Developing a Counselor Education Training Clinic in Counselor Education Programs: Experiences, Challenges, and Recommendations

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Abstract

This article introduces the process for the implementation of a counselor education training clinic serving the community and sponsored by a Counselor Education program at a public university in the Southeast. Phases of clinic development will be addressed, including tasks and events leading up to its opening, operational aspects, and goals looking forward including expansion and enhancement of training, services, and sustainability efforts. Strategies that have proven effective will be shared as well as challenges encountered to help counselor training programs whose clinics are already established or in their beginning stages. The clinic's wellness, multicultural, and social justice framework will be emphasized as well as examples highlighting how the framework is operationalized in clinic practices and infrastructure.

Keywords: Counselor Education Training Clinic, University-Based Community Counseling Clinic, Wellness, Social Justice, Multicultural Counseling

Developing a Counselor Education Training Clinic in Counselor Education Programs: Experiences, Challenges, and Recommendations

Counselor education training clinics serve a dual function of offering high quality training for graduate students and providing counseling services to communities that have been historically underserved and marginalized (Lauka et al., 2014; Mobley & Myers, 2010; Wester, 2010). A *counselor education and supervision training clinic* (CES), as defined by Lauka and McCarthy (2013) is "a counseling instruction environment that offers clinical and field experiences; provides services to actual clients; parallels, in many ways, typical counseling settings; and may be located on a university campus or in the community" (p. 109). Developing a CES clinic provides benefits for counseling students, communities, and counselor education programs (and their universities) (Hittner & Fawcett, 2012; Lauka et al., 2014; Weir et al., 2014).

Benefits for Counseling Students

With regard to clinical and field experiences, the 2016 Council for Accreditation of Counseling and Related Education Programs (CACREP) Standards require that students in counseling degree programs complete professional counseling experiences via a practicum and an internship and that these opportunities allow for students to apply theory and enhance their skills under clinical supervision (CACREP, 2016). Many clinical mental health and addictions counseling sites in communities are underfunded and overburdened, rendering them in need of the labor that counselors-in-training can provide, but stretched at times in providing the training and supervision that students require (Grimmett et al., 2018). In CES clinics, meeting CACREP standards for internship and practicum, implementing pedagogy, and preparing students for practical work experiences are primary foci when developing clinic policies and procedures.

Additionally, students in training clinics are able to collaborate and consult with faculty members on client sessions and can become involved in counseling research that is conducted at the clinic (Sweeney, 2010). Lastly, the Covid pandemic and the normalization of telehealth counseling made it essential for counselor education programs to prepare students to provide telehealth counseling services, which can be done in a CES clinic (Callahan et al., 2021).

Benefits of CES Clinics for Communities

There are a myriad of benefits of CES clinics for community members, including access to affordable counseling and university-community collaborations (Lauka et al., 2014; Miller, 2010). According to the Substance Abuse Mental Health Services Administration (SAMHSA), less than half (43.6%) of the average annual percentage of people with mental illness in the U. S. receive any mental health care (SAMHSA, 2019). Creedon and Cook (2016) found that among people in the U. S. who were in need of mental health services but did not receive them, lack of affordability and a lack of health insurance coverage were offered as reasons for not obtaining care. Providing affordable counseling services without the need for health insurance removes a major barrier to mental health care for many community members, including communities of color. CES clinics are also uniquely placed to address another barrier, which is stigma around obtaining mental health services. Stigma combined with a dearth of mental health professionals trained in multicultural and social justice counseling impede help-seeking (Creedon & Cook, 2016; Grimmett et al., 2017). The Multicultural and Social Justice Counseling Competencies (MSJCC; Ratts et al., 2015) provide a framework for praxis to which all counselors should adhere. As counselor educators and supervisors within CES clinics utilize the MSJCCs, counselors-in-training work to build their skills in this area by providing quality care to community members (Grimmett et al., in press).

The ability for clients to receive counseling services from counselors with whom they share identities or demographic characteristics is another, related, benefit for clients (Hittner & Fawcett, 2012). This benefit is particularly salient with regard to counselor education programs housed in historically black colleges and universities (HBCUs) and located in a predominantly Black or African American community. Some members of this community may prefer to have a counselor who shares their racial identity (Townes et al., 2009). CES clinics also enable the development of collaborations between universities and community partners and strengthen ties with local groups (Gorski & Mehta, 2015; Grimmett et al., 2018; Lauka et al., 2014).

