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"Use of Clinical Mental Health Counseling Student and Client Recording in Practicum: An Overview of CACREP Training Programs in the SACES Region"

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Use of Clinical Mental Health Counseling Student and Client Recording in Practicum: An Overview of CACREP Training Programs in the SACES Region

Abstract

SACES CACREP accredited clinical mental health counseling practicum training handbooks were explored to discover the designated use of video recording and review during practicum. Results from an artifact review indicated a lack of standardization across programs. Implications for future research and clinical counseling programs practicum experiences are presented.

Key words: video review, practicum, counselor training, CACREP programs, SACES

Use of Clinical Mental Health Counseling Student and Client Recording in Practicum: An Overview of CACREP Training Programs in the SACES Region

Introduction

Historically, clinical supervision for counselors in training (CIT) has relied heavily on live supervision and supervisee self-report in their work with clients (Haggerty & Hilsenroth, 2011). While the supervisor's observations and the supervisee's self-report continue to be integral to the clinical supervision process, the use of video recording and review has allowed for increased accuracy and objectivity in the instruction and supervision of CIT.

Since the introduction, growth, and increased reliance of video technology in the 1960s and 70s, recording client sessions has become a vital part of training helping professionals in their work with clients. As technology progressed in the 80s and 90s, and access widened, the use of video recordings to enhance supervision also expanded (Milne, 2016). More recently, actual videotape recording has become mostly obsolete with the advent of digital formatting and video streaming which include the development of digital applications and platforms. The introduction and widespread use of video technology has impacted clinical mental health counseling (CMHC) graduate programs that can provide up-to-date support for CIT. Many CMHC programs are transitioning to the use of comprehensive digital software (i.e., supervision assist), making video recording more standardized, efficient, as well as safeguarding client confidentiality.

Some CMHC programs provide live supervision through an on-campus counseling center. These CMHC programs can provide their practicum/internship CIT the very close support that includes the supervisor's ability to synchronously observe client/CIT counseling sessions. Live supervision through synchronous observation can include the supervisor sitting in

on the client/CIT session, viewing through a one-way mirror, or live video monitoring. While live supervision is a time-consuming task, it can offer significant benefits, including immediate feedback to the CIT, as well as the supervisor's perspective and insights from the counseling session which may be helpful for both the CIT and client.

Some CMHC programs have established on-campus counseling centers that are equipped with audio/video recording technology that can be useful for instruction and training which can permit the ability to review counseling sessions and assess the CIT's clinical skills and performance (Nadan et al., 2020). There are, however, counseling programs that do not have on-campus counseling centers and are unable to provide this type of supervision to CIT as they begin their initial counseling work with clients. In these instances, faculty supervisors (instructors) must rely on field placement sites, some of which allow and others that do not allow CIT to record counseling sessions with clients.

When CIT are unable to record counseling sessions at their field placement site during practicum, gatekeeping concerns regarding the CIT competencies, development, and remediation often increase for instructors, as they have no direct observation of the CIT's work with clients. Instructors are tasked with gatekeeping to protect future clients and the counseling profession by assisting counselors in training in gaining ethically and legally sound counseling skills and, when necessary, denying profession entry to CIT who lack the needed counselor competencies (Lambie et al., 2018). Supervision is a critical part of a CIT's educational experience and is necessary for protecting the welfare of clients, strengthening the development of the CIT's professional practice (Scaife, 2006), and ensuring adherence to the ethics, competency, knowledge, and skills regarding professional standards (Dunsmuir & Leadbetter, 2010). Direct

observation of CIT counseling clients is necessary for informed and meaningful feedback, as well as to ensure adequate gatekeeping for the counseling profession.

The process of supervision is when a skilled and competent member of the counseling profession mentors, teaches, and facilitates the growth of a novice member of a profession (Bernard & Goodyear, 2004). The implementation of supervision is intended to enhance a CIT's professional development, evaluate their performance, and overall improve their clinical skills (Thompson & Morrett, 2010). "Research, theory, and practice have shown that learning, observing, and comprehending increase knowing" for the CIT (Thompson & Morrett, 2010, pp. 10-11). Knowing is a process which involves the learner increasing their knowledge from observations of a visual/audio component of field experiences where counselor educators can provide feedback (2010).

