTQI Affinity Group will be led by Dr. Stephen Brady and meet monthly starting in September. The purpose of this voluntary group is to foster a space where sexual and gender minority students can informally get to know one another and discuss issues germane to their personal and professional development. For more information about the LGBTQI Affinity Group, please contact Dr. Stephen Brady at sbrady@bu.edu.

International Counseling Student Affinity Group (ICSAG)

- ICSAG will be led by Dr. Seungbin Oh and meet monthly starting in September. The focus of this voluntary supportive group is to foster a community where international counseling students support one another and discuss unique challenges and concerns germane to their personal and professional development. For more information about the ICSAG, please contact Dr. Seungbin Oh at ohsb@bu.edu.

Affinity Group for Racially Minoritized Students

- The Affinity Group for Racially Minoritized Students will meet monthly starting in September. The purpose of this voluntary group is to foster a space where racially minoritized students can informally get to know one another and discuss issues germane to their personal and professional development. For more information about the Affinity Group for Racially Minoritized Students, please contact Dr. Eric Brown at ebrown1@bu.edu.

Ally Affinity Group

- The Ally Affinity Group will meet monthly starting in September. The purpose of this voluntary group is to foster a space where allies and students who typically hold dominant or privileged identities can informally get to know one another and discuss unique challenges and issues germane to their personal and professional development. For more information about the Ally

Affinity Group please contact Dr. Laurie Craigen at lcraigen@bu.edu and Dr. Sandy Griffith at smgriff@bu.edu.

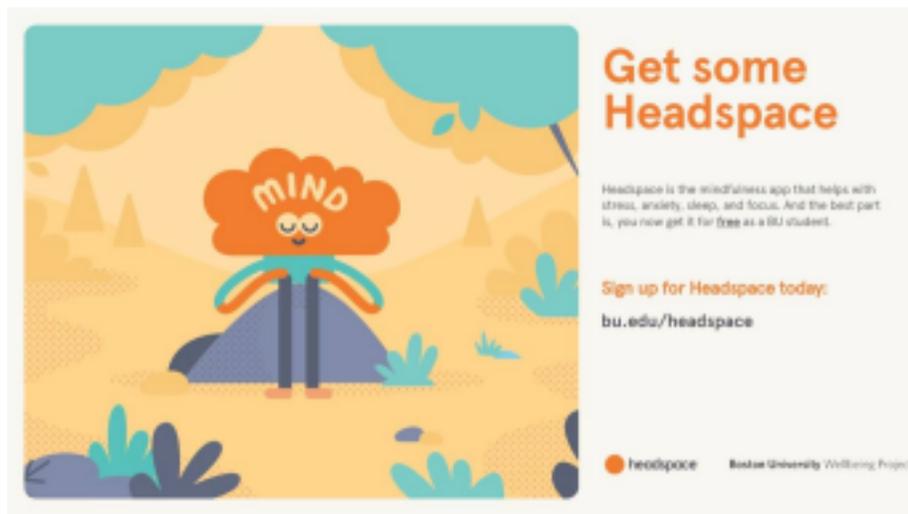
The Program's Justice, Equity, Diversity, Anti-ism, and Inclusion (JEDAI) Committee provides support and oversight of the Affinity Groups. Its mission is to build and foster a culturally diverse and inclusive community within the Program, anchored in intersectional justice, equity, and respect for all differences. The goals of the committee are to integrate justice, equity, diversity, anti-ism, and inclusion into all aspects of the MHCBM Program; to provide continuing cultural education and training for faculty, staff, and students; and to support students, faculty, and staff from varied underrepresented communities.

We also encourage you to explore the many resources available on both BU campuses and online to practice self-care, engage with the community, and receive academic and counseling support. The links below (BU's Wellbeing Project) provide resources for spiritual, physical, financial, intellectual, emotional, and social wellness.

The Wellbeing Project: [Resources for Wellbeing | Office of the Provost](#)
Virtual Wellbeing Project Resources for Wellness: [BU Wellbeing Project - Virtual](#)



Headspace (free for BU students): [Headspace for Mindfulness and Meditation](#)



Professional Development: [Career Services | Graduate Education](#)

Community Engagement: [Community | Graduate Education](#)

COVID-19 Information: <https://www.bu.edu/covid/>

BU Medical Campus Resources & Campus Life:

<http://www.bumc.bu.edu/resources/student-resources/>

We also strongly encourage students to take advantage of behavioral healthcare options available through the University. Both the Charles River and Medical Campuses have Behavioral Medicine supports available. More information can be found on their website: [Behavioral Medicine | Student Health Services](#)

A variety of behavioral healthcare providers are available in the greater Boston area who are covered by the student insurance plan.

