



2019

SCHOOL OF EDUCATION
THE DEPARTMENT OF COUNSELOR EDUCATION



CLINICAL MENTAL HEALTH
COUNSELING
Practicum and Internship Handbook

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Upon successful completion of the practicum course, internship may begin. Candidates who have not successfully passed the Counselor Preparation Comprehensive Examination will not be approved for enrollment into Internship II. The Internship II experience is the last experiential experience for candidates. This experience is designed to continue the enhancement of

counseling skills in a professional supervised setting. Candidates have a two-semester internship experience. They intern a minimum of 20 hours per week at clinical site and must complete 600 clock hours (300 hours each of the two semesters). Please be reminded, your placement will need to take place over a minimum of fifteen (15) weeks. One and one-half hours of group supervision is provided by the university faculty and is required each week and the site supervisor provides one hour of individual supervision each week. Time spent in supervision counts toward the 300-hour requirement (per internship). The site supervision model may be individual or triadic.....

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The Department of Counselor Education Clinical Mental Health Counseling program is accredited by:



*Council for Accreditation of
Counseling & Related Educational Programs*



2 Clark Atlanta University

2.1 History

Clark Atlanta University is a comprehensive, private, urban, coeducational institution of higher education with a predominantly African-American heritage. It offers undergraduate, graduate, and professional degrees as well as certificate programs to candidates of diverse racial, ethnic, and socioeconomic backgrounds. It was formed by the consolidation of Atlanta University, which offered only graduate degrees, and Clark College, a four-year undergraduate institution oriented to the liberal arts.

The first President of Clark Atlanta University was Dr. Thomas W. Cole, Jr., who served concurrently as the President of both Atlanta University and Clark College prior to consolidation. In November 1987, after more than a year of discussion, the Boards of Trustees of Atlanta University and Clark College authorized an exploration of the potential advantages of closer working arrangements between the two institutions, including their consolidation into one university. In April 1988, the joint committee delivered its report titled *Charting a Bold New Future: Proposed Combination of Clark College and Atlanta University* to the Boards for ratification. The report recommended that the two schools be consolidated into a single institution. On June 24, 1988, the Boards of both Atlanta University and Clark College made the historic decision to consolidate the two institutions, creating Clark Atlanta University. The new and historic University inherits the rich traditions of two independent institutions, connected over the years by a common heritage and commitment; by personal, corporate and consortia relationships; and by location.

Atlanta University, founded in 1865, by the American Missionary Association, with later assistance from the Freedman's Bureau, was, before consolidation, the nation's oldest graduate institution serving a predominantly African-American candidate body. By the late 1870s, Atlanta University had begun granting bachelor's degrees and supplying black teachers and librarians to the public schools of the South. In 1929-30, it began offering graduate education exclusively in various liberal arts areas, and in the social and natural sciences. It gradually added professional programs in social work, library science, and business administration. At this same time, Atlanta University affiliated with Morehouse and Spelman Colleges in a university plan known as the Atlanta University System. The campus was moved to its present site, and the modern organization of the Atlanta University Center emerged, with Clark College, Morris Brown College, and the Interdenominational Theological Center joining the affiliation later. The story of the Atlanta University over the next twenty years from 1930 includes many significant developments. The Schools of Library Science, Education, and Business Administration were established in 1941, 1944, and 1946 respectively. The Atlanta School of Social Work, long associated with the University, gave up its charter in 1947 to become an integral part of the University. In 1957, the controlling Boards of the six institutions (Atlanta University; Clark, Morehouse, Morris Brown and Spelman Colleges; and Gammon Theological Seminary) ratified new Articles of Affiliation. Unlike the old Articles of 1929, the new contract created the Atlanta University Center. The influence of Atlanta University has been extended through professional journals and organizations, including *Phylon* and the National Association for the Advancement of Colored People, for both of which Dr. W.E.B. DuBois, a member of the faculty, provided leadership.

Clark College was founded in 1869 as Clark University by the Freedmen's Aid Society of the Methodist Episcopal Church, which later became the United Methodist Church. The University was named for Bishop Davis W. Clark, who was the first President of the Freedmen's Aid Society and became Bishop in 1864. A sparsely furnished room in Clark Chapel, a Methodist Episcopal Church in Atlanta's Summerhill section, housed the first Clark College Class. In 1871, the school relocated to a new site on the newly purchased Whitehall and McDaniel Street property. In 1877, the School was chartered as Clark University.

An early benefactor, Bishop Gilbert Haven, visualized Clark as the "university" of all the Methodist schools founded for the education of freedmen. Strategically located in the gateway to the South, Clark was founded to "give tone" to all of the other educational institutions of the Methodist Episcopal Church providing education for

Negro youth. After the school had changed locations several times, Bishop Haven, who succeeded Bishop Clark, was instrumental in acquiring 450 acres in South Atlanta, where in 1880 (the institution relocated in 1883) the school conferred its first degree. Also, in 1883, Clark established a department, named for Dr. Elijah H. Gammon, known as Gammon School of Theology, which in 1888 became an independent theological seminary and is now part of the Interdenominational Theological Center.

For purposes of economy and efficiency, during the 1930s, it was decided that Clark would join the Atlanta University Complex. While candidates on the South Atlanta campus fretted over final examinations in the winter of 1939, work was begun across town on an entirely new physical plant adjoining Atlanta University, Morehouse College, and Spelman College.

During the 1980s some of the advantages of proximity, which had seemed promising earlier, again became evident. Clark College and Atlanta University through consolidation preserved the best of the past and present and "Charted a Bold New Future." Clark Atlanta University was created on July 1, 1988. Dr. Walter D. Broadnax became the second President for Clark Atlanta University on August 1, 2002, and Dr. Carlton E. Brown, our third President, assumed the presidency on August 1, 2008.

2.2 CAU Mission

Clark Atlanta University is an institution of high research activity characterized by a focus on the intellectual and personal development of each candidate. Its purpose is to prepare a diverse community of learners to excel in their chosen endeavors and to become responsible, productive, and innovative citizen leaders, locally and globally. This outcome is accomplished by the provision of access to and excellence in teaching, research, service, and creative activities through continuous engagement in an enriched, challenging, and nurturing environment.

2.3 CAU Vision

Clark Atlanta University will further extend its national prominence and international presence for its distinctive capacity and commitment to provide a personally transformative learning environment, characterized by excellence in teaching, rigorous and innovative academic programs, dedication to the nurturing and development of its candidates, and the conduct of research addressing critical local, national, and global issues. Its candidates and faculty will gather from all parts of the world to discover and apply solutions to many of society's most pressing problems. Clark Atlanta University graduates will demonstrate finely honed intellectual capability, innovative ideas and practices, inclusiveness, a disposition to serve, and a distinct appreciation for diversity in people, place, and opportunity.

2.4 Institutional Goals

1. To enhance and maintain an environment which fosters intellectual, social and cultural curiosity and creativity, and the continuing development of morally sound value systems among candidates, faculty, administrators, and staff.
2. To develop accelerated undergraduate and graduate degree programs, other new programs, and educational experiments using innovative ideas through research and teaching, both within and across disciplines, and in keeping with the mission of the University.

3. To increase the number of African-American faculty members who obtain doctoral degrees in the critical areas of natural and mathematical sciences, humanities, and social sciences.
4. To implement a comprehensive approach for continuous academic program review and assessment to improve quality and determine resource requirements and new directions through a system of external visiting committees.
5. To enhance the role of research with an improved research infrastructure and an evaluation system that recognizes the importance of research and teaching to the mission of the University.
6. To implement an integrated and centralized program for faculty and staff to address personal and professional development.
7. To continue to institute modern management techniques, taking into account the new information systems, the improvement of human work environments, and the energy- efficient utilization of space.
8. To build and maintain a vigorous institutional advancement and fund-raising capacity to provide the financial resources necessary to meet the University's goals.
9. To continue to develop and implement a comprehensive candidate life program that will include both the undergraduate and graduate levels.
10. To develop and implement more comprehensive public service programs, including opportunities for candidates to participate in local, national, and international internships and work experiences.
11. To implement a systematic plan for attracting a candidate body of increasing quality and size and an expanded academic support system to improve candidate retention.
12. To enhance and provide services to meet the education, cultural, and social service needs of the community by maintaining ongoing linkages with other local, regional, national, and international institutions.
13. To enhance the institution's commitment to provide education and technical assistance to other nations through programs, and to the furtherance of a university community that will be sensitive to the nature and depth of global interdependence.
14. To provide a state-of-the-art telecommunication infrastructure using multimedia technology to facilitate excellence in teaching, research, and service.

2.5 Clark Atlanta University's Core Values

Undergirding all of this “institutional cartography,” are Clark Atlanta University’s Core Values. This comportment is defined by six, unwavering standards that benchmark the University’s culture:

Core Values

1. **Candidate Centeredness**
2. **Pursuit of Excellence**
3. **Innovation and Discovery**
4. **Integrity**
5. **Social Responsibility**
6. **Respect**

2.6 Campus Cultural Creed

Clark Atlanta University is committed to academic excellence, building character and service to others. The University will achieve its mission by cultivating an environment of honesty, kindness, mutual respect, self-discipline, school loyalty, trust, academic integrity and communal pride. As a member of this scholarly community, I make the following pledge:

1. I will work to promote academic honesty and integrity;
2. I will work to cultivate a learning environment which opposes violence, vulgarity, lewdness and selfishness;
3. I will embrace the concept of mutual respect by treating others the way I want them to treat me;
4. I will support a campus culture of diversity by respecting the rights of those whose views and experiences differ from my own;
5. I will honor and care for the sanctity of my body as the temple of God;
6. I will commit myself to service so that I can make a difference in the world and a difference for more than just myself;
7. I will celebrate and contribute to the “spirit of greatness” left by those who preceded me and I will work to leave this a better place for those who follow me.

