Practicum/Internship Manual

M.Ed. in Counseling
2017-18

University of Alaska Fairbanks
School of Education
Counseling Program
Revised Fall 2017
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Part I: Overview

Introduction

This manual is designed to provide information about the practicum/internship experience in the Master’s in Counseling Program offered by the School of Education, at the University of Alaska Fairbanks. The purpose of the field placement is to give the student experience and supervised practice in the broad scope of activities engaged in by both professional school counselors and/or licensed professional counselors. All practicum and internships involve actual counseling experience: they differ in length and purpose.

Practicum and Field Practicum are the classes that make up a two-part (two-semester) experience as a counselor-in-training. In addition to class time, individual supervision, and group supervisions, students complete a total of 100 hours of experience in a counseling setting. Of these hours, 40 involve direct contact with clients and 60 involve indirect contact.

Practicum (50 hours) is the first course in the series and is a prerequisite for Field Practicum. This course is intended to provide individual one-on-one practice in basic counseling skills and techniques under the supervision of a UAF clinical faculty supervisor. Students will meet weekly with two adult clients to complete a total of 20 direct contact hours. Students complete an additional 30 indirect practicum hours. The counselor-in-training will advance to Field Practicum upon successful completion of Practicum.

Field Practicum (50 - 90 hours) is the second course in the series. Field practicum serves as the first external training placement in the Counseling Program’s practicum and internship training series. This placement offers the counselor-in-training introductory exposure, experience and supervised practice in the broad scope of activities engaged in by either fully credentialed school counselors or licensed professional counselors. Field Practicum provides the counselor-in-training with a full semester to acclimate to the training site and begin establishing relationships with supervisors as well as other professionals working at the training site. The counselor-in-training will provide counseling services to a small number of assigned clients or students (at least two individuals), depending on the training site. During field practicum, a minimum of 20 direct contact hours and 30 indirect hours must be completed over the span of a 15-week semester. In addition to these hours, an on-site one-week intensive of 30-40 additional training hours must be completed. The counselor-in-training is supervised by both a designated on-site supervisor and the individual’s UAF faculty supervisor. The field practicum is designed to provide the counselor-in-training with not only the counseling experience, but also with greater experience in all aspects of professional functioning. Upon successful completion of Field Practicum, the counselor-in-training will advance to Internship I at the training site.

Internship I (300 hours) is designed to give the student a limited experience in a specialized area of counseling, which is supervised by both a designated on-site supervisor and the student’s faculty supervisor. Internship I enables students to integrate and apply the theory, skills, attitudes and values learned throughout their counseling training program. The student, who is deemed ready for the field experience, will possess and be able to demonstrate at least minimal competencies in the basic helping skills and their application in individual and group settings.
The student will have demonstrated a commitment to self-knowledge and professional competency. The student will bring to the site an informed respect for individual and group differences in this multicultural society, while remaining grounded in an awareness of our common humanity. As a part of the 300 required hours, an on-site one-week intensive of 30-40 training hours must be completed.

**Internship II (300 hours)** is designed to provide the student not only with counseling experience, but also with greater experience in all aspects of professional functioning. During Internship II the on-site supervisor primarily supervises the intern. The faculty supervisor serves in a more supportive role through weekly course discussions and periodic site visitations. As a part of the 300 required hours, an on-site one-week intensive of 30-40 training hours must be completed.

**Internship III and IV (300 hours each)** are designed for students earning a second certification level in school counseling (elementary or secondary). The courses will allow the student to expand upon skills developed during other courses and further provide students with a practical training experience that allows them to function as a professional counselor in a school setting under the supervision of an appropriately trained counselor. These courses may be taken concurrently with Internship I and Internship II (Internship I/III; Internship I/IV). As a part of the 300 required hours, an on-site one-week intensive of 30-40 training hours must be completed for each internship.

**Hours Requirement**

Students are required to accrue minimum hours in each Practicum and Internship Course. In total, students are required to have a minimum of 100 hours (40 direct contact hours; 60 indirect contact hours) in Practicum/Field Practicum, and a minimum of 600 hours (240 direct contact hours; 360 indirect hours) in Internship. These courses (Practicum, Field Practicum, Internship I and Internship II) must occur over the course of four semesters and cannot be combined or taken concurrently. *In addition to the development of individual counseling skills, during either practicum or internship, students must lead or co-lead a counseling or psychoeducational group.*

During Field Practicum and both Internships students will complete one intensive week at their site placement (i.e., a 30-40- hour work week). This week needs to be approved by your site and university supervisor.

**Practicum Requirements:**
Practicum - 20 direct/30 indirect
Field Practicum - 20 direct/30 indirect
   plus 30 to 40 additional hours (on-site, one-week intensive)

**Internship Requirements:**
Internship I - 100 direct/200 indirect
Internship II - 140 direct/160 indirect
Internship III (Community/CMH) - 140 direct/160 indirect
   (for students admitted prior to Fall 2017)
Internship III (School) - 100 direct/200 indirect
Internship IV (School) - 140 direct/160 indirect

**Direct hours** are defined as face-to-face time with clients (individual, family, & group) in: counseling, psychoeducation, testing, case management, consultation, or other direct services to clients.

**Indirect hours** are defined as Counseling-related tasks, research on client issues, documentation, tape review, supervision (individual & group), shadowing of other providers or professionals working with clients or students, and other agency duties. *Completing course readings and assignments does not count as indirect hours. Work in the student's place of employment may be counted if the work is directly related to counseling.*

**Supervision**

Part of the practicum/internship experience is the supervisory relationship. Supervision can include many different developmental areas, including: use and development of counseling skills and techniques, curriculum development, developing a counselor identity, forming a theoretical orientation, client conceptualization, assessment and diagnosis, professionalism, ethical decision-making, cultural considerations, paperwork, and other school/agency duties.

In practicum and internship, students will engage in both individual/triadic supervision and group supervision. In Practicum, all supervision takes place with the university instructor in the UAF Community Mental Health Clinic. In Field Practicum and Internship, the student’s group supervision is facilitated by the UAF faculty supervisor, and individual supervision is facilitated by the On-Site Supervisor. Weekly individual supervision must be conducted in a consecutive one hour session.

The following are the minimum weekly hour requirements:

**Practicum**

**UAF Faculty Supervisor:**
- Provide weekly individual/triadic supervision of at least one (1) hour per week.
- Provide weekly group supervision of at least two (2) hours per week.

**Field Practicum/Internship**

**On-Site Supervisor contact hour responsibilities:**
- Provide weekly individual/triadic supervision of at least one consecutive (1) hour per week.

**University Supervisor contact hour responsibilities:**
- Provide weekly group supervision of at least two (2) hours per week.

**Course Sequence**
As identified in the student handbook, successful completion of the following prerequisite courses is required to enter the Practicum/Internship Series:

- COUN 615, Foundations of Counseling
- COUN 623, Counseling Theories and Applications
- COUN 647, Professional Ethics

Note: completing these prerequisites is the minimum requirement to enter the practicum/internship series. Students are expected to complete a significant number of additional courses before beginning fieldwork. Please consult the recommended course sequence appropriate to your student type.

Successful completion of COUN 634, Practicum is required to enter COUN 635 Field Practicum. Practicum is designed to offer the student an opportunity to develop counseling skills, and to integrate theory and practice. Each student works with their own clients to demonstrate at least a minimum level of competency while receiving maximum supervision and feedback. Upon completion of field practicum, the student will continue in their site placement for Internship I and Internship II.

**Locating a Field Placement**

The field experience needs to be arranged during the semester prior to placement under the approval and direction of the UAF internship coordinator in concert with appropriate site personnel. The university faculty arranges internship placements – students are NOT to make their own internship arrangements unless this has been specifically discussed with the internship instructor prior to talking with any school or agency setting. The Counseling department will do everything possible to place a student intern in their desired community, however this may not always be possible and therefore some student interns may be placed outside of their current place of residence. The expectation is that the student will be at the same placement site for an entire year.

Two semesters are required for Clinical Mental Health or School internships. School and Clinical Mental Health Counseling placements include total of 6 credits each, equaling 600 internship hours. If receiving K-12 certification, two additional semesters are required.

**Distance Field Practicum/Internship Placement**

Students have the option of completing their internship at a distance site—that is a location outside of the immediate Fairbanks area. Distance based placements must be approved by the UAF Counseling faculty in concert with appropriate site personnel the semester prior to the start of the internship. If a student is intending to intern outside of the state of Alaska, the student is responsible for locating and securing their internship placement with consultation and approval from UAF Counseling faculty. **Students who choose to complete their internship at a distance site will be financially responsible for any necessary travel or associated costs of the supervision.** For further information contact the School of Education Counseling Program Chair at 907-474-7341.
Liability Insurance

Students admitted to the M. Ed. in Counseling and the School Counseling Certification program are required to purchase a membership in either the American Counseling Association (https://www.counseling.org/membership/aca-and-you/students) or the American School Counselor Association (https://www.schoolcounselor.org/school-counselors-members/member-benefits-info/membership-types). Included in a student membership with either organization is personal Liability insurance. Students are required to purchase and provide proper documentation prior to entering practicum. Information on liability insurance can be found at either website: http://www.counseling.org/docs/membership/aca-student-coverage-faqs-2013-14.pdf?sfvrsn=4, and https://www.schoolcounselor.org/school-counselors-members/member-benefits-info/liability-insurance Note: student insurance through one of these organizations is required for ALL students, even if the student has liability insurance through their place of employment.

Background Checks, Annual Disclosure Form, and Barrier Crimes

Annual Disclosure Statement
Students admitted to the UAF Counseling program must complete annual disclosure statements. The first disclosure statement must be signed prior to the start of classes during your admission semester. All subsequent disclosure statements must be signed by the first day of classes during each fall semester. The disclosure form will be sent to students through a secure electronic signature application called DocuSign.

Criminal Background Check Prior to COUN 634
The UAF Counseling Program requires all students seeing clients in the UAF Psychology Department Clinic during COUN F634 Practicum in Individual Counseling to complete a national-level criminal background check, this is to initiated and completed by the student, through the Federal Bureau of Investigation. Please go to this website to request your Identity History Summary and submit a copy to the UAF Graduate Advisor* prior to beginning the Practicum Course: http://www.fbi.gov/about-us/cjis/identity-history-summary-checks

This process can take up to 12-14 weeks to complete, so please plan to complete this task well in advance of taking the course. Consider using an FBI-Approved Channeler for expedited service. Channeler information can be found here: https://www.fbi.gov/about-us/cjis/identity-history-summary-checks/list-of-fbi-approved-channelers

*Drop off forms at 714F Gruening or Mail to --
UAF Counseling Program
Graduate Advisor
PO Box 756480
Fairbanks, AK 99775

Criminal Background Check Prior to Internship
Be aware that you will repeat the background check process more than one time!

- If you are a Community Counseling student, the COUN 634 background check may serve as clearance for your internship placement. However, your placement site may request an updated or different clearance. Please work with the internship coordinator and school or agency personnel to make sure you have the proper clearance for your placement.

- If you are a School Counseling student, the school district where you complete your internship will require a new background check, including fingerprint cards. Please work with the internship coordinator school or agency personnel to make sure you have the proper clearance for your school district.

The Alaska Legislature has developed legislation (7 AAC 10.900–7 AAC 10.990) regarding Barrier Crimes that can prevent people from working in certain areas of the Human Services field based on section 1128(a) of the Social Security Act (42 U.S.C, 1320a-7). This includes selected crimes that will result in lifetime barriers to employment, while others exclude working in the field for a range from 1 year to 10 years. Some of these offenses relate to convictions for crimes that occurred after the enactment (August 21, 1996) of the federal Health Insurance Portability and Accountability Act of 1996.

Most barrier crimes have a time limit after which the person may be hired. An agency that wants to hire an individual despite their criminal background may request a Variance from the State. Barrier crimes do not apply to all human services agencies, but to all those that bill Medicaid/Medicare, receive federal money, or who are licensed/certified to operate in Alaska.

Visit: http://dhss.alaska.gov/dpa/documents/dpa/programs/ccare/files/barriercrimematrix.pdf to see if your conviction could constitute a barrier to internship placement and/or future employment.

Table 1 – Barrier Crimes Information

<table>
<thead>
<tr>
<th>Categories of Barrier Crimes</th>
<th>Time Periods for Barrier Crimes</th>
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<tbody>
<tr>
<td>Attempt, Solicitation and Conspiracy Offenses</td>
<td>Permanent barrier</td>
</tr>
<tr>
<td>Offenses Against the Person</td>
<td>5 years to permanent</td>
</tr>
<tr>
<td>Offenses Against Property</td>
<td>1 year to permanent</td>
</tr>
<tr>
<td>Offenses Against the Family and Vulnerable Adults</td>
<td>3 years to permanent</td>
</tr>
<tr>
<td>Offenses Against Public Administration</td>
<td>1 year to permanent</td>
</tr>
<tr>
<td>Offenses Against Public Order</td>
<td>1 year to permanent</td>
</tr>
<tr>
<td>Offenses Against Public Health and Decency</td>
<td>5 years to permanent</td>
</tr>
<tr>
<td>Controlled Substances</td>
<td>5 years to 10 years</td>
</tr>
<tr>
<td>Imitation Controlled Substances</td>
<td>5 years to 10 years</td>
</tr>
<tr>
<td>Other Crimes</td>
<td>5 years to 10 years</td>
</tr>
</tbody>
</table>

Table 1 lists the categories of crimes that could constitute a barrier to employment. For a full list of crimes see 7AAC 10.905.
NOTE: Remember, failure to disclose your arrest and conviction history while applying to be accepted in field placement can result in your being removed from the agency site, Internship class and Counseling Program.
Learning and Course Objectives of Practicum/Internship

Each course includes specific learning and course objectives that align to the course descriptions.

Practicum

**Learning Objectives:** By the end of the semester, you will be able to:

- Develop a strong therapeutic alliance by providing a safe and comfortable environment for clients that conveys empathy and understanding, communicates positive regard and acceptance, and encourages open communication.
- Respond authentically and collaboratively with the client by checking your perceptions, impressions, and various interpersonal dynamics within the counseling relationship.
- Maintain emotional presence with the client, respond appropriately to client’s presenting concerns and foster the client’s self-efficacy (e.g. support client’s process in their own personal development, decision making process, and problem-solving skills free from advice giving).
- Synthesize appropriately the client’s cultural point of view without imposing your own.
- Demonstrate confidence in purposeful and intentional use of basic counseling skills.
- Foster a holding environment that demonstrates the initial stages of identifying and working with transference and countertransference.
- Seek out learning opportunities, resources, literature, and consultation to support client’s goals and objectives.
- Approach feedback from the clinical supervisor and other students with curiosity and openness.
- Utilize feedback from the practicum supervisor and consultants.
- Demonstrate professionalism (e.g. on-time completion of paperwork, punctuality, appropriate behavior, maintaining client confidentiality, and adhering to clinic policies and procedures).

**Course Objectives:** Upon completion of this course, students will be able to identify, utilize, and explain the following areas of the counseling profession based on an understanding of the following 2016 CACREP Standards:

1. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CHMC.3.a)
2. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CHMC.3.b)
3. Ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling (f.1.i)
4. Strategies for personal and professional self-evaluation and implications for practice (f.1.k)
5. Self-care strategies appropriate to the counselor role (f.1.l)
6. The role of the counseling supervision in the profession (f.1.m)
7. Multicultural counseling competencies (f.2.c)
8. The effects of power and privilege for counselors and clients (f.2.e)
9. Theories and models of counseling (f.5.a)
10. A systems approach to conceptualizing clients (f.5.b)
11. Theories, models, and strategies for understanding and practicing consultation (f.5.c)
12. Counselor characteristics and behavior that influence the counseling process (f.5.f)
13. Essential interviewing, counseling, and case conceptualization skills (f.5.g)
14. Development of measurable outcomes for clients (f.5.i)
15. Suicide prevention models and strategies (f.5.i)
16. Processes for aiding students in developing a personal model of counseling (f.5.n)
17. Methods of effectively preparing for and conducting initial assessment meetings (f.7.b)
18. Procedures for identifying trauma and abuse and for reporting abuse (f.7.d)
19. Identification of evidence-based counseling practices (f.8.b)
20. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (CMHC c.1.c)
21. Record keeping, third part reimbursement, and other practice and management issues in clinical mental health counseling (CMHC c.2.m)
22. Community resources and referral sources (SC g.2.k)

Field Practicum

**Course Objectives:** Upon completion of this course, students will be able to identify, utilize, and explain the following areas of the counseling profession based on an understanding of the following 2016 CACREP Standards:

1. Self-care strategies appropriate to the counselor role (f.1.l)
2. Evidence-based counseling strategies and techniques for prevention and intervention (f.5.j)
3. Strategies for personal and professional self-evaluation and implications for practice (f.1.k)
4. The role of the counseling supervision in the profession (f.1.m)
5. Multicultural counseling competencies (f.2.c)
6. Effects of crisis, disasters, and trauma on diverse individuals across the lifespan (f.3.g)
7. Theories and models of counseling (f.5.a)
8. A systems approach to conceptualizing clients (f.5.b)
9. Development of measurable outcomes for clients (f.5.i)
10. Essential interviewing, counseling, and case conceptualization skills (f.5.g)
11. Suicide prevention models and strategies (f.5.i)
12. Crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid (f.5.m)
13. Processes for aiding students in developing a personal model of counseling (f.5.n)
14. Methods of effectively preparing for and conducting initial assessment meetings (f.7.b)
15. Procedures for identifying trauma and abuse and for reporting abuse (f.7.d)
16. Identification of evidence-based counseling practices (f.8.b)
17. Development of school counseling program mission statement and object (SC.3.a)
18. Design and evaluation of school counseling programs (SC.3.b)
19. Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies (SC.3.c)
20. Interventions to promote academic development (SC.3.d)
21. Use of developmentally appropriate career counseling interventions and assessments (SC.3.e)
22. Techniques of personal/social counseling in school settings (SC.3.f)
23. Strategies to facilitate school and postsecondary transitions (SC.3.g)
24. Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement (SC.3.h)
25. Approaches to increase promotion and graduation rates (SC.3.i)
26. Interventions to promote college and career readiness (SC.3.j)
27. Strategies to promote equity in student achievement and college access (SC.3.k)
28. Techniques to foster collaboration and teamwork within schools (SC.3.l)
29. Strategies for implementing and coordinating peer intervention programs (SC.3.m)
30. Use of accountability data to inform decision making (SC.3.n)
31. Use of data to advocate for programs and students (SC.3.o)
32. Community resources and referral sources (SC.2.k)
33. School counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma (SC.2.e)
34. Principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning (CMHC.1.c)
35. Record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling (CMHC.2.m)
36. Impact of crisis and trauma on individuals with mental health diagnoses (CMHC.2.f)
37. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CHMC.3.a)
38. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CHMC.3.b)
39. Strategies for interfacing with the legal system regarding court-referred clients (CMHC.3.c)
40. Strategies for interfacing with integrated behavioral health care professionals (CHMC.3.d)
41. Strategies for advocating for persons with mental health issues (CMHC.3.e)

**Internship I**

**Learning Objectives:** By the end of the semester, you will be able to:
- To provide for a practical training experience.
- To provide the opportunity for the student to evaluate and test philosophies and attitudes within the context in which they must be made effective.
- To help the student acquire proficiency and gain confidence by applying theoretical knowledge and integrating skills – all under the supervision of experienced professionals.
- To provide a means for the student to assess strengths and growing edges.
- To help the student experience the realities of the counselor/counselee relationship, and to aid the student in acquiring the knowledge to become a culturally competent effective
practitioner in the delivery of professional counseling services in a culturally diverse society.