In addition, a National Grad Crisis Line exists that offers *“free, confidential telephone counseling, crisis intervention, suicide prevention, and information and referral services provided by specially-trained call-takers ... around the clock.”* Their number is 1.877.GRAD.HLP (1.877.472.3457).

Signature Form

MENTAL HEALTH COUNSELING AND BEHAVIORAL MEDICINE PROGRAM STUDENT HANDBOOK

By signing this form, I acknowledge that I have read and downloaded the Mental Health Counseling and Behavioral Medicine Program 2022-2023 Student Handbook and accept responsibility for the information presented.

I agree that I have read the handbook in its entirety and will abide by the policies, procedures, and requirements as outlined. I understand that I am responsible for following the information included in the most current handbook, and that the faculty reserves the right to make updates as appropriate. I agree to seek out my academic advisor or a member of the faculty regarding needs for clarification.

I agree to abide by the American Counseling Association (ACA) and American Mental Health Counselors Association (AMHCA) Codes of Ethics and will follow the appropriate procedures as written in this handbook.

I agree to demonstrate cultural sensitivity and to foster an environment that welcomes diversity of thought, identity, and experience, and to refrain from allowing my personal values to interfere with my clinical and interpersonal work.

I, _____, have received a copy of the Mental Health Counseling and Behavioral Medicine Program Student Handbook and accept responsibility for the information presented therein.

Student signature

Date

Boston University School of Medicine
Mental Health Counseling and Behavioral Medicine Program

**POLICY ON ACADEMIC INTEGRITY, PROFESSIONALISM, AND
ETHICAL CONDUCT**

Introduction

The purpose of this policy is to clarify and identify areas of academic performance, professionalism, and ethical conduct expected of students in the Mental Health Counseling and Behavioral Medicine Program at The Boston University School of Medicine, and to describe the procedures for identifying, assessing, and addressing issues related to impairment. This policy draws on those of other academic programs at Boston University, Boston University School of Medicine, and other universities throughout the country.

The Mental Health Counseling and Behavioral Medicine Program has a responsibility to protect students' rights. The Program also has a responsibility to protect patients, faculty, and the public from harm. This policy has been developed with both of these principles in mind.

Our Program's philosophy is that both academic and clinical work are necessary and complementary of each other in best preparing our students for the professional world. However, demonstration of integrity and ethical conduct is uniquely defined in these settings. This document will outline expectations in both domains.

Notably, the expectations outlined below are in accordance with the American Counseling Association (ACA) Code of Ethics (2014) with regard to counselor education:

“Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program” (F.9.a)

The American Mental Health Counselors Association (AMHCA) Code of Ethics (2015) also identifies the primary role of supervisors in training roles:

“Clinical supervision is an important part of the mental health treatment process. This purpose is two-fold: to assist the supervisee to provide the best treatment possible to counseling clients, through guidance and direction by the supervisor regarding clinical, ethical, and legal issues; and to provide training to the supervisee, which is an integral part of counselor education. Supervision is also a gatekeeping process to ensure safety to the client, the profession and to the supervisee.” [III.B.]

In addition, the 2016 CACREP Standards:

“...are meant to ensure that students graduate with a strong professional counselor identity and with opportunities for specialization in one or more areas.”

ACADEMIC INTEGRITY

MHCBM Program standards for academic integrity address two interrelated domains: grading and mastery of course content, as well as academic professionalism and responsibility.

Academic Professionalism and Responsibility

The MHCBM Program intends to mentor students as they begin to assume the role of professional helpers. As part of this mentorship, students are expected to demonstrate professional behavior and personal responsibility in all settings, including the classroom, as this environment is where students are introduced to concepts and material that will be applied to the people with whom they will be working. As such, many of the expectations that we have of students while on their clinical sites also apply to the classroom. The professional dispositions identified and operationalized above provide the guidelines that students need to follow.

