

# Katherine Jones Professional Portfolio: Clinical Mental Health Counseling

by Katherine Jones

## Instructions and Manual

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## I. Introduction & Professional Identity

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### Introduction & Professional Identity

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Katherine Jones

#### Introduction of Self

As a naturopathic doctor (ND), I greatly enjoy working with people who are feeling “stuck” on their path to wellness, whether they are struggling with a chronic disease that has not been adequately addressed by conventional medicine, or they are someone who wants to optimize their diet and lifestyle so that they can live a long, fruitful, healthy life. In particular, I enjoy working with patients who are struggling with mental health conditions. Naturopathic medicine has many holistic treatment options for helping people with their mental health, however, many of these treatments are based on a biomedical model rather than a wellness model. NDs practice “root cause medicine”, meaning that rather than eliminating or merely suppressing someone’s symptoms, we try to remove the underlying cause of illness. Professional counseling is also based on a wellness model, and I am hoping that having a counseling degree will give me more tools to identify and treat the root cause of someone’s symptoms.

During my clinical training in naturopathic medical school I completed a year-long rotation in naturopathic mental health in conjunction with Pacific University of Oregon’s Psychology & Comprehensive Health Clinic. This is a multimodal psychiatric clinic with services from naturopathic physicians, psychologists, occupational therapists, speech language pathologists, and physical therapists that provide team-based care. This was my favorite rotation because we were able to work in a truly integrative model; we collaborated and had the common goal of getting patients’ mental health conditions into remission. I enjoyed learning from the different perspectives of the diverse range of student clinicians, and I believe that we were able to deliver much better, more holistic healthcare than if we were working in a non-collaborative environment. I hope to someday establish or work in a similar integrative mental health clinic that focuses on collaboration between therapists, doctors, and other holistic health professionals.

#### Why I Chose Professional Counseling

I specifically chose the counseling profession over other mental health professions because it is in alignment with my existing professional philosophy as a naturopathic doctor (ND), and the general culture of the naturopathic profession. Some of the oaths that NDs take upon entering the profession include *treat the whole person*, *prevention*, *doctor as teacher*, and *treating the root cause*. Counseling is also based on a wellness, strengths-based model that emphasizes holism, prevention, and the therapeutic relationship. Part of my professional philosophy as not only an ND but also as a future clinical mental health counselor is that everyone has the power to achieve wellness, and even people with chronic disease, deep-rooted mental health struggles, or traumatic pasts have the ability to heal with the right guidance and interventions. Other mental health professions, while valuable in their own right, do not align as well with naturopathic philosophy as counseling does. For example, psychiatry is based on a medical model, and social work is focused on advocating for social justice. I wanted to choose a mental health profession that could be seamlessly incorporated into my work as an ND, and professional counseling was the best fit.

#### Statement of Goals

During graduate school, I hope to gain a deeper understanding of developmental and abnormal psychology so that I can better serve my current patients and future clients. I also hope to intern in a high-volume psychology practice to get hands-on experience serving a large and diverse client base. I want a better understanding of what psychological counseling looks like in practice, as well as practical knowledge and experience in how best to provide effective interventions for clients. As I plan to work mostly with individuals after graduation, specifically with young adult to adult women with chronic disease, I want to gain experience working with these individuals during practicum. However, I also want more training in working with children, adolescents, couples, and families, so that I can also provide these groups with competent care once I finish graduate training. I plan on achieving these goals by not only remaining dedicated and focused in my academic work but also by researching possible internship locations sooner rather than later so that I can get an internship that is a good fit for me.

#### Statement of Professional Philosophy

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### Emerging Professional Philosophy Statement

My journey in choosing the professional field of counseling started while I was in naturopathic medical school. During my clinical training, I completed a year-long rotation in naturopathic mental health in conjunction with Pacific University of Oregon's Psychology & Comprehensive Health Clinic. This was my initial major exposure to working with people with mental health disorders, and I was able to see firsthand not only how powerful naturopathic care and psychotherapy could be on their own, but also how they were even more effective when they were used in tandem. The idea of getting more in-depth training in mental health and becoming a licensed counselor has been in the back of my mind ever since. I have significant experience treating mental health disorders from a naturopathic perspective, and much of my current practice focuses on mental health. However, I hope that adding another skill to my toolbox will help me treat my patients even more holistically and is another way to get to the root cause of someone's symptoms. Additionally, with the pandemic and with my private naturopathic practice still growing, it seemed like the perfect time to reinvest in myself and my education.

### Social Justice and Advocacy

The more I learn about Adlerian counseling, in particular, the more that it seems to align with not only my professional philosophy generally, but also as it specifically pertains to social justice and advocacy. Community feeling, or social interest, is the core principle of Adlerian psychology, and I believe that people subjected to systemic oppression often face societal barriers to achieving social interest. I want to create an empowering therapeutic relationship with my clients. In this way, I hope to not only help dismantle the barriers to them achieving social interest, but also to encourage my clients to advocate for themselves. I hope to foster client engagement through nonjudgment, respect, and acceptance, particularly for people from minority populations who may not have a safe space elsewhere in their lives.

### Interests and Goals for Graduate Study

I hope to start working with and advocating for diverse populations while I am in graduate school, and I want practical knowledge and experience in how to best provide effective interventions for clients with a variety of wellness goals or pathologies. I hope to someday establish or work in an integrative mental health clinic that focuses on collaboration between therapists, doctors, and other holistic health professionals. I hope my graduate school experience helps further my goals of not solely treating people's diseases, but also making them, and helping keep them, well.

### How People Change

From my experience as a clinician, I have observed that people are most successful at making positive changes in their lives when those changes are implemented gradually with plenty of support and encouragement. People also change through growth and development, and I believe that my role as a doctor and a future counselor is to help guide their growth through education, such as the *doctor as teacher* principal in naturopathic medicine or psychoeducation in counseling. People like knowing that they are not alone on their healing journey and that the counselor is their advocate and guide.

### Counseling Populations I Am Interested in Serving

I plan to work mostly with individuals after graduation, specifically with young adult to adult women with chronic disease. This is in part because I already work with this population in my private practice. However, I also feel that these people, particularly those who come from minority backgrounds, tend to need help with empowerment. I repeatedly see that women with chronic disease or mental health issues may not be "believed" by conventional doctors or even family or friends. I want to do my part in serving this population so that they have access to knowledgeable care from a mental health provider that listens. Additionally, I have found that even within this specific population, there is a lot of diversity in not only racial and cultural backgrounds, but also in the types of conditions that they present with. Treating a diverse population will help keep my career engaging, interesting, and exciting for myself, and knowing myself, I am much more likely to do a good job as a counselor and doctor if I enjoy my work.

### Skills I Possess and Skills I Hope to Gain

I believe my medical background will greatly help me in the counseling field. I am disciplined, organized, and practical, and I have good critical thinking skills. As an ND, I already try to think about patient cases holistically and try to take multiple aspects of a patient's life into consideration before I make a treatment plan. My new patient appointments are an hour and a half long, so I am skilled at listening to people and being a witness to their stories. Practicing as an ND has also given me a great deal of experience in patient education and meeting people "as they are" rather than where I think they should be. Additionally, having been through graduate training and working in the medical field has honed my skills in boundary setting and work/life balance.