Several studies have noted that there has been a history of a lack of supervisory evaluations that have been developed and tested that have been considered reliable and valid to test counseling competencies. Whether an assessment instrument is used or not, these same authors agree that without the ability to review a client/CIT audio/video recorded counseling session. it is difficult to assess CIT's counseling performance (McAdams & Foster, 2007; Swank & Lambie, 2012).

Practicum

Practicum is the first field-based experience where CIT continue to build on their education which has often included lectures, presentations, demonstrations, role plays, student-led discussions, and feedback on tape reviews and observations of mock counseling sessions. In practicum, a CIT continues to develop their professional use of theories, increase the accurate use of counseling microcounseling skills, and heighten their reference to ethical and legal

expectations in practice (Akos & Scarborough, 2004). The purpose of the field-based experience is to promote and increase the CIT's ability to conceptualize client cases, assessment, intervention, and use and implementation of the microcounseling skills (Thompson & Morrett, 2010).

Video recording CIT counseling sessions to present in supervision is a valuable training method that is widely used in evaluating student knowledge and skill development. The effectiveness of the Council for Accreditation of Counseling and Related Educational Programs (CACREP) practicum training programs were explored and evaluated, discovering counseling supervisors reported monitoring CIT progress through a variety of activities. These activities were receiving feedback from on campus clinical supervisors (96%), case presentations by students (83%), evaluation of video recorded counseling sessions (68%), evaluation of audio recorded counseling sessions (66%), and receiving feedback from site supervisors (65%) (Bradly & Fiorini, 1999). Since several decades have passed, it seemed helpful for the counseling profession to have an update on how CACREP CMHC programs are evaluating CIT development with a focus on the use of audio/video recorded counseling sessions in the field experience.

CACREP

CACREP's mission includes the development of preparation standards to promote professional competencies in counseling and excellence in counseling program development while respecting institutional and program diversity (2022). The assumption of the CACREP standards is that CACREP is setting the highest minimum standard where institutions can find guidance on how to craft and conduct their counseling programs in a way that is close to other institutions' training of counselors. Although CACREP standards define accreditation

requirements, they “do not dictate the manner in which programs may choose to meet standards…Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways” (CACREP, 2016, p. 1).

CACREP appears to acknowledge and support the importance of individual program autonomy and diversity, allowing CMHC programs the flexibility to determine the most effective ways to implement best practices (CACREP, 2016). However, this allowance for program autonomy and diversity may result in some CACREP-accredited CMHC programs not fully meeting the minimum requirement for CIT, specifically in terms of conducting audio/video recordings and/or facilitating live supervision of CIT engagement with clients (CACREP, 2016). The absence of these crucial observations during field experiences leaves investigators uncertain about how CIT's development is accurately assessed.

Purpose and Rationale for the Study

Many counselors and counselor educators can still recall being in their master level CMHC programs that required CIT to show an audio/video counseling sample every week to the instructor and two or more times per semester in group supervision (practicum class). In retrospect, some may recall that experience as something that was highly valued because of the sense of speed and depth of development. The process of exposing the CIT’s inadequacies could be perceived as helping prepare the CIT for the demands of providing counseling to a variety of, sometimes, challenging clients. Becoming vulnerable through the process of presenting one’s own audio/video counseling samples to the instructor and other CIT may have encouraged the CIT enough to listen to the critiques from others about their counseling work. This may have been the crucible that helped many CIT refine what were effective counseling skills and eliminate the parts that were not.

One of the key investigators of this study was a new practicum instructor and learned that some CMHC practicum training handbooks include an option for students to bypass generating an audio/video recording of their counseling work with clients. Instead of a CIT submitting an audio/video recording to their site or instructor to observe or having their instructor attend one of their live sessions, it was discovered that some CMHC programs provide an alternative of a site supervisor observing the CIT's work with a client for at least one session and submit a counseling session evaluation to the instructor. The discovery of such differences is what drove this investigation and sparked the curiosity to discover how many CACREP CMHC practice training handbooks included an alternative provision to audio/video recordings from CIT and whether video recording client sessions has been emphasized in the artifacts reviewed.