Examples of ways in which students should demonstrate professionalism include the following:

- Being on time to class
- Turning in assignments on time
- Being respectful in interactions with students and faculty
- Being proactively engaged in the learning process and assignments
- Being organized and prepared
- Managing paperwork and technology effectively
- Managing personal challenges effectively
- Managing personal information (own and others') appropriately
- Demonstrating sensitivity to and humility with regard to culture and differences

Boston University policy specifies that students are expected to attend class unless they have a valid reason for being absent. Although our intention is not to disrespect students' autonomy, we do expect students to be mindful of the ways in which their absence from class affects their peers and instructors. As ours is a clinical program, the nature of our courses is meant to be active and engaging, characterized by the sharing of ideas. The absence of a given student strongly affects this dynamic and negatively impacts learning.

Our students are expected to actively collaborate with Program faculty in the learning process. Our instructors have been chosen carefully and we defer to their judgment and expertise in laying out the course goals and expectations. Instructors are always responsible for identifying concrete objectives and protocols for assignments and grades. However, students have the responsibility of asking questions when clarification is needed and to request additional emphasis on a topic that is less well understood or seen as particularly compelling for their training.

Students also have a responsibility to be respectful of peers, faculty, and others who may be part of a classroom experience. Encouraging students to think critically and to be exposed to the thoughts and perspectives of others is important for a program such as ours, which at times may lead to difficult discussions. The classroom should be considered a free-speech zone where students will not be penalized for their views or opinions, provided they do so respectfully. Disrespectful behavior toward

others, in and/or out of the program, will not be tolerated, as such actions interfere with this process.

Personal Distress

As outlined by the ACA Code of Ethics (2014):

“Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisor(s) and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.” (F.5.b)

And the AMHCA Code of Ethics (2015):

[Counselors] “recognize that their effectiveness is dependent on their own mental and physical health. Should their involvement in any activity, or any mental, emotional, or physical health problem, compromise sound professional judgment and competency, they seek capable professional assistance to determine whether to limit, suspend, or terminate services to their clients.” [C.1.h.]

Professionalism

As stated on the BU School of Medicine student handbook:

“Many important facets of a student’s medical training and subsequent professional practice cannot be measured by conventional quantitative examination. Examples include personal responsibility, sensitivity and adaptability to the needs of others, and the ability to form effective and respectful working relationships with peers, to cope with stressful situations, to accept and respond appropriately to constructive criticism and other attributes. Issues of professionalism are considered a measure of the student’s overall performance in medical school, and may be reported as appropriate by the faculty.”

Scholarly Writing

Assignments submitted by students are expected to be scholarly and ethical. As such, students do not plagiarize and reference all sources appropriately. Instructors may choose to use plagiarism-monitoring sources, such as “TurnItIn”. When in doubt, students are encouraged to consult a faculty member for guidance. BUSM policy indicates that failure to cite or use quotation marks when applicable is considered plagiarism *even if the omission was unintentional or deemed to be a function of not understanding what constitutes plagiarism.*

Online Communication

Students have the right to engage in online social networking and other activities; enrollment in a mental health counseling program does not negate this right. However, students are expected to heed the ethical code of conduct with regard to confidentiality *with all forms of communication*, including online activity.

ACA Code of Ethics (2014)

“Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.” [B.1.c. Respect for Confidentiality]

In accordance with this code, students **may not** describe, discuss, or refer to patients/clients they have seen or discussed in a professional context with friends, colleagues, or instructors on any online forum or website. Students should be mindful that even vague details that may seem innocuous can lead to client loss of privacy. Students are further expected to refrain from discussing clients as a group in any derogatory or disrespectful manner. These expectations hold even when students believe that security measures are in place. Any information posted online should be consistent with what would be considered ethical by professional ethics codes to say verbally in a public place. Consistent with the ACA Code of Ethics, counselors may not “friend” patients/clients/others involved in their care. Finally, students may not provide professional advice in an online forum in such a way that suggests expertise.

Students may not create social media in a way that utilizes BU/BUSM logos, trademarks, or photographs, such that they appear to be university or program-sponsored sites. Any sites created to connect members of our program should clearly be identified as unofficial and unsponsored by the University and MHCBM Program.

Equally of concern, students should be mindful that any of their own personal information posted online can be read by others, and indeed, should assume that clients will be looking them up online. Any information that could be embarrassing or hurtful for clients, colleagues, coworkers, instructors, supervisors, or peers should be avoided. You should also consider whether information posted online reveals personal information you would not want others to see. Changes in privacy policies aren’t often clearly publicized and breaches often occur even when one believes that security settings are high, thus increasing the need to be conservative in posting online. Many professionals in the field also recommend that clinicians request that friends and others whose profiles may link to their own be thoughtful about pictures and other information posted online.