- To provide an opportunity to develop confidence in the ability to apply professional preparation in situations that shelters the student from full responsibility while providing opportunities for maximum professional growth.
- To inculcate high standards of professional ethics; to give the student experience in interpersonal relationships that involves ethical decisions and practice in evaluating personal motives.

**Course Objectives:** Upon completion of this course, students will be able to identify, utilize, and explain the following areas of the counseling profession based on an understanding of the following 2016 CACREP Standards:

1. Self-care strategies appropriate to the counselor role (f.1.l)
2. The impact of technology on the counseling process (f.5.e)
3. Evidence-based counseling strategies and techniques for prevention and intervention (f.5.j)
4. Strategies for personal and professional self-evaluation and implications for practice (f.1.k)
5. Identification of evidence-based counseling practices (f.8.b)
6. Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies (SC.3.c)
7. Interventions to promote academic development (SC.3.d)
8. Use of developmentally appropriate career counseling interventions and assessments (SC.3.e)
9. Techniques of personal/social counseling in school settings (SC.3.f)
10. Strategies to facilitate school and postsecondary transitions (SC.3.g)
11. Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement (SC.3.h)
12. Approaches to increase promotion and graduation rates (SC.3.i)
13. Interventions to promote college and career readiness (SC.3.j)
14. Strategies to promote equity in student achievement and college access (SC.3.k)
15. Techniques to foster collaboration and teamwork within schools (SC.3.l)
16. Strategies for implementing and coordinating peer intervention programs (SC.3.m)
17. Use of accountability data to inform decision making (SC.3.n)
18. Use of data to advocate for programs and students (SC.3.o)
19. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CHMC.3.a)
20. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CHMC.3.b)
21. Strategies for interfacing with the legal system regarding court-referred clients (CHMC.3.c)
22. Strategies for interfacing with integrated behavioral health care professionals (CHMC.3.d)
23. Strategies to advocate for persons with mental health issues (CHMC.3.e)
Internship II

**Learning Objectives:** By the end of the semester, you will be able to:

- To provide for a practical training experience.
- To provide the opportunity for the student to evaluate and test philosophies and attitudes within the context in which they must be made effective.
- To help the student acquire proficiency and gain confidence by applying theoretical knowledge and integrating skills – all under the supervision of experienced professionals.
- To provide a means for the student to assess strengths and growing edges.
- To help the student experience the realities of the counselor/counselee relationship, and to aid the student in acquiring the knowledge to become a culturally competent effective practitioner in the delivery of professional counseling services in a culturally diverse society.
- To provide an opportunity to develop confidence in the ability to apply professional preparation in situations that shelters the student from full responsibility while providing opportunities for maximum professional growth.
- To inculcate high standards of professional ethics; to give the student experience in interpersonal relationships that involves ethical decisions and practice in evaluating personal motives.

**Course Objectives:** upon completion of this course, students will be able to identify, utilize, and explain the following areas of the counseling profession based on an understanding of the following 2016 CACREP Standards:

1. Strategies for personal and professional self-evaluation and implications for practice *(f.1.k)*
2. Theories and models of counseling *(f.5.a)*
3. Evidence-based counseling strategies and techniques for prevention and intervention *(f.5.j)*
4. Identification of evidence-based counseling practices *(f.8.b)*
5. Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies *(SC.3.c)*
6. Interventions to promote academic development *(SC.3.d)*
7. Use of developmentally appropriate career counseling interventions and assessments *(SC.3.e)*
8. Techniques of personal/social counseling in school settings *(SC.3.f)*
9. Strategies to facilitate school and postsecondary transitions *(SC.3.g)*
10. Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement *(SC.3.h)*
11. Approaches to increase promotion and graduation rates *(SC.3.i)*
12. Interventions to promote college and career readiness *(SC.3.j)*
13. Strategies to promote equity in student achievement and college access *(SC.3.k)*
14. Techniques to foster collaboration and teamwork within schools *(SC.3.l)*
15. Strategies for implementing and coordinating peer intervention programs *(SC.3.m)*
16. Use of accountability data to inform decision making *(SC.3.n)*
17. Use of data to advocate for programs and students (SC.3.o)
18. Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CHMC.3.a)
19. Techniques and interventions for prevention and treatment of a broad range of mental health issues (CHMC.3.b)
20. Strategies for interfacing with the legal system regarding court-referred clients (CHMC.3.c)
21. Strategies for interfacing with integrated behavioral health care professionals (CHMC.3.d)
22. Strategies to advocate for persons with mental health issues (CHMC.3.e)

**Internship III and IV**

**Learning Objectives of Internship III and IV:**
- To expand upon skills developed during other courses and further provide students with a practical training experience that allows them to function as a professional counselor in an approved school (or clinical) setting under the supervision of an appropriately trained counselor.
- To allow students to become familiar with a variety of professional activities (i.e., record keeping, information and referral, consultation, in-service and staff/faculty meetings, supervision).
- To provide students with the opportunity to relate theory to practice and evaluate and test counseling philosophies and attitudes within the context in which they must be made.
- To provide a context for the student to gain understanding of multicultural and diversity issues and needs in order for them to provide culturally responsive services.
- To provide means for students to assess their professional strengths and weaknesses and evaluate their professional growth.
- To provide professional experiences to enable the student to gain an understanding and appreciation of professional, ethical, and legal issues and behavior.

*Course objectives for Internship I and II are identical to course objectives for Internship III and Internship IV.*

**Expectations for Student Experience in the Field**

1. **Observations and orientation:** Orientation to site procedures and operations by the on-site supervisor. Student observation of the supervisor in various stages of processes and functions from initiation to closure. Observations of other professionals (counseling) or specialists on site. This phase should be long enough to orient the student but not interfere with the experiential quality of the field experience. *Please refer to the School Counseling and Clinical Mental Health Counseling Checklists in the forms section of this manual.*
2. **Development of a small caseload:** The student should have the opportunity to develop a caseload under supervision that allows for counseling experience. A Field Practicum/internship I caseload of at least two clients is a general guideline. An internship II caseload of 8-10 cases is a general guideline. This may include individuals and groups.
3. **Case Management:** It is desired that students will be involved in a variety of case management experiences for their clients. Students will be responsible for their own course paperwork and any paperwork required by their site. *Please refer to the forms section of this manual for required forms.*

*Students must recognize that the practicum/internship experience is that of a learning experience. Students will be evaluated on the manner in which they effectively interact with the entire staff as well as other professionals they may come in contact with (not just the on-site supervisor). These evaluations will influence the student’s overall evaluation of their performance in the Practicum/Internship course.*

**Observation Requirements**

Across Practicum/Internship, the counselor candidate is observed in the clinical/school setting in a variety of ways. In COUN 634 Practicum, student’s video record every session with clients in the UAF Community Mental Health Clinic. Students review every recorded session, and sections of video recordings are reviewed in both individual/triadic and group supervision. If warranted, and at the supervisor’s discretion, live supervision is possible using live video feed.

Once students enter Field Practicum and Internship, the university instructor/supervisor meets with the on-site supervisor and student to assess learning outcomes based on the student’s initial supervision agreement. Participants meet three times each semester: at the initial, interim, and final weeks of the semester. Mid-semester, the university instructor/supervisor observes in live format (in-person or via video) a student’s session with a client/student. Additional observations are completed as warranted.

**Professional Characteristics Feedback Form (PCFF)**

*Please refer to the forms section of this manual for an example of this form.*

In many academic disciplines, students are evaluated solely on their academic performance. However, students in the Counseling Program are evaluated on both their academic performance as well as their professional characteristics. Although a student may be in good academic standing, they must receive satisfactory evaluations from faculty members and site supervisors regarding their professional characteristics in order to continue on in the program. The faculty will evaluate the student’s professional characteristics in relation to their ability to become a viable member of the counseling community.

The PCFF form will be completed by the student and instructor upon completion of the Foundations (COUN 615) course. It will then be completed by faculty and/or supervisors after the following skill based courses, and additionally as faculty see necessary and appropriate:

- Counseling Theories & Applications I (COUN 623)
- Group Counseling (COUN 674)
- Practicum (COUN 634)
- Field Practicum (COUN 635)
- Internship I – School/Clinical Mental Health Counseling (COUN 636)
Internship II – School/Clinical Mental Health Counseling (COUN 686)
Internship III – School Counseling (COUN 687)
Internship IV – School Counseling (COUN 688)

Students are required to review and sign their Professional Characteristics Feedback Form upon receiving the document. *Insubordinate and argumentative behavior in response to feedback in one or more environments may be a basis for dismissal from the Counseling Program.*

**Expectations of On-site Supervisors**

- Provide weekly individual/triadic supervision of at least one consecutive hour.
- Facilitate the student’s completion of requirements outlined in the School Counseling checklist or Clinical Mental Health Counseling Checklists. This may occur over the course of Field Practicum, Internship I, or Internship II, and not necessarily in each semester. *Refer to the forms section of this manual for these checklists.*
- On-site supervisors must have a Master’s level degree in counseling or a closely related discipline (i.e., Social Work) and 2 years of experience.
- Provide opportunities for the student counselor to practice competencies developed throughout the graduate-training program.
- Acquaint the student with organizational structure, protocol, relationships, processes and working conditions of the site.
- Meet at least 3 times with a UAF supervisor each semester to discuss roles/responsibilities and allow for adequate feedback. *Please refer to the forms section of this manual for site visit forms.*
- Assist in arranging an observation live midway through each semester. This may be in-person or via video.
- Stimulate the formulation of and identification with a professional role.
- Provide for the seasoning of the student counselor in the realities of everyday institutional experience – and an introduction to the challenges of maintaining a regular counseling schedule.
- Share supervisory responsibilities with the university supervisor and consult with the university supervisor on a regular basis. Discuss any problems or concerns of the site regarding internships immediately with the UAF internship coordinator, internship instructor and/or university supervisor of the Counseling Program so the appropriate corrective action may be taken.
- Complete all required evaluation forms. *Refer to the forms section of this manual.*

**Supervisor Orientation**

The UAF Counseling program holds an official orientation for on-site supervisors before each semester. Information is provided on the counseling program, required counseling duties for counselor candidate, roles and responsibilities of on-site supervisor, university supervisor, and counselor candidates. In addition, it will review supervision-related information, describe the student/supervisor grievance process, paperwork requirements, and all site visit/observations required for the student’s practicum/internship experience. Consultation is provided throughout
the practicum and internship experience and the instructor stays in communication with the supervisor throughout the semester.

Further, the UAF Counseling program will have professional development activities available for on-site supervisors. Currently, supervisors are invited to attend Project/Thesis Defense Week to earn CEU’s. The UAF counseling department will implement specific professional development learning sessions based on the current needs of On-Site Supervisors.

**Expectations of University Supervisors**

The university supervisor will be responsive to all concerns that the on-site supervisor may have regarding a student in a field placement. The university supervisor will work collaboratively and closely with the on-site supervisor toward the provision of a placement that is advantageous to all parties. The university supervisor shall maintain strict supervision of the field placement and both initiate and respond to communications of site personnel and the internship student throughout the placement. UAF university supervisors will facilitate group supervision of at least two hours each week.

**Expectations of Students**

Any hours at the student’s place of employment and/or indirect contact hours need to be approved by your UAF field practicum/internship coordinator to count towards your internship requirement. Remember that students are visitors in the schools and/or community agencies. Students will have multiple opportunities to be an active participant and make valuable contributions, but remember that you are there because the counselor agreed to mentor you. It is important that you rely upon the professional decisions of the cooperating counselor. When in doubt, ask the counselor for help or suggestions.

Students are expected to arrive promptly at the pre-arranged scheduled times. *If an emergency arises and you are unable to attend, you must let the counselor know as soon as possible. Students should consider this a professional responsibility and treat the professional you work with just like you would if you were an employee.* Consider all information and observations at the internship site to be strictly confidential. Do not discuss communications with anyone outside of the counseling office aside from your site and university supervisor. See the Informed Consent Agreement in the forms section of this document.

As with and field placement, it is essential that students adhere to certain rules of protocol. Everything you do not only reflects upon yourself, but also UAF and the Counseling Program; aspire to leave a positive impression. Dress professionally and maintain good personal hygiene. This means no ragged/torn jeans, sweats, or attire that is too revealing. Introduce yourself to everyone who works in the school or community agency. Follow the 5 “P’s” of professionalism:

- Be Prompt
- Be Polite
- Be Pleasant
- Be Professional
- & Profit from the experience
The student will meet at least two hours per week with the UAF internship course instructor during regular class time and will be expected to complete and submit a log of weekly activities, discuss specific cases and complete all course assignments one written in-depth case conceptualization. In addition, the student will meet with the on-site supervisor for at least one hour per week. The university supervisor and the on-site supervisor will maintain regular contact to promote the success of the internship. Following completion of the experience, the counseling candidate will be asked to complete an evaluation of the site and site supervisor.

Process for Removal of Student from Site

In the case where problems or deficiencies in performance arise related to a student’s internship, immediate consultation of all relevant personnel will occur. Such a process should proceed with due respect for all parties concerned and begin with direct consultation between the student and relevant on-site personnel. If resolution is not possible, the student will be removed from the site and be provided a clear understanding of the rationale behind the decision.
Part II: Practicum/Internship Forms

Forms signed by students, on site supervisor, and university supervisor
1. Practicum/Internship Agreement*
2. Practicum/Internship Informed Consent Agreement*

On site supervisor forms
1. On-Site Supervisor Information*
2. Professional Characteristics Feedback Form
3. School Counseling Field Practicum/Internship Checklist
4. Clinical Mental Health Counseling Practicum/Internship Checklist
5. On-Site Supervisor’s Evaluation of the Counselor Candidate
6. On-Site Supervisor’s Evaluation for the UAF Counseling Program**

University supervisor forms
1. Initial Field Practicum/Internship Site Visit
2. Field Practicum/Internship Interim Site Visit
3. Field Practicum/Internship Final Visit
4. Field Practicum/Internship Student Observation

Student forms
1. UAF Counseling Program Practicum/Internship Log of Hours
2. UAF Counseling Program Practicum/Internship Sample Log of Hours
3. UAF Counseling Program Practicum/Internship Log of Supervision Hours
4. Student Use of Weekly Logs Activities
5. Sample One Case Notes
6. Sample Two Case Notes
7. School Practicum/Internship Case Conceptualization Outline
8. Clinical Mental Health Practicum/Internship Case Conceptualization Outline
9. Evaluation of Practicum/Internship Site and Site Supervisor by Student**

*Fillable PDF’s of these forms can be downloaded from the following website: http://www.uaf.edu/soe/academics/masters/counseling/forms_students.xml

**Forms will be sent through Survey Monkey at the end of each semester.
Forms signed by students, on-site supervisor, and university supervisor
School of Education – Counseling Program
Practicum/Internship Agreement

Student Name: ____________________________ E-mail: ____________________________

Practicum/Internship Level: □ Practicum □ Field Practicum □ Internship: I □ II □ III □ IV □

Practicum/Internship Site: __________________ Agency/Site Director: __________________

Address: ___________________________________________________________

Primary On-Site Supervisor: __________________ Phone: __________________

UAF Internship Instructor: __________________ Phone: __________________

In conjunction with the University of Alaska Fairbanks School of Education Counseling
program, ___________________________ agrees to provide supervised counseling
(Site Name)
experience to ______________________ according to the guidelines of the UAF School
(Student Name)
of Education Counseling Practicum/Internship Manual. In addition to the requirements of the Practicum/Internship
Manual, the On-Site Supervisor, UAF Faculty Instructor/Supervisor, and
student agree to the following contact hour responsibilities:

On-Site Supervisor contact hour responsibilities:
• Provide weekly individual/triadic supervision of at least one (1) hour per week.

University Supervisor contact hours responsibilities:
• Provide weekly group supervision of at least two (2) hours per week.

Practicum/Internship student minimum contact hour responsibilities:
• □ Practicum: 20 clock hours of direct service/30 hours of indirect service
• □ Field Practicum: 20 clock hours of direct service/30 hours of indirect service (plus additional 30 – 40 clock
  hours in on-site, one-week intensive)
• □ Internship I: 100 clock hours of direct service/200 clock hours of indirect service
• □ Internship II: 140 clock hours of direct service/160 clock hours of indirect service
• □ Internship III (Community/CMH): 140 clock hours of direct service/160 clock hours of indirect service
• □ Internship III (School): 100 clock hours of direct service/200 clock hours of indirect service
• □ Internship IV (School): 140 clock hours of direct service/160 clock hours of indirect service

Internship Start Date: ______________ Internship End Date: ______________

Note: Internship hours may not be accrued prior to the first day of the semester or after the last day of the semester
without prior approval. Two hours of group supervision is required every week the student is at the site.

This agreement is not considered final until all parties have signed and dated below.

Student Signature __________________ Date ______________
On-Site Supervisor Signature __________________ Date ______________

UAF Instructor/University Supervisor Signature __________________ Date ______________

The above signatures indicate that all parties have read and understand in its entirety the information contained in this
agreement and in the University of Alaska School of Education Counseling Practicum/Internship Manual.

Revised August 2017
School of Education – Counseling Program
Practicum/Internship Informed Consent

Name of Student Counselor: ___________________________ Date: _____________

Practicum/Internship Level: ☐ Practicum ☐ Field Practicum ☐ Internship: I ☐ II ☐ III ☐ IV ☐

Placement: ____________________________ Semester/Year: ________________

Name of On-Site Supervisor: ____________________ Position: ________________

Participation in the Practicum/Internship courses is required for successful completion of this Counseling program. Because ethical practice in counselor education mandates that students be informed of possible ramifications of self-growth experiences, and because we want you to be knowledgeable participants, we are providing this informed consent document. The course content and experiential activities involved in the programs offered by the Counseling program are designed to afford students the opportunity to advance their personal, intellectual, and professional development and functioning. Through the Practicum/Internship courses you will be given feedback concerning your personal, academic, and professional strengths, growing edges, and performance. This feedback will come from faculty, supervisors, peers, and clients/students. You will be expected to deal with this feedback in a mature and professional manner.

The expectations of the Counseling program’s curricula are that you will explore and recognize the effect that your personal beliefs, emotions, and behaviors have on your ability to function as a counseling professional. The Practicum/Internship courses will require that you develop and demonstrate your professional skills as you work with clients/students in supervised practicum/internship sites. You will be asked to examine your behaviors, beliefs, and emotions in relation to your professional activities and experiences on an ongoing basis. The Practicum/Internship in which you will participate is designed to give you the experience of being both a counseling student and an active counselor. We do not see any major psychological or physical risks associated with this Practicum/Internship experience. The experience will hopefully increase your awareness of how you behave in counseling situations, how your behaviors affect others, and how others’ behaviors affect you. Because of this, the Practicum/Internship experience may raise issues for you and you may feel uncomfortable at times.