Review of Literature

The review of audio/video recordings of CIT work with clients has been regarded as one of the most productive methods of revealing a CIT's level of skill and development, especially during the first year of clinical training (Foskett & Van Vliet, 2021). Since supervisors are tasked with evaluating CIT's work and development and information from a variety of sources, an audio/video recording might provide more accurate and objective data for assessing a CIT's growth. Audio/video recording and review are a common method for enhancing counseling skills. The supervisor or instructor can ask the CIT to implement a skill (e.g., open questioning, confrontation, or terminating) and then evaluate the skill by listening or viewing the recording. Or, if the CIT wishes to obtain feedback on a particular technique, the recording can be cued to this particular intervention. Using this technique means that the supervisor or instructor does not have to listen to or view the entire session (Borders & Leddick, 1987).

In the absence of video recordings, reflections would hinge on "retrospective memory, i.e., reflection on action as opposed to reflection in action" (p. 27) and would not enable a deeper analysis which can provide a more comprehensive level of reflection and development (Strong & Soni, 2021). The opportunity to observe the CIT's video recorded counseling sessions with clients can provide necessary data that can be rich and supportive to the CIT's developmental needs (Bernard & Goodyear, 2013). The developmental aspect of supervision specifically focuses on increasing the supervisee's skills over the course of supervision.

The use of video recording and review adds to the supervision goals of identifying areas of clinical concern while increasing the understanding and abilities through reflection, self-evaluation, and self-appraisal, assists in the accuracy of diagnosis and improvement in the CIT's improvement in their clinical skills (Doorn et al., 2022; Hawkins & Shohet, 2006). According to the integrated developmental model of supervision, first year CIT have been characterized as eager to learn and as feeling dependent on the feedback and guidance of their supervisor during this level of development (Stoltenberg & McNeill, 2010).

While there are many advantages of using video with a CIT, it is also acknowledged that there can be some disadvantages or negative aspects. Milne (2016) found a CIT can have increased evaluation anxiety (CIT generally report high anxiety when they first are told that they need to record sessions for instruction), increased negative self-awareness, and inhibited functioning (a CIT may "freeze" during a video recorded counseling session). Other concerns CIT reported were, at times, experiencing the recording device as a distraction and one participant described the recording experience as having an additional person in the counseling room (Gossman & Miller, 2012). Other negative aspects discovered were CIT and supervisors, at times, reporting more uncertainty about video recording than the clients, video recording not

helping the CIT develop a better understanding of expected counseling techniques, and the concern of the video recording being harmful to clients (Doorn et al., 2022). Lastly, additional potential disadvantages can be related to confidentiality and ethical concerns (Doorn et al., 2022), which become necessary for the CIT to disclose/explain the increased risk to their clients (Haggerty & Hilsenroth, 2011).

Overall, Gossman and Miller (2012) found that CIT believed that the benefits of recorded counseling sessions outweighed the drawbacks. CIT reported several strategies to mitigate the perceived drawbacks, such as, using hidden or at least discrete devices when recording sessions; be more sensitivity and use more discretion when selecting a client for recording sessions; build rapport with a client before asking for permission to record the counseling session; frequently record client/CIT counseling sessions, so the CIT can feel relaxed, comfortable, and be confident in the experience; and consider providing a copy to the client to help them monitor their progress.

It is important to note that the use of video recording is not, alone, sufficient for more effective and beneficial supervision. Instructional structure surrounding video recording, including presentation and its use in group supervision, is essential. CIT may initially be hesitant or uncomfortable with being critical of their own videos and especially those of their peers (Milne, 2016). However, as CIT begins to understand and trust the process, learning and reflection is often increased and the CIT and their clients benefit from insight gained through observation and the trust established and developed in group supervision.

Through video recorded sessions, the CIT, instructor, and CIT peers gain far greater access to the counseling session that depends less on subjectivity, and possibly incomplete, recollection from the CIT. Minimizing subjectivity of the CIT's work by utilizing video

recording and review may be central to understanding what was actually happening in the counseling room and provide a functional starting point for evaluating the CIT's work, including use of basic skills and interventions, as well as verbal and nonverbal communication and style.

While the use of video recording and review has been controversial, these authors postulate that there is no substitute for it. Haggerty and Hilsenroth (2011) go so far as to liken the acute need for video in clinical supervision to a person in need of surgery having the choice between a doctor who received direct observation in their training and one who did not. Which one would you choose?