We recommend following the [BU Guidelines](#) on personal social media use:

“When using social media for yourself, consider the privacy issues involved. Although some websites have privacy settings, you really cannot rely on such settings to guarantee that your online conduct and postings will be kept private. In general, social media tools are provided to you for free, but that is because you pay admittance with your personal information, which websites use for marketing to you. Many social media sites are continuing to develop their security features and even the best information security features can be compromised. Before you post, consider that you will potentially be sharing it with an audience of millions.

If you identify yourself as a member of the Boston University community on your website or blog, please state that you are sharing your views as an individual, not as an official representative of the University. For example, include a disclaimer on your website or blog that states: “The views expressed on this [blog/website] are mine alone and do not necessarily reflect the views of Boston University.” Even with such a disclaimer, remember that inappropriate postings may reflect poorly on the University and you as an employee.”

Audio and Video Recording

One benefit of mobile phones is their recording capabilities. At times, students may have the desire to record an educational or training activity as part of their learning, for example, recording an instructor's class lecture or a conversation with their academic advisor or clinical supervisor. However, students need to recognize that such recordings must be completely transparent and made with consent by all involved as governed by Massachusetts's wiretapping law, which is a "two-party consent" law. That is, *secretly* recording a conversation is a crime in the Commonwealth, whether the conversation is in-person or takes place by telephone or another medium (see Mass. Gen. Laws ch. 272, § 99). Accordingly, if you are operating in Massachusetts, you should always inform all parties about a telephone call or conversation that you are recording, unless everyone involved clearly knows that you are doing so (i.e., the recording is not "secret").

Grading and Mastery of Course Content

Policies for grading and academic requirements are set by the Division of Graduate Medical Sciences (GMS) at The Boston University School of Medicine and serve as the standard by which our Program is governed. As outlined by GMS:

A to B- Pass with credit

C+ or below Failure (graduate credit not granted)

P Pass with credit

F Failure

I Incomplete, with additional work required

X Unresolved status

J Registration in same or continuing course in the following semester necessary AU Audit

W Withdrew after five weeks

The MHCBM Program defers to GMS for any changes they make to these policies; MHCBM students are held to these standards by nature of being in a GMS program.

Disability and Access Services

Students who believe that they may need an accommodation to successfully fulfill academic and/or clinical requirements of the program must have documentation of such as determined by the Office of Disability & Access Services. The process is also outlined [here](#). Dr. Theresa Davies, Assistant Dean, serves as the liaison between GMS and Disability Services. Please contact her (tdavies@bu.edu or 617-358-9546) with any disability services questions. Upon determination of a disability, the Office of Disability & Access Services will make recommendations for accommodations and resources. All evaluations and determinations are confidential unless a student requests that these recommendations be released to faculty. *No accommodations may be granted to students without this official documentation*, as per University policy. Accommodations may not be made retroactively.

Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law to protect the privacy of a student's education records. To comply with FERPA, BU does not disclose your identifiable information contained in student education records, except as authorized by law.

You have a right as a student to specify what information to disclose, which you may do [here](#) or within the “Directory Information” category under the Personal tab on your [Student Link](#).

ACADEMIC FAILURES

The Federal definition of credit hours (as per 2009 Higher Education Opportunity Act): HEOA Final Regulations, 34 CFR § 600.24 holds that:

“[o]ne hour of classroom or direct faculty instruction and a minimum of two hours of out of class student work each week for approximately fifteen weeks for one semester or trimester hour of credit, or ten to twelve weeks for one quarter hour of credit, or the equivalent amount of work over a different amount of time; or an equivalent amount of work, established by the institution, for other academic activities including laboratory work, internships, practica, studio work, and other academic work leading to the award of credit hours.”

The Boston University policy via the Office of the Provost (June 2015) can be found online [here](#).

Thus, students should expect to spend around 9 hours per week for each 3-credit course – 3 hours of which are in the classroom.

Failure to earn passing grades in one or more courses will be handled in a way that is consistent with BUSM academic policies, and is cause for remediation.

“C+” Grade or Below:

A grade of “B-” or above is required in order for students to receive course credit.

