

DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY

MASTER OF ARTS

IN SCHOOL COUNSELING

&

MASTER OF SCIENCE

IN CLINICAL MENTAL HEALTH COUNSELING

IN PERSON

PROGRAM HANDBOOK

2024 – 2025

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# MARQUETTE UNIVERSITY

# MASTER OF ARTS IN SCHOOL COUNSELING &

# MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING

# SECTION I

The mission of the Marquette University Master of Arts in School Counseling and the Master of Science in Clinical Mental Health Counseling programs is to provide exemplary counselor education based upon the integration of professional counseling knowledge and practice. The program is designed to prepare counselors to be outstanding practitioners, leaders and advocates who are trained to meet the needs of diverse clients and students.

The Marquette University Master of Arts in School Counseling and Master of Science in Clinical Mental Health Counseling are administered by the Department of Counselor Education and Counseling Psychology, which is one of the departments in the College of Education. All students in the Master of Arts in School Counseling and the Master of Science in Clinical Mental Health Counseling Program are admitted both to the program and to the Marquette University Graduate School. Therefore, all students in both programs must assume full responsibility for knowledge of the rules and regulations of the Marquette University Graduate School as described in the Graduate Bulletin and meet the deadlines listed in the academic Calendar (e.g., for submitting financial aid forms). All students in the Master of Arts in School Counseling and Master of Science in Clinical Mental Health Counseling Program must also assume full responsibility for knowledge of the rules and regulations and the special requirements of their respective program**.**

## INFORMED CONSENT REQUIREMENT

This *Handbook* including all appendices serves as a type of contract between the University and the student. If the requirements depicted in this *Handbook* are fulfilled by a student, then the University will award that student with a Master’s degree in School Counseling or Clinical Mental Health Counseling. Given the importance of these requirements, students in the counseling program are expected to familiarize themselves with the contents of this *Handbook*, including all appendices. In order to avoid potential problems which could arise even early in students’ programs, we require that students who enter the program familiarize themselves with this *Handbook* and sign a document indicating that they have read the *Handbook* and have asked about any issues which are unclear to them (document available on the Department website and in the main office). This document must be signed by **the fourth week of students’ first fall semester in the program**.

This *Handbook* provides a detailed description of the Master of Arts in School Counseling Program and the Master of Science in Clinical Mental Health Counseling Program, their requirements, and the policies and procedures of the programs.

# GUIDING PRINCIPLES & PHILOSOPHY

The faculty of the Master of Arts in School Counseling and the Master of Science in Clinical Mental Health Counseling Program (hereafter referred to as the “Programs”) endorse the following definition of counseling:

Counseling is a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals. (*Definition of Counseling; Adopted by the ACA Governing Council, October 28, 2010).*

The foundation of the Programs is based upon the eight common core areas which represent the essential knowledge, skills, and dispositions that are fundamental to the counseling profession (CACREP, 2016). The eight areas include: (1) Professional Identity, (2) Social and Cultural Diversity, (3) Human Growth and Development, (4) Career Development, (5) Helping Relationships, (6) Group Work, (7) Assessment, and (8) Research and Program Evaluation.

**Cura Personalis**

Our counseling programs at Marquette University exist within the context of the Jesuit educational tradition. This includes assisting students to develop a care and respect for self and others consistent with the Jesuit tradition of *cura personalis* (care for the whole person) and service to others. This age-old Jesuit tradition founded in 1540 emphasizes a care for the whole person and the greater community, a tradition which is also very consistent with the history and emphases of the counseling profession. This orientation is also consistent with the mission of the College of Education at Marquette University, which reads as follows: *“The College of Education prepares teachers, researchers, and school administrators for urban public and Catholic schools, and counselors and psychologists for other educational institutions, mental health agencies, and human service organizations. This is done by instilling in our students the basic tenets of our Catholic and Jesuit philosophy, which stress care for the person (cura personalis) and social justice.”*

**Social Justice**

Social Justice and *cura personalis* are at the heart of our programs, the Department, the College of Education, and Marquette University. The Programs emphasize the impact of social, political, economic, and cultural factors on human development and the understanding of clients’ and students’ lives in these contexts. We strive to instill in our students and graduates the knowledge, skills, and dispositions to effectively advocate for clients and students especially those who are poor and/or marginalized in our societies. Our biopsychosocial and developmental perspectives and emphases necessarily incorporate prevention and the need for proactive systems interventions. For example, fighting poverty, racism, and other destructive societal and community influences may be more important and effective in certain contexts than applying individualized counseling interventions.

**Commitment to Diversity and Human Dignity**

**Marquette University Statement on Human Dignity and Diversity**

As a Catholic, Jesuit university, Marquette recognizes and cherishes the dignity of each individual regardless of age, culture, faith, ethnicity, race, gender, sexual orientation, language, disability or social class. Precisely because Catholicism at its best seeks to be inclusive, we are open to all who share our mission and seek the truth about God and the world. Through our admissions and employment policies and practices, our curricular and co-curricular offerings, and our welcoming and caring campus environment, Marquette seeks to become a more diverse and inclusive academic community dedicated to the promotion of justice.

Our commitment to a diverse university community helps us to achieve excellence by promoting a culture of learning, appreciation and understanding. Each member of the Marquette community is charged to treat everyone with care and respect, and to value and treasure differences. This call to action is integral to the tradition which we share.

**Departmental Statement, Policies, and Commitment to Diversity**

The Program faculty, staff, and students are expected to respectfully recognize differences in an atmosphere of community, trust, and cooperation. To further our commitment to diversity, guide our teaching, and strengthen the program outcomes, the Program faculty has endorsed the *Multicultural and Social Justice Counseling Competencies* of the Association for the Multicultural Counseling and Development (a division of the American Counseling Association). The [*Multicultural Counseling Competencies*](https://www.counseling.org/publications/counseling-today-magazine/article-archive/article/legacy/multicultural-and-social-justice-counseling-competencies-practical-applications-in-counseling)are available on the ACA website at:

Our departmental policies also clarify our commitments with regard to diversity in our programs. Our policy on diversity reads as follows:

**Our program faculty, staff, and students believe it is our responsibility to actively engage in creating a more equitable, diverse, and inclusive world. We value and embrace diversity across all forms of identity. We acknowledge the complexity of diversity as it relates to privilege and the disparities of racial and social power impacting our society. It is our duty to dismantle discriminatory systems, and we are committed to doing so through our research, practice, and service. As members of an academic community, we believe that diversity enriches our educational and professional growth, as well as our communities. We dedicate ourselves to increasing self-awareness, growth, collaboration, relationship-building, and ongoing education.**

**In our quest for racial and social justice, we advocate with, and for, those in our communities whose voices deserve to be heard. We are committed to taking personal and group responsibility for racial and social justice, and to hold one another accountable.**

**Biopsychosocial Model**

The Programs employ a biopsychosocial model to understand human development, processes of change, and mechanisms of change. We believe that sensitivity to biological, psychological, social, cultural and developmental influences on behavior increases students’ effectiveness as counselors as well as the additional roles in which they are likely to engage (e.g., instructor, supervisor, consultant). This approach also helps students develop an appreciation for the importance of prevention with regard to behavioral and emotional issues as well as medical and social problems. Indeed, we view competence in working with all of these factors as necessary for the successful practice of counseling.

**Strength-Based**

The Programs emphasize improving people’s quality of life and focusing on strengths and resources in addition to psychological and behavioral deficits and problems. The ability to diagnose and treat psychopathology is an essential skill in our graduates, but our program also emphasizes the assessment of strengths and resources, as well as the development of resource-focused interventions designed to maximize the healthy and optimal functioning of individuals and communities. In fact, we consider it an ethical obligation to focus on strengths and resources in addition to deficits and problems when conducting assessments and designing prevention programs and treatment plans for clients and students. Minimizing either one can result in an incomplete conceptualization that is likely to result in less effective interventions and potentially deleterious effects.

# PROGRAM LEARNING OUTCOMES

The Programs’ objectives are based upon the Programs’ mission, our guiding principles and philosophy stated above, and based upon the common core areas defined within the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2016) and the Wisconsin Department of Safety and Professional Services (DSPS, 2018). The Master’s in Clinical Mental Health Counseling is based on CACREP (2016) standards, and is accredited by CACREP through 2031. The Wisconsin Department of Public Instruction has approved CECP to grant a Master's of Arts in School Counseling. Upon graduation from this program, students are immediately eligible for licensing as a school counselor in Wisconsin.

At the completion of a master’s degree in the Department of Counselor Education and Counseling Psychology (CECP), the graduate is able to:

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| --- |
| **1. Apply knowledge of bio-psycho-social-cultural foundations of behavior and evidence-based counseling approaches to diverse individuals and groups.**  **Evidence of Knowledge:**   * Knowledge (and skills) of the competencies of multicultural counseling practice. * Knowledge of empirically validated counseling assessments, counseling relationships, and counseling processes, interventions and evaluations. (Helping relationships, group work, career development, research and program evaluations) * Knowledge of the nature and needs of persons at all developmental levels and multicultural contexts.   **Evidence of Counseling Applications**   * Counsel proficiently with a variety of clients of different ages, genders, developmental levels, racial/ethnic backgrounds, sexual orientations, religions and socio-economic status. * Conduct cultural and population appropriate counseling assessments. * Create a culturally appropriate treatment plan based on assessment * Establish and maintain a counseling relationship with a variety of clients. * Implement appropriate counseling interventions for a variety of clients. * Evaluates own counseling behaviors and client outcomes. |
| **2. Apply professional, ethical, and legal standards in their counseling practices.**  **Evidence of Knowledge:**   * Knowledge of current social, legal, and economic trends affecting the counseling profession * Knowledge of ethical standards of ACA and of other relevant professional groups. * Knowledge of federal, state and local legal rules and regulations pertinent to counseling.   **Evidence of Counseling Applications**   * Behaves in accordance with professional ethical standards * Operates from a consistent ethical decision making model to solve ethical dilemmas * Maintains own mental and physical health * Makes appropriate client referrals on the basis of an awareness of the specialties, skills, and services of other helping professionals. * Operates with personal and professional integrity (Refrains from misleading or deceptive statements, follows up on commitments) * Implements appropriate informed consent procedures. |
| **3. Assume advocacy roles for the mental health care of underserved individuals and groups in urban settings.**  **Evidence of Knowledge**   * Knowledge of the various forms of advocacy (e.g., Toporek, Lewis & Crethar, 2009) * Knowledge of sociopolitical context within which clients live, as well as the barriers presented by this context which impeded access, equity and success for clients. * Knowledge of traditional and common systemic barriers in an urban environment that impact client’s mental health (issues of gender identity, race, ethnicity, sexual orientation, age, religious affiliation, physical & mental ability, social class, language or other characteristics.) * Knowledge of community resources and services that support and advocate for client mental health issues.   **Evidence of Counseling Applications**   * Develop an advocacy plan based on the particular needs, context, and barriers being encountered by clients * Navigates the dual roles of advocate and counselor within ethical and legal standards. * Participates in school or community advocacy event (e.g., hearing, school board meeting, town hall meeting) |
| **4. Integrate self-awareness, counseling roles and reflective practices into a professional counseling identity.**  **Evidence of Knowledge**   * Knowledge of counseling professional roles and functions: direct counseling services, mental health team member, consultant, advocate, supervisor, collaborator, coordinator and developing cultural self-awareness. * Knowledge of professional organizations, certification and licensure. * Knowledge of self-care strategies appropriate to the counselor role. * Self-knowledge; understands personal and professional strengths and limitations.   **Evidence of Counseling Applications**   * Effectively manage personal assets in the professional environment, such as knowledge, skills, energy, health, and time**.** * Describes own identity development as a counselor * Introduces self as counselor and can explain professional counseling to others. * Uses reflective practices before and after counseling interactions. * Membership in professional organizations * Seeks appropriate state and/or national credentialing. |
| **5. Meets the educational requirements to be eligible for either School Counseling or Clinical Mental Health Counseling with the following knowledge and skills:**  **5a. Lead the development and implementation of critical interventions of a *Comprehensive School Counseling Program\** in culturally diverse, urban PK-12 schools.**  **Knowledge Evidence:**   * Identifies the academic, career and personal/social needs of PK-12 students * Knowledge of the four components of a Comprehensive School Counseling Program (i.e., Foundation, Management, Delivery Services, Accountability) * Understands the process and structure of educational system within an urban community * Understands the roles of the school counselor: leadership, advocacy, collaboration and systemic change.   **Counseling Applications Evidence**   * Implements an academic intervention plan to assist a student in maximizing her or his academic learning. * Deliver a classroom guidance lesson to increase student development career development, exploration, and planning. * Contributes to a school climate that supports the educational achievement for every student. * Evaluates school counseling interventions and aspects of a school counseling program to understand the effect on students learning |
| **5b. Provide clinical mental health counseling prevention and treatment services for diverse individuals and groups in community settings.**  **Knowledge Evidence**   * Knowledge of counseling processes and theories used in clinical mental health settings: brief, intermediate and long-term intervention strategies, strategies for promoting holistic wellness, models of addiction, crisis and disaster intervention, assessment and diagnostic strategies, risk appraisal, consultation and clinical supervision. * Knowledge of prevention principles and theories applicable to the clinical mental health counseling setting. * Knowledge of principles of psychopharmacology relevant to counseling and coordination of care with other health care providers. * Knowledge of mental health care delivery systems and the role of the counselor in community-based treatment approaches: needs assessment strategies, measuring counseling treatment outcomes, multidisciplinary treatment teams and community resources. * Knowledge of administrative/business aspects of mental health agencies.   **Evidence of Counseling Applications**   * Develops and implements counseling treatment and prevention programs based on professional literature for client’s presenting concern(s), counseling assessment and/or diagnosis, and level of risk. * Reassesses client needs and modifies treatment plan as client needs change over time. |

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# CACREP (2016) COMMON CORE CURRICULAR AREAS

The Master’s in Clinical Mental Health Counseling is based on CACREP (2016) standards:

1. **PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE** 
   1. history and philosophy of the counseling profession and its specialty areas
   2. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
   3. counselors’ roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
   4. the role and process of the professional counselor advocating on behalf of the profession
   5. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
   6. professional counseling organizations, including membership benefits, activities, services to members, and current issues
   7. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
   8. current labor market information relevant to opportunities for practice within the counseling profession
   9. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
   10. technology’s impact on the counseling profession
   11. strategies for personal and professional self-evaluation and implications for practice
   12. self-care strategies appropriate to the counselor role
   13. the role of counseling supervision in the profession
2. **SOCIAL AND CULTURAL DIVERSITY**
   1. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
   2. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
   3. multicultural counseling competencies
   4. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual’s views of others
   5. the effects of power and privilege for counselors and clients
   6. help-seeking behaviors of diverse clients
   7. the impact of spiritual beliefs on clients’ and counselors’ worldviews
   8. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
3. **HUMAN GROWTH AND DEVELOPMENT** 
   1. theories of individual and family development across the lifespan
   2. theories of learning
   3. theories of normal and abnormal personality development
   4. theories and etiology of addictions and addictive behaviors
   5. biological, neurological, and physiological factors that affect human development, functioning, and behavior
   6. systemic and environmental factors that affect human development, functioning, and behavior
   7. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
   8. a general framework for understanding differing abilities and strategies for differentiated interventions
   9. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan
4. **CAREER DEVELOPMENT** 
   1. theories and models of career development, counseling, and decision making
   2. approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
   3. processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
   4. approaches for assessing the conditions of the work environment on clients’ life experiences
   5. strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
   6. strategies for career development program planning, organization, implementation, administration, and evaluation
   7. strategies for advocating for diverse clients’ career and educational development and employment opportunities in a global economy
   8. strategies for facilitating client skill development for career, educational, and lifework planning and management
   9. methods of identifying and using assessment tools and techniques relevant to career planning and decision making
   10. ethical and culturally relevant strategies for addressing career development
5. **COUNSELING AND HELPING RELATIONSHIPS**
   1. theories and models of counseling
   2. a systems approach to conceptualizing clients
   3. theories, models, and strategies for understanding and practicing consultation
   4. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
   5. the impact of technology on the counseling process
   6. counselor characteristics and behaviors that influence the counseling process
   7. essential interviewing, counseling, and case conceptualization skills
   8. developmentally relevant counseling treatment or intervention plans
   9. development of measurable outcomes for clients
   10. evidence-based counseling strategies and techniques for prevention and intervention
   11. strategies to promote client understanding of and access to a variety of community-based resources
   12. suicide prevention models and strategies
   13. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
   14. processes for aiding students in developing a personal model of counseling
6. **GROUP COUNSELING AND GROUP WORK**
   1. theoretical foundations of group counseling and group work
   2. dynamics associated with group process and development
   3. therapeutic factors and how they contribute to group effectiveness
   4. characteristics and functions of effective group leaders
   5. approaches to group formation, including recruiting, screening, and selecting members
   6. types of groups and other considerations that affect conducting groups in varied settings
   7. ethical and culturally relevant strategies for designing and facilitating groups
   8. direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term
7. **ASSESSMENT AND TESTING**
   1. historical perspectives concerning the nature and meaning of assessment and testing in counseling
   2. methods of effectively preparing for and conducting initial assessment meetings
   3. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
   4. procedures for identifying trauma and abuse and for reporting abuse
   5. use of assessments for diagnostic and intervention planning purposes
   6. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
   7. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
   8. reliability and validity in the use of assessments
   9. use of assessments relevant to academic/educational, career, personal, and social development
   10. use of environmental assessments and systematic behavioral observations
   11. use of symptom checklists, and personality and psychological testing
   12. use of assessment results to diagnose developmental, behavioral, and mental disorders
   13. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results
8. **RESEARCH AND PROGRAM EVALUATION**
   1. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
   2. identification of evidence-based counseling practices
   3. needs assessments
   4. development of outcome measures for counseling programs
   5. evaluation of counseling interventions and programs
   6. qualitative, quantitative, and mixed research methods
   7. designs used in research and program evaluation
   8. statistical methods used in conducting research and program evaluation
   9. analysis and use of data in counseling
   10. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

# ASSESSMENT OF DISPOSITIONS

CECP has identified 8 professional dispositions that reflect the values and goals of our department and program training model. The dispositions identified are attitudes, characteristics, or behaviors that we believe are necessary to be an effective counselor. These dispositions will be assessed at several time points during students’ program (e.g., beginning of first semester in program, before practicum, at completion of practicum, at completion of fall internship) so as to assure progress is being made and to provide students with sufficient feedback and support in their development (see Appendix J). Both students and instructors will complete disposition assessments, and ratings will be tracked throughout the program and reviewed with advisors (see Self-Evaluation Form, Appendix E, which includes the Disposition Tracking Sheet). This data will also be used for decision-making regarding student readiness for practicum, internship, and graduation, as well as program evaluation.

Marquette University’s Masters Programs Professional Dispositions:

1. **Counseling Orientation:** Student demonstrates beliefs and values reflective of the counseling field, including the importance of strengths-based counseling and wellness, and prevention, the capacity for people to grow and change, and demonstration of empathy, compassion and respect.
2. **Social Justice Orientation:** Student demonstrates a desire to advocate with and for those who experience a lack of access, equity, participation, and rights in our society.
3. **Understanding of Cultural and Social Influences:** Student demonstrates a holistic understanding of their own cultural and social identities, positionality, power, oppression and privilege, the role of individuals and communities within systems, cultural humility, intersectionality, and identity.
4. **Openness to Feedback**: Student demonstrates a willingness and openness to receive and integrate feedback from others, as well as the ability to give constructive feedback to others.
5. **Self-Awareness**: Student demonstrates the ability to assess personal strengths and areas of development, including the need for boundaries, the ability to implement self-care, an understanding of how others perceive the student’s behaviors, and the need to seek supervision or other professional assistance.
6. **Integrity**: Student demonstrates values and behaviors that align with the *ACA Code of Ethics* and promote client well-being, including: honesty, trustworthiness, accountability, and ethical decision-making.
7. **Professionalism:** Student demonstrates behaviors reflective of counseling professionals, including: timeliness, attendance, and punctuality, conflict resolution, problem-solving, and taking personal responsibility.
8. **Positive Engagement in Program:** Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership.