Benefits for Counselor Education Programs

CES clinics provide counselor education programs and their universities an opportunity to participate in community engagement or engaged scholarship. Clifford and Petrescu (2012) highlight "a growing movement and pressure on universities and colleges to rethink the purpose of institutions of higher learning, focus on the well-being of society, and address economic, social, and environmental problems at the community level" (p. 78). The term *community engagement* is used to describe the efforts of universities to coordinate in a reciprocal relationship with community groups to enhance and develop knowledge and tackle social concerns (Gorski & Mehta, 2015; Ward et al., 2012).

CES clinics can also help bridge the gap between research and practice and provide counselor educators with a base from which to collect data (Lauka et al., 2014; Weir et al., 2014). According to Weir et al. (2014), "as faculty are progressively and incrementally expected to increase their teaching, scholarship, and service productivity by the institutions they serve, community training clinics can be an extremely beneficial tool to enhance all three of these professorial aspects of their work" (p. 20). Faculty and students are well placed in a CES clinic

to conduct research into clients' experiences of counseling (Miller, 2010) and to identify best practices for counseling and counselor training (Lauka et al., 2014).

Lack of Empirical Data on the Design or Implementation of CES Clinics

With regard to research into the development and operations of CES clinics, a significant gap in the empirical literature exists (Branco, 2016; Lauka et al., 2014). Efforts to create standards or models for CES clinics have been offered by scholars over the past two decades and their efforts provide pertinent information about infrastructure, the operational needs of such clinics, and the importance of having a guiding framework when developing a clinic (Grimmett et al., 2017; Lauka & McCarthy, 2013; Mobley & Myers, 2010). There is little data, however, on best practices among these clinics or client experiences in CES clinics.

Recently, there has been an uptick in empirical data emerging from CES clinics. In a study on client attrition at a university-based counseling training clinic, Harris et al. (2020) recommend that counselors-in-training at such clinics pay special attention to the quality of a client's interpersonal relationships, the number of supportive people in their life, and their level of education in order to decrease client attrition, as these three factors were found to significantly contribute to attrition. In a qualitative study at a CES clinic focused on multicultural and social justice counseling, three themes emerged about participants' experiences of counseling at the clinic: empathic listening; a validating and nonjudgmental process; and mutual benefit (Grimmett et al., in press). In addition to the need for more data on counseling outcomes at CES clinics, more research is needed on best practices at CES clinics and the ways in which these clinics infuse key principles of counseling into their models and operations.

Building the Plane While Flying it: The Story of ECCRC

Taking Flight

In an effort to contribute to the literature on best practices at CES clinics, we want to share both the unique and common aspects of our process of developing the Eagle Counseling, Consultation, and Research Clinic (ECCRC) at North Carolina Central University. Informally, we have frequently described our developmental journey as "building a plane with tape and popsicle sticks," while flying it. Some of our process may relate to other counselor education programs' experiences and other aspects may be specific to our clinic. Because CES clinic development is still new for many counselor education programs across the state (and the U. S.) and is largely under-represented in the counseling literature, we hope that sharing our experiences may be useful.

The work of the ECCRC began a year before the first practicum students joined the team and clients were officially welcomed at the front door. The planning team consisted of a core group of faculty and one masters-level graduate assistant; the team met weekly to discuss logistics and next steps. The primary needs at this juncture were building the team and finding staffing for the clinic, securing a location, and soliciting funding. Informed by the literature, the team knew that hiring a full-time onsite clinic coordinator would be vital for success (Lauka et al., 2014).

For ECCRC, the host university had a required approval process for any new program or clinic. The planning team created an approval document outlining the rationale for the proposed plan, referring to research and literature; the operational structure, needs, timeline, and yearly goals; and plans for sustainability. The approval process was presented and approved at the department, school level, and finally university-wide. Ensuring broad university support was essential to navigating three major startup concerns: space, staffing, and funding.