Incomplete Work in a Course or Training Site

In the event that a student is unable to meet a course deadline (e.g., taking an examination as scheduled or turning in a project by an identified deadline), the student must contact the course instructor directly to discuss the problem. The Program defers to the judgment and practice of the instructor in determining how a given situation is handled.

If a student is unable to complete a course or clinical training due to circumstances beyond their control, the student may receive an Incomplete (“I” grade) if they are in good standing in that course or on the training site. Relevant faculty – an instructor, clinical supervisor, academic advisor, Program Director, or some combination thereof – will determine the appropriateness of this grade and requirements of the student to complete the course or training. If the student does not complete the course requirements within one year, or the student does not negotiate for additional time than was originally agreed upon, the Incomplete grade will automatically be converted to a grade of “F”.

In the case of a serious personal and/or health crisis, a student may request an extension to complete some of the Program requirements during an additional semester/year. The decision of whether to grant this request will be at the discretion of the course instructor, advisor, and/or Program Director, as appropriate.

Subsequent Actions

Grade Reconsiderations

A student may request that an instructor review a grade for reconsideration no more than 30 days from the time the grade is officially recorded in the Registrar's office. This request must come directly from the student to the instructor. If, after a review of an assigned grade, the instructor does not believe that the case can be made for a grade change, students may petition their grade using a prescribed form and protocol available in the GMS office.

Repeating a Failed Course

In the event that a student fails a required course in our Program, the student must repeat the course or training within the following 12 months. If the course is not required for the degree, the student may take another course for equal credits.

Academic Probation

Any student who has received a grade of "C+" or below will be placed on Academic Probation. This period of time is when the student continues to be actively engaged in the normal academic and clinical activities required by the Program but is monitored by the Program faculty and asked to meet certain standards or additional remedial requirements to satisfy Program standards (e.g., attend test-taking or tutoring sessions through the BU Educational Resource Center). The nature and duration of the Academic Probation will be determined by the Program Director, academic advisor, and/or the Clinical Training Coordinator, as appropriate. Information regarding a student's Remediation is not included on the student's transcript but may be included in the student's permanent Program record.

As per GMS guidelines, the minimum cumulative GPA requirement is 2.70.

"Current students who have a GPA of 2.69 or below and/or have not met program-specific academic standards will require a specific learning plan and will be put on Academic Probation for the duration of one (1) semester. Learning plans must be developed in consultation with a student's faculty advisor and/or program director, and should be monitored closely as the semester progresses. Students have the one (1) semester of academic probation to improve their GPA to meet the minimum GPA requirement and/or the academic standards set by the program. Failure to do so may result in loss of eligibility for federal and private educational loans and/or dismissal from the program."

Program Suspension

A grade of "C+" or below in 6 credit hours or more can result in termination or temporary suspension from the Program. Students will be notified in writing of a Suspension, its duration, and criteria for return to the curriculum (if any). A Suspension will be recorded in the student's transcript and in the student's permanent Program record.

Other Actions

Program faculty have the right to identify other actions as appropriate.

Suspension or Dismissal

Boston University, through its various faculties and appropriate committees, reserves the right to

suspend or dismiss any student for failure to maintain a satisfactory academic record, acceptable personal behavior, or satisfactory standards of health.

Withdrawal, Leave of Absence, and Reinstatement

Students who wish to withdraw from the University or take a leave of absence must submit their requests in writing to the Dean's Office; mere absence from class does not reduce financial obligations or guarantee that final grades will not be recorded. A withdrawal or leave of absence is effective on the day a signed request is received in the appropriate office; tuition and fees are canceled in accordance with the University's refund schedule, which is published by the University Registrar.

Students who are voluntarily absent for one or more semesters without officially taking a leave of absence may jeopardize their privilege to return, and must contact the Mental Health Counseling and Behavioral Medicine Program at least eight weeks before the start of the semester to inquire about reinstatement. Students who, during their absence from the University, have enrolled as degree candidates at another institution must reapply through Admissions as transfer students. Individual schools and colleges may have additional stipulations regarding withdrawals and leaves of absence.

Students who have left the University for medical reasons may be required to provide a letter from a physician or other professional stating that they are able to return.