As a member of this community, I am committed to conducting myself in ways that contribute to a civil campus environment which encourages positive behavior in others. I accept the responsibility to uphold these noble ideals as a proud member of the Clark Atlanta University Family.

2.6.1.1.1

2.7 Institutional Accreditation

Clark Atlanta University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award the Bachelor's, Master's, and Doctoral Degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia, 30033-4097 or call 404-679-4500 for questions about the accreditation of Clark Atlanta University.

2.8 University and Program Accreditations

2.9 Program Accreditations

- Council for the Accreditation of Educator Preparation
- Council for Accreditation of Counseling and Related Educational Programs
- The Georgia Professional Standards Commission

3 School of Education

3.1 School of Education

Clark Atlanta University's School of Education believes that every child, regardless of language, culture, ethnicity, perceived ability and/or circumstance, can learn. Moreover, we assert that they deserve an opportunity to maximize their potential.

Every day, we prepare and challenge current and future educators to make that happen. Whether pursuing bachelor's, specialist, master's or doctorate degrees, our candidates are more than mere instructors, counselors, and school leaders, they are child advocates equipped with the knowledge, skill, and disposition to be change agents. That is our brand...and our calling: we equip educators to transform the lives of all learners from preschool to high school graduation and beyond.

Our degree programs include:

- Early Childhood Education
- Educational Studies
- Special Education - General Curriculum
- Secondary Math and Science Education
- Educational Leadership
- Clinical Mental Health Counseling
- School Counseling

School of Education Mission

To prepare highly competent, autonomous, critical-thinking, candidates for P-12 schools and various educational settings serve all candidates, particularly those belonging to culturally and linguistically diverse groups.

3.2 School of Education Vision

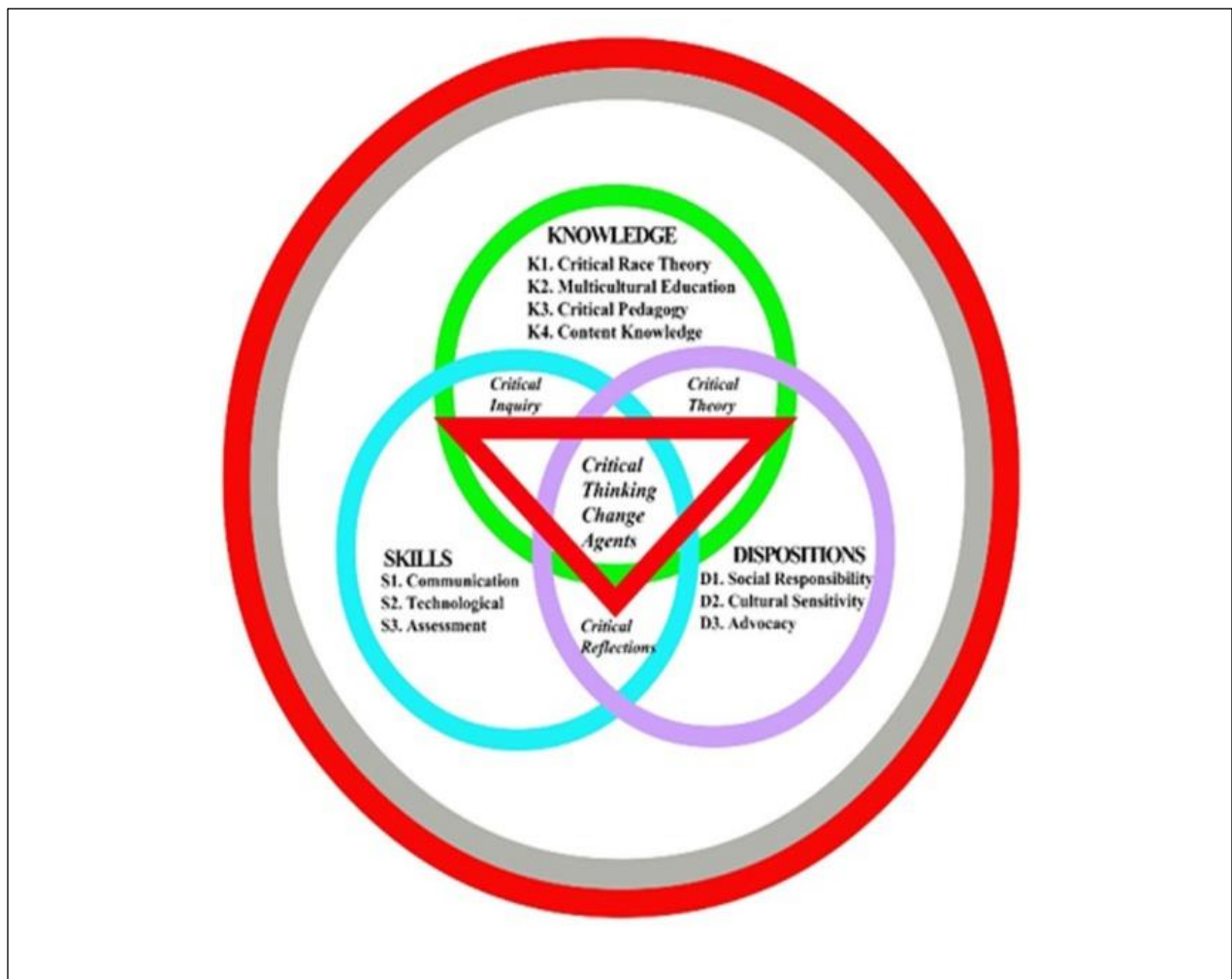
The School of Education will, consistent with the mission, vision, and core values of Clark Atlanta University, continue to drive and evaluate the discourse in seeking answers to societal problems and challenges endemic in local, national, and global scholastic environments.

3.3 School of Education Theme

“Preparing Critical Thinking Change Agents to Improve Academic Outcomes in Diverse schools and Communities”

3.4 School of Education Conceptual Framework

The School of Education infuses all curricula with understandings that recognize and develop the gifts and talents that all persons bring to their respective program. The School identifies specific concepts: change agents for social justice, critical thinking and inquiry, assessment, pedagogy, diversity, content knowledge and technology-which undergird all curricula and instruction. These concepts empower candidates to pass on the unit’s vision that is sensitive to underserved populations.



Critical Thinking Change Agent Outcomes	
Knowledge	<p>K1. <i>Critical Race Theory</i>: Demonstrates the content knowledge of the cultural, historical, social, political and economic realities and uses such to foster optimal development for all candidates.</p> <p>K2. <i>Multicultural Education</i>: Demonstrates the basic and broad knowledge and critical skills for culturally diverse groups to provide learning opportunities adapted to diverse learning needs.</p> <p>K3. <i>Critical Pedagogy</i>: Demonstrates how to teach subject content inherent in effective teaching and/or learning.</p> <p>K4. <i>Content Knowledge</i>: Exhibits understanding and has knowledge of subject matter and how knowledge is constructed to improve candidate academic achievement in inclusive settings.</p>
Skills	<p>S1. <i>Communication</i>: Demonstrates effective verbal and nonverbal communication techniques to facilitate active learning in the classroom or when working with candidates, parents, colleagues and members of the community to promote candidate success.</p> <p>S2. <i>Technological</i>: Incorporates technological applications to promote learning and ensure educational equity.</p> <p>S3. <i>Assessment</i>: Systematically uses formal and informal assessment strategies to evaluate and assess teaching/learning issues in urban schools and communities.</p>
Dispositions	<p>D1. <i>Social Responsibility (Professionalism)</i>: Models ethical and professional behaviors in all interactions with schools, families, and communities.</p> <p>D2. <i>Cultural Sensitivity</i>: Demonstrates respect for the learners' communities and cultural norms and sees the learning potential in all candidates</p> <p>D3. <i>Advocacy</i>: Views education as a dynamic political process in which to advocate improving the educational system.</p>

4 Counselor Education

4.1 Overview

The Department of Counselor Education offers programs leading to Master of Arts degrees in clinical and mental Health Counseling and School Counseling. Counselors must have a critical body of knowledge and set of skills to help clients function effectively in their lives. To achieve this goal, the program offers a curriculum which includes the following core components: human growth and development; counseling diverse populations; the nature of helping relationships skills; group counseling; career counseling; appraisal, research and program evaluation; ethics, and professional issues. In addition, course work specific to the clinical counseling specialization is required. Finally, field practicum and internship experiences are required to ensure that candidates can apply the skills and knowledge they have learned.

The Counseling Program is also designed to make sure that the counseling candidate possesses the personal characteristics necessary to be an effective helper. This is accomplished through a multifaceted admissions

process, the use of experiential learning approaches, and through the application of an ongoing screening of candidates' personal characteristics

Candidates receive skill preparation for direct service to clients; for diagnostic, consultative, and evaluative services; and for preventive intervention. Possible employing agencies and institutions include mental health clinics and hospitals, corporations, governmental social agencies, public and private schools, community colleges, and correctional institutions. This major also prepares candidates for advanced graduate work at other institutions. A 700-hour clinical field placement is required.