# PROGRAM REQUIREMENTS

As discussed previously, the foundation of the Programs is based upon the eight common core areas which represent the essential knowledge, skills, and dispositions that are fundamental to the counseling profession (CACREP, 2016). The Programs’ curriculum and co-curricular activities and experiences are designed to reflect the common core areas and to achieve the program objectives presented above. All students in the Programs are required to demonstrate knowledge and skill competence in each of the eight common core areas.

**Academic Advising**

Upon admission into the Master’s programs, each student is assigned to a full-time faculty member who serves as the student’s academic advisor. The academic advisor’s role is to advise the student regarding such issues as the Program requirements, course selections, preparation for and participation in practicum and internship, and development as a professional counselor. One’s advisor is also normally the first faculty member that a student consults with regard to problems that have emerged or other issues of concern.

**Program Orientation Meeting**

All incoming students are required to attend the Program orientation meeting which is held during the week prior to the start of fall semester classes. During this meeting students are introduced to each other, the Director of Counselor Education, Department Chair, CMHC and SC program coordinators, department staff, and officers of the Graduate Student Organization (GSO). Program guidelines and course sequences are reviewed, and students can ask questions regarding the Program. Students are required to complete a background check at this time. Students meet in small groups with the director or program coordinator to discuss the requirements, expectations, and degree-planning. Incoming students and current students are invited to participate in GSO meeting and/or lunch which is provided by the Department, allowing incoming students and current students to socialize and to ask/answer questions regarding the Program, Department, Marquette University, and Milwaukee.

All Program students must meet with their advisors to develop and submit their degree plan (program planning form) no later than September 30th of their first semester. Students must meet with their advisor at least twice each academic year. Students are required to attend the group advising meetings which are facilitated by the Director of Counselor Education. The group advising meetings are typically held twice: at least once during the fall and once during the spring semester.

Students may change advisors if a better fit between advisor and student can be obtained with another faculty member. This is done by first discussing the change with both the current advisor and the potential new advisor. If a change then seems preferable, a formal request needs to be submitted in writing to the Director of Counselor Education. Approval by the Department Chair is then needed for the change to be enacted.

**Official Department Communication**

In accord with Marquette University official policy, email communication from the Department administrators, faculty, and staff is official communication. Email is the primary mode of communication from the Department to our students. As such, it is imperative that students adhere to these requirements regarding email communication. All students must use their Marquette University email account. Students are not to forward their email messages from their Marquette University email account to a different email provider. Although the Marquette University email system has forwarding capabilities, forwarded email may have important attachments and read/delivered receipts stripped. Also, the Marquette University email system will store all undelivered messages in case of system unavailability. Students need to check their Marquette University email account at least daily Monday through Friday. It is strongly recommended that students check their email account in the morning and later afternoon and at least once over the weekends as important and urgent information such as a class being cancelled or moved may be sent.

In cases of inclement weather, students are encouraged to contact their instructors directly and/or contact the CECP Main Office (414.288.5790) to inquire about classes being cancelled. Students should check the Marquette University website for information regarding closing the university due to severe weather.

**Program Credits & Schedule**

The **Master of Arts in School Counseling Program** requires 48 credit hours for completion. The **Master of Science in Clinical Mental Health Counseling Program** requires 60 credit hours for completion. Following a full-time schedule, the Programs can be completed in two calendar years, including one summer semester. The recommended course sequences for each of the programs vary slightly; please see the Program Planning Forms for details. Students occasionally complete the Program on a part-time basis and if they choose to they need to work closely with their academic advisor to develop the appropriate degree plan. All students must complete the Master of Arts in School Counseling and the Master of Science in Clinical Mental Health Counseling within six years. Students who are unable to complete their degree within the six-year limit may petition the Graduate School for an extension. Continuous enrollment is also required of all students (i.e., full-time and part-time students) in the degree program, even during semesters when they are not taking courses. Students are not required to continuously enroll during the summer, however. More information regarding continuous enrollment and continuation courses can be found on the [Marquette University Graduate School website](https://bulletin.marquette.edu/graduate/policies/continuous-enrollment/).

Though course schedules are not entirely controllable for future semesters, the department makes every effort to offer nearly all of the required courses on an annual basis in the semesters that are indicated so that students and faculty can plan their schedules well in advance. Several of the courses listed as recommended for the first year in the program are prerequisites for beginning COUN 6986, Internship in Counseling.

**Transfer of Course Credits**

Students who completed graduate courses at other institutions or other Marquette University departments which are equivalent to courses required in our Program may petition to transfer in up to 12 credits of coursework. A Petition for Course Transfer (see Appendix A) must be completed for each course to be considered for transfer. Only courses that earned a grade of "B" (3.0) or better may be transferred. Credits will not be transferred until the student has successfully completed six or more credits as a degree status student in the Program. Students will need to submit the course syllabi from the original course taken to their advisors. Copies of course syllabi for our department which can be used for comparison purposes are available from a department assistant. The course content will be carefully reviewed to ensure it meets CACREP standards. The advisor and department chair both need to sign the form indicating their approval in order for the Petition for Course Transfer to be forwarded to the Graduate School for approval. In cases of disagreement between the advisor and chair, the petition will go to the full department faculty for a vote. Courses taken longer than 6 years previously normally will not be approved for transfer of credits because the material that was covered is likely no longer current. The procedure does not need to be followed for courses which a new student previously completed within the department within the previous 6 years.

Students should also use this procedure for elective courses which are not already pre-approved or for courses that they wish to take as a substitute for required program courses. Students need to get pre-approval for substitute courses as the faculty does not necessarily approve all courses which may appear to be similar to our courses as particular courses may not meet our standards.

**Master of Arts in School Counseling and Master of Science in Clinical Mental Health Counseling**

**Required Common Core Courses**

(3 credits per course for a total of 30 credit hours)

COUN 6000 Introduction to Counseling

COUN 6020 Life-Span Human Development

COUN 6030 Theories of Counseling

COUN 6070 Assessment in Counseling

COUN 6010 Professional Ethics and Legal Issues (or COUN 6012 Professional Ethics and Legal

Issues in School Counseling)

COUN 6050 Research Methods in Counseling

COUN 6040 Multicultural Counseling

COUN 6060 Psychopathology and Diagnosis

COUN 6080 Career Development and Counseling

COUN 6120 Group Counseling

**Master of Arts in School Counseling (48 Credit Hours Total):**

The Master of Arts in School Counseling program is detailed in Section II. The program is a Wisconsin Department of Public Instruction (DPI) approved program.

Required Courses (in addition to Core Courses above):

COUN 6001 Foundations of School Counseling

COUN 6160 Counseling with Children and Adolescents

COUN 6410 Leadership and Educational Administration for School Counseling

COUN 6970 School Counseling Practicum (3 credits)

COUN 6990 Internship in School Counseling (6 credits)

**Master of Science in Clinical Mental Health Counseling (60 Credit Hours Total):**

The Master of Science in Clinical Mental Health Counseling Program contains three optional specializations: (1) Child and Adolescent Counseling, (2) Addictions Counseling, and (3) Clinical Rehabilitation Counseling. Students admitted to the CMHC program can either elect a specialization or elect a general CMHC track.

Required Courses for Clinical Mental Health Counseling (in addition to Core Courses above):

COUN 6003 Foundations of Clinical Mental Health Counseling (or COUN 6005 Foundations of Clinical Mental Health in Rehabilitation Counseling)

COUN 6965 Counseling Practicum (3 credits)

COUN 6986 Internship in Counseling (6 credits)

COUN 6150 Addictions Counseling

COUN 6130 Family Counseling

COUN 6170 Trauma Counseling

COUN 6180 Advanced Diagnosis and Treatment in Counseling

ELECTIVES (2 Elective courses-6 credits)

Required Courses for Child/Adolescent Specialization (in addition to Core Courses above):

COUN 6160 Counseling with Children and Adolescents

ELECTIVES (1 Elective course-3 credits)

Required Courses for Addictions Specialization\* (in addition to Core Courses above):

COUN 6230 Psychopharmacology

ELECTIVES (1 Elective courses-3 credits)

Required Courses for Clinical Rehabilitation Counseling (in addition to Core Courses above):

COUN 6090 Medical and Psychosocial Aspects of Disability

ELECTIVES (1 Elective course-3 credits)

\*The Master of Science in Clinical Mental Health Counseling-Addictions Specialization is an Approved Program by the Wisconsin Department of Safety and Professional Services (DSPS) for the educational requirements for Certification as a Substance Abuse Counselor.

**Practicum**

The Counseling Program requires that students complete one semester (3 credit hours) of counseling practicum (Clinical Mental Health Counseling- COUN 6965 Counseling Practicum; School Counseling – COUN 6970 School Counseling Practicum) including a minimum of 100 hours of supervised, on-site counseling practicum experience. Full-time students complete the counseling practicum in the Spring semester of the first year. The counseling practicum requirements are detailed in the *Master’s Practicum and Internship Handbook* available on the Program website.

**Internship**

The Master of Arts in School Counseling and the Master of Science in Clinical Mental Health Counseling Program requires that students complete a minimum of 600 hours of School Counseling or Counseling Internship (approximately 20 hours per week over 2 semesters). These internships are completed in mental health and educational agencies that are approved by the CECP Department. The internship placements are targeted toward the career goals, specialization, and concentration of the individual student.

Students normally begin their internship in the second year after they have completed the prerequisite coursework (i.e., Introduction to Counseling, Lifespan Human Development, Psychopathology and Diagnosis, Theories of Counseling, Career Development and Counseling, Professional Ethics and Legal Issues, Assessment in Counseling) and one semester of COUN 6965 Counseling Practicum (or COUN 6970 School Counseling Practicum) plus any additional courses indicated on the Program Planning Form for each of the specializations. The counseling internship requirements are detailed in the *Master’s Practicum and Internship Handbook.* COUN 6986 Counseling Internship (600 hour minimum; 6 credits total).

**Individual Professional Counseling Liability Insurance**

The department requires master’s students (at their expense) to obtain professional counseling liability insurance within the first semester of the program. Students can apply for Professional Liability Insurance through professional organizations (for example, as listed on the ACA web site at [www.counseling.org](http://www.counseling.org)). Fees for professional liability insurance obtained through professional organizations are in addition to the organization’s membership fees. Students must provide a copy of their insurance certificate to Coreen Bukowski ([coreen.bukowski@marquette.edu](mailto:coreen.bukowski@marquette.edu)) by October 30th.

## Comprehensive Examination

Master’s in Clinical Mental Health Counseling students are required to pass a Comprehensive Examination as part of their degree requirements. The exam is taken at the end of students’ programs after all or nearly all of their coursework has been completed. Full time students are expected to complete the exam by the end of February in the spring semester of their second year.

The Program utilizes the Counselor Preparation Comprehensive Examination (CPCE) as the Program’s comprehensive examination as part of the Master of Science in Clinical Mental Health Counseling degree requirements. The Center for Credentialing & Education (CCE), an affiliate of the National Board for Certified Counselors, Inc. (NBCC), developed the CPCE to assess counseling knowledge viewed as important by counselor educators. The CPCE is a knowledge-based examination that reflects the eight core curriculum areas approved by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP). The CPCE is designed as a summative evaluation that serves as an educational resource to measure pertinent and professionally relevant knowledge obtained by students during our counselor preparation program. The CPCE is not intended or designed as an alternate credentialing examination\*. The examination fee is set by the CCE and the CCE notifies the Department of fee changes.. Application dates, fees, and deadlines are communicated to students via Marquette email.

The program utilizes the PRAXIS-II as the comprehensive examination for the Master of Arts in School Counseling. The School Counselor Praxis II (5422) has a cut score of 159.

\*Students interested in the credentialing examination should review the GSA-NCC exam. Information regarding this exam can be obtained through the NBCC website <http://www.nbcc.org/Exams>. More information will be provided by the CECP Department regarding the GSA-NCC Examination. **Note**. The GSA-NCC Exam does **not** serve as the Program comprehensive examination.

**CPCE Format**

The CPCE consists of 160 items with 20 items per common core areas. Scores for each section and a total score will be reported to the CECP Department for each student. The CCE will provide statistics on the program's students as well as national data. The Program reserves the right to add components to the examination such as essay questions or questions from specialty areas (e.g., addiction counseling, child/adolescent counseling). The CCE leaves the responsibility for scoring additional sections to the Program. If the Program decides to add any components, students will be informed of the addition(s) no later than 90 days prior to the examination. A demographic questionnaire will be included on the answer sheet for research purposes. Students are allowed four hours to complete the examination including the demographic questionnaire. The demographic questionnaire will ask each student for information regarding the following: ethnicity; gender; education; specialty; credentialing; preparation; and internship/practicum experience. CCE will obtain a program's permission prior to the use of this information in any research conducted.

The Comprehensive Examination is now administered online through a testing service. Students are provided with directions about how to register in Fall and the exam should be taken by February 27th.

**Passing Score on CPCE**

Students who score higher than one standard deviation below the national mean score for the CPCE will have passed the Comprehensive Examination for the M.S. in Clinical Mental Health Counseling.

Students who score lower than one standard deviation below the CPCE national mean score will have failed the examination. Students who fail the CPCE must meet with their academic advisor and the Director of Counselor Education within 2 days of notification of the failing grade in order to develop a remediation plan to address the failing grade. Students who fail the comprehensive exam twice are dismissed from the program. If the second examination is failed, no further examination is permitted (see the *Marquette University Graduate School Bulletin*). Those students who fail the CPCE have the following options regarding the Comprehensive Examination:

1. Retake the CPCE examination the next time it is offered.

* If the student scores higher than one standard deviation below the national mean score, the student will have passed the Comprehensive Examination.
* A student who scores lower than one standard deviation below the national mean will have failed the examination.
  + Unless an oral examination is requested following the directives in #2 below, the student will have failed the Comprehensive Examination twice and is dismissed from the Program.

1. Oral Examination.

* Any student scoring lower than one standard deviation below the national mean on the CPCE may request an oral examination. The request is made in writing to the Director of Counselor Education within 2 days of the student being notified of failing the CPCE.
* The oral examination may be taken after the first and/or second failure of the CPCE examination.
* The oral examination is administered by a committee of 2 full-time CECP Department faculty members. A consensus between both faculty on this committee is required for a student to pass the oral examination. If both faculty don’t agree that the student passed, the Department Chair would determine if the student has passed or failed.
* A student who passes this oral examination passes the Program comprehensive examination.
* A student who fails this oral examination fails the Program comprehensive examination.
* The combination of the first-failed CPCE and the first failed oral examination constitutes one failed attempt to successfully complete the Comprehensive Examination requirement for the Program.
* The combination of the second-failed CPCE and the second failed oral examination constitutes the second failed attempt to successfully complete the Comprehensive Examination requirement for the Program. In this case, no further examination is permitted and the student is dismissed from the Program (see the *Marquette University Graduate School Bulletin*).

**Continuous enrollment**

Students must maintain continuous enrollment during their graduate studies at Marquette University. They must enroll in coursework, practicum, or internship, or for one of the continuous enrollments each of their Fall and Spring semesters. Registration in the summer is only required if the student intends to graduate in August. Students who fail to enroll through one of these mechanisms are technically withdrawn from the University, so it is very important that students enroll in continuation course if they are not taking other credits during the Fall and Spring semesters. More information regarding continuous enrollment and continuation courses can be found on the Marquette University Graduate School website.

A brief written agreement must be reached between students and their advisors about the activities that will be completed during the continuation course. The written agreement must be submitted with the appropriate continuation course form (available online at the Graduate School website) to the Department Chair. Continuation courses are graded by advisors on an S/U basis.

**Time Limitations to Complete the Program**

At Marquette University, the deadline for completing a graduate degree is six years. Extensions may be granted for students who are making satisfactory progress toward meeting program requirements, however (see the *Graduate Bulletin*). Students must submit a completed “Request for Extension of Time” form (available online through the Graduate School website) to the Department Chair so that the request can be considered at the next regularly scheduled faculty meeting. All of these requests need to receive a majority vote from the program faculty before the requests are forwarded to the Graduate School for their approval.

**Graduation**

Students must complete all course work and other requirements for the master’s degree within a six-year period. Once all of the program requirements have been met, including the comprehensive examination, application to the Graduate School for graduation is made. The *Marquette University Graduate School Bulletin* includes the deadlines for making these applications.

**Professional Counselor Licensure**

Professional counselors must become licensed before they can independently provide behavioral health services to the public (except for some exempt state and federal institutions). The licenses to practice professional counseling are controlled by state governments, however, and not by universities, professional organizations, or the federal government. In Wisconsin and many other states, a license to practice professional counseling requires that one has graduated with a master’s degree in counseling (such as from the program described above), passed the various licensure examinations required by the individual states, and completed a minimum of 3000 hours (but in not less than two years) of supervised post-graduate professional experience. Our department students are allowed to take the Graduate Student Administration of the National Counselor Examination (NCE), the exam required for licensure as a professional counselor in Wisconsin and most other states, while they are still students. Doing so has several benefits, so students should consider this option as they near the end of their programs (more information regarding this test is distributed to students). It is important to note that the attainment of a master’s degree in counseling does not guarantee the student a license in any state, but that the master’s degree is a required part of the licensure process. It is imperative that graduates seeking licensure as a Professional Counselor in Wisconsin obtain the Professional Counselor Training License soon after graduation. This license is needed for the required post-graduate supervised hours to be recognized for full licensure as a Professional Counselor in Wisconsin.

Keep in mind that licensure requirements change over the years in most states, and CECP graduates are eligible for licensure in Wisconsin only based on the requirements at the time they completed their programs. Though the program will notify students if the educational requirements of the home state in which they are located are different from those of the CMHC program and Wisconsin, it is a student’s responsibility to stay informed about state licensure requirements and any changes that take place after they have graduated.

Graduates who desire to be certified as professional counselors in Wisconsin will need to contact the Department of Safety and Professional Services (<https://dsps.wi.gov/pages/home.aspx>) for application materials. Graduates who desire to become licensed as professional counselors in another state will need to contact the appropriate Examining Board in the state in which they wish to become licensed.

Upon conferral of the degree, Clinical Mental Health Counseling graduates are eligible to apply to the Wisconsin Department of Safety and Professional Services for a Professional Counselor Training License. Application for this training license requires a completed Wisconsin Department of Regulation PROFESSIONAL COUNSELOR CERTIFICATE OF PROFESSIONAL EDUCATION form: <https://dsps.wi.gov/Pages/Professions/LPC/Default.aspx>

All documentation needed for endorsement for licensing or certifications or employment is to be submitted to the CECP Department Chair. The CECP department will sign educational verification forms for licensure for graduates of our program. The CMHC graduates will have completed the 60-credit CMHC degree, which includes passing the CPCE (CMHC master’s comprehensive exam) and at least 6 credits (600 supervised hours) of internship at an approved site.

**School Counselor Licensure**

To provide school counseling services in schools, graduates must become licensed as a professional school counselor in the state in which they intend to practice. All states require licensing to practice as a professional school counselor and all states establish administrative guidelines that determine who may qualify for licensing in that respective state. In Wisconsin, an applicant must graduate from a Department of Public Instruction (DPI) approved program, pass the PRAXIS Professional School Counselor Test (Code 5422) with a qualifying score of 159 or higher, and have completed a minimum of 600 hours of internship under the supervision of a qualified school counselor (i.e., minimum of 3 years of post-degree professional experience as a licensed professional school counselor). Outside of Wisconsin, students should consult the Department of Education in the states that students may wish to apply. It is the responsibility of each student to verify all training programs for states they are interested in apply for licensing to ensure that program planning can account for any variations between CECP program requirements and the requirements for licensing in other states. It is important to note that the attainment of a master’s degree in counseling does not guarantee the student a license in any state, but that the master’s degree is a minimal required component of the licensure process in all states. Students applying for a license in Wisconsin should work with the Coordinator of the School Counseling program.