Obtaining accessible space in the School of Education where the counselor education program is housed saved money on facilities and rent. Both Counselor Education Program and School of Education leadership advocated for and approved the dedication of a suite with a lobby, six individual counseling rooms, a conference room, and a group counseling room for ECCRC to call home. Negotiating the logistics of this space, such as obtaining necessary approval to paint the suite a soothing "Aleutian blue" paint color, came at a later date.

Due to the support of our School of Education leaders and a university partner outside of the School of Education who is invested in health equity programming, the team secured funding for staffing and startup expenses. The graduate assistant who was a key member of the clinic planning team and has extensive nonprofit professional experience was assigned to the clinic. With regard to external funding, School of Education leadership and the university partner additionally connected us with a Blue Cross Blue Shield of North Carolina funding opportunity. After submitting an application, we were awarded two years of grant funding to pay for clinic staffing. Funding success was due to the support of university leaders and partners who believed in the mission of the clinic and made it happen.

Once funding was secured and the reality of the clinic coming into fruition became apparent, the clinic planning team worked to hone the mission, vision, and core values of the clinic. The team also conducted a naming selection process with the entire Counselor Education program faculty through a survey and the name Eagle Counseling, Consultation, and Research Clinic (ECCRC) was chosen. The mission of the ECCRC is to provide affordable, accessible counseling services founded in cultural awareness, social justice, and wellness principles to improve the overall mental and emotional health of the Durham community and beyond, while providing clinical training experiences for graduate counseling students. The vision of the

ECCRC is to serve as a model of counseling services, counselor training, and research focusing on community outreach and engagement, total wellness, substance use recovery support, telehealth counseling options, and school and community partnerships.

Additional action steps of the "taking off" phase of the clinic included developing a clinic operations handbook; seeking approval of that document from the university legal team; working with department leadership to create a website; and conducting outreach to the community to market ECCRC's services and the existence of a new clinic in the area. A few weeks after ECCRC had its soft opening to clients in Fall 2022, a grand opening was held to formally introduce the clinic to the university and community partners. The local media was alerted to the news that ECCRC was open and seeking to break down barriers in access to counseling by providing free or low-cost, wellness-based counseling that does not require health insurance or a diagnosis and is available for individuals, couples, or families, ages 13 years old and above.

Landing the Plane

The literature on CES clinics refers to a tension between training counseling students and the provision of counseling services to the community (Black & Murdoch, 2010; Lauka & McCarthy., 2013). The ideal answer to this tension is a balance of providing both optimal services to community clients and an outstanding training experience for counselors in training. Juggling that balance, however, is quite real and frequently the clinic coordinator has to navigate taking care of the welfare of both clients and students. Because the ECCRC is in close proximity to the program (on the same floor), faculty have more access to the clinic coordinator (who serves as the site supervisor for the ECCRC practicum and internship students) than they have with site supervisors at other community sites or agencies. The ECCRC clinic coordinator, as is common at other CES clinics, has been asked to teach courses in the Counselor Education

Program and must therefore navigate serving in both site supervisor and university supervisor roles at times.

Addressing Training Needs

Developing a training structure for counselors-in-training is essential. Taking a developmental approach and being aware of each counselor-in-training's needs and learning curve is vital to designing appropriate supervision for the practicum student and internship student. Key training factors that need to be considered include: (1) the numbers of students the clinic can take each semester to keep services running and ensure each student is meeting their direct hour requirement; (2) the process for applying and getting selected for a clinic fieldwork placement and 3. the nuances of orientation/orienting the practicum vs. internship student.

Other training focus areas include what to expect from supervision and how it is an extension of the mission and vision of the clinic. The clinical infrastructure such as screening clients, intakes, documentation and record keeping also need to match the mission and the vision of the clinic. As wellness, social justice, and multicultural counseling are foundational to the ECCRC, language and practices related to all three are embedded in all aspects of training and counseling service delivery. For example, during the initial clinic orientation, the clinic coordinator uses a *Language Matters* slide – and discusses ECCRC expectations, such as the importance of asking for pronouns and not just assuming (as well as team members providing their pronouns listed on the website, in emails, and in other communications).