I hope to learn applied counseling skills and interventions for working with clients with various levels of disease complexity. Although I am planning on working with individuals upon graduation, I would still like to gain more experience working with children, families, and couples so that I can provide them with competent care if need be. I hope to be a well-rounded practitioner when I graduate so that I can help as many people as possible over the course of my career.

## II. Writing Competence

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### Writing Competence

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#### Academic Writing

I have made great strides in my academic writing competence during my time at Adler. When I started this master's program, I had not written an academic research paper in over five years. I had to relearn how to write in an APA style, conduct literature reviews and research, and convey a direct and articulate message to the reader. I also had to retrain myself in choosing research topics that were not too broad or narrow and spoke to my professional interests. I became much more proficient in academic writing through my time at Adler, and my two attached literature reviews reflect this growth. The first attached paper is from the beginning of the program and addresses Neurocounseling. The second attached paper is from later in the program and reviews providing counseling services to atheists. While I believe the neurocounseling paper was well written, it required multiple drafts and feels a bit "stiff". In contrast, the paper discussing counseling for atheists is deeply researched and conveys my passion for this subject in an academic manner.

#### Clinical Writing

Unlike academic writing, clinical writing has been much less of a challenge for me. I went through the process of finding my clinical voice in naturopathic medical school and honed it during residency and throughout working in my private practice. Using clinical language is second nature to me, and upon entering internship, charting appropriately was a simple matter of working with my supervisor to ensure that I was conveying the right information and the right amount of information from counseling sessions in the appropriate places of our charting software. In my view, there are many "correct" ways to write a clinical note that often come down to personal preference, professional background, agency preference, insurance requirements, and state requirements. Information from the session simply needs to be conveyed appropriately and accurately so that other providers, insurance companies, or agencies understand the writer's intent. The two attached case notes highlight different case note styles (SOAP and DAP) for a fictitious client at different stages in the therapy process. I have also attached two Case Conceptualization forms, which include de-identified treatment plans and case notes.

**Attachments**  [KJONESDiagnostic\\_Assessment\\_in\\_Atheist.docx](#),  [KJones\\_SPT\\_536\\_Progress\\_note\\_1.docx](#),

[KJonesProgress\\_note2.docx](#), [K. Jones Final APA Paper.docx](#), [KJones\\_Q2Case\\_Conceptualization.docx](#), [Q3Case\\_Conceptualization\\_and\\_Presentation\\_form\\_1\\_.docx](#)

### III. Practicum and Internship

#### Practicum and Internship



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#### Practicum and Internship: Lifestance Health

I completed my practicum and internship at Lifestance Health (formerly Family Innovations) in their community-based Children's Therapeutic Success and Supports services (CTSS) branch. Lifestance Health has two main branches: community-based and outpatient. Community-based is all state-funded and has Intensive Treatment in Foster Care, Adult Rehabilitative Mental Health Services, and CTSS services. Most community-based clients are under 18 years old, but some adult services are also available. Community-based care is mostly in-home psychotherapy and skills training. The outpatient branch provides individual and family psychotherapy to clients of all ages. There are also psychological testing and evaluation services available through the outpatient branch. Lifestance Health has many locations across the Twin Cities as well as nationwide.

I was located at the Eden Prairie office during my practicum and internship. However, all the services I provided were conducted in clients' homes or via telehealth from my home office. My supervisor and team leader was Valcia McGann, MA, LMFT, Clinical Supervisor, Intensive Treatment in Foster Care & Outpatient Therapist. I usually had three to five clients on my caseload at a time and spent three to six hours a week with each client, so while I did not have many clients on my caseload, the work I did with each client was very intensive. I also performed diagnostic assessments for new clients so they could start care with other therapists on my team on a bi-monthly basis during my last two terms of internship.

#### Client Challenges and Successes

During my first two terms of practicum and internship, I faced many challenges with my site and clients. When I first entered field experience, I anticipated that the first term would be highly structured with much oversight, but likely still with moments of discomfort, and then gradually building in more responsibility and independence. Instead, I got a "baptism by fire" experience, wherein I could not get any shadowing experience for the first month of practicum. Then, I got one day of shadowing for each of my initial clients because a different pre-licensed person was leaving the company with little notice. Then I was given all her clients. In that process, I got to experience how *not* to do a client transfer and had to act as a go-between between my supervisor and that previous pre-licensed person, who did not get along with each other. Essentially, that previous therapist kept on calling in sick for those final client meetings, almost to the point where my supervisor and my supervisor's supervisor had to force her to show up to a closing session. The entire process felt bungled, leaving me with my clients dealing with borderline abandonment from a previous therapist and me having almost no idea how to actually be a therapist. During that process, I was voraciously reading books and listening to podcasts about all things child therapy, just trying to "bone up" on my knowledge and teach myself the skills needed to do this job.

Those first few sessions with my new clients were difficult. I was barreling forward, trying out too many interventions too quickly on my new clients (again, mostly learning how to be a counselor from books rather than observing actual sessions) while my clients were facing some feelings of grief and loss over their previous therapist up and leaving with little notice. It was a tumultuous time, and some of my clients left the therapy program since I was their third therapist in the past year, and they were tired of switching.

While those growing pains felt very difficult, internship has also had many successes. I built excellent rapport with one of the clients with whom I had a rocky start. The client, a seven-year-old female with anxiety, was understandably wary of me and was pretty disengaged and aloof when we started together after her previous therapist unexpectedly left. Now that we have been able to build trust and I have consistently shown up for her, she is steadily improving and meeting therapy goals. Similarly, another seven-year-old female client with anxiety whom I have been seeing over telehealth has been improving despite her numerous life challenges and setbacks in the last year. I felt like I could successfully navigate those life challenges with her and support her and her family in their times of need.

#### Growth and Experience

I went through significant professional growth over my practicum and internship. I feel more comfortable and confident in my role as a counselor, and my day-to-day at my internship site has felt more stable and routine. I feel much more comfortable helping clients experiencing challenging behaviors. It feels much less overwhelming, unsafe, or like anything I could not handle than it had when I started my internship. I feel like I understand what meeting clients "where they are at" and also on a "horizontal plane" rather than a "vertical plane" means. I believe, especially with children, it can be easy to fall into the "I'm the adult/professional, and I'm in charge, and you are the kid, and you have to listen to me" way of thinking, but that does not work in a therapeutic relationship. I can more intuitively give clients a "fresh start" every session. Especially for children with behavioral challenges, being a constant person in their life who does not hold their behaviors "against them" can be therapeutic.

### Goals Completed at Lifestance Health

One of the goals that I completed while at internship was that I had the opportunity to work with a diverse group of clients. Not only in terms of race or ethnicity but also income level, presenting problem, and diagnosis. I now feel very comfortable working with children and families, which I had minimal experience with upon entering internship. Before interning at Lifestance, I always had envisioned myself working with only adult individuals. Now I can provide counseling to people ages six and up, as well as families. Finally, I have also had the opportunity to see clients "start to finish". I have conducted diagnostic intake assessments at Lifestance, seen new clients for long-term care, had clients transferred to me, had clients transferred away from me, and have also terminated client care. I am much more confident about how the trajectory of clients' care may shape over the course of working with them, even if I decide to move into private practice once I graduate.