In the event that BU, BUSM, and/or GMS identify new policies regarding academic standards, remediation, or changes in any other policies, they will supersede those of our Program. The current policy for GMS, effective August 3rd, 2015, is the Academic Conduct Code and Disciplinary Procedures, which can be found on the GMS website [here](#).

IMPAIRMENT AND REMEDIATION

The MHCBM Program faculty are committed to the personal and professional well-being of all of our students, faculty, staff, and those we serve. Our goal is to prevent problems from leading to impairment that requires remediation. The most important step that a student can take is to speak with a member of our faculty if they are aware of a problem that is negatively affecting (or could affect) their academic or clinical performance, so that they can collaboratively and proactively identify a plan of action.

As stated in the ACA Code of Ethics (2014):

F.9.b. Limitations

"Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:

- 1. assist students in securing remedial assistance when needed,*
- 2. seek professional consultation and document their decision to dismiss or refer students for assistance, and*
- 3. ensure that students have recourse in a timely manner to address decisions requiring them to seek assistance or to dismiss them and provide students with due process according to institutional policies and procedures."*

Impairment is defined as the interference in professional functioning that is reflected in one or more of

the following ways:

- Inability or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior
- Inability to acquire professional skills and knowledge to reach an accepted level of competency
- Inability to control personal stress, psychological dysfunction, or emotional reactions that may affect professional functioning

Three categories of impairment exist:

- 1) Problematic Behaviors refer to a student's behaviors, attitudes, or characteristics that may require remediation, but are normative for professionals in training. Performance anxiety, discomfort with patients' diverse lifestyles and ethnic backgrounds, and lack of appreciation of institutional norms are examples of problematic behaviors that can typically be remedied.
- 2) Incompetence is defined as a lack of ability, which may include professional or interpersonal skill, and/or academic deficiency.
- 3) Ethical Misconduct occurs when the principles set forth in the Boston University School of Medicine Code of Student Responsibilities or in the ACA Code of Ethics are not followed. This code is intended to provide the general principles to cover most situations encountered by mental health counselors and trainees in their professional activities. Each person is responsible to maintain the highest possible standards of conduct.

Signs of student impairment could include, but are not limited to:

- Poor academic performance
- Declining academic performance
- Frequent or unexplained absences and/or tardiness from Program responsibilities
- Frequent or unexplained illnesses
- Significant inability to contend with routine difficulties
- Significant personal/relationship difficulties
- Mental health problems
- Cognitive impairment
- Unusual or inappropriate behavior
- Substance use problems
- Conduct that may constitute legal violations
- Lack of respect for interpersonal boundaries
- Refusal to meet with advisors, Program faculty, or University faculty as required
- Failure to conduct oneself in accordance with Professional Dispositions
- Behavior that does not change as a result of feedback, remediation, and/or time
- Failure to acknowledge, understand, or address the problem when identified

Problematic Behaviors and Incompetence

Concerns regarding academic and/or clinical problematic behaviors can come to the attention of faculty in a variety of ways, including from clinical supervisors, academic instructors, and/or fellow students. When this reporting occurs, the faculty member receiving this information will make a determination of the best way to proceed. In cases of problematic behaviors occurring in a clinical training site, the student will meet with the clinical site supervisor. The Clinical Training Coordinator may also speak directly with the student. In cases of academic problematic behaviors, the student

may be asked to meet with a course instructor, academic advisor, and/or other Program faculty as appropriate.

Ethical Impairment and Misconduct

The Mental Health Counseling and Behavioral Medicine Program faculty shall consider reports of behavior or incidents that may be indicative of impairment that occur both within as well as outside the University premises. When a potential concern reaches the Program Director, he will inform the academic advisor and/or others, and a meeting will be scheduled to discuss the issue within one week. The following questions may be posed at this stage (adapted from Lamb, Cochran, & Jackson, 1991):

- What are the actual behaviors that are of concern, and how are those behaviors related to the goals of the Program?
- How and in what settings have these behaviors been manifested?
- Who observed the behaviors in question?
- What was the frequency of this behavior?
- What were the negative consequences of the problematic behaviors for the training program, school, or others (e.g., patients, other students)?
- Has the student previously been made aware of this behavior, and if so, how did he or she respond?
- Has the feedback regarding the behavior been documented in any way?
- How serious is this behavior on the continuum of ethical and professional behavior?