Research Design

The study was designed from an artifact review of CMHC program practicum handbooks. The researchers conducted a world wide web search of CACREP accredited master level CMHC programs in the 14 states of the Southern Association for Counselor Education and Supervision (SACES) region. Collectively, researchers decided to only include counseling graduate programs that were published on the world wide web and accessible to the public. As of August 2022, 151 institutions having a CACREP accredited master level CMHC program in the SACES region were identified. Of these 151 institutions, only 93 had the master level CMHC program practicum handbooks available through the world wide web.

Method

The methodology used was the document analysis method because it involves "finding, selecting, appraising (making sense of), and synthesizing data contained in documents" (Bowen, 2009, p. 28). Researchers selected the document analysis method, as presented by Bowen (2009), because this model offered the ability for the researchers to examine the CMHC program

practicum handbooks through a systematic process by reviewing and evaluating the information presented.

Researchers met two to four times a month during all four study phases (finding, selecting, analyzing, and synthesizing). Researchers shared, discussed, compared, and made collaborative decisions about many aspects of the data from CMHC practicum training handbooks to ascertain each program's use of video recordings of CIT clinical sessions.

The investigators used a qualitative metasynthesis to initially identify the specific criteria for the research questions. The set of dichotomous questions used in this artifact review were: Does the CMHC practicum training handbook explicitly address needing a recorded client session? Does the CMHC practicum training handbook explicitly indicate if a CIT is allowed to be at a site that does not allow recording? Does the CMHC practicum training handbook explicitly indicate that recording must be video only? Does the CMHC practicum training handbook explicitly indicate that an audio recording without video is an acceptable form of recording? Does the CMHC practicum training handbook explicitly indicate that recording is required or recommended? And, does the CMHC practicum training handbook explicitly indicate whether a protocol is in place to substitute for recording? The two scaling questions used in this artifact review were: What is the required number of the recorded sessions in the CMHC practicum training handbook? And, what is the frequency of audio/video presentations in the course or to the instructor?

Once the criteria were decided upon, the researchers used the aforementioned research questions to delineate which CMHC practicum training handbooks should be included and evaluated in the study. Because each CMHC program created their own handbook, possibly

organizing the information according to their own preferences, at times, researchers were required to examine and discern relevant information.

A crucial aspect of the artifact review was to guarantee that each researcher was seeking the same information from each of the CMHC practicum training handbooks. To facilitate and expedite the search process, the research team reviewed and discussed the challenges in finding the data. To increase the rigor of research, the means of open discussion, iteration of the CMHC practicum training handbooks by each researcher, and triangulation was used. Researchers shared their findings in Google Sheets so that as a team the researchers could review, challenge, reframe, and negotiate findings to collaborate on the selection process.

After exhaustive research, the researchers determined that some SACES CMHC practicum training handbooks could not be located through institutional websites and researchers determined that 151 CACREP accredited institutions were in the SACES region. 93 CMHC programs had retrievable published practicum training handbooks available to the public through their institutional website. Through additional examination, discussions, and selection, researchers determined 58 CMHC practicum training handbooks could not be included as part of this study because the use of video recordings in practicum supervision was either not mentioned or was not detailed enough to fully indicate how that school uses it.

During the remaining phases of analysis, the researchers discussed and appraised the data through triangulating. The data was triangulated in relation to the CMHC practicum training handbooks of origin, in relation to data from other handbooks, and in relation to CACREP standards. Researchers processed the data iteratively, so that through continued exposure to the data researchers could repeatedly check their findings to ensure the findings matched the

documents. For the synthesis of data, all data was collected in Google sheets and then migrated to an excel spreadsheet, where frequency tables were generated to report the data for analysis.

Inclusion Criteria

Institutions (*N* = 151) in the SACES region were identified as having CACREP accreditation. 38.41% (*n* = 58) of the institutions did not have their CMHC practicum training handbooks retrievable on the world wide web. 61.58% (*n* = 93) institutional CMHC practicum training handbooks remained to be reviewed and evaluated.

Missing Data

Of the remaining CMHC practicum training handbooks (*N* = 93) available for review and evaluation, only 95.69 (*n* = 89) met the criteria for the artifact review and data collection. .043% (*n* = 4) were excluded from the data analysis due to limitations in not clearly stating the number of session recordings required or recommended. These .043% (*n* = 4) of the institutions noted “as many as possible”, "substantial amount", or “all sessions” which made it impossible for the researchers to quantify a number for comparison purposes.