**Attachments** [KJones\\_Week\\_9\\_Hours\\_Log.pdf](#), [KJones\\_Learning\\_Goals\\_Assignment.docx](#), [signed\\_site\\_sup\\_eval\\_form\\_1\\_.pdf](#), [Term\\_Capstone\\_Log\\_Fillable\\_1\\_.pdf](#), [Learning\\_Goals\\_Assignment.docx](#), [signed938Q1\\_site\\_sup\\_.pdf](#), [KJones\\_Week\\_11\\_Hours\\_Log.pdf](#), [InternshipTerm\\_1\\_Capstone\\_Log\\_Fillable\\_.pdf](#), [InternshipTerm\\_2\\_Capstone\\_Log\\_.pdf](#), [Q2Development\\_Plan.docx](#), [KJones\\_Q2Activity\\_Summary\\_Time2Track\\_1\\_.pdf](#), [Q3Development\\_Plan.docx](#), [Please\\_DocuSign\\_Learning\\_Agreement\\_KJones\\_Fi.pdf](#), [Site\\_Approval\\_Form\\_KJones\\_completed.pdf](#)

## IV. Professional Development

### Professional Development

#### Professional Memberships

I have been a member of the American Counseling Association (ACA) since June of 2022, through whom I have my malpractice insurance and access to Continuing Education trainings. I have also been a Psychiatric Association of Naturopathic Physicians (PsychANP) member since 2017. Additionally, I am part of the Minnesota Counseling Association (MnCA) Networking and Resources Facebook group. I appreciate the emails and publications I receive from these three organizations about political issues that affect the mental health field, ethical questions, and referral information so I can remain informed on issues in the field that are important to me. In the future, I plan to participate more actively in these organizations to make more professional connections and more effectively help advocate for my profession and clients.

#### Summary of Other Professional Activities

While working for Lifestance Health, I attended free workshops and professional training and engaged in sponsored continuing education. I was also able to attend trainings through the PsychANP that focused on ethics and cultural competency. During my internship, I completed the following training and continuing education:

- ADA Web Compliance and Disability Awareness in Practice Webinar 03/05/2022
- An Introduction to Women's Mental Health 05/06/2022
- Introduction to Gender Affirming Care for Transgender Adults 06/17/2022
- Intergenerational Trauma and Strengths: An Introduction to the Impact of Family Mental Health Legacies 11/16/2022
- Child Protection by Cynthia Hassan, Senior Child Protection Worker 01/18/2023
- Compassionate & Non-Violent Communication to Improve Patient Rapport & Outcomes 01/29/2023
- Healthcare as an Act of Solidarity Across Cultures 01/29/2023

Besides attending trainings, I have organized client educational handouts and resources I received or created during my naturopathic career and internship. I have used these during sessions with clients, and I plan to continue compiling them to aid in client psychoeducation moving forward.

#### Didactic Experiences

I greatly enjoyed and appreciated both my individual and group didactic experiences. The theme of my individual didactic experience focused on how much of myself and my personality I bring to the therapeutic relationship. I learned more about self-disclosure, and when and how to bring in different emotions to the session in an authentic manner. My group didactic experience focused on how we could meet our clients on the "horizontal plane" rather than the "vertical plane". It was also nice to learn more about myself













Image retrieved from author's personal collection

and come into my counseling style by being present and vulnerable with my classmates and professor.

### Plans for Future Professional Development

As I continue my professional development moving forward, I plan to pursue additional training to increase my efficacy in working with children, adolescents, families, and adult individuals who have experienced trauma. I plan on becoming EMDR and TF-CBT certified once I graduate. The supervisor I am planning on working with post-graduation has a big trauma focus in her practice as well, so I look forward to learning from her expertise during supervision. Additionally, I will seek out trauma-focused CE to further my competency in this area.

**Attachments**  [K. Jones Psychological First Aid Certificate.pdf](#),  
 [K. Jones Strategic Planning Approach to Suicide Prevention Certificate.pdf](#),  
 [Certificate for Katherine Jones for Trauma Toolbox Certificate ....pdf](#),  [Certificate of Completion NACCHO.pdf](#),  
 [KJTelehealth.pdf](#),  [ACAMemCard.pdf](#),  [Statement Of Credit ADA CE.pdf](#),  [Statement Of Credit Non violent.pdf](#),  
 [Statement Of Credit Solidarity.pdf](#),  [d2e607ae\\_afba\\_4f41\\_b67f\\_e1dcf50ded1d.pdf](#)

## V. Community Service Activities

### Community Service Activities



#### NAMI

I currently volunteer with the local Hennepin County National Alliance on Mental Illness (NAMI) affiliate. Whenever I am finished at a NAMI event, I feel satisfied and connected to my larger community. Unfortunately, with my current schedule, I have not been able to attend the committee meetings for the past two terms, and there have been fewer events to volunteer at due to winter weather. However, I hope to participate more regularly once I graduate and my schedule becomes more regular. I also hope to recruit more friends to attend NAMI events when appropriate. Most events NAMI conducts are meant for those with mental illness and their families specifically, but others are open to all. For instance, my husband and I have participated in NAMI Walks for the past two years, a fundraiser that helps support the organization. This event aligned with my values of ending the stigma of talking about mental health and mental illness and increasing public and professional understanding of mental illness. Since NAMI is such a grassroots organization, it makes sense to talk to my friends more about events they could participate in. Also, given that this is a cause that is important to me, it would be good to have a dialogue with the people I care about of ways that they can get involved. This would hopefully enhance not only my own sense of social interest but also my friends' and the larger community's as well.

#### Experiences and Learning Outside Formal Education

I currently work full-time, intern part-time, and am a part-time student. While I cannot always contribute my time to my community, I try to contribute financially to organizations that are important to me. A few organizations that I have supported financially since starting graduate school include Planned Parenthood, NAMI, The Trevor Project, ACLU, Minnesota Freedom Fund, Amigos Eye Care, The Metropolitan Economic Development Association, and The American Foundation for Suicide Prevention. All these organizations support social justice advocacy in one form or another, particularly for marginalized communities and those with mental illness.

Another way that I have been contributing to my community is by educating those in my social circle about Prison Free Funds and prison-free investing. Many people do not realize that their 401k plans, index funds, retirement plans, and personal portfolios are invested in private prison operators that profit from exploitative prison labor, immigration jails, and "other economic systems of oppression and exploitation" (As You Sow, 2023, para. 1). Most major asset managers including Vanguard, J.P. Morgan, and Fidelity have billions invested in the prison industrial complex, which is the money of the individual retirement plan holders that do not realize what they are investing in (As You Sow, 2023). I am fortunate that since I own my small business, I can invest in retirement plans that do not go against my values. While many are not given a choice where their retirement fund gets invested with their workplace, spreading awareness is the first step towards making a change.