For further information on the licensing as a professional school counselor, see DPI’s frequently asked questions fact sheet (<http://sspw.dpi.wi.gov/sspw_sclicensure>). For further information on licensing in Wisconsin, contact the Department of Public Instruction or see their website (<http://dpi.wi.gov/>).

Upon conferral of the degree, School counseling students may submit the DPI standard form for endorsement to the College of Education Licensure Officer (Kirsten Lathrop). The school counseling specialty within the Program is a Wisconsin Department of Public Instruction (DPI) approved program. All documentation for endorsement for licensing or certifications not directly related to DPI is to be submitted to the CECP Department Chair.

**National Certified Counselor (NCC) Certification**

Current students in the CMHC program are eligible to begin the process to become a National Certified Counselor (NCC) through the National Board for Certified Counselors (NBCC). Doing so has several benefits, so students should consider this option as they near the end of their programs (more information regarding the application and required examination is distributed to students).  Students are encouraged to visit the National Board for Certified Counselors (NBCC) website and familiarize themselves with the requirements necessary to become a NCC by going to [www.nbcc.org](http://www.nbcc.org)

**Certified Rehabilitation Counselor (CRC) Certification**

Students who graduate from the CMHC Clinical Rehabilitation Counseling specialization are generally prepared to apply to become a Certified Rehabilitation Counselor after graduation. Students are eligible to begin this process and sit for the Certified Rehabilitation Counselor (CRC) examination after obtaining the master’s degree in CMHC with a specialization in CRC; they should apply under Category 3. Students are required to submit an official transcript and the internship verification form when applying for the exam, as well as other materials. It should be noted, however, that additional requirements may be necessary and it’s possible a student may not be able to apply until they have completed at least 2 years of acceptable post-graduation employment under the supervision of a Certified Rehabilitation Counselor. Students are encouraged to regularly visit the Commission on Rehabilitation Counselor Certification (CRCC) for exam application deadlines and materials: http://www.crccertification.com.

**Endorsement for Licensure**

The CECP department will complete educational verification forms for licensure for graduates of our program. The CMHC graduates will have completed the 60-credit CMHC degree, which includes passing the CPCE (CMHC master’s comprehensive exam) and at least 6 credits (600 supervised hours) of internship at an approved site. Graduates of the SC degree will have completed the 48-credit SC degree, which included at least 6 credits (600 supervised hours) of Internship at an approved site and passing the PRAXIS exam.

# STUDENT EVALUATION

Students receive comprehensive and regular feedback regarding their progress toward the training goals and objectives of our Master’s in School Counseling and Master’s in Clinical Mental Health Counseling Programs. The Programs rely on several levels of evaluation to provide this feedback. These occur at the end of each semester, each spring semester (i.e., the annual evaluation), and near the end of one’s program (i.e., the comprehensive examination).

**Minimum grades**

Per Graduate School policy (see the *Graduate Bulletin*), students enrolled in the Programs are expected to maintain an average of at least a “B” (3.0 cumulative GPA) in all graduate level courses. Those who do not are academically dismissed depending on the amount of credits they have attempted (see Graduate School Bulletin:

<https://bulletin.marquette.edu/grad/policiesofthegraduateschool/>

Any student who fails to maintain a minimum of 3.0 grade point average in any given semester will be reviewed by the faculty, and this may serve as grounds for termination from the program.

Students in the Programs also must obtain grades of “B-” or higher in order for courses to count for credit in the Program. Courses may be repeated once if grades of “C+” are earned the first time the course is taken, however a grade of “F” in any course is automatically reviewed for probation or dismissal per Graduate School policies. Students may appeal dismissal with the Graduate School. Students who receive a C+ or lower will be reviewed by the department faculty, and this may also be grounds for termination from the program.

Annual Evaluation Portfolio

Students are required to complete a self-evaluation which is reviewed annually with their advisor. This self-evaluation is designed to help guide the student’s self-evaluation as well as the evaluation by the faculty regarding their progress toward their degree. Specific instructions for the annual evaluation are provided during the Spring semester of each year and are available on the department website and at the end of this Handbook. Students in Clinical Mental Health Counseling and School Counseling have different annual evaluation requirements. Students are responsible for keeping copies of all their training documents (eg., clinical hour logs, evaluations).

Our annual evaluations are designed to document students’ completion of program requirements over time and provide evidence of a student’s developing competencies. Another equally important goal of our annual review process, however, is to engage students in a continual process of self-reflection on their learning. This annual evaluation is also an important part of the annual evaluation of students’ progress (see below).

**Minimal levels of acceptable achievement on evaluations.** Students are expected to achieve ratings of at least a 2 (i.e., a focus for growth) on every item of Supervisor Evaluation forms. When a student’s performance falls below this minimally accepted threshold, the department adheres to the following policy:

* On the Supervisor Evaluation of Practicum/Internship Student Form, which is completed at midterm and end-of-term for every semester in which a student is engaged in clinical activities, any item rated as a 1 (i.e., far below expectations, needs much improvement, a concern), will trigger a required meeting between the student, the site supervisor, the student’s advisor, and possibly also the course instructor. The purpose of the meeting will be to explore the nature of the student’s difficulty, and also to discuss what measures can be taken to aid the student’s development in the area(s) in which s/he needs to improve.
* If a student’s performance repeatedly falls below minimally accepted thresholds (i.e., several “1” ratings), the student, the advisor, and the Director of Counselor Education are to address the performance concerns in the annual self- and faculty evaluation. A pattern of such performance might also be cause for the institution of a remediation plan.

## Annual Evaluation of Students’ Progress

An annual evaluation of each student’s performance in the Program is conducted by the faculty in the spring of each year. This evaluation involves an interactive process between students, their advisors, and the Program faculty as a whole which focuses on each student’s progress toward the Program training goals. Progress is evaluated in the areas of knowledge, skills, and dispositions. Clear indications of excellence or deficiency are noted, and warning letters or a referral to the Graduate School may be developed if a student’s progress is clearly deficient in any manner.

The annual evaluation process includes a review of the self-evaluation completed by students, and a review of the disposition assessment that students complete at various points in the semester. Students are to review their progress in a variety of areas related to the training goals of their program, including knowledge, skills and assessment. Students will integrate feedback in these areas (e.g., disposition tracking sheet). Areas of strength and areas where growth would be helpful are to be identified as well as professional goals for the coming year (see Appendix D for the Student Annual Self-Evaluation Form).

Students are to submit their self evaluation and a current copy of their vita to their advisor by March 1. The annual review also includes evaluation of students’ readiness to begin their practicum and internship in the following semester. Students and advisors are to then meet and discuss each student’s progress before March 25. Students and advisors are to sign each annual self-evaluation form to indicate that they have reviewed and discussed the information. Advisors will keep all of the evaluation materials for the full faculty review. The annual evaluation materials are returned to the students after the faculty review is completed.

The department faculty review all of the available materials regarding the progress of each student at the spring faculty meetings when annual evaluations are conducted. After the faculty review each student’s progress, advisors complete a summary evaluation letter for each student. Two copies of this letter are given to each student, one of which is for the student’s own records. The other copy must be signed to indicate that the student has received and read the evaluation, even if she or he disagrees with its findings, and returned to the department. A student may write a response to the advisor’s letter if he or she so wishes, and the advisor will then respond in writing. If students wish to appeal the evaluation, they should contact the Department Chair. If serious problems regarding professional impairment or problematic behaviors are identified, the procedures described below in the section on Remediation and Dismissal of Students are followed.

**Grade appeals**

Students may appeal course grades which they believe are in error by following the grade appeal policy established by the College of Education. Students must first attempt to resolve their disagreement regarding the grade received with the relevant course instructor. If not resolved, the student may initiate an appeal by writing the CECP Department Chair no later than the final day for removing incompletes for the semester in which the grade was received (approximately four weeks into the next term), stating the reasons why the student believes the grade is in error. The Chair will then make a decision regarding the appeal. If the student believes that decision is in error, the student can appeal the decision to the Dean of the College of Education. The Dean of the College of Education makes the final decision with regard to grade appeals.

**Other appeals**

Other possible matters of appeal include, but are not limited to, decisions regarding termination from a program, disenrollment from a course, a graduation decision, and accusations of academic dishonesty. Ordinarily, efforts to resolve the appeal informally with the relevant individuals must be made before a student can submit a written appeal to the department chair. This appeal must be made within 30 days of the notification of the action being appealed. The appeal must be made in writing, and be specific and substantiated. Per Graduate School policy (see the *Graduate Bulletin* for details), appeals of the departmental decisions must be made in writing to the Vice Provost for Research and Graduate Studies within 30 days of the action being appealed. The final responsibility for resolving all student appeals other than grade appeals rests with the Vice Provost for Research and Graduate Studies.

# ACADEMIC AND PROFESSIONAL PERFORMANCE REVIEW POLICY

CECP and Marquette University are committed to fostering personal and professional excellence in graduates, developing leaders who are ethical and informed, and forming graduates who are committed to the service of others. These goals are particularly salient to CECP students who will provide counseling and mental health care to clients, students, and families that are often vulnerable and in need of assistance. To accomplish these goals, students must feel safe, sustained, engaged, challenged, and appreciated. Forming such an academic and professional culture is the responsibility of and requires the contributions of every member of the department. To this end, all members must act with integrity and compassion; take responsibility when confronting difficult situations and solving these difficulties; and behave in ways that reflect respect, honesty, and care for others. Finally, all members of the department (e.g., students, faculty, staff) have a responsibility to promote a culture that values learning and understanding and the development of a professional identity.

Although all members of CECP share responsibility for nurturing a positive and professional departmental environment, it is important that students understand the nature of this responsibility and the range of behaviors and beliefs encompassed by these responsibilities.

Students are responsible for becoming familiar with the *Student Conduct Code* developed by the Office of Student Development for university students (i.e., <http://www.marquette.edu/osd/policies/>) and the *Academic Regulations* of the Graduate School

(i.e., <http://bulletin.marquette.edu/grad/>). In addition to these University and Graduate School policies, students should familiarize themselves with appropriate *Ethical and Professional Code of Conduct*, *Social Media Policy,* and the *CECP Procedures for Violations of Academic and Professional Performance,* below. These policies and procedures address a range of academic and professional behavior, including student conduct in clinical settings.

**Ethical and Professional Code of Conduct**

It is incumbent upon all students to follow professional, ethical, and legal standards throughout their graduate studies in our department. In addition to Marquette University’s Student Conduct Code, the American School Counseling Association (ASCA) has developed the ASCA Ethical Standards for School Counselors and the American Counseling Association (ACA) has developed a code of ethics that all members of the Association are expected to observe and by which CECP students are expected to abide. The ACA *Code of Ethics* (2014) is available on the ACA website at: <http://www.counseling.org/resources/aca-code-of-ethics.pdf> and is also available on CECP’s website and at the end of this Handbook. Likewise, the ASCA ethical standards is available on the ASCA website (https://www.schoolcounselor.org. Whether or not students are members of ACA or ASCA, they are expected to be familiar with, and adhere to, ACA’s and ASCA’s most recent code.

In order to familiarize students with ethical and legal issues in professional counseling, ethical and legal issues are addressed early in, and throughout, the curriculum. The ACA Code of Ethics (2014) and the ASCA Ethical Standards are introduced to master’s students in the first year with particular attention given in COUN 6000, Introduction to Counseling and COUN 6010, Professional Ethics and Legal Issues, and COUN 6010 Professional Ethics and Legal Issues in School Counseling. Students are required to review the CECP Master’s Student Handbook and the Marquette Student Handbook upon entering the program, and students must sign a program form indicating that they have read and understood all aspects of the handbook. As such, students are encouraged to ask about any aspects of the ethics code that are unclear. The group supervision meetings attended by master’s students completing their Practicum COUN 6965/6970 and Internship COUN 6986/6990 also address professional and ethical issues involved in the delivery of counseling services.

In addition, the faculty expects professional behavior from students throughout their program. Such behavior includes treating everyone with respect; attending class, colloquia, and meetings with faculty or administrators regularly and punctually; and demonstrating professional conduct at all practicum/internship and other professional settings.

**Social Media**

Students who use social networking sites (e.g., Facebook, LinkedIn, Instagram) or other forms of electronic communication (e.g., Snapchat) should be mindful of how their communication may be perceived by clients, colleagues, faculty, supervisors, and other mental health professionals. Thus, students should avoid visual or printed material that may be deemed inappropriate for a professional counselor. We urge students to set all security settings to “private” and neither to post information/photos nor use language that could jeopardize their professional image. Students need to consider limiting the amount of personal information they post on these sites and should carefully consider whom they include as part of their social network.

Students must never include clients in such social networks, for doing so is a boundary violation and also breaches clients’ rights to confidentiality. Engaging in such unethical behavior shall trigger remediation procedures with the student, one outcome of which could be the student’s dismissal from the program.

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# CECP PROCEDURES FOR VIOLATIONS OF ACADEMIC AND PROFESSIONAL PERFORMANCE

The overarching goal of our Master’s in School Counseling Program and Master’s in Clinical Mental Health Counseling Program is to prepare counselors to assume roles as responsible, ethical, competent members of the counseling profession. Program faculty are responsible for ensuring that program graduates are ready to enter a profession that cares for vulnerable client and student populations. As such, the CECP faculty take their role as “gatekeepers” of the profession seriously and act when necessary to ensure that the community is protected. The procedures below will be used to identify performance issues and to assist students in remediation where possible, or to dismiss the student from the program when remediation is not deemed advisable.

Academic and professional performance concerns regarding student conduct may be identified in a variety of ways. For instance, a formal evaluation of each student’s progress takes place annually as described above, and concerns may be identified at that time. Problems may also be identified at any point in a student’s academic career by a faculty member, supervisor, or fellow student. The following sections describe the procedures used for the formal identification of performance concerns; and the review, remediation, or dismissal procedures once a concern is identified.

**Methods for Identification of Academic and Professional Performance Concerns**

Any faculty member, supervisor, or student may become aware of, and then need to report to an appropriate person, a concern regarding a student’s academic or professional performance. The guidelines found in Section H – *Resolving Ethical Issues* of the ACA Code of Ethics (2014) are useful for formally handling such problems.

These guidelines recommend that any party who believes that an ethical violation may have occurred first bring it to the attention of the individual involved, ***if*** (1) an informal resolution of the problem appears appropriate, ***and*** (2) the confidentiality of the parties involved is protected.

If the problem appears inappropriate for informal resolution or is not satisfactorily resolved, the parties are directed to take further action.

CECP’s procedures below reflect these guidelines found in the ACA Code of Ethics.

**Reports by Students.** Students concerned about the behavior of a fellow student should first discuss the behavior directly with the other student, if feasible, and if no confidentiality rights are violated. If the concerns are not satisfactorily resolved in this manner, students must then discuss the concerns with their advisor, who will then raise the concerns with the Director of the Counselor Education Program. The Director may consult with the Department Chair or department faculty as needed. Advisors and faculty members will endeavor to protect the confidentiality of the student reporting the potential problem, unless such disclosure is required by law or policy. They may request that the student meet with them to provide additional information. Further exploration of information may be required to determine if additional action is needed to resolve the student concern.

Possible outcomes of this initial exploration include the following:

* no further action will be taken;
* a student may be formally warned that her/his behavior is of concern
* the Director of Counselor Education will consult with the Department Chair to determine any further action that will be required.

**Reports by Site Supervisors.** In our Master’s in Counseling Program and Master’s in Clinical Mental Health Counseling Program, practicum and internship site supervisors concerned about the performance of a supervisee should initially discuss their concerns with the student. If the problems are not satisfactorily resolved in this manner, supervisors must then inform the Marquette course instructor who has that student in her or his practicum or internship course. If satisfactory resolution of the concerns is not achieved at that point, the Director of the Counselor Education Program ***must*** be informed, and the Director will gather additional information and raise the issue with the faculty if warranted.

**Advising Notes.** Certain student concerns may warrant an “Advising Note” that is typically initiated by a course instructor or advisor. These notes are intended to remind students about performance expectations regarding class attendance, submission of assignments, professionalism etc. The director of the program or advisors typically send these notes and copy instructors and the academic coordinator.

Review Procedures for Academic and Professional Performance Concerns

Not all conduct difficulties can be resolved informally between the concerned individuals. When an informal resolution is not possible or appropriate, or when a student conduct concern has been identified or persists and requires further action, the department faculty will use the following procedures to address the concern. The procedures described below are specific to CECP program; students should also be aware that separate or further action may be taken by the Graduate School and students are advised to consult the Graduate Bulletin to determine Graduate School procedures and resolutions.

1. Student Notice. The student in question will be officially notified by email that a student conduct concern has been identified and needs immediate attention, the student must meet with the course instructor, their advisor, or possibly the Director of Counselor Education to discuss this concern
2. Faculty and Student Meeting. The Director and advisor will meet with the student to explore the nature of the concern. The student will be informed of the concerns and provided an opportunity to explain the situation. Additionally, the Director and advisor will gather all related evidence, which may include meeting or discussing the concern with other students, supervisors, faculty or other people with knowledge of the concern.

Prior to, or as a part of the initial meeting, the student may be given direction to immediately cease some behaviors through a Warning Letter. A student’s failure to follow such a direction may lead to further immediate action, up to, and including, a recommendation to the Graduate School of dismissal from the program.

The student is allowed to have a single consultant present at the meetings. However, if the student elects to have an attorney present, the Director of Counselor Education should be notified, and the meeting will not be scheduled until a representative from our Office of the General Council can be present

Decision. After the Director and advisor has gathered all information and reviewed the academic or professional performance concern(s), there are several possible decisions. Below are several possible actions, and the *Graduate School Bulletin* should be reviewed for all potential actions (<http://bulletin.marquette.edu/grad/>).

* 1. No Action. The committee may decide that no action is required.
  2. Warning Letter. For some concerns, a formal written warning may be issued to the student, which will outline specific directions for future conduct. This formal written warning should include a signature line for the Director, advisor, and student, so all parties can acknowledge the letter has been presented and any questions have been answered.
  3. Referral to Alternative University Office. Some conduct concerns (e.g., academic dishonesty or academic performance) may require further action and be possibly referred to the Academic Integrity Council.
  4. Referral to the Graduate School. In some situations, the student can be referred to the Graduate School for disciplinary action such as academic censure (https://bulletin.marquette.edu/policies/academic-censure/graduate/).
  5. Administrative Withdrawal. Some performance concerns warrant immediate action, and as such, students can be administratively withdrawn at any time from classes or clinical settings as deemed appropriate at the discretion of Marquette University. Administrative Withdrawals fall under the purview of the Graduate School, and thus the CECP department can only make a recommendation that a student be withdrawn from a class.
  6. Dismissal. Some concerns are of such a serious concern that they may warrant dismissal from the program. In this circumstance, the student will be informed that the Department is recommending dismissal from the program and that the issue is being referred to the Graduate School for their review and action.

**CECP Appeal Conditions and Procedures**

Students may believe that the decision rendered by the Department is not appropriate. Consistent with fair practices, students have the right to appeal faculty decisions, as noted above, if the student believes that one of the following ***three conditions*** is applicable:

1. New evidence emerges that was not available during the review process and that would affect the review decision.
2. There was a denial of a fair hearing.
3. The evidence presented was not sufficient to establish student responsibility.

It should be noted the student will need to clearly address which condition(s) is applicable for this appeal and present evidence to that effect.

**Appeal Procedures**. If a student wishes to appeal a CECP department decision, the student ***must*** submit a written appeal to the CECP Department Chair or an appointed designee. This appeal should address the following issues:

1. Identify the basis for the appeal. This statement should identify the specific condition(s), of the three noted above, that provides the basis for the appeal.
2. Provide clear evidence that addresses the condition upon which the appeal is based.
3. If more than one decision has been rendered, the student must identify which decisions are being appealed.
4. Any appeal must be submitted within ***five business days*** of the date of the faculty review committee decision.
5. After an appeal has been submitted, the Department Chair or designee will make a decision as to whether the appeal meets the conditions for an appeal. Students will be notified by email if the appeal is to proceed or is denied.
6. If the appeal is approved for consideration, the Department Chair or designee will review all documentation related to the academic and professional performance concern, and will meet with the student and other appropriate individuals. This review will be expedited, typically occurring within five business days. After the Department Chair or designee has met with or reviewed all information, the decision regarding the appeal will be communicated to the student through the Department Chair. Additionally, this appeal will be reviewed and made in collaboration with the College Dean and the Graduate School.