Although each case is different and requires individual assessment, the following factors may indicate that the problem is more serious:

- The student does not acknowledge, understand, or address the problematic behavior when identified.
- The problematic behavior is not merely a reflection of a skill deficit that can be rectified by training.
- The quality of service delivered by the person repeatedly suffers.
- The problematic behavior is not restricted to one area of professional functioning.
- The behavior has the potential for ethical or legal ramifications if not addressed. ●

A disproportionate amount of attention by training personnel is required.

- The behavior does not change as a function of feedback.
- The behavior negatively affects the public image of the MHCBM Program, Boston University, or a training site.

Classroom Climate

The counseling profession is one that requires discussion and sharing of sensitive materials; hence students should strive to keep what is discussed and shared in class within the classroom. Students should be cognizant that classroom discussion and sharing is for growth. Different perspectives and opinions are to be respected and recognized as an important part of learning. The classroom is always a place of professionalism and respect. Our classes provide a venue for training as a professional counselor. To allow your future clients to step outside their comfort zones to learn and grow, you must be willing to do the same. It is imperative that you be willing to trust the process and be comfortable in the knowledge that there are no right or wrong techniques, courses of action, or answers, but rather different perspectives to view and conceptualize. We also expect students to give and receive feedback from your peers and professors. Feedback is given

to show a different lens to emerge to conceptualize issues and provide for growth. Receiving feedback is something that will happen throughout your career and receiving it gracefully and at face value is an important skill. It is a collective responsibility for students and instructors to create an environment conducive to a positive climate.

Student Professionalism and Decorum

You are expected to treat a graduate-level course as part of your profession, and, as such, you are always expected to conduct yourself as a professional. In addition, you should be mindful of your behavior when communicating (via in person, phone, email, etc.) with faculty, university personnel, fellow students, and the community, as this is evaluated formally and informally. Inappropriate behavior, communication, and decorum of any kind that is observed, reported, or discovered could impact grades, ability to complete courses, ability to graduate from the Program, and ability to obtain positive recommendations from faculty in the Program and at the University.

Acting in a professional manner does not mean that you cannot be vulnerable or share your thoughts, fears, or concerns, display a sense of humor, or talk about personal things in an appropriate manner. Getting to know students as people is an important part of mentoring students in this Program. *Examples of inappropriate behavior, decorum, and communication includes, but is not limited to the following actions: communicating in ways that are disrespectful or disparaging of the University, professors, classmates, clinics sites, or clients in such a way that it detracts from your integrity; not showing up for class without informing instructors, missing class frequently, coming to class late, not participating in classroom discussion; sleeping in class, doing assignments for other classes, talking on cell phones or sending text messages during class.*

Class Engagement

Because class discussion is an important aspect of understanding and integrating the material, a portion of your grades across classes will be based on the quantity and quality of your participation. Your class participation should demonstrate that you have kept up to date on assigned readings and other assignments. Participation in class necessarily means that you are *on time* for class, *present and engaged*, and *stay for the duration*. Participation is also more than making the occasional comment; rather it is being part of propelling class discussion forward. Engagement in class should be both “out loud” in the form of sharing your thoughts/perspectives, as well as quietly, in the form of taking in others’ comments and managing nonverbal behavior. Both are important—just as they are in clinical encounters. We encourage students to push themselves out of their comfort zones—whether that means giving time for others to speak or sharing their own thoughts.

All students are expected to engage respectfully with their course instructors and peers. As counselors, learning how to give and receive feedback from peers and instructors in a professional manner is important. Both oral and written feedback should be delivered in a style that demonstrates maturity, respect for others, and cultural humility.

Grades are earned and not given. The expectation of earning an A on every assignment should not be assumed as the default. Working hard is encouraged and appreciated, although is not typically part of a grading rubric. This is a rigorous graduate program in which students will be training to work with clients in vulnerable situations, so the assignment demands are high. With this expectation of excellence, students are welcomed and encouraged to inquire about how they can work to improve their grades in class with future assignments. Extra credit is not an option. Students are expected to do so in a respectful and professional manner. Instructors will be open to these conversations,

although as the course instructor, decisions are theirs to make. Discussion of grades will be focused on the student's own work in reference to the assigned rubric and instructions. Discussing the work of other students in comparison is not permitted.