#### References:

As You Sow. (2023). *The issue: Prison industrial complex*. Invest Your Values. Retrieved January 29, 2023, from <https://investyourvalues.org/the-issues/prison-industrial-complex>

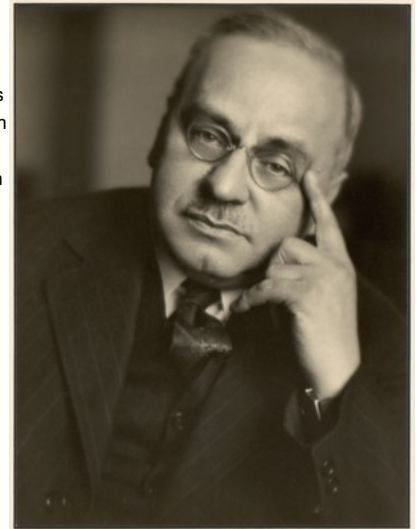
**Attachments**  [NAMI\\_Walks.png](#)

## VI. Adlerian Theory

### Adlerian Theory

#### Adlerian View of Human Nature

Alfred Adler had a positive view of human nature, emphasizing growth and development, individuals having control over their destiny (i.e., soft determinism), and people having purposeful behavior to strive towards superiority and fulfillment of life tasks (Sommers-Flanagan & Sommers-Flanagan, 2018). As Sweeney (2019) explained, each person must decide how to approach life tasks, and cooperation requires mutual respect and empathy (Sweeney, 2019). Additionally, Adlerian Psychology views discouragement and lack of community feeling as the underlying cause of most faulty beliefs and goals of misbehavior, which lead to mental health pathology (Sweeney, 2019). From an Adlerian view, the "antidote" to this is encouragement, *Gemeinschaftsgefühl* (i.e., social interest/community feeling), and a mutually respectful therapeutic relationship (Sweeney, 2019). People's behaviors are also influenced by their family dynamics, early childhood experiences, and how they interpret those experiences (Mosak & Maniacci, 1999). According to Mosak & Maniacci (1999), "the family atmosphere can be set by any member of the family and can change. Siblings, aunts, uncles, grandparents, and the like can all influence the prevailing tone of the family" (p. 38).



#### Adlerian View of the Counseling Relationship

Adler emphasized an egalitarian counseling relationship based on mutual empathy and respect (Powers & Griffith, 2012). An Adlerian approach is inherently collaborative. The therapist works with the client to help them better understand themselves so that they can choose to let go of thoughts and behaviors that are no longer serving them (Powers & Griffith, 2012). This process, called "psychoclarity," is achieved through the therapist assessing the client and summarizing their impressions of the client for the client (Powers & Griffith, 2012, p. 18). The counselor collaboratively with the client helps the client to understand themselves better and encourages them to change and develop.

#### Psychology of Use

Psychology of Use refers to the Adlerian concept of how someone uses an inherent trait to them is more important than the trait itself or why someone inherited a given trait (Powers & Griffith, 2012). For example, if a client has a fictitious life goal of being taken care of, they might use their anxiety to get attention so that their loved ones will worry about them and take care of them. From an Adlerian view, it does not matter why someone develops anxiety but how they may or may not use it to strive toward their fictitious goal (Powers & Griffith, 2012). In this way, behavior is purposeful, and how clients use or view their traits and behaviors influences their worldview (Powers & Griffith, 2012). For example, does the client take responsibility for their character? How does their use of their traits impact themselves and others? These questions lend understanding to clients' "private logic" or how they view themselves moving through their environment (Powers & Griffith, 2012).

#### Approach to Intervention

The Adlerian approach to intervention is holistic, comprehensive, and tailored to the individual client (Sommers-Flanagan & Sommers-Flanagan, 2018). The client is viewed as the expert in their own life and experiences, and many interventions are meant to foster social interest and encouragement (Miller & Dillman Taylor, 2016). For example, interventions that foster social interest facilitate insight and action. "*Insight* involves recognizing one's mistaken beliefs and views of self, others, and the world, and *action* refers to making a conscious decision to feel, think, and act differently" (Miller & Dillman Taylor, 2016, pp. 118-119). Helping to safely, mindfully, and carefully challenge clients or identify their mistaken beliefs can facilitate action, which can, in turn, help clients feel empowered, increasing their social interest. Improving a person's social interest often works as a positive feedback loop. If clients have more social interest, they are more likely to demonstrate compassion, sympathy, and empathy in their community, which will, in turn, increase the likelihood of those community members bolstering that client's social interest.

#### The Impact of Cultural and Social Conditions

From an Adlerian lens, cultural and social conditions significantly impact an individual's well-being. The Adlerian concept of *lifestyle* is how a person views and interacts with themselves and the world, especially as they strive towards their goals (Mosak & Maniacci, 1999). Our lifestyle, or worldview, helps shape how we react to different events in our life as well as informs our decision-making process. This worldview is formed by the family environment, culture, and overall society we grow up in and are connected to. For example, if, as a child, a client learned that winning is the most important measure of success, as an adult, that client may pick a career that values competitiveness. This client may have formed this worldview from a parent telling them that winning was important or by receiving messaging from their culture or society that this was the case. If, on the other hand, the client learned as a child that life is unfair and others are out to get them, they may choose a convenient and easy career because they feel like they have no power to obtain a career that they truly want. This is just one example, but the point is that lifestyle affects how clients approach life's challenges and how they generally see their place in the world.

**References:**

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**VII: Multicultural, Social Justice, and Advocacy Competencies**

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**Multicultural, Social Justice, and Advocacy Work**

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### Counselor Self Awareness

I identify as an adult millennial, mixed race, non-disabled, secular humanist, middle class, first generation United States born, heterosexual, cisgender female. I believe that social expectations for a person of my identity when I was born were that I would work hard in school, graduate from college, and pursue a career in the health field. My worldview was also likely shaped by major world events that affected my childhood and young adulthood such as 9/11, social media, and the great recession of 2008. As far as my "Constellation of Privileges" goes, I am a member of dominant groups when it comes to my age, nondisabled status, secular spirituality, the fact that I am white-passing, middle-class, heterosexual, and that I am a U.S. born citizen (Hays, 2001). These areas of privilege are important because they are areas of my life where I am more likely to lack awareness and knowledge regarding members of the associated minority groups that do not have such privileges. A counselor needs to know about their own worldviews, culture, beliefs, and biases so that they can treat clients equally and uphold the *justice*, *beneficence*, *nonmaleficence*, and *fidelity* ethical principles of counseling (Sheperis et al., 2015).

Counselor self-awareness is also important so that counselors can practice ethically by striving toward cultural competence. To strive towards cultural competence, a counselor needs to become aware of themselves and their own biases and preferences, needs to be knowledgeable about the impact of cultural and environmental factors on people's development and worldview, and needs to be effective in working with people from diverse populations (Brady-Amoon, 2011). Counselors who strive towards cultural competency need to address the strengths and needs of people from culturally different populations (Brady-Amoon, 2011). This process must begin with a counselor acknowledging their own views.

### Client Worldview

From an Adlerian and Person-Centered theoretical approach, understanding a client's worldview is essential for building an egalitarian therapeutic relationship. Part of this consideration is also not making any assumptions about someone's beliefs and worldviews solely based on any of their demographic information or appearance. Cultural humility also aids the process because culturally humble therapists practice in a way that "involves respect, lack of superiority, and attunement regarding their own cultural beliefs and values" (Hook et al., 2017, p. 29). A counselor with a culturally humble approach reflects and builds their awareness, knowledge, and skills for working with clients from culturally diverse backgrounds and does not solely depend on clients to educate the counselor on their culture (Hook et al., 2017).

