

Clinical Counseling Manual for CSD 5630 Practicum CSD 6900 Internship

Dr. Gloria Leitschuh
Clinical Counseling Practicum/Internship Coordinator
Office Telephone: 217-581-7238
Email: gleitschuh@eiu.edu
www.eiu.edu/~csd

Department of Counseling and Student Development
Eastern Illinois University
600 Lincoln Avenue
Charleston, IL 61920-3099



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Site Supervisor

Thank you for agreeing to supervise a supervisee in the counseling program at Eastern Illinois University. Practicum and Internship are the culminating activities in the training of our supervisees and as such, requires the application of the counselor's competencies in actual counseling experiences with client and/or supervisees. This is both an exciting and anxious time for our supervisees as they look to you to help them grow professionally and hone the craft of counseling.

Our hope is that you will approach supervision seriously and look to make a significant impact in the professional life of our supervisees. Like counseling, supervising supervisees is not easy and requires professionals who are committed to providing "intensive, interpersonally focused one-to-one relationship in which one person is designated to facilitate the development of therapeutic competence in the other person" (Loganbill, Hardy, and Delworth (1982, p. 4). Bernard and Goodyear (2004) defined supervision this way: "Supervision is an intervention provided by a more senior member of a profession to a more junior member or members of that same profession. This relationship is

- » evaluative,
- » extends over time, and
- » has the simultaneous purpose of enhancing the professional functioning of the more junior person(s), monitoring the quality of professional services offered to the clients that she, he, or they see, and serving as a gatekeeper for those who are to enter the particular profession (p.8).

So, this relationship involves evaluating, enhancing, monitoring, and gate-keeping over a prescribed length of time.

We know from research that a well-organized practicum or internship with a clear idea of what is expected will result in a satisfactory supervisory experience (Magnuson, Wilcoxon, and Norem, 2000). Therefore, we encourage you to plan ahead concerning what you expect from the supervisee and how supervision will proceed.

Of course this challenge applies to us as well. We also need to provide the same principles to how we set up practicum and internship so that you are prepared to provide an excellent supervisory experience for our supervisees. For this reason, we have developed a manual that will provide guidelines and tools needed to complete this academic requirement. We encourage you to read the manual and let us know if you have any questions. Along with the contract, this manual is a critical step in ensuring that our supervisees have the best experience possible and provides a successful bridge to their professional careers.

Site Supervisor

According to Magnuson, Wilcoxon, and Norem (2000), there are certain factors that interns have stated are important to their successful growth during practicum/internship:

- » Clear expectations
- » Standards of accountability
- » Understanding the intern's needs
- » Being prepared for supervision
- » Providing purposeful continuity
- » Providing an equitable environment (if supervising more than one intern)

For this reason, this manual is designed to provide you with the minimum factors necessary to provide professional supervision for the interns.

Training and Experience

Site Supervisors will:

- » have a Master's degree in Counseling (or a related field) and two years of post degree experience. Clinical Agency supervisors should have two years of supervised clinical experience and be involved in acquiring 18 hours of mandated supervision;
- » read and understand the Ethical Guidelines for Counseling Supervisors adopted by the Association for Counselor Education and Supervision (see Appendix O). Signing of the agreement signifies the guidelines have been read and understood (Appendix Q).

Responsibilities

Site Supervisors will:

- » read and sign the contract;
- » act as a liaison to the Department of Counseling and Student Development. All contact regarding the supervisee will be addressed to the EIU faculty supervisor unless otherwise noted;
- » arrange for a supervisee orientation program and training for the purpose of familiarizing the supervisee with the agency's philosophy, policies and procedures. This includes case record management, confidentiality policy, adequate disclosure, treatment protocol and termination procedures;
- » provide the supervisee access to opportunities for educational experiences including:
 - » group and individual counseling
 - » consultation with staff, agencies and families
 - » assistance with appropriate interpretation of testing materials
 - » access to case management meetings
 - » assistance with psycho-educational program development and implementation;
- » provide feedback to supervisees regarding legal and ethical guidelines governing each student/client;
- » provide timely feedback of supervisees' performance.

Rights

Site Supervisors have the right to:

- » be made aware of the practicum/internship requirements;
- » expect the supervisee's regular and punctual attendance for counseling sessions, supervision and other site-related activities;
- » evaluate the supervisee's performance, based on the stated criteria in the Practicum or Internship syllabus and the Clinical Counseling Practicum/Internship Manual;
- » expect supervisees to follow directives when they are given;
- » determine the assignment or reassignment of cases, based on the interface of the supervisee's skill level, professional development and the presenting issue;
- » consult with the EIU faculty supervisor on issues relevant to the supervisee.

Requirements and Paperwork for PRACTICUM

Requirements

Site Supervisor is required to:

- » meet a minimum of one hour per week with practicum supervisees;
- » review work samples via audio, video or live observation and case notes as a regular part of ongoing supervisory process;
- » be available for consultation during hours the supervisee is providing services to clients (may be by phone or in person);
- » provide supervisees with experiences that will help them prepare for employment in a comparable professional setting;
- » assign and supervise tasks within the supervisee's capabilities. These tasks should be designed to allow the supervisee to further develop counseling knowledge, attitudes, values and skills. This will include a total of 100 hours: a minimum of 40 hours of direct work with clients. Ten of the direct hours must include group counseling;
- » provide space, equipment and supplies as needed by the supervisee to carry out assignments. This should include clerical service for records if this service is provided for other staff;
- » provide opportunities for the supervisee to audio and/or video tape client and/or group counseling sessions for the purpose of supervision during practicum. Written permission of clients immediately involved must be obtained.

Paperwork

Site supervisors should expect to complete the following paperwork:

- » complete and return a Practicum Demographic Information Form (see Appendix G);
- » complete a midterm and final evaluation of the practicum supervisee's performance (see Appendix L);
- » contact CSD to receive credit toward tuition waiver (see Appendix N).

Requirements and Paperwork for INTERNSHIP

Requirements

Site Supervisor is required to:

- » ensure that the supervisee complete 300 hours per semester with 120 of those hours being direct service work with clients.
Note: Supervisees are neither to replace faculty/staff nor to render services except as identified for educational value. (Paid supervisees may be required to perform no more than 10% of duties unrelated to their internship requirements);
- » meet regularly for one hour of individual, face-to-face supervision with the supervisee;
- » provide one and one-half hours of group staffing;
- » review at least six video, audio or live observations of the supervisee providing counseling services. Supervision should also include review of supervisee's written documentation;
- » collaborate with supervisee to develop goals for working at the site;
- » arrange for professional working space and facilities for the supervisee's use (office, desk, phone, etc.);
- » make provisions for the supervisee to attend site's area and regional meetings, conferences, workshops, etc., which the supervisor normally attends;
- » be available for consultation during hours the supervisee is providing services to clients (availability may be by phone or in person).

Paperwork

Site supervisors should expect to complete the following paperwork:

- » complete and return an Internship Demographic information form (see Appendix G);
- » complete a midterm and final evaluation of the supervisee's performance (see Appendix L);
- » complete an "Internship Supervisory Survey" provided by the university (see Appendix L);
- » contact CSD to receive credit toward tuition waiver (see Appendix N).

Removing a Supervisee from a Practicum/Internship Site

The supervisee may be removed from his/her practicum or internship due to:

- » failure to function in a responsible and professional manner;
- » failure to adhere to the ACA codes of ethics;
- » failure to adhere to the Illinois laws concerning counselors;
- » request from the site.

Removal from a practicum or internship site will result in:

- » a failing grade for the course and/or the implementation of remediation plan;
- » at the discretion of the EIU coordinator, reassignment to another site; and/or
- » removal from the program, depending on the seriousness of the offense.

EIU Faculty Supervisor

Rights

The EIU faculty supervisor has the right to:

- » determine the expectations and requirements of the practicum and internship class;
- » have final determination about the readiness of a supervisee to begin practicum or internship;
- » expect the supervisee's regular and punctual attendance in class;
- » evaluate the supervisee's performance based on the stated criteria in the syllabus and the Clinical Counseling Practicum/Internship Manual;
- » expect the supervisee to follow directives when they are given by the EIU faculty supervisor and/or the site supervisor;
- » remove supervisee from a site, the course, or (with consultation with the EIU faculty supervisor and the chair) the program if the supervisee does not follow the directives contained in the Clinical Counseling Practicum/Internship Manual or syllabi;
- » discuss all of the supervisee's student/client cases with the supervisee, the site supervisor, and recommend assignment or reassignment of students/clients as indicated;
- » discuss the supervisee's personal and professional growth as a counselor with the supervisee, the site supervisor, and other counseling faculty;
- » identify areas for remediation if the supervisee's skills, abilities, and/or performance are not satisfactory.

Responsibilities

The EIU faculty supervisor has the responsibility to:

- » follow the ACA and ACES code of ethics and Illinois law regulating counselor practice;
- » clearly state expectations, requirements and grading criteria;
- » inform the supervisee of the ethical responsibilities and standards of the profession;
- » inform the supervisee of legal issues related to the profession;
- » coordinate with the site supervisor to ensure that the supervisee is maintaining case records on each student/client, according to practicum, internship, and/or site requirements;
- » schedule discussions, lectures or other training experiences during class time, or when necessary, additional times to meet the developmental and professional training needs of the supervisees. Ultimately, the site supervisor is responsible for issues pertaining to specific clients;
- » provide feedback to the supervisee regarding his/her skill development and professional growth at regular intervals during the semester;
- » inform the supervisee when progress is not satisfactory and to develop a remediation plan for the supervisee, if appropriate.

Supervisee

Rights

The supervisee has the right to:

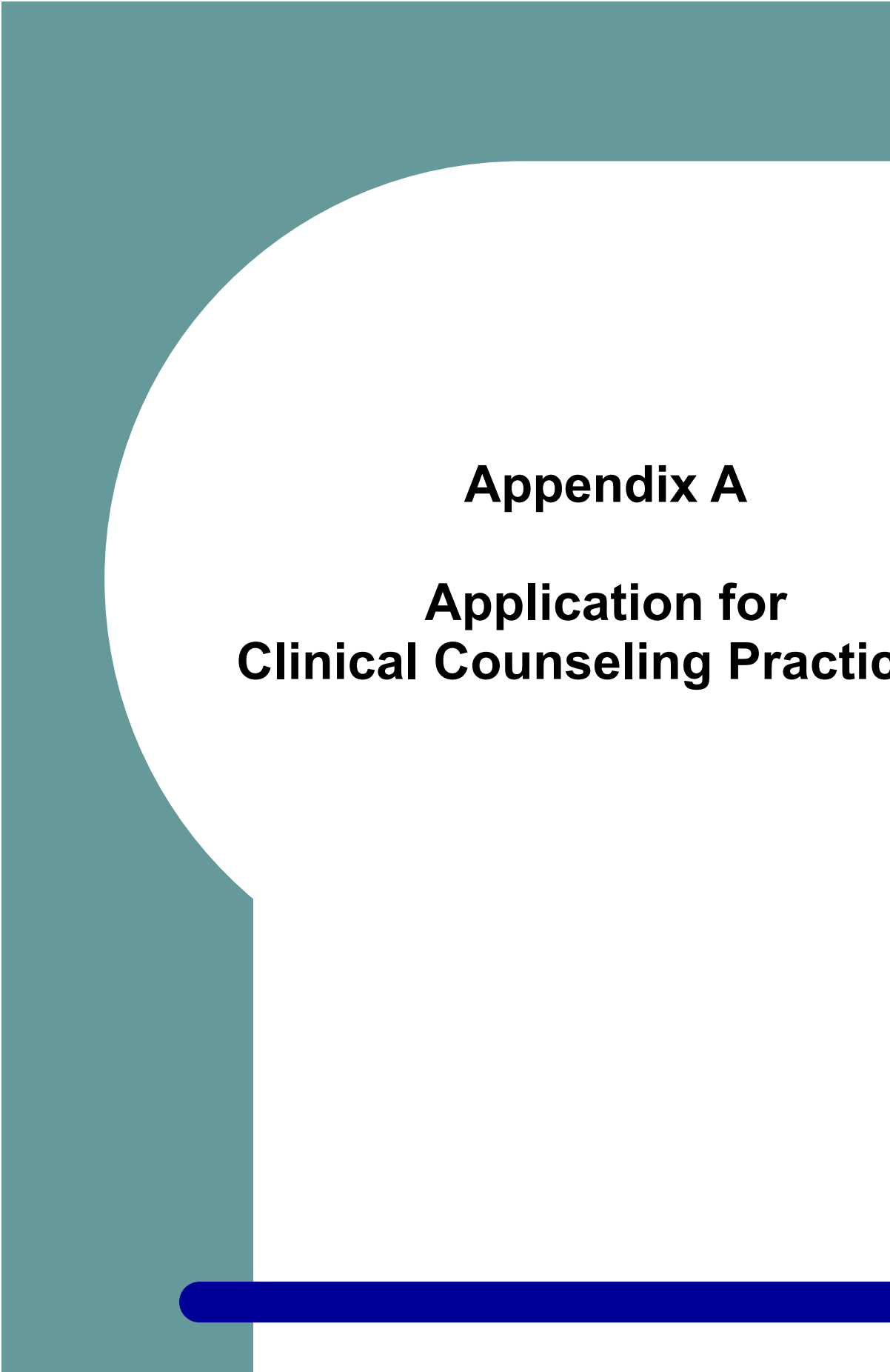
- » know the criteria for evaluation in the course and to receive progress evaluations from the EIU faculty supervisor;
- » expect supervision and feedback in the management of cases by the site supervisor and the EIU faculty supervisor according to syllabus expectations;
- » know the procedure for handling emergencies according to both site and EIU policies;
- » ask questions regarding the counseling process, standards of care and the most appropriate handling of cases;
- » to have the policies and procedures of the site explained fully.

Responsibilities

The supervisee has the responsibility to:


- » locate and secure an approved site for completion of Practicum or Internship;
- » locate and secure an approved site supervisor;

- » have punctual and regular attendance at the site, for the practicum or internship course, and for all meetings with site supervisor and EIU faculty supervisor;
 - » provide students/clients at site with a quality experience;
 - » dress and behave in an appropriate and professional manner while on site as determined by the site supervisor;
 - » make clear disclosure with students/clients at site including their status as a counseling practicum or internship supervisee;
 - » come prepared for class, supervision sessions and counseling sessions;
 - » request additional supervision as needed;
 - » become educated about student/client problems, treatments and interventions, using the research literature as appropriate;
 - » notify the EIU faculty supervisor when issues arise with the site supervisor, the site, or with students/clients that are not adequately addressed by the site supervisor;
 - » inform the site supervisor and the EIU faculty supervisor of problems with cases or client emergencies at site;
 - » compile and maintain complete client records and practicum documentation in a timely and professional manner;
 - » follow the ACA code of ethics and Illinois law governing counselors.
-



Appendix A

**Application for
Clinical Counseling Practicum**



**Application for
Clinical Counseling Practicum**
Department of Counseling and Student Development
Eastern Illinois University



NOTE: Supervisees must attend a Practicum Informational meeting the semester prior to Practicum.

