# Master of Science in Clinical Mental Health Counseling-Online

# Recommended Course Sequence

# Child/Adolescent Specialization

|  |  |  |
| --- | --- | --- |
| **Semester 1** | **Semester 2** | **Semester 3** |
| COUN 6000\*  Introduction to Counseling | COUN 6003\*  Foundations of Clinical Mental Health Counseling | COUN 6012\*  Professional Ethics and Legal Issues in CMHC |
| COUN 6020\*  Life-Span Human Development | COUN 6030\*  Theories of Counseling | COUN 6060\*  Psychopathology and Diagnosis |
| Semester 4 | Semester 5 | **Semester 6** |
| COUN 6120\*  Group Counseling | COUN 6070\*  Assessment in Counseling | COUN 6160, Counseling with Children & Adolescents |
| COUN 6040\*  Multicultural Counseling | COUN 6080  Career Development and Counseling | COUN 6965\*  Counseling Practicum |
| **Semester 7** | **Semester 8** | **Semester 9** |
| COUN 6170  Trauma Counseling | COUN 6130  Family Counseling | COUN 6150  Addictions Counseling |
| COUN 6050  Research Methods in Counseling | COUN 6180  Advanced Diagnosis and Treatment in Counseling | Select One Elective:   * COUN 6090 Medical and Psychosocial Aspects of Disabilities * COUN 6986 Internship in Counseling (may be required for certain sites) |
| COUN 6986  Internship in Counseling | COUN 6986  Internship in Counseling |

*\*Prerequisite for COUN 6986 Internship in Counseling*

*After discussing the plans indicated above with your advisor, please sign and submit this form to the CECP Office. The Department keeps the original signed copy of the form in each student’s file. Students need to photocopy the signed form and include in their portfolios.*

**Expected Date of Comprehensive Exam** (Month and Year):

**Expected Date of Graduation** (Month and Year):

**Student Name:**

(print)

**Student Signature: Date:**

**Advisor Signature: Date:**