Another essential strategy employed at the clinic are weekly clinic-wide team meetings, which are important for community building, professional development, and accountability of responsibilities beyond direct counseling work. These meetings are required for counselors-in-training and for staff. Related to supervision and its relationship to multicultural counseling,

social justice and wellness, the coordinator structures weekly individual supervision with all student counselors (both practicum and internship) and starts with general check-ins, discussion of wellness/balance/overwhelm/fears and in every interaction thoughts/feelings, and feedback is asked for and welcomed from student counselors. Clients' contextual factors, systemic barriers, cultural identities, and other important points are discussed in supervision as well as client, counselor, and supervisor identities and how they intersect and impact worldview and clinical lens (Ratts et al., 2015). To practice student wellness at the clinic, breaks between clients or block off times are scheduled to prevent too many back-to-back clients. Students are given a choice when asked what populations and community partners they want to focus on. Clinic staff are encouraged to not work during academic breaks or overtime if possible.

Providing Quality Counseling Services

As with developing a training structure, a successful clinic necessitates a clinical structure and the one that is congruent with the social justice, wellness, and multicultural foundation. ECCRC is focused on breaking down barriers to quality counseling services; barriers such as affordability, stigma, and accessibility. ECCRC provides counseling to clients who are ages 13 and up and are not in active crisis, but may be dealing with a range of concerns: i.e. anxiety, depression, relationships, career. etc. At first contact with the clinic, each potential client completes a thorough screening process to ensure that the clinic can sufficiently provide the care that the client is seeking. Those individuals who could benefit from crisis services or a higher level of care are provided a referral. Flyers and a welcoming website help draw clients in. Outreach and attracting clients by staff attending community events, partnering with community agencies and schools, represent the model of community engagement that is part of the clinic's foundation. Managing the balance between developing and maintaining community partnerships

and the growth of the clinic where more and more clients come into the clinic, is a philosophical and growth variable as well. Fee structure and clinical processes are crucial to creating the kind of environment that brings clients in and keeps them coming to take care of their wellness.

Community Engagement

Community outreach and partnerships have provided a crucial component of students' direct hours as well as referrals to the clinic. The specific community partners of the ECCRC offer lifespan developmental experience for student counselors, as the organizations represent engagement across the lifespan from kindergarteners to individuals 55 and over.

The community engagement aspect of the clinic model highlights and expands the application of how wellness, social justice, and multiculturalism are operationalized in the clinic work. Going into the community and engaging with agencies, organizations, and individuals increases access by bringing services to the community instead of waiting for clients to come to the clinic. The clinic's community engagement supports reducing stigma related to engaging in mental health services by normalizing the presence of counselors, demystifying the process of counseling, and normalizing the emotional and psychological wellness as a part of overall health. It also exposes counselors-in-training to symptom presentation and unique stressors across the lifespan in real-world settings in multiple environments (i.e., how wellness or various stressors present across environments and communities -- not just what is reported in the counseling office). This model also facilitates student counselors' use and practice of invitational skills and other foundational skills beyond working with just individuals in session rooms – going into the community forces them to begin practicing how to build rapport, explain services, articulate what they do in this work and at the site with individuals who may or may not otherwise engage.

Finally, the community engagement component of the clinic helps counselors-in-training become more familiar with local agencies and available resources in the surrounding community.

Challenges

The following areas have presented as challenges and we believe these points are important to consider when a CES clinic is either starting out or in a later phase of development: funding and sustainability; balancing priorities and roles; growth and space; and staffing.

Funding and Sustainability

Securing short and long term funding sources is crucial in clinic development. The more proven a track record a clinic has, the more funders are interested in supporting an entity or initiative that is perceived to be working. Private and public grants, foundations, donors, offering professional development opportunities with CEUs, are all options for obtaining funds. Nurturing current university and community partnerships and funding sources for short and long term support is valued and helpful. From a social justice perspective, prioritizing funding for counselors-in-training stipends in the clinic has been invaluable for ECCRC and remains an ongoing goal of ours. An important strategic goal for sustainability is bringing on the clinic director as a permanent member of the program's faculty team, overseeing the clinic and teaching identified clinical courses that could complement the clinic work.