Results

The researchers used the retrievable CMHC practicum training handbooks (*N* = 89) that fit the study criteria to answer all the research questions. For the first question, does the CMHC practicum training handbook explicitly address needing a recorded client session, the researchers found 91.01% (*n* = 81) CMHC practicum training handbooks explicitly stated that students are required to provide a client/CIT recording during the practicum experience, the other 9% (*n* = 8) CMHC practicum training handbooks did not explicitly note the need to provide a client/CIT recording for review.

For the second question, does the CMHC practicum training handbook explicitly indicate if a CIT is allowed to be at a site that does not allow recording, the researchers found that 22.47% (*n* = 20) did not specify if it was approved for CIT to be at a counseling practicum site that does not allow recording. Of the remaining CMHC practicum training handbooks (*N* = 69) 50.72% (*n* = 35) noted a CIT could be at a practicum site that did not allow session recording, while 49.28% (*n* = 34) of the institutions explicitly noted a CIT could not be at a site that did not allow for session recording.

For the third research question, does the CMHC practicum training handbook explicitly indicate that recording must be video only, the researchers found that 34.83% (*n* = 31) of the institutions noted that video session recordings were acceptable, while 49.43% (*n* = 44) of the institutions noted that video session recordings were not necessarily required and offered alternatives to a CIT. 15.73% (*n* = 14) of the institutions did not specify as to whether a video session recording was required or not.

For the fourth research question, does the CMHC practicum training handbook explicitly indicate that an audio recording without video is an acceptable form of recording, the researchers found that 70% (*n* = 62) of the institutions noted that audio only session recordings were acceptable, while 12.35% (*n* = 11) of the institutions noted that audio only session recordings were not acceptable forms of session recordings.

For the fifth research question, does the CMHC practicum training handbook explicitly indicate that recording is required or recommended, the researchers found that 18% (*n* = 16) of the institutions did not specify whether a video session recording was required or not. 20% (*n* = 18) of the institutions did not specify if session recording was required or recommended during the practicum course. 53.98% (*n* = 48) of the institutions noted that session recordings are a

requirement during the practicum course, while 24.71% (*n* = 22) of the institutions noted that it is a recommendation to provide a session recording. 1% (*n* = 1) outlying institution noted that it is not required or recommended to have a session recording during practicum.

For the sixth research question, CMHC practicum training handbook explicitly indicate whether a protocol is in place to substitute for recording, the researchers found that 45% (*n* = 40) of the institutions have a protocol in place for a session recording substitution, while 39.32% (*n* = 35) of the institutions did not. 15.73% (*n* = 14) of the institutions did not specify that there is a policy in place for the substitution of a session recording. (Table 1).

For the seventh research question, what is the required number of the recorded sessions in the CMHC practicum training handbook, the researchers found that CMHC practicum training handbooks (*N* = 89) indicated the number of recorded client/CIT sessions recommended or required varied. 50.56% (*n* = 45) of the institutions did not indicate the number of recordings required. 6% (*n* = 5) of the institutions noted one session recording is required or recommended. 11% (*n* = 10) of the institutions noted two session recordings are required or recommended. 3% (*n* = 3) of the institutions required or recommended three session recordings. 2% (*n* = 2) of the institutions required or recommended four recordings. 6% (*n* = 5) of the institutions noted five session recordings are required or recommended. 3% (*n* = 3) of the institutions required or recommended six session recordings. 1% (*n* = 1) of the institutions noted seven session recordings are required or recommended. 2% (*n* = 2) of the institutions noted that eight session recordings are required or recommended. 2% (*n* = 2) of the institutions noted 10 session recordings would be required or recommended. 1% (*n* = 1) of the institutions noted 14 session recordings are required or recommended. 11% (*n* = 10) of the institutions cited that 15 session recordings would be required or recommended. None of the institutions required nine, 11, 12, or

13 session recordings. The average number of session recordings from these findings was: 3.28 session recordings required or recommended. (Table 2).