(Type or print clearly)

Name _____ Banner E# _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

E-Mail Address _____

PREREQUISITES: CSD 5500, CSD 5510, CSD 5520, CSD 5530 must be completed before taking Practicum; and CSD 5600, CSD 5620, CSD 5930 or CSD 5940 must have been completed or may be taken concurrently with CSD 5630.

A grade of "B" or better in CSD 5530 (Pre-Practicum)

ANTICIPATED GRADUATION DATE: _____

SEMESTER FOR PRACTICUM REQUEST: Fall Spring Summer

PREFERRED PRACTICUM SITE: _____



Appendix B

**Clinical Counseling
Practicum Contract Agreement**



Practicum Agreement

Clinical Counseling
Department of Counseling and Student Development
Eastern Illinois University



The following are the agreement conditions for the EIU Department of Counseling and Student Development program (CSD) and the Board of Trustees of Eastern Illinois University (EIU) for the benefit of _____ (Supervisee) for Practicum experience at _____ (Site)

(Site Street Address, City, State, Zip)

(Telephone)

This contract is valid only during the period beginning ____/____/____ and ending ____/____/____

Introduction

Practicum is intended to combine course work with a 100 hour field experience conducted in a setting as similar as possible to that in which Practicum supervisee subsequently intends to seek employment. The nature of this experience should be very much like that of a regular counseling position, but with intensive supervision both on-site and on-campus. Because the Practicum experience occurs after the supervisee has mastered basic-level communication skills and has taken a pre-Practicum course, the emphasis at this stage of his/her development must be upon training rather than service provision. Practicum sites and supervisors play a pivotal role in helping the supervisee begin the transition into his/her professional identities. For this reason, developing a Practicum plan with sufficient emphasis upon professional development is extremely important.

Site Supervisor

Training and Experience

Site Supervisor will:

- » have a Master's degree in Counseling (or a related field) and two years of post degree experience. Site supervisors should have two years of supervised clinical experience and be involved in acquiring 18 hours of mandated supervision;
- » read and understand the Ethical Guidelines for Counseling Supervisors adopted by the Association for Counselor Education and Supervision (ACES). Signing of the agreement signifies the guidelines have been read and understood.

Responsibilities

Site Supervisor will:

- » act as a liaison to the Department of Counseling and Student Development. All contact regarding the supervisee will be addressed to the EIU faculty supervisor unless otherwise noted;
- » arrange for a supervisee orientation program and training for the purpose of familiarizing the supervisee with the site's philosophy, policies and procedures. This includes case record management, confidentiality policy, adequate disclosure, treatment protocol and termination procedures;
- » provide the supervisee access to opportunities for educational experiences including:
 - » group and individual counseling
 - » consultation with staff, agencies and families
 - » assistance with appropriate interpretation of testing materials
 - » access to case management meetings
 - » assistance with psycho-educational program development and implementation;
- » provide feedback to supervisees regarding legal and ethical guidelines governing each client;
- » provide timely feedback to EIU faculty supervisor regarding concerns with supervisee's performance.

Rights

Site Supervisor has the right to:

- » be made aware of the practicum requirements;
- » expect the supervisee's regular and punctual attendance for counseling services, supervision and other site-related activities;
- » evaluate the supervisee's performance, based on the stated criteria in the syllabus and the Clinical Counseling Practicum/Internship Manual;
- » expect supervisees to follow directives when they are given;
- » determine the assignment or reassignment of cases, based on the interface of the supervisee's skill level, professional development and the presenting issue;
- » consult with the EIU faculty supervisor on issues relevant to the supervisee.

Requirements

Site Supervisor is required to:

- » meet a minimum of one hour per week with supervisees;
- » review work samples via audio, video or live observation and case notes as a regular part of ongoing supervisory process;
- » be available for consultation during hours the supervisee is providing services to clients (may be by phone or in person);
- » provide supervisees with experiences that will help them prepare for employment in a comparable professional setting;
- » assign and supervise tasks within the supervisee's capabilities. These tasks should be designed to allow the supervisee to further develop counseling knowledge, attitudes, values and skills. This will include a 100 hours; a minimum of 40 hours of direct work with clients. Ten of the direct hours must include group counseling;
- » provide space, equipment and supplies as needed by the supervisee to carry out assignment. This should include clerical service for records if this service is provided for other staff;
- » provide opportunities for the supervisee to audio and/or video tape clients or group counseling sessions for the purpose of supervision during practicum. Written permission of persons immediately involved must be obtained.

Paperwork

Site supervisors should expect to:

- » complete and return a Practicum Demographic Information form to the CSD departmental secretary;
- » complete a midterm and final evaluation of the supervisee's performance and return to the EIU faculty supervisor;
- » contact CSD to request tuition waiver;

Address: Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

EIU Faculty Supervisor

Rights

The EIU university faculty supervisor has the right to:

- » determine the expectation and requirements of the practicum class;
- » have final determination about the readiness of a supervisee to begin practicum;
- » expect the supervisee's regular and punctual attendance in class;
- » evaluate the supervisee's performance based on the stated criteria in the syllabus and the Clinical Counseling Practicum/Internship Manual;
- » expect the supervisee to follow directives when they are given by the EIU university faculty supervisor and/or the site supervisor;

- » remove supervisee from a site, the course, or (with consultation with the EIU faculty supervisor and chair) the program if the supervisee does not follow the directives contained in the Clinical Counseling Practicum/Internship Manual or syllabus;
- » discuss all of the supervisee's client cases with the supervisee, the site supervisor and recommend assignment or reassignment of cases as indicated;
- » discuss the supervisee's personal and professional growth as a counselor with the supervisee, the site supervisor and other counseling faculty;
- » identify areas for remediation if the supervisee's skills, abilities and/or performance are not satisfactory.

Responsibilities

The EIU university faculty supervisor has the responsibility to:

- » follow the ACA and ACES code of ethics and Illinois law regulating counselor practice;
- » clearly state expectations, requirements and grading criteria;
- » inform the supervisee of the ethical responsibilities and standards of the profession;
- » inform the supervisee of legal issues related to the profession;
- » coordinate with the site supervisor to ensure that the supervisee is maintaining case records on each client, according to practicum and/or site requirements;
- » schedule discussions, lectures or other training experiences during class time, or when necessary, additional times to meet the developmental and professional training needs of the supervisees. Ultimately, the site supervisor is responsible for issues pertaining to specific clients;
- » provide feedback to the supervisee regarding his/her skill development and professional growth at regular intervals during the semester;
- » inform the supervisee when progress is not satisfactory and develop a remediation plan for the supervisee, if appropriate.

Supervisee

Rights

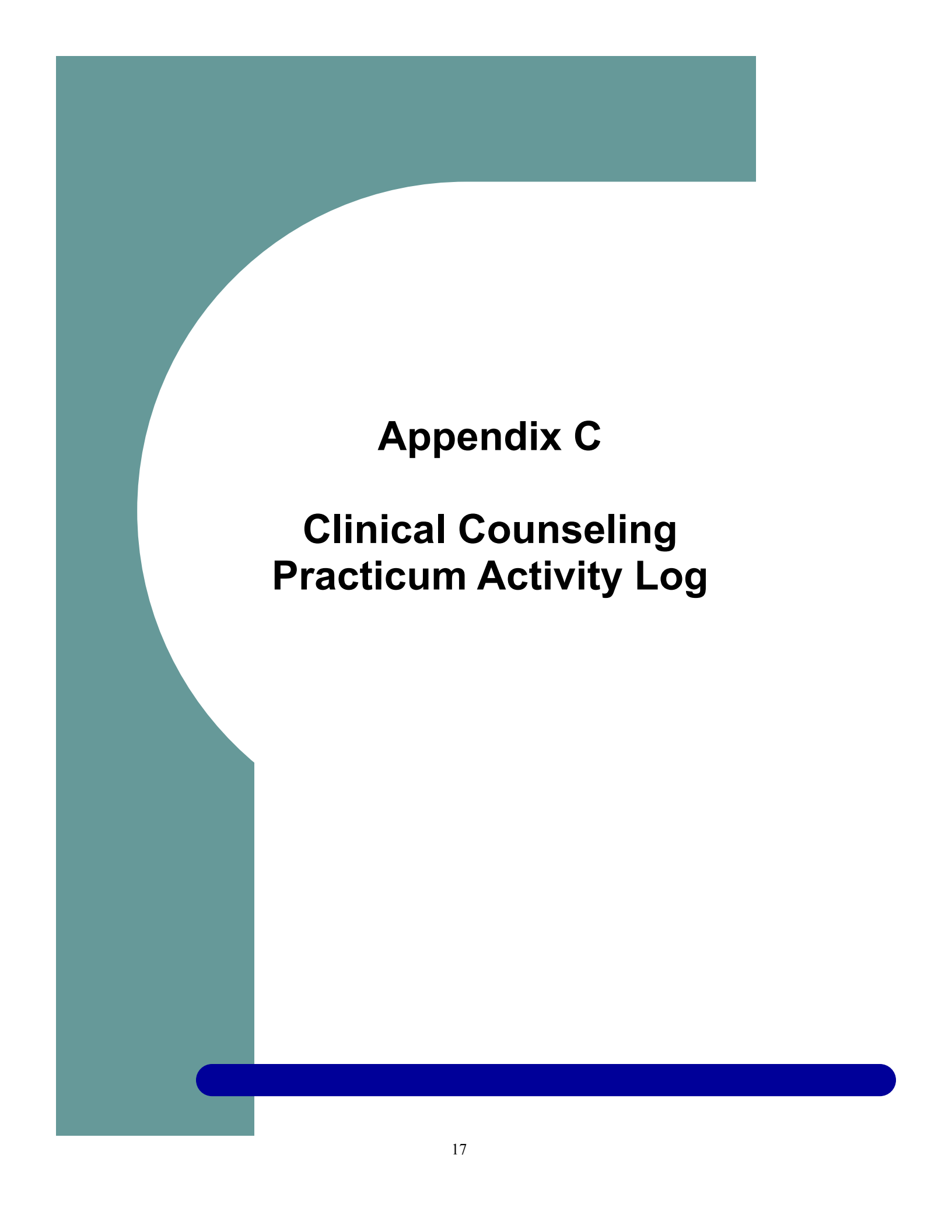
The supervisee has the right to:

- » know the criteria for evaluation in the course and to receive progress evaluations from the EIU university faculty supervisor;
- » expect supervision and feedback in the management of cases by the site supervisor and the EIU university faculty supervisor according to syllabus expectations;
- » know the procedure for handling emergencies according to both site and EIU policies;
- » ask questions regarding the counseling process, standards of care and the most appropriate handling of cases;
- » to have the policies and procedures of the site explained fully.

Responsibilities

The supervisee has the responsibility to:

- » locate and secure an approved site for completion of Practicum;
- » locate and secure an approved site supervisor;
- » have punctual and regular attendance at the site, for the practicum course and for all meetings with site supervisor and EIU faculty supervisor;
- » provide clients at site with a quality experience;
- » dress and behave in an appropriate and professional manner while on site as determined by the site supervisor;
- » make clear disclosure with clients at site including their status as a counseling practicum supervisee;



Appendix C

**Clinical Counseling
Practicum Activity Log**

Clinical Counseling Practicum Activity Log

Department of Counseling and Student Development
Eastern Illinois University



Supervisee Name: _____ Semester: _____

Practicum Site: _____ Week #: _____

Direct Hours	Activity	Total Hours
1.	Individual Counseling	
2.	Group counseling	
3.	Family Counseling	
4.	Consultation with parents or teachers	
5.	Guidance activities with supervisees/clients present	
6.	Instructional (preventive) intervention	
Total for <u>direct</u> service hours		
Semester total for <u>direct</u> service hours		

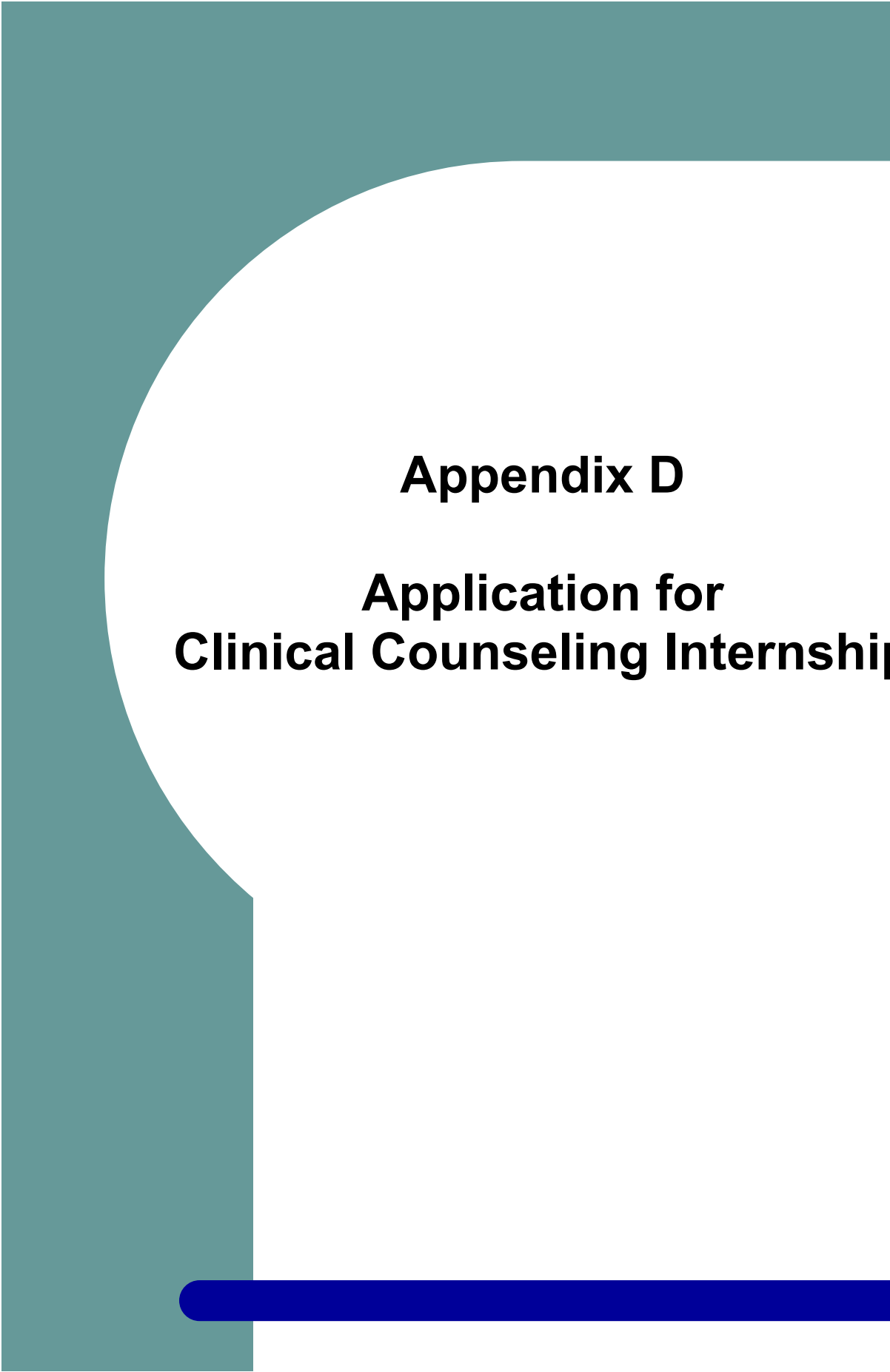
Indirect Hours	Activity	Total Hours
1.	Contact with clients other than counseling	
2.	Staff meetings and consultation with liaisons	
3.	Peer review of tapes	
4.	Observations (explain below)	
5.	Report writing and administrative duties	
6.	Individual supervision on-site	
7.	Professional development (explain below)	
8.	Other Practicum activity (explain below)	
Total for <u>indirect</u> service hours		
Semester total for <u>indirect</u> service hours		

Notes on any of above: _____

Site Supervisor Signature: _____


For departmental use only:

Activity	Hours
1. Individual supervision on campus (departmental)	
2. Group supervision on campus (in class)	
3. Hours carried forward to Internship	



Appendix D

**Application for
Clinical Counseling Internship**



Application for Clinical Counseling Internship

Department of Counseling and Student Development
Eastern Illinois University



NOTE: Supervisees must attend an Internship Informational meeting the semester prior to Internship.