Balancing Priorities and Roles

While community partners are vital to clinic success and sustainability, clinic teams need to be aware of the role of community partners and how partnership impacts goals, objectives, and growth in the near and longer term future. In our experience at ECCRC, there is often a need to balance community outreach commitments with the need to maximize the use of clinic space (i.e., not waste space that has been given us) and ensure that counseling students are obtaining

their highly coveted direct hours and the learning that comes with being on site. Additional balancing is needed with regard to meeting funding source priorities and the clinic staff's goals, priorities, and timelines. Useful ways to manage this balance have included using open communication with funding partners around mutual needs, goals, and timelines and maintaining regular contact. Finally, if a clinic priority includes research, it will be important to consider whether the clinic team begins providing counseling services first and allows the research component to evolve, as the clinic does, or if research projects are introduced on day one.

Maintaining the Space

Whether a clinic is located in a space on campus or off campus there are variables to consider. On campus space is coveted; thus, clinic staff must ensure the space is well-utilized. Considerations include identifying and securing accessible parking for clients and creating a space with a therapeutic feel, attention to ethical considerations of confidentiality and privacy, and the presence of decorative materials (e.g., wall hangings, magazines, art) that are inclusive. As clinic services expand, scheduling needs will become even more important. Safety of clinic staff must always be considered and specific emergency procedures (e.g., making sure staff are not there by themselves, formalizing written policies for handling crisis situations).

Staffing Considerations

Staffing is a continuous consideration that must be addressed in any clinic. In our experience, it is beneficial to have the delineation of clinic responsibilities with the full-time clinic coordinator conducting clinical supervision and the addition of an administrative staff member. Counseling students (practicum and internship students) provide counseling sessions under supervision and also perform other clinic tasks (indirect hours). The inclusion of graduate assistants can be significantly helpful and if a counselor education program has a doctoral

program, doctoral graduate assistants have the added value of being able to provide clinical supervision, if they have received the training in their coursework.

Whether a program is at the startup phase with clinic development or experiencing growth, staffing will involve decisions that are crucial for clinic work. Questions might arise such as if a program wants a clinical director who is separate from faculty or a faculty member. Will that director be onsite? At the ECCRC, the director is onsite. Other considerations include whether the program's clinic accepts students from their masters program only or considers welcoming students from other programs.

Recommendations and Future Directions

With regard to the ECCRC, securing funding for sustaining staff and materials for the clinic space is ongoing and will continue to be. Expansion is central to the clinic's next phase of development. The clinic mission is to provide access to services across North Carolina, including underserved rural counties through partnering with local agencies and schools. This represents a major future direction. An additional component of expanding service provision may include a mobile health unit that travels to local and rural counties; such a project is being discussed with university partners and remains a goal for the ECCRC's next phase of development.

The training program for practicum and internship students will continue to be refined and enhanced. Similarly, the orientation process is assessed each semester and adapted in response to feedback received by student counselors on the end of the semester evaluation. Another direction/recommendation is to create a professional development series through the clinic to enhance training as well as to expand to other students in the program and community practitioners. It is our hope that these trainings can offer continuing education credits and revenue that would help fund clinic needs.

Another major objective for the ECCRC is the implementation of the research agenda, which will focus on training experiences of student counselors and counseling experiences of clients. Examining the satisfaction and wellness of clients, as well as how to engage clients from surrounding areas by breaking down barriers to mental health and wellness, will be an ongoing area of study and examination going forward.

Much more needs to be written on the importance and development of CES clinics. Additionally, there is limited research into the experiences of counselors-in-training in CES clinics and specifically clinics rooted in social justice, wellness, and multicultural principles. In parallel fashion, there needs to be a more in-depth focus on the client experience of utilizing CES clinics in which the mission is to break down barriers to access and engage clients who are underserved and minoritized.

Conclusion

It is our belief that any counselor education program can develop a CES clinic with determination and support. In this article, we sought to demystify the process and offer our experiences in order to humbly acknowledge that the process is possible. We hope that this work adds to the literature in providing a roadmap for conceptualizing and operationalizing a CES clinic, including the rationale, successes, challenges, and strategies used.

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