And, for the last research question, what is the frequency of audio/video presentations in the course or to the instructor, the researchers found that CMHC practicum training handbooks (*N* = 89) that 63.44% (*n* = 59) of the institutions did not disseminate how many videos would be presented during the practicum course. 6.5% (*n* = 6) CMHC practicum training handbooks noted that one session recording would be presented. 8% (*n* = 7) of the institutions noted that two sessions recordings would be presented. .01% (*n* = 1) of the institutions noted three session recordings would be presented. 1% (*n* = 1) of the institutions noted four session recordings would be presented. 5% (*n* = 5) of the institutions noted five session recordings would be presented. 2% (*n* = 2) institutions noted six session recordings would be presented. 1% (*n* = 1) of the institutions noted seven session recordings would be presented. 1% (*n* = 1) of the institutions noted eight session recordings would be presented. 1% (*n* = 1) of the institutions noted 10 session recordings would be presented. 10% (*n* = 9) institutions noted 15 session recordings would be presented. None of the institutions required the amount of nine, 11, 12, 13, or 14 session recordings for presentation during the practicum course. The average frequency of session recording presentations that are required or recommended from these findings was: 2.29. (Table 3)

Limitations

As of the summer 2022, these researchers found 151 institutions in the SACS region that have a CACREP accredited master level CMHC programs. Only 93 CMHC practicum training handbooks (61.58%) were available in a world wide web search. Of the 93 CMHC practicum training handbooks retrieved only 89 (58.94%) fit the study parameters. Although the sample

examined was almost 59%, which is considered a higher yield, it is still only about two-thirds of the institutions that represent the accredited whole. Future research that would be able to examine and compare all 151 CMHC practicum training handbooks may yield different results. A serious limitation of any artifact review is only having access to what is available. A limitation of this artifact review is the lack of specific data information that direct conversations with practicum instructors could illuminate regarding institutional practices, including requirements related to audio/video recording, that have not been specified in published CMHC practicum training handbooks. Lastly, a similar study may reveal different results if researchers could access all 151 CMHC practicum training handbooks or if CMHC practicum training handbooks were updated since the data was collected.

Discussion

This study overviewed the current literature and available published if CMHC practicum training handbooks were updated since the data was collected handbooks (n = 89) regarding audio/video recording of actual client/CIT interactions of master's level CMHC practicum training expectations in the SACES region. The researchers launched this study attempting to find similarities and differences between CMHC practicum training handbooks to investigate how client/CIT counseling session recordings and practicum course review were addressed in CACREP accredited SACS region counseling programs (N = 151). Wide variances in the available CMHC practicum training handbooks were detected.

This study found 45 institutions did not specify or did not require (zero (0) counseling videos for practicum instructor review, while 10 institutions required one recording weekly or 15 client/counselor recordings in practicum. Four institutions that were excluded from the data analysis required client/counselor recordings “as many as possible” or “a significant amount”,

which can be considered too vague and not definable, but also a place for debate. It could be that the 45 CMHC practicum training handbooks that did not clearly specify or explicitly require a client/counselor recording to be recorded or reviewed is left open to the instructor delivering the practicum course to decide if any recordings would be submitted for review or not.

CACREP offers the highest minimum standard in the standardization in counseling programs. However, the wide variances found because of this study has led these investigators to conclude that there is a lack of standardization in assessing a client/CIT counseling sessions because the audio/video recording recommendations, requirements, quantity, frequency of presentation, and review vary so widely. Continuity of required audio/video recording and review across CACREP accredited CMHC programs would lend itself to a level of standardization that appears to be currently lacking. This continuity may better aid in determining the efficacy or lack thereof in the CIT's the ability to provide ethical and effective counseling with clients.

Because a CIT's self-report lacks needed information, observation of a client/CIT's interaction is a key element in effective instructional supervision. The emerging counselor is not able to ascertain what an instructor needs to know. And, regardless of the experience level, when a counselor is in the moment and attending to the client, self-observation is precluded. Furthermore, being in practicum can create self-doubt and increased anxiety for a CIT that may impact the thoroughness of self-reporting (Bernard & Goodyear, 2013). The CIT might be self-deprecating, or they might be over-compensating to deliver a message of competence to the instructor. Audio/video recordings can provide so much more information for the instructor to use for evaluation than the self-report from the CIT or the evaluation from the site supervisor can provide. Observing a recorded client/CIT counseling interaction can increase objectivity in the

process of helping the CIT review and assess how they conceptualized the case, how they related to their client, and how their skills are developing (Gonsalvez et al., 2016).