Confidentiality

During the time you are observing or involved in practicum/internship activities you will encounter situations that fall under a confidential umbrella. The information you encounter, whether through observations, verbal exchanges, or written information is NOT public information and can only be released or discussed by specific personnel of the school district or agency setting. It is paramount that we all respect the privacy of our colleagues and clients/students. You must honor the confidentiality of information disclosed at your practicum/internship site and course. It is up to each of us to maintain the integrity of the program by being aware of how we discuss our experiences outside of the practicum/internship experience. Virtually all conversation in practicum/internship is confidential information to be exchanged only among members of your site as necessary, including practicum/internship site supervisor, class members, and university supervisor. In this exchange, only pertinent and necessary information is shared for supervision and consultation purposes. Discussions in the university course about observations in the placement setting should not include information that identifies a client, student or employee; rather those discussions would be in generalities specific to the learning taking place in the confidential environment. In the event a client/student reveals information that leads to the suspicion of child abuse or neglect/adult protection concerns, or the intent to do harm to self or others,
confidentiality must be breached to protect those in danger. General observations and insights about the practicum/internship process may be discussed with appropriate professional colleagues, but never in public places, with mutual friends, or family members. This would also include any digital postings such as Facebook, Twitter, blogs of any nature, and any other digital media sites or services.

_Ethical Guidelines for Students and Faculty_

As a future counselor and practicum/internship participant in this course, you are expected to learn and adhere to the American Counseling Association’s _Code of Ethics_ (2014) and the American School Counselor Association’s _Ethical Standards for School Counselors_ (2010). In accordance with these ethical codes, the instructor(s) of these courses are charged with maintaining the integrity of the counseling profession as well as training of the master’s students. If a faculty member and/or On-Site Supervisor a intern’s behavior is deemed substandard, unethical, illegal, and/or professionally unbecoming at any time during the course, or if a intern’s disclosure in large or small group experiences indicates limitations which might impede performance as a counselor, the instructor will assist the intern in securing remedial assistance. If, after appropriate remediation, the intern is unable to perform competently as a counselor, the intern may be dismissed from the Practicum/Internship and possibly the counseling training program. The instructor must consult with other faculty members in such cases to ensure that the intern’s rights are protected. Please see the _Student Manual_ for further information.

We hope your practicum/internship experience will be both enjoyable and educational.

************************************************************************

By signing this document, I agree that I have read and understand the American Counseling Association Code of Ethics (2014) and/or the American School Counseling Association Ethical Standards for School Counselors (2010), along with the relevant material for the Practicum/Internship course (including the Practicum/Internship Manual).

<table>
<thead>
<tr>
<th>Print Student Name</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print On-Site Supervisor Name</td>
<td>Signature</td>
<td>Date</td>
</tr>
<tr>
<td>Print UAF Instructor/University Supervisor</td>
<td>Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
On-site Supervisor Forms
# Supervisor Information Form

**Name of Student Counselor:** ________________________________  **Date:** ____________

**Practicum/Internship Level:**
- [ ] Practicum
- [ ] Field Practicum
- [ ] Internship: I
- [ ] II
- [ ] III
- [ ] IV

**Supervisor Name:** ____________________  **Work Email:** ________________________________

**Personal phone (optional):** ____________________  **Personal email (optional):** __________________

**Site:** ____________________________________  **School District (if applicable):** ________________

**Site address:** ________________________________________________

**Site Phone:** ________________________________

**Years in current position:** ________  **Total years of professional experience:** _______

**Years of experience as an on-site supervisor:** _______

**Highest Degree Earned:**
- [ ] PhD
- [ ] Ed Specialist
- [ ] Masters
- [ ] Bachelors

**Degree/Major:** _____________________________  **Date Earned:** ______________________________

**University/College where highest degree was earned:** __________________________________________

**Current professional certificates/licenses:** ________________________________________________

**Current Professional Organization Memberships:** ____________________________________________

---

**Optional**

**Gender:** _____

**Race/Ethnicity:**
- [ ] Nonresident Alien
- [ ] Hispanic/Latino
- [ ] Black or African American
- [ ] Asian
- [ ] White
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] American Indian or Alaska Native
- [ ] Multi-racial

Revised August 2017
School of Education – Counseling Program  
Professional Characteristics Feedback Form

Students in the UAF Counseling Program are evaluated on professional characteristics using the Professional Characteristics Feedback Form. The PCFF is completed in LiveText by course instructors in the following classes: COUN 615 Foundations; COUN 623 Theories; COUN 634 Practicum, COUN 635 Field Practicum; OUN 674 Group Counseling; COUN 636 Internship I; COUN 686 Internship II; COUN 687 Internship III; COUN 688 Internship IV.

Data from the PCFF are used to advise and counsel current students in the program. Each PCFF is shared with the student when it is completed. Instructors inform faculty advisors if a student shows the need for improvement.

Evaluation criteria
1 – Emerging
2 – Developing
3 – Meeting Expectations
4 – Exceeding Expectations
N/A – Not applicable (i.e., no opportunity to evaluate)

Standards
CACREP-2016.2.F.1.b the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
CACREP-2016.2.F.1.f professional counseling organizations, including membership benefits, activities, services to members, and current issues
CACREP-2016.2.F.1.i ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
CACREP-2016.2.F.1.k strategies for personal and professional self-evaluation and implications for practice
CACREP-2016.2.F.2.c multicultural counseling competencies
CACREP-2016.2.F.2.h strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
CACREP-2016.2.F.3.h a general framework for understanding differing abilities and strategies for differentiated interventions
CACREP-2016.2.F.5.f counselor characteristics and behaviors that influence the counseling process

Professional Responsibility

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows code of ethics (i.e., ACA and, if applicable, ASCA) and conducts self in an ethical manner so as to promote confidence in the counseling profession. CACREP- 2016.2.F.1.f CACREP- 2016.2.F.1.i</td>
<td>Rarely follows code of ethics or conducts self in an ethical manner. Ethical lapses are common. Restriction in working with clients may be warranted.</td>
<td>Sometimes follows code of ethics and conducts self in an ethical manner and sometimes does not. At times lapses in ethical practice occur.</td>
<td>Almost always follows code of ethics and conducts self in an ethical manner. Minor ethical mistakes are corrected with study and practice.</td>
<td>Follows code of ethics and conducts self in an ethical manner, promoting confidence in the counseling profession.</td>
<td></td>
</tr>
<tr>
<td>Relates to peers, professors, and others in a manner consistent with stated professional standards CACREP- 2016.2.F.1.b</td>
<td>Rarely relates to peers, professors, and others in a professional manner as stated in professional counseling</td>
<td>Sometimes relates to peers, professors, and others in a professional manner as stated in professional counseling</td>
<td>Almost always relates to peers, professors, and others in a professional manner as stated in professional counseling</td>
<td>Relates to peers, professors, and others in a professional manner as stated in professional counseling</td>
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28
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<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>NA</th>
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<tbody>
<tr>
<td>Recognizes the boundaries of one’s own competency and only provides services acquired through education, training, experience, or supervision. CACREP- 2016.2.F.1.k CACREP- 2016.2.F.3.h CACREP- 2016.2.F.5.f</td>
<td>Rarely recognizes the boundaries of one’s own competency. Frequently attempts to provide services outside the realm of educational and experiential knowledge learned in the program.</td>
<td>Sometimes recognizes the boundaries of one’s own competency. At times attempts to provide services outside the realm of educational and experiential knowledge learned in the program.</td>
<td>Almost always recognizes the boundaries of one’s own competency and only provides services acquired through education, training, experience, or supervision. Recognizing boundaries is a growing edge.</td>
<td>Recognizes the boundaries of one’s own competency and only provides services acquired through education, training, experience, or supervision.</td>
<td></td>
</tr>
<tr>
<td>Takes responsibility for addressing deficiencies. CACREP- 2016.2.F.1.k CACREP- 2016.2.F.5.f</td>
<td>Rarely takes responsibility for addressing deficiencies. Frequently does not see deficiencies or blames others for deficiencies. Does not take steps to improve deficiencies.</td>
<td>Sometimes takes responsibility for addressing deficiencies. At times does not see deficiencies or blames others for deficiencies. Only sometimes take steps to improve deficiencies.</td>
<td>Almost always takes responsibility for addressing deficiencies. Minor lapses in responsibility for addressing deficiencies.</td>
<td>Takes responsibility for addressing deficiencies.</td>
<td></td>
</tr>
<tr>
<td>Professional Maturity</td>
<td>Characteristic</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
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<tr>
<td>Takes responsibility for assuring client welfare when encountering the boundaries of expertise. CACREP- 2016.2.F.3.h CACREP- 2016.2.F.5.f</td>
<td>Rarely takes responsibility for assuring client welfare when encountering the boundaries of expertise. Does not consider client welfare or follow the proper steps for client care.</td>
<td>Sometimes takes responsibility for assuring client welfare when encountering the boundaries of expertise. At other times does not.</td>
<td>Almost always takes responsibility for assuring client welfare when encountering the boundaries of expertise.</td>
<td>Responds therapeutically to clients. CACREP- 2016.2.F.5.f</td>
<td>Takes responsibility for assuring client welfare when encountering the boundaries of expertise.</td>
</tr>
<tr>
<td>Responds therapeutically to clients. CACREP- 2016.2.F.5.f</td>
<td>Rarely responds therapeutically to clients. Response to clients is hurtful, harmful, damaging, or off-target.</td>
<td>Sometimes responds therapeutically to clients. Other times care is hurtful, harmful, damaging, or off-target.</td>
<td>Almost always responds therapeutically to clients. Occasionally does not.</td>
<td>Responds therapeutically to clients.</td>
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<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
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<th>4</th>
<th>NA</th>
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</thead>
<tbody>
<tr>
<td>Demonstrates appropriate self-control (e.g., anger control, impulse control) in interpersonal relationships with faculty, peers, and clients. CACREP- 2016.2.F.5.f</td>
<td>Rarely demonstrates appropriate self-control in interpersonal relationships with faculty, peers, and clients. Demonstrates lack of self-control or impulsivity.</td>
<td>Sometimes demonstrates appropriate self-control in interpersonal relationships with faculty, peers, and clients. At times shows lack of self-control.</td>
<td>Almost always demonstrates appropriate self-control in interpersonal relationships with faculty, peers, and clients. Occasionally does not demonstrate self-control.</td>
<td>Demonstrates appropriate self-control in interpersonal relationships with faculty, peers, and clients.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates honesty, fairness, and respect for others. CACREP- 2016.2.F.5.f</td>
<td>Rarely demonstrates honesty, fairness, and respect for others. Behavior is dishonest, unfair, and disrespectful.</td>
<td>Sometimes demonstrates honesty, fairness, and respect for others. At times dishonest, unfair, or disrespectful.</td>
<td>Almost always demonstrates honesty, fairness, and respect for others. Occasionally does not demonstrate self-control.</td>
<td>Demonstrates honesty, fairness, and respect for others.</td>
<td></td>
</tr>
<tr>
<td>Exhibits self-awareness and recognizes the effect of self on others CACREP- 2016.2.F.1.k CACREP- 2016.2.F.5.f</td>
<td>Rarely exhibits self-awareness and recognizes the effect of self on others. Shows disregard for their effect on others.</td>
<td>Sometimes exhibits self-awareness and recognizes the effect of self on others. At times shows disregard for their effect on others.</td>
<td>Almost always exhibits self-awareness and recognizes the effect of self on others. Occasionally does not exhibit self-awareness.</td>
<td>Exhibits self-awareness and recognizes the effect of self on others.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors. CACREP- 2016.2.F.1.k CACREP- 2016.2.F.5.f</td>
<td>Rarely demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors. Is resistant to feedback and has difficulty integrating feedback into practice.</td>
<td>Sometimes demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors. At times does not accept feedback graciously or is unable to integrate feedback into practice.</td>
<td>Almost always demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors. Accepting and utilizing feedback is a growing edge.</td>
<td>Demonstrates the ability to receive, integrate, and utilize feedback from peers, teachers, and supervisors.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates the ability to express feelings and thoughts effectively. CACREP- 2016.2.F.5.f</td>
<td>Rarely demonstrates the ability to express feelings and thoughts effectively. Struggles with self-expression to the point it impacts success in the program.</td>
<td>Sometimes demonstrates the ability to express feelings and thoughts effectively. At times struggles with self-expression.</td>
<td>Almost always demonstrates the ability to express feelings and thoughts effectively.</td>
<td>Demonstrates the ability to express feelings and thoughts effectively.</td>
<td></td>
</tr>
<tr>
<td>Exhibits appropriate levels of self-assurance, confidence, and trust in one’s own ability. CACREP- 2016.2.F.5.f</td>
<td>Rarely demonstrates appropriate levels of self-assurance, confidence, and trust in one’s own ability. Lacks self-assurance and self-confidence.</td>
<td>Sometimes demonstrates appropriate levels of self-assurance, confidence, and trust in one’s own ability. At times, lacks self-assurance and self-confidence.</td>
<td>Almost always demonstrates appropriate levels of self-assurance, confidence, and trust in one’s own ability. Minor adjustments to self-assurance and confidence are necessary.</td>
<td>Demonstrates appropriate levels of self-assurance, confidence, and trust in one’s own ability.</td>
<td></td>
</tr>
</tbody>
</table>

### Professional Integrity

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrains from making statements, which are false, misleading, or deceptive.</td>
<td>Often makes statements which are false, misleading, or deceptive.</td>
<td>Sometimes refrains from making statements which are false, misleading, or deceptive. Other times makes false, misleading or deceptive statements.</td>
<td>Almost always refrains from making statements which are false, misleading, or deceptive. Occasionally, but rarely, makes misleading statements.</td>
<td>Refrains from making statements which are false, misleading, or deceptive.</td>
<td></td>
</tr>
<tr>
<td>Avoids improper and potentially harmful multiple relationships.</td>
<td>Engages in improper and potentially harmful multiple relationships.</td>
<td>Sometimes avoids improper and potentially harmful multiple relationships. Other times engages in improper and potentially harmful multiple relationships.</td>
<td>Almost always avoids improper and potentially harmful multiple relationships.</td>
<td>Avoids improper and potentially harmful multiple relationships.</td>
<td></td>
</tr>
<tr>
<td>Respects the fundamental rights, dignity, and worth of all people. CACREP- 2016.2.F.2.c</td>
<td>Shows disregard for the fundamental rights, dignity, and worth of all people.</td>
<td>Shows respects the fundamental rights, dignity, and worth of all people. Other times shows disregard for others.</td>
<td>Almost always respects the fundamental rights, dignity, and worth of all people.</td>
<td>Respect the fundamental rights, dignity, and worth of all people.</td>
<td></td>
</tr>
<tr>
<td>Respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination. CACREP- 2016.2.F.2.h CACREP- 2016.2.F.3.h</td>
<td>Shows indifference or disrespect toward others rights, confidentiality, and choices regarding self-determination.</td>
<td>Sometimes respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination. Other times shows indifference or disrespect toward others rights, confidentiality, and choices regarding self-determination.</td>
<td>Almost always respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination. Occasionally, but rarely, shows lack of respect.</td>
<td>Respects the rights of individuals to privacy, confidentiality, and choices regarding self-determination.</td>
<td></td>
</tr>
<tr>
<td>Demonstrates sensitivity to real and ascribed cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, physical ability/disability, language, geographical, and socioeconomic status. CACREP- 2016.2.F.2.c CACREP- 2016.2.F.2.h</td>
<td>Demonstrates lack of sensitivity to cultural, individual, and role differences</td>
<td>Sometimes demonstrates sensitivity to real and ascribed cultural, individual, and role differences. Other times demonstrates lack of sensitivity to cultural, individual, and role differences.</td>
<td>Almost always demonstrates sensitivity to real and ascribed cultural, individual, and role differences. Occasionally, but rarely, exhibits lack of sensitivity.</td>
<td>Demonstrates sensitivity to real and ascribed cultural, individual, and role differences.</td>
<td></td>
</tr>
</tbody>
</table>
School of Education – Counseling Program
School Counseling Practicum/Internship Checklist

Name of Student Counselor: ___________________________ Date: __________

Practicum/Internship Level:  □ Practicum  □ Field Practicum  □ Internship:  I  □  II  □  III  □  IV  □

Placement: ___________________________ Semester/Year: __________

Name of On-Site Supervisor: ___________________________ Position: _______________

Supervisors: Please initial next to the item that was completed by the student counselor. This is to be completed for each semester that the student is at your site.

<table>
<thead>
<tr>
<th>CACREP Standard</th>
<th>Standard/item</th>
<th>Supervisor Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of ethical standards of professional counseling organization and credentialing bodies, and applications of ethical and legal considerations in professional counseling <em>(f.1.i)</em></td>
<td>Field Practicum: Review and adhere to ethical guidelines (ACA, ASCA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Field Practicum: Visit other community agencies (i.e., OCS, Community Mental Health) to become familiar with resources in the community</td>
<td></td>
</tr>
<tr>
<td>Development of school counseling program mission statements and objectives <em>(SC.3.a)</em></td>
<td>Field Practicum: Review school policy manual and counseling program mission statement.</td>
<td></td>
</tr>
<tr>
<td>Design and evaluation of school counseling programs <em>(SC.3.b)</em></td>
<td>Field Practicum: Review specific counseling programs utilized in schools</td>
<td></td>
</tr>
<tr>
<td>Core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies <em>(SC.3.c)</em></td>
<td>Develop and lead counseling lessons using developmentally appropriate classroom management and differentiated instructional strategies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observe teachers regarding instructional methods and classroom management techniques</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review counseling programs utilized (e.g., personal safety, social skills development)</td>
<td></td>
</tr>
<tr>
<td>Interventions to promote academic development <em>(SC.3.d)</em></td>
<td>Participates in school student support teams and develop appropriate academic interventions (e.g., study skills, 504/IEP development)</td>
<td></td>
</tr>
</tbody>
</table>
| Use of developmentally appropriate career counseling interventions and assessments (SC.3.e) | Use of developmentally appropriate career counseling interventions and assessments  
* Elementary example: Learn about the variety of traditional and nontraditional occupations  
* Secondary example: Explore various career information systems with students |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses knowledge of career development theories when counseling/advising students.</td>
<td></td>
</tr>
<tr>
<td>Techniques of personal/social counseling in school settings (SC.3.f)</td>
<td>Individual Counseling</td>
</tr>
<tr>
<td><strong>Observe</strong> (recommended: Field Practicum)</td>
<td></td>
</tr>
<tr>
<td><strong>Co-Facilitate</strong> (required: Field Practicum)</td>
<td></td>
</tr>
<tr>
<td><strong>Lead</strong> (Internship I/Internship II)</td>
<td></td>
</tr>
<tr>
<td>Students must lead or co-lead a counseling or psychoeducational group. (3.E.)</td>
<td>Group Counseling</td>
</tr>
<tr>
<td><strong>Observe</strong> (recommended: Field Practicum)</td>
<td></td>
</tr>
<tr>
<td><strong>Co-Facilitate</strong> (recommended: Internship I)</td>
<td></td>
</tr>
<tr>
<td><strong>Lead</strong> (recommended: Internship II)</td>
<td></td>
</tr>
<tr>
<td>Strategies to facilitate school and postsecondary transitions (SC.3.g)</td>
<td>Participate in transition activities (i.e., new students, elementary to secondary, high school to postsecondary)</td>
</tr>
<tr>
<td>Skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement (SC.3.h)</td>
<td>Participate in intervention team meetings (e.g., SST, IEP, 504, FBA)</td>
</tr>
<tr>
<td>Communicate with parents regarding student behaviors</td>
<td></td>
</tr>
<tr>
<td>Approaches to increase promotion and graduation rates (SC.3.i)</td>
<td>Complete credit and grade checks and develop interventions for students not passing classes</td>
</tr>
<tr>
<td>Participate in primary prevention activities (e.g., Response to Intervention)</td>
<td></td>
</tr>
<tr>
<td>Interventions to promote college and career readiness (SC.3.j)</td>
<td>Understands and counsels students for the college application and financial aid process (e.g., participating in school counseling events like junior college night)</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>Facilitate personal learning and career plan development</td>
</tr>
<tr>
<td></td>
<td>Facilitate resume building and interview skills development</td>
</tr>
<tr>
<td></td>
<td>Developmentally appropriate career counseling lessons and assessments</td>
</tr>
<tr>
<td></td>
<td>Observe and assist in class scheduling procedures</td>
</tr>
<tr>
<td>Strategies to promote equity in student achievement and college access (SC.3.k)</td>
<td>Understands and counsels regarding appropriate enrichment programs for students</td>
</tr>
<tr>
<td>Techniques to foster collaboration and teamwork within schools (SC.3.i)</td>
<td>Visit appropriate school staff (e.g., administration, school nurse, school psychologist, special education, special programs, teacher/behavior aides)</td>
</tr>
<tr>
<td></td>
<td>Attend Staff Meetings</td>
</tr>
<tr>
<td></td>
<td>Attend District Counselor Meetings</td>
</tr>
<tr>
<td></td>
<td>Attend Counselor Workshops and/or Inservices</td>
</tr>
<tr>
<td></td>
<td>Participate in school counseling special events (i.e., cultural program)</td>
</tr>
<tr>
<td>Strategies for implementing and coordinating peer intervention programs (SC.3.m)</td>
<td>Facilitate student placement in mentor programs utilized in the school setting (e.g., peer mentor, Big Brother/Sister, after school programs)</td>
</tr>
<tr>
<td>Use of accountability data to inform decision making (SC.3.n)</td>
<td>Evaluate intervention outcomes to determine effectiveness and informed decision making</td>
</tr>
<tr>
<td>Use of data to advocate for programs and students (SC.3.o)</td>
<td>Review school wide data to inform appropriate school counseling program development to meet students’ needs</td>
</tr>
</tbody>
</table>