(Type or print clearly)

Name _____ Banner E# _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

E-mail Address _____

PREREQUISITES: Completion of CSD 5630 (Practicum) with a grade of "B" or better and approval of the Departmental Chair.

NOTE: Supervisees must complete the final three (3) semester hours of CSD 6900 (Clinical Counseling Internship) with a grade of "B" or better before graduating.

ANTICIPATED GRADUATION DATE: _____

1st Internship (Please check which semester) Fall Spring Summer

2nd Internship (Please check which semester) Fall Spring Summer

PREFERRED INTERNSHIP SITE: _____



Appendix E

**Clinical Counseling
Internship Contract Agreement**



Internship Agreement

Clinical Counseling
Department of Counseling and Student Development
Eastern Illinois University



The following are the agreement conditions for the EIU Department of Counseling and Supervisee Development program (CSD) and the Board of Trustees of Eastern Illinois University (EIU) for the benefit of _____ (Supervisee) for Internship experience at _____ (Site)

(Site Street Address, City, State, Zip)

(Telephone)

This contract is valid only during the period beginning ____/____/____ and ending ____/____/____

Introduction

This Internship is intended to be an intensive 600 hour field experience over two consecutive semesters conducted in a setting as similar as possible in which the supervisees subsequently intends to seek employment. The nature of this experience should be very much like that of a regular counseling position, but with closer supervision than is usually the case with an employed counselor. Internship should occur at the end of the training program, and the supervisees are expected to put into practice the knowledge and skills previously acquired in their program. The level of training at the point of entry into Internship will insure that the arrangement will be mutually beneficial to the site and to the supervisee.

Site Supervisor

Training and Experience

Site Supervisor will:

- » have a Master's degree in Counseling (or a related field) and two years of post degree experience. Site supervisors should have two years of supervised clinical experience and be involved in acquiring 18 hours of mandated supervision;
- » read and understand the Ethical Guidelines for Counseling Supervisors adopted by the Association for Counselor Education and Supervision (ACES). Signing of the agreement signifies the guidelines have been read and understood.

Responsibilities

Site Supervisor will:

- » act as a liaison to the Department of Counseling and Student Development. All contact regarding the supervisee will be addressed to the EIU faculty supervisor unless otherwise noted;
- » arrange for a supervisee orientation program and training for the purpose of familiarizing the supervisee with the site's philosophy, policies, and procedures. This includes case record management, confidentiality policy, adequate disclosure, treatment protocol and termination procedures;
- » provide the supervisee access to opportunities for educational experiences including:
 - » group and individual counseling
 - » consultation with staff, agencies and families
 - » assistance with appropriate interpretation of testing materials
 - » access to case management meetings
 - » assistance with psycho-educational program development and implementation;
- » provide feedback to supervisee regarding legal and ethical guidelines governing each client;
- » provide timely feedback to EIU faculty supervisor regarding concerns with supervisee's performance.

Rights

Site Supervisor has the right to:

- » be made aware of the internship requirements;
- » expect the supervisee's regular and punctual attendance for counseling services, supervision and other site-related activities;
- » evaluate the supervisee's performance, based on the stated criteria in the syllabus and the Clinical Counseling Practicum/ Internship Manual;
- » expect supervisees to follow directives when they are given;
- » determine the assignment or reassignment of cases, based on the interface of the supervisee's skill level, professional development and the presenting issue;
- » consult with the EIU faculty supervisor on issues relevant to the supervisee.

Requirements

Site Supervisor is required to:

- » ensure that the supervisee complete 300 hours per semester with 120 of those hours being direct service work with clients.
Note: Supervisees are neither to replace faculty/staff nor to render services except as identified for educational value. (Paid supervisees may be required to perform no more than 10% of duties unrelated to their internship requirements);
- » meet regularly for one hour of individual, face-to-face supervision with the supervisee;
- » provide one and one-half hours of group staffing;
- » review at least six video, audio or live observations of the supervisee providing counseling services. Supervision should also include review of written documentation;
- » collaborate with supervisees to develop goals for working at the site;
- » arrange for professional working space and facilities for the supervisee's use (office, desk, phone, etc.);
- » make provisions for the supervisee to attend site's area and regional meetings, conferences, workshops, etc., which the supervisor normally attends;
- » be available for consultation during hours the supervisee is providing services to clients. (Availability may be by phone or in person.)

Paperwork

Site supervisor should expect to:

- » complete and return a Internship Demographic Information form to the CSD departmental secretary;
- » complete a midterm and final evaluation of the supervisee's performance and return to the Chair of CSD;
- » complete an "Internship Supervisory Survey" and return to the Chair of CSD;
- » contact CSD to request tuition waiver;
Address: Counseling and Supervisee Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

EIU Faculty Supervisor

Rights

The EIU faculty supervisor has the right to:

- » determine the expectations and requirements of the internship class;
- » have final determination about the readiness of a supervisee to begin internship;
- » expect the supervisee's regular and punctual attendance in class;
- » evaluate the supervisee's performance based on the stated criteria in the syllabus and the Clinical Counseling Practicum/Internship Manual;

- » expect the supervisee to follow directives when they are given by the EIU faculty supervisor and/or the site supervisor;
- » remove supervisee from a site, the course, or (with consultation with the EIU faculty supervisor and chair) the program if the supervisee does not follow the directives contained in the Clinical Counseling Practicum/Internship Manual or syllabus;
- » discuss all of the supervisee's client cases with the supervisee, the site supervisor, and recommend assignment or reassignment of cases as indicated;
- » discuss the supervisee's personal and professional growth as a counselor with the supervisee, the site supervisor and other counseling faculty;
- » identify areas for remediation if the supervisee's skills, abilities and/or performance are not satisfactory.

Responsibilities

The EIU faculty supervisor has the responsibility to:

- » follow the ACA and ACES code of ethics and Illinois law regulating counselor practice;
- » clearly state expectations, requirements and grading criteria;
- » inform the supervisee of the ethical responsibilities and standards of the profession;
- » inform the supervisee of legal issues related to the profession;
- » coordinate with the site supervisor to ensure that the supervisee is maintaining case records on each client, according to internship and/or site requirements;
- » schedule discussions, lectures or other training experiences during classtime, or when necessary, additional times to meet the developmental and professional training needs of the supervisees. Ultimately, the site supervisor is responsible for issues pertaining to specific clients;
- » provide feedback to the supervisee regarding his/her skill development and professional growth at regular intervals during the semester;
- » inform the supervisee when progress is not satisfactory and develop a remediation plan for the supervisee, if appropriate.

Supervisee

Rights

The supervisee has the right to:

- » know the criteria for evaluation in the course and to receive progress evaluations from the EIU faculty supervisor;
- » expect supervision and feedback in the management of cases by the site supervisor and the EIU faculty supervisor according to syllabus expectations;
- » know the procedure for handling emergencies according to both site and EIU policies;
- » ask questions regarding the counseling process, standards of care, and the most appropriate handling of cases;
- » to have the policies and procedures of the site explained fully.

Responsibilities

The supervisee has the responsibility to:

- » locate and secure an approved site for completion of Internship;
- » locate and secure an approved site supervisor;
- » have punctual and regular attendance at the site, for the internship course, and for all meetings with site supervisor and EIU faculty supervisor;
- » provide clients at site with a quality experience;



Appendix F

Clinical Counseling Internship Site Log



Internship Site Log for Licensure and Accreditation

Department of Counseling and Student Development
Eastern Illinois University

(Must be a total minimum of 300 hours per semester)

This log should document a minimum of **120 hours of direct service work** with clients and a combined total of direct services and indirect activities of 300 hours per semester or an average of 20 hours per week.

Direct Service constitutes the following:

- (a) individual and group counseling;
- (b) career counseling;
- (c) administration, scoring and interpretation of tests for clients being counseled;
- (d) guidance activities;
- (e) consultation with staff;
- (f) referral of clients; and
- (g) staffings.

Indirect Activities include:

- (a) orientation;
- (b) observation of individual or group sessions;
- (c) organizational tasks consistent with professional job descriptions;
- (d) completion of records;
- (e) required paper work;
- (f) staff or department meetings.





Internship Site Log for Licensure and Accreditation

Department of Counseling and Student Development
Eastern Illinois University

Supervisee Name _____

Internship Site _____

Semester _____

Week Dates	Completed Hours of Direct Service	Completed Hours of Indirect Service	Site Supervisor's Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Total Direct Service Hours	Total Indirect Service Hours	Indirect Hours Carried Forward from Practicum	Semester Total Direct and Indirect Service Hours

University Supervisor's Signature _____



Appendix G

Practicum/Internship Demographic Information



Practicum/Internship Demographic Information

Department of Counseling and Student Development
Eastern Illinois University



To ensure that our supervisees receive a variety of experiences, we are required by our accreditation agencies to obtain demographic information about the agencies and supervisors where our supervisees do their clinical experience (Practicum and/or Internship). Please complete the information requested below (Please print clearly).

(Please check one): Practicum Site Internship Site

Name of Supervisee: _____

About the Practicum/Internship Supervisor:

Name: _____

Agency Name: _____

Agency Address: _____

Current Position: _____

Years of Experience as a Counselor: _____ Highest Degree Earned: _____

Degree Institution: _____

Type of Certification: _____

Type of Licensure : _____



Appendix H
Counseling Consent Forms

Counseling Consent Form

Department of Counseling and Student Development
Eastern Illinois University



Child: _____

Parent/Guardian: _____

Phone #: _____

Counselor: _____

Agency: _____

My signature below indicates that I understand that the counseling service is designed to help my child as he or she participates in the counseling experiences. I further understand that the counseling services will be provided by a graduate student (from Eastern Illinois University) under competent supervision of _____ (Instructor's name), that portions of interviews may be recorded and observed for educational purposes, and that all information on my child will be kept confidential.

Please sign and date below.

Parent or Guardian's Signature: _____

Child's Signature: _____

Date: _____

Counselor's Signature: _____



Counseling Practicum Sessions

My signature below indicates that I understand that the counseling service is designed to help me as I make future plans and various other adjustments. I further understand that the counseling service will be rendered by graduate supervisees under competent supervision of _____ (instructor's name), that portions of the interview may be recorded and observed for educational purposes, and that all relationships with the counselors and the Counselor Education staff will be kept confidential.

Signature _____

Date _____

Counselor: _____


Counseling Practicum Sessions

My signature below indicates that I understand that the counseling service is designed to help me as I make future plans and various other adjustments. I further understand that the counseling service will be rendered by graduate supervisees under competent supervision of _____ (instructor's name), that portions of the interview may be recorded and observed for educational purposes, and that all relationships with the counselors and the Counselor Education staff will be kept confidential.

Signature _____

Date _____

Counselor: _____



Appendix I

**Consent for Release of
Confidential Information
(Sample)**

Consent for Release of Confidential Information

Department of Counseling and Student Development
Eastern Illinois University



I, _____, hereby authorize
_____ and the department named
below to mutually exchange specified information concerning me and my care.

(Name and address of person to which exchange of information is to be made.)

These data shall include: _____

(extent and nature of information to be disclosed)

The purpose of releasing the above information is _____

(purpose or need for disclosure)

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in state and federal regulations. I also understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

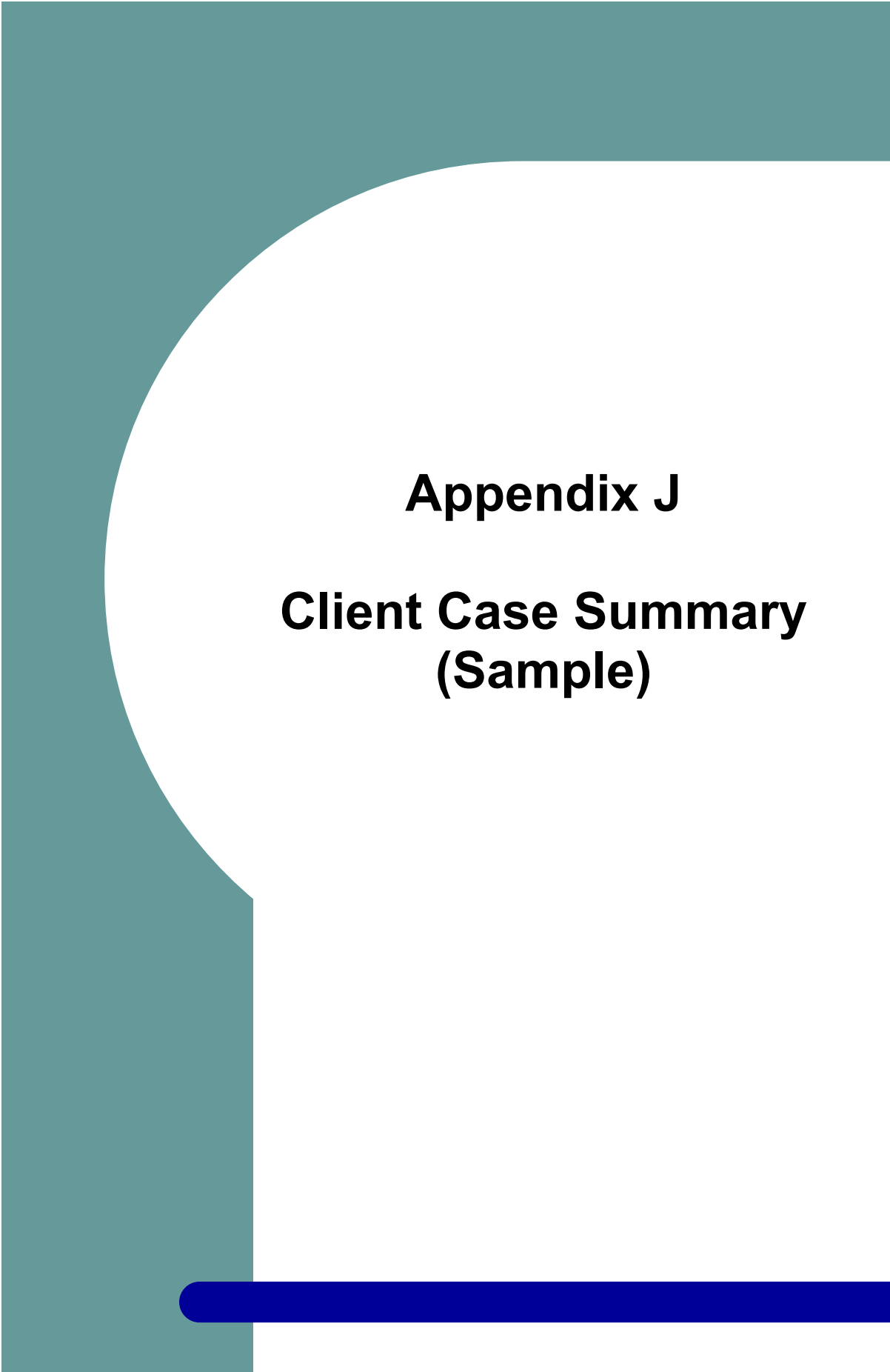
Specification of any special date, event, or condition upon which this consent expires:

This request is fully understood and authorization is made voluntarily on my part.