The above procedures are specific to CECP. Students should be aware that decisions involving an Administrative Withdrawal or Dismissal are rendered by the Graduate School. Thus, an appeal of an Administrative Withdrawal or a Dismissal must be submitted directly to the Graduate School. Students are encouraged to review the Graduate School appeal procedures as cited in the Graduate School Bulletin.

# Department Faculty

# (\* = COUN Core Faculty); Titles, Research Interests, and Specializations

Rawan Atari-Khan, Ph.D. (Ball State University)

Assistant Professor; Licensed Psychologist; Research Interests: cross-cultural psychology; well-being and resilience; multicultural issues

Alan W. Burkard, Ph.D. (Fordham University)

Professor and Department Chair; Licensed Psychologist; Research Interests: multicultural counseling and supervision, counselor training and development, treatment of trauma in young children

Karisse A. Callender, Ph.D. (Texas A&M University - Corpus Christi)\*

Associate Professor and Director of Counselor Education; Licensed Professional Counselor, Substance Abuse Counselor; Research Interests: mindfulness-based interventions, addiction, Dialectical Behavior Therapy, cultural adaptations, Single Case Research

Jessica Del Re, Ph.D. (University of Toledo)

Clinical Assistant Professor; Licensed Mental Health Counselor-A, National Certified Counselor; Research Interests: multicultural counseling, cultural humility, clinical supervision, Diversity, Equity, and Inclusivity in clinical practice and the classroom

Lisa M. Edwards, Ph.D. (University of Kansas)

Professor and Director of Training for COPS Program; Licensed Psychologist; Research Interests: multicultural issues, strengths and optimal functioning

Weneaka D. Jones, Ph.D. (University of Wisconsin)\*

Clinical Assistant Professor; Licensed Professional Counselor-WI, Nationally Certified Counselor; Research Interests: rehabilitation counseling, transition for marginalized youth with disabilities, financial well-being among people with disabilities

Lynne M. Knobloch-Fedders, Ph.D. (Miami University, Oxford, OH)

Associate Professor; Licensed Psychologist; Research Interests: couple and family therapy, psychotherapy research, research methodology and statistics

Sarah Knox, Ph.D. (University of Maryland)

Professor; Licensed Psychologist; Research Interests: therapy relationship, therapy

process, supervision and training, qualitative research

Raven M. Krautkramer, Ph.D. (Adler University)\*

Clinical Assistant Professor; Professional Counselor; Research Interests: intimate relationship issues; multicultural counseling; interpersonal behavior and organizational leadership; professional advocacy

Alexandra Kriofske Mainella, Ph.D. (University of Wisconsin-Madison)\*

Assistant Professor; Research Interests: sexual health education and individuals with disabilities, disability impact on sexuality

Krystyne Mendoza, Ph.D. (Texas Tech University)\*

Clinical Assistant Professor; Licensed Professional Counselor-CO & TX; Research Interests: Research Interests: Early Childhood Trauma; Storytelling; Play Therapy; Ethical Issues in Counseling

LeeZa Ong, Ph.D. (University of Wisconsin – Madison)\*

Associate Professor; Licensed Professional Counselor-WI, Certified Rehabilitation Counselor; Research Interests: rehabilitation counseling issues, refugees and immigrants with disabilities, curriculum evaluation

Zori A. Paul, Ph.D. (University of Missouri - St. Louis)\*

Clinical Assistant Professor; Provisional Licensed Professional Counselor (MO), Certified Parent-Child Interaction Therapy (PCIT) Provider, National Certified Counselor; Research Interests: intersecting historically marginalized identities, bisexuality, mentorship, ethical social media use

Kavitha D. Venkateswaran, Ph.D. (University of Nebraska-Lincoln)\*

Clinical Assistant Professor; Clinical Training Coordinator; Licensed Psychologist; Research

Interests: race-based stress and trauma; vocational psychology; perinatal and reproductive

mental health; integrated health.

Lexi Wimmer, Ph.D. (University of Northern Colorado)\*

Clinical Assistant Professor; Licensed Professional Counselor (CO); Licensed Addictions Counselor (CO); Approved Clinical Supervisor; Research Interests: posttraumatic growth; counselor development; and spiritual transitions

# Affiliated Faculty

Kathleen Cepelka, Ph.D. (Marquette University)

Superintendent of Milwaukee Catholic Schools

Kelly Groh, Ph.D. (University of Wisconsin-Milwaukee)

School Counselor, Oak Creek High School

Steve Schneider, M.S. (University of Wisconsin-Milwaukee)

School Counselor; Sheboygan South High School

Chad Wetterneck, Ph.D. (University of Wisconsin-Milwaukee)

Rogers Memorial Hospital

**The Counseling and Counseling Psychology Administrative Team**

The Counseling and Counseling Psychology Administrative Team is chaired by the CECP Department Chair and is currently comprised of the Director of Counselor Education and the Counseling Psychology Director of Training. This committee works closely with the Clinical Training Coordinator to address issues related to practicum and internship training.

# FACILITIES, SERVICES, AND SUPPORT

##### **Departmental Facilities & Services**

The Department of Counselor Education and Counseling Psychology is housed in the College of Education on the first floor of the Schroeder Health and Education Complex. Most of the Department classes meet in the conference rooms and classrooms located on the first floor of the building or in the adjacent Cramer Hall. In addition, there are various learning resources in the Education Computer Lab and the Hartman Literacy and Learning Center that are also utilized by department students. There are several offices for research and teaching assistants, and there is a student lounge available to all students in the department.

***Behavior Clinic.*** The Behavior Clinic was founded in 2003 by Marquette University’s College of Education in partnership with Penfield Children’s Center, a large, community-based agency serving inner-city families with young children who have developmental disabilities. The Behavior Clinic offers free mental health services for children who are experiencing significant behavior and emotional problems.  Graduate students receive specialized training and gain supervised clinical experiences working directly with the children and their families. The clinic also has an ongoing applied research program that regularly contributes new findings to the relatively new field of pediatric mental health. Dr. Burkard is the Director of the Behavior Clinic. <http://www.marquette.edu/education/centers_clinics/behavior_clinic.shtml>

##### **Financial Support**

Students in the Program are eligible to apply for several scholarships offered through Marquette University or our Department. The Patricia Janz Scholarship and the GSO Minority Student Scholarship are awarded annually, and information about applying is sent to students via email. Typically teaching and research assistantships are offered to doctoral students in the department, however occasionally assistantships have been offered to master’s students. Over the last several years, several students have been funded through the Behavior Clinic and grant-funded projects (e.g., RSA Scholarship). Information regarding scholarships (e.g., NBCC awards) and employment are sent to students via email. Students are encouraged to ask their advisors, faculty, and administrators about opportunities for scholarships or employment. For more information about scholarships and awards through the Graduate School, please go to the link for Financial Aid and Support at the Graduate School website (<http://www.grad.mu.edu/financialaid/index.html>).

##### **Graduate Student Organization**

The Graduate Student Organization (GSO) in the Department of Counselor Education and Counseling Psychology is a very active organization which serves a number of very useful functions. In addition to offering various social activities for its members, it provides important opportunities for advancing the professional development of students including the mentoring of new students, organizing and advertising professional development information and activities, providing systematic student feedback to the faculty regarding the training programs, and student representation at departmental faculty meetings. Several of the key positions are the student-faculty representative who is the primary liaison to the faculty and attends portions of the faculty meetings, the Representative to the Wisconsin Counseling Association and the Representative to the Wisconsin School Counselor Association.

Because of its important role in providing social and academic support and fostering students’ professional development, all departmental students are strongly encouraged to become active members of the Graduate Student Organization. For more information, please see this website: <https://www.marquette.edu/education/student-groups/cecp-gso.php>

**Diversity Gala**

A very impressive event coordinated by the GSO is the Diversity Gala, held in the spring of each year. The GSO has been concerned about the under-representation of minority counselors and therapists in the U.S. and wanted to help attract more minority students into the department and the profession. Therefore, in 2004 they endowed a Diversity Scholarship which is open to departmental students. The Scholarship Gala is the main fundraising event for this scholarship. Each year the GSO awards several Diversity Scholarships. The purpose of the Diversity Gala and the Diversity Scholarship as stated by the GSO:

*Purpose: Our night to come together and celebrate the backgrounds, perspectives and cultures that make up our distinctive tapestry, the Diversity Gala is an exciting annual Marquette tradition. We learn from our professors and we learn from our coursework, but time spent at a university is also a time of exposure to people and traditions from every corner of the globe. The Diversity Gala brings us all together in respect for one another, and it brings us all together in a colorful celebration.*

**In an effort to endorse the Marquette University Department of Counselor Education and Counseling Psychology's commitment to diversity and social justice, the department's Graduate Student Organization has established a Diversity Scholarship. The purpose of this student-initiated scholarship is to:**

1. Foster an academic, professional, and social environment in our department that embraces diversity
2. Encourage enrollment of persons with diverse backgrounds
3. Promote leadership among persons with diverse backgrounds in the field of counseling psychology. Our goal is to award this scholarship annually to masters and/or doctoral students within our department.

Professional Organizations

Professional organizations play very important roles in the counseling field and becoming affiliated with these organizations provides important opportunities for professional development.

**The American Counseling Association (ACA)**

All counseling students in our program are expected to become student members of the American Counseling Association (ACA) and other organizations pertinent to their educational and career goals. The ACA and its divisions and branches offer many opportunities for development as a Professional Counselor. Student membership is relatively inexpensive and many valuable resources are available to student members of ACA; see [www.counseling.org](http://www.counseling.org)

**The Wisconsin Counseling Association (WCA)**

The Wisconsin Counseling Association (WCA) is a branch of the ACA and students are strongly encouraged to become active members of the WCA. Information regarding the WCA can be found at http://wicounseling.org/ and students are also encouraged to contact the GSO representative to the WCA. <https://www.wisconsincounselingassociation.com/>

**Wisconsin School Counselor Association; American School Counselor Association**

Students in the School Counseling program are encouraged to join the Wisconsin School Counselor Association (WSCA; <http://www.wscaweb.com/>) and the American School Counselor Association (a division of ACA; <http://www.schoolcounselor.org/>). Membership information can be found at the respective websites students are also encouraged to contact the GSO representative to WSCA.

**International Association of Addictions and Offender Counselors**

Students in the Addiction-Mental Health specialization are encouraged to join the International Association of Addictions and Offender Counselors (a division of ACA; <http://www.iaaoc.org/> ).

**National Council on Rehabilitation Education**

Students in the Clinical Rehabilitation Counseling specialization are encouraged to join the National Council on Rehabilitation Education (<https://ncre.org/>)

**Association for Child and Adolescent Counseling**

Students in the Child and Adolescent specialization are encouraged to explore membership in ACAC as part of their ACA membership **(**[**https://acachild.org/**](https://acachild.org/)**)**

**Library Resources**

The [John P. Raynor, S.J., Library](http://www.marquette.edu/library/raynor/index.html) opened August 4, 2003.  It offers state-of-the-art facilities, research librarians and services in the Information Commons, a mix of seating choices, all current journals, Special Collections, and access to the collections housed in Memorial Library.

Memorial Library, accessed via the second level bridge, houses the bulk of the more than 1.5 million volume collection, including most books and all journals 1990 to present.  Circulation Services and Interlibrary Loan staff are available adjacent to the bridge to assist with questions.

The [Law Library](http://law.marquette.edu/cgi-bin/site.pl?2130&pageID=145) (1103 W. Wisconsin Ave., Sensenbrenner Hall) is administered by the Law School.  Marquette faculty and students are encouraged to contact the Library directly with questions.  All Law holdings are included in the online catalog, [MARQCAT](http://libus.csd.mu.edu/).

**Library Resources for Counseling Students**

Marquette’s Raynor Memorial Libraries maintain a collection of over 1.7 million electronically indexed volumes; 30,000 electronic periodicals; and more than 1.2 million books. Electronic resources include 1,207 online counseling-related journals, including the full-text of 20 ACA journals, ERIC, PsycInfo, Dissertation Abstracts, Health and Psychosocial Instruments, Inter-University Consortium for Political and Social Research and Medline. The Library’s collection in the area of counseling is multidisciplinary and extensive.  Thousands of titles can be found under subject headings such as counseling, psychology, psychotherapy, and education.

**Research Resources**

Access to library materials is via MARQCAT, the Marquette University Libraries catalog, covering all three campus libraries with dial-up access 24-hours daily.  Access to MARQCAT, as well as to other library catalogs, is available via the Libraries' homepage found at <http://www.marquette.edu/library>.  A collection of Internet sites arranged by subject is also available.  Computers for browsing the Internet are available in the Libraries, and any campus computer connected to MarquetteNet also has access to these resources.  Marquette participates in the Federal Depository program, acquiring a wide variety of state and federal documents which assist research.

**Library Special Services**

*Norman H. Ott Memorial Writing Center****.*** The writing center offers one-to-one tutoring to all [Marquette](http://www.mu.edu/) students, staff, and faculty on all kinds of writing projects, from first year English papers to graduate theses, from history papers to personal statements for law school.

*Research Consultation*.Marquette University students may request an individual or small group appointment with a reference librarian in which you may discuss your research and information needs.  Reference librarians will provide you with guidance on appropriate library research tools including both print and electronic sources.  Research consultations may also include one-on-one training on using electronic library databases.

***Remote Access – Access from home*.**Library e-resources such as indexing and abstracting databases, full-text resources, and e-books are available via cable modems, dial-up, and DSL.

*Free interlibrary borrowing* of books and articles via libraries' [InterLibrary Loan Service](http://www.marquette.edu/library/services/ill.html).

[*Private study carrels*](http://www.marquette.edu/library/information/research_carrel.html) for graduate students by application.  Contact the Raynor Library Circulation Desk (288-7555) for more information.

[*Group study rooms*](http://www.marquette.edu/library/information/policies.html#group) in Raynor Library (some equipped with overhead projectors and screens.) Available on a first-come, first serve basis, however, some can be reserved ahead of time. For availability contact the Raynor Library Circulation Desk (288-7555).

*Two PC-equipped teaching labs* available for classes by appointment and for student use when not scheduled for classes.

*Over 230 networked PCs and Macs* with access to electronic library resources as well as Microsoft Word, Excel, PowerPoint, Access, Publisher and photo editing software.

[*Laptops*](http://www.marquette.edu/library/services/laptop.html) *available* to be checked-out for in-library use.

[*RefWorks*](http://www.marquette.edu/library/refworks/index.html), Web-based personal bibliography software.

**Accommodations for Students with Special Needs**

Marquette University and the Raynor Memorial Libraries offer assistance to accommodate library usage for those with special needs.  The University's Office of Student Educational Services in the Alumni Memorial Union (Room 317, phone 288-1645 Voice/TDD) should be the first contact point for anyone requiring additional assistance.  Staff in that office will direct users to the appropriate librarians for specific library services.  Those librarians will establish an approach that will enable special users to utilize the resources of the libraries throughout their stay at Marquette.

**Library Services**

The best assisted service can be obtained by contacting the appropriate librarian BEFORE coming to the library.  An optimal approach to accommodate individual needs can be determined prior to arrival, including preparing any needed equipment and assuring the availability of the necessary staff. While the libraries will attempt to provide assisted services on demand, there are times during the open hours when staffing is at a minimal level and assisted service may be difficult or impossible.

**Online Catalog Access**

Information on the holdings of the Marquette Libraries is available via the online catalog, [MARQCAT](http://libus.csd.mu.edu), which can be accessed from PCs located throughout the libraries.  Most of the PCs are low HEIGHT accessible.

**Book Retrieval**

Books and periodicals are shelved on open stacks on all floors.  Access to these floors is available by public elevator.  The 4th floor in Memorial Library has two levels; access to the lower level housing books in the JX 1000 – PQ 6611 collections must be arranged for those in wheelchairs.  In addition, many of the aisles in the shelving areas do not accommodate wheelchairs.  For any assistance in retrieving needed material, ask at the Raynor 1st floor Circulation Desk.

**Reference Assistance and Interlibrary Loans**

The Raynor Memorial Information Desk is located on the first level of Raynor.  Assistance with both print and electronic sources can be provided; best service is available if arrangements are made PRIOR to coming to the libraries.  Reference librarians will also assist in obtaining needed material from other libraries via Interlibrary Loan.

**Adaptive Technology**

Raynor Library has some adaptive equipment for blind/partially sighted users and students with learning disabilities. A VisualTek reader will enlarge printed material for partially sighted users. A Kurzweil Reading machine will provide synthesized voice output of printed material. A Kurzweil Omni 1000/3000 computer setup that will scan material and then read the material to the user. The Kurzweil also accepts material from computer disks, permitting users to type assignments on a computer, save it to disk, and have the assignment read back to them.  Users can adjust the speed of the reader, the voice, and the size of the displayed type.  All of this equipment is located on the lower level of Raynor. Ask at the Class Reserve / Media Services Desk for assistance.

**Photocopying Service**

Photocopiers may present problems for users in wheelchairs.  Photocopiers in Raynor Library are located on the lower, 1st and 2nd levels.  In Memorial Library photocopiers are located near the Bridge Circulation Desk and on the lower level next to the bound periodicals.  Assistance in the use of the photocopiers can be arranged at the Raynor Circulation Desk on the first level, the Class Reserve / Media Services Desk on the lower level or the Bridge Circulation Desk in Memorial Library. Staff at the Class Reserve / Media Services Desk will also assist in the use of the microform reader/printers.

**University Student Services**

There are numerous offices at Marquette University that offer support services to graduate students. These include the Office of Student Financial Aid, the Graduate School, the Health Center, and the Office of Student Development.

**Housing**

The Office of University Apartments & Off-campus Student Services (UAOCSS), located at 1500 W. Wells Street, can assist graduate students with finding appropriate housing in the Marquette University neighborhood. UAOCSS publishes the Tenant Guide, an annual listing of properties in the Marquette neighborhood. Current and prospective students may request a Tenant Guide from the office via e-mail at [muuaocss@marquette.edu](mailto:muuaocss@marquette.edu) or by phone at (414) 288-7281.

**Counseling Center**

The Marquette University Counseling Center serves students by supporting healthy personal and career development.  The center’s staff consists of experienced mental health professionals trained to assist with the emotional challenges, academic choices, and career decisions. All counseling services are free of charge for full time students. Part time students may receive one free session for personal assessment and possible referral to other mental health professionals in the community for further counseling. A counselor is on call 24 hours a day. During the day, the counselor can be accessed by contacting the Counseling Center directly, 414-288-7172. The Counseling Center does serve as a practicum site for students in our doctoral program. Students in our Program who seek services at the Counseling Center are assured that no students in our department will provide services to them. Students in our program who are Counseling Center Clients are assured that the utmost care is taken to ensure that practicum students from our department do not have access to protected healthcare information for our students.

There are community-based counseling services available for those students who seek counseling services, but have concerns about receiving services at the university Counseling Center. The Milwaukee First Call for Help – dial 211, is a fast and anonymous way to locate services. Students may also contact the Counseling Center for referral information.

**Student Health Services**

Marquette's Student Health Service provides quality primary care as well as preventive health education and wellness programs to our student community. More information regarding Student Health Services can be found at <http://www.marquette.edu/shs/clinical/index.shtml> .