The Clinical Mental Health Counseling program at CAU meets the academic requirements for Georgia leading to licensure as a Licensed Professional Counselor (LPC) and is accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP).

The practicum and internships are field-based experiences designed to provide candidates the opportunity to observe and participate in the actual processes involved in clinical counseling at varied mental health agencies. This handbook has been developed to provide a more explicit liaison between the Clark Atlanta University Counseling Program and the various, institutions and agencies who voluntarily accept practicum and internship candidates. This handbook serves to communicate the procedures and requirements relative to the field experience.

4.2 Counselor Education Mission

The mission of the Department of Counselor Education furthers Clark Atlanta's by preparing candidates to assume roles of leadership and service in society as Licensed Professional Counselors (LPC) through the Council for the Accreditation of Counseling and Related Educational Programs (CACREP) Standards based programs. To promote a more just society through counseling, the faculty prepares candidates who are knowledgeable, critical thinkers, and ethical change agents. These candidates exhibit the highest degree of professionalism in facilitating the personal growth and development of clients at the individual, institutional, and systemic levels. This preparation takes place in a pluralistic teaching and learning environment that incorporates all educational means, including didactic courses, a practicum and internships I and II, research, and community service.

The CAU Clinical Mental Health Counseling Program faculty prepares candidates based on CACREP Clinical Mental Health Counseling Standards to be knowledgeable, competent, ethical, change agents in the field of counseling who exhibit the highest degree of professionalism as community counselors. To work in a variety of diverse settings, including agencies, institutions, and in private practice; collaborate with the total community at the individual, institutional and systemic levels; promote a more just and humane society in roles of community leadership and service; commit to ongoing program evaluation; advocate for their clients and the counseling profession; and, engage in continuing professional development.

4.3 Program Goal and Objectives

The Goal of the Counselor Education Program is to prepare professional counselors with personal and professional integrity. This endeavor requires, at a minimum, institutional and departmental support, a programmatic structure meeting credentialing requirements, qualified faculty, and dedicated candidates. To help prepare them to enter the field of counseling, faculty will provide candidates with specialized curricular, experiential, supervisory, and professional experiences. These include course work, practicum, internships, supervision, and opportunities for professional experiences. Candidates are encouraged to attend workshops, conferences, and to work with faculty on presentations/research. Faculty and candidates are expected to participate in local, state, and national professional activities and associations such as the American Counseling

Association (ACA), its divisions, branches, and its affiliate organizations. We encourage participation and contribution to seminars, workshops that contribute to personal and professional growth. In addition, the counseling faculties are dedicated to recruiting candidates from underrepresented groups and to educating future counselors on issues related to working with diverse populations.

Upon graduation from the CAU counseling program, graduates should meet the following objectives:

1. Comprehend and adhere to professional ethical standards and identity, including: the history and philosophy of the counseling profession, professional roles and responsibilities.
2. Understand the uniqueness of human diversity and how it relates to the context of relationships, and issues in a pluralistic society.
3. Understand and apply scientific processes, theory, and concepts to human behavior, human service systems and problems in human behavior at all developmental levels.
4. Understand and integrate career theories, career decision making. Career planning and career assessment in counseling through work at an agency or school.
5. Understand and apply basic helping skills necessary for effective counseling and consultation with individuals and groups in schools or agencies.
6. Learn group theory and group practice as related to dynamics, counseling theories, group counseling methods, and group approaches,
7. Understand individual and group assessment approaches and their utility in a pluralistic society.
8. Understand appropriate research methods (e.g., qualitative, quantitative, case study), statistical analysis, needs assessment and program evaluation methodologies, as well as ethical concerns for conducting research and evaluating research in a pluralistic society.
9. Understand and use basic technology: PowerPoint, appraisal instruments, World Wide Web, email, and Microsoft Office Suite.

4.4 Counseling

Counseling can be a fulfilling profession for those who desire to promote the well-being of clients in a variety of settings. American Counseling Association outlined a definition and discussion that highlights the enormous responsibility and commitment that comes with being a professional counselor.

Professional counseling is the application of mental health, psychological or human development principles, through cognitive, affective, behavioral or systemic interventions, strategies that address wellness, personal growth, or career development, as well as pathology. To prepare for this challenging career, professional counselors undergo extensive education and training. This includes at least a master's degree and field training with a solid foundation in human growth and development, career and lifestyle development, social and cultural foundations, group work, practice and internships. Professional counselors serve at all levels of schools and universities, in hospitals, mental health agencies,

rehabilitation facilities, business and industry, correctional institutions, religious organizations, community centers and private practice. The following include some examples that illustrate how counselors positively affect the lives of many different people...

Children and adolescents... Many community agencies call upon professional counselors to help children and adolescents cope with stressors in their home and school environments. Professional counselors assist children to maximize their success with peers, teachers, and family members. They create innovative strategies and advocate for access to community resources which enable children and adolescents to thrive academically, psychologically and socially. To accomplish this, professional counselor's use a number of techniques, including conflict management approaches, peer mediation teams, candidate mentoring, group and individual counseling, and consultation, with other mental health professionals.

Young adults... Recognizing that the key to our nation's competitiveness is a high-quality workforce, professional counselors are at the forefront of a national movement to prepare "work-bound" young adults. Unlike those who are college-bound, at least half of all high school graduates aspire to enter the workforce immediately. Professional counselors help these young people to personalize education and planning, so the candidates can maximize their talents and opportunities. They create, develop and shape innovative strategies to enable candidates to be satisfied learners as well as productive citizens.

Adults in a unique group... Emergency and rescue workers routinely respond to life-threatening incidents that inflict a level of job stress few will ever know. Counselors join with other professionals to prepare these personnel who are called to such incidents as the bombing of the federal building in Oklahoma City, a hurricane that devastates the Gulf Coast or a rescue operation at a burning day care center. Counselors help these men and women identify stress in themselves and others, as well as take constructive action to alleviate acute stress responses at the scene or within days of an incident.

Older adults... Improvements in lifestyle choices, nutrition and health care are helping more Americans live longer lives. The fastest growing subgroup in America, older adults present a unique set of challenges for professional counselors. For example, retirees can experience a deep sense of loss. Some feel that their lives no longer have meaning, that they are no longer useful to society. To assist in the transition into senior adulthood, professional counselors guide many older adults in assessing their interests, abilities and potential in preparation for a second career. For many living on a fixed income, a successful second career provides new options.

Families... The number of single-parent families in America has grown at an alarming rate. With help and guidance from professional counselors, however, single parents and their children can learn to redefine relationships, live in harmony and lead productive lives. Working with parents who may be widowed, divorced or unmarried, professional counselors help them to overcome the negative stereotypes that society has perpetrated. Single parents learn how to identify their unique strengths and to use them advantageously in raising their children. Counselors also assist single parents in practical matters, such as dealing with school personnel and making career decisions.

From: American Counseling Association (2002). Professional counselors. Retrieved on October 15, 2002, from <http://www.counseling.org/consumers/serving.htm>

This program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP)

4.5 Degrees in Counseling

Welcome to the Clark Atlanta University Department of Counselor Education. You have chosen to begin a journey with the goal of becoming a professional counselor. The Department of Counselor Education offers two types of degrees based on candidate's career goals: programs leading to Master of Arts degrees in Clinical Mental Health Counseling and a Master of Arts School Counseling. The curricula of the department are designed to develop competency in counseling, stimulate original research, and serve the educational enterprise with creative scholarship and effective clinical practice.

The requirements of the counseling programs consist of courses in counseling skills, theories, ethics, and research. More advanced courses offer candidates the opportunity to learn of a variety of counseling strategies and theories, which they will utilize in their practice. Other courses in the professional sequence emphasize self-concept development in relation to the role of the counselor. Monitored and sequenced practicum and internship courses provide opportunities for the application of appropriate theories and practice as a professional counselor.

This handbook is offered to candidates interested in Community Counseling. It is hoped that the contents will assist candidates in understanding the counseling program and to maximize candidates' experience in our program. While every effort has been made to provide a comprehensive handbook, the following are only guidelines. Candidates need to work closely with their advisor. Ultimately, the candidate is responsible for the successful completion of all graduation requirements.

In addition, it should be noted that the Counseling Program receives periodic review, permitting addition of new course work, elimination of obsolete course work, and/or change in program policy when appropriate. Any curriculum changes or policy changes required by reviews will be based on due notice and consultation with the academic and professional community. In order to "lock" in your curriculum, you must sign a program of study with your advisor. The program of study is the contract between you and the program regarding the requirements for graduation. If you do not sign a program of study early in your studies, it is possible that curriculum changes could affect your requirements for graduation.

4.6 Clinical Mental Health Counseling

The Master of Arts degree in Clinical Mental Health Counseling consists of **60 credit-hours** and is designed to prepare candidates for professional counseling positions in a variety of community settings, including mental health agencies, hospitals, juvenile justice agencies, and substance abuse treatment facilities. Graduates of the program are prepared to provide individual and group counseling, education and lifestyle development, and career planning, all in diverse settings. The curriculum of this program is aligned with the basic requirements for licensure as a Licensed Professional Counselor in Georgia (LPC) and qualifies graduates to take the National Board of Certified Counselor's Examination (NCC).

Endorsement

The Department of Counselor Education endorses the licensure/certification requirements of the Georgia Professional Standards Commission and the Georgia Composite Board of Professional Counselors, social Workers and Marriage and Family Therapists.