Signed: _____


Date: _____

Witness: _____



Appendix J

**Client Case Summary
(Sample)**



T.R.E.A.T.

NAME: JANE DOE GENDER: Female
DATE: 4/15/07 MARITAL STATUS: Single
REFERRED BY: Self-Referral LIVING STATUS: Currently living alone in an apartment in Brookings, SD
AGE: 25

PRESENTING PROBLEM: Client presented with long history of depressive symptomology, anxiety, and bulimia. She related her current situation to long-standing family dynamics described as rigid, overbearing, controlling, and perfectionistic.

INITIAL GOALS FOR THERAPY: Client would like some alleviation from her ongoing problems with depression and her eating disorder.

BRIEF HISTORY:

Family History: Client is a 25 year old white female from the Brookings, South Dakota area. Client described her family of origin as rigid, overbearing, controlling, and perfectionistic. The family was very religious and "took great pains to appear righteous to outsiders."

Client called recurring situations where mother was dissatisfied with client, especially concerning physical appearance. Her mother was described as overbearing and rigid, pulling the client out of class on a daily basis for inspection. Another significant event described by the client was when her mother asked her to choose between gymnastics and ice skating. Although the client chose gymnastics, her mother made her take ice skating lessons instead. Client was taken out of school for several years to practice eight hours a day. Later, mother made her quit ice skating to return to high school like other "normal" kids her age. It was during this transition period back into school that the client's anorexic phase began. Two years later she developed bulimia.

Client was reluctant to talk about her father but described him as nice. Client ran away from home at 18 and moved to California and later Arizona. The client's father found her in Arizona and asked her to move back to Portland. Client moved back to Oregon and secured a job as a process control engineer employed by a local utility company. While working there she was raped by a fellow employee.

School/Occupational History: Client reports having few friends in high school with one or two boyfriends, all of whom were eventually dropped by client. Client reported being engaged to one individual but had to end the relationship because he would not understand her problems. Most of the male relationships have been described by client as sexual in nature. Client has attended several colleges but always drops out due to severe anxiety about school performance. Client is currently enrolled at SDSU and has maintained attendance through the semester so far.

Social History: As described earlier, client has had few friends and usually takes the initiative to end the relationship. She stated she thinks of herself as unworthy and unable to live up to her friends' expectations so she simply ends the relationship.

Therapeutic History: Her parents requested client move to Colorado to enter therapy at a well-known treatment facility. The hospital treated her in-patient for 11 weeks beginning in January of 2003. Client was first treated for severe depression but later was shifted to out-patient treatment for bulimia. This treatment lasted for eight months and was perceived by client as not being helpful. She dropped out of therapy when her therapists diagnosed her as having Dissociative Identity Disorder. She moved to South Dakota to begin school and is currently seeing the present therapist for cognitive developmental therapy.

Medical History: Client reported no unusual medical problems and denies alcohol or drug problem. No head trauma or childhood illnesses were acknowledged. She is currently taking no psychotropic medication.

MENTAL STATUS:

Appearance: Client was casually but nearly dressed (appropriate for supervisee attire) for initial interview. Although outward appearance was portrayed as cheerful and positive, client self-reported she was severely depressed and agitated.

Attitude: Client utilized many modes of impression management as she actively worked to portray herself in a positive light. She quickly deflected any attempt on the part of the therapist to suggest severe problems.

Behavior: Client was passive but cautious and guarded in the way she responded to any direct questions. She also appeared lethargic and would rarely look at the therapists unless her depression, eating disorder, or anxiety were mentioned.

Mood and Affect: Client stated she was depressed with little interest in school. Client's behavior and body posture suggests she was feeling depressed. Client appeared fatigued and lethargic throughout the interview.

Speech and Thought Content: Client was clearly oriented to time, place, and person. Client was reluctant to talk about herself and seemed preoccupied with the therapist's evaluation of her behavior. Client's speech was cautious with a tendency to cut herself off if she thought the therapist might want to ask a question.

Perception: Client denied any hallucinations or illusions. Her self-perception was accurate, albeit guarded and cautious.

Intellectual and Cognitive Processes: Client demonstrated no signs of mania, psychosis, and schizophrenic disorders. Tempo was consistent with depressed speech but organization was intact. Although no formal intellectual testing was done, client appeared to be of normal intellect.

DIAGNOSIS:

Diagnostic Symptoms Reported: Client reported prolonged (over 2 weeks) depressed mood and loss of interest, diminished ability to concentrate in school, psychomotor retardation, feelings of worthlessness, and loss of appetite and sleep. Client also reported eating disorder symptoms not specified by either anorexia or binge eating behavior. Client reported inappropriate compensatory behavior after eating a small amount of food. Purging is regular and often and suggest the need for immediate medical attention.

AXIS I 300.4 Dysthymic Disorder, Early onset (prior to age 21)
 307.5 Eating Disorder Not Otherwise Specified

AXIS II 301.82 Avoidance Personality (Provisional)
 301.60 Dependent Personality (Provisional)

AXIS III Client referred for a complete physical evaluation

AXIS IV Psychosocial stressors: Problems with Primary Support Group (family estrangement and discord over psychological problems); problems related to social environment (living alone with no friends); educational problems (past academic problems and dropping out of school, is currently attending classes regularly)

AXIS V GAF-51 moderate to several symptomology with few coping skills.

T.R.E.A.T. PLAN

Theoretical and Conceptual Variables:

Diagnostic Variables: This is presented on all five axes on the intake interview suggesting a baseline for treatment and an indicator of severity and chronicity.

Non-Diagnostic Variables: Client presents with pervasive pattern of social discomfort, fear of negative evaluation, and timidity. The client's cognitive regulating system was formulated under an adverse family constellation. Mother's perfectionistic expectations and subsequent rejection influenced client's belief that the world expects perfection from client but will never be satisfied with her performance. Father's sexual molestation effectively damaged client's secure attachment base from which healthy self-esteem is built. Consequently, detachment skills (skills that would help client overcome avoidance tendencies are poor and underdeveloped and weak fragile ego system is present. Because client expects to be rejected, she tends to be hypervigilant to any possible sign of rejection and tends to over interpret innocuous behavior as a threat.

In conjunction with the avoidant personality information is the client's pervasive pattern of submissive, dependent behavior. This information can be explained since her parents were dominant and effective in violating the client's personal and psychological boundaries. The client responded to their advances in a passive manner and continues to see parents and other authority figures as all powerful and perfect and herself as inadequate and flawed.

The client does present (self-refers) for therapy to alleviate the distress caused by the depressive and eating disorder symptoms. The client has no support system. She reports few friends, has a new university environment in which to adjust, has a seemingly rigid family or origin, and is currently living alone.

Even though the depressive symptoms and eating disorder are of long-standing duration, the client does continue to function at some level in daily living. She is currently attending classes regularly at SDSU this semester; she has some insight into the distress and pain in her life indicated by her self-referral for therapeutic assistance.

Evaluation: Medical evaluation is currently being conducted regarding and usage of medication for both depressive symptoms and eating disorder. The psychiatrist is willing to work in conjunction with this therapist and concurs with the combination of individual and group treatment for her depression and eating disorder.

A release of client's past medical and psychological records from the treatment facility in Colorado was requested. The results of psychological testing at that time revealed serious pathology with little coping skills. Characteristic traits on the MMPI suggested somatic complaints, sleep and eating disturbances, and feelings of hopelessness consistent with depression. Several other scales suggested a tendency toward a schizoid life style, aloofness, feelings of inferiority, and self-doubt. The MCMI suggested an avoidance-dependent

personality formation with self-defeating tendencies. The client may want to gain the attention of others not only by appearing in an attractive light but also by exposing her troubled state. Some secondary gain from the disorders may be a consideration.

Relationship Variables:

A supportive relationship with empathy, warmth, acceptance, and genuineness will be critical with this client. Given the past family history and pre-morbid personality characteristics of the client, the ability to form a working alliance will be tenuous. The client is clear about her desire to treat her depression and eating disorder. An attempt has been made to be clear and straightforward about treatment expectations and goals without overwhelming her with what appears to be very long treatment needs. It may also be very difficult to develop an emotional bond since the client is likely to assume that the therapist is as perfectionistic as her parents are and she may be eventually disappointed in her performance as a client. The therapist will attempt to anticipate this transference and prevent premature termination. Therapeutic contracting may be very useful as well as role induction and videos showing pre-therapy modeling.

Environment Variables:

Setting: Outpatient at the University clinic. Monitoring for behaviors which may warrant a more restrictive placement will be continuous.

Mode: Individual therapy using Cognitive Developmental therapy to treat her depressive symptoms in conjunction with partial care group therapy for treatment of her eating disorder.

Timing: Although the client is limited to eight (8) sessions by university policy, approval for additional sessions has been arranged. Referral strategies have been discussed with the client including the possibility of rehospitalization for inpatient treatment if needed. She is currently being seen two times a week for 50 minutes sessions.

Adjunct Services:

Although she resists any attempts for inpatient treatment at this time hospitalization may be considered if her eating disorder worsens or if she becomes suicidal. Currently she has agreed to enter a nearby hospital's partial care program for eating disorders. This group treatment meets three times a week in the evening.

Treatment Goals and Strategies:

Goals:

Prognosis for this client's presenting symptomatology is not good particularly due to the chronicity as well as to the probable underlying personality disorders. Briefly, formalized testing revealed serious pathology with little coping skills. Several scales suggested a schizoid life style, aloofness, feelings of inferiority and self-doubt. This client also presented an avoidance-dependent personality formation of self-defeating tendencies. Suicidal and/or regressive behaviors will be closely monitored.

Realistic goals and objectives may be to: address the seriousness of the eating disorder and reduce significantly the amount of purging behavior; have her remain in school all semester as a measure of academic success; get her involved in one or two activities to develop some socialization skills; begin replacing negative self-talk with positive rationale statements several times a day, a joint a support system for ongoing maintenance of therapeutic gains.

Techniques:

The treatment protocol will follow the goals of therapy. As mentioned earlier, the client has been bulimic since the age of eighteen. Although the client has been in treatment on several occasions, her purging behavior has not been altered. Group and medication therapy will be the treatment modality and services rendered in a partial care facility.

A behavioral checklist will be utilized to promote beneficial academic skills. The client will also be responsible for recording thoughts and behaviors that may lead to academic failure. Study and social skills groups will be utilized to improve self-concept.

In treating the depressive symptoms a model of cognitive therapy will be used focusing on cognitive restructuring, emotional differentiation and behavioral enhancement. Long term restructuring of client's cognitive regulating system will be attempted. Given the client's propensity to self-damaging messages, the client will be assisted in restructuring her past concentrating on recognizing ego-enhancing skills utilized to survive. The client will be assisted in developing a realistic evaluation of present experiences. The client's feelings will be acknowledged and evaluated for congruency. Lastly, she will be encouraged to expand her behavioral repertoire to include more functional reactions to life stressors and events.

The client's testing revealed avoidance and dependent personality traits suggesting a slow pace for self-disclosure or change. An attempt will be made to let the client move at her own pace while concurrently exploring past history and suggesting cognitive restructuring opportunities. Ego-enhancing exercises will also be attempted to convince client of her own efficacy in solving problems. A support group will be highly recommended to maintain therapeutic gains.



Appendix K

Common Challenges Faced by Beginning Counselors



Common Challenges Faced by Beginning Counselors

Beginning counselors have a tendency to:

- » Feel like they have to come up with quick solutions for their clients
- » Worry about “what they are going to say next”
- » Worry about what their clients think about them
- » Feel like they have to be an expert
- » Talk too fast or too much
- » Doubt their abilities
- » Have difficulty believing that just by listening they are helping!
- » Give advice
- » Make evaluative statements (both positive and negative)
- » Worry that others (peers/instructors) will see them as incompetent!

Some tips for beginning counselors:

- » Slow down....
- » Don't feel like you have to have the answers...just listen and get comfortable interacting with your client.
- » Be yourself.
- » Listen....
- » Trust your instincts.
- » Remember that just caring is powerful and helpful!
- » Acknowledge and be proud of yourself for taking on this amazing challenge.
- » Be patient with yourself. Your skills will continue to develop. 😊

Appendix L

Evaluation Forms for Site Supervisors

Table of Contents

- 1) Site Supervisor's Evaluation of Clinical Practicum Supervisee
- 2) Site Supervisor's Evaluation of Clinical Internship Supervisee
- 3) CSD Internship Supervisory Survey

NOTE: These evaluations will be mailed directly to supervisors.

Site Supervisors Evaluation of Clinical Practicum Supervisee

(CSD 5630 - Practicum)

Department of Counseling and Student Development
Eastern Illinois University



Supervisee Name _____ Check one: Midterm Final

Site Supervisor's Name _____ Date: _____

For the purpose of this evaluation, please compare the counseling supervisee you supervise to either: a) other novice clinical counseling supervisees you have worked with, or b) practicing clinical counselor you have known.

Please note that I would expect a rating of "Average" to "Strong" that indicates that the supervisee is doing well and functioning in ways consistent with her/his training to this point. **Thanks in advance for your feedback!**

Please evaluate your supervisee's experience by checking your response and sharing any additional comments regarding the following items. Please be sure to complete both sides of this form.

Rating Scale:

- » Excellent = Supervisee provides consistent evidence of excellence in the competency.
- » Above Average = Supervisee provides evidence of above average skills in the competency.
- » Average = Supervisee provides evidence of average skills in the competency.
- » Below Average = Supervisee provides evidence of below average skills in the competency.
- » Poor = Supervisee needs remedial work in this area.