**Student Injury & Sickness Insurance Plan**

Marquette University does not offer a voluntary health insurance plan. More information about the Affordable Care Act and student health insurance for international students can be found at <http://www.marquette.edu/riskunit/riskmanagement/student_health_insurance.shtml>

**Diversity Resources**

*Office of Engagement and Inclusion.* The Office of Engagement and Inclusion focuses on the promotion of cultural inclusiveness through its services and programs. To increase the effectiveness of these efforts, the staff in the Intercultural Engagement office collaborate with students, administrators and faculty from a variety of schools, colleges, and departments on the campus to create a more open and educational environment regarding cross-cultural relations. The staff is also available to consult with student organizations, residence hall floors, classes and university departments on issues related to valuing diversity and diverse cultures.

The Office coordinates a wide variety of programs each year including regular cultural celebrations that feature speakers, performers, music, films, dinners, exhibits, and workshops. These programs are examples of the university’s philosophy articulated in its Statement on Human Dignity and Diversity. They provide the university community with opportunities to recognize and cherish the dignity of each individual by promoting a campus climate that fosters learning, appreciation, and understanding of other cultures as well as the importance of intercultural relations.

The Office of Engagement and Inclusion is located in room 121 of the Alumni Memorial Union. Many activities and events are held there, including Lunch Time Flicks, cooking demonstrations, and Outspoken discussions. For more information, please contact the Center for Intercultural Engagement at 414-288-7205 or stop by Room 121 in the Alumni Memorial Union.

**Campus Ministry**

Campus Ministry is directed particularly toward the education and pastoral care of students of all faith traditions and other members of the university community. Campus Ministry offers a wide range of services and resources for students of all faith traditions. These include worship services, retreats, pastoral care, support groups, and service opportunities. More information can be found at: <http://www.marquette.edu/um/>.

**Office of Disability Services**

The Office of Disability Services (ODS) assists students with disabilities in obtaining assistance (accommodations) that give them equal access to Marquette's programs and services.  ODS does not provide diagnostic treatment or learning support services specifically for students with disabilities.

Once a student is officially enrolled as a student at Marquette, if a disability is documented, a student may be eligible to receive assistance (accommodations) to enable him/her to participate in all university functions the same as his or her peers.  In order to receive accommodations, students must follow the process summarized below.

1.  Provide appropriate documentation to the ODS Coordinator,

2.  Meet with the coordinator each semester **PRIOR** to the need for requested accommodations,

3.  Identify in that meeting the courses for which accommodations are requested,

4.  Deliver accommodations letters provided by the Coordinator to each instructor, and

5.  Discuss classroom needs with the instructor.

Some common academic accommodations include: alternate testing arrangements such as extra time or quiet locations, notetakers, texts in alternate formats including books on CD, and sign language interpreters, real time captioning or C-Print to access classes.

For a more detailed description of the accommodations process, see:

<http://www.marquette.edu/disability-services/ds_policy_officialdoc.shtml>

This is the official policy document that defines this process.

If you are a student with disabilities and you have questions about the services available to you at Marquette please see the ODS website at:

<http://www.marquette.edu/disability-services/> or contact Jack Bartelt, the Director of Disability Services by email ([jonathan.bartelt@marquette.edu](mailto:jonathan.bartelt@marquette.edu)) or by phone at (414) 288-1645(VT) for more information.

**Information Technology Services**

*The Help Desk* provides a single point of contact to IT Services; assists students, faculty and staff with computing and telecommunications questions and problems; escalates unresolved problems to appropriate IT Services staff. Information Technology Services is headquartered on the second floor of Katharine Reed Cudahy Hall. Call the IT Services Help Desk at (414) 288-7799 or e-mail [helpdesk@marquette.edu](mailto:helpdesk@marquette.edu) for computing, network or phone-related questions or problems.

*The CheckMarq Student System* allows students to review course listings, register for classes, and download various computer resources. <https://checkmarq.mu.edu/psp/sa9prod/?cmd=login&languageCd=ENG>

**Online Learning Student Resources**:

During your time as a master’s student you will have one required course and one elective that is delivered asynchronously, online via D2L. Your course instructor will provide support, but several resources below will be helpful to you:

[Becoming a Successful Online Student](https://www.marquette.edu/online-programs/becoming-successful-online-student.php) and [Support Services and Offices](https://www.marquette.edu/online-programs/support-services-offices.php)

**Netiquette.** Please review the [Netiquette at Marquette](https://www.marquette.edu/online-programs/netiquette.php) prior to completing any course work. Please be respectful to others as you communicate.

**Computer and Internet Access**. All written work must be typed and submitted electronically. All assignments, tests, supplemental readings, etc. necessitate access to a computer with a reliable Internet access. There are labs on campus (including Raynor Library) that meet these qualifications, if needed.

**D2L**. D2L is the course management system used by the university. You will use D2L to submit assignments, take tests, see the grade book, and post assignment questions. Supplemental readings can be found on D2L. Hard copies will not be provided. If you prefer a hard copy, please obtain it on your own. For technical support regarding your account, please go [to this website](http://www.marquette.edu/its/help/d2l/d2l.shtml). For technical support within the course (e.g. trouble submitting an assignment) please contact the instructor.

**Marquette University Police Department**

With a combined philosophy of service and prevention, the Marquette University Police Department is dedicated to maintaining a safe environment conducive to learning, living and working at Marquette University. The department is staffed year-round, 24 hours a day by highly trained professionals who serve the campus and adjacent areas where students and employees reside and socialize. DPS Homepage: <http://www.marquette.edu/dps/index.shtml>

In an effort to provide the opportunity for members of the Marquette and surrounding community to contact Public Safety, the university has implemented the use of the Blue Light and Service Phone system. Blue light Phones, most frequently recognized by their blue light on the top of the phone, and Service Phones, most frequently recognized by a red label, are placed throughout university buildings, apartments, parking areas and the near off-campus areas. Currently, Public Safety monitors in excess of 150 Blue Light and Service Phones, providing a direct link to the Public Safety Communications Center.

A branch of the MU Police Department, Student Safety Programs provides walking escorts and mobile transports to Marquette students, faculty, staff and guests to insure their safe travel throughout the campus area. More information is available at:

<http://www.marquette.edu/dps/ssp/index.shtml>

**Career Services Center**

The Career Services Center staff is available to provide comprehensive career and employment services for undergraduate students, graduate students, and alumni.

The Career Services Center web site provides many services and resources are accessible online <http://www.marquette.edu/csc/about/index.shtml>. In addition, students may find that a personal visit through an individual appointment with a career counselor or a 15-minute walk-in appointment with a career intern will best suit your needs. The Career Services Center also welcomes questions by telephone or e-mail.

**Recreational Sports**

The Department of Recreational Sports also offers a wide range of facilities and activities to Marquette students. The facilities include 2 state of the art recreational sport facilities, the Rec Plex and the Rec Center, and Valley Fields Athletic and Recreational Sports Complex. More information can be found at: <http://www.gomarquette.edu/recsports/index.htm>.

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# ADMISSION REQUIREMENTS

All applications to the Master of Arts in School Counseling and Master of Science in Clinical Mental Health Counseling must originate with the Graduate School. New students enter the program in the fall semester of each year, and the application deadline for the Master of Arts in School Counseling and Master of Science in Clinical Mental Health Counseling programs is February 1—all application materials must be received by this date; however, additional applications will be reviewed after the deadline if there is still space in the program. Students with a variety of backgrounds are admitted to the program. Some enter with a bachelor’s degree, others have completed some graduate courses, and a few others even have a master’s degree in another field but wish to retrain as professional counselors. All applicants must have at least attained a baccalaureate degree from an accredited college or university, however.

Individuals interested in applying to the program must apply via the online application, which can be found at [www.grad.mu.edu/future/apply](http://www.grad.mu.edu/future/apply.shtml).  Applicants may obtain application information by contacting the Graduate School at (414) 288-7137 or visiting the Graduate School website for future students: <http://www.marquette.edu/grad/future_index.shtml>

##### **Materials to be submitted for Application**

All of the following materials must be submitted to the Graduate School by **February 1**:

1. **Graduate School** **Application Form** and application **fee**. <http://www.marquette.edu/grad/future_apply.shtml>
2. **Official transcripts** from all undergraduate and graduate institutions attended except for Marquette University.
3. **Test scores** for the Graduate Record Examination **(GRE)** General Test\*\* (Please note that the GRE general test will not be required for applicants for the time being).

The GRE subject test -Psychology is **not** required. Applicants need to be aware of the time it takes ETS to report GRE scores to Marquette University. Applicants need to allow adequate time between taking of the GRE and the reporting of the scores to Marquette University. Please see [www.gre.org](http://www.gre.org/) for score reporting schedules.

**International students** whose language of instruction for their bachelor's degree education (or master's, if applicable) was not English must take the **TOEFL**.

4. **Three (3) letters of recommendation** and the accompanying **recommendation forms**

from individuals who can address one’s academic and professional potential. (forms are located at: <http://www.marquette.edu/grad/forms_index.shtml> )

5. A current **resume or vita**.

6. **A statement of purpose**. Your statement of purpose reflects the clarity and commitment of your vision in pursuing a Master of Arts in School Counseling or Master of Science in Clinical Mental Health Counseling. It is a way to show the Admissions Committee that you have the motivation to succeed. You show that you have investigated the program, found that it fits your interests and aptitudes, and planned how you will succeed in it.

A statement of purpose usually begins by indicating your reasons for undertaking graduate study at Marquette University, the Department of Counselor Education and Counseling Psychology, and the School Counseling or Clinical Mental Health Counseling Program. As a part of your statement of purpose, also describe your academic objectives, counseling interests, research interests, and your career plans. Include your related qualifications and experiences, including collegial, professional, and community activities, and any other substantial accomplishments not already mentioned on the application form. Finally, include information about how your goals fit with those of our department with respect to social justice, diversity, equity and inclusion.

There is no minimum or maximum length for the statement of purpose. The typical statements range in length from 3 – 5 single-spaced pages.

1. [**Specialization Ranking Form**](http://www.marquette.edu/education/pages/programs/coep/documents/ApplicantTrackRanking_001.doc)**.** Prospective **Masters in Clinical Mental Health Counseling** students need to rank their preference for specialization if they would like to choose a specialization in Child and Adolescent, Addictions, or Clinical Rehabilitation Counseling. Ranking a specialization does not affect an applicant's probability of being accepted into the program. Applicants should only rank those areas in which they have a genuine interest in pursuing. We make every attempt to accommodate applicants' first choice. However, the rankings assist us greatly in course planning and advising. **Applicants must fill out and include this form with the application packet.** The Specialization Ranking Form is available on the Department website or you may contact the Department office at 414.288.5790.

8. After all applications are reviewed; the highest ranking applicants will be contacted for an interview, which is required for admission. International applicants and others for whom the interview would be prohibitively expensive are invited to interview over the phone. These **interviews** normally are held in early March.

***Marquette University's Admissions Process for Applicants with a Disability***

Students with disabilities who apply to Marquette must meet the same admissions criteria as all students seeking to enter the university.  It is an applicant’s decision as to how and when a disability is disclosed. If an applicant identifies himself/herself as a student with a disability on the Admissions application, ***it is unlawful for the University to deny you admission based upon disability factors alone*.** Any information you choose to provide the Admissions Committee about your disability will be forwarded to the Office of Disability Services (ODS), the area of the University that serves students with disabilities.  For information on Marquette University's admissions process and disability services go to: <http://www.marquette.edu/disability-services/>

##### **Applicant Evaluation by the Departmental Faculty**

##### The department faculty reviews applicant files comprehensively, emphasizing all aspects of applicants’ backgrounds, but focusing on the applicant’s: career goals, aptitude for graduate study, potential success in forming counseling relationships, and respect for cultural differences. Academic transcripts, test scores, letters of recommendation, statements of purpose, and professional backgrounds receive special attention in the first phase of the application process. Those applicants who are judged to show good potential for graduate study in our department are then invited for an interview with the department faculty. Potential for graduate study and the fit between the applicant and the Program are the focus of these interviews. Students active in the Graduate Student Organization participate in the applicant interviews. Although the students have no access to application materials, they do provide important input to the faculty about the applicants’ fit with the Program. The student input is given very serious consideration in making admission decisions. After the interviews have been completed, the entire faculty again reviews each application and makes decisions about whom to offer admission.

**Section II**

# MASTER OF ARTS IN SCHOOL COUNSELING

Students in the Master of Arts in School Counseling program develop a focused area of school counseling practice which is built upon the competencies outlined by the American School Counselor Association (ASCA). The School Counseling Specialization is based upon the Guiding Principles and Philosophy and the Program objectives of the Master of Arts in School Counseling described in Section I of this handbook. All students in the School Counseling program must assume full responsibility for knowledge of the rules and regulations and the special requirements of the Master of Arts in School Counseling Program**.**

The School Counseling program is a Wisconsin Department of Public Instruction (DPI) approved program.

**Accelerated Degree Program in School Counseling**

Undergraduates within the College of Education who seek to become school counselors may apply for a new ADP program in School Counseling. Depending on each student's program plan, students can begin to take graduate courses as juniors and transition to the master's in school counseling upon graduation. Typically, ADP students will complete their undergraduate and graduate degree within 5 years. Undergraduate students in the ADP will work with Tina McNamara in the College of Education and Dr. Alan Burkard in the CECP department.

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## School Counseling Conceptual Framework

As an area of practice, school counseling has changed dramatically in recent years. Just a few decades ago, school counselors responded to the immediate mental health and vocational needs of students, often reaching a limited number of students, and the services they provided were typically reactive. The contemporary practice of school counseling is based on prevention practices that are founded in developmental theory, are systematic and comprehensive in scope, and are also founded in evidence-based practices of the American School Counselor Association (ASCA; 2003, 2005). As such, the contemporary practice of school counseling seeks to reach all students and seeks to influence their academic, career, and personal/social growth and development. These guiding principles, then, serve as the foundation for the development of a comprehensive school counseling program.

As such, candidates of Marquette University’s School Counseling program are prepared to understand the theoretical and empirical foundations for and components of effective school counseling services as outlined by the ASCA National Model (2003, 2005, 2012, 2019). The ASCA National Model specifically identifies four essential components of an effective school counseling program and Marquette’s school counseling candidates gain the knowledge, skills, and dispositions important to developing a philosophical foundation, delivering school counseling services, managing a school counseling program, and assessing the effectiveness and efficacy of a comprehensive school counseling program. Upon graduation, candidates from Marquette University’s Master of Arts in School Counseling are immediately able to contribute to the development, maintenance, implementation and evaluation of an institution’s comprehensive school counseling program.

To prepare a candidate as a school counseling professional requires the academic program to have a clear and specific vision of the knowledge, performance, and disposition outcomes necessary to effectively function as an entry-level professional in a PK-12 educational setting. In the following sections, identified by 6 NCA standards and the 12 standards of School Counseling and for the state of Wisconsin, we outline the philosophical foundations that underlie and guide the preparation of candidates for school counseling practice in a culturally pluralistic society.

**Leadership Knowledge Base**

**NCA Goal 1: Analyze educational issues using theoretical and research perspectives from the social sciences (history, psychology, sociology, education).**

**Standard 1: Human Development.** Given that school counselors work with students from ages four to eighteen they must have knowledge of the cognitive, psychological and social abilities that normally develop in these students across these diverse ages. Furthermore, school counselors must understand how biological culture and familial factors influence and mediate the development of these abilities and student’s learning and behavior. Understanding the process of human development, then, helps school counselors design inventions that are age and culturally appropriate. As such, human development theories, then, serve as a foundation for and affect virtually every aspect of a school counselor’s practice. Since understanding human development processes is so essential to school counseling practice, candidates from Marquette University’s school counseling specialization learn theories of cognitive development (e.g., Kohlberg, 1978; Piaget, 1950), psychosocial development (e.g., Erikson, 1968), and cultural and social influences (Bronfenbrenner, 1989, 1995; Gilligan 1982). It must also be acknowledged that this standard, understanding human development, learning, and behavior, serves as a foundation for and influences what candidates learning throughout the course of their academic program.

**Standard 8: Ethical Standards.** It is critical that school counselors have awareness of the state statutes that govern their work with children (e.g., the State of Wisconsin “Children’s Code”), the federal laws which govern their work (e.g., FERPA, IDEA), the policies and rules of the particularly institution where they are employed, as well as the ethical standards of ASCA (2004). Though knowledge of these codes and laws is essential for effective practice, it also is insufficient for practicing in an appropriately ethical manner because in the daily practice of school counseling one commonly encounters a variety of conflicting and competing interests and obligations. Merely memorizing sets of laws, codes, and rules will result in insufficient guidance or justification for engaging in certain acts or refraining from others for many of these complex situations. Therefore, it is critical that school counselor candidates have some familiarity with the theoretical rationales underlying the various codes and laws so that the many complex situations encountered in school counseling practice can be weighed and balanced appropriately. This approach is particularly important when integrating a social justice perspective into one’s practice. Consequently, an integrative, comprehensive approach to applying ethical theories, principles, and rules to reaching judgments in particular cases is necessary for informing the ethical and legal practice of school counseling (Beauchamp & Childress, 2001).

**NCA Goal 2:** **Apply psychological, historical, and educational research literature to improve educational service in schools.**

**Standard 2: School Counseling Specialization.** Marquette University school counseling candidates will demonstrate an understanding of the ASCA National Standards for Students (2004). These standards are grounded in developmental and psychological theory and research and they were developed by ASCA to help the school counselor establish a school counseling specialization that can effectively address the needs of students. As such, the standards represent recognized priorities for student competencies (i.e., attitudes, knowledge, skills) that students develop as consequence of their involvement and participation in a school counseling program. The focus of these standards is on students’ academic, career and personal/social development. Knowledge of these standards provides a foundation and content for the development of a comprehensive school counseling program. In addition to having a conceptual foundation for school counseling practice, candidates need to have knowledge and experience with a delivery system that describes the activities of a school counselor and the intent of a school counseling program. The ASCA National Model (2003) and the WDGM (1997) offer a framework for the delivery of a school counseling program that is guided by prevention, collaboration, reflective practice, and that is driven by data on student outcomes. Simply providing counseling services to meet the needs of a few students is insufficient practice as a school counselor. Instead, school counselors must embrace a delivery system that is comprehensive and is designed to meet the needs of all students (Gysbers & Henderson, 2000). This perspective is critical if school counselors intend to narrow the educational achievement gap that is evident in students who feel disenfranchised from school and if our candidates are to fulfill the social justice mission endorsed by the School of Education. Consequently, candidates must be ready to employ a comprehensive approach to initiate the development and implementation of a school counseling program. This approach will include a guidance curriculum, individual student planning, responsive services (e.g., counseling, crisis intervention, consultations) and system support components.

**Standard 5: Individual and Group Counseling Skills.** Perhaps no set of abilities is more central to the identity of a school counselor than the individual and group counseling skills they develop during their graduate training. Candidates of Marquette’s school counseling program, then, will have a strong foundation in a broad problem-solving based model (Hill, 2005) that is applicable to a wide-range of counseling situations (e.g., academic, career, social-emotional). However, the developmental needs of students across the PK-12 schools settings is quite divergent, and as such, candidates will also need a strong foundation in theories and skills that can be adapted to children and adolescents. Candidates will receive specific training in individual counseling strategies that address the varied cognitive and emotional needs of students (Wicks-Nelson & Israel, 2006) as well as group counseling approaches that are also appropriate (Yalom, 1995). Finally, candidates will learn to adapt their conceptual models and counseling skills to meet the needs of a culturally pluralistic student population.

**Standard 6: Career Development.** Whether candidates work in elementary, middle, or high schools, school counselors deliver interventions aimed at enhancing the career development of students, as appropriate for their age group. As such, candidates will have foundation in the student standards for career development identified by ASCA (2004). Relatedly, school counselors must also have a solid understanding of theories of career development (e.g., Holland’s Theory of Vocational Personalities and Work Environments; Dawis & Lofquist’s Theory of Work Adjustment; Super and Gottfredson’s developmental theories; Krumboltz’s Social Learning Theory of Career Choice and Counseling; Lent, Brown, & Hackett’s Social Cognitive Career Theory) to guide their conceptualization of students’ career development and for the identification of appropriate career counseling interventions. In addition, candidates must be able to apply their knowledge of these theories to the effective delivery of career services that address the diverse developmental needs of students in PK-12 school settings and the needs of culturally diverse populations (Gysbers, Heppner, & Johnston, 2004; Herr, Cramer, & Niles, 2005; Swanson & Fouad, 1999).