4.7 Curriculum Objectives

- Candidates will have knowledge of human growth and development so that they can understand and

apply theory, and concepts to human behavior, human service systems and problems in human behavior at all developmental levels.

- Candidates will have knowledge and understand the uniqueness of social and cultural foundations and how it relates to the context of relationships, and issues in a pluralistic society.
- Candidates will have knowledge and understand helping relationship skills of counseling.
- Candidates will be knowledgeable about group work: development, dynamics, counseling theory, group counseling methods, and group work approaches.
- Candidates will be knowledgeable and understand career and lifestyle development as well as integrate career theories, career decision making, career planning and career assessment.
- Candidates will be knowledgeable and understand individual and group appraisal approaches.
- Candidates will be knowledgeable about research methods, program evaluation and basic statistics. (e.g., qualitative, quantitative, case study), statistical analysis, needs assessment and program evaluation methodologies, as well as ethical concerns for conducting research and evaluating research in a pluralistic society.
- Candidates will be knowledgeable about professional orientation and ethics of counseling including history, philosophy of the counseling profession, professional roles and responsibilities, standards and credentials.
- Candidates will understand and use basic technology: PowerPoint, appraisal instruments, World Wide Web, email, Microsoft Office Suite, google docs, and zoom.

4.8 Program Prepares Candidates To:

1. Work effectively with individuals and groups on educational, emotional, personal, social, and vocational concerns through the processes of counseling, consulting, assessment, referral, placement, follow-up, and coordination.
2. Select a theoretical approach to working with clients of diverse ethnic populations while simultaneously assimilating cultural sensitivity and cross-cultural knowledge.
3. Design and maintain a sound clinical mental health counseling program through program planning, organizing, and evaluating continuously by utilizing existing standards from professional organizations specifically referring to goals, objectives, assessment and appraisal.
4. Act in a manner exemplifying the professional ethics and standards as indicated by the American Counseling Association.
5. Conduct timely research for the purposes of improvement, and creative innovations in the areas of counselor effectiveness, counseling programs, issues pertinent to youth and their numerous and diverse concerns.
6. Seek continual professional growth and development as a person and counseling professional.

5 Clinical Field Placement

A total of 700 hours will be spent in the practicum and internship experiences, 100 total clock hours for practicum and 600 total clock hours for internships I and II, over a period of three semesters. It is

here that the candidate is expected to practice the skills developed in the classroom. The Clinical Mental Health Counselor Coordinator will supervise all school field placements. Candidates must complete the application form, course verification form and submit all forms to the Clinical Mental Health Counseling Coordinator. The placement is contingent upon your continued advancement in the areas of knowledge, skills and dispositions. Practicum and Internship will take place over fifteen weeks, one semester each.

During your training you are expected to adhere to the ACA Code of Ethics and Standards of Practice, and the Clark Atlanta University Code of candidate Conduct and the policies and procedures of the placement site.

5.1 Practicum and Internship Experience

*Practicum=100 Total Clock Hours * Internship I=300 hours* Internship II=300 Hours*

	<i>Practicum (15weeks)</i>	<i>Internship I (15weeks)</i>	<i>Internship II (15weeks)</i>
<i>Direct Service</i>	<i>40 Hours</i>	<i>140 Hours</i>	<i>140 Hours</i>
<i>Indirect Service</i>	<i>60 Hours</i>	<i>160 Hours</i>	<i>160 Hours</i>
<i>Total Clock Hours</i>	<i>100 Hours</i>	<i>300 Hours</i>	<i>300 Hours</i>

During your training you are expected to adhere to the ACA Code of Ethics and Standards of Practice, and the Clark Atlanta University Code of candidate Conduct and the policies and procedures of the placement site. Students are required to attend field orientation prior to the semester of practicum, spring or fall semester.

5.2 Practicum

The practicum experience is typically the first clinical experience for candidates. Master's degree candidates are required to register for a 3-credit practicum course that includes 100 hours of field experience during an academic term. This experience is designed to provide the candidate with the opportunity to demonstrate basic counseling skills in a professional setting under close supervision with actual clients. *Practicum candidates work a minimum of 8-10 hours per week on site and must complete a total of 100 hours over the course of the one semester.* Candidates are expected to abide by the established policies and procedures of Clark Atlanta University Counseling Program, ethical standards of the American Counseling Association, the Council for Accreditation of Counseling and Related Programs (CACREP) and site regulations. Candidates who are ready to start practicum and internship must complete a Clinical Placement Application and consult with the Practicum and Internship Coordinator.

The candidate's practicum includes the following:

1. A minimum of 40 hours of direct service with clients, in both individual and group work.
2. An average of one and one-half hours per week of group/university supervision with other candidates in practicum
3. The use of audio or video recordings of live supervision may be used.
4. One and one-half hours (1 1/2) per week of group supervision with other candidates in the practicum and one hour(1) per week of individual supervision over the academic term with a site supervisor and

an assigned University supervisor (actual meeting times and dates will be determined by assigned University supervisor).

5. Two formal evaluations of the candidate's performance and dispositions throughout the practicum course by the university supervisor and/or site supervisor will be provided.
6. Candidates attend a one and one-half hours per week of group supervision weekly during a semester. Each class session includes advanced instruction in counseling, professional orientation and development, and group supervision of the work candidates perform at their practicum site.
7. Time spent in group supervision counts toward the 100-hour requirement.

5.3 Practicum Courses

CCPS 530: Clinical Mental Health Counseling Practicum (100 hours)

Provides a theoretical framework that focuses on meeting the counseling needs of identified target populations in a programmatic fashion. Prevention, crisis intervention, consultation and community-based interventions will be presented as well as needs assessments, goals formulation, intervention design, and program evaluation.

Prerequisite: Common Core Courses

5.4 Internship

Upon successful completion of the practicum course, internship may begin. Candidates who have not successfully passed the Counselor Preparation Comprehensive Examination will not be approved for enrollment into Internship II. The Internship II experience is the last experiential experience for candidates. This experience is designed to continue the enhancement of counseling skills in a professional supervised setting. Candidates have a two-semester internship experience. They intern a minimum of 20 hours per week at clinical site and must complete 600 clock hours (300 hours each of the two semesters). Please be reminded, your placement will need to take place over a minimum of fifteen (15) weeks. One and one-half hours of group supervision is provided by the university faculty and is required each week and the site supervisor provides one hour of individual supervision each week. Time spent in supervision counts toward the 300-hour requirement (per internship). The site supervision model may be individual or triadic.

Candidates are expected to abide by the established policies and procedures of Clark Atlanta University Counseling Program, ethical standards of the American Counseling Association and site regulations. Candidates are required to participate in orientation conducted by the Counselor Education Department prior at the start of their internship. The internship provides for the continued development of individual counseling and group counseling skills, psycho educational activities, consultation skills, and the implementation of general support services.

The candidate's internship will include the following:

1. A minimum of 140 hours of direct service with clients (for each internship) in both individual and group work.
2. A minimum of one hour per week of individual supervision with the site supervisor using.
3. One and one-half hours of weekly group/university supervision with other candidates in internships.
4. the candidate is expected to achieve the following competencies applicable to the Clinical Mental Health Counseling track within the internship experience:
 - a) complete audio or video recordings of the candidate's interactions with clients for use in supervision (with approval and supervision of on-site supervisor);

- b) maintain internship weekly log sheets outlining site activities and submit signed logs to the university supervisor during each supervision class;
- c) participate in a minimum of one (1) hour per week of individual supervision with the site supervisor;
- d) participate in one and one-half hours of university/group -weekly with the internship faculty; and
- e) submit an evaluation of the candidate's performance throughout the internship including a *formal* midterm and final evaluation of both Internship I and II from both the university and site supervisors.

5.5 Internship Courses

CCPS 542: Clinical Mental Health Counseling Internship I (300 Hours)

Supervised field placement. Student experiences are expected to include clinical diagnoses, developing treatment plans, extensive counselor-client sessions, and follow-up of the client's progress. Students receive one hour of individual supervision on-site and attend a 1 1/2-hour weekly group supervision class with the university supervisor. *Prerequisite: CCPS 530, 534 and Candidacy. Prerequisite: CCPS 530, 540 and Candidacy.*

CCPS 543: Clinical Mental Health Counseling Internship II (300 Hours)

Capstone clinical field placement. Supervised field placement student. Student experiences are expected to include clinical diagnoses, developing treatment plans, extensive counselor-client sessions, and follow-up of the client's progress. Students receive one hour of individual supervision on-site and attend a 1 1/2 hour weekly group supervision class with the university supervisor. *Prerequisite: CCPS 542 and Candidacy.*

5.6 Clinical Placement Guidelines

This guideline serves as a guide prior to the beginning of practicum and internship. Please check with the program coordinator if you have questions regarding the following guidelines.

1. Candidates must attend the mandatory practicum and internship orientation in the fall or spring semester prior to for the start of their field placement.
2. Candidates must complete all required pre-requisite courses to be considered for practicum.
3. Complete a completed application and submit all required documents to the department Administrative Assistant before posted deadline:
 - a. All candidates must submit a criminal background check.
 - b. All candidates must submit fingerprints
 - c. All candidates must secure Professional Liability Insurance
 - d. All candidates must submit a recent transcript (can be unofficial)
 - e. All candidates must submit an Affidavit of Understanding
 - f. All candidates must submit a recent resume
4. Read handbook, including guidelines and expectations on clinical field placement.
5. Sign and return acknowledgement statement to the department Administrative Assistant.
6. Meet with Clinical Coordinator to discuss practicum and internship plan.