	Poor	Below Average	Average	Above Average	Excellent	Not Applicable
1. The practicum supervisee demonstrates an awareness of ACA and AMHCA ethical guidelines, and demonstrates an ability to identify and navigate ethical dilemmas. <i>Comments:</i>						
2. The practicum supervisee seeks to understand agency policy, legal issues, and interacts courteously and respectfully with agency personnel. <i>Comments:</i>						
3. The practicum supervisee demonstrates case management skills, including complying with agency policies for recordkeeping. <i>Comments:</i>						
4. The practicum supervisee collaborates effectively with agency staff in providing services that address the academic, personal, social, and career development needs of all clients. <i>Comments:</i>						

	Poor	Below Average	Average	Above Average	Excellent	Not Applicable
<p>5. The practicum supervisee develops effective individual Counseling relationships, establishes and builds rapport with clients, demonstrates sensitivity to cultural differences, and seeks to understand and respond to client concerns.</p> <p><i>Comments:</i></p>						
<p>6. The practicum supervisee demonstrates the ability to develop and facilitate counseling interventions with small groups. The practicum supervisee is developing an understanding of group counseling theory and techniques.</p> <p><i>Comments:</i></p>						
<p>7. The practicum supervisee demonstrates the ability to consult effectively with colleagues, staff, and the community.</p> <p><i>Comments:</i></p>						
<p>8. The practicum supervisee demonstrates skills in the area of coordination. S/he is resourceful in providing clients with information about services and program. The practicum supervisee coordinates referrals to outside agencies when appropriate.</p> <p><i>Comments:</i></p>						
<p>9. The practicum supervisee uses supervision well. S/he actively seeks supervision when necessary, is receptive to feedback and suggestions from supervisor, and is willing to explore personal and professional strengths and developmental issues.</p> <p><i>Comments:</i></p>						

Any additional comments with regard to how your practicum supervisee is progressing.

Site Supervisor Signature

Date

Supervisee Signature

Date

Site Supervisor's Evaluation of Internship Supervisee

(CSD 6900 - Clinical Counseling Internship)

Department of Counseling and Student Development, Eastern Illinois University



Supervisee Name _____ Check one: Midterm Final

Site Supervisor's Name _____ Date: _____

Instructions: Please evaluate your supervisee's experience by checking your response to the following items. Most competent Master's level internship supervisees should be rate at the "Strong" level, and superior supervisees (top 15%) should be rate at the "Excellent" level.

Rating Scale:

- » Excellent = Supervisee provides consistent evidence of excellence in the competency.
- » Above Average = Supervisee provides evidence of above average skills in the competency.
- » Average = Supervisee provides evidence of average skills in the competency.
- » Below Average = Supervisee provides evidence of below average skills in the competency.
- » Poor = Supervisee needs remedial work in this area.

CHARACTERISTICS	Poor	Below Average	Average	Above Average	Excellent	Not Applicable
1. Responsible Comments:						
2. Shows initiative Comments:						
3. Cooperative Comments:						
4. Professional (i.e., behavior, dress, attitude) Comments:						
5. Punctual and Dependable Comments:						

SUPERVISION	Poor	Below Average	Average	Above Average	Excellent	Not Applicable
1. Capacity to accept and act on constructive criticism Comments:						
2. Commitment to developing professional competence Comments:						
3. Seeks help and directions Comments:						
4. Prepares for supervision Comments:						

(Continued on next page)

SUPERVISION	Poor	Below Average	Average	Above Average	Excellent	Not Applicable
5. Ability to communicate clearly and effectively in speech and writing Comments:						
6. Actively works to recognize and overcome deficits Comments:						

Evaluation Areas:

1. What management, organizational, and administrative skills did you see the supervisee developing?
2. Describe the quality of the supervisee's collegial relationships.
3. Describe the quality of the supervisee's external relationships (parents, community agencies, etc.).
4. How did the supervisee respond to any ethical, diversity, and/or gender issues encountered?
5. Describe the quality of the supervisee's written records and reports.
6. Describe the quality of the supervisee's individual and/or group counseling skills.
7. Describe the supervisee counseling effectiveness. Please include support management, assessment/ diagnosis, and intervention selection skill.

Final Evaluation:

In your professional opinion, should the supervisee receive a passing grade in Internship:

- YES, with no reservations.
- YES, but with some reservations (please explain, if not stated in this evaluation)
- NO. Please contact the university faculty member in charge of internship immediately.

Signature of Site Supervisor: _____ Date: _____

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

Signature of Intern: _____ Date: _____

CSD Internship Supervisor Survey (Clinical Counseling)

Department of Counseling and Student Development
Eastern Illinois University



Instructions The CSD Internship Supervisory Survey is designed to assess the perceptions of Site Supervisors in regards to Internship supervisees' performance and the quality of their program experience. Please complete the survey, following the directions for each section to ensure complete anonymity, we have limited identifying information in the survey. Your candid, honest responses are very important and appreciated. Thank you for your cooperation in our ongoing efforts to improve the program.

Section I: Perceptions of Preparation Program Quality. Use the key below to indicate your perception of the degree to which the M.S. in Counseling with a concentration in Clinical Counseling prepared graduate supervisees for professional practice. Mark only one number for each item. Key: 1 = Unprepared, 2 = Poorly Prepared, 3 = Adequately Prepared, 4 = Well Prepared, N = No Opinion

1. <u>Professional Identity</u> a. Knowledge of professional functioning including history, roles, organizational structures, ethics, standards, and credentialing. b. Ability to apply relevant ethical and legal standards in professional practice.	1 2 3 4 N 1 2 3 4 N
2. <u>Social and Cultural Diversity</u> a. Knowledge in social and cultural foundations including issues and trends in a multicultural and diverse society. b. Ability to apply cross-cultural competencies in professional practice.	1 2 3 4 N 1 2 3 4 N
3. <u>Human Growth and Development</u> a. Knowledge in human growth and development including the nature and needs of individuals at all developmental levels. b. Ability to apply appropriate techniques for the particular developmental level in professional practice.	1 2 3 4 N 1 2 3 4 N
4. <u>Career Development</u> a. Knowledge of career development and the skills needed to facilitate a client through the career counseling process. b. Ability to apply a career counseling model in professional practice.	1 2 3 4 N 1 2 3 4 N
5. <u>Helping Relationships</u> a. Knowledge in the helping relationships including the consultation processes and skills. b. Ability to demonstrate basic helping skills in professional practice.	1 2 3 4 N 1 2 3 4 N
6. <u>Group Work</u> a. Knowledge of group development, dynamics, theories, group methods and skills and group work approaches. b. Ability to facilitate a group in professional practice.	1 2 3 4 N 1 2 3 4 N
7. <u>Assessment</u> a. Knowledge in appraisal including individual and group approaches to assessment and evaluation. b. Ability to apply quantitative and qualitative assessment techniques in professional practice.	1 2 3 4 N 1 2 3 4 N
8. <u>Research and Program Evaluation</u> a. Use knowledge in research and program evaluation including types of research methods, basic statistics, and ethical and legal consideration in research. b. Ability to appropriately evaluate quantitative and qualitative research and apply it to professional practice.	1 2 3 4 N 1 2 3 4 N
9. Knowledge in foundations of professional practice and professional functioning within the mental health agency and related ethical, legal, and political issues.	1 2 3 4 N
10. Knowledge in management/coordination of the agency, skills in program development implementation, and evaluation, and principles of community intervention, consultation, education, and outreach.	1 2 3 4 N
11. Knowledge and skills required for clinical counselors including diagnostic and treatment skills, client advocacy, and organizational development.	1 2 3 4 N
12. Overall knowledge and application of various treatment modalities.	1 2 3 4 N
13. Overall skills essential for professional practice.	1 2 3 4 N

Section II: Global Student Assessment. Use the key below to indicate your perception of the following global assessments of your graduate program experience. Mark only one number of each item.

Key: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Satisfied, 4 = Very Satisfied, 5 = No Opinion

14. Satisfaction with performance of internship supervisee.	1 2 3 4 N
15. Satisfaction with the assistance you received from university coordinator/supervisor.	1 2 3 4 N
16. Overall evaluation of your intern's professional preparation in the Department of Counseling and Supervisee Development.	1 2 3 4 N

Section III. Program Strengths/Weaknesses

21. Please list what you believe to be the strengths of the program.

22. Please list what you believe to be the weaknesses of the program.

Thank you for completing this survey. You are encouraged to add any additional reflections about your graduate education on a separate sheet of paper.

Appendix M

Evaluation Forms for Practicum/Internship Supervisees

Table of Contents

- 1) Supervisee Evaluation of Site Supervisor
- 2) Supervisee Evaluation of Site

Supervisee Evaluation of Site Supervisor

Department of Counseling and Student Development
Eastern Illinois University



Suggested Use: The practicum or internship supervisor can obtain feedback on the supervision by asking supervisee counselors to complete this form. The evaluation could be done at midterm and/or final. The purposes are twofold: (1) to provide feedback for improving supervision and (2) to encourage communication between the supervisor and the supervisee counselor.

Directions: The supervisee is to evaluate the supervision received. Circle the number that best represents how you, the supervisee, feel about the supervision received. After the form is completed, the supervisor may suggest a meeting to discuss the supervision desired.

Name of practicum/internship site supervisor: _____

Period covered: from _____ to _____

	Poor					Good
1. Give time and energy in observations, tape processing, and case conferences.	1	2	3	4	5	6
2. Accepts and respects me as a person.	1	2	3	4	5	6
3. Recognizes and encourages further development of my strengths and capabilities.	1	2	3	4	5	6
4. Gives me useful feedback when I do something well.	1	2	3	4	5	6
5. Provides me the freedom to develop flexible and effective counseling styles.	1	2	3	4	5	6
6. Encourages and listens to my ideas and suggestions for developing my counseling skills.	1	2	3	4	5	6
7. Provides suggestions for developing my counseling skills.	1	2	3	4	5	6
8. Helps me understand the implications and dynamics of the counseling approaches I use.	1	2	3	4	5	6
9. Encourages me to use new and different techniques when appropriate.	1	2	3	4	5	6
10. Is spontaneous and flexible in the supervisory sessions.	1	2	3	4	5	6
11. Helps me define and achieve specific concrete goals for myself during my practicum experience.	1	2	3	4	5	6

Printed by permission from Dr. Harold Hackney, Assistant Professor, Purdue University. This form was designed by two graduate supervisees based upon material drawn from *Counseling Strategies and Objectives* by H. Hackney and S. Nye, Prentice-Hall, Englewood Cliffs, NJ, 1973. This form originally was printed in Chapter 10 of the *Practicum Manual for Counseling and Psychotherapy* by K. Dimick and F. Krause, Accelerated Development, Muncie, IN 1980.

	Poor				Good	
	1	2	3	4	5	6
12. Gives me useful feedback when I do something wrong.						
13. Allows me to discuss problems I encounter in my practicum setting.						
14. Pays appropriate amount of attention to both me and my clients.						
15. Focuses on both verbal and nonverbal behavior in me and in my clients.						
16. Helps me define and maintain ethical behavior in counseling and case management.						
17. Encourages me to engage in professional behavior.						
18. Maintains confidentiality in material discussed in supervisory sessions.						
19. Deals with both content and affect when supervising.						
20. Focuses on the implications, consequences, and contingencies of specific behaviors in counseling and supervision.						
21. Helps me organize relevant case data in planning goals and strategies with my client.						
22. Helps me to formulate a theoretically sound rationale of human behavior.						
23. Offers resource information when I request or need it.						
24. Helps me develop increased skill in critiquing and gaining insight from my counseling tapes.						
25. Allows and encourages me to evaluate myself.						
26. Explains his/her criteria for evaluation clearly and in behavioral terms.						
27. Applies his/her criteria fairly in evaluating my counseling performance.						

Additional comments and/or suggestions:

_____ Date

_____ Signature of Supervisee

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

_____ Date

_____ Signature of Site Supervisor

Supervisee Evaluation of Site

Department of Counseling and Student Development
Eastern Illinois University



Directions: Supervisee completes this form at the end of the practicum and/or internship. This should be turned in to the university faculty supervisor or internship coordinator as indicated by the university program.

Name _____

Site _____

Date of Placement _____

Site Supervisor _____

University Faculty Supervisor _____

Rate the following questions about your site and experiences with the following scale:

- A = Very Satisfactory
- B = Moderately Satisfactory
- C = Moderately Unsatisfactory
- D = Very Unsatisfactory

1. _____ Amount of on-site supervision
2. _____ Quality and usefulness of on-site supervision
3. _____ Usefulness and helpfulness of faculty liaison
4. _____ Relevance to career goals
5. _____ Exposure to and communication of agency goals
6. _____ Exposure to and communication of agency procedures
7. _____ Exposure to professional roles and functions within the agency
8. _____ Exposure to information about community resources
9. _____ Rate all applicable experiences that you had at your site:
 - _____ Report writing
 - _____ Intake interviewing
 - _____ Administration and interpretation of tests (please list instruments)

 - _____ Staff presentation/case conferences
 - _____ Individual counseling
 - _____ Group counseling
 - _____ Family/couple counseling
 - _____ Psychoeducational activities
 - _____ Consultation
 - _____ Career Counseling
 - _____ Other _____
10. _____ Overall evaluation of the site

Comments: Include any suggestions for improvements in the experiences you have rated moderately (C) or very unsatisfactory (D).



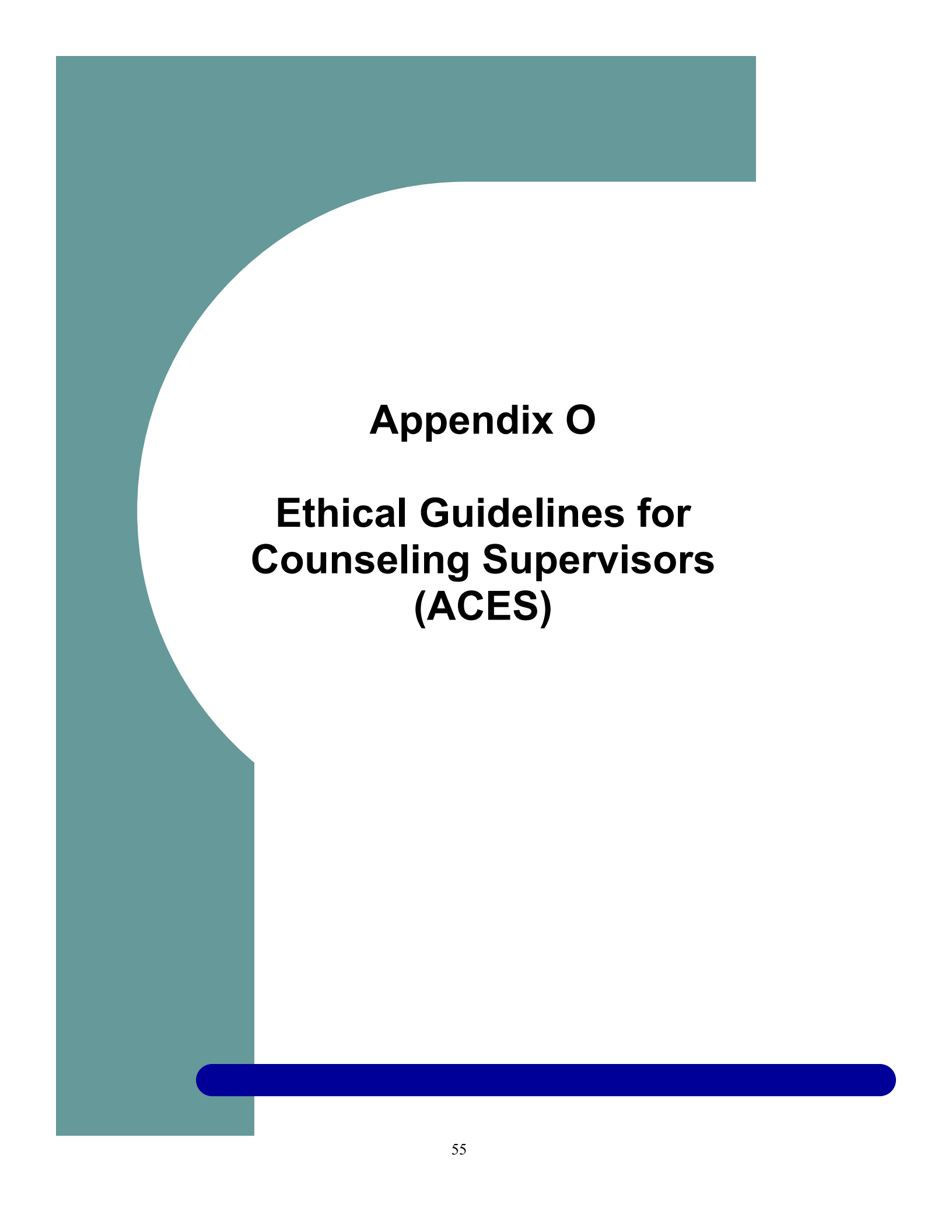
Appendix N
Tuition Waiver Policy

Tuition Waiver Policy

Department of Counseling and Student Development
Eastern Illinois University



1. Site Supervisor contacts: Debbie Gerdes (217-581-2400) or email at dagerdes@eiu.edu to request tuition waiver to be processed after supervisee has completed a semester.
2. Verification of supervisee work performed must be documented through the Department of Counseling and Student Development and filed in the CEPS Dean's Office before waiver(s) will be issued.
3. Tuition waivers are awarded to agencies based on 3 semester hours of waivers for every 250 contact hours.
4. Agency waivers are issued to agency administrators.
5. Waivers are to be used only by individuals who are directly supervising supervisees or by individuals employed by the organization that receives the waiver. These waivers are subject to audit and should be utilized by individuals (not spouses or children of) who can verify employment with these organizations.
6. Waivers may be used toward **graduate** course credit only.
7. All waivers must be used within one calendar year from when the award is issued.
8. This waiver does not waive textbook fee or continuing education delivery fee.
9. This waiver does not pay supervisor insurance if the supervisor is a full-time supervisor.