Another consideration is a client's own perceptions about their place in the world, which may be influenced by their sources of oppression, trauma, privileges, and majority or minority statuses. They may have internalized biases about different cultural groups including their own (Sue et al., 2019). Counselors must elucidate and evaluate if their client's belief systems are a source of strength or harm and not make judgments about their beliefs or exert their own beliefs on a client (Sue et al., 2019). Instead, counselors walk alongside clients in their journey toward growth, self-awareness, and self-actualization.

### Counseling Relationship

Counselors understanding multiculturalism is imperative because all client-counselor interactions may be considered cross-cultural as each individual comes from a unique background (Sheperis et al., 2019). Therapists must attend to the counseling relationship without inadvertently committing microaggressions that further oppress the client (Sue et al., 2019). Furthermore, the culture of both the client and counselor touches every aspect of the counseling relationship including education, rapport, interventions, informed consent, treatment plans, communication, and more (Sheperis et al., 2019). If a counselor does not consider how culture could impact the therapeutic relationship, there is a great potential to do harm to clients.

As Sue et al. (2019) pointed out, "good counselors" are those who work through a culturally responsive lens. Part of being a "good", thorough, conscientious clinician is thinking both holistically and individually, and seeing clients within the context of their environment and upbringing. For the client and counselor to be on the same page about setting goals for therapy and establishing a helpful therapeutic relationship, there must be some level of communication and understanding between a counselor and a client. Therefore, counselors must approach the counseling relationship for working with diverse clients as a "two-way street, rather than a one-way tunnel" (Sue et al., 2019, p. 67).

### Counseling and Advocacy Interventions

Advocacy involves counselors acting on behalf of their clients to remove barriers to clients receiving the services they need so that clients have access to the resources necessary for change and development (Ratts et al., 2010). In a multicultural context, a client may be facing various societal oppressions that hinder their ability to thrive, and advocacy can be one way that counselors address this because it promotes social change and client well-being. An essential aspect of advocacy is not only addressing the societal "-isms" on a macro-level, but also on an individual or micro-level through psychoeducation, appropriate goal setting, and client-centered interventions. I think that professional counselors are in a prime role and are the perfect candidates to provide both societal-level advocacy, such as addressing social justice issues to help make the environment more equitable, and individual-level advocacy, such as providing accurate and accessible psychoeducation.

### References:

Brady-Amoon, P. (2011). Humanism, Feminism, and Multiculturalism: Essential elements of social justice in counseling, education, and advocacy. *Journal of Humanistic Counseling*, 50(2), 135–148. <https://doi.org/10.1002/j.2161-1939.2011.tb00113.x>

Hays, P. A. (2001). *Addressing cultural complexities in practice: A framework for clinicians and counselors*. Washington, D. C.: American Psychological Association.

Hook, J.N., Davis, D., Owen, J., & DeBlaere, C. (2017). *Cultural humility: Engaging diverse identities in therapy*. Washington, DC: American Psychological Association.

Ratts, M. J., Toporek, R. L., & Lewis, J. A. (Eds.). (2010). *ACA advocacy competencies: A social justice framework for counselors*. American Counseling Association.

Sheperis, D., Henning, S., & Kocet, M. (2015). *Ethical decision making for the 21st century counselor*. (1st Ed). Sage Publishing. <https://us.sagepub.com/en-us/nam/ethical-decision-making-for-the-21st-century-counselor/book237978>

Sue, D.W., Sue, D., Neville, H.A., & Smith, L. (2019). *Counseling the culturally diverse: Theory and practice*, 8th ed. Hoboken, NJ: Wiley.

## VIII. Program Competencies

### PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

#### KPI #1: Standard 2.F.1.i - Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling.

Throughout my different classes at Adler Graduate School, we were almost always required to identify ethical and legal considerations for different case scenarios and apply appropriate justification from the ACA Code of Ethics. Ethical and legal practices are hugely important in clinical practice, and they ultimately serve to uphold the foundational ethical principles of *autonomy, justice, beneficence, nonmaleficence, and fidelity*. While I had to take an ethics class for my naturopathic doctorate, and the American Association of Naturopathic Physicians (AANP) has its own code of ethics that all naturopathic doctors must abide by, there was significantly less emphasis on ethics in my naturopathic program, and the AANP Code of Ethics is much less comprehensive than the ACA's. This is certainly not to say that the AANP Code of Ethics is not rigorous enough. In fact, it makes complete sense to me why the ACA Code of Ethics is so comprehensive and "strict" by comparison. A counselor practicing unethically has the possibility of causing significant, potentially life-long, trauma and harm to a client.



image retrieved from [ideas.darden.virginia.edu](https://ideas.darden.virginia.edu)

Like many other clinical scenarios and competencies, I already have some experience navigating ethical dilemmas from my career as a naturopathic doctor. However, counselors are often presented with different and more frequent ethical scenarios than doctors are. Working through examples of ethical dilemmas throughout my coursework and talking through dilemmas that came up in internship with my supervisor, internship professor, and peers was hugely helpful. Knowing that I never need to face a future ethical dilemma alone, and can always turn to the Code of Ethics, my colleagues, and supervisors, or seek professional consultation is a huge relief. The attached artifacts demonstrate my understanding of applicable laws and ethical codes in informed consent and applications of ethical decision-making models.

**Attachments** [KJones\\_Informed\\_Consent.docx](#), [K\\_Jones\\_Ethical\\_Decision\\_Making\\_for\\_LPCCs.docx](#), [KJones\\_517\\_SPT\\_Part\\_3\\_voicethread\\_link.docx](#), [KJones\\_SPT\\_517\\_Reflection.docx](#), [KJones\\_Q2\\_Professional\\_Disposition.docx](#)

### SOCIAL AND CULTURAL DIVERSITY

#### KPI #2: Standard 2.F.2.c – Multicultural counseling competencies

Like ethical and legal competencies, it seems impossible to overstate how fundamental understanding multicultural perspectives is to the practice of counseling. In fact, a counselor cannot call themselves ethical if they do not strive towards multicultural competence. Being culturally competent as a clinical mental health counselor is not something that a counselor "arrives at" or "becomes" but is a lifelong effort that requires ongoing self-examination. To strive towards cultural competence, a counselor needs to become aware of themselves and their own biases and preferences, needs to be knowledgeable about the impact of cultural and environmental factors on people's development and worldview, and needs to be effective in working with people from diverse populations. Counselors who strive towards cultural competency also need to address the strengths and needs of people from culturally diverse populations.

It is my ongoing goal to strive towards cultural competency as I enter clinical practice by continuing the process of examining my own biases, learning about cultural populations that are different from my own, and having ongoing dialogues with diverse communities about what their needs and strengths are. I so appreciated that every course at Adler had us contemplate multicultural considerations and impacts. Obviously, the Multicultural Counseling course was a deep dive into this competency, but almost every assignment throughout the entire graduate school experience challenged us to consider diverse perspectives. Sometimes this process was uncomfortable, but I feel it fostered my growth by making me challenge my biases and consider other perspectives. One attached paper is a self-awareness paper I wrote for the Multicultural Counseling class, which was the beginning of my self-examination process. I also participated in an immersion experience of the Minnesotan Catholic community and conducted a

literature review on this community to further my understanding of this population.