7. Learn expectations for candidates at placement site.
8. Schedule meeting to discuss placement with Clinical Coordinator.
9. Complete a resume and prepare for interview with site personnel.
10. Schedule and complete interviews with potential site supervisors.
11. Approval and notification of placement will be emailed to you by the Department of Counselor Education.
12. Attend a mandatory orientation in the semester prior to beginning the practicum.

5.7 Responsibilities and Commitments

It is Clark Atlanta's University intention to provide counseling candidates with the best possible experience during the clinical phase of their training. To accomplish this, it is essential that high quality institutions, capable of providing equally high-quality supervision, be utilized as off-campus field experience sites. It is imperative that a mutuality of understanding exists between all parties concerned; the on-site supervisor, the university supervisor and the candidate. Please consider the following criteria as it relates to these parties and their role and function in the total off-campus (laboratory) phase of the field experience. **The candidate is directly responsible to the site for the time and quality of his/her work. The site, in turn, is responsible for providing direct supervision (one hour per week). The site has final authority in all decisions concerning client care.**

5.8 Candidate Responsibilities

1. Counselors-in-training will meet, interview and finalize their clinical placement.
2. Counselors-in-training will evaluate the on-site supervisor at the end of the experience.
3. The work schedule is to be arranged by the candidate, via an interview with the site supervisor. It must include direct contact hours and direct supervision defined above.
4. Counselors-in-training will present case studies in group supervision.
5. Counselors-in-training are responsible for completing all records and forms required by site, and the university supervisor.
6. Counselors-in-training are responsible for setting up all equipment for making the required recordings, and for obtaining the required signed permission forms to be filed with the site/agency.
7. Counselors-in-training are responsible for honestly logging all time spent with clients, and in supervision.
8. Counselors-in-training are required to submit daily and weekly log sheets to the university supervisor during supervision class.
9. Counselors-in-training are expected to follow site policies and procedures.
10. Counselors-in-training are responsible for obtaining liability insurance before counseling any client.

5.9 Candidate Disposition

The department Disposition Rubric is used to assess personal and professional behaviors in every course. It is also used to address issues that become barriers to the candidate's progress in practicum and/or internship field

experiences. This disposition rubric will identify the skills, behaviors, and/or knowledge that interfere with the candidate's success in the CAU Counselor Education program. It also identifies any actions/recommendations which have or will be taken with regard to the candidate (this could include conference dates); and any action that would be recommended to the Department Chair with regard to this candidate.

Candidates must earn an overall rating of Satisfactory (2) by the end of the semester in order to meet the minimum standards on the disposition rubric. Also, an overall score of (4) for school counseling candidates and a (3) for clinical counseling candidates must be earned on the Practicum and Internship Performance Evaluation. Each of these two scores demonstrates that the candidate has done an adequate job of achieving competency.

5.10 Remediation Plan

A Remediation Plan is used to bring resolution of issues that a student may have while in their field experience. A disposition rubric may be used initially in this plan in an effort to monitor; evaluation and gate keep the progress of candidates. The Remediation Plan is developed only if a disposition rubric fails to bring resolution. The candidate, site supervisor, instructor and/or coordinator develop the remediation plan.

5.11 Conflicts in Field Experience Placement

Field experience students are required to contact their practicum and/or internship instructor if they experience a significant issue or problem during the field experience. The practicum and/or internship instructor will contact the site supervisor to discuss the matter and attempt to bring resolution to the problem. Where a resolution cannot be found, documentation of the problem will be compiled by the practicum and/or internship instructor of which a remediation plan will be construction with all parties. This remediation plan will be signed by all parties acknowledging that each understands and agrees to the procedures of the plan. Each person will have a copy of the signed plan and a copy will placed in the department's file.

Once the remediation plan has been fulfilled, the site supervisor will complete the student evaluation instrument and mail a copy to the instructor or it may be received by the instructor or University designee per school site visit.

If the problem or issue is unable to be resolved in the manner so described in the remediation plan, the practicum and/or internship instructor will report the problem with the appropriate documentations to the coordinator. A meeting will be held with the site supervisor, instructor, coordinator, department chair, and director of field. Several outcomes are possible from this meeting:

- Student will be able to recommit to the remediation plan
- Student will recommit to a revised remediation plan
- Student will be able to complete the course
- Student will not be able to complete the course

Note: There is no reassignment after fourth week of the semester. The following will also govern conflicts between field site requirements, ACA Code of Ethics, the Georgia Professional Standards, and the Georgia Composite Board.

5.12 Academic Process

In the event a student or candidate wishes to contest an academic decision, there are several levels of appeal, all of which involve a personal conference between the student and a faculty member or administrator. The student must initiate the appeal process in writing and according to the levels outlined below:

- Level 1:** University Instructor
- Level 2:** Coordinator
- Level 3:** Department Chair
- Level 4:** Ombudsman of School of Education
- Level 5:** Dean of the School of Education
- Level 6:** Vice President for Academic Affairs
- Level 7:** Provost, Executive Vice President
- Level 8:** President of Clark Atlanta University

5.13 Dismissal from the Counselor Education Program

Not limited to but included: Failure to achieve satisfactory on disposition rubric and end of course student evaluation and grade sheet, remediation plan, satisfactory on field experience evaluations, cheating and plagiarism. The student will follow the grievance hierarchy as indicated above.

5.14 University Responsibilities

1. Learn the philosophy, objectives, and organizational pattern of the cooperating host site.
2. Orient the candidates to the clinical and professional standards required during the practicum and internship.
2. Orient the candidates to the host site in which they will do their practicum and internship work.
3. Acquaint the host site with the philosophy, objectives and organization of the Clark Atlanta University Counselor Education Program.
4. Establish and maintain good relationships and ongoing communication between the university and host site.
5. Counsel with the candidates concerning problems of adjustment to their practicum and internship role.
6. Evaluate the effectiveness of the cooperating sites as part of the practicum and internship team.

5.15 University Coordinator's Responsibilities

If the site placement component is to be a truly systematic phase of the counseling practicum and internship, it is essential that the following process be adhered to:

1. Visit potential clinical sites.

2. Facilitate clinical placement.
3. Plan and conduct clinical orientations during the fall and spring semesters.
4. Collaborate with core faculty to adhere to the CACREP clinical instruction standards regulating site supervision, university staff, and candidate participation.

5.16 University Supervisor's Responsibilities

1. Coordinate and conduct 1 and 1/2 hours or weekly group supervision.
2. Provide one hour of individual supervision per week for practicum students.
3. Collect documentation of Practicum and Internship daily and weekly log sheets during group supervision.
4. Visit clinical sites once per academic term/semester.
5. Complete the Field Site Hours Information Sheet.
6. Listen to the video or audio recordings, and provide detailed, concrete feedback.
7. Assign clinical grades based on evaluation of the total clinical experience (seminar and field experience).
8. The university faculty has final authority regarding the granting of competencies.

5.17 Site Supervisor Responsibilities

1. Submit a copy of your professional resume indicating degrees, certifications and licensures earned and counseling experience to the Clinical Mental Health Counseling Coordinator.
2. Sign the agreement form provided by the intern.
3. Be familiar with all aspects of the counseling program, especially the practicum component.
4. Provide orientation to the school and/or agency environment to include but not limited to the following:
 - Mission, goals, and objectives of the school and agency
 - Policies and procedures
 - Standard operating procedures
5. Introduce the counselor-in-training to the administrators and staff of the site.
6. Insure that the counselor-in-training is totally aware of and adheres to all established institutional rules and regulations as they apply to protocol, schedules (including working hours), dress, and other formalities. Report all occurrences of non-compliance to the university supervisor immediately.
7. Provide the candidate with the best possible facility as a base of operations.
8. Provide one hour of individual supervision conference per week with intern to discuss various aspects of his/her work, make recommendations relative to intern's progress, and sign the student's daily and weekly log sheets.
9. Observe the candidates in counseling sessions and/or group guidance activities at least two times during the semester.

10. Internship site supervisor will complete a midterm and final evaluation report related to the candidate's performance and will discuss the evaluation with the candidate.

6 Appendices

Clark Atlanta University
School of Education
Department of Counselor Education

Clinical Mental Health Counseling Practicum and Internship Application

Directions: This application, professional liability insurance, unofficial transcript, resume, candidacy form, fingerprint and the criminal/police background check must be completed and submitted to the Community Counseling Field Placement Coordinator.

Student Information

Student Name:		Student ID#:			
		900-			
Mailing Address:		Apt. #:	City:	State:	Zip:
Home Phone:		Work Phone:			
() -		() -			
Cell Phone:		CAU Email Address:			
() -		@stu .edu			

Agency in which you are currently employed:	Will you be returning to your internship site?
	Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
CCPS 530 CMHC Practicum (100 hours)	Fall _____ Spring _____ Summer _____
CCPS 543 CMHC Internship II (300 hours)	Fall _____ Spring _____ Summer _____

Do not contact desired practicum/internship site before receiving approval.

Agency Preference:

1st Choice	Agency Name:	Telephone Number:
		() -
2nd Choice	Agency Name:	Telephone Number:
		() -

This confirms my understanding that I must complete the Clinical Mental Health Counseling Practicum/Internship under the supervision of a Licensed Professional Counselor. I further understand that I am to conduct myself in an ethical and professional manner, adhering to the policies and procedure of the agency in which my field experience take place.