Appendix O

**Ethical Guidelines for
Counseling Supervisors
(ACES)**

Ethical Guidelines for Counseling Supervisors

Association for Counselor Education and Supervision

Adopted by ACES Executive Council and Delegate Assembly, March 1993

Preamble

The Association for Counselor Education and Supervision (ACES) is composed of people engaged in the professional preparation of counselors and people responsible for the ongoing supervision of counselors. ACES is a founding division of the American Counseling Association (ACA) and as such adheres to ACA's current ethical standards and to general codes of competence adopted throughout the mental health community.

ACES believes that counselor educators and counseling supervisors in universities and applied counseling settings, including the range of education and mental health delivery systems, carry responsibilities unique to their job roles. Such responsibilities may include administrative supervision, clinical supervision, or both. Administrative supervision refers to those supervisory activities that increase the efficiency of the delivery of counseling services, whereas clinical supervision includes the supportive and educative activities of the supervisor designed to improve the application of counseling theory and techniques directly to clients.

Counselor educators and counseling supervisors encounter situations that challenge the help given by general ethical standards of the profession at large. These situations require more specific guidelines that provide appropriate guidance in everyday practice.

The Ethical Guidelines for Counseling Supervisors are intended to assist professionals by helping them to:

1. Observe ethical and legal protection of clients' and supervisees' rights;
2. Meet the training and professional development needs of supervisees in ways consistent with clients' welfare and programmatic requirements; and
3. Establish policies, procedures, and standards for implementing programs.

The specification of ethical guidelines enables ACES members to focus on and to clarify the ethical nature of responsibilities held in common. Such guidelines should be reviewed formally every five years, or more often if needed, to meet the needs of ACES members for guidance.

The Ethical Guidelines for Counselor Educators and Counseling Supervisors are meant to help ACES members in conducting supervision. ACES is not currently in a position to hear complaints about alleged noncompliance with these guidelines. Any complaints about the ethical behavior of any ACA member should be measured against the ACA Ethical Standards and a complaint lodged with ACA in accordance with its *procedures* for doing so.

One overriding assumption underlying this document is that supervision should be ongoing throughout a counselor's career and not stop when a particular level of education, certification, or membership in a professional organization is attained.

Definitions of Terms

Applied counseling settings. Public or private organization of counselors such as community mental health centers, hospitals, schools, and group or individual private practice settings.

Supervisees. Counselors-in-training in university programs at any level who work with clients in applied settings as part of their university training program, and counselors who have completed their formal education and are employed in an applied counseling setting.

Supervisors. Counselors who have been designated within their university or agency to directly oversee the professional clinical work of counselors. Supervisors also may be persons who offer supervision to counselors seeking state licensure and so provide supervision outside the administrative aegis of an applied counseling setting.

1. Client Welfare and Rights

1.01 The primary obligation of supervisors is to train counselors so that they respect the integrity and promote the welfare of their clients. Supervisors should have supervisees inform clients that they are being supervised and that observation and/or recordings of the session may be reviewed by the supervisor.

1.02 Supervisors who are licensed counselors and are conducting supervision to aid a supervisee to become licensed should instruct the supervisee not to communicate or in any way convey to the supervisee's clients or to other parties that the supervisee is himself/herself licensed.

1.03 Supervisors should make supervisees aware of clients' rights, including protecting clients' right to privacy and confidentiality in the counseling relationship and the information resulting from it. Clients also should be informed that their right to privacy and confidentiality will not be violated by the supervisory relationship.

1.04 Records of the counseling relationship, including interview notes, test data, correspondence, the electronic storage of these documents, and audio- and videotape recordings, are considered to be confidential professional information. Supervisors should see that these materials are used in counseling, research, and training and supervision of counselors with the full knowledge of the clients and that permission to use these materials is granted by the applied counseling setting offering service to the client. This professional information is to be used for full protection of the client. Written consent from the client (or legal guardian, if a minor) should be secured prior to the use of such information for instructional, supervisory, and/or research purposes. Policies of the applied counseling setting regarding client records also should be followed.

1.05 Supervisors shall adhere to current professional and legal guidelines when conducting research with human participants such as Section D-1 of the ACA Ethical Standards.

1.06 Counseling supervisors are responsible for making every effort to monitor both the professional actions, and failures to take action, of their supervisees.

2. Supervisory Role

Inherent and integral to the role of supervisor are responsibilities for: a) Monitoring client welfare; b) Encouraging compliance with relevant legal, ethical, and professional standards for clinical practice; c) Monitoring clinical performance and professional development of supervisees; and d) Evaluating and certifying current performance and potential of supervisees for academic, screening, selection, placement, employment, and credentialing purposes.

2.01 Supervisors should have had training in supervision prior to initiating the role as supervisors.

2.02 Supervisors should pursue professional and personal continuing education activities such as advanced courses, seminars, and professional conferences on a regular and ongoing basis. These activities should include both counseling and supervision topics and skills.

2.03 Supervisors should make their supervisees aware of professional and ethical standards and legal responsibilities of the counseling profession.

2.04 Supervisors of postdegree counselors who are seeking state licensure should encourage these counselors to adhere to the standards for practice established by the state licensure board of the state in which they practice.

2.05 Procedures for contacting the supervisor, or an alternative supervisor, to assist in handling crisis situations should be established and communicated to supervisees.

2.06 Actual work samples via audio- and/or videotape or live observation in addition to case notes should be reviewed by the supervisor as a regular part of the ongoing supervisory process.

2.07 Supervisors of counselors should meet regularly in face-to-face sessions with their supervisees.

2.08 Supervisors should provide supervisees with ongoing feedback on their performance. This feedback should take a variety of forms, both formal and informal, and should include verbal and written evaluations. It should be formative during the supervisory experience and summative at the conclusion of the experience.

2.09 Supervisors who have multiple roles (e.g., teacher, clinical supervisor, administrative supervisor) with supervisees should minimize potential conflicts. Where possible, the roles should be divided among several supervisors. Where this is not possible, careful explanation should be conveyed to the supervisee as to the expectations and responsibilities associated with each supervisory role.

2.10 Supervisors should not participate in any form of sexual contact with supervisees. Supervisors should not engage in any form of social contact or interaction that would compromise the supervisor-supervisee relationship. Dual relationships with supervisees that might impair the supervisor's objectivity and professional judgment should be avoided and/or the supervisory relationship terminated.

2.11 Supervisors should not establish a psychotherapeutic relationship as a substitute for supervision. Personal issues should be addressed in supervision only in terms of the impact of these issues on clients and on professional functioning.

2.12 Supervisors, through ongoing supervisee assessment and evaluation, should be aware of any personal or professional limitations of supervisees that are likely to impede future professional performance. Supervisors have the responsibility of recommending remedial assistance to the supervisee and of screening from the training program, applied counseling setting, or state licensure those supervisees who are unable to provide competent professional services. These recommendations should be clearly and professionally explained in writing to the supervisees who are so evaluated.

2.13 Supervisors should not endorse a supervisee for certification, licensure, completion of an academic training program, or continued employment if the supervisor believes the supervisee is impaired in any way that would interfere with the performance of counseling duties. The presence of any such impairment should begin a process of feedback and remediation wherever possible so that the supervisee understands the nature of the impairment and has the opportunity to remedy the problem and continue with his/her professional development.

2.14 Supervisors should incorporate the principles of informed consent and participation; clarify to requirements, expectations, roles and rules; and due process and appeal into the establishment of policies and procedures of their institutions, program, courses, and individual supervisory relationships. Mechanisms for due process appeal of individual supervisory actions should be established and made available to all supervisees.

3. Program Administration Role

3.01 Supervisors should ensure that the programs conducted and experiences provided are in keeping with current guidelines and standards of ACA and its divisions.

3.02 Supervisors should teach courses and/or supervise clinical work only in areas where they are fully competent and experienced.

3.03 To achieve the highest quality of training and supervision, supervisors should be active participants in peer review and peer supervision procedures.

3.04 Supervision should provide experiences that integrate theoretical knowledge and practical application. Supervisors also should provide opportunities in which supervisees are able to apply the knowledge they have learned and understand the rationale for the skills they have acquired. The knowledge and skills conveyed should reflect current practice, research findings, and available resources.

3.05 Professional competencies, specific courses, and/or required experiences expected of supervisees should be communicated to them in writing prior to admission to the training program or placement/employment by the applied counseling setting and, in case of continued employment, a timely manner.

3.06 Supervisors should accept only those persons as supervisees who meet identified entry level requirements for admissions to a program of counselor training or for placement in an applied counseling setting. In the case of private supervision in search of state licensure, supervisees should have completed all necessary prerequisites as determined by the state licensure board.

3.07 Supervisors should inform supervisees of the goals, policies, theoretical orientations toward counseling, training, and supervision model or approach on which the supervision is based.

3.08 Supervisees should be encouraged and assisted to define their own theoretical orientation toward counseling, to establish supervision goals for themselves, and to monitor and evaluate their progress toward meeting these goals.

3.09 Supervisors should assess supervisees' skills and experience in order to establish standards for competent professional behavior. Supervisors should restrict supervisees' activities to those that are commensurate with their current level of skills and experiences.

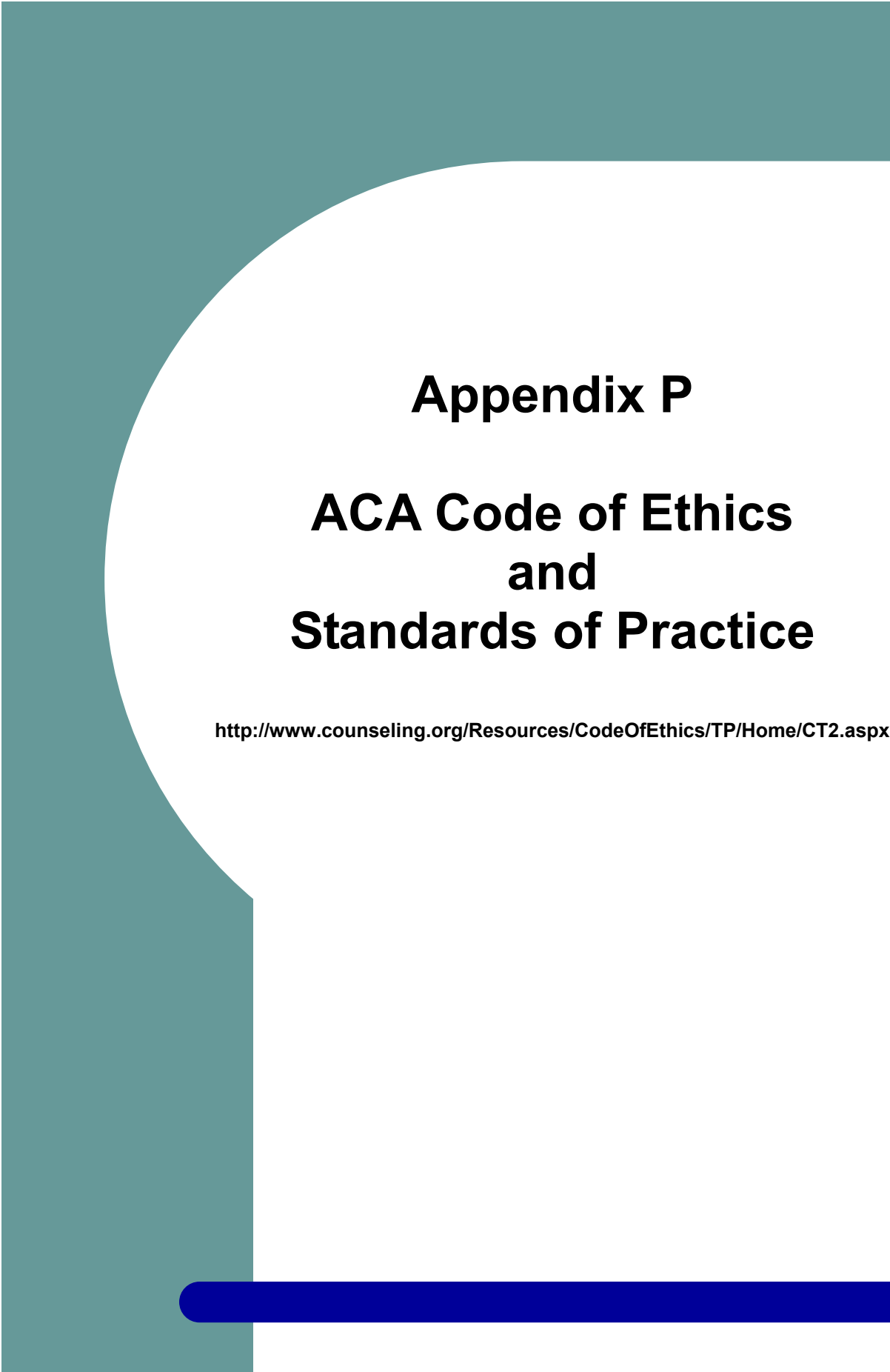
3.10 Supervisors should obtain practicum and fieldwork sites that meet minimum standards for preparing supervisees to become effective counselors. No practicum or fieldwork setting should be approved unless it truly replicates a counseling work setting.