Revised August 2017
**School of Education – Counseling Program**  
**Clinical Mental Health Counseling Practicum/Internship Checklist**

Name of Student Counselor: ___________________________  
Date: ___________

Practicum/Internship Level:  
- [ ] Practicum  
- [ ] Field Practicum  
- [ ] Internship:  
  - [ ] I  
  - [ ] II  
  - [ ] III  
  - [ ] IV

Placement: ___________________________  
Semester/Year: ___________

Name of On-Site Supervisor: ___________________________  
Position: __________________

Supervisors: Please initial next to the item that was completed by the student counselor. This is to be completed for each semester that the student is at your site.

<table>
<thead>
<tr>
<th>CACREP Standard</th>
<th>Standard/item</th>
<th>Supervisor Initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of ethical standards of professional counseling organization and credentialing bodies, and applications of ethical and legal considerations in professional counseling (f.1.i)</td>
<td>Field Practicum: Review and adhere to ethical guidelines (ACA, ASCA)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Field Practicum: Visit other community agencies (i.e., OCS, Community Mental Health) to become familiar with resources in the community</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review agency policy manual and special procedures</td>
<td></td>
</tr>
<tr>
<td>Intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management (CMHC.3.a)</td>
<td>Complete intake interview that includes a comprehensive biopsychosocial history, behavioral health history, and mental status evaluation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conducts appropriate psychological assessment, guiding treatment planning, and outcome monitoring (e.g., BDI, OQ-45, PHQ-9, SASSI)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conducts ongoing evaluation of client's mental status</td>
<td></td>
</tr>
</tbody>
</table>
| Techniques and interventions for prevention and treatment of a broad range of mental health issues (CMHC.3.b) | Student maintains an internship schedule that yields 600 hours (400 of those being direct service hours) over two semesters:  
  - Student will complete 300 internship hours with 180 direct service during Internship I  
  - Student will complete 300 internship hours with 240 direct service during Internship II |                    |
<p>|                  | Conducts ongoing clinical interviews and psychological assessment to aid in client diagnoses |                    |
|                  | Collaborates with client to develop treatment plan with goals and objectives |                    |</p>
<table>
<thead>
<tr>
<th>Applies evidence-based and culturally grounded techniques and intervention strategies appropriate to diagnosis and client treatment goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborates with client for on-going prevention and assessment of presenting problems (e.g., changes in treatment, diagnosis, risk assessment)</td>
</tr>
<tr>
<td>Students are required to develop the skill-set for individual counseling by observing, co-facilitating, and leading individual counseling sessions (<em>direct hours only given for co-facilitating and leading</em>)</td>
</tr>
</tbody>
</table>

**Individual Counseling:**

- Observe
- Co-Facilitate
- Lead

**Group Counseling:**

- Observe
- Co-Facilitate
- Lead

| Strategies for interfacing with the legal system regarding court-referred clients (*CMHC.3.c*) | Observe and/or consult regarding the process of working with the legal system (e.g., court-referred clients, OCS/adult protection referrals, incarceration, probation, parole) |
|---|
| Review site emergency or crisis management plan including mandatory reporting procedures (e.g., OCS/adult protection) |

| Strategies for interfacing with integrated behavioral health care professionals (*CMHC.3.d*) | Observe and participate in multidisciplinary teams |
|---|
| Observe and coordinate care with behavioral health care professionals, including intra-agency and outside resources |

<p>| Strategies to advocate for persons with mental health issues (<em>CMHC.3.e</em>) | Observe and participate in agency advocacy efforts (e.g., suicide prevention teams, wellness coalition, legislative advocacy, health/career fairs) |
|---|
| Actively participating in efforts to reduce client barriers (e.g., poverty, homelessness, education/healthcare disparities, discrimination and oppression) |</p>
<table>
<thead>
<tr>
<th>Other Tasks</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Visit appropriate clinical staff (e.g., administration, intake coordinator,</td>
<td></td>
</tr>
<tr>
<td>psychologist, psychiatric nurse practitioner, case manager, home</td>
<td></td>
</tr>
<tr>
<td>parents/residential staff)</td>
<td></td>
</tr>
<tr>
<td>Attend Staff Meetings</td>
<td></td>
</tr>
<tr>
<td>Attend counselor workshops and/or professional development training</td>
<td></td>
</tr>
<tr>
<td>Review specific counseling programs utilized in agency</td>
<td></td>
</tr>
<tr>
<td>Observe other professionals for two 30-minute periods</td>
<td></td>
</tr>
</tbody>
</table>
School of Education – Counseling Program
On-Site Supervisor’s Evaluation of the Counselor Candidate

Name of Student Counselor: ___________________________ Date: ____________

Practicum/Internship Level: [ ] Practicum [ ] Field Practicum [ ] Internship:  I  II  III  IV

Placement: __________________________ Semester/Year: ______________

Name of On-Site Supervisor: ____________________ Position: __________________

Use the following scale to evaluate candidate’s proficiency in each area:
1 – Emerging
2 – Developing
3 – Meeting expectations
4 – Exceeding expectations
N/A – Not applicable (i.e., no opportunity to evaluate)

The purpose of this evaluation is to provide meaningful feedback to counselor candidates. When completing the evaluation, feel free to reword items as they pertain to your specific setting. In the context of this form, client is interchangeable with student.

I. Working in the Counseling Environment

<table>
<thead>
<tr>
<th>1. Integrates into the placement site</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Knowledge of agency/school policy manual</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Knowledge of programs/curriculums utilized</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Coordinates counseling sessions</td>
<td></td>
<td></td>
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<tr>
<td>5. Maintains contact with the on-site supervisor</td>
<td></td>
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<tr>
<td>6. Maintains appropriate reports and records</td>
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<tr>
<td>7. Demonstrates ability to collaborate with fellow staff</td>
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<tr>
<td>8. Accepts and incorporates supervision effectively</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>9. Understands role and function appropriate to site placement</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>10. Participates in professional development</td>
<td></td>
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</tbody>
</table>

Comments:
### II. Counseling Skills and Process

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Responds effectively to clients</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Operationalizes goals with client</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Utilizes resources to inform client care</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Facilitates steps with client to achieve goals</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Demonstrates the ability to counsel according to a theoretical model</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrates cultural competency</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrates knowledge of ACA/ASCA Code of Ethics and implements ethical decision-making model</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Comments:

### III. School Counseling

<p>| | | | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Provides one-on-one counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2.</td>
<td>Co-facilitates small group counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3.</td>
<td>Consults with parents, teachers, other school personnel, and community agencies</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4.</td>
<td>Demonstrates knowledge of resources available to students, family members, and school personnel.</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5.</td>
<td>Develops appropriate academic and career lessons/goals with students</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6.</td>
<td>Uses appropriate classroom management strategies</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7.</td>
<td>Communicates with parents</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8.</td>
<td>Participates in student support teams (e.g., IEP/504)</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9.</td>
<td>Utilizes data to inform decisions</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10.</td>
<td>Facilitates student transition activities</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11.</td>
<td>Provides one-on-one counseling</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12.</td>
<td>Develops age-appropriate classroom guidance lessons <em>(Elementary Setting)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>13.</td>
<td>Delivers classroom guidance lessons <em>(Elementary Setting)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>14.</td>
<td>Demonstrates knowledge of scheduling procedures <em>(Secondary Setting)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>15.</td>
<td>Completes credit and grade checks <em>(Secondary Setting)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>16.</td>
<td>Participates in post-secondary planning <em>(Secondary Setting)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
## IV. Clinical Mental Health Counseling

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Performs one-on-one counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Co-facilitates small group counseling</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Demonstrates knowledge of community resources available to clients</td>
<td></td>
<td></td>
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<tr>
<td>4.</td>
<td>Consult with appropriate individuals in the community about client concerns</td>
<td></td>
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<tr>
<td>5.</td>
<td>Demonstrates appropriate case management skills</td>
<td></td>
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<tr>
<td>6.</td>
<td>Demonstrates knowledge of intake interview process</td>
<td></td>
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<tr>
<td>7.</td>
<td>Demonstrates knowledge of assessment/diagnosis</td>
<td></td>
<td></td>
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<tr>
<td>8.</td>
<td>Demonstrates ability to develop treatment plan</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>9.</td>
<td>Demonstrates appropriate use of outcome monitoring and assess ongoing progress of treatment goals</td>
<td></td>
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<tr>
<td>10.</td>
<td>Demonstrates ability to alter treatment plans as necessary</td>
<td></td>
<td></td>
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<tr>
<td>11.</td>
<td>Demonstrates ability to handle termination, resource, and referral</td>
<td></td>
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</tbody>
</table>

Comments:

## V. Narrative Evaluation

Please list the counselor candidate’s strong points:

Please list the area(s) in which the counselor candidate needs additional exposure/experience:

Please explain your overall evaluation of the candidate’s potential of becoming an effective counselor:
In your opinion, how might the practicum/internship experience be improved, if at all?

<table>
<thead>
<tr>
<th>VI. Overall Rating</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>N/A</th>
</tr>
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<tbody>
<tr>
<td>1. Counselor candidate’s readiness to assume role as a practicing professional counselor</td>
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Comments:

Signature: _______________________________________________________________
On-Site Supervisor
Date

Signature: _______________________________________________________________
Candidate
Date

Signature: _______________________________________________________________
UAF Instructor/Supervisor
Date

Revised August 2017

41
University Supervisor Forms
Initial Practicum/Internship Site Visit

To be Completed Within First 2 Weeks of Internship Semester

Name of Student Counselor: ___________________________ Date: ___________

Practicum/Internship Level: ☐ Practicum ☐ Field Practicum ☐ Internship: I ☐ II ☐ III ☐ IV ☐

Placement: ________________________ Semester/Year: ____________

Name of On-Site Supervisor: ______________________ Position: __________________

Present and review UAF Internship Manual

Discuss:
- Roles and responsibilities of site and university supervisors
- Roles and responsibilities of student
- Evaluation process and procedures
- Particular questions or concerns of site supervisor or student

Comments:

Revised August 2017
Interim Practicum/Internship Site Visit

To be Completed Within First Six Weeks of Internship Semester

Name of Student Counselor: ___________________________ Date: __________

Practicum/Internship Level: [ ] Practicum [ ] Field Practicum [ ] Internship: I [ ] II [ ] III [ ] IV [ ]

Placement: ___________________________ Semester/Year: __________

Name of On-Site Supervisor: ___________________________ Position: ___________________________

Discuss how the student and supervisor feel the Internship is going to this date. Describe:
• Student’s role within the site (i.e. receptiveness of staff, students, clients, families)
• Activities attended or performed to date
• Areas that appear to be missing (i.e. individual, group, guidance lessons)
• Describe the student’s strengths
• Discuss possible focus areas to enhance the student’s skills

Comments:

Revised August 2017
Practicum/Internship Final Visit

To be Completed Within 2 Weeks Prior to End of Semester

Name of Student Counselor: ___________________________ Date: ____________

Practicum/Internship Level: □ Practicum  □ Field Practicum  □ Internship:  I □ II □ III □ IV □

Placement: ________________________  Semester/Year: ____________

Name of On-Site Supervisor: ___________________ Position: __________________

Discuss how the student and supervisor feel the Internship went overall. Describe:
- Student’s role within the site (i.e. receptiveness of staff, students, clients, families)
- Activities attended or performed
- Areas in which the student was unable to engage (i.e. individual, group, guidance lessons)
- Describe the student’s strengths
- Identify areas of continuation for improvement or any further recommendations for the student

Comments:

Revised August 2017
Practicum/Internship Observation

Name of Student Counselor: ___________________________ Date: ____________

Practicum/Internship Level: □ Practicum □ Field Practicum □ Internship: I □ II □ III □ IV □

Placement: ________________________ Semester/Year: ____________

Name of On-Site Supervisor: ___________________ Position: ________________

Describe the activity to be observed

Describe the appropriateness of the activity to the developmental level of the student(s)/client(s)

Describe student’s communicative skills

Describe student’s ability to interact with individuals or within a group

Describe the student’s strengths

Discuss possible focus areas to enhance the student’s skills

Describe student’s receptiveness to feedback

Additional Comments

Revised August 2017
Student Forms
Practicum/Internship Log of Hours

Name of Student Counselor: ___________________________ Date: __________

Practicum/Internship Level: ☐ Practicum ☐ Field Practicum ☐ Internship: I ☐ II ☐ III ☐ IV ☐

Placement: ___________________________ Semester/Year: __________

Name of On-Site Supervisor: ___________________________ Position: ___________________________

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<th>Date (weekly)</th>
<th>Direct Contact</th>
<th>Indirect Contact</th>
<th>Total Hours</th>
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Total Hours

<table>
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<tr>
<th>UAF Supervisor</th>
<th>Date</th>
<th>Site Supervisor</th>
<th>Date</th>
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Student Signature Date

Revised August 2017
# Practicum/Internship Log of Hours Sample

Name of Student Counselor: Jane Doe  
Date: 5.1.2016  

Practicum/Internship Level: Practicum  
Field Practicum  
Internship: I  
II  
III  
IV  

Placement: Counseling Center, LLC  
Semester/Year: Fall 2016  

Name of On-Site Supervisor: Dawn Doe  
Position: Supervisor  

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<td>11</td>
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<td>Jan. 21-25</td>
<td>11.5</td>
<td>7.5</td>
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<td>Jan. 28-Feb. 1</td>
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<td>Feb. 4-8</td>
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<td>Feb. 11-15</td>
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<td>Feb. 18-22</td>
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<td>Feb. 25-Mar. 1</td>
<td>14</td>
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<td>Mar. 4-8</td>
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<td>Mar. 18-22</td>
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<td>April 1-5</td>
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<td>April 29-May 3</td>
<td>14</td>
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<td>May 6-10</td>
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Total Hours: 234  
87  
319

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Student Signature  
Date  

Revised August 2017
Practicum/Internship Log of Supervision Hours

Name of Student Counselor: ______________________________ Date: _____________

Practicum/Internship Level: [ ] Practicum [ ] Field Practicum [ ] Internship: I [ ] II [ ] III [ ] IV [ ]

Placement: ______________________ Semester/Year: ____________

Name of On-Site Supervisor: ______________ Position: ______________

Name of UAF Supervisor: ________________

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<th>Date (MM.DD.YY)</th>
<th>Hours</th>
<th>Group or Individual?</th>
<th>Critical Issues and/or New Goals Identified</th>
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Name of Student Counselor: ______________________________

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<th>Date (MM.DD.YY)</th>
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<th>Group or Individual?</th>
<th>Critical Issues and/or New Goals Identified</th>
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**Mid-semester Total Individual Hours:**

**Mid-semester Total Group Hours:**

**Mid-semester Cumulative Total Hours:**

UAF Supervisor  Date  
Site Supervisor  Date 

Student Signature  Date 

**Total Individual Hours:**

**Total Group Hours:**

**Cumulative Total Hours:**

UAF Supervisor  Date  
Site Supervisor  Date 

Student Signature  Date 

Revised August 2017
Weekly Report of Activities

Name: _________________________ Week Ending: ____________________

Practicum/Internship Site: _________________________

Direct Hours: __________ Indirect Hours: __________ Total Hours __________

1. Number of client contacts: __________

2. Number of contacts with other individuals (e.g., administrators, supervisors, parents, teachers, counselors) and a brief description of the nature of these contacts.

3. Most satisfying experience of my week:

4. Unanticipated issues that came up (these are not necessarily negative – something that turned out in a different manner than you thought):

   How I handled the issue:

   What I would do differently if I had the chance:

5. Other comments on your experience this week – include a discussion of indirect hours completed:

Revised August 2017
Sample One Case Notes

To be filled out by student counselor.

Your Name: ___________________________  Client’s Initials: ________

Session Number: ______________________  Date: _______________

1. Goals for the session
   
   • For yourself:

   • For the client(s):

2. Summary of what happened during the session:

3. Reactions:
   
   • To yourself, your work:

   • To your client:
4. Plans:

- For your own counseling development:

- For your client
Sample Two Case Notes

To be filled out by student counselor.

Your Name: ________________________  Client’s Initials: ________

Session Number: ________________  Date: ________________

1. Significant feelings expressed by the client.

2. Responses counselor made to feeling.


4. Relevant actions or behavioral goals.

5. Mini goals or immediate actions.

6. Feelings of counselor on interaction with client.
School Practicum/Internship Case Conceptualization Outline

Please note: If necessary, obtain proper permissions before writing your case conceptualization.

Description of the Student

(1-2 pages)

In this section provide a thorough description of the student who is the subject of your case study. Include basic descriptors such as age, gender, race/ethnicity, and grade. Also, briefly describe the family environment in which the student resides. Provide an overview of the problematic behaviors that are prompting concern, as well as strengths the student has. Describe the student’s academic performance and peer relationships. Finally, describe any intervention efforts (both the types and the outcomes) that have been done to address the problematic behaviors. Feel free to add any additional information that will present a more complete picture of the student.