Student Signature (If sending electronically, typed name will serve as signature)

/ /

Date

Site Supervisor Signature

Date

TRAINING ACTIVITIES

The training activities listed below will be provided for the candidate in sufficient amounts to an adequate evaluation of the candidate's level of competence in each activity.

- Counseling services (individual, group, family) of personal, social, educational, occupational nature
- Consultation (teachers, referral agencies, family members, administrators, professional team)
- Coordination (of counseling curriculum with regular curriculum)
- Observation
- Career development services
- Planning and development of program and services
- Individual assessment and inventory
- Research (including evaluation)
- Placement and follow-up
- Referral activities
- In-service
- Report-writing, intake interviewing, record keeping
- Case conferences, staff meetings
- Use of technology
- Other (as assigned by administration, classroom guidance, registration of new individuals in setting, grant writing)

The names and signatures of the responsible individuals in fulfilling this assignment are:

_____ Site Supervisor (Print)	_____ Signature	_____ Date
_____ Clinical Director (Print)	_____ Signature	_____ Date

Clark Atlanta University

_____ Field Experience Candidate (Print)	_____ Signature	_____ Date
_____ CAU Field Placement Coordinator (Print)	_____ Signature	_____ Date
_____ Department Chair (Print)	_____ Signature	_____ Date

**Clark Atlanta University
School of Education
Department of Counselor Education
Clinical Mental Health Counseling**

PARENTAL RELEASE FORM

Parent's Name:		Child's Name:	
Address:		City:	State:
Home Phone:		Work:	
Cell:	E-mail:		

The Graduate Department of Counselor Education at Clark Atlanta University conducts a Counseling Internship course each semester at the University. The Counseling Internship course is an advanced course in counseling required of all Degree Candidates in the Counseling Program at Clark Atlanta University. Candidates may be required to audio tape counseling sessions as part of the course and degree requirements.

_____ would like to work with your son/daughter as a candidate at _____. The counseling sessions conducted with your child may be audio taped and reviewed by the candidate's supervisor _____. All audio tapes made will be erased at the completion of your child's involvement in the program.

I have been told that all my counseling sessions will remain confidential in terms of the information that will be revealed during the process of supervision. In certain cases, confidentiality is not allowed due to certain legal restrictions imposed by the state of Georgia. Times when confidentiality cannot be maintained include: (a) any form of child abuse [neglect, physical, and/or sexual] (b) danger to one's self [i.e., suicide], (c) danger to others [homicide, threat to injure someone], and (d) if an appropriate court order directs otherwise.

We hope that you will take the opportunity to have your child become involved in the Counseling Program. If you are interested in having your child participate, please sign the form where indicated.

Thank you for your cooperation.

Parent's Signature

Date

**Clark Atlanta University
School of Education
Department of Counselor Education
Clinical Mental Health Counseling**

Client Release Form

Name:	Age	Date:

I _____ agree to be counseled by an internship candidate in
_____ Client's Name

the Department of Counselor Education at Clark Atlanta University. I further understand that I may participate in counseling interviews that may be audio/video recorded. I understand that I may be counseled by a graduate candidate who has completed advanced course work in counseling. I understand that the candidate may be supervised by an independently licensed clinician (LPC) and/or a university faculty member with appropriate credentials.

I am aware that all my counseling sessions will remain confidential in that the information that will be revealed during the process of supervision. In certain cases, confidentiality is not allowed due to certain legal restrictions imposed by the state of Georgia. Times when confidentiality cannot be maintained include: (a) any form of child abuse [neglect, physical, and/or sexual abuse], (b) danger to one's self [i.e., suicide], (c) danger to others [homicide, threat to injure someone], and (d) if an applicable court order directs otherwise.

I am aware that some counseling sessions are recorded. The university supervisor uses the following security measures when recording: (a) no digital recordings are identified with client information, (b) the digital recordings once provided to the university supervisor are secured in a locked cabinet, (c) the digital recordings are destroyed after they have been reviewed in supervision and by the end of the semester, and (d) the digital recordings are used for training purposes and clinical instruction in the Counselor Education program.

We hope that you will take the opportunity to help the client become involved in the Counseling Program. If you agree with the above, please sign the form where indicated.

Client's Signature:

Date:

Field Placement Candidate's Name

Field Placement Candidate's Signature

Date:

Site Supervisor's Name

Site Supervisor's Signature

Date:

Client Profile Information

PERSONAL INFORMATION

Client's Name:		Today's Date:	
Address:		City:	
Unit/Apt. #	State:		Zip Code:
Home Phone:		Cellphone:	Work phone:
Date of Birth:	Age:	Place of Birth:	
Sex: [] Female [] Male		Height:	Weight:
		Race:	

REASON FOR VISIT

Have you ever been to the counselor's office before? Yes _____ No _____

If yes, tell why: _____

Presenting Problem or Condition: _____

Presenting Factors: _____

Symptoms: _____

Acute: _____ Chronic: _____

Are you currently taking medication? Yes _____ No _____

If yes, name(s) of the medication: _____

Dosage: of the medication(s): _____

SAMPLE

TEST RESULTS

IQ: _____ Present Grade Level: _____ Math: _____

Reading: _____ Has candidate ever been retained, indicate grade: _____

FAMILY HISTORY

Father's Name: _____ Age: _____ Living _____ Deceased _____

Occupation: _____ Full-time _____ Part-time _____

Mother's Name: _____ Age: _____ Living _____ Deceased _____

Occupation: _____ Full-time _____ Part-time _____

Siblings:

Name: _____ Living _____ Deceased _____

Name: _____ Living _____ Deceased _____

Name: _____ Living _____ Deceased _____

Name: _____ Living _____ Deceased _____

PLEASE CHECK IF IT APPLIES TO THE CLIENT

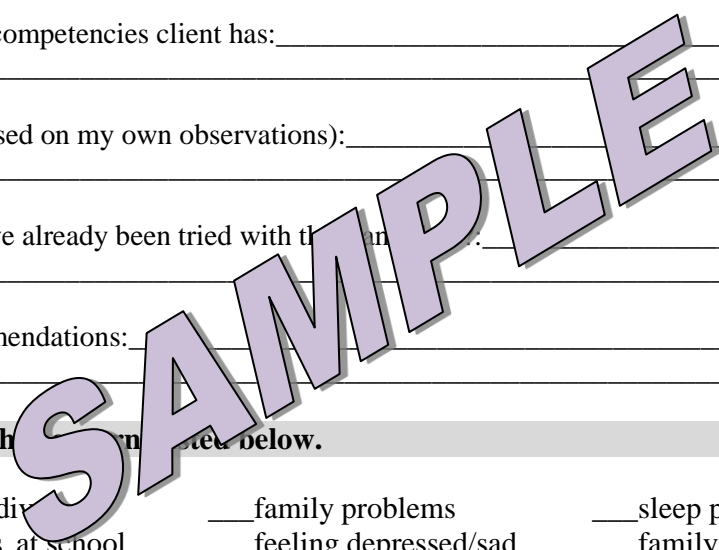
Aggressive	_____	Assertive	_____
Noncompliant	_____	Disregard for Rights	_____
Self-Confident	_____	Withdrawn	_____
Argumentative	_____	Personable	_____
Shy	_____	Dependent	_____
Depressed	_____	Avoidant	_____
Friendly	_____	Social	_____
Engaging	_____	Ambitious	_____
Impulsive	_____	Preoccupied	_____
Motivated	_____	Distractible	_____

Special skills, talents, competencies client has: _____

Reason for referral (based on my own observations): _____

What interventions have already been tried with the client? _____

Comments and recommendations: _____



Please check any of the items listed below.

- | | | |
|--|---|--|
| <input type="checkbox"/> parents separated/divorced | <input type="checkbox"/> family problems | <input type="checkbox"/> sleep problems |
| <input type="checkbox"/> behavior problems at school | <input type="checkbox"/> feeling depressed/sad | <input type="checkbox"/> family financial problems |
| <input type="checkbox"/> feeling tired/no energy | <input type="checkbox"/> easily annoyed/irritated | <input type="checkbox"/> trouble concentrating |
| <input type="checkbox"/> loss of interest in people/things | <input type="checkbox"/> cry easily | <input type="checkbox"/> feelings of anger |
| <input type="checkbox"/> trouble with temper | <input type="checkbox"/> feelings of fear | <input type="checkbox"/> confusion |
| <input type="checkbox"/> feeling threatened/not safe | <input type="checkbox"/> feeling nervous/panicky | <input type="checkbox"/> sexual concerns |
| <input type="checkbox"/> thoughts of ending my life | <input type="checkbox"/> health problems | <input type="checkbox"/> feelings of guilt |
| <input type="checkbox"/> problems with alcohol/drugs | <input type="checkbox"/> aggressive behavior | <input type="checkbox"/> problems with transportation |
| <input type="checkbox"/> often think of past trauma | <input type="checkbox"/> trouble with memory | <input type="checkbox"/> mood swings/changes |
| <input type="checkbox"/> appetite/weight change | <input type="checkbox"/> runaway behavior | <input type="checkbox"/> legal problems |
| <input type="checkbox"/> difficulty keeping friends | <input type="checkbox"/> history of verbal abuse | <input type="checkbox"/> history of sexual abuse |
| <input type="checkbox"/> placement in group home | <input type="checkbox"/> pregnancy | <input type="checkbox"/> placement in alternative school |
| <input type="checkbox"/> history of physical abuse | <input type="checkbox"/> truancy | <input type="checkbox"/> repeated grades |
| <input type="checkbox"/> mental health treatment | | <input type="checkbox"/> relationship problems |
| <input type="checkbox"/> placement in residential treatment | | <input type="checkbox"/> excessive concern about weight |
| <input type="checkbox"/> family history of domestic violence | | <input type="checkbox"/> thoughts of hurting someone |
| <input type="checkbox"/> placement in special education classes | | |
| <input type="checkbox"/> thoughts of hurting myself (cutting, burning, etc.) | | |
| <input type="checkbox"/> hearing voices/seeing things that others do not hear/see | | |
| <input type="checkbox"/> problems controlling impulses (gambling, computers, eating, etc.) | | |