3.11 Practicum and fieldwork classes would be limited in size according to established professional standards to ensure that each supervisee has ample opportunity for individual supervision and feedback. Supervisors in applied counseling settings should have a limited number of supervisees.

3.12 Supervisors in university settings should establish and communicate specific policies and procedures regarding field placement of supervisees. The respective roles of the supervisee counselor, the university supervisor, and the field supervisor should be clearly differentiated in areas such as evaluation, requirements, and confidentiality.

- 3.13 Supervisors in training programs should communicate regularly with supervisors in agencies used as practicum and/or fieldwork sites regarding current professional practices, expectations of supervisees, and preferred models and modalities of supervision.
- 3.14 Supervisors at the university should establish clear lines of communication among themselves, the field supervisors, and the supervisees/supervisees.
- 3.15 Supervisors should establish and communicate to supervisees and to field supervisors specific procedures regarding consultation, performance review, and evaluation of supervisees.
- 3.16 Evaluations of supervisee performance in universities and in applied counseling settings should be available to supervisees in ways consistent with the Family Rights and Privacy Act and the Buckley Amendment.
- 3.17 Forms of training that focus primarily on self-understanding and problem resolution (e.g., personal growth groups or individual counseling) should be voluntary. Those who conduct these forms of training should not serve simultaneously as supervisors of the supervisees involved in the training.
- 3.18 A supervisor may recommend participation in activities such as personal growth groups or personal counseling when it has been determined that a supervisee has deficits in the areas of self-understanding and problem resolution that impede his/her professional functioning. The supervisors should not be the direct provider of these activities for the supervisee.
- 3.19 When training program conducts a personal growth or counseling experience involving relatively intimate self-disclosure, care should be taken to eliminate or minimize potential role conflicts for faculty and/or agency supervisors who may conduct these experiences and who also serve as teachers, group leaders, and clinical directors.
- 3.20 Supervisors should use the following prioritized sequence in resolving conflicts among the needs of the client, the needs of the supervisee, and the needs of the program or agency. Insofar as the client must be protected, it should be understood that client welfare is usually subsumed in federal and state laws such that these statutes should be the first point of reference. Where laws and ethical standards are not present or are unclear, the good judgment of the supervisor should be guided by the following list.
- a. Relevant legal and ethical standards (e.g., duty to warn, state child abuse laws);
 - b. Client welfare;
 - c. Supervisee welfare;
 - d. Supervisor welfare; and
 - e. Program and/or agency service and administrative needs.

From Supervision Interest Network, Association for Counselor Education and Supervision (1993, Summer). ACES ethical guidelines for counseling supervisors. *ACES Spectrum*, 53(4), 5-8, Copyright © 1993 by the Association for Counselor Education and Supervision. Reprinted by permission.



Appendix P

**ACA Code of Ethics
and
Standards of Practice**

<http://www.counseling.org/Resources/CodeOfEthics/TP/Home/CT2.aspx>

ACA Code of Ethics

As approved by the ACA Governing Council 2005
American Counseling Association (www.counseling.org)

About ACA

The American Counseling Association (ACA) is a nonprofit professional and educational organization dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association representing professional counselors in various practice settings. By providing professional development, leadership training, publications, continuing education opportunities, and advocacy services to nearly 45,000 members, ACA helps counseling professionals develop their skills and expand their knowledge base.

ACA is instrumental in setting professional and ethical standards for the counseling profession. The Association has also made considerable strides in accreditation, licensure, and national certification. In addition, ACA represents the interests of the profession before Congress and federal agencies and strives to promote recognition of professional counselors to the public and the media. For more information on ACA, visit our Web site at w.counseling.org.

ACA members agree to abide by the rules, regulations, and enforcement of the terms of the ACA Code of Ethics.

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ACA Code of Ethics Preamble

The American Counseling Association is an educational, scientific, and professional organization whose members work in a variety of settings and serve in multiple capacities. ACA members are dedicated to the enhancement of human development throughout the life span. Association members recognize diversity and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts.

Professional values are an important way of living out an ethical commitment. Values inform principles. Inherently held values that guide our behaviors or exceed prescribed behaviors are deeply ingrained in the counselor and developed out of personal dedication, rather than the mandatory requirement of an external organization.

ACA Code of Ethics Purpose

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

1. The *Code* enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members.
2. The *Code* helps support the mission of the association.
3. The *Code* establishes principles that define ethical behavior and best practices of association members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a professional course of action that best serves those utilizing counseling services and best promotes the values of the counseling profession.
5. The *Code* serves as the basis for processing off ethical complaints and inquiries initiated against members of the association.

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

Section A: The Counseling Relationship
Section B: Confidentiality, Privileged Communication, and Privacy
Section C: Professional Responsibility
Section D: Relationships With Other Professionals
Section E: Evaluation, Assessment, and Interpretations
Section F: Supervision, Training, and Teaching
Section G: Research and Publication
Section H: Resolving Ethical Issues

Each section of the *ACA Code of Ethics* begins with an Introduction. The introductions to each section discuss what counselors should aspire to with regard to ethical behavior and responsibility. The Introduction helps set the tone for that particular section and provides a starting point that invites reflection on the ethical mandates contained in each part of the *ACA Code of Ethics*.

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a carefully considered ethical decision-making process. Reasonable differences of opinion can do exist among counselors with respect to the ways in which values, ethical principles, and ethical standards would be applied when they conflict. While there is no specific ethical decision-making model that is most effective, counselors are expected to be familiar with a credible model of decision making that can bear public scrutiny and its application.

Through a chosen ethical decision-making process and evaluation of the context of the situation, counselors are empowered to make decisions that help expand the capacity of people to grow and develop.

A brief glossary is given to provide readers with a concise description of some of the terms used in the *ACA Code of Ethics*.

Section A: The Counseling Relationship

Introduction

Counselors encourage client growth and development in ways that foster the interest and welfare of clients and promote formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process.

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*).

A.1. Welfare of Those Served by Counselors

A.1.a. Primary Responsibility

The primary responsibility of counselors is to respect the dignity and to promote the welfare of clients.

A.1.b. Records

Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures. Counselors include sufficient and timely documentation in their client records to facilitate the delivery and continuity of needed services. Counselors take reasonable steps to ensure that documentation in records accurately reflects client progress and services provided. If errors are made in client records, counselors take steps to properly note the correction of such errors according to agency or institutional policies. (See A.12.g.7., B.6., B.6.g., G.2.j.)

A.1.c. Counseling Plans

Counselors and their clients work jointly in devising integrated counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to assess their continued viability and effectiveness, respecting the freedom of choice of clients. (See A.2.a., A.2.d., A.12.g.)

A.1.d. Support Network Involvement

Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.1.e. Employment Needs

Counselors work with their clients considering employment in jobs that are consistent with the overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs of clients. When appropriate, counselors appropriately trained in career development will assist in the placement of clients in positions that are consistent with the interest, culture, and the welfare of clients, employers, and/or the public.

A.2. Informed Consent in the Counseling Relationship

(See A.12.g., B.5., B.6.b., E.3., E.13.b., F.1.c., G.2.a.)

A.2.a. Informed Consent

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

A.2.b. Types of Information Needed

Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor's qualifications, credentials, and relevant experience; continuation of Services upon the incapacitation or death of a counselor; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to confidentiality and to be provided with an explanation of its limitations (including how supervisors and/or treatment 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 change 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 used by counselors, they provide necessary services (e.g., arranging for a qualified interpreter or translator) to ensure comprehension by clients. In collaboration with clients, counselors consider cultural implications of informed consent procedures and, where possible, counselors adjust their practices accordingly.

A.2.d. Inability to Give Consent

When counseling minors or 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.3. Clients Served by Others

When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

Counselors act to avoid harming their clients, trainees, and research participants and to minimize or to remedy unavoidable or unanticipated harm.

A.4.b. Personal Values

Counselors are aware of their own values, attitudes, beliefs, and behaviors and avoid imposing values that are inconsistent with counseling goals. Counselors respect the diversity of clients, trainees, and research participants.

A.5. Roles and Relationships With Clients (See F.3., F.10., G.3.)

A.5.a. Current Clients

Sexual or romantic counselor–client interactions or relationships with current clients, their romantic partners, or their family members are prohibited.

A.5.b. Former Clients

Sexual 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. Counselors, before engaging in sexual or romantic interactions or relationships with clients, their romantic partners, or client family members after 5 years following the last professional contact, demonstrate forethought and document (in written form) whether the interactions or relationship can be viewed as exploitive in some 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 such an interaction or relationship.

A.5.c. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Counselor–client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

A.5.d. Potentially

Beneficial Interactions When a counselor–client nonprofessional interaction with a client or former client may be potentially beneficial to the client or former client, the counselor must document in case records, 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. Such interactions should be initiated with appropriate client consent. Where unintentional harm occurs to the client or former client, or to an individual significantly involved with the client or former client, due to the nonprofessional interaction, the counselor must show evidence of an attempt to remedy such harm. Examples of potentially beneficial interactions include, but are not limited to, attending a formal ceremony (e.g., a wedding/commitment ceremony or graduation); purchasing a service or product provided by a client or former client (excepting unrestricted bartering); hospital visits to an ill family member; mutual membership in a professional association, organization, or community. (See A.5.c.)

A.5.e. Role Changes in the Professional Relationship

When a counselor changes a role from the original or most recent contracted relationship, he or she obtains informed consent from the client and explains the right of the client to refuse services related to the change. Examples of role changes include

1. changing from individual to relationship or family counseling, or vice versa;
2. changing from a nonforensic evaluative role to a therapeutic role, or vice versa;
3. changing from a counselor to a researcher role (i.e., enlisting clients as research participants), or vice versa; and
4. 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, or therapeutic) of counselor role changes.

A.6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A.6.a. Advocacy

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

A.6.b. Confidentiality and Advocacy

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

A.7. Multiple Clients

When a counselor agrees to provide counseling services to two or more persons who have a relationship, the counselor clarifies at the outset which person or persons are clients and the nature of the relationships the counselor will have with each involved person. If it becomes apparent that the counselor may be called upon to perform potentially conflicting roles, the counselor will clarify, adjust, or withdraw from roles appropriately. (See A.8.a., B.4.)

A.8. Group Work (See B.4.a.)

A.8.a. Screening

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

A.8.b. Protecting Clients

In a group setting, counselors take reasonable precautions to protect clients from physical, emotional, or psychological trauma.

A.9. End-of-Life Care for Terminally Ill Clients

A.9.a. Quality of Care

Counselors strive to take measures that enable clients

1. to obtain high-quality end-of-life care for their physical, emotional, social, and spiritual needs;
2. to exercise the highest degree of self-determination possible;
3. to be given every opportunity possible to engage in informed decision making regarding their end-of-life care; and
4. to receive complete and adequate assessment regarding their ability to make competent, rational decisions on their own behalf from a mental health professional who is experienced in end-of-life care practice.

A.9.b. Counselor Competence, Choice, and Referral

Recognizing the personal, moral, and competence issues related to end-of-life decisions, counselors may choose to work or not work with terminally ill clients who wish to explore their end-of-life options. Counselors provide appropriate referral information to ensure that clients receive the necessary help.

A.9.c. Confidentiality

Counselors who provide services to terminally ill individuals who are considering hastening their own deaths have the option of breaking or not breaking confidentiality, depending on applicable laws and the specific circumstances of the situation and after seeking consultation or supervision from appropriate professional and legal parties. (See B.5.c., B.7.c.)

A.10. Fees and Bartering

A.10.a. Accepting Fees From Agency Clients

Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Establishing Fees

In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, counselors assist clients in attempting to find comparable services of acceptable cost.

A.10.c. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to collect fees from clients who do not pay for services as agreed upon, they first inform clients of intended actions and offer clients the opportunity to make payment.

A.10.d. Bartering

Counselors may barter only if the relationship is not exploitive or harmful and does not place the counselor in an unfair advantage, 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.e. Receiving Gifts

Counselors understand the challenges of accepting gifts from clients and recognize that in some cultures, small gifts are a token of respect and showing gratitude. When determining whether or not to accept a gift from clients, counselors take into account the therapeutic relationship, the monetary value of the gift, a client's motivation for giving the gift, and the counselor's motivation for wanting or declining the gift.

A.11. Termination and Referral

A.11.a. Abandonment Prohibited

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

A.11.b. Inability to Assist Clients

If counselors determine an inability to be of professional assistance to clients, they avoid entering or continuing counseling relationships. Counselors are knowledgeable about culturally and clinically appropriate referral resources and suggest these alternatives. If clients decline the suggested referrals, counselors should discontinue the relationship.

A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client, or another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pre-termination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services

When counselors transfer or refer clients to other practitioners, they ensure that appropriate clinical and administrative processes are completed and open communication is maintained with both clients and practitioners.

A.12. Technology Applications

A.12.a. Benefits and Limitations

Counselors inform clients of the benefits and limitations of using information technology applications in the counseling process and in business/ billing procedures. Such technologies include but are not limited to computer hardware and software, telephones, the World Wide Web, the Internet, online assessment instruments, and other communication devices.

A.12.b. Technology-Assisted Services

When providing technology-assisted distance counseling services, counselors determine that clients are intellectually, emotionally, and physically capable of using the application and that the application is appropriate for the needs of clients.

A.12.c. Inappropriate Services

When technology-assisted distance counseling services are deemed inappropriate by the counselor or client, counselors consider delivering services face to face.

A.12.d. Access

Counselors provide reasonable access to computer applications when providing technology-assisted distance counseling services.

A.12.e. Laws and Statutes

Counselors ensure that the use of technology does not violate the laws of any local, state, national, or international entity and observe all relevant statutes.

A.12.f. Assistance

Counselors seek business, legal, and technical assistance when using technology applications, particularly when the use of such applications crosses state or national boundaries.

A.12.g. Technology and Informed Consent

As part of the process of establishing informed consent, counselors do the following:

1. Address issues related to the difficulty of maintaining the confidentiality of electronically transmitted communications.
2. Inform clients of all colleagues, supervisors, and employees, such as Informational Technology (IT) administrators, who might have authorized or unauthorized access to electronic transmissions.
3. Urge clients to be aware of all authorized or unauthorized users including family members and fellow employees who have access to any technology clients may use in the counseling process.
4. Inform clients of pertinent legal rights and limitations governing the practice of a profession over state lines or international boundaries.
5. Use encrypted Web sites and e-mail communications to help ensure confidentiality when possible.
6. When the use of encryption is not possible, counselors notify clients of this fact and limit electronic transmissions to general communications that are not client specific.
7. Inform clients if and for how long archival storage of transaction records are maintained.
8. Discuss the possibility of technology failure and alternate methods of service delivery.
9. Inform clients of emergency procedures, such as calling 911 or a local crisis hotline, when the counselor is not available.
10. Discuss time zone differences, local customs, and cultural or language differences that might impact service delivery.
11. Inform clients when technology-assisted distance counseling services are not covered by insurance. (See A.2.)