Professional Growth Plan

Problematic Behaviors are often discussed and monitored without bringing the problem to the attention of other faculty or supervisors. Serious concerns (which often involve Incompetence and/or Ethical Misconduct) will be brought to the attention of faculty representatives (to include the Program Director, Clinical Training Coordinator, academic advisor, teaching faculty, or others as appropriate), who will meet to discuss the problem at hand. Relevant individuals from this meeting will then meet with the student to discuss the issues. They will discuss the nature, severity, and consequences of the situation, as well as options for remediation. Ample time will be allowed in this meeting for the student to present their view of the situation and to ask questions.

After meeting with the student, faculty will determine the next steps. If further steps are deemed necessary, faculty will develop a written plan for remediation or other appropriate course of action and will meet with the student to present this plan.

The student will be given the opportunity to accept the recommendations, to provide additional information, and/or to appeal. If the student wishes to appeal the faculty's decision, they may contact the Associate Dean of Graduate Medical Sciences. Regardless of the outcome of the meeting, the student and the Program Director will schedule a follow-up meeting to evaluate the student's adjustment to the process and to recommend potential sources of guidance and assistance when necessary.

Examples of actions that may be included in the remediation plan include, but are not limited to, an increase in didactic instruction, a decrease in course load, a decrease in or temporary suspension of clinical responsibilities, increased supervision and/or faculty advisement, leave of absence, substance abuse treatment, and individual counseling. Progress must be reviewed at least once every semester for one year. Additional review may be scheduled as necessary. After each review, a copy of the current Remediation Plan, including student comments and faculty signatures, must be filed in the student's permanent record. If progress is viewed by the faculty as insufficient, they may recommend either a change in the remediation plan or dismissal. The student will have an opportunity for appeal, as described above.

In accordance with the ACA Code of Ethics, Program faculty will help to facilitate access to professional treatment as needed:

"If supervisees request counseling, the supervisor assists the supervisee in identifying appropriate services. Supervisors do not provide counseling services to supervisees. Supervisors address interpersonal competencies in terms of the impact of these issues on clients, the supervisory relationship, and professional functioning." [F.6.c.]

Where an incident may involve a violation of federal, state or local law, the BU legal counsel may be consulted to determine whether an affirmative duty exists to report that violation or take other action.

Plans of remediation will be designed to enhance the student's insight into any deficiencies in their

performance and to ensure adequate progress towards remediating any deficiencies. Such plans may include engaging in professional or social service activities to enhance professional skills and insights and taking steps to assess whether underlying personal or medical factors contributing to any deficiencies in academic performance are present (e.g., by obtaining a medical, neurological, and/or psychiatric assessment and undertaking treatment, if recommended as a result of such assessment).

42

Plans to minimize academic discontinuity should include specific proposals for time away from the curriculum, such as engaging in activities to practice or maintain needed skills, and to develop or enhance professionalism and educational mastery (e.g., reading, research, clinical activity, health service activity).

Dismissal Policy

The dismissal of a student from the Mental Health Counseling and Behavioral Medicine Program is a significant event for both the student and Program faculty. Such action represents the determination of the faculty that the student has cognitive, affective, and/or behavioral impairments that interfere with professional and/or educational functioning or that the student has not demonstrated an adequate level of competency in academics, clinical skills, or professional conduct.

Reasons for Dismissal from the Program

Program faculty retains the right to review any circumstances that may negatively affect the welfare of students, classmates, faculty, or patients throughout students' matriculation in the Program.

The following are examples of circumstances that may be the basis for dismissal:

- Failure to maintain minimum academic standards
- Failure to make satisfactory progress in completing Program requirements
- Unsatisfactory performance in clinical training, including not showing up to sites as contracted or other unethical behaviors
- Academic dishonesty
- Criminal misconduct
- Significant failure to comply with established University or Program timetables and guidelines
- Unethical practices and/or unprofessional conduct as specified by the Boston University School of Medicine Code of Student Responsibilities or the American Counseling Association Code of Ethics
- Cognitive, affective, and/or behavioral impairments that obstruct the training process and/or threaten patient welfare
- Consistent failure to conduct oneself in accordance with Professional Dispositions
- Harassment and/or civil rights violations

The intent of clearly outlining these standards is to ensure that students are aware of expectations as they matriculate in the Program. Although often underestimated, a critical part of learning to be an effective provider is awareness of one's own personal and professional growth. Program faculty are strongly committed to mentoring students through this process, providing support as needed to prevent any problematic issues, as well as helping students to appreciate their strengths and achievements.