Clinical Mental Health Counseling Practicum and Internship Daily Sign-in Sheet

Candidate's Name:

 name

Field Site:

 name

Site Supervisor:

 name

Current Semester:

 Spring 2018

Courses:
 COUN 530 Practicum
 COUN 543 Internship II

COUN 542 Internship I

Day	Date	Time In	Time In	Time Out	Time Out	Total Hours	Site Supervisor Signature
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Total Hours						0.00	

SAMPLE

Field Candidate's Signature: _____

Site Supervisor's Signature: _____

University Supervisor: _____

Date: _____

Date: _____

University Supervisor Signature: _____

Clark Atlanta University
School of Education
Department of Counselor Education

Clinical Mental Health Counseling Practicum and Internship Weekly Log Sheet

Student's Name:

name

Site Supervisor:

name

Field Site:

name

Current Semester:

Spring 2018

Courses:

COUN 530 Practicum

COUN 542 Internship I

COUN 543 Internship II

Field Experience Weekly Log (Week 1-8)

Activities	Week 1 Hours	Week 2 Hours	Week 3 Hours	Week 4 Hours	Week 5 Hours	Week 6 Hours	Week 7 Hours	Week 8 Hours	Total Hours
Direct Clinical Contact									
Intake Interviews	0	0	0	0	0	0	0	0	0
Clinical Observation	0	0	0	0	0	0	0	0	0
Individual Counseling	0	0	0	0	0	0	0	0	0
Group Counseling	0	0	0	0	0	0	0	0	0
Family Counseling	0	0	0	0	0	0	0	0	0
Referral to Community Consultation	0	0	0	0	0	0	0	0	0
Assessment /Testing	0	0	0	0	0	0	0	0	0
Other (Explain)	0	0	0	0	0	0	0	0	0
Administrative									
Program/Case Planning	0	0	0	0	0	0	0	0	0
Professional Conferences	0	0	0	0	0	0	0	0	0
Training/Orientation on Site	0	0	0	0	0	0	0	0	0
Other (Explain)	0	0	0	0	0	0	0	0	0
Supervision									
Group Site Supervision	0	0	0	0	0	0	0	0	0
Individual Site Supervision	0	0	0	0	0	0	0	0	0
Individual Supervision University	0	0	0	0	0	0	0	0	0
Group Supervision University	0	0	0	0	0	0	0	0	0
other (Explain)	0	0	0	0	0	0	0	0	0
TOTAL HOURS BY WEEKS	0	0	0	0	0	0	0	0	0

Total Hours (8 weeks)

0

Field Candidate's Signature

Date

Site Supervisor's Signature

Date

University Supervisor Signature

Date

Clinical Mental Health Counseling Practicum and Internship Weekly Log Sheet

Student's Name:

 name

Field Site:

 name

Site Supervisor:

 name

Current Semester:

 Spring 2018

Courses:
 COUN 530 Practicum
 COUN 543 Internship II

COUN 542 Internship I

Field Experience Weekly Log (Week 9-16)

Activities	Week 9 Hours	Week 10 Hours	Week 11 Hours	Week 12 Hours	Week 13 Hours	Week 14 Hours	Week 15 Hours	Week 16 Hours	Week 17 Hours	Total Hours
Direct Clinical Contact										
Intake Interviews	0	0	0	0	0	0	0	0	0	0
Clinical Observation	0	0	0	0	0	0	0	0	0	0
Individual Counseling	0	0	0	0	0	0	0	0	0	0
Group Counseling	0	0	0	0	0	0	0	0	0	0
Family Counseling	0	0	0	0	0	0	0	0	0	0
Referral to Community Consultation	0	0	0	0	0	0	0	0	0	0
Assessment /Testing	0	0	0	0	0	0	0	0	0	0
Other (Explain)	0	0	0	0	0	0	0	0	0	0
Administrative/Professional Development										
Program/Case Planning	0	0	0	0	0	0	0	0	0	0
Professional Conferences	0	0	0	0	0	0	0	0	0	0
Training/Orientation on Site	0	0	0	0	0	0	0	0	0	0
Other (Explain)	0	0	0	0	0	0	0	0	0	0
Group Site Supervision	0	0	0	0	0	0	0	0	0	0
Individual Site Supervision	0	0	0	0	0	0	0	0	0	0
Individual Supervision University	0	0	0	0	0	0	0	0	0	0
Group Supervision University	0	0	0	0	0	0	0	0	0	0
other (Explain)	0	0	0	0	0	0	0	0	0	0
TOTAL HOURS BY WEEKS	0	0	0	0	0	0	0	0	0	0

SAMPLE

Total Hours (17 weeks) 0

 Field Candidate's Signature

 Date

 Site Supervisor's Signature

 Date

University Supervisor Signature

Date

**School of Education
Department of Counselor Education
Field Site and Hours Completion Form**

Clinical Mental Health Counseling Practicum Internship I Internship II

Candidate Information			
First Name	Last Name	Middle Initial	
Address			Unit or Apt. #
City	State	Zip Code	Admission Semester
Work or Home Number () -	Cellular Number () -	candidate ID # (900-) 900- -	

Field Experience Site			
Site Name	Telephone Number () -		
Director/Principal's Name	Telephone Number () -		
Site Address	Suite or Building		
City	Zip Code	County	
Site Supervisor Name	Title		
Site Supervisor License/Certification # (Must be completed before submitting)	License/Certification Number		

Field Experience Hours Completed			
Below indicate the number of clock hours you completed. Check the appropriate semester and indicate the year and the number of completed clock hours.			
Semester	Year	Experience Clock Hours	Semester Hours
<input type="checkbox"/> Fall	_____	_____	_____
<input type="checkbox"/> Spring	_____	_____	_____
<input type="checkbox"/> Summer			

Copy this form for each Internship course you take. This form becomes part of the candidate record to document the completion of Internship hours. It is the **candidate's responsibility** to record the appropriate information on the form and obtain the signature of his/her faculty and site supervisor. It is the **faculty instructor's responsibility** to incorporate this form into the candidate record. **A Semester Log Sheet must be attached to verify the number of clock hours.**

Field Placement Candidate Signature (<i>If sending electronically, typed name will serve as signature</i>)	Date
Site Supervisor's Signature (<i>If sending electronically, typed name will serve as signature</i>)	Date
University Supervisor's Signature (<i>If sending electronically, typed name will serve as signature</i>)	Date:



**School of Education
DEPARTMENT OF COUNSELOR EDUCATION
CLINICAL MENTAL HEALTH COUNSELING**

Practicum and Internship Performance Evaluation

Check One: Practicum_____ Internship I_____ Internship II_____

Candidate Name _____ **Semester** _____

Site Supervisor Name _____

Directions: Site supervisor should complete this form in duplicate at the end of the Practicum, Internship I and Internship II experiences. After reviewing with the candidate, one copy should be given to the candidate and the other copy is to be sent to the University Supervisor at CAU.

Below is a general guide for activities and experiences typically engaged in during counselor training as well as actual counselor performance. Please rate the candidate's performance on level of achievement and/or competency using the outlined scale.

1-Needs Improvement (**NI**) 2-Satisfactory (**S**) 3-Good (**G**) 4-Excellent (**E**) 4-Not applicable at this time (**NA**)

A. Counseling Skills

1. Ability to demonstrate active attending behavior	1	2	3	4	5
2. Ability to listen to what client says verbally, noticing mix of experiences, behaviors, and feelings	1	2	3	4	5
3. Ability to understand accurately the client's point of view	1	2	3	4	5
5. Ability to identify themes in client's story	1	2	3	4	5
6. Ability to respond with accurate empathy	1	2	3	4	5
7. Ability to ask open-minded questions	1	2	3	4	5
8. Ability to help clients clarify focus	1	2	3	4	5
9. Ability to balance encouragement, clarification, and probing	1	2	3	4	5
10. Ability to assess the severity of client's problems	1	2	3	4	5
11. Ability to establish collaborative working relationship with client	1	2	3	4	5
12. Ability to identify and challenge distorted thinking statements.	1	2	3	4	5
13. Ability to share constructively some of own experiences, behaviors, and feelings with client	1	2	3	4	5
14. Ability to understand and facilitate decision making	1	2	3	4	5
15. Ability to help clients set goals and move toward action in problem solving	1	2	3	4	5
16. Ability to recognize and manage client reluctance and resistance	1	2	3	4	5
17. Ability to help clients explore consequences of the goals they set	1	2	3	4	5
18. Ability to help clients review and revise					

goals based on new experiences	1	2	3	4	5
19. Ability to establish continuity from session to session	1	2	3	4	5
20. Knowledge of policy and procedures of the agency regarding harm to self and others, substance abuse, and child abuse	1	2	3	4	5