**Standard 7: Educational Transition.** Marquette University school counseling candidates will demonstrate an understanding of developmental issues and interventions appropriate to assisting students and their parents/guardians at expected points of educational transition. Common transitions include home to elementary school, elementary to middle school, middle to high school, and high school to post-secondary education or other academic/career options. Knowledge of developmental theory (ASCA, 2003; Bronfenbrenner, 1989, 1995; Gysbers & Henderson, 2000) will provide the foundation for candidates understanding how students’ navigate academic, career, and personal-social transitions throughout their educational life. Candidates will also have knowledge and practice experience with school counselor delivery services that focus on educational transition points that are grounded in the ASCA National Model (2004) and the WDGM (1997). As such, candidates will have experience delivering transitional information through parental/guardian educational programs, developmental guidance activities, career counseling, and parent/guardian consultations. Candidates, then, must be ready to intervene with students and parents/guardians at important points of academic, career and personal-social transition points for students in their prospective schools of employment.

**Standard 10: Technology Standard.** Contemporary school counseling practice requires that candidates demonstrate an understanding of current and emerging technology in education and school counseling that can be used to assist students and their families in making informed academic, career and personal/social choices. Candidates will demonstrate their ability to use the internet for identifying information and the use of technology to improve their research and practice and for communicating with students, parents, and educators. The demonstration of an appreciation for the value of technology is as important as the actual ability to use existing technology. This appreciation is most saliently demonstrated through the use of technology during school counseling practicum experiences.

**NCA Goal 3: Advocate for and implement school programs that support the learning and well-being of a diverse student population.**

**Standard 4: Diversity, Inclusion, Gender, and Equity.** Given the current demographics of schools in the United States, school counselors face new challenges in providing culturally competent services to students and their families (ASCA, 2005; Gysbers & Henderson, 2000; Gysbers et al., 2004). The ability to demonstrate cultural competency in the three broad categories of awareness, knowledge, and skills is essential (Sue & Sue, 2003). More specifically these broad-base competencies include: (a) the candidate’s own self-awareness; (b) candidate’s understanding of the historical and cultural factors related to clients’ ethnic, racial, and gender role backgrounds; and (c) the candidate’s demonstrated ability to develop and implement culturally sensitive school counseling practices with diverse clients. To facilitate the candidate’s education and self-reflection, candidates are presented with theoretical, empirical, and practice-focused literature, and are asked to progressively develop their personal and professional selves in pursuit of becoming a culturally competent school counselor.

With a particular emphasis on social justice in school counseling, students are presented with models that emphasize power differentials within U.S. society, and the environmental impact such differentials potentially have on client’s, their families, school systems, and society at large (e.g., Bronfenbrenner, 1989; Sue & Sue, 2003). Candidates are expected to demonstrate the integration of culturally sensitive theory, research, and practice in assessing and counseling diverse clients, developing and implementing school-based interventions individually, in groups, and in consultation with parents, families, schools, and school personal. Learning in a culturally different context cannot be confined to the classroom setting, and thus candidates are presented with opportunities to learn about diverse groups in school settings in which meaningful experiential learning can take place. Congruent with our social justice framework for school counselor training, candidates are presented throughout their program, with opportunities to self-assess around diversity awareness, to become more adaptive and flexible, to work on culturally sensitive school counseling interventions, and to master culturally specific course work. We recognize the ongoing nature of this process, and help to bridge candidates post-graduation with a value for life-long learning and personal and professional exploration with the goal of mastery in providing culturally sensitive school counseling services.

***Skills of Educational Leaders***

**NCA 4: Evaluate own leadership using a variety of educational frameworks and data sources.**

**Standard 9: Student Data and Institutional Assessment.** A cornerstone of the ASCA National School Counseling model is accountability. This focus has emerged nationally because of *No Child Left Behind* legislation, but it has also emerged because of school counselors’ commitment to increasing the effectiveness of their comprehensive school counseling program (ASCA, 2003, 2004; Gysbers & Henderson, 2000). As such, candidates of Marquette’s school counseling program will understand how to evaluate research pertaining to students in PK-12 school settings, use assessment instruments to better understand the difficulties or concerns that students face, and implement program evaluation or action-based research to assess the effectiveness and efficacy of their school counseling interventions and programs. Candidates, then, will have knowledge of the basic principles of research design, statistical analysis, and measurement. They will apply ethical principles and guidelines in the planning of research for school counseling programs, and candidates will understand and be sensitive to the role of diversity in the appropriate application of research findings in school counseling and evaluation.

**Standard 11: Professional Development.** The lives of students are in constant flux due to development and maturation, rapid changes in technology, and a society that is constantly changing and growing. Additionally, legislative changes such as No Child Left Behind provide other challenges to school counselors, which may require assessment and adjustment of their school counseling practice. For these various reasons, candidates must be capable of assessing their current abilities and their school counseling practice and seek additional professional development experiences to expand their skills or make necessary changes to their school counseling program to address these needs. The knowledge, skills, and dispositions required to be an outstanding school counselor, then, are not static. Consequently, candidates must perceive their own professional development as a continuous, lifelong process. Additionally, candidates need to have the abilities to evaluate their school counseling practice, and they should also value the opportunity to understand whether their program is effectively addressing the academic, career, and personal/social needs of students in a culturally diverse school setting.

**NCA 5: Demonstrate communication and collaboration skills that support educational leadership.**

**Standard 3: School Teaming and Collaboration.** Students learn in an environment that consists of a unique collection of professionals who are dedicated to their growth and development. Considering the complex and dynamic development of each student, it follows that collaboration between educational professionals from a variety of disciplines (e.g., education, nursing, school counseling, social work, social psychology) is needed to maximize each student’s development. Consequently, it is essential that candidates in school counseling training programs learn about the expertise of educational professionals from other disciplines. More specifically, when student referral concerns arise or when new prevention/intervention programs are considered, candidates will know when and how to initiate collaborative relationships with a pupil service staff member, a non-pupil service professional, as well as parents and other caregivers are warranted. Students also will need to understand problem-solving models that enhance the effectiveness of collaborative ventures and how to evaluate their effectiveness.

**Standard 12: Supervised Practicum and Internship.** The supervised practicum and internship experiences serve as the primary opportunity for candidates to apply their learning to the school settings in which they will eventually work. Through the practicum and internship experiences, candidates will demonstrate their understanding of the roles, functions, and responsibilities of a school counselor in culturally diverse PK-12 school settings. They generally begin their practicum by observing licensed school counselors perform their duties, and the candidate gradually will take on more responsibilities and autonomy over the course of their practicum internship experiences (Stoltenberg, McNeill, & Delworth, 1997). To successfully complete the practicum and internship, then, students must demonstrate competence with the ASCA National Model (2003, 2005), and also with the Wisconsin Developmental Guidance Model (1997). As reflected in prior standards, they must also demonstrate the ability to practice ethically and with cultural sensitivity as a school counselor.

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# State of Wisconsin Department of Public Instruction Standards for School Counseling

In addition to these overall goals, our School Counseling program is also designed to meet more specific standards set by the State of Wisconsin Department of Public Instruction for school counselors. These standards include the following:

1. Demonstrate an understanding of the psychological and sociological foundations of human development, learning, and behavior.
2. Demonstrate an understanding of skills required to develop, organize, administer, evaluate, and promote a comprehensive developmental school counseling program based on the Wisconsin Developmental Guidance Model in collaboration with educators, families, and community resources.
3. Demonstrate the skills required to work effectively with school teams to promote a safe and healthy school climate, including prevention and intervention strategies such as conflict resolution, peer mediation, and crisis management.
4. Demonstrate an understanding of the role that diversity, inclusion, gender and equity have on students’ academic achievement, personal/social and career development.
5. Demonstrate individual and group counseling skills, which facilitate students’ personal/social, academic, and career development throughout their PK-12 school experience.
6. Demonstrate an understanding of “PK-16” career development theories, practices and programs including the ability to facilitate student skill development.
7. Demonstrate knowledge of developmental approaches to assist all students and parents at points of educational transition such as home to elementary school, elementary to middle to high school, and high school to postsecondary options.
8. Demonstrate an understanding of relevant state and federal laws, institutional rules and regulations, and national and ethical standards of the American School Counselor Association.
9. Demonstrate the ability to utilize research, student data and institutional assessments to improve school counseling programs and recommend systematic changes that will improve the learning environment for all students.
10. Demonstrate an understanding of current and emerging technology in education and school counseling to assist students, families, and educators in making informed academic, career, and personal/social choices.
11. Demonstrate an understanding of the need for ongoing professional development and reflection to continually evaluate school counseling services.
12. Demonstrate acquired skills in understanding the role, function and responsibilities of a school counselor by acquiring a minimum of 600 hours of supervised practicum in a school setting at the appropriate level(s).

School Counseling Program Requirements

In addition to the 30 credit hours required in the common core of the Master of Arts and Master of Science in CMHC, students complete 18 credit hours in School Counseling. Students in the School Counseling program must meet the practicum and internship requirements of the Program. Successful completion of the Program Comprehensive Examination is required, which is the PRAXIS-II for school counseling students. See details in Section I.

***School Counseling***

Required Courses (in addition to Counseling Core Courses):

COUN 6001 Foundations of School Counseling

COUN 6160 Counseling with Children and Adolescents

COUN 6410 Leadership and Educational Administration for School Counseling

COUN 6970 School Counseling Practicum-1 semester; 100 hours (3 credits)

COUN 6990 Internship in School Counseling -2 semesters; 600 hours (6 credits total)

**Section III**

# MASTER OF SCIENCE

# CLINICAL MENTAL HEALTH COUNSELING

Students in the Clinical Mental Health Counseling (CMHC) Program develop a focused area of counseling practice which is built upon the foundation of the general practice of professional counseling. The Master’s in Clinical Mental Health Counseling program is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) until 2031. The CMHC program is also a Department of Safety and Professional Services (DSPS) approved program that prepares students for licensure as professional counselors in the state of Wisconsin. Outcomes of the over-arching Masters programs described in Section I of this handbook. All students in the CMHC program must assume full responsibility for knowledge of the rules and regulations and the special requirements of the Master of Science in Counseling Program**.**

The Masters of Science in CMHC faculty endorse the following definition as the cornerstone of the CMHC program:

*Clinical mental health counseling is the provision of professional counseling services including the application of principles of counseling and psychotherapy, human development, multicultural counseling competencies, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to individuals, couples, families, and groups for the purposes of promoting optional mental health, dealing with normal problems of living, and treating psychopathology. The Clinical Mental Health Counseling program includes, but is not limited to, diagnosis and treatment of mental disorders, psychoeducation designed to prevent emotional problems, consultation, and research into more effective psychotherapeutic treatment modalities. The Clinical Mental Health Counseling program employs a developmental perspective which emphasizes growth and development, improving individuals' quality of life, and focusing on strengths and resources in addition to psychological deficits and problems.*

[Adapted from the Definition of Mental Health Counseling developed by the American Mental Health Counselors Association (AMHCA), 1999, pp. 1-2]

The Clinical Mental Health Counseling program is dedicated to educating counselors in evidence-based practices and emerging-best practices in a variety of clinical mental health settings geared for clients across the lifespan. These settings include community mental health centers, inpatient and residential programs, hospitals, Department of Corrections, universities and colleges, and businesses. Students receive specialized training and gain supervised clinical experiences working directly with children, adolescents and/or adults. Counseling services include the application of principles of counseling and psychotherapy, human development, multicultural counseling competencies, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior, for the purposes of promoting optimal mental health, dealing with normal problems of living, and treating psychopathology. The program includes, but is not limited to, diagnosis and treatment of mental disorders, psychoeducation designed to prevent emotional problems, consultation, and research into more effective psychotherapeutic treatment modalities. The program employs a developmental and biopsychosocial perspective which emphasizes growth and development, improving individuals' quality of life, and focusing on strengths and resources in addition to psychological deficits and problems.

By completing the CMHC master’s program, students will be eligible for the Licensed Professional Counselor-Initial Training (LPC-IT) license from the Wisconsin Department of Safety and Professional Services. For more information please see: <https://dsps.wi.gov/Pages/Professions/LPC/Default.aspx>. Students not in the Addictions Counseling specialization who complete optional curricular experiences will also be eligible to pursue a Substance Abuse Counselor-In Training (SAC-IT) certification while enrolled in the program or upon graduation. Students interested in this option should talk with the Director of Counselor Education to obtain more information on possible pathways towards certification. For more information about the SAC-IT, please see: <https://dsps.wi.gov/Pages/Professions/SubstanceAbuseCounselorInTraining/Default.aspx>

In addition to the 30 credit hours required in the common core of the Masters programs, students complete 30 additional credits for the CMHC degree.

## Required Courses for Clinical Mental Health Counseling (in addition to Counseling Core Courses):

COUN 6003 Foundations of Clinical Mental Health Counseling (or COUN 6005

Foundations in Clinical Rehabilitation Counseling)

COUN 6965 Counseling Practicum (3 credits)

COUN 6986 Internship in Counseling (6 credits)

COUN 6150 Addictions Counseling

COUN 6130 Family Counseling

COUN 6170 Trauma Counseling

COUN 6180 Advanced Diagnosis and Treatment in Counseling

ELECTIVES (2 Elective courses-6 credits)

## Clinical Mental Health Counseling CACREP (2016) Learning Outcomes:

In addition to the common core curricular experiences outlined in Section I of this handbook, students in the Clinical Mental Health Counseling program will show evidence that learning has occurred in the following domains:

1. **FOUNDATIONS**
   1. history and development of clinical mental health counseling
   2. theories and models related to clinical mental health counseling
   3. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
   4. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
   5. psychological tests and assessments specific to clinical mental health counseling
2. **CONTEXTUAL DIMENSIONS**
   1. roles and settings of clinical mental health counselors
   2. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
   3. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks
   4. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders*(*DSM*) and the *International Classification of Diseases (ICD)*
   5. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
   6. impact of crisis and trauma on individuals with mental health diagnoses
   7. impact of biological and neurological mechanisms on mental health
   8. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
   9. legislation and government policy relevant to clinical mental health counseling
   10. cultural factors relevant to clinical mental health counseling
   11. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling
   12. legal and ethical considerations specific to clinical mental health counseling
   13. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

**PRACTICE**

a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management

b. techniques and interventions for prevention and treatment of a broad range of mental health issues

c. strategies for interfacing with the legal system regarding court-referred clients

d. strategies for interfacing with integrated behavioral health care professionals

e. strategies to advocate for persons with mental health issues

The Clinical Mental Health Counseling program has three optional specializations: Child and Adolescent Counseling, Addictions Counseling and Clinical Rehabilitation Counseling.

# Clinical Mental Health Counseling: Child and Adolescent Counseling Specialization

The Child and Adolescent specialization is dedicated to educating counselors in evidence-based practices and emerging-best practices in clinical mental health services for children, adolescents, and their families. Graduate students receive specialized training and gain supervised clinical experiences working directly with the children, adolescents, and their families. Additionally, students electing this specialization tailor their course assignments and projects to address topics it the area of child and adolescent counseling. Counseling services include the application of principles of counseling and psychotherapy, human development, multicultural counseling competencies, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior to children, adolescents, and their families, for the purposes of promoting optional mental health, dealing with normal problems of living, and treating psychopathology. The Child/Adolescent specialization includes, but is not limited to, diagnosis and treatment of mental disorders, psychoeducation designed to prevent emotional problems, consultation, and research into more effective psychotherapeutic treatment modalities. The Child and Adolescent specialization employs a developmental perspective which emphasizes growth and development, improving individuals' quality of life, and focusing on strengths and resources in addition to psychological deficits and problems. Practicum and internship placements are available in various sites within the community.

Required Courses for Child/Adolescent Specialization (in addition to Counseling Core and required CMHC courses):

COUN 6160 Counseling with Children and Adolescents

ELECTIVES (1 Elective course-3 credits)

# Clinical Mental Health Counseling: Addictions Specialization

The Addictions specialization is dedicated to educating counselors in evidence-based practices and emerging-best practices in clinical mental health counseling and the integrated treatment of addictions and co-occurring mental health issues. Strong emphasis is given to working with marginalized and under-served populations including racial/ethnic minorities, people who are poor, and people who are homeless. Students electing this specialization should tailor their course assignments and projects to address topics it the area of addictions counseling. Students also select practicum and internship sites that focus on addictions counseling. Practicum and internship sites include a variety of settings that provide inpatient and/or outpatient AODA services to adults, including hospital settings, community mental health settings, homeless shelters, and community agencies affiliated with the department of corrections. Students are generally able to apply for their Wisconsin Substance Abuse Counselor-In Training (SAC-IT) certificate at the beginning of their 2nd year in the program after completing requisite educational training. For additional information please see: <http://dsps.wi.gov/LicensesPermitsRegistrations/Credentialing-Division-Home-Page/Health-Professions/Substance-Abuse-Counselor-in-Training>

The Master of Science in Clinical Mental Health Counseling-Addictions Specialization is an

Approved Program by the Wisconsin Department of Safety and Professional Services (DSPS) for the educational requirements for Certification as a Substance Abuse Counselor.

Required Courses for Addictions Specialization (in addition to Counseling Core and CMHC required courses):

COUN 6230 Psychopharmacology

ELECTIVES (1 Elective course-6 credits)

# Clinical Mental Health Counseling: Clinical Rehabilitation Counseling Specialization

*Rehabilitation Counselors* provide counseling services to individuals with physical, mental, developmental, and emotional disabilities. Rehabilitation counseling is a highly specialized area of the counseling profession that understands the medical and psychosocial aspects of disabilities; develops and maintains knowledge of assistive technologies and employment laws and regulations; provides service delivery through case management strategies; and assesses an individual’s abilities, strengths and readiness to return to work. Rehabilitation counselors work in a variety of settings such as career counseling centers, cognitive rehabilitation units in hospitals and agencies, employee assistance programs, independent living agencies, job development and job placement programs, substance abuse and addictions counseling centers, state vocational rehabilitation offices, veterans’ vocational rehabilitation or vocational evaluation.

Required Courses for Clinical Rehabilitation Counseling (in addition to Core Courses and CMHC required courses):

COUN 6090 Medical and Psychosocial Aspects of Disability

ELECTIVES (1 Elective course-3 credits)

Key Performance Indicators

The CMHC program (all specializations) assesses each student’s progress throughout the program on a series of Key Performance Indicators (KPIs). The KPIs are a select number of assignments and evaluations along various points in the program that assess a student’s mastery of the eight core CACREP areas: (1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4) career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation. Courses with KPIs will describe the assessments in more detail, and the full list of KPIs is available from the program director.

**A****ppendix A**

**MARQUETTE UNIVERSITY**

**DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY**

# PETITION FOR COURSE WAIVER OR TRANSFER

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MU Course Requested to be substituted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department, Number, and Title of Course Considered to be Equivalent to the MU Course

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution Where Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Taken \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Number of Credits Earned\_\_\_\_\_Grade Obtained\_\_\_\_\_\_\_

1. Attach a copy of the original course syllabus (including information regarding required readings, course activities, assignments, examinations, and other relevant data). Attach any other information regarding significant aspects of the course which are not readily apparent from the syllabus. Note that courses taken more than 6 years previously are not normally waived.
2. Outline the correspondence between the Marquette course that one is requesting to be substituted and the one previously taken if it is not readily apparent. Keep in mind that the department is interested in assessing equivalence and not duplication of course content. Syllabi for our current departmental courses are available from the department academic coordinator for comparison purposes.
3. Submit this material to your advisor. Advisors will recommend acceptance or rejection of this petition to the department chair. If the advisor and chair disagree regarding the petition, the petition will go to the full department faculty for a vote. Students will be given a copy of this form after a decision has been reached.
4. If the department approves the transfer of course credits, students must also complete the first section of the “Master’s Degree Transfer of Credit Request” form downloadable from the Marquette Graduate School website. This must then be submitted to the department chair for processing and the Graduate School must also receive an official transcript for the course in order for the transfer to become official and the credits to count toward the degree.