Diagnosis and Diagnostic Indicators

(1-2 pages)

If you know the diagnosis or diagnoses the student has been given, simply list it/them. The remainder of this section will then consist of a discussion of the behavioral indicators that support the diagnosis. If you see behaviors that either support other diagnoses or contraindicate the current diagnosis, include that in your discussion.

Risk Factors and Maintaining Variables

(1-2 pages)

Describe the risk factors that impact this child, as well as any protective factors that can be incorporated into an intervention plan. Discuss possible variables that may be maintaining the problematic variables or may be interfering with intervention efforts.

School-based Intervention Plan

(3-4 pages)

This is the meat of the case study. In this section, thoroughly describe a school-based intervention plan to address the problematic issues of the student. The interventions should clearly be tied to the specific behaviors of concern. The interventions may address one or more risk factors and maintaining variables. While the interventions may be influenced by the student’s diagnosis, the key here is connecting the interventions to the specifics of the student’s problems.

Strive to develop interventions that can reasonably be implemented by a school counselor. Interventions may be in the form of classroom modifications, individual counseling interventions, or school-based group counseling interventions. It is acceptable to include interventions that have an out-of-school component, but they should be able to be devised and monitored by a school-based person. For example, consulting with parents regarding behavior management at home is acceptable, but it is not realistic to create an intervention that would require a school counselor to make frequent home visits to provide intense in-home counseling. For the most part, your intervention plan should describe what can be done differently at school to help the child.
Try to make the interventions as specific as possible. Your goal is to develop a plan that is clear enough and specific enough so a school counselor could read the plan and implement the interventions just as you intend. “Tell classroom teachers to be nicer to the child” is not specific. “Encourage teachers to provide specific verbal reinforcement (such as saying ‘good job completing your assignment’ or ‘excellent work completing your lab report’) contingent upon Joe attending to his assigned work,” is more specific.

The plan should be reasonable and should not include extraordinary efforts that teachers, counselors, and other school staff likely are unable to maintain. The number of interventions should be limited to a reasonable number; 3 to 5 interventions in your plan is reasonable. A 20-point intervention plan is too complex; a plan consisting of a single intervention is unlikely to succeed.

Note: The goals you develop need to be tied to evidence based strategies. You should briefly reference and cite 3 to 5 credible sources that assist you in developing the goals set forth on the intervention plan.

**Evaluation**

*(1 page)*

Describe how you would evaluate the success of the plan. How would you know whether the plan was working? Outline specific types of data you would collect (including when and from whom). This should be as simple and easy-to-collect as possible.

_Please note:_ If necessary, obtain proper permissions before writing your case conceptualization.

**Description of the Client**

*(1-2 pages)*

In this section provide a thorough description of the client who is the subject of your case study. Include basic descriptors such as age, gender, race/ethnicity, marital status, and physical appearance. Provide an overview of the problematic behaviors that are prompting concern, as well as strengths the client has. Finally, describe any intervention efforts (both the types and the outcomes) that have been done to address the problematic behaviors. Feel free to add any additional information that will present a more complete picture of this client.

**Presenting Problem**

*(1 page)*

This section should include a listening of the problem areas, from the client’s perspective. Include whether or not there was a precipitating set of circumstances, how long the problem(s) have been present, and if the problem has occurred before. If it has occurred before what were the circumstances at that time?

**Relevant History**

*(1 page)*

This section should include a description of the client’s orientation toward others in his/her environment. Examine whether or not there is a general way in which the client relates to others. What is the nature of his/her typical relationships? Also include the way the client’s interpersonal stance is manifested within the counseling interaction.
Environmental Factors
*(1 page)*

This section should include elements in the environment, which are *stressful* for the client, including those centrally related to the problem and those more peripheral stressors. It should also include those elements in the environment, which are *supportive* for the client, such as friends, family, living accommodations, recreational activities, and financial situation.

Personality Dynamics
*(2-3 pages)*

**Cognitive Factors:** This section should include any data relevant to thinking and mental processes such as general mental alertness. Include the client’s capacity for judgment and his/her ability to make decisions and carry out the practical affairs of daily living. Also include persistence of negative thoughts and the client’s level of insight.

**Emotional Factors:** This section should include any data relevant to the emotional status of the individual including the client’s mood during the interview, observations concerning the general appropriateness of affect, the range of emotions the client has the capacity to display, and any cyclical aspects of the client’s emotional life.

**Behavioral Factors:** This section should include any relevant data to the client’s behaviors such as patterns of relevant behavior (i.e., eating, sleeping, sexual, etc.), patterns of recreational and physical activity, and existence of persistent habits or mannerisms.

Treatment Plan
*(3-4 pages)*

In this section, thoroughly describe a treatment plan to address the problematic issues of the client(s). The interventions should clearly be tied to the specific behaviors of concern. The interventions may address one or more risk factors and maintaining variables. While the interventions may be influenced by the client’s diagnosis, the key here is connecting the interventions to the *specifics* of the presenting problems.

The plan should be reasonable and should not include extraordinary efforts that helping professionals are unable to maintain. The number of interventions should be a reasonable number; 3 to 5 intervention ideas in your plan is reasonable. A 20-point intervention plan is too complex; a plan consisting of a single intervention is unlikely to succeed.

*Note:* *The goals you develop need to be tied to evidence based strategies. You should briefly reference and cite 3 to 5 credible sources that assist you in developing the goals set forth on the treatment plan.*

Counselor’s Conceptualization of the Problems
*(1 page)*

This section will include a summary of the counselor’s view of the problem. What are the common themes? What ties them all together? What are your counseling goals? What is your plan for achieving those goals.
Clinical Mental Health Counseling Practicum/Internship
Case Conceptualization Outline

Please note: If necessary, obtain proper permissions before writing your case conceptualization.

Description of the Client
(1-2 pages)

In this section provide a thorough description of the client who is the subject of your case study. Include basic descriptors such as age, gender, race/ethnicity, marital status, and physical appearance. Provide an overview of the problematic behaviors that are prompting concern, as well as strengths the client has. Finally, describe any intervention efforts (both the types and the outcomes) that have been done to address the problematic behaviors. Feel free to add any additional information that will present a more complete picture of this client.

Presenting Problem
(1 page)

This section should include a listening of the problem areas, from the client’s perspective. Include whether or not there was a precipitating set of circumstances, how long the problem(s) have been present, and if the problem has occurred before. If it has occurred before what were the circumstances at that time?

Relevant History
(1 page)

This section should include a description of the client’s orientation toward others in his/her environment. Examine whether or not there is a general way in which the client relates to others. What is the nature of his/her typical relationships? Also include the way the client’s interpersonal stance is manifested within the counseling interaction.

Environmental Factors
(1 page)

This section should include elements in the environment, which are stressful for the client, including those centrally related to the problem and those more peripheral stressors. It should also include those elements in the environment, which are supportive for the client, such as friends, family, living accommodations, recreational activities, and financial situation.

Personality Dynamics
(2-3 pages)

Cognitive Factors: This section should include any data relevant to thinking and mental processes such as general mental alertness. Include the client’s capacity for judgment and
his/her ability to make decisions and carry out the practical affairs of daily living. Also include persistence of negative thoughts and the client’s level of insight.

**Emotional Factors:** This section should include any data relevant to the emotional status of the individual including the client’s mood during the interview, observations concerning the general appropriateness of affect, the range of emotions the client has the capacity to display, and any cyclical aspects of the client’s emotional life.

**Behavioral Factors:** This section should include any relevant data to the client’s behaviors such as patterns of relevant behavior (i.e., eating, sleeping, sexual, etc.), patterns of recreational and physical activity, and existence of persistent habits or mannerisms.

**Treatment Plan**

*(3-4 pages)*

In this section, thoroughly describe a treatment plan to address the problematic issues of the client(s). The interventions should clearly be tied to the specific behaviors of concern. The interventions may address one or more risk factors and maintaining variables. While the interventions may be influenced by the client’s diagnosis, the key here is connecting the interventions to the specifics of the presenting problems.

The plan should be reasonable and should not include extraordinary efforts that helping professionals are unable to maintain. The number of interventions should be a reasonable number; 3 to 5 intervention ideas in your plan is reasonable. A 20-point intervention plan is too complex; a plan consisting of a single intervention is unlikely to succeed.

*Note: The goals you develop need to be tied to evidence based strategies. You should briefly reference and cite 3 to 5 credible sources that assist you in developing the goals set forth on the treatment plan.*

**Counselor’s Conceptualization of the Problems**

*(1 page)*

This section will include a summary of the counselor’s view of the problem. What are the common themes? What ties them all together? What are your counseling goals? What is your plan for achieving those goals?
Part III: Appendix

AMERICAN COUNSELING ASSOCIATION
www.counseling.org
ACA Code of Ethics
As approved by the ACA Governing Council 2014

Mission
The mission of the American Counseling Association is to enhance the quality of life in society by promoting the development of professional counselors, advancing the counseling profession, and using the profession and practice of counseling to promote respect for human dignity and diversity.

ACA Code of Ethics Preamble
The American Counseling Association (ACA) is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Professional values are an important way of living out an ethical commitment. The following are core professional values of the counseling profession:

1. enhancing human development throughout the life span;
2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts;
3. promoting social justice;
4. safeguarding the integrity of the counselor–client relationship; and
5. practicing in a competent and ethical manner.

These professional values provide a conceptual basis for the ethical principles enumerated below. These principles are the foundation for ethical behavior and decision making. The fundamental principles of professional ethical behavior are:

- autonomy, or fostering the right to control the direction of one’s life;
- nonmaleficence, or avoiding actions that cause harm;
- beneficence, or working for the good of the individual and society by promoting mental health and well-being;
- justice, or treating individuals equitably and fostering fairness and equality;
- fidelity, or honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in professional relationships; and
- veracity, or dealing truthfully with individuals with whom counselors come into professional contact.

ACA Code of Ethics Purpose

The ACA Code of Ethics serves six main purposes:
1. The *Code* sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.

2. The *Code* identifies ethical considerations relevant to professional counselors and counselors-in-training.

3. The *Code* enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.

4. The *Code* serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.

5. The *Code* helps to support the mission of ACA.

6. The standards contained in this *Code* serve as the basis for processing inquiries and ethics complaints concerning ACA members.

The *ACA Code of Ethics* contains nine main sections that address the following areas:

Section A: The Counseling Relationship  
Section B: Confidentiality and Privacy  
Section C: Professional Responsibility  
Section D: Relationships With Other Professionals  
Section E: Evaluation, Assessment, and Interpretation  
Section F: Supervision, Training, and Teaching  
Section G: Research and Publication  
Section H: Distance Counseling, Technology, and Social Media  
Section I: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an introduction. The introduction to each section describes the ethical behavior and responsibility to which counselors aspire. The introductions help set the tone for each particular section and provide a starting point that invites reflection on the ethical standards contained in each part of the *ACA Code of Ethics*. The standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process, consulting available resources as needed. Counselors acknowledge that resolving ethical issues is a process; ethical reasoning includes consideration of professional values, professional ethical principles, and ethical standards.

Counselors’ actions should be consistent with the spirit as well as the letter of these ethical standards. No specific ethical decision-making model is always most effective, so counselors are expected to use a credible model of decision making that can bear public scrutiny of its application. Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors work collaboratively with clients to make decisions that promote clients’ growth and development. A breach of the standards and principles provided herein does not necessarily constitute legal liability or violation of the law; such action is established in legal and judicial proceedings.
The glossary at the end of the Code provides a concise description of some of the terms used in the ACA Code of Ethics.

**Section A - The Counseling Relationship**

**Introduction**
Counselors facilitate client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Trust is the cornerstone of the counseling relationship, and counselors have the responsibility to respect and safeguard the client’s right to privacy and confidentiality. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process. Additionally, counselors are encouraged to contribute to society by devoting a portion of their professional activities for little or no financial return (*pro bono publico*).

**A.1. Client Welfare**

**A.1.a. Primary Responsibility**
The primary responsibility of counselors is to respect the dignity and promote the welfare of clients.

**A.1.b. Records and Documentation**
Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.

**A.1.c. Counseling Plans**
Counselors and their clients work jointly in devising counseling plans that offer reasonable promise of success and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Counselors and clients regularly review and revise counseling plans to assess their continued viability and effectiveness, respecting clients’ freedom of choice.

**A.1.d. Support Network Involvement**
Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.
A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent
Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed
Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor’s qualifications, credentials, relevant experience, and approach to counseling; continuation of services upon the incapacitation or death of the counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis and the intended use of tests and reports. Additionally, counselors inform clients about fees and billing arrangements, including procedures for nonpayment of fees. Clients have the right to confidentiality and to be provided with an explanation of its limits (including how supervisors and/or treatment or interdisciplinary team professionals are involved), to obtain clear information about their records, to participate in the ongoing counseling plans, and to refuse any services or modality changes and to be advised of the consequences of such refusal.

A.2.c. Developmental and Cultural Sensitivity
Counselors communicate information in ways that are both developmentally and culturally appropriate. Counselors use clear and understandable language when discussing issues related to informed consent. When clients have difficulty understanding the language that counselors use, counselors provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent
When counseling minors, incapacitated adults, or other persons unable to give voluntary consent, counselors seek the assent of clients to services and include them in decision making as appropriate. Counselors recognize the need to balance the ethical rights of clients to make choices, their capacity to give consent or assent to receive services, and parental or familial legal rights and responsibilities to protect these clients and make decisions on their behalf.

A.2.e. Mandated Clients
Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.
A.3. Clients Served by Others
When counselors learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm
Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values
Counselors are aware of—and avoid imposing—their own values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients, trainees, and research participants and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.

A.5. Prohibited Noncounseling Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships Prohibited
Sexual and/or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

A.5.b. Previous Sexual and/or Romantic Relationships
Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.

A.5.c. Sexual and/or Romantic Relationships With Former Clients
Sexual and/or romantic counselor–client interactions or relationships with former clients, their romantic partners, or their family members are prohibited for a period of 5 years following the last professional contact. This prohibition applies to both in-person and electronic interactions or relationships. Counselors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, demonstrate forethought and document (in written form) whether the interaction or relationship can be viewed as exploitive in any way and/or whether there is still potential to harm the former client; in cases of potential exploitation and/or harm, the counselor avoids entering into such an interaction or relationship.

A.5.d. Friends or Family Members
Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.
A.5.e. Personal Virtual Relationships With Current Clients
Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships
Counselors consider the risks and benefits of accepting as clients those with whom they have had a previous relationship. These potential clients may include individuals with whom the counselor has had a casual, distant, or past relationship. Examples include mutual or past membership in a professional association, organization, or community. When counselors accept these clients, they take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs.

A.6.b. Extending Counseling Boundaries
Counselors consider the risks and benefits of extending current counseling relationships beyond conventional parameters. Examples include attending a client’s formal ceremony (e.g., a wedding/commitment ceremony or graduation), purchasing a service or product provided by a client (excepting unrestricted bartering), and visiting a client’s ill family member in the hospital. In extending these boundaries, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no harm occurs.

A.6.c. Documenting Boundary Extensions
If counselors extend boundaries as described in A.6.a. and A.6.b., they must officially document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the client or former client and other individuals significantly involved with the client or former client. When unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

A.6.d. Role Changes in the Professional Relationship
When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client’s right to refuse services related to the change. Examples of role changes include, but are not limited to

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from an evaluative role to a therapeutic role, or vice versa; and
3. changing from a counselor to a mediator role, or vice versa.

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.
A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)
Counselors avoid entering into non-professional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.7.a. Advocacy
When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.

A.7.b. Confidentiality and Advocacy
Counselors obtain client consent prior to engaging in advocacy efforts on behalf of an identifiable client to improve the provision of services and to work toward removal of systemic barriers or obstacles that inhibit client access, growth, and development.

A.8. Multiple Clients
When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately.

A.9. Group Work

A.9.a. Screening
Counselors screen prospective group counseling/therapy participants. To the extent possible, counselors select members whose needs and goals are compatible with the goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

A.9.b. Protecting Clients
In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.10. Fees and Business Practices

A.10.a. Self-Referral
Counselors working in an organization (e.g., school, agency, institution) that provides counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private counseling services.
A.10.b. Unacceptable Business Practices
Counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.10.c. Establishing Fees
In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. If a counselor’s usual fees create undue hardship for the client, the counselor may adjust fees, when legally permissible, or assist the client in locating comparable, affordable services.

A.10.d. Nonpayment of Fees
If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.10.e. Bartering
Counselors may barter only if the bartering does not result in exploitation or harm, if the client requests it, and if such arrangements are an accepted practice among professionals in the community. Counselors consider the cultural implications of bartering and discuss relevant concerns with clients and document such agreements in a clear written contract.

A.10.f. Receiving Gifts
Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and gratitude. When determining whether to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, the client’s motivation for giving the gift, and the counselor’s motivation for wanting to accept or decline the gift.

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral
If counselors lack the competence to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors discontinue the relationship.

A.11.b. Values Within Termination and Referral
Counselors refrain from referring prospective and current clients based solely on the counselor’s personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor’s values are inconsistent with the client’s goals or are discriminatory in nature.
A.11.c. Appropriate Termination
Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services
When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

A.12. Abandonment and Client Neglect
Counselors do not abandon or neglect clients in counseling. Counselors assist in making appropriate arrangements for the continuation of treatment, when necessary, during interruptions such as vacations, illness, and following termination.

Section B Confidentiality and Privacy

Introduction
Counselors recognize that trust is a cornerstone of the counseling relationship. Counselors aspire to earn the trust of clients by creating an ongoing partnership, establishing and upholding appropriate boundaries, and maintaining confidentiality. Counselors communicate the parameters of confidentiality in a culturally competent manner.

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations
Counselors maintain awareness and sensitivity regarding cultural meanings of confidentiality and privacy. Counselors respect differing views toward disclosure of information. Counselors hold ongoing discussions with clients as to how, when, and with whom information is to be shared.

B.1.b. Respect for Privacy
Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the counseling process.

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

B.1.d. Explanation of Limitations
At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.
B.2. Exceptions

B.2.a. Serious and Foreseeable Harm and Legal Requirements
The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues.

B.2.b. Confidentiality Regarding End-of-Life Decisions
Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option to maintain confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties.

B.2.c. Contagious, Life Threatening Diseases
When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of contracting the disease. Prior to making a disclosure, counselors assess the intent of clients to inform the third parties about their disease or to engage in any behaviors that may be harmful to an identifiable third party. Counselors adhere to relevant state laws concerning disclosure about disease status.

B.2.d. Court Ordered Disclosure
When ordered by a court to release confidential or privileged information without a client’s permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

B.2.e. Minimal Disclosure
To the extent possible, clients are informed before confidential information is disclosed and are involved in the disclosure decision-making process. When circumstances require the disclosure of confidential information, only essential information is revealed.

B.3. Information Shared With Others

B.3.a. Subordinates
Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, students, clerical assistants, and volunteers.

B.3.b. Interdisciplinary Teams
When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team’s existence and composition, information being shared, and the purposes of sharing such information.
B.3.c. Confidential Settings
Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third Party Payers
Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information
Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

B.3.f. Deceased Clients
Counselors protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.4. Groups and Families

B.4.a. Group Work
In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group.

B.4.b. Couples and Family Counseling
In couples and family counseling, counselors clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties regarding the confidentiality of information. In the absence of an agreement to the contrary, the couple or family is considered to be the client.

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients
When counseling minor clients or adult clients who lack the capacity to give voluntary, informed consent, counselors protect the confidentiality of information received—in any medium—in the counseling relationship as specified by federal and state laws, written policies, and applicable ethical standards.

B.5.b. Responsibility to Parents and Legal Guardians
Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship, consistent with current legal and custodial arrangements. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians regarding the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationship(s) with parents/guardians to best serve clients.
B.5.c. Release of Confidential Information
When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take appropriate measures to safeguard client confidentiality.

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation Counselors create and maintain records and documentation necessary for rendering professional services.

B.6.b. Confidentiality of Records and Documentation
Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record
Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.d. Permission to Observe
Counselors obtain permission from clients prior to allowing any person to observe counseling sessions, review session transcripts, or view recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.e. Client Access
Counselors provide reasonable access to records and copies of records when requested by competent clients. Counselors limit the access of clients to their records, or portions of their records, only when there is compelling evidence that such access would cause harm to the client. Counselors document the request of clients and the rationale for withholding some or all of the records in the files of clients. In situations involving multiple clients, counselors provide individual clients with only those parts of records that relate directly to them and do not include confidential information related to any other client.

B.6.f. Assistance With Records
When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.g. Disclosure or Transfer
Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.6.h. Storage and Disposal After Termination
Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with federal and state laws and statutes such as licensure laws and policies governing records, and dispose of client records and other sensitive materials in a
manner that protects client confidentiality. Counselors apply careful discretion and deliberation before destroying records that may be needed by a court of law, such as notes on child abuse, suicide, sexual harassment, or violence.

B.6.i. Reasonable Precautions
Counselors take reasonable precautions to protect client confidentiality in the event of the counselor’s termination of practice, incapacity, or death and appoint a records custodian when identified as appropriate.

B.7. Case Consultation

B.7.a. Respect for Privacy
Information shared in a consulting relationship is discussed for professional purposes only. Written and oral reports present only data germane to the purposes of the consultation, and every effort is made to protect client identity and to avoid undue invasion of privacy.

B.7.b. Disclosure of Confidential Information
When consulting with colleagues, counselors do not disclose confidential information that reasonably could lead to the identification of a client or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided. They disclose information only to the extent necessary to achieve the purposes of the consultation.

Section C Professional Responsibility

Introduction
Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono publico). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of and Compliance With Standards
Counselors have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations.
C.2. Professional Competence

C.2.a. Boundaries of Competence
Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Whereas multicultural counseling competency is required across all counseling specialties, counselors gain knowledge, personal awareness, sensitivity, dispositions, and skills pertinent to being a culturally competent counselor in working with a diverse client population.

C.2.b. New Specialty Areas of Practice
Counselors practice in specialty areas new to them only after appropriate education, training, and supervised experience. While developing skills in new specialty areas, counselors take steps to ensure the competence of their work and protect others from possible harm.

C.2.c. Qualified for Employment
Counselors accept employment only for positions for which they are qualified given their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness
Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors take reasonable steps to seek peer supervision to evaluate their efficacy as counselors.

C.2.e. Consultations on Ethical Obligations
Counselors take reasonable steps to consult with other counselors, the ACA Ethics and Professional Standards Department, or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education
Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. Counselors maintain their competence in the skills they use, are open to new procedures, and remain informed regarding best practices for working with diverse populations.

C.2.g. Impairment
Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.
C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice
Counselors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor’s incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising
When advertising or otherwise representing their services to the public, counselors identify their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent.

C.3.b. Testimonials
Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

C.3.c. Statements by Others
When feasible, counselors make reasonable efforts to ensure that statements made by others about them or about the counseling profession are accurate.

C.3.d. Recruiting Through Employment
Counselors do not use their places of employment or institutional affiliation to recruit clients, supervisors, or consultees for their private practices.

C.3.e. Products and Training Advertisements
Counselors who develop products related to their profession or conduct workshops or training events ensure that the advertisements concerning these products or events are accurate and disclose adequate information for consumers to make informed choices.

C.3.f. Promoting to Those Served
Counselors do not use counseling, teaching, training, or supervisory relationships to promote their products or training events in a manner that is deceptive or would exert undue influence on individuals who may be vulnerable. However, counselor educators may adopt textbooks they have authored for instructional purposes.

C.4. Professional Qualifications

C.4.a. Accurate Representation
Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training.

C.4.b. Credentials
Counselors claim only licenses or certifications that are current and in good standing.
C.4.c. Educational Degrees
Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence
Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master’s degree in counseling or a related field by referring to themselves as “Dr.” in a counseling context when their doctorate is not in counseling or a related field. Counselors do not use “ABD” (all but dissertation) or other such terms to imply competency.

C.4.e. Accreditation Status
Counselors accurately represent the accreditation status of their degree program and college/university.

C.4.f. Professional Membership
Counselors clearly differentiate between current, active memberships and former memberships in associations. Members of ACA must clearly differentiate between professional membership, which implies the possession of at least a master’s degree in counseling, and regular membership, which is open to individuals whose interests and activities are consistent with those of ACA but are not qualified for professional membership.

C.5. Nondiscrimination
Counselors do not condone or engage in discrimination against prospective or current clients, students, employees, supervisees, or research participants based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital/partnership status, language preference, socioeconomic status, immigration status, or any basis proscribed by law.

C.6. Public Responsibility

C.6.a. Sexual Harassment
Counselors do not engage in or condone sexual harassment. Sexual harassment can consist of a single intense or severe act, or multiple persistent or pervasive acts.

C.6.b. Reports to Third Parties
Counselors are accurate, honest, and objective in reporting their professional activities and judgments to appropriate third parties, including courts, health insurance companies, those who are the recipients of evaluation reports, and others.

C.6.c. Media Presentations
When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, recordings, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the ACA Code of Ethics, and
3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others
Counselors do not exploit others in their professional relationships.

C.6.e. Contributing to the Public Good (Pro Bono Publico)
Counselors make a reasonable effort to provide services to the public for which there is little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment
When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

C.7.b. Development and Innovation
When counselors use developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities. Counselors work to minimize any potential risks or harm when using these techniques/procedures/modalities.

C.7.c. Harmful Practices
Counselors do not use techniques/procedures/modalities when substantial evidence suggests harm, even if such services are requested.

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements
When making personal statements in a public context, counselors clarify that they are speaking from their personal perspectives and that they are not speaking on behalf of all counselors or the profession.

Section D Relationships With Other Professionals

Introduction
Professional counselors recognize that the quality of their interactions with colleagues can influence the quality of services provided to clients. They work to become knowledgeable about colleagues within and outside the field of counseling. Counselors develop positive working relationships and systems of communication with colleagues to enhance services to clients.
D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches
Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships
Counselors work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork
Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and Ethical Obligations
Counselors who are members of interdisciplinary teams work together with team members to clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.e. Confidentiality
When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment
When counselors are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies
The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions
Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, counselors take appropriate
further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action
Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency
Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed.

D.2.b. Informed Consent in Formal Consultation
When providing formal consultation services, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality.

Section E Evaluation, Assessment, and Interpretation

Introduction
Counselors use assessment as one component of the counseling process, taking into account the clients’ personal and cultural context. Counselors promote the well-being of individual clients or groups of clients by developing and using appropriate educational, mental health, psychological, and career assessments.

E.1. General

E.1.a. Assessment
The primary purpose of educational, mental health, psychological, and career assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making, treatment planning, and forensic proceedings. Assessment may include both qualitative and quantitative methodologies.

E.1.b. Client Welfare
Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client’s right to know the results, the interpretations made, and the bases for counselors’ conclusions and recommendations.
E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence
Counselors use only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

E.2.b. Appropriate Use
Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

E.2.c. Decisions Based on Results
Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of psychometrics.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients
Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

E.3.b. Recipients of Results
Counselors consider the client’s and/or examinee’s welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results.

E.4. Release of Data to Qualified Personnel
Counselors release assessment data in which the client is identified only with the consent of the client or the client’s legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

E.5. Diagnosis of Mental Disorders

E.5.a. Proper Diagnosis
Counselors take special care to provide proper diagnosis of mental disorders. Assessment techniques (including personal interviews) used to determine client care (e.g., locus of treatment, type of treatment, recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity
Counselors recognize that culture affects the manner in which clients’ problems are defined and experienced. Clients’ socioeconomic and cultural experiences are considered when diagnosing mental disorders.
E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology
Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

E.5.d. Refraining From Diagnosis
Counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments
Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming conclusions, diagnoses, or recommendations.

E.6.b. Referral Information
If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized.

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions
Counselors administer assessments under the same conditions that were established in their standardization. When assessments are not administered under standard conditions, as may be necessary to accommodate clients with disabilities, or when unusual behavior or irregularities occur during the administration, those conditions are noted in interpretation, and the results may be designated as invalid or of questionable validity.

E.7.b. Provision of Favorable Conditions
Counselors provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, freedom from distraction).

E.7.c. Technological Administration
Counselors ensure that technologically administered assessments function properly and provide clients with accurate results.

E.7.d. Unsupervised Assessments
Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit unsupervised use.
E.8. Multicultural Issues/Diversity in Assessment
Counselors select and use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting
When counselors report assessment results, they consider the client’s personal and cultural background, the level of the client’s understanding of the results, and the impact of the results on the client. In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or inappropriateness of the norms for the person tested.

E.9.b. Instruments With Insufficient Empirical Data
Counselors exercise caution when interpreting the results of instruments not having sufficient empirical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee. Counselors qualify any conclusions, diagnoses, or recommendations made that are based on assessments or instruments with questionable validity or reliability.

E.9.c. Assessment Services
Counselors who provide assessment, scoring, and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. At all times, counselors maintain their ethical responsibility to those being assessed.

E.10. Assessment Security
Counselors maintain the integrity and security of tests and assessments consistent with legal and contractual obligations. Counselors do not appropriate, reproduce, or modify published assessments or parts thereof without acknowledgment and permission from the publisher.

E.11. Obsolete Assessment and Outdated Results
Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose (e.g., noncurrent versions of assessments/instruments). Counselors make every effort to prevent the misuse of obsolete measures and assessment data by others.

E.12. Assessment Construction
Counselors use established scientific procedures, relevant standards, and current professional knowledge for assessment design in the development, publication, and utilization of assessment techniques.

E.13.a. Primary Obligations
When providing forensic evaluations, the primary obligation of counselors is to produce objective findings that can be substantiated based on information and techniques appropriate to the evaluation, which may include examination of the individual and/or review of records. Counselors form professional opinions based on their professional knowledge and expertise that can be supported by the data gathered in evaluations. Counselors define the limits of their reports or testimony, especially when an examination of the individual has not been conducted.

E.13.b. Consent for Evaluation
Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not therapeutic in nature, and entities or individuals who will receive the evaluation report are identified. Counselors who perform forensic evaluations obtain written consent from those being evaluated or from their legal representative unless a court orders evaluations to be conducted without the written consent of the individuals being evaluated. When children or qualifications to render services to their clients.

E.13.c. Client Evaluation Prohibited
Counselors do not evaluate current or former clients, clients’ romantic partners, or clients’ family members for forensic purposes. Counselors do not counsel individuals they are evaluating.

E.13.d. Avoid Potentially Harmful Relationships
Counselors who provide forensic evaluations avoid potentially harmful professional or personal relationships with family members, romantic partners, and close friends of individuals they are evaluating or have evaluated in the past.

Section F Supervision, Training, and Teaching

Introduction
Counselor supervisors, trainers, and educators aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and students in both face-to-face and electronic formats. They have theoretical and pedagogical foundations for their work; have knowledge of supervision models; and aim to be fair, accurate, and honest in their assessments of counselors, students, and supervisees.

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare
A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees’ work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the ACA Code of Ethics.
F.1.b. Counselor Credentials
Counseling supervisors work to ensure that supervisees communicate their
Counselors use established scientific procedures, relevant standards, and current professional
knowledge for assessment design in the development, publication, and utilization of assessment
techniques.

F.1.c. Informed Consent and Client Rights
Supervisors make supervisees aware of client rights, including the protection of client privacy
and confidentiality in the counseling relationship. Supervisees provide clients with professional
disclosure information and inform them of how the supervision process influences the limits of
confidentiality. Supervisees make clients aware of who will have access to records of the
counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation
Prior to offering supervision services, counselors are trained in supervision methods and
techniques. Counselors who offer supervision services regularly pursue continuing education
activities, including both counseling and supervision topics and skills.

F.2.b. Multicultural Issues/ Diversity in Supervision
Counseling supervisors are aware of and address the role of multiculturalism/ diversity in the
supervisory relationship.

F.2.c. Online Supervision
When using technology in supervision, counselor supervisors are competent in the use of those
technologies. Supervisors take the necessary precautions to protect the confidentiality of all
information transmitted through any electronic means.

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships Counseling supervisors clearly
define and maintain ethical professional, personal, and social relationships with their supervisees.
Supervisors consider the risks and benefits of extending current supervisory relationships in any
form beyond conventional parameters. In extending these boundaries, supervisors take
appropriate professional precautions to ensure that judgment is not impaired and that no harm
occurs.

F.3.b. Sexual Relationships
Sexual or romantic interactions or relationships with current supervisees are prohibited. This
prohibition applies to both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment
Counseling supervisors do not condone or subject supervisees to sexual harassment.
F.3.d. Friends or Family Members
Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision
Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

F.4.b. Emergencies and Absences
Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

F.4.c. Standards for Supervisees
Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship
Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities
Students and supervisees have a responsibility to understand and follow the ACA Code of Ethics. Students and supervisees have the same obligation to clients as those required of professional counselors.

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

F.5.c. Professional Disclosure
Before providing counseling services, students and supervisees disclose their status as supervisees and explain how this status affects the limits of confidentiality. Supervisors ensure that clients are aware of the services rendered and the qualifications of the students and
supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process.

F.6. Counseling Supervision Evaluation, Remediation, and Endorsement

F.6.a. Evaluation
Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.6.b. Gatekeeping and Remediation
Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.

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

F.6.d. Endorsements
Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe that supervisees are qualified for the endorsement. Regardless of qualifications, supervisors do not endorse supervisees whom they believe to be impaired in any way that would interfere with the performance of the duties associated with the endorsement.

F.7. Responsibilities of Counselor Educators

F.7.a. Counselor Educators
Counselor educators who are responsible for developing, implementing, and supervising educational programs are skilled as teachers and practitioners. They are knowledgeable regarding the ethical, legal, and regulatory aspects of the profession; are skilled in applying that knowledge; and make students and supervisees aware of their responsibilities. Whether in traditional, hybrid, and/or online formats, counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior.

F.7.b. Counselor Educator Competence
Counselors who function as counselor educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and
knowledge available in the profession. When using technology to deliver instruction, counselor educators develop competence in the use of the technology.

F.7.c. Infusing Multicultural Issues/Diversity
Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.7.d. Integration of Study and Practice
In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and supervised practice.

F.7.e. Teaching Ethics
Throughout the program, counselor educators ensure that students are aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum.

F.7.f. Use of Case Examples
The use of client, student, or supervisee information for the purposes of case examples in a lecture or classroom setting is permissible only when (a) the client, student, or supervisee has reviewed the material and agreed to its presentation or (b) the information has been sufficiently modified to obscure identity.

F.7.g. Student-to-Student Supervision and Instruction
When students function in the role of counselor educators or supervisors, they understand that they have the same ethical obligations as counselor educators, trainers, and supervisors. Counselor educators make every effort to ensure that the rights of students are not compromised when their peers lead experiential counseling activities in traditional, hybrid, and/or online formats (e.g., counseling groups, skills classes, clinical supervision).

F.7.h. Innovative Theories and Techniques
Counselor educators promote the use of techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation. When counselor educators discuss developing or innovative techniques/procedures/modalities, they explain the potential risks, benefits, and ethical considerations of using such techniques/procedures/modalities.

F.7.i. Field Placements
Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.
F.8. Student Welfare

F.8.a. Program Information and Orientation
Counselor educators recognize that program orientation is a developmental process that begins upon students’ initial contact with the counselor education program and continues throughout the educational and clinical training of students. Counselor education faculty provide prospective and current students with information about the counselor education program’s expectations, including

1. the values and ethical principles of the profession;
2. the type and level of skill and knowledge acquisition required for successful completion of the training;
3. technology requirements;
4. program training goals, objectives, and mission, and subject matter to be covered;
5. bases for evaluation;
6. training components that encourage self-growth or self-disclosure as part of the training process;
7. the type of supervision settings and requirements of the sites for required clinical field experiences;
8. student and supervisor evaluation and dismissal policies and procedures; and
9. up-to-date employment prospects for graduates.

F.8.b. Student Career Advising
Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

F.8.c. Self-Growth Experiences
Self-growth is an expected component of counselor education. Counselor educators are mindful of ethical principles when they require students to engage in self-growth experiences. Counselor educators and supervisors inform students that they have a right to decide what information will be shared or withheld in class.

F.8.d. Addressing Personal Concerns
Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students
Counselor educators clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing feedback regarding their performance throughout the training program.
F.9.b. Limitations
Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:

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

F.9.c. Counseling for Students
If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.

F.10. Roles and Relationships Between Counselor Educators and Students

F.10.a. Sexual or Romantic Relationships
Counselor educators are prohibited from sexual or romantic interactions or relationships with students currently enrolled in a counseling or related program and over whom they have power and authority. This prohibition applies to both in-person and electronic interactions or relationships.

F.10.b. Sexual Harassment
Counselor educators do not condone or subject students to sexual harassment.

F.10.c. Relationships With Former Students
Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships
Counselor educators avoid nonacademic relationships with students in which there is a risk of potential harm to the student or which may compromise the training experience or grades assigned. In addition, counselor educators do not accept any form of professional services, fees, commissions, reimbursement, or remuneration from a site for student or supervisor placement.

F.10.e. Counseling Services
Counselor educators do not serve as counselors to students currently enrolled in a counseling or related program and over whom they have power and authority.

F.10.f. Extending Educator Student Boundaries
Counselor educators are aware of the power differential in the relationship between faculty and students. If they believe that a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support
during a stressful event; or maintaining mutual membership in a professional association, organization, or community. Counselor educators discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role(s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relations with students should be time limited and/or context specific and initiated with student consent.

F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs

F.11.a. Faculty Diversity
Counselor educators are committed to recruiting and retaining a diverse faculty.

F.11.b. Student Diversity
Counselor educators actively attempt to recruit and retain a diverse student body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing the diverse cultures and types of abilities that students bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse student well-being and academic performance.

F.11.c. Multicultural/Diversity Competence
Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice.

Section G Research and Publication

Introduction
Counselors who conduct research are encouraged to contribute to the knowledge base of the profession and promote a clearer understanding of the conditions that lead to a healthy and more just society. Counselors support the efforts of researchers by participating fully and willingly whenever possible. Counselors minimize bias and respect diversity in designing and implementing research.

G.1. Research Responsibilities

G.1.a. Conducting Research
Counselors plan, design, conduct, and report research in a manner that is consistent with pertinent ethical principles, federal and state laws, host institutional regulations, and scientific standards governing research.

G.1.b. Confidentiality in Research
Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.
G.1.c. Independent Researchers
When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

G.1.d. Deviation From Standard Practice
Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when research indicates that a deviation from standard or acceptable practices may be necessary.

G.1.e. Precautions to Avoid Injury
Counselors who conduct research are responsible for their participants’ welfare throughout the research process and should take reasonable precautions to avoid causing emotional, physical, or social harm to participants.

G.1.f. Principal Researcher Responsibility
The ultimate responsibility for ethical research practice lies with the principal researcher. All others involved in the research activities share ethical obligations and responsibility for their own actions.

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research
Individuals have the right to decline requests to become research participants. In seeking consent, counselors use language that
1. accurately explains the purpose and procedures to be followed;
2. identifies any procedures that are experimental or relatively untried;
3. describes any attendant discomforts, risks, and potential power differentials between researchers and participants;
4. describes any benefits or changes in individuals or organizations that might reasonably be expected;
5. discloses appropriate alternative procedures that would be advantageous for participants;
6. offers to answer any inquiries concerning the procedures;
7. describes any limitations on confidentiality;
8. describes the format and potential target audiences for the dissemination of research findings; and
9. instructs participants that they are free to withdraw their consent and discontinue participation in the project at any time, without penalty.

G.2.b. Student/Supervisee Participation
Researchers who involve students or supervisees in research make clear to them that the decision regarding participation in research activities does not affect their academic standing or supervisory relationship. Students or supervisees who choose not to participate in research are provided with an appropriate alternative to fulfill their academic or clinical requirements.
G.2.c. Client Participation
Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information
Information obtained about research participants during the course of research is confidential. Procedures are implemented to protect confidentiality.

G.2.e. Persons Not Capable of Giving Informed Consent
When a research participant is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.f. Commitments to Participants
Counselors take reasonable measures to honor all commitments to research participants.

G.2.g. Explanations After Data Collection
After data are collected, counselors provide participants with full clarification of the nature of the study to remove any misconceptions participants might have regarding the research. Where scientific or human values justify delaying or withholding information, counselors take reasonable measures to avoid causing harm.

G.2.h. Informing Sponsors
Counselors inform sponsors, institutions, and publication channels regarding research procedures and outcomes. Counselors ensure that appropriate bodies and authorities are given pertinent information and acknowledgment.

G.2.i. Research Records Custodian
As appropriate, researchers prepare and disseminate to an identified colleague or records custodian a plan for the transfer of research data in the case of their incapacitation, retirement, or death.

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher–Participant Boundaries
Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a nonresearch interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.
G.3.b. Relationships With Research Participants
Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research Participants
Researchers do not condone or subject research participants to sexual harassment.

G.4. Reporting Results

G.4.a. Accurate Results
Counselors plan, conduct, and report research accurately. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results
Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors
If counselors discover significant errors in their published research, they take reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants
Counselors who supply data, aid in the research of another person, report research results, or make original data available take due care to disguise the identity of respective participants in the absence of specific authorization from the participants to do otherwise. In situations where participants self-identify their involvement in research studies, researchers take active steps to ensure that data are adapted/changed to protect the identity and welfare of all parties and that discussion of results does not cause harm to participants.

G.4.e. Replication Studies
Counselors are obligated to make available sufficient original research information to qualified professionals who may wish to replicate or extend the study.

G.5. Publications and Presentations

G.5.a. Use of Case Examples
The use of participants’, clients’, students’, or supervisees’ information for the purpose of case examples in a presentation or publication is permissible only when (a) participants, clients, students, or supervisees have reviewed the material and agreed to its presentation or publication or (b) the information has been sufficiently modified to obscure identity.

G.5.b. Plagiarism
Counselors do not plagiarize; that is, they do not present another person’s work as their own.
G.5.c. Acknowledging Previous Work
In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

G.5.d. Contributors
Counselors give credit through joint authorship, acknowledgment, foot- note statements, or other appropriate means to those who have contributed significantly to research or concept development in accordance with such contributions. The principal contributor is listed first, and minor technical or professional contributions are acknowledged in notes or introductory statements.

G.5.e. Agreement of Contributors
Counselors who conduct joint research with colleagues or students/supervisors establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research
Manuscripts or professional presentations in any medium that are substantially based on a student’s course papers, projects, dissertations, or theses are used only with the student’s permission and list the student as lead author.

G.5.g. Duplicate Submissions
Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or in substantial part in one journal or published work are not submitted for publication to another publisher without acknowledgment and permission from the original publisher.

G.5.h. Professional Review
Counselors who review material submitted for publication, research, or other scholarly purposes respect the confidentiality and proprietary rights of those who submitted it. Counselors make publication decisions based on valid and defensible standards. Counselors review article submissions in a timely manner and based on their scope and competency in research methodologies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review materials that are within their scope of competency and avoid personal biases.

Section H Distance Counseling, Technology, and Social Media

Introduction
Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.
H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency
Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

H.1.b. Laws and Statutes
Counselors who engage in the use of distance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the counselor’s practicing location and the client’s place of residence. Counselors ensure that their clients are aware of pertinent legal rights and limitations governing the practice of counseling across state lines or international boundaries.

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure
Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:

• distance counseling credentials, physical location of practice, and contact information;
• risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
• possibility of technology failure and alternate methods of service delivery;
• anticipated response time;
• emergency procedures to follow when the counselor is not available;
• time zone differences;
• cultural and/or language differences that may affect delivery of services;
• possible denial of insurance benefits; and
• social media policy.

H.2.b. Confidentiality Maintained by the Counselor
Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations
Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.
H.2.d. Security
Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

H.3. Client Verification
Counselors who engage in the use of distance counseling, technology, and/or social media to interact with clients take steps to verify the client’s identity at the beginning and throughout the therapeutic process. Verification can include, but is not limited to, using code words, numbers, graphics, or other nondescript identifiers.

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations
Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

H.4.b. Professional Boundaries in Distance Counseling
Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.4.c. Technology-Assisted Services
When providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

H.4.d. Effectiveness of Services
When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.

H.4.e. Access
Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

H.4.f. Communication Differences in Electronic Media
Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors
educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

**H.5. Records and Web Maintenance**

**H.5.a. Records**
Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

**H.5.b. Client Rights**
Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

**H.5.c. Electronic Links**
Counselors regularly ensure that electronic links are working and are professionally appropriate.

**H.5.d. Multicultural and Disability Considerations**
Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.

**H.6. Social Media**

**H.6.a. Virtual Professional Presence**
In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

**H.6.b. Social Media as Part of Informed Consent**
Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

**H.6.c. Client Virtual Presence**
Counselors respect the privacy of their clients’ presence on social media unless given consent to view such information.

**H.6.d. Use of Public Social Media**
Counselors take precautions to avoid disclosing confidential information through public social media.
Section I Resolving Ethical Issues

Introduction
Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Com- plaints of Ethical Violations and use it as a reference for assisting in the enforcement of the ACA Code of Ethics.

I.1. Standards and the Law

I.1.a. Knowledge
Counselors know and understand the ACA Code of Ethics and other applicable ethics codes from professional organizations or certification and licensure bodies of which they are members. Lack of knowledge or misunderstanding of an ethical responsibility is not a defense against a charge of unethical conduct.

I.1.b. Ethical Decision Making
When counselors are faced with an ethical dilemma, they use and document, as appropriate, an ethical decision-making model that may include, but is not limited to, consultation; consideration of relevant ethical standards, principles, and laws; generation of potential courses of action; deliberation of risks and benefits; and selection of an objective decision based on the circumstances and welfare of all involved.

I.1.c. Conflicts Between Ethics and Laws
If ethical responsibilities conflict with the law, regulations, and/or other governing legal authority, counselors make known their commitment to the ACA Code of Ethics and take steps to resolve the conflict. If the conflict cannot be re-solved using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations

I.2.a. Informal Resolution
When counselors have reason to believe that another counselor is violating or has violated an ethical standard and substantial harm has not occurred, they attempt to first resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.
I.2.b. Reporting Ethical Violations
If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when counselors have been retained to review the work of another counselor whose professional conduct is in question (e.g., consultation, expert testimony).

I.2.c. Consultation
When uncertain about whether a particular situation or course of action may be in violation of the ACA Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics and the ACA Code of Ethics, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Standards Department.

I.2.d. Organizational Conflicts
If the demands of an organization with which counselors are affiliated pose a conflict with the ACA Code of Ethics, counselors specify the nature of such conflicts and express to their supervisors or other responsible officials their commitment to the ACA Code of Ethics and, when possible, work through the appropriate channels to address the situation.

I.2.e. Unwarranted Complaints
Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are retaliatory in nature or are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

I.2.f. Unfair Discrimination Against Complainants and Respondents
Counselors do not deny individuals employment, advancement, admission to academic or other programs, tenure, or promotion based solely on their having made or their being the subject of an ethics complaint. This does not preclude taking action based on the outcome of such proceedings or considering other appropriate information.

I.3. Cooperation With Ethics Committees
Counselors assist in the process of enforcing the ACA Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation.
Glossary of Terms

Abandonment – the inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.

Advocacy – promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.

Assent – to demonstrate agreement when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.

Assessment – the process of collecting in-depth information about a person in order to develop a comprehensive plan that will guide the collaborative counseling and service provision process.

Bartering – accepting goods or services from clients in exchange for counseling services.

Client – an individual seeking or referred to the professional services of a counselor.

Confidentiality – the ethical duty of counselors to protect a client’s identity, identifying characteristics, and private communications.

Consultation – a professional relationship that may include, but is not limited to, seeking advice, information, and/or testimony.

Counseling – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

Counselor Educator – a professional counselor engaged primarily in developing, implementing, and supervising the educational preparation of professional counselors.

Counselor Supervisor – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of overseeing that individual’s counseling work or clinical skill development.

Culture – membership in a socially constructed way of living, which incorporates collective values, beliefs, norms, boundaries, and lifestyles that are cocreated with others who share similar worldviews comprising biological, psychosocial, historical, psychological, and other factors.

Discrimination – the prejudicial treatment of an individual or group based on their actual or perceived membership in a particular group, class, or category.

Distance Counseling – The provision of counseling services by means other than face-to-face meetings, usually with the aid of technology.

Diversity – the similarities and differences that occur within and across cultures, and the intersection of cultural and social identities.

Documents – any written, digital, audio, visual, or artistic recording of the work within the counseling relationship between counselor and client.

Encryption – process of encoding information in such a way that limits access to authorized users.

Examinee – a recipient of any professional counseling service that includes educational, psychological, and career appraisal, using qualitative or quantitative techniques.

Exploitation – actions and/or behaviors that take advantage of another for one’s own benefit or gain.

Fee Splitting – the payment or acceptance of fees for client referrals (e.g., percentage of fee paid for rent, referral fees).

Forensic Evaluation – the process of forming professional opinions for court or other legal proceedings, based on professional knowledge and expertise, and supported by appropriate data.
Gatekeeping – the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate.

Impairment – a significantly diminished capacity to perform professional functions.

Incapacitation – an inability to perform professional functions.

Informed Consent – a process of information sharing associated with possible actions clients may choose to take, aimed at assisting clients in acquiring a full appreciation and understanding of the facts and implications of a given action or actions.

Instrument – a tool, developed using accepted research practices, that measures the presence and strength of a specified construct or constructs.

Interdisciplinary Teams – teams of professionals serving clients that may include individuals who may not share counselors’ responsibilities regarding confidentiality.

Minors – generally, persons under the age of 18 years, unless otherwise designated by statute or regulation. In some jurisdictions, minors may have the right to consent to counseling without consent of the parent or guardian.

Multicultural/Diversity Competence – counselors’ cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge are applied effectively in practice with clients and client groups.

Multicultural/Diversity Counseling – counseling that recognizes diversity and embraces approaches that support the worth, dignity, potential, and uniqueness of individuals within their historical, cultural, economic, political, and psychosocial contexts.

Personal Virtual Relationship – engaging in a relationship via technology and/or social media that blurs the professional boundary (e.g., friending on social networking sites); using personal accounts as the connection point for the virtual relationship.

Privacy – the right of an individual to keep oneself and one’s personal information free from unauthorized disclosure. Privilege – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).

Pro bono publico – contributing to society by devoting a portion of professional activities for little or no financial return (e.g., speaking to groups, sharing professional information, offering reduced fees).

Professional Virtual Relationship – using technology and/ or social media in a professional manner and maintaining appropriate professional boundaries; using business accounts that cannot be linked back to personal accounts as the connection point for the virtual relationship (e.g., a business page versus a personal profile).

Records – all information or documents, in any medium, that the counselor keeps about the client, excluding personal and psychotherapy notes.

Records of an Artistic Nature – products created by the client as part of the counseling process.

Records Custodian – a professional colleague who agrees to serve as the caretaker of client records for another mental health professional.

Self-Growth – a process of self-examination and challenging of a counselor’s assumptions to enhance professional effectiveness.

Serious and Foreseeable – when a reasonable counselor can anticipate significant and harmful possible consequences.

Sexual Harassment – sexual solicitation, physical advances, or verbal/nonverbal conduct that is sexual in nature; occurs in connection with professional activities or roles; is unwelcome, offensive, or creates a hostile workplace or learning environment; and/or is sufficiently severe or intense to be perceived as harassment by a reasonable person.
**Social Justice** – the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.

**Social Media** – technology-based forms of communication of ideas, beliefs, personal histories, etc. (e.g., social networking sites, blogs).

**Student** – an individual engaged in formal graduate-level counselor education.

**Supervisee** – a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.

**Supervision** – a process in which one individual, usually a senior member of a given profession designated as the supervisor, engages in a collaborative relationship with another individual or group, usually a junior member(s) of a given profession designated as the supervisee(s) in order to (a) promote the growth and development of the supervisee(s), (b) protect the welfare of the clients seen by the supervisee(s), and (c) evaluate the performance of the supervisee(s).

**Supervisor** – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

**Teaching** – all activities engaged in as part of a formal educational program that is designed to lead to a graduate degree in counseling.

**Training** – the instruction and practice of skills related to the counseling profession. Training contributes to the ongoing proficiency of students and professional counselors.

**Virtual Relationship** – a non–face-to-face relationship (e.g., through social media).
American School Counselor Association Ethical Standards for School Counselors

Preamble
The American School Counselor Association (ASCA) is a professional organization whose members are school counselors certified/licensed in school counseling with unique qualifications and skills to address all students’ academic, personal/social and career development needs. Members are also school counseling program directors/supervisors and counselor educators. These ethical standards are the ethical responsibility of school counselors. School counseling program directors/supervisors should know them and provide support for practitioners to uphold them. School counselor educators should know them, teach them to their students and provide support for school counseling candidates to uphold them.

Professional school counselors are advocates, leaders, collaborators and consultants who create opportunities for equity in access and success in educational opportunities by connecting their programs to the mission of schools and subscribing to the following tenets of professional responsibility:

• Each person has the right to be respected, be treated with dignity and have access to a comprehensive school counseling program that advocates for and affirms all students from diverse populations including: ethnic/racial identity, age, economic status, abilities/disabilities, language, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance.

• Each person has the right to receive the information and support needed to move toward self-direction and self-development and affirmation within one’s group identities, with special care being given to students who have historically not received adequate educational services, e.g., students of color, students living at a low socio-economic status, students with disabilities and students from non-dominant language backgrounds.

• Each person has the right to understand the full magnitude and meaning of his/her educational choices and how those choices will affect future opportunities.

• Each person has the right to privacy and thereby the right to expect the school-counselor/student relationship to comply with all laws, policies and ethical standards pertaining to confidentiality in the school setting.

• Each person has the right to feel safe in school environments that school counselors help create, free from abuse, bullying, neglect, harassment or other forms of violence.

In this document, ASCA specifies the principles of ethical behavior necessary to maintain the high standards of integrity, leadership and professionalism among its members. The Ethical Standards for School Counselors were developed to clarify the nature of ethical responsibilities
held in common by school counselors, supervisors/directors of school counseling programs and school counselor educators. The purposes of this document are to:

• Serve as a guide for the ethical practices of all professional school counselors, supervisors/directors of school counseling programs and school counselor educators regardless of level, area, population served or membership in this professional association;

• Provide self-appraisal and peer evaluations regarding school counselors’ responsibilities to students, parents/guardians, colleagues and professional associates, schools, communities and the counseling profession; and

• Inform all stakeholders, including students, parents and guardians, teachers, administrators, community members and courts of justice, of best ethical practices, values and expected behaviors of the school counseling professional.

A.1. Responsibilities to Students

Professional school counselors:

a. Have a primary obligation to the students, who are to be treated with dignity and respect as unique individuals.

b. Are concerned with the educational, academic, career, personal and social needs and encourage the maximum development of every student.

c. Respect students’ values, beliefs and cultural background and do not impose the school counselor’s personal values on students or their families.

d. Are knowledgeable of laws, regulations and policies relating to students and strive to protect and inform students regarding their rights.

e. Promote the welfare of individual students and collaborate with them to develop an action plan for success.

f. Consider the involvement of support networks valued by the individual students.

g. Understand that professional distance with students is appropriate, and any sexual or romantic relationship with students whether illegal in the state of practice is considered a grievous breach of ethics and is prohibited regardless of a student’s age.

h. Consider the potential for harm before entering into a relationship with former students or one of their family members.
A.2. Confidentiality

Professional school counselors:

a. Inform individual students of the purposes, goals, techniques and rules of procedure under which they may receive counseling. Disclosure includes the limits of confidentiality in a developmentally appropriate manner. Informed consent requires competence on the part of students to understand the limits of confidentiality and Ethical Standards for School Counselors therefore, can be difficult to obtain from students of a certain developmental level. Professionals are aware that even though every attempt is made to obtain informed consent it is not always possible and when needed will make counseling decisions on students’ behalf.

b. Explain the limits of confidentiality in appropriate ways such as classroom guidance lessons, the Student Handbook, school counseling brochures, school Web site, verbal notice or other methods of student, school and community communication in addition to oral notification to individual students.

c. Recognize the complicated nature of confidentiality in schools and consider each case in context. Keep information confidential unless legal requirements demand that confidential information be revealed or a breach is required to prevent serious and foreseeable harm to the student. Serious and foreseeable harm is different for each minor in schools and is defined by students’ developmental and chronological age, the setting, parental rights and the nature of the harm. School counselors consult with appropriate professionals when in doubt as to the validity of an exception.

d. Recognize their primary obligation for confidentiality is to the students but balance that obligation with an understanding of parents’/guardians’ legal and inherent rights to be the guiding voice in their children’s lives, especially in value-laden issues. Understand the need to balance students’ ethical rights to make choices, their capacity to give consent or assent and parental or familial legal rights and responsibilities to protect these students and make decisions on their behalf.

e. Promote the autonomy and independence of students to the extent possible and use the most appropriate and least intrusive method of breach. The developmental age and the circumstances requiring the breach are considered and as appropriate students are engaged in a discussion about the method and timing of the breach.

f. In absence of state legislation expressly forbidding disclosure, consider the ethical responsibility to provide information to an identified third party who, by his/her relationship with the student, is at a high risk of contracting a disease that is commonly known to be communicable and fatal. Disclosure requires satisfaction of all of the following conditions:

- Student identifies partner or the partner is highly identifiable
- School counselor recommends the student notify partner and refrain from further high-risk behavior
- Student refuses
- School counselor informs the student of the intent to notify the partner
• School counselor seeks legal consultation from the school district’s legal representative in writing as to the legalities of informing the partner

g. Request of the court that disclosure not be required when the release of confidential information may potentially harm a student or the counseling relationship.

h. Protect the confidentiality of students’ records and release personal data in accordance with prescribed federal and state laws and school policies including the laws within the Family Education Rights and Privacy Act (FERPA). Student information stored and transmitted electronically is treated with the same care as traditional student records. Recognize the vulnerability of confidentiality in electronic communications and only transmit sensitive information electronically in a way that is untraceable to students’ identity. Critical information such as a student who has a history of suicidal ideation must be conveyed to the receiving school in a personal contact such as a phone call.