**Attachments** [KJones\\_Self\\_Awareness\\_Paper.docx](#), [KJones\\_SPT\\_Part\\_1\\_523.docx](#), [KJones\\_523\\_student\\_disposition.docx](#), [CFI.docx](#)

## HUMAN GROWTH AND DEVELOPMENT

### **KPI #3: Possible-Standard 2.F.3.f- Systemic and environmental factors that affect human development, functioning, and behavior.**

The idea of “nature versus nurture” has come up repeatedly in my academic career. During my undergraduate studies for my biology degree, we repeatedly examined the genetic, epigenetic, and environmental factors that influenced and led to an organism’s literal physical growth and development. In naturopathic school, this understanding was extended to different environmental factors that contribute to disease. One of the main principles of naturopathic medicine is *treat the root cause*, meaning that rather than eliminating or merely suppressing someone’s symptoms, naturopathic doctors try to remove the underlying cause of illness. As I began working with more and more mental health patients in my naturopathic practice, I came to discover that the *root cause* of someone’s mental health pathology was often not merely a biochemical imbalance in their brain, but a combination of nature *and* nurture. How a client “shows up” is influenced by not only things like their epigenetics, genetics, and environmental exposures, but also their upbringing, family milieu, personal history of trauma, generational trauma, culture, society, world events, and more.

I continued to examine and study this idea throughout my coursework at Adler, particularly in our Developmental Psychology course, and throughout my internship. Part of taking a holistic view of a client is attempting to come to an understanding of how their environment contributes to their overall development and behavior. The attached WHODAS assignment demonstrates some of these ideas and how this assessment can capture some of the information necessary to examine a client’s background. Additionally, I have attached a paper examining the development of the character, Miguel, from the movie *Coco*. Lastly, the attached Case Conceptualization is for a 10-year-old client whom I worked with during my internship. Working with children in my internship gave me a much greater understanding of making sure that services were not just culturally appropriate for any given client, but also developmentally appropriate.



image retrieved from [online.maryville.edu](http://online.maryville.edu)

**Attachments** [KJones\\_WHODAS.docx](#), [KJones\\_WHODAS\\_2.0.pdf](#), [KJones\\_SPT\\_for\\_505.docx](#), [Q3Case\\_Conceptualization\\_and\\_Presentation\\_form\\_1\\_.docx](#)

## CAREER DEVELOPMENT

### **KPI #4: Standard 2.F.4.b – Approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors**

Adler defines the work life task as a person’s career (whether done for money or not) being how people take responsibility for something in exchange for something else. The work life task is central to a person being able to survive and prosper as they work through life’s challenges and is one of the ways that people derive meaning from their existence. Adler saw the work life task as being deeply intertwined and inseparable from other life tasks like love and being social. From my own sociocultural lens, I would define the work life task as being the way that people “stimulate” themselves in a way that helps them provide for themselves or others, find meaning, or take responsibility. This “stimulation” can be intellectual, emotional, physical, or a combination of all three and does not necessarily need to be done for money, services, or even the “greater good”. Most commonly in western society, however, this is someone’s job, work, or career.

Although I do not plan on being a vocational counselor, I acknowledge that understanding career development is deeply important to my work as a mental health counselor. By many estimates, most people spend one-third of their lives (90,000 hours!) at work (FreshBooks, 2021). Clients may inevitably have mental health complaints that are influenced, or even caused by, their careers. Additionally, many people see their careers as central to their personal and cultural identities. If this life task is so central to most people’s lives, it is important for counselors, who are supposed to “understand” people, to understand this life task.

**References:**

*How many hours does the average person work per week?* FreshBooks. (2021, August 4) Retrieved July 12, 2022, from <https://www.freshbooks.com/hub/productivity/how-many-hours-does-the-average-person-work>

**Attachments**  [Career\\_Development\\_SPT\\_Part\\_1.docx](#),  [KJones\\_SPT\\_Part\\_2.docx](#)

**COUNSELING AND HELPING RELATIONSHIPS****KPI #5: Standard 2.F.5.g – Essential interviewing, counseling, and case conceptualization skills**

From my time at naturopathic medical school, I mastered the “basics” of interviewing and case conceptualization. I already knew how to ask questions to gather information needed for assessment and diagnosis and had found a clinical “style” of interacting with patients. However, interacting with, interviewing, and counseling from a therapy perspective needs many additional skills beyond the basics. Attached is a case conceptualization from my practicum and one from about halfway through my internship. I have also attached a transcript from my essential interviewing skills course. I have come a long way since that initial interviewing skills course and practicum. I am significantly more confident in my counseling skills and have progressed substantially in finding my “voice” as a counselor. I know I will continue to learn, grow, and improve as I enter the field.

**Attachments**  [Katherine\\_Jones\\_Voicethread\\_Case\\_Conceptualization\\_link.docx](#),  [VIDEO\\_TRANSCRIPTION\\_FORM.docx](#),  [KJones\\_Q2Case\\_Conceptualization.docx](#)

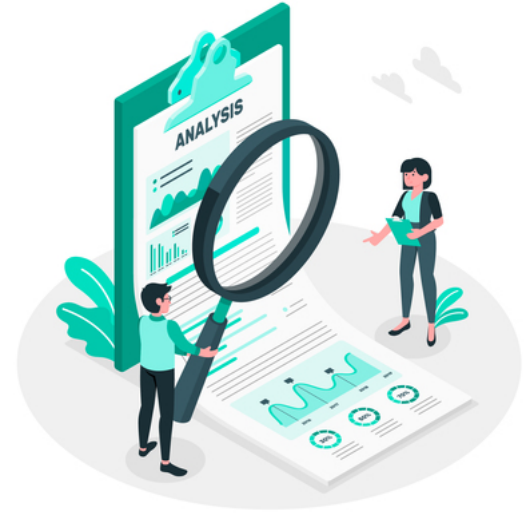
**GROUP COUNSELING AND GROUP WORK****KPI #6: Standard 2.F.6.b – Dynamics associated with group process and development**

I very much enjoyed our Group Counseling class because I did not have much opportunity to do group work in my internship. I conducted a group for our Group Counseling class and then conducted it again for the other interns at my internship. For the group that I facilitated, I wanted it to be a reflective experience of our growth throughout graduate school thus far, particularly as we were approaching the end of the term and some people were approaching graduation at that time. I felt mostly comfortable running this group, but also a little bit nervous that people would not want to participate given that it was the end of the term, and everyone was understandably tired. I was concerned that I would be the only one talking and participating the whole time. Perhaps the group was not as enthusiastic or talkative as they would have been if I had gone earlier in the term, but they were good sports and participated, nonetheless. I did have to call on people a couple of times to make sure that everyone’s voice was heard, which felt mildly uncomfortable for me because I did not want to make anyone feel as though I was putting them on the spot, but I think that the group went well overall. What I learned about the group process is that depending on individual participants’ experiences, certain activities may take more or less time to process. What I learned about myself during this process is that I am capable of running what I hope was a beneficial group and that I possess the skills to do so.