Implications for Counselor Education and Future Research

The current investigation has several implications for CMHC programs and preparing CIT. The 2016 CACREP Standards (Section 3, Item B) indicate practicum training involves review of CIT's counseling with clients audio/video recorded sessions and/or have live supervision of CIT engagement with clients. CMHC training programs may need more clarity with the addition of a minimum standard set forth by CACREP to ensure that accredited programs are providing the CIT comparable developmental opportunities. The desire to allow programs to be autonomous in setting their own program policies about frequency of audio/video recordings submitted by each practicum student resulted in a wide range in practice.

The variances in SACES region CACREP accredited CMHC program requirements regarding recording during practicum is broad, with distinct differences in audio/video recording requirements in the qualified 89 CMHC practicum training handbooks. More than half of the CMHC programs indicated that zero (0) audio/video CIT/client counseling sessions were required for instructor evaluation, while the remainder noted that between one to 15 audio/video CIT/client counseling sessions would be required. The number of required audio/video CIT/client counseling sessions and whether amount of audio/video recording evaluation are a part of the effectiveness of CIT preparedness is unknown.

Furthermore, there have been no studies that have reviewed the efficacy of CIT's preparedness, growth, and improvement related to audio/video recording, instructor evaluation, and the number of times this occurs during practicum/internship, if any. This led the

investigators to examine how programs determine audio/video requirements and whether or not stricter audio/video requirements correlate to better trained counselors.

While CACREP provides some standardization to accredited programs, it also allows latitude for institutional and program diversity and autonomy. The differences found in requirements for audio/video recording for supervision in practicum between accredited programs is an example of flexibility that programs, and even individual instructors, have when teaching practicum. While the investigators are not advocating for standardization of audio/video recording requirements across accredited CMHC programs, having additional information is necessary to have a meaningful conversation about what programs are doing regarding required use of CIT/client recordings during practicum/internship and how the counseling profession continue to understand and improve CIT supervision in CMHC programs.

While this study sought to review SACES CACREP CMHC practicum training handbooks related to the frequency of recording CIT/client counseling session for submission for instructor review, CIT preparedness was at the heart of this study. Future inquiry and study are needed to understand the challenges and differences of not requiring CIT to record their counseling sessions with clients opposed to recording one, two or more counseling sessions for training and supervision purposes. Another future area for study would be investigating the differences between the number of required recordings for instructor evaluation and CIT growth and improvement. Additional areas of inquiry resulting from this study are evaluating instructors' impressions on the CIT growth and improvement related to recording evaluation and feedback, and CMHC programs rationale for the number of required recordings, or lack thereof.

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TABLE 1

CMHC Practicum Training Handbooks

Need to Record	***n***	**%**
Yes	81	91
No	8	9
Site Placement Without Ability to Record		
Yes	35	39.33
No	34	38.2
Not Specified	20	22.47
Record client/CIT Video Only		
Yes	31	34.83
No	44	49.43
Not Specified	14	15.73
Record client/CIT Audio Only		
Yes	62	70
No	11	12.35
Not Specified	16	18
Recording Required or Recommended		
Required	48	53.98
Not Required	1	1
Recommended	22	24.71
Not Specified	18	20
Protocol in Place to Substitute for Recording		
Yes	40	45
No	35	39.32
Not Specified	14	15.73

Note. *N* = 89.

TABLE 2

Number of Specified Recorded Client Session Recommended or Required

Session Recording	***n***	**%**
0	45	51
1	5	6
2	10	11
3	3	2
4	2	2
5	5	6
6	3	2
7	1	1
8	2	2
9	0	0
10	2	2
11	0	0
12	0	0
13	0	0
14	1	1
15	10	11

Note. Average of number of specified required recorded sessions = 3.28

TABLE 3

Frequency of Client/CIT Sessions Presented to Instructor

Frequency of Session Presentation	***n***	**%**
0	59	63.44
1	6	6.5
2	7	8
3	1	1
4	1	1
5	5	5
6	2	2
7	1	1
8	1	1
9	0	0
10	1	1
11	0	0
12	0	0
13	0	0
14	1	1
15	9	10

Note. Average of frequency of audio/video presentations = 2.29