A.12.h. Sites on the World Wide Web

Counselors maintaining sites on the World Wide Web (the Internet) do the following:

1. Regularly check that electronic links are working and professionally appropriate.
2. Establish ways clients can contact the counselor in case of technology failure.
3. Provide electronic links to relevant state licensure and professional certification boards to protect consumer rights and facilitate addressing ethical concerns.
4. Establish a method for verifying client identity.
5. Obtain the written consent of the legal guardian or other authorized legal representative prior to rendering services in the event the client is a minor child, an adult who is legally incompetent, or an adult incapable of giving informed consent.

6. Strive to provide a site that is accessible to persons with disabilities.
7. Strive to provide translation capabilities for clients who have a different primary language while also addressing the imperfect nature of such translations.
8. Assist clients in determining the validity and reliability of information found on the World Wide Web and other technology applications.

Section B: Confidentiality, Privileged Communication, and Privacy

Introduction

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

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

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

B.1.b. Respect for Privacy

Counselors respect client rights to privacy. Counselors solicit private information from clients only when it is beneficial to the counseling process.

B.1.c. Respect for Confidentiality

Counselors do not share confidential information without client consent or without sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify foreseeable situations in which confidentiality must be breached. (See A.2.b.)

B.2. Exceptions

B.2.a. Danger and Legal Requirements

The general requirement that counselors keep information confidential does not apply when disclosure is required to protect clients or identified others from serious and foreseeable harm or when legal requirements demand that confidential information must be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception. Additional considerations apply when addressing end-of-life issues. (See A.9.c.)

B.2.b. Contagious, Life-Threatening Diseases

When clients disclose that they have a disease commonly known to be both communicable and life threatening, counselors may be justified in disclosing information to identifiable third parties, if they are known to be at demonstrable and high risk of contracting the disease. Prior to making a disclosure, counselors confirm that there is such a diagnosis and 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.

B.2.c. Court-Ordered Disclosure

When subpoenaed to release confidential or privileged information without a client's permission, counselors obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible due to potential harm to the client or counseling relationship.

B.2.d. Minimal Disclosure

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

B.3. Information Shared With Others

B.3.a. Subordinates

Counselors make every effort to ensure that privacy and confidentiality of clients are maintained by subordinates, including employees, supervisees, supervisees, clerical assistants, and volunteers. (See F.1.c.)

B.3.b. Treatment Teams

When client treatment involves a continued review or participation by a treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings

Counselors discuss confidential information only in settings in which they can reasonably ensure client privacy.

B.3.d. Third-Party Payers

Counselors disclose information to third-party payers only when clients have authorized such disclosure.

B.3.e. Transmitting Confidential Information

Counselors take precautions to ensure the confidentiality of information transmitted through the use of computers, electronic mail, facsimile machines, telephones, voicemail, answering machines, and other electronic or computer technology. (See A.12.g.)

B.3.f. Deceased Clients

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and agency or setting policies.

B.4. Groups and Families

B.4.a. Group Work

In group work, counselors clearly explain the importance and parameters of confidentiality for the specific group being entered.

B.4.b. Couples and Family Counseling

In couples and family counseling, counselors clearly define who is considered “the client” and discuss expectations and limitations of confidentiality. Counselors seek agreement and document in writing such agreement among all involved parties having capacity to give consent concerning each individual’s right to confidentiality and any obligation to preserve the confidentiality of information known.

B.5. Clients Lacking Capacity to Give Informed Consent

B.5.a. Responsibility to Clients

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

B.5.b. Responsibility to Parents and Legal Guardians

Counselors inform parents and legal guardians about the role of counselors and the confidential nature of the counseling relationship. Counselors are sensitive to the cultural diversity of families and respect the inherent rights and responsibilities of parents/guardians over the welfare of their children/charges according to law. Counselors work to establish, as appropriate, collaborative relationships with parents/guardians to best serve clients.

B.5.c. Release of Confidential Information

When counseling minor clients or adult clients who lack the capacity to give voluntary consent to release confidential information, counselors seek permission from an appropriate third party to disclose information. In such instances, counselors inform clients consistent with their level of understanding and take culturally appropriate measures to safeguard client confidentiality.

B.6. Records

B.6.a. Confidentiality of Records

Counselors ensure that records are kept in a secure location and that only authorized persons have access to records.

B.6.b. Permission to Record

Counselors obtain permission from clients prior to recording sessions through electronic or other means.

B.6.c. Permission to Observe

Counselors obtain permission from clients prior to observing counseling sessions, reviewing session transcripts, or viewing recordings of sessions with supervisors, faculty, peers, or others within the training environment.

B.6.d. Client Access

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

B.6.e. Assistance With Records

When clients request access to their records, counselors provide assistance and consultation in interpreting counseling records.

B.6.f. Disclosure or Transfer

Unless exceptions to confidentiality exist, counselors obtain written permission from clients to disclose or transfer records to legitimate third parties. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature. (See A.3., E.4.)

B.6.g. Storage and Disposal After Termination

Counselors store records following termination of services to ensure reasonable future access, maintain records in accordance with state and federal statutes governing records, and dispose of client records and other sensitive materials in a manner that protects client confidentiality. When records are of an artistic nature, counselors obtain client (or guardian) consent with regard to handling of such records or documents. (See A.1.b.)

B.6.h. Reasonable Precautions

Counselors take reasonable precautions to protect client confidentiality in the event of the counselor’s termination of practice, incapacity, or death. (See C.2.h.)

B.7. Research and Training

B.7.a. Institutional Approval

When institutional approval is required, counselors provide accurate information about their research proposals and obtain approval prior to conducting their research. They conduct research in accordance with the approved research protocol.

B.7.b. Adherence to Guidelines

Counselors are responsible for understanding and adhering to state, federal, agency, or institutional policies or applicable guidelines regarding confidentiality in their research practices.

B.7.c. Confidentiality of Information Obtained in Research

Violations of participant privacy and confidentiality are risks of participation in research involving human participants. Investigators maintain all research records in a secure manner. They explain to participants the risks of violations of privacy and confidentiality and disclose to participants any limits of confidentiality that reasonably can be expected. Regardless of the degree to which confidentiality will be maintained, investigators must disclose to participants any limits of confidentiality that reasonably can be expected. (See G.2.e.)

B.7.d. Disclosure of Research Information

Counselors do not disclose confidential information that reasonably could lead to the identification of a research participant unless they have obtained the prior consent of the person. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See G.2.a., G.2.d.)

B.7.e. Agreement for Identification

Identification of clients, supervisees, or supervisees in a presentation or publication is permissible only when they have reviewed the material and agreed to its presentation or publication. (See G.4.d.)

B.8. Consultation

B.8.a. Agreements

When acting as consultants, counselors seek agreements among all parties involved concerning each individual's rights to confidentiality, the obligation of each individual to preserve confidential information, and the limits of confidentiality of information shared by others.

B.8.b. Respect for Privacy

Information obtained in a consulting relationship is discussed for professional purposes only with persons directly involved with the case. 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.8.c. 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. (See D.2.d.)

Section C: Professional Responsibility

Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. They practice in a nondiscriminatory manner within the boundaries of professional and personal competence and have a responsibility to abide by the ACA Code of Ethics. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors advocate to promote change at the individual, group, institutional, and societal levels that improves the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous research methodologies. In addition, counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of Standards

Counselors have a responsibility to read, understand, and follow the ACA Code of Ethics and adhere to applicable laws and regulations.

C.2. Professional Competence

C.2.a. Boundaries of Competence

Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population. (See A.9.b., C.4.e., E.2., F.2., F.11.b.)

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 to protect others from possible harm. (See F.6.f.)

C.2.c. Qualified for Employment

Counselors accept employment only for positions for which they are qualified by education, training, supervised experience, state and national professional credentials, and appropriate professional experience. Counselors hire for professional counseling positions only individuals who are qualified and competent for those positions.

C.2.d. Monitor Effectiveness

Counselors continually monitor their effectiveness as professionals and take steps to improve when necessary. Counselors in private practice take reasonable steps to seek peer supervision as needed to evaluate their efficacy as counselors.

C.2.e. Consultation on Ethical Obligations

Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice.

C.2.f. Continuing Education

Counselors recognize the need for continuing education to acquire and maintain a reasonable level of awareness of current scientific and professional information in their fields of activity. They take steps to maintain competence in the skills they use, are open to new procedures, and keep current with the diverse populations and specific populations with whom they work.

C.2.g. Impairment

Counselors are alert to the 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 seek assistance for problems that reach the level of professional impairment, and if necessary, they limit, suspend, or terminate their professional responsibilities until such time it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients. (See A.11.b., F.8.b.)

C.2.h. Counselor Incapacitation or Termination of Practice

When counselors leave a practice, they follow a prepared plan for transfer of clients and files. Counselors prepare and disseminate to an identified colleague or "records custodian" a plan for the transfer of clients and files in the case of their incapacitation, death, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

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

C.3.b. Testimonials

Counselors who use testimonials do not solicit them from current clients nor former clients nor any other persons who may be vulnerable to undue influence.

C.3.c. Statements by Others

Counselors make reasonable efforts to ensure that statements made by others about them or the profession of counseling are accurate.

C.3.d. Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, 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. (See C.6.d.)

C.3.f. Promoting to Those Served

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

C.4. Professional Qualifications

C.4.a. Accurate Representation

Counselors claim or imply only professional qualifications actually completed and correct any known misrepresentations of their qualifications by others. Counselors truthfully represent the qualifications of their professional colleagues. Counselors clearly distinguish between paid and volunteer work experience and accurately describe their continuing education and specialized training. (See C.2.a.)

C.4.b. Credentials

Counselors claim only licenses or certifications that are current and in good standing.

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

Counselors clearly state their highest earned degree in counseling or closely related field. Counselors do not imply doctoral-level competence when only possessing a master's degree in counseling or a related field by referring to themselves as "Dr." in a counseling context when their doctorate is not in counseling or a related field.

C.4.e. Program Accreditation Status

Counselors clearly state the accreditation status of their degree programs at the time the degree was earned.

C.4.f. Professional Membership

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

C.5. Nondiscrimination

Counselors do not condone or engage in discrimination based on age, culture, disability, ethnicity, race, religion/spirituality, gender, gender identity, sexual orientation, marital status/ partnership, language preference, socioeconomic status, or any basis proscribed by law. Counselors do not discriminate against clients, supervisees, employees, supervisees, or research participants in a manner that has a negative impact on these persons.

C.6. Public Responsibility

C.6.a. Sexual Harassment

Counselors do not engage in or condone sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either

1. is unwelcome, is offensive, or creates a hostile workplace or learning environment, and counselors know or are told this; or
2. is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context in which the behavior occurred. 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. (See B.3., E.4.)

C.6.c. Media Presentations

When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, technology-based applications, printed articles, mailed material, or other media, they take reasonable precautions to ensure that

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

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships. (See C.3.e.)

C.6.e. Scientific Bases for Treatment Modalities

Counselors use techniques/ procedures/ modalities that are grounded in theory and/or have an empirical or They participate in and contribute to expose inappropriate employer scientific foundation. Counselors who decisions that affect the well-being of policies or practices. do not must define the techniques/ clients by drawing on the perspectives, procedures as "unproven" or "de-values, and experiences of the counsel-D.2. Consultation "opting" and explain the potential risks and ethical considerations of using such techniques/procedures and take steps to protect clients from possible harm. (See A.4.a., E.5.c., E.5.d.)

C.7. Responsibility to Other Professionals

C.7.a. Personal Public Statements

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

Section D Relationships With Other Professionals

Introduction

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

D.1. Relationships With Colleagues, Employers, and Employees

D.1.a. Different Approaches

Counselors are respectful of approaches to counseling services that differ from their own. Counselors are respectful of traditions and practices of other professional groups with which they work.

D.1.b. Forming Relationships

Counselors work to develop and strengthen interdisciplinary relations with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork

Counselors who are members of interdisciplinary teams delivering multifaceted services to clients keep the focus on how to best serve the clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines. (See A.1.a.)

D.1.d. Confidentiality

When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues. (See B.1.c., B.1.d., B.2.c., B.2.d., B.3.b.)

D.1.e. Establishing Professional and Ethical Obligations

Counselors who are members of interdisciplinary teams 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.f. Personnel Selection and Assignment

Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies

The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions

Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be effected, 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 take care not to harass or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies and practices.

D.2. Consultation

D.2.a. Consultant Competency

Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed. (See C.2.a.)

D.2.b. Understanding Consultees

When providing consultation, counselors attempt to develop with their consultees a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected.

D.2.c. Consultant Goals

The consulting relationship is one in which consultee adaptability and growth toward self-direction are consistently encouraged and cultivated.

D.2.d. Informed Consent in Consultation

When providing consultation, 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. Working in conjunction with the consultee, counselors attempt to develop a clear definition of the problem, goals for change, and predicted consequences of interventions that are culturally responsive and appropriate to the needs of consultees. (See A.2.a., A.2.b.)

Section E: Evaluation, Assessment, and Interpretation

Introduction

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

E.1. General

E.1.a. Assessment

The primary purpose of educational, psychological, and career assessment is to provide measurements that are valid and reliable in either comparative or absolute terms. These include, but are not limited to, measurements of ability, personality, interest, intelligence, achievement, and performance. Counselors recognize the need to interpret the statements in this section as applying to both quantitative and qualitative assessments.

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 these techniques provide. 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 utilize only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of psychological and career assessment techniques by persons under their supervision. (See A.12.)

E.2.b. Appropriate Use

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

E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of educational, psychological, and career measurement, including validation criteria, assessment research, and guidelines for assessment development and use.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in the language of the client (or other legally authorized person on behalf of the client), unless an explicit exception has been agreed upon in advance. Counselors consider the client's personal or cultural context, the level of the client's understanding of the results, and the impact of the results on the client. (See A.2., A.12.g., F.1.c.)

E.3.b. Recipients of Results

Counselors consider the examinee's welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results. (See B.2.c., B.5.)

E.4. Release of Data to Qualified Professionals

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. (See B.1., B.3., B.6.b.)

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 interview) used to determine client care (e.g., locus of treatment, type of treatment, or recommended follow-up) are carefully selected and appropriately used.

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders. (See A.2.c.)

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

Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and the role of mental health professionals in perpetuating these prejudices through diagnosis and treatment.

E.5.d. Refraining From Diagnosis

Counselors may refrain from making and/or reporting a diagnosis if they believe it would cause harm to the client or others.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments.

E.6.b. Referral Information

If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized. (See A.9.b., B.3.)

E.6.c. Culturally Diverse Populations

Counselors are cautious when selecting assessments for culturally diverse populations to avoid the use of instruments that lack appropriate psychometric properties for the client population. (See A.2.c., E.5.b.)

E.7. Conditions of Assessment Administration (See A.12.b., A.12.d.)

E.7.a. Administration Conditions

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

E.7.b. Technological Administration

Counselors ensure that administration programs function properly and provide clients with accurate results when technological or other electronic methods are used for assessment administration.

E.7.c. Unsupervised Assessments

Unless the assessment instrument is designed, intended, and validated for self-administration and/or scoring, counselors do not permit inadequately supervised use.

E.7.d. Disclosure of Favorable Conditions

Prior to administration of assessments, conditions that produce most favorable assessment results are made known to the examinee.

E.8. Multicultural Issues/