**Attachments**  [KJones\\_Group\\_Process\\_Journal.docx](#),  [Group\\_Counseling\\_SPT\\_Part\\_2.docx](#),  [KJonesGroup\\_Proposal\\_for\\_Burnout\\_in\\_Healthcare\\_Professionals.docx](#),  [KJones\\_Q2\\_Professional\\_Disposition.docx](#)

**ASSESSMENT AND TESTING****KPI #7: Standard 2.F.7.e – Use of assessments for diagnostic and intervention planning purposes**

From my time at naturopathic medical school and my naturopathic practice, I was very familiar with mental health assessments that are typically used in primary care such as the PHQ-9, GAD-7, CAGE, and C-SSRS. In our Clinical Assessment course at Adler, I learned a lot more about how to critically evaluate an assessment tool for its usefulness, potential biases, reliability, and validity. This course reinforced to me that no instrument is perfect, so it is important to use them as a variable in a collection of data points and information on a client, and not as an “end all be all” assessment. I also learned more about how to find reliable assessments for a greater range of conditions or symptoms.



**Attachments** [KJones\\_533\\_Tool\\_Report.docx](#), [KJones\\_Assessment\\_Tool\\_Application.docx](#),  
[Q3Case\\_Conceptualization\\_and\\_Presentation\\_form\\_1\\_.docx](#)

## RESEARCH AND PROGRAM EVALUATION

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### KPI #8: Standard 2.F.8.e - Evaluation of Counseling Interventions and Programs

While my aim in working in the healthcare and mental health fields has always been working with clients and patients rather than doing research, I appreciate the importance of being able to critically evaluate research articles. Being a better research consumer and reader will help me better apply advancements in the field effectively. I also appreciated learning about program evaluation as this is an area that was completely unfamiliar to me before entering counseling school. Attached is a program evaluation paper I wrote about Touchstone Mental Health's Housing Innovations, which is a local program that houses individuals with mental illness.

**Attachments** [500\\_SPT\\_KJones.docx](#), [KJones\\_500\\_Prog\\_Eval\\_Pres.pptx](#), [Journal\\_Club\\_Analytical\\_Summary\\_Notes.docx](#),  
[KJones\\_Q2Case\\_Conceptualization.docx](#)

## CMHC FOUNDATIONS

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### KPI #9: Standard 5.C.1.b – Theories and Models Related to Clinical Mental Health Counseling

Throughout my coursework at Adler, I have discovered that I align most with Person-Centered Theory, Individual Psychology, Gestalt, and Cognitive Behavioral Theory. These theories most align with my worldview, and beliefs about human nature, mental illness, and wellness. I particularly appreciate existential, constructivist, holistic, and humanistic theories, emphasizing personal growth and self-regulation. While I believe no one theory is better than any others, my selected theories allow me to best help my clients become more self-aware and cope with mental illness, instability, upheaval, or change.



Attachments [K. Jones\\_SPT\\_503.docx](#), [KJones Theoretical Orientation Paper.docx](#),  
[KJONESDiagnostic Assessment in Atheist.docx](#)

## CMHC CONTEXTUAL DIMENSIONS

**KPI #10: Standard 5.C.2.d- Diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).**

The diagnostic process helps clinicians distinguish a mental health disorder or illness from someone having symptoms that might be considered “normal”. Through the CMHC program, I came to a better understanding of what it means for someone to meet the criteria of a disorder, as well as a better general sense of the different disorders in the DSM-5. Learning about making a “complete diagnosis” with F codes, Z codes, and a WHODAS score was also helpful. I also readily recognize that the DSM-5, while an incredibly helpful tool, is inherently flawed. The creation of the disorders in the first place was influenced by the culture and society at the time, the patriarchy, and the medical establishment, among other things. Therefore, it is important to use a critical eye when applying a diagnosis to someone’s case, as well as to consider aspects of the person’s culture, upbringing, and traumas. However, I also think that reaching and openly discussing a diagnosis can be helpful for clients, and for some, give them peace of mind that what they are experiencing is real.

Attachments [KJones Final Project Narrated ppt.pptx](#), [To the Bone References.docx](#),  
[KJones Assessment Tool Application.docx](#), [KJonesCase\\_Concept.docx](#)

## CMHC PRACTICE

**KPI #11: Standard 5.c.3.e- Strategies to advocate for persons with mental health issues**

Advocacy work cannot only help the profession or different client populations as a whole, but it can also be unique and individualized to each client. In this way, advocacy can effectively promote social change and client well-being. Much of advocacy is empowering individuals to take care of their own overall well-being, including their mental health. This may include helping clients to engage in resources, communicate, and set boundaries. It can also be encouraging clients to know that they are not the only ones struggling with mental health and providing them with psychoeducation.



**Attachments**  [K. Jones\\_SPT\\_503.docx](#),  [KJones\\_Social\\_Interest\\_in\\_Action.pptx](#)

## IX. Professional Documentation

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### Professional Documentation

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#### References

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Academic Reference




















**Attachments**  [Katherine\\_Adler\\_Recommendation.pdf](#),  [KJones\\_CL\\_resume.docx](#)

## Syllabi

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### Syllabi






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**Attachments**  [500\\_Reserch\\_and\\_Program\\_Evaluation\\_Summer\\_2021.pdf](#),  [AGS\\_503\\_Fall\\_2\\_2020\\_OL\\_Browne\\_James.pdf](#),  
 [AGS\\_504\\_Abnormal\\_Psychology\\_Fall\\_2021\\_Hybrid.pdf](#),  [AGS\\_505\\_Fall\\_II\\_Syllabus\\_2020.pdf](#),  
 [AGS\\_509\\_Hybrid\\_Winter\\_2020.pdf](#),  [512.Fall2020.Garrison.pdf](#),  [516\\_Winter\\_21\\_10\\_Week\\_Online\\_Syllabus.pdf](#),  
 [517\\_Hybrid\\_Syllabus\\_Spring\\_2021.pdf](#),  [AGS\\_519\\_Trauma\\_and\\_Crisis\\_Intervention\\_Summer\\_2021\\_GILES.pdf](#),  
 [523\\_Spring\\_2\\_2021\\_Hybrid\\_Dr.\\_L.\\_Browne\\_James.pdf](#),  [525\\_Winter\\_2\\_2021\\_Giles.pdf](#),  
 [AGS\\_532\\_Group\\_Counseling\\_SYLLABUS\\_FALL\\_2022.pdf](#),  [533\\_Syllabus\\_Winter\\_2022.pdf](#),  
 [AGS\\_534\\_Fall\\_2021\\_Cahoy\\_.pdf](#),  [536\\_Syllabus\\_Online\\_Sp2022.pdf](#),  [0.537.Syllabus.SP.2022.pdf](#),  
 [AGS\\_539\\_Winter\\_2023.pdf](#),  [AGS\\_541\\_Systems\\_of\\_Family\\_Therapy\\_2022\\_Hybrid\\_.pdf](#),  [AGS\\_562\\_S22\\_Cahoy.pdf](#),

 [620\\_On\\_Campus\\_Fall\\_2022.pdf](#)

## Syllabi Continued

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**Attachments**  [931\\_2\\_Spring\\_2022\\_Phan.pdf](#),  [938Summer2022Ferry\\_.pdf](#),  [938Fall2022Rudolph.pdf](#),  
 [CMHC\\_938\\_Internship\\_Syllabus\\_Winter\\_2023.pdf](#),  [604\\_Portfolio\\_Defense\\_Winter\\_2023.pdf](#)

## Evaluations & Portfolio Defense

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### Touchpoint Evaluations

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Selected areas of the student's portfolio will be completed during a specific time frame over the course of graduate study. The below content will be assessed in your portfolio at 3 different Touchpoints.