Transfer of credits recommended: Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Reasoning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Transfer of credits recommended: Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

Reasoning: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Department recommends transfer of credits: Yes \_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

# Appendix B

**Master of Arts in School Counseling**

**Recommended Course Sequence**

**Admitted Fall 2024**

|  |  |  |
| --- | --- | --- |
| **Fall Year 1** | **Spring Year 1** | **Summer Year 1** |
| COUN 6000\*  Introduction to Counseling | COUN 6001\*  Foundations of School Counseling | COUN 6080\*  Career Development and Counseling |
| COUN 6020\*  Life-Span Human Development | COUN 6010\*  Professional Ethics and Legal Issues in School Counseling | COUN 6160\*\*  Counseling with Children and Adolescents |
| COUN 6030\*  Theories of Counseling | COUN 6120\*  Group Counseling |  |
| COUN 6060\*  Psychopathology and Diagnosis | COUN 6970\*  School Counseling Practicum |  |
| **Fall Year 2** | **Spring Year 2** |  |
| COUN 6070\*\*  Assessment in Counseling | COUN 6410  Leadership and Educational Administration for School Counseling |  |
| COUN 6040\*\*  Multicultural Counseling | COUN 6990  Internship in School Counseling |  |
| COUN 6050\*\*  Research Methods in Counseling |  |  |
| COUN 6990  Internship in School Counseling | **PRAXIS II Exam. Spring graduates should complete this exam by February of the semester of graduation. All other graduation dates should consult their advisor.** |  |

\*Prerequisite for COUN 6990 Internship in School Counseling

\*\*Must be taken prior to or concurrently with COUN 6990 Internship in School Counseling

**Appendix C**

**Master of Science in Clinical Mental Health Counseling**

**Recommended Course Sequence**

# Fall 2024

Student Name: Advisor name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Circle Specialization: Addictions, Child/Adolescent, Rehabilitation or General

# 

\*Prerequisite for COUN 6986 Internship in Counseling

\*\*Must be taken prior to or concurrently with COUN 6986 Internship in Counseling

**Specialization Requirements/Electives**

(Note these courses can be electives for CMHC students without a specialization)

**Addictions Specialization** **Child/Adolescent Specialization**

COUN 6230 Psychopharmacology COUN 6160 Counseling with Children and (Typically offered in Summer) Adolescents (Typically offered in Summer)

**Possible Elective for All Students** (may be required for certain sites)

COUN 6986 Internship in Counseling

COUN 6090 Medical and Psychosocial Aspects of Disabilities

(Typically offered in Summer)

# Appendix D

**Counseling Student Annual Self-Evaluation Form**

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is to be completed and submitted, along with appropriate documentation, to students’ advisors **by March 1**. This self-evaluation covers the previous 12 months.

Month & year when entered program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s intended career goal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Courses taken and grades received:

Semester Course number Grade

*(e.g., Fall, 17) COUN 6000 AB*

1. Reflect on the grades and feedback received from your professors this past year:
2. Reflect on your development of professional dispositions:
3. Discuss your progress toward developing multicultural counseling and advocacy competencies.
4. Reflect on your level of self-care over the past year:
5. Level of participation in the CECP Graduate Student Organization this past year:
6. List all current professional memberships (including local, state, and national):
7. List other professional development activities (e.g., professional organization involvement, conferences and workshops, etc. attended this past year):
8. Note your plan for taking the master’s comprehensive exam:
9. Comment on your annual self-evaluation from last year and last year’s faculty annual evaluation (skip if this is your first year in the department).
10. If you are working on developing competencies in any specialized area of practice or track (e.g., school, community – adult, child/adolescent, addiction-mental health), discuss your plan for developing those competencies.
11. Assess both your strengths as well as areas where change, growth, or improvement is desired or needed with respect to your educational and career goals.
12. Identify your educational and professional goals for the coming year.
13. What are your plans for obtaining licensure?

**Professional Dispositions - Student Program Tracking Sheet**

Below are dispositions identified by the CECP master’s programs as essential for our students to develop during their training at MU. This sheet tracks the disposition self-assessment that students complete at several time points during their program:

* Beginning of program (first month in Introduction to Counseling course)
* Before Practicum (end of semester in Introduction to Counseling course)
* Before Internship (end of semester in Practicum in Counseling course)
* End of Internship (mid-semester of final Internship in Counseling course)

KEY:

3-Exceeds Expectations: Consistently demonstrates attitudes, characteristics, and behaviors that exceed the professional dispositions and serves as a professional role model.

2-Meets Expectations: Consistently demonstrates attitudes, characteristics, and behaviors that reflect the professional dispositions.

1-Developing: Inconsistently demonstrates attitudes, characteristics, and behaviors that reflect the professional dispositions and there is considerable room for improvement with additional experience or training.

0-Not Met: Inconsistently demonstrates attitudes, characteristics, and behaviors that reflect the professional dispositions and has failed to improve despite remediation attempts and/or behavior is not consistent with good professional practice or is deemed inappropriate.

Unable to Assess: This disposition was not able to be assessed in this context.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Beginning of Program | Before Practicum | Before Internship | End of Internship |
| Counseling Orientation: Student demonstrates beliefs and values reflective of the counseling field, including the importance of strengths-based counseling and wellness, and prevention, the capacity for people to grow and change, and demonstration of empathy, compassion and respect.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Social Justice Orientation: Student demonstrates a desire to advocate with and for those who experience a lack of access, equity, participation, and rights in our society.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Understanding of Cultural and Social Influences: Student demonstrates a holistic understanding of their own cultural and social identities, positionality, power, oppression and privilege, the role of individuals and communities within systems, cultural humility, intersectionality, and identity.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Openness to Feedback: Student demonstrates a willingness and openness to receive and integrate feedback from others, as well as the ability to give constructive feedback to others.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Self-Awareness: Student demonstrates the ability to assess personal strengths and areas of development, including the need for boundaries, the ability to implement self-care, an understanding of how others perceive the student’s behaviors, and the need to seek supervision or other professional assistance.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Integrity: Student demonstrates values and behaviors that align with the ACA Code of Ethics and promote client well-being, including: honesty, trustworthiness, accountability, and ethical decision-making.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Professionalism: Student demonstrates behaviors reflective of counseling professionals, including: timeliness, attendance, and punctuality, conflict resolution, problem-solving, and taking personal responsibility.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Positive Engagement in Program: Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |

1. After the student and advisor discuss the above information, the advisor may want to offer additional comments below. Both should then sign at the end of this form.

Student’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

# 

# Appendix E

**Student Probationary Plan**

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(check one) X Initial Plan Review \_\_\_\_ Follow-up \_\_\_\_ Final Review

Identified Areas of Concern:

A.

B.

C.

Probationary Plan and Schedule:

|  |  |  |
| --- | --- | --- |
| Specific Behavioral Objectives and Target Dates | Method of Remediation | Met?  Y/N |
| A |  |  |
| B |  |  |
| C |  |  |

The student is expected to submit a report to the Graduate School by XX. This report will be developed in collaboration with the Director and student advisor .

Progress Since Last Review (if applicable): \_\_\_ Sufficient \_\_\_ Insufficient

Comments and Recommendations:

Date of Next Review (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Reactions:

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Program Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

# Appendix F

**Professional Disposition Assessment**

**Note: this will be available for instructors and students to complete via Qualtrics**

Below are dispositions identified by the CECP master’s programs as essential for our students to develop during their training at MU. The dispositions identified are attitudes, characteristics, or behaviors that we believe are necessary to be an effective counselor. These dispositions will be assessed at several time points during students’ program so as to assure progress is being made and to provide students with sufficient feedback and support in their development. This data will also be used for decision-making regarding readiness to engage in practicum and internship. Students receiving a 0 or 1 will be considered lacking in that professional disposition and may require remediation.

Assessment Time Point:

* Beginning of program (first month in Introduction to Counseling course). DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Before Practicum (end of semester in Introduction to Counseling course) DATE: ­­­­\_\_\_\_\_\_
  + Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Before Internship (end of semester in Practicum in Counseling course) DATE: \_\_\_\_\_\_
  + Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* End of Internship (mid-semester of final Internship in Counseling course) DATE: \_\_\_\_\_\_
  + Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directions:

* Please mark the appropriate rating for each student disposition.
* Please note that in some cases, students will demonstrate certain behaviors within a disposition and not others. Please give an overall rating for the disposition. Feel free to write additional comments in the ‘Other’ section if there is a specific behavior you would like to call attention to or if you would like to provide examples.

3-Exceeds Expectations: Consistently demonstrates attitudes, characteristics, and behaviors that exceed the professional dispositions and serves as a professional role model.

2-Meets Expectations: Consistently demonstrates attitudes, characteristics, and behaviors that reflect the professional dispositions.

1-Developing: Inconsistently demonstrates attitudes, characteristics, and behaviors that reflect the professional dispositions and there is considerable room for improvement with additional experience or training.

0-Not Met: Inconsistently demonstrates attitudes, characteristics, and behaviors that reflect the professional dispositions and has failed to improve despite remediation attempts and/or behavior is not consistent with good professional practice or is deemed inappropriate.

Unable to Assess: This disposition was not able to be assessed in this context.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 0-Not Met | 1-Developing | 2-Meets Expectations | 3-Exceeds Expectations | Unable to Assess |
| Counseling Orientation: Student demonstrates beliefs and values reflective of the counseling field, including the importance of strengths-based counseling and wellness, and prevention, the capacity for people to grow and change, and demonstration of empathy, compassion and respect.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Social Justice Orientation: Student demonstrates a desire to advocate with and for those who experience a lack of access, equity, participation, and rights in our society.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Understanding of Cultural and Social Influences: Student demonstrates a holistic understanding of their own cultural and social identities, positionality, power, oppression and privilege, the role of individuals and communities within systems, cultural humility, intersectionality, and identity.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Openness to Feedback: Student demonstrates a willingness and openness to receive and integrate feedback from others, as well as the ability to give constructive feedback to others.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Self-Awareness: Student demonstrates the ability to assess personal strengths and areas of development, including the need for boundaries, the ability to implement self-care, an understanding of how others perceive the student’s behaviors, and the need to seek supervision or other professional assistance.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Integrity: Student demonstrates values and behaviors that align with the ACA Code of Ethics and promote client well-being, including: honesty, trustworthiness, accountability, and ethical decision-making.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Professionalism: Student demonstrates behaviors reflective of counseling professionals, including: timeliness, attendance, and punctuality, conflict resolution, problem-solving, and taking personal responsibility.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |
| Positive Engagement in Program: Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership.  Other: \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |

# Appendix G

**MARQUETTE UNIVERSITY**

**DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY**

HIPAA Compliance Policy

Adopted April 14, 2003

The Department requires all of its students and faculty involved in offering health care services and/or protected health information to familiarize themselves with the requirements of HIPAA (Health Insurance Portability and Accountability Act of 1996). This includes all full-time department staff and faculty and all students in counseling and counseling psychology. School counseling students and others whose primary work involves educational rather than health records also need to follow the requirements of FERPA (Family Educational Records and Privacy Act). They also need to be aware of HIPAA requirements, however, because they are likely to handle protected health information from various psychological and medical providers (e.g., school nurses; students’ therapists, psychologists, and pediatricians) on a regular basis.

# Departmental HIPAA requirements

1. Complying with agency policies for ensuring HIPAA compliance. The CECP Department does not offer health care services directly to the public because we do not maintain an in-house counseling clinic. Instead, we rely on departments and agencies in other units of the University or off campus for all of our field experiences and practicum training. When offering services to clients in these other departments and agencies, all faculty and students are required to familiarize themselves with and observe the requirements of those agencies with regard to HIPAA compliance.

2. Student work samples submitted for evaluation. We normally ask students who complete practicum and field experiences outside of the department to submit samples of their written clinical work to the faculty for evaluation and grading. All of these materials must be completely de-identified to protect the anonymity of the clients.

According to HIPAA, protected health information is de-identified if all of the following have been removed with regard to the individual client, her or his relatives, employers, or household members of the client (see Chpt. 165.514):

1. Names;
2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
   1. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
   2. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
4. Telephone numbers;
5. Fax numbers;
6. Electronic mail addresses;
7. Social security numbers;
8. Medical record numbers;
9. Health plan beneficiary numbers;
10. Account numbers;
11. Certificate/license numbers;
12. Vehicle identifiers and serial numbers, including license plate numbers;
13. Device identifiers and serial numbers;
14. Web Universal Resource Locators (URLs);
15. Internet Protocol address numbers;
16. Biometric identifiers, including finger and voice prints;
17. Full face photographic images and any comparable images; and
18. Any other unique identifying number, characteristic, or code.

3. Video or audio recordings of students’ clinical work. Students in human service fields commonly record samples of their clinical work to submit for faculty evaluation. We are not aware of any statute or case law governing the recordings of counseling sessions made for student performance evaluation purposes. Nonetheless, these recordings could be considered to be medical records, and consequently the department currently treats them as medical records. As a result, we require that students protect recordings of their clinical work in the same way that they would protect other health information.

In general, however, it is very difficult to de-identify audio or video recordings of counseling sessions (e.g., through altering voices and images). As a result, department students cannot submit recordings of their clinical work to the faculty for purposes of evaluation unless the following conditions are met: (1) the agency maintains the original recording for the appropriate number of years for medical records in that agency; (2) the original is not allowed to leave the agency; (3) the clients signs an authorization that a copy of that original recording can be made for the specific purpose of student evaluation by a faculty supervisor; and (4) the copy will be destroyed after the evaluation has been completed.

4. Supervision of students’ clinical work. Our students’ clinical work is always supervised by both an on-site supervisor(s) and a department faculty supervisor(s). As a result, students’ adult clients must sign an authorization for the disclosure of their health information for the purposes of supervision, and parents or guardians of a minor client must provide such an authorization when the minor is not able to legally provide such an authorization him or herself (see the relevant Wisconsin administrative statutes). Agency forms for this purpose are usually sufficient, but students need to ensure that the informed consent forms that they use with clients note that they are being supervised by both an on-site supervisor and a University supervisor, that their supervisors have access to the client’s clinical records and are monitoring the progress of the case, and that the student also participates in a consultation and supervision team comprised of their supervisor(s) and other student counselors and therapists.

5. Emailing or FAXing information to faculty supervisors. When students consult with faculty supervisors regarding their clinical work, they may find it convenient to transmit related case information via email or FAX. Email transmissions are not secure unless they are well encrypted, however. Because the Department does not have the resources for handling encryption, email transmission of client records that are not de-identified to faculty supervisors is not permitted. Because of potential problems with the security of FAXed information (e.g., misdialed phone numbers, someone is not present at the receiver’s FAX machine to receive the transmission at the time it occurs), students are also not allowed to FAX protected health information to faculty supervisors.

6. Disciplinary actions for noncompliance with this policy. HIPAA includes significant penalties for violations of its requirements (ranging from administrative actions to fines of up to $250,000 and 10 years imprisonment). The University enforces compliance with HIPAA requirements for faculty and staff through its Human Resources policies. Student violations of HIPAA compliance requirements will be handled through the departmental policy on the Remediation and Dismissal of Students. Minor violations of these requirements will result in relatively minor disciplinary actions, while serious or multiple minor violations of these requirements can result in dismissal from the program.

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# Appendix H

ACA Code of Ethics

As approved by the ACA Governing Council

2014

AMERICAN COUNSELING ASSOCIATION

www.counseling.org

**Mission**

The mission of the American Counseling Association

is to enhance the quality of life in society by promoting

the development of professional counselors, advancing

the counseling profession, and using the profession and

practice of counseling to promote respect for human

dignity and diversity.

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*ACA Code of Ethics* Preamble

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

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

1. enhancing human development throughout the life span;

2. honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and

uniqueness of people within their social and cultural contexts;

3. promoting social justice;

4. safeguarding the integrity of the counselor–client relationship; and

5. practicing in a competent and ethical manner.

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

• *autonomy*, or fostering the right to control the direction of one’s life;

• *nonmaleficence*, or avoiding actions that cause harm;

• *beneficence*, or working for the good of the individual and society by promoting mental health and well-being;

• *justice*, or treating individuals equitably and fostering fairness and equality;

• *fidelity*, or honoring commitments and keeping promises, including fulfilling one’s responsibilities of trust in

professional relationships; and

• *veracity*, or dealing truthfully with individuals with whom counselors come into professional contact.

*ACA Code of Ethics* Purpose

The *ACA Code of Ethics* serves six main purposes:

1. The *Code* sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.

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

3. The *Code* enables the association to clarify for current and prospective members, and for those served by members,

the nature of the ethical responsibilities held in common by its members.

4. The *Code* serves as an ethical guide designed to assist members in constructing a course of action that best serves

those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of

the professional counselor.

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

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

concerning ACA members.

The *ACA Code of Ethics* contains nine main sections that ad- dress the following areas:

Section A: The Counseling Relationship Section B: Confidentiality and Privacy Section C: Professional Responsibility

Section D: Relationships With Other Professionals Section E: Evaluation, Assessment, and Interpretation Section F: Supervision, Training, and Teaching

Section G: Research and Publication

Section H: Distance Counseling, Technology, and

Social Media

Section I: Resolving Ethical Issues

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

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

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

The glossary at the end of the *Code* provides a concise description of some of the terms used in the *ACA Code of Ethics*.

Section A

**The Counseling**

**Relationship**

**Introduction**

Counselors facilitate client growth

and development in ways that foster

the interest and welfare of clients and

promote formation of healthy relation-

ships. 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 cul-

tural backgrounds of the clients they

serve. Counselors also explore their own

cultural identities and how these affect

their values and beliefs about the coun-

seling process. Additionally, counselors

are encouraged to contribute to society

by devoting a portion of their profes-

sional activities for little or no financial

return (*pro bono publico*).

**A.1. Client Welfare**

**A.1.a. Primary Responsibility**

The primary responsibility of counsel-

ors 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 docu-

mentation to facilitate the delivery and

continuity of services. Counselors

take reasonable steps to ensure that

documentation accurately reflects cli-

ent 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 t ha t o f f e r r e as o na bl e p r o m is e o f success and are consistent with the abilities, temperament, developmental level, and circumstances of clients. Counselors and clients regularly re- view and revise counseling plans to assess their continued viability and effectiveness, respecting clients’ free- dom of choice.

**A.1.d. Support Network**

**Involvement**

Counselors recognize that support

networks hold various meanings in

the lives of clients and consider en-

listing the support, understanding,

and involvement of others (e.g., reli-

gious/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 re-

view in writing and verbally with cli-

ents 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 follow-

ing: the purposes, goals, techniques,

p ro c e d u re s , l i m i t a t i o n s , p o t e n t i a l

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 technol-

ogy; 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, coun-

selors 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 r equir ed

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 par-

ticipants 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, train-

ees, 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 discrimina-

tory 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 engag-

ing 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. Counsel- ors, before engaging in sexual and/or romantic interactions or relationships with former clients, their romantic partners, or their family members, dem- onstrate 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 ar e pr ohibited fr om engaging in a personal virtual re-

lationship 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 pro-

fessional association, organization, or

community. When counselors accept

these clients, they take appropriate pro-

fessional 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 counsel-

ing relationships beyond conventional

parameters. Examples include attend-

ing 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 cli-

ent’s ill family member in the hospital. In

extending these boundaries, counselors

take appropriate professional precau-

tions such as informed consent, consul-

tation, 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 un-

intentional 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 re- lationship 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 bar-

riers 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 be-

half 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 poten-

tially 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 jeop-

ardized by the group experience.

**A.9.b. Protecting Clients**

In a group setting, counselors take rea-

sonable precautions to protect clients

from physical, emotional, or psychologi-

cal 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 orga-

nization make explicit provisions for

self-referrals. In such instances, the cli-

ents 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 con-

sider the financial status of clients and

locality. If a counselor ’s usual fees cre-

ate undue hardship for the client, the

counselor may adjust fees, when legally

permissible, or assist the client in locat-

ing 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 bar-

tering 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 rec-

ognize 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, counsel-

ors discontinue the relationship.