Professional school counselors:

a. Provide students with a comprehensive school counseling program that parallels the ASCA National Model with emphasis on working jointly with all students to develop personal/social, academic and career goals.

b. Ensure equitable academic, career, post-secondary access and personal/social opportunities for all students through the use of data to help close achievement gaps and opportunity gaps.

c. Provide and advocate for individual students’ career awareness, exploration and post-secondary plans supporting the students’ right to choose from the wide array of options when they leave secondary education.

A.4. Dual Relationships

Professional school counselors:

a. Avoid dual relationships that might impair their objectivity and increase the risk of harm to students (e.g., counseling one’s family members or the children of close friends or associates). If a dual relationship is unavoidable, the school counselor is responsible for taking action to eliminate or reduce the potential for harm to the student through use of safeguards, which might include informed consent, consultation, supervision and documentation.

b. Maintain appropriate professional distance with students at all times.

c. Avoid dual relationships with students through communication mediums such as social networking sites.

d. Avoid dual relationships with school personnel that might infringe on the integrity of the school counselor/student relationship.
A.5. Appropriate Referrals

*Professional school counselors:*

a. Make referrals when necessary or appropriate to outside resources for student and/or family support. Appropriate referrals may necessitate informing both parents/guardians and students of applicable resources and making proper plans for transitions with minimal interruption of services. Students retain the right to discontinue the counseling relationship at any time.

b. Help educate about and prevent personal and social concerns for all students within the school counselor’s scope of education and competence and make necessary referrals when the counseling needs are beyond the individual school counselor’s education and training. Every attempt is made to find appropriate specialized resources for clinical therapeutic topics that are difficult or inappropriate to address in a school setting such as eating disorders, sexual trauma, chemical dependency and other addictions needing sustained clinical duration or assistance.

c. Request a release of information signed by the student and/or parents/guardians when attempting to develop a collaborative relationship with other service providers assigned to the student.

d. Develop a reasonable method of termination of counseling when it becomes apparent that counseling assistance is no longer needed or a referral is necessary to better meet the student’s needs.

A.6. Group Work

*Professional school counselors:*

a. Screen prospective group members and maintain an awareness of participants’ needs, appropriate fit and personal goals in relation to the group’s intention and focus. The school counselor takes reasonable precautions to protect members from physical and psychological harm resulting from interaction within the group.

b. Recognize that best practice is to notify the parents/guardians of children participating in small groups.

c. Establish clear expectations in the group setting, and clearly state that confidentiality in group counseling cannot be guaranteed. Given the developmental and chronological ages of minors in schools, recognize the tenuous nature of confidentiality for minors renders some topics inappropriate for group work in a school setting.

d. Provide necessary follow up with group members, and document proceedings as appropriate.

e. Develop professional competencies, and maintain appropriate education, training and supervision in group facilitation and any topics specific to the group.
f. Facilitate group work that is brief and solution-focused, working with a variety of academic, career, college and personal/social issues.

A.7. Danger to Self or Others

*Professional school counselors:*

a. Inform parents/guardians and/or appropriate authorities when a student poses a danger to self or others. This is to be done after careful deliberation and consultation with other counseling professionals.

b. Report risk assessments to parents when they underscore the need to act on behalf of a child at risk; never negate a risk of harm as students sometimes deceive in order to avoid further scrutiny and/or parental notification.

c. Understand the legal and ethical liability for releasing a student who is in danger to self or others without proper and necessary support for that student.

A.8. Student Records

*Professional school counselors:*

a. Maintain and secure records necessary for rendering professional services to the student as required by laws, regulations, institutional procedures and confidentiality guidelines.

b. Keep sole-possession records or individual student case notes separate from students’ educational records in keeping with state laws.

c. Recognize the limits of sole-possession records and understand these records are a memory aid for the creator and in absence of privileged communication may be subpoenaed and may become educational records when they are shared or are accessible to others in either verbal or written form or when they include information other than professional opinion or personal observations.

d. Establish a reasonable timeline for purging sole-possession records or case notes. Suggested guidelines include shredding sole possession records when the student transitions to the next level, transfers to another school or graduates. Apply careful discretion and deliberation before destroying sole-possession records that may be needed by a court of law such as notes on child abuse, suicide, sexual harassment or violence.

e. Understand and abide by the Family Education Rights and Privacy Act (FERPA, 1974), which safeguards student’s records and allows parents to have a voice in what and how information is shared with others regarding their child’s educational records.
A.9. Evaluation, Assessment and Interpretation

*Professional school counselors:*

a. Adhere to all professional standards regarding selecting, administering and interpreting assessment measures and only utilize assessment measures that are within the scope of practice for school counselors and for which they are trained and competent.

b. Consider confidentiality issues when utilizing evaluative or assessment instruments and electronically based programs.

c. Consider the developmental age, language skills and level of competence of the student taking the assessments before assessments are given.

d. Provide interpretation of the nature, purposes, results and potential impact of assessment/evaluation measures in language the students can understand.

e. Monitor the use of assessment results and interpretations, and take reasonable steps to prevent others from misusing the information.

f. Use caution when utilizing assessment techniques, making evaluations and interpreting the performance of populations not represented in the norm group on which an instrument is standardized.

g. Assess the effectiveness of their program in having an impact on students’ academic, career and personal/social development through accountability measures especially examining efforts to close achievement, opportunity and attainment gaps.

A.10. Technology

*Professional school counselors:*

a. Promote the benefits of and clarify the limitations of various appropriate technological applications. Professional school counselors promote technological applications (1) that are appropriate for students’ individual needs, (2) that students understand how to use and (3) for which follow-up counseling assistance is provided.

b. Advocate for equal access to technology for all students, especially those historically underserved.

c. Take appropriate and reasonable measures for maintaining confidentiality of student information and educational records stored or transmitted through the use of computers, facsimile machines, telephones, voicemail, answering machines and other electronic or computer technology.

d. Understand the intent of FERPA and its impact on sharing electronic student records.
e. Consider the extent to which cyberbullying is interfering with students’ educational process and base guidance curriculum and intervention programming for this pervasive and potentially dangerous problem on research-based and best practices.

A.11. Student Peer Support Program

*Professional school counselors:*  
a. Have unique responsibilities when working with peer-helper or student-assistance programs and safeguard the welfare of students participating in peer-to-peer programs under their direction.

b. Are ultimately responsible for appropriate training and supervision for students serving as peer-support individuals in their school counseling programs.

B. RESPONSIBILITIES TO PARENTS/GUARDIANS

B.1. Parent Rights and Responsibilities

*Professional school counselors:*  
a. Respect the rights and responsibilities of parents/guardians for their children and endeavor to establish, as appropriate, a collaborative relationship with parents/guardians to facilitate students’ maximum development.

b. Adhere to laws, local guidelines and ethical standards of practice when assisting parents/guardians experiencing family difficulties interfering with the student’s effectiveness and welfare.

c. Are sensitive to diversity among families and recognize that all parents/guardians, custodial and noncustodial, are vested with certain rights and responsibilities for their children’s welfare by virtue of their role and according to law.

d. Inform parents of the nature of counseling services provided in the school setting.

e. Adhere to the FERPA act regarding disclosure of student information.

f. Work to establish, as appropriate, collaborative relationships with parents/guardians to best serve student.

B.2. Parents/Guardians and Confidentiality

*Professional school counselors:*  
a. Inform parents/guardians of the school counselor’s role to include the confidential nature of the counseling relationship between the counselor and student.

b. Recognize that working with minors in a school setting requires school counselors to collaborate with students’ parents/guardians to the extent possible.
c. Respect the confidentiality of parents/guardians to the extent that is reasonable to protect the best interest of the student being counseled.

d. Provide parents/guardians with accurate, comprehensive and relevant information in an objective and caring manner, as is appropriate and consistent with ethical responsibilities to the student.

e. Make reasonable efforts to honor the wishes of parents/guardians concerning information regarding the student unless a court order expressly forbids the involvement of a parent(s). In cases of divorce or separation, school counselors exercise a good-faith effort to keep both parents informed, maintaining focus on the student and avoiding supporting one parent over another in divorce proceedings.

C. RESPONSIBILITIES TO COLLEAGUES AND PROFESSIONAL ASSOCIATES

C.1. Professional Relationships

Professional school counselors, the school counseling program director/site supervisor and the school counselor educator:

a. Establish and maintain professional relationships with faculty, staff and administration to facilitate an optimum counseling program.

b. Treat colleagues with professional respect, courtesy and fairness.

c. Recognize that teachers, staff and administrators who are high functioning in the personal and social development skills can be powerful allies in supporting student success. School counselors work to develop relationships with all faculty and staff in order to advantage students.

d. Are aware of and utilize related professionals, organizations and other resources to whom the student may be referred.

C.2. Sharing Information with Other Professionals

Professional school counselors:

a. Promote awareness and adherence to appropriate guidelines regarding confidentiality, the distinction between public and private information and staff consultation.

b. Provide professional personnel with accurate, objective, concise and meaningful data necessary to adequately evaluate, counsel and assist the student.

c. Secure parental consent and develop clear agreements with other mental health professionals when a student is receiving services from another counselor or other mental health professional in order to avoid confusion and conflict for the student and parents/guardians.
d. Understand about the “release of information” process and parental rights in sharing information and attempt to establish a cooperative and collaborative relationship with other professionals to benefit students.

e. Recognize the powerful role of ally that faculty and administration who function high in personal/social development skills can play in supporting students in stress, and carefully filter confidential information to give these allies what they “need to know” in order to advantage the student. Consultation with other members of the school counseling profession is helpful in determining need-to-know information. The primary focus and obligation is always on the student when it comes to sharing confidential information.

f. Keep appropriate records regarding individual students, and develop a plan for transferring those records to another professional school counselor should the need occur. This documentation transfer will protect the confidentiality and benefit the needs of the student for whom the records are written.

C.3. Collaborating and Educating Around the Role of the School Counselor

The school counselor, school counseling program supervisor/director and school counselor educator:

a. Share the role of the school counseling program in ensuring data driven academic, career/college and personal/social success competencies for every student, resulting in specific outcomes/indicators with all stakeholders.

b. Broker services internal and external to the schools to help ensure every student receives the benefits of a school counseling program and specific academic, career/college and personal/social competencies.

D. RESPONSIBILITIES TO SCHOOL, COMMUNITIES AND FAMILIES

D.1. Responsibilities to the School

Professional school counselors:

a. Support and protect students’ best interest against any infringement of their educational program.

b. Inform appropriate officials, in accordance with school policy, of conditions that may be potentially disruptive or damaging to the school’s mission, personnel and property while honoring the confidentiality between the student and the school counselor.

c. Are knowledgeable and supportive of their school’s mission, and connect their program to the school’s mission.

d. Delineate and promote the school counselor’s role, and function as a student advocate in meeting the needs of those served. School counselors will notify appropriate officials of systemic conditions that may limit or curtail their effectiveness in providing programs and services.
e. Accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials and appropriate professional experience.

f. Advocate that administrators hire only qualified, appropriately trained and competent individuals for professional school counseling positions.

g. Assist in developing: (1) curricular and environmental conditions appropriate for the school and community; (2) educational procedures and programs to meet students’ developmental needs; (3) a systematic evaluation process for comprehensive, developmental, standards-based school counseling programs, services and personnel; and (4) a data-driven evaluation process guiding the comprehensive, developmental school counseling program and service delivery.

D.2. Responsibility to the Community

*Professional school counselors:*  
a. Collaborate with community agencies, organizations and individuals in students’ best interest and without regard to personal reward or remuneration.

b. Extend their influence and opportunity to deliver a comprehensive school counseling program to all students by collaborating with community resources for student success.

c. Promote equity for all students through community resources.

d. Are careful not to use their professional role as a school counselor to benefit any type of private therapeutic or consultative practice in which they might be involved outside of the school setting.

E. RESPONSIBILITIES TO SELF

E.1. Professional Competence

*Professional school counselors:*  
a. Function within the boundaries of individual professional competence and accept responsibility for the consequences of their actions.

b. Monitor emotional and physical health and practice wellness to ensure optimal effectiveness. Seek physical or mental health referrals when needed to ensure competence at all times.

c. Monitor personal responsibility and recognize the high standard of care a professional in this critical position of trust must maintain on and off the job and are cognizant of and refrain from activity that may lead to inadequate professional services or diminish their effectiveness with school community members Professional and personal growth are ongoing throughout the counselor’s career.
d. Strive through personal initiative to stay abreast of current research and to maintain professional competence in advocacy, teaming and collaboration, culturally competent counseling and school counseling program coordination, knowledge and use of technology, leadership, and equity assessment using data.

e. Ensure a variety of regular opportunities for participating in and facilitating professional development for self and other educators and school counselors through continuing education opportunities annually including: attendance at professional school counseling conferences; reading Professional School Counseling journal articles; facilitating workshops for education staff on issues school counselors are uniquely positioned to provide.

f. Enhance personal self-awareness, professional effectiveness and ethical practice by regularly attending presentations on ethical decision-making. Effective school counselors will seek supervision when ethical or professional questions arise in their practice.

g. Maintain current membership in professional associations to ensure ethical and best practices.

E.2. Multicultural and Social Justice Advocacy and Leadership

*Professional school counselors*:

a. Monitor and expand personal multicultural and social justice advocacy awareness, knowledge and skills. School counselors strive for exemplary cultural competence by ensuring personal beliefs or values are not imposed on students or other stakeholders.

b. Develop competencies in how prejudice, power and various forms of oppression, such as ableism, ageism, classism, familyism, genderism, heterosexism, immigrationism, linguicism, racism, religionism and sexism, affect self, students and all stakeholders.

c. Acquire educational, consultation and training experiences to improve awareness, knowledge, skills and effectiveness in working with diverse populations: ethnic/racial status, age, economic status, special needs, ESL or ELL, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance.

d. Affirm the multiple cultural and linguistic identities of every student and all stakeholders. Advocate for equitable school and school counseling program policies and practices for every student and all stakeholders including use of translators and bilingual/multilingual school counseling program materials that represent all languages used by families in the school community, and advocate for appropriate accommodations and accessibility for students with disabilities.

e. Use inclusive and culturally responsible language in all forms of communication.

f. Provide regular workshops and written/digital information to families to increase understanding, collaborative two-way communication and a welcoming school climate between families and the school to promote increased student achievement.
g. Work as advocates and leaders in the school to create equity based school counseling programs that help close any achievement, opportunity and attainment gaps that deny all students the chance to pursue their educational goals.

**F. RESPONSIBILITIES TO THE PROFESSION**

**F.1. Professionalism**

*Professional school counselors:*

a. Accept the policies and procedures for handling ethical violations as a result of maintaining membership in the American School Counselor Association.

b. Conduct themselves in such a manner as to advance individual ethical practice and the profession.

c. Conduct appropriate research, and report findings in a manner consistent with acceptable educational and psychological research practices. School counselors advocate for the protection of individual students’ identities when using data for research or program planning.

d. Seek institutional and parent/guardian consent before administering any research, and maintain security of research records.

e. Adhere to ethical standards of the profession, other official policy statements, such as ASCA’s position statements, role statement and the ASCA National Model and relevant statutes established by federal, state and local governments, and when these are in conflict work responsibly for change.

f. Clearly distinguish between statements and actions made as a private individual and those made as a representative of the school counseling profession.

g. Do not use their professional position to recruit or gain clients, consultees for their private practice or to seek and receive unjustified personal gains, unfair advantage, inappropriate relationships or unearned goods or services.

**F.2. Contribution to the Profession**

*Professional school counselors:*

a. Actively participate in professional associations and share results and best practices in assessing, implementing and annually evaluating the outcomes of data-driven school counseling programs with measurable academic, career/college and personal/social competencies for every student.

b. Provide support, consultation and mentoring to novice professionals.

c. Have a responsibility to read and abide by the ASCA Ethical Standards and adhere to the applicable laws and regulations.
F.3 Supervision of School Counselor Candidates Pursuing Practicum and Internship Experiences:

Professional school counselors:

a. Provide support for appropriate experiences in academic, career, college access and personal/social counseling for school counseling interns.

b. Ensure school counselor candidates have experience in developing, implementing and evaluating a data-driven school counseling program model, such as the ASCA National Model.

c. Ensure the school counseling practicum and internship have specific, measurable service delivery, foundation, management and accountability systems.

d. Ensure school counselor candidates maintain appropriate liability insurance for the duration of the school counseling practicum and internship experiences.

e. Ensure a site visit is completed by a school counselor education faculty member for each practicum or internship student, preferably when both the school counselor trainee and site supervisor are present.

F.4 Collaboration and Education about School Counselors and School Counseling Programs with other Professionals

School counselors and school counseling program directors/supervisors collaborate with special educators, school nurses, school social workers, school psychologists, college counselors/admissions officers, physical therapists, occupational therapists and speech pathologists to advocate for optimal services for students and all other stakeholders.

G. MAINTENANCE OF STANDARDS

Professional school counselors are expected to maintain ethical behavior at all times.

G.1. When there exists serious doubt as to the ethical behavior of a colleague(s) the following procedure may serve as a guide:

1. The school counselor should consult confidentially with a professional colleague to discuss the nature of a complaint to see if the professional colleague views the situation as an ethical violation.

2. When feasible, the school counselor should directly approach the colleague whose behavior is in question to discuss the complaint and seek resolution.

3. The school counselor should keep documentation of all the steps taken.
4. If resolution is not forthcoming at the personal level, the school counselor shall utilize the channels established within the school, school district, the state school counseling association and ASCA’s Ethics Committee.

5. If the matter still remains unresolved, referral for review and appropriate action should be made to the Ethics Committees in the following sequence:
   • State school counselor association
   • American School Counselor Association

6. The ASCA Ethics Committee is responsible for:
   • Educating and consulting with the membership regarding ethical standards
   • Periodically reviewing and recommending changes in code
   • Receiving and processing questions to clarify the application of such standards. Questions must be submitted in writing to the ASCA Ethics Committee chair.
   • Handling complaints of alleged violations of the ASCA Ethical Standards for School Counselors. At the national level, complaints should be submitted in writing to the ASCA Ethics Committee, c/o the Executive Director, American School Counselor Association, 1101 King St., Suite 625, Alexandria, VA 22314.

G.2. When school counselors are forced to work in situations or abide by policies that do not reflect the ethics of the profession, the school counselor works responsibly through the correct channels to try and remedy the condition.

G.3. When faced with any ethical dilemma school counselors, school counseling program directors/supervisors and school counselor educators use an ethical decision-making model such as Solutions to Ethical Problems in Schools (STEPS) (Stone, 2001):

1. Define the problem emotionally and intellectually
2. Apply the ASCA Ethical Standards and the law
3. Consider the students’ chronological and developmental levels
4. Consider the setting, parental rights and minors’ rights
5. Apply the moral principles
6. Determine your potential courses of action and their consequences
7. Evaluate the selected action
8. Consult
9. Implement the course of action