#### Touchpoint #1 (Done during Foundations Courses):

- Complete background information from the viewpoint of an emerging professional, including your personal interests and goals (section I);
- Complete the writing of your initial evolving professional philosophy (section II; Appendix A);
- Dispositions self-survey (taken in your Foundations course);
- Membership to NASAP (free) and one counseling specific professional organization (membership for students is at a reduced rate and/or free). Both copies uploaded to section IV.

#### Touchpoint #2: (During Practicum and Internship)

- Update your evolving professional philosophy (section II);
- Artifacts such as papers or presentations are present in section III
- Course syllabi uploaded to LiveText
- Completed and attached the needed documents and information to begin Practicum or Internship experience (e.g., learning contracts, site approval form, professional liability insurance; section III);
- Statement of your growth and experience (section III; Appendix B)
- Updated information in sections IV, V, VI, VII, VIII, and IX.
- Include a copy of your resume for section X.
- Any required program specific information (see LiveText Portfolio Template).

#### Touchpoint #3 (After the Completion of Internship - During 604):

- Updated evolving professional philosophy (section I);
- The formative process that you have undergone during your graduate program (reflection statements);
- The record log of field experience; reflection statement indicating significant events and learning that occurred during the internship (section III);
- Other primary components of this portfolio, including a revision of items previously discussed in portfolio and inclusion of entries deemed appropriate for use in the job search process or summarizing your role as a professional (section I, II, III, IV, V, VI, VII, VIII).
- Demonstration of meeting Program Competencies (section IX)
- Completed resume, letters of recommendation, and professional references (section X)
- Any required program specific information (see LiveText Portfolio Template).
- Preparation for the Oral Exam in 604.

## Evaluation of Portfolio

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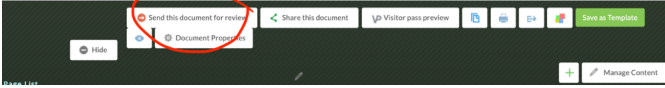
During each Touchpoint you will have the opportunity to meet with faculty to review your portfolio. Be ready to discuss the work in your portfolio during your evaluation. You do not have to talk about every single document, however highlight what you think is most important and is reflective of meeting the requirements. Please use the rubrics for each area in this manual to demonstrate your learning in each section – one through nine. Faculty will use the applicable rubrics as guidance when reviewing your portfolio during these touchpoints.



A rubric is assigned to each area of your portfolio. There are four levels of proficiency.

Advanced	Proficient	Developing	Beginner
Student's work exceeds graduate level expectations.	Student's work adequately meets graduate level expectations.	Student's work partially meets graduate level expectations.	Student's work does not yet meet graduate level expectations.

Click on "Send this document for review" from your LiveText portfolio to send your portfolio to your advisor (before your meeting).



## Oral Defense of your Portfolio

### Course 604: Portfolio Oral Exam

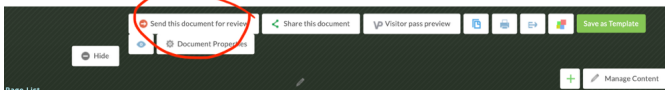
Course 604 prepares you to review and support your professional portfolio. Once your advisor determines when your last term of enrollment will be, your advisor will submit the Petition for Completion and degree audit to the registrar and you will be registered for 604. Your portfolio and oral exam must be completed in your final term of enrollment by the last day of the term. If you are unable to complete the portfolio and oral exam in the final term, you will receive an NC for the course and will be registered automatically for the next term. You will be charged for 604 for each additional term needed to complete the portfolio.

### Oral Exam

**Student:** During the oral exam, students will be asked to demonstrate competence in each area of the portfolio. Highlight what you think is most important and is reflective of meeting the competence in each section. **Make sure to follow the rubrics in this manual for sections one through nine when completing your portfolio.** Faculty will use the applicable rubrics and ask you questions during your oral exam. Please use the following as guidance.

- Synthesize the information within the portfolio. Present information in a way that demonstrates critical thinking and growth as a new professional.
- Review all sections of the portfolio and choose key areas of growth. For example, choose one competency that best reflected growth within the Competency section of the portfolio. Pull out key areas of growth throughout the presentation.
- Discuss the culmination of experiences and how these experiences have influenced personal and professional growth.
- Demonstrate integration of feedback from the evaluation process.
- Discuss how didactic experiences (e.g., self as counselor, lifestyle) influenced professional growth.

1. Click on "send this document for review" from your LiveText portfolio to send your portfolio to your advisor.



## Appendix A (from Portfolio Manual)

### Appendix A

#### Appendix A: Professional Identity

##### 1) Statement of Emerging Professional Identity and Goals:

1. Introduce yourself and write about your journey in choosing the professional field of counseling.
2. The impact of cultural identity(s), values, and experiences that led you to consider a career in mental health.
3. What is your view of social justice and advocacy in your profession?
4. State your present interest and goals for graduate study, as well as your plans for utilizing your degree.
5. What are your thoughts about how people change?
6. What counseling settings and or populations do you think you are interested in serving? Why?
7. What skills do you believe you already possess that will help you in this field?

8. What skills do you hope to gain from this program?

2) Action Plan:

1. Based on what you learned in your Foundations course, evaluate the strengths and growing edges you bring to graduate study.
2. Describe and/or outline a concrete action plan for meeting the goals of your graduate study and other learning and professional experiences. For example, outline planned courses on a semester by semester basis.
3. The statement should also include a plan for other learning and professional experiences that you intend to pursue as part of your overall preparation: e.g., professional memberships, credentialing requirements, ongoing professional development outside the classroom, community involvement, areas of interest you may pursue in research papers, reading, etc.

## Appendix B (from Portfolio Manual)

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### Appendix B

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#### Appendix B: Reflection

While enrolled in your Field Experience course, add a reflection of your growth in your portfolio. Please use the questions below as guidance when writing your reflection. This reflection should discuss growth and gains toward achieving the program objectives (use the core program competencies and program area competencies in this manual).

1. Select three (3) objectives of your choice that you feel are your strengths at this time, and answer the following for each objective:
  - a. What have you learned in this area?
  - b. What learning experiences were particularly meaningful?
  - c. Which of the competencies, experiences, and skills relative to this objective do you consider most valuable?
  - d. In what settings do you plan to use this objective.
2. Select three (3) additional objectives of your choice that you feel you can work on or growing edges at this time, and answer the following for each objective:
  - a. What have you learned in this area?
  - b. What additional information do you need to increase your competence in this area?
  - c. Briefly outline a plan to achieve your desired competency level.

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