**A.11.b. Values Within**

**Termination and Referral**

Counselors refrain from referring pro-

spective and current clients based solely

on the counselor ’s personally held val-

ues, 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 re- lationship 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 cli- ent 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 administra-

tive 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 neces-

sary, during interruptions such as vaca-

tions, illness, and following termination.

Section B

**Confidentiality and Privacy**

**Introduction**

Counselors recognize that trust is a cor-

nerstone of the counseling relationship.

Counselors aspire to earn the trust of cli-

ents by creating an ongoing partnership,

establishing and upholding appropriate

boundaries, and maintaining confi-

dentiality. 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 sen-

sitivity regarding cultural meanings of

confidentiality and privacy. Counselors

respect differing views toward disclosure

of information. Counselors hold ongo-

ing 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. Coun-

selors 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 counsel-

ing process, counselors inform clients of

the limitations of confidentiality and seek

to identify situations in which confiden-

tiality must be breached.

**B.2. Exceptions**

**B.2.a. Serious and Foreseeable Harm and Legal Requirements**

The general requirement that counsel- ors 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 re- vealed. 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 con-

sidering 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 super-

vision 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 disclos- ing information to identifiable third parties, if the parties are known to be at serious and foreseeable risk of con- tracting 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 concern- ing 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, coun- selors 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 po- tential harm to the client or counseling relationship.

**B.2.e. Minimal Disclosure**

To the extent possible, clients are

informed before confidential infor-

mation is disclosed and are involved

in the disclosure decision-making

process. When circumstances require

the disclosure of confidential infor-

mation, 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

c l i ents are maintained by subordi-

nates, including employees, supervisees,

students, clerical assistants, and

volunteers.

**B.3.b. Interdisciplinary Teams** When services provided to the client involve participation by an interdisci- plinary 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 infor- mation 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 le-

gal 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 param-

eters of confidentiality for the specific

group.

**B.4.b. Couples and Family**

**Counseling**

In couples and family counseling, coun-

selors 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 informa-

tion. 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 informa- tion 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 coun- seling relationship, consistent with cur- rent 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 wel- fare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relation- ships 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 confi-

dentiality.

**B.6. Records and**

**Documentation**

**B.6.a. Creating and Maintaining**

**Records and Documentation**

Counselors create and maintain records

and documentation necessary for ren-

dering 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 cli- ents prior to recording sessions through electronic or other means.

**B.6.d. Permission to Observe** Counselors obtain permission from cli- ents prior to allowing any person to ob- serve 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. Coun-

selors 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 re- cords, counselors provide assistance and consultation in interpreting counseling records.

**B.6.g. Disclosure or Transfer**

Unless exceptions to confidentiality

exist, counselors obtain written permis-

sion 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 ter-

mination of services to ensure reasonable

future access, maintain records in ac-

cordance 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 ap- point a records custodian when identi- fied as appropriate.

**B.7. Case Consultation**

**B.7.a. Respect for Privacy**

Information shared in a consulting

relationship is discussed for profes-

sional 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 deal-

ing with the public and other profes-

sionals. 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 develop-

ment and improvement of counseling.

Counselors are expected to advocate

to promote changes at the individual,

group, institutional, and societal lev-

els that improve the quality of life for

individuals and groups and remove

potential barriers to the provision or

access of appropriate services being of-

fered. 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, super-

vised experience, state and national

professional credentials, and appropri-

ate 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 quali- fied given their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional coun- seling positions only individuals who are qualified and competent for those positions.

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

**C.2.e. Consultations on**

**Ethical Obligations**

Counselors take reasonable steps to

consult with other counselors, the

ACA Ethics and Professional Standards

Department, or related professionals

when they have questions regarding

their ethical obligations or professional

practice.

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

**C.2.g. Impairment**

Counselors monitor themselves for

signs of impairment from their own

physical, mental, or emotional problems

and refrain from offering or providing

professional services when impaired.

They seek assistance for problems that

reach the level of professional impair-

ment, and, if necessary, they limit,

suspend, or terminate their professional

responsibilities until it is determined

that they may safely resume their

work. Counselors assist colleagues or

supervisors in recognizing their own

professional impairment and provide

consultation and assistance when war-

ranted with colleagues or supervisors

showing signs of impairment and

intervene as appropriate to prevent

imminent harm to clients.

**C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice**

Counselors prepare a plan for the trans- fer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor ’s incapacitation, death, retire- ment, or termination of practice.

**C.3. Advertising and**

**Soliciting Clients**

**C.3.a. Accurate Advertising**

When advertising or otherwise rep-

resenting their services to the public,

counselors identify their credentials

in an accurate manner that is not false,

misleading, deceptive, or fraudulent.

**C.3.b. Testimonials**

Counselors who use testimonials do

not solicit them from current clients,

former clients, or any other persons who

may be vulnerable to undue influence. Counselors discuss with clients the implications of and obtain permission for the use of any testimonial.

**C.3.c. Statements by Others**

When feasible, counselors make reason-

able efforts to ensure that statements

made by others about them or about

the counseling profession are accurate.

**C.3.d. Recruiting Through**

**Employment**

Counselors do not use their places of

employment or institutional affiliation to

recruit clients, supervisors, or consultees

for their private practices.

**C.3.e. Products and Training**

**Advertisements**

Counselors who develop products

related to their profession or conduct

workshops or training events ensure

that the advertisements concerning

these products or events are accurate

and disclose adequate information for

consumers to make informed choices.

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

**C.4. Professional Qualifications**

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

**C.4.b. Credentials**

Counselors claim only licenses or certifica-

tions that are current and in good standing.

**C.4.c. Educational Degrees** Counselors clearly differentiate be- tween earned and honorary degrees.

**C.4.d. Implying Doctoral-Level**

**Competence**

Counselors clearly state their highest

earned degree in counseling or a closely

related field. Counselors do not imply

doctoral-level competence when pos-

sessing a master ’s degree in counseling

or a related field by referring to them-

selves as “Dr.” in a counseling context when their doctorate is not in counsel- ing or a related field. Counselors do not use “ABD” (all but dissertation) or other such terms to imply competency.

**C.4.e. Accreditation Status**

Counselors accurately represent the

accreditation status of their degree pro-

gram and college/university.

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

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

**C.6. Public Responsibility**

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

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

**C.6.c. Media Presentations**

When counselors provide advice or com-

ment by means of public lectures, dem-

onstrations, radio or television programs,

recordings, technology-based applica-

tions, printed articles, mailed material,

or other media, they take reasonable

precautions to ensure that

1. the statements are based on ap- propriate professional counsel- ing literature and practice,

2. the statements are otherwise consistent with the *ACA Code of Ethics*, and

3. the recipients of the information are not encouraged to infer that a professional counseling relation- ship 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, shar-

ing 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/pro- cedures/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 perspec-

tives 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 relation- ships 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 founda- tion 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**

C o u n s e l o r s w o r k t o d e v e l o p a n d

strengthen relationships with col-

leagues from other disciplines to best

serve clients.

**D.1.c. Interdisciplinary**

**Teamwork**

Counselors who are members of in-

terdisciplinary teams delivering mul-

tifaceted 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 counsel-

ing profession and those of colleagues

from other disciplines.

**D.1.d. Establishing Professional and Ethical Obligations**

Counselors who are members of inter- disciplinary 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 pro-

ceedings, 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 counsel-

ors are in agreement with its general poli-

cies and principles. Counselors strive to

reach agreement with employers regard-

ing 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 inap- propriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such poli- cies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be af- fected, 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 appropri- ate resources and competencies when providing consultation services. Coun- selors 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 com-

ponent 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 ap-

propriate 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. As-

sessment 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 pro-

vided. 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 as- sessment services for which they have been trained and are competent. Counselors using technology-assisted test interpreta- tions are trained in the construct being measured and the specific instrument being used prior to using its technology- based application. Counselors take reason- able 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, inter-

pretation, and use of assessment instru-

ments relevant to the needs of the client,

whether they score and interpret such

assessments themselves or use technol-

ogy 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 thor-

ough 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 po-

tential 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 under- standings, and prior agreements in de- termining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group as- sessment 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 appropri- ately 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 diag-

nosing mental disorders.

**E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology**

Counselors recognize historical and so- cial 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 limi-

tations, and appropriateness of instru-

ments 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 suf-

ficient 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 admin-

istration, those conditions are noted in

interpretation, and the results may be

designated as invalid or of question-

able 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 technologi-

cally administered assessments func-

tion 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 cau-

tion 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 pref-

erence, religion, spirituality, sexual

orientation, and socioeconomic status

on test administration and interpre-

tation, 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 re-

sults, 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, di- agnoses, 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 applica- tions 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 appro-

priate, 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 assess-

ment 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 evalua-

tion, 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 in-

formed in writing that the relationship

is for the purposes of an evaluation and

is not therapeutic in nature, and enti-

ties or individuals who will receive the

evaluation report are identified. Coun-

selors who perform forensic evalua-

tions 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 part-

ners, 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 relation-

ships 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 con- done 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 communi-

cate to supervisees procedures for con-

tacting 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. Rea-

sons 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 super- visees obtain client permission before they use any information concerning the counseling relationship in the training process.

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

**F.6.a. Evaluation**

Supervisors document and provide

supervisees with ongoing feedback

regarding their performance and

schedule periodic formal evaluative

sessions throughout the supervisory

relationship.

**F.6.b. Gatekeeping and**

**Remediation**

Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede

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

**F.6.c. Counseling for**

**Supervisees**

If supervisees request counseling, the

supervisor assists the supervisee in

identifying appropriate services. Supervisors do not provide counseling

services to supervisees. Supervisors

address interpersonal competencies in

terms of the impact of these issues on

clients, the supervisory relationship,

and professional functioning.

**F.6.d. Endorsements**

Supervisors endorse supervisees for

certification, licensure, employment,

or completion of an academic or training program only when they believe

that supervisees are qualified for the

endorsement. Regardless of qualifications, supervisors do not endorse

supervisees whom they believe to be

impaired in any way that would interfere with the performance of the duties

associated with the endorsement.

**F.7. Responsibilities of**

**Counselor Educators**

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

**F.7.b. Counselor Educator**

**Competence**

Counselors who function as counselor

educators or supervisors provide instruction within their areas of knowledge and competence and provide instruction based on current information and knowledge available in the profession. When using technology to

deliver instruction, counselor educators

develop competence in the use of the

technology.

**F.7.c. Infusing Multicultural**

**Issues/Diversity**

Counselor educators infuse material

related to multiculturalism/diversity into all courses and workshops

for the development of professional

counselors.

**F.7.d. Integration of Study and Practice**

In traditional, hybrid, and/or online formats, counselor educators establish education and training programs that integrate academic study and super- vised practice.

**F.7.e. Teaching Ethics**

Throughout the program, counselor

educators ensure that students are

aware of the ethical responsibilities

and standards of the profession and the

ethical responsibilities of students to the

profession. Counselor educators infuse

ethical considerations throughout the

curriculum.

**F.7.f. Use of Case Examples**

The use of client, student, or supervisee

information for the purposes of case examples in a lecture or classroom setting

is permissible only when (a) the client,

student, or supervisee has reviewed the

material and agreed to its presentation

or (b) the information has been sufficiently modified to obscure identity.

**F.7.g. Student-to-Student Supervision and Instruction**

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

**F.7.h. Innovative Theories and**

**Techniques**

Counselor educators promote the use

of techniques/procedures/modalities

that are grounded in theory and/or

have an empirical or scientific foundation. When counselor educators discuss

developing or innovative techniques/

procedures/modalities, they explain the

potential risks, benefits, and ethical considerations of using such techniques/

procedures/modalities.

**F.7.i. Field Placements**

Counselor educators develop clear

policies and provide direct assistance

within their training programs regarding appropriate field placement and

other clinical experiences. Counselor

educators provide clearly stated roles

and responsibilities for the student or

supervisee, the site supervisor, and the

program supervisor. They confirm that

site supervisors are qualified to provide supervision in the formats in which services are provided and inform site supervisors of their professional and ethical responsibilities in this role.

**F.8. Student Welfare**

**F.8.a. Program Information and**

**Orientation**

Counselor educators recognize that

program orientation is a developmental process that begins upon students’

initial contact with the counselor education program and continues throughout

the educational and clinical training

of students. Counselor education faculty provide prospective and current

students with information about the

counselor education program’s expectations, including

1. the values and ethical principles of the profession;

2. the type and level of skill and knowledge acquisition required for successful completion of the training;

3. technology requirements;

4. program training goals, objectives,

and mission, and subject matter to

be covered;

5. bases for evaluation;

6. training components that encourage self-growth or self-disclosure

as part of the training process;

7. the type of supervision settings

and requirements of the sites for

required clinical field experiences;

8. student and supervisor evaluation and dismissal policies and

procedures; and

9. up-to-date employment prospects for graduates.

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

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

**F.8.d. Addressing Personal**

**Concerns**

Counselor educators may require students to address any personal concerns

that have the potential to affect professional competency.

**F.9. Evaluation and**

**Remediation**

**F.9.a. Evaluation of Students** Counselor educators clearly state to stu- dents, prior to and throughout the train- ing program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clini- cal 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 reme- dial 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 pro-

gram and over whom they have power

and authority. This prohibition applies

to both in-person and electronic interac-

tions 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 in- timate 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 pro-

gram 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 relation- ship with a student may be potentially beneficial to the student, they take pre- cautions similar to those taken by counselors when working with clients. Examples of potentially beneficial in- teractions or relationships include, but are not limited to, attending a formal ceremony; conducting hospital visits; providing support during a stressful event; or maintaining mutual mem- bership in a professional association, organization, or community. Coun- selor 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 relation- ships 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 abili- ties that students bring to the training experience. Counselor educators pro- vide 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 knowl-

edge base of the profession and promote

a clearer understanding of the condi-

tions 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 implement-

ing research.

**G.1. Research Responsibilities**

**G.1.a. Conducting Research** Counselors plan, design, conduct, and report research in a manner that is con- sistent 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 under-

standing and adhering to state, federal,

agency, or institutional policies or appli-

cable guidelines regarding confidential-

ity 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 ob-

serve 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’ wel-

fare 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 re-

search 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 partici- pants. 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 discom- forts, 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 advan- tageous 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 dissemi- nation of research findings; and

9. instructs participants that they are free to withdraw their con- sent and discontinue participa- tion 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 par-

ticipation in research activities does

not affect their academic standing or

supervisory relationship. Students or

supervisees who choose not to partici-

pate in research are provided with an

appropriate alternative to fulfill their

academic or clinical requirements.

**G.2.c. Client Participation** Counselors conducting research involv- ing clients make clear in the informed consent process that clients are free to choose whether to participate in re- search activities. Counselors take neces- sary 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 re-

search 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 ap- propriate 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 clarifi-

cation of the nature of the study to re-

move any misconceptions participants

might have regarding the research.

Where scientific or human values

justify delaying or withholding infor-

mation, counselors take reasonable

measures to avoid causing harm.

**G.2.h. Informing Sponsors**

Counselors inform sponsors, insti-

t ut i on s, a nd pu bl i ca ti o n c ha n ne ls

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 inca-

pacitation, retirement, or death.

**G.3. Managing and**

**Maintaining Boundaries**

**G.3.a. Extending Researcher– Participant Boundaries**

Researchers consider the risks and ben- efits of extending current research rela- tionships beyond conventional param- eters. When a nonresearch interaction between the researcher and the research participant may be potentially ben- eficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated con- sequences 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 re-

search 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 re- search, 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 discus- sion 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’, stu-

dents’, or supervisees’ information

for the purpose of case examples in a

presentation or publication is permis-

sible only when (a) participants, clients,

students, or supervisees have reviewed

the material and agreed to its presenta-

tion or publication or (b) the informa-

tion 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 rec-

ognition to previous work on the topic

by others or self.

**G.5.d. Contributors**

Counselors give credit through joint

authorship, acknowledgment, foot-

note statements, or other appropriate

means to those who have contributed

significantly to research or concept

development in accordance with such

contributions. The principal contribu-

tor is listed first, and minor technical

or professional contributions are ac-

knowledged in notes or introductory

statements.

**G.5.e. Agreement of**

**Contributors**

Counselors who conduct joint research

with colleagues or students/supervi-

sors establish agreements in advance re-

garding allocation of tasks, publication

credit, and types of acknowledgment

that will be received.

**G.5.f. Student Research** Manuscripts or professional presen- tations in any medium that are sub- stantially based on a student’s course papers, projects, dissertations, or theses are used only with the student’s permis- sion and list the student as lead author.

**G.5.g. Duplicate Submissions** Counselors submit manuscripts for con- sideration 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 with- out acknowledgment and permission from the original publisher.

**G.5.h. Professional Review** Counselors who review material sub- mitted 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. Coun- selors review article submissions in a timely manner and based on their scope and competency in research methodolo- gies. Counselors who serve as reviewers at the request of editors or publishers make every effort to only review ma- terials that are within their scope of competency and avoid personal biases.

**Section H**

**Distance Counseling, Technology, and**

**Social Media**

**Introduction**

Counselors understand that the profes-

sion of counseling may no longer be

limited to in-person, face-to-face inter-

actions. Counselors actively attempt to

understand the evolving nature of the

profession with regard to distance coun-

seling, technology, and social media and

how such resources may be used to bet-

ter 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 dis- tance counseling, technology, and social media within their counseling practice understand that they may be subject to laws and regulations of both the coun- selor’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 differ-

ences 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, employ- ees, 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 stan-

dards within their websites and/or tech-

nology-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 ap- plications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, so- cial media and Internet-based applications and other audio and/or video communi- cation, 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 ap- propriate 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 ap-

plication 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 mis-

conceptions, 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 coun- selor 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 be- tween face-to-face and electronic com- munication (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 electroni-

cally. 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 rel-

evant licensure and professional certifica-

tion boards to protect consumer and client

rights and address ethical concerns.

**H.5.c. Electronic Links**

Counselors regularly ensure that elec-

tronic links are working and are profes-

sionally appropriate.

**H.5.d. Multicultural and**

**Disability Considerations**

Counselors who maintain websites

provide accessibility to persons with

disabilities. They provide translation ca-

pabilities for clients who have a different

primary language, when feasible. Coun-

selors 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 distin-

guish between the two kinds of virtual

presence.

**H.6.b. Social Media as Part of**

**Informed Consent**

Counselors clearly explain to their clients,

as part of the informed consent procedure,

the benefits, limitations, and boundaries

of the use of social media.

**H.6.c. Client Virtual Presence**

Counselors respect the privacy of

their clients’ presence on social media

unless given consent to view such

information.

**H.6.d. Use of Public**

**Social Media**

Counselors take precautions to avoid

disclosing confidential information

through public social media.

**Section I Resolving Ethical Issues**

**Introduction**

Professional counselors behave in an

ethical and legal manner. They are

aware that client welfare and trust in

the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Com- plaints of Ethical 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 bod-

ies of which they are members. Lack of

knowledge or misunderstanding of an

ethical responsibility is not a defense

against a charge of unethical conduct.

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

**I.1.c. Conflicts Between Ethics and Laws**

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

**I.2. Suspected Violations**

**I.2.a. Informal Resolution**

When counselors have reason to believe

that another counselor is violating or has

violated an ethical standard and substantial harm has not occurred, they attempt

to first resolve the issue informally with

the other counselor if feasible, provided

such action does not violate confidentiality rights that may be involved.

**I.2.b. Reporting Ethical**

**Violations**

If an apparent violation has substantially

harmed or is likely to substantially harm

a person or organization and is not ap-

propriate 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 ap-

propriate 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 knowledge-

able 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 com- plaints 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

e n f o rc i n g t h e *A C A C o d e o f E t h i c s* .

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

See the American Counseling Association web site

at <http://www.counseling.org/knowledge-center/ethics>

**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 ex- change 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 ser-

vice 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, un-

less 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 reason- able 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).

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