B. Assessment Skills

21. Ability to use appropriate assessment instruments	1	2	3	4	5
22. Ability to conceptualize cases	1	2	3	4	5
23. Ability to develop treatment formulations	1	2	3	4	5
24. Ability to describe and document behavioral observations	1				
25. Ability to make diagnostic impressions	1	2	3	4	5
26. Ability to self-critique their own work (identify strengths and weaknesses)	1	2	3	4	5

C. Intervention Skills

27. Maintains an appropriate pace during the session	1	2	3	4	5
28. Appropriate use of affective interventions	1		3	4	5
29. Appropriate use of cognitive interventions	1	2	3	4	5
31. Appropriate use of behavioral interventions	1		3	4	5
32. Appropriate use of systematic interventions	2		3	4	5

D. Professional Skills

33. Is aware of personal issues that might impact counseling	1	2	3	4	5
34. Demonstrates openness and receptivity to supervision	1	2	3	4	5
35. Appreciate own limits and refer over to them	1	2	3	4	5
36. Projects a professional appearance	1	2	3	4	5
37. Adheres to the ethical standards of the counseling profession and clinical site	1	2	3	4	5
38. Participates in professional conferences, workshops, and in-service training	1	2	3	4	5
39. Demonstrates sensitivity to cultural diversity and special needs of clients and staff members	1	2	3	4	5
40. Maintains client confidentiality	1	2	3	4	5

Based on your experiences, what would you evaluate as being the candidate's major strengths?

Please comment further addressing the candidate's need for additional training, skills, knowledge of community agency settings, theories, professional growth and/or personal characteristics:

In comparison to other practicum or Internship interns at this stage in their training, how would you evaluate this candidate's performance?

1 2 3 4 5 6
Clearly excellent Like others Clearly deficient

Signature of Site Supervisor

Site Name

Date

My signature indicates I have read and discussed the material above with my site supervisor. It does not indicate my total or partial agreement with the evaluation.

Signature of Field Experience candidate

Date

SAMPLE



Clinical Mental Health Counseling

Practicum and Internship Evaluation of On-Site Supervisor

Check one: Practicum____ Internship I____ Internship II____

Name of Candidate

Name of Site Supervisor

Placement Site: _____

Directions: Internship candidates should complete this form at the end of the Internship experience. After reviewing with your Site Supervisor, the Internship faculty at CAU, a copy will be sent to the Internship Site Supervisor.

Please circle the response that described your supervision experience most accurately.

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree N/A = Not Applicable

PART I: Supervisory Process and Relationship

- SAMPLE**
1. My supervisor explained his/her role as my supervisor **1 2 3 4 N/A**
 2. My supervisor made me feel at ease with the supervision of my clients **1 2 3 4 N/A**
 3. My supervisor assisted me in developing my counseling skills **1 2 3 4 N/A**
 4. My supervisor gave me feedback about my work as a counselor that was accurate and that I could use **1 2 3 4 N/A**
 5. My supervisor helped me with the issues that my client brought to the session **1 2 3 4 N/A**
 6. My supervisor assisted me in understanding my own feelings about the client **1 2 3 4 N/A**
 7. My supervisor helped me to focus on specific counseling strategies to assist the my clients **1 2 3 4 N/A**
 8. My supervisor helped me to develop techniques to resolve conflict **1 2 3 4 N/A**
 9. My supervisor modeled appropriate counseling techniques when necessary **1 2 3 4 N/A**
 10. My supervisor made it comfortable to communicate with him/her **1 2 3 4 N/A**
 11. My supervisor made me feel that our supervisory relationship was a priority **1 2 3 4 N/A**
 12. My supervisor provided resources and information when necessary **1 2 3 4 N/A**
 13. My supervisor was genuine, congruent, empathic, and honest **1 2 3 4 N/A**
 14. My supervisory sessions allowed for my personal and professional growth **1 2 3 4 N/A**

PART II: Legal and Ethical Issues

- 15. My supervisor reviewed and discussed with me the guidelines and standards of ASCA, ACA, and the PSC 1 2 3 4 N/A
- 16. My supervisor discussed with me the importance of confidentiality 1 2 3 4 N/A
- 17. My supervisor discussed with me the importance of written informed consent 1 2 3 4 N/A
- 18. My supervisor and I discussed the importance of avoiding dual relationships 1 2 3 4 N/A
- 19. My supervisor helped promote my professional identity by encouraging membership in professional organizations 1 2 3 4 N/A

PART III: Evaluation Process

- 20. My supervisor provided me with all documents relevant to my Internship/Intern experience 1 2 3 4 N/A
- 21. My supervisor met with me on a regular basis 1 2 3 4 N/A
- 22. My supervisor, when necessary, provided immediate feedback regarding my client interaction 1 2 3 4 N/A
- 23. My supervisor initiated periodic evaluation of my counseling skills 1 2 3 4 N/A

PART IV: Site Evaluation

- 24. This Internship/Intern site was beneficial to my professional growth as a school counselor 1 2 3 4 N/A
- 25. I would encourage other Internship/Intern candidates to work in this District 1 2 3 4 N/A

Additional Comments:

Signature of Field Candidate

Date

My signature indicates that I have read the above report and have discussed the content with my Internship/Intern supervisee. It does not necessarily indicate that I agree with the report in part or in whole.

Signature of Site Supervisor

Date

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 col-

lect 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 relationships 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 re-

search 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.

- 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. Forensic Evaluation: Evaluation for Legal Proceedings

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

adults who lack the capacity to give voluntary consent are being evaluated, informed written consent is obtained from a parent or guardian.

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

qualifications to render services to their clients.

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.

E.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.

E.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.

E.7. Responsibilities of Counselor Educators

E.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.

E.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.

E.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.

E.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.

E.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.

E.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.

E.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).

E.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.

E.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.

E.8. Student Welfare

E.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.

E.8.b. Student Career Advising

Counselor educators provide career advisement for their students and make them aware of opportunities in the field.

E.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.

E.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 relationships 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, footnote 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 Complaints of Ethical Violations¹ 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 gov-

erning 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 resolved 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).

USEFUL CLINICAL MENTAL HEALTH COUNSELING RELATED WEB SITES

- American Counseling Association -- <http://www.counseling.org>
- Licensed Professional Counselors Association of Georgia, Inc.-- <https://www.lpcaga.org>
- American Rehabilitation Counseling Association—www.arcaweb.org

7 Practicum and Internship Handbook Acknowledgement Statement

7.1 Student's Copy

I have received a copy of the Counselor Education Practicum and Internship Handbook. I understand that I must follow the guidelines and procedures outlined in this handbook. As a counselor-in-training in the Clark Atlanta University, School of Education, Department of Counselor Education, I acknowledge that it is my responsibility to read and be thoroughly familiar with the content of this Practicum and Internship handbook. My signature below indicates that I have read and understood contents of this handbook, and that I agree to abide by standards so stated.

I also understand that I must comply with the following guidelines:

- All practicum and internship placements must have the approval of the Clinical Mental Health Counseling Coordinator. The candidate may not change his/her practicum or internship placement. The School Counseling Coordinator and/or the instructor should be consulted immediately where concerns are noted. Changes in placement will not be made after the fourth week of the semester.
- All practicum and internship activities must be completed as outlined in the course syllabus.
- Accurate weekly and daily logs of practicum and internship experiences must be kept. Any discrepancies in the recording of dates, times or signatures will invalidate the hours in question.
- If practicum and internship hours are not completed during the designated time, the candidate will receive an "F". Then the entire field experience and course must be retaken. Candidates must satisfy the course and field requirements to receive a passing grade.
- Candidates are advised to read all university documents to successfully complete their program of study.

Candidate's Name (Print)

Candidate's Signature

Date:

University Supervisor's Name (Print)

University Supervisor's Signature

Date:

Received on _____
(Date)

Student's Copy
Clark Atlanta University
Department of Counselor Education

Practicum and Internship Handbook Acknowledgement Statement

7.2 Student's File Copy

I have received a copy of the Counselor Education Practicum and Internship Handbook. I understand that I must follow the guidelines and procedures outlined in this handbook. As a counselor-in-training in the Clark Atlanta University, School of Education, Department of Counselor Education, I acknowledge that it is my responsibility to read and be thoroughly familiar with the content of this Practicum and Internship Handbook. My signature below indicates that I have read and understood my copy of this handbook and reviewed the contents with my University Supervisor and that I agree to abide by standards stated.

I also understand that I must comply with the following guidelines:

- All practicum and internship placements must have the approval of the Clinical Mental Health Counseling Coordinator. The candidate may not change his/her practicum or internship placement without prior consent of the Coordinator. Changes in placement will not be made after the fourth week of the semester.
- All practicum and internship activities must be completed as outlined in the course syllabus.
- Accurate weekly and daily logs of practicum and internship experiences must be kept. Any discrepancies in the recording of dates, times or signatures will invalidate the hours in question.
- If practicum and internship hours are not completed during the designated time, the candidate will receive an "F".
- Candidates are advised to read all university documents to successfully complete their program of study.

Candidate's Name (Print)

Candidate's Signature

Date:

University Supervisor's Name (Print)

University Supervisor's Signature

Date:

Received on _____
(Date)

Note: This form should be turned in to the Clinical Mental Health Counseling Coordinator during the field orientation. A copy of this form will be placed in the candidate's file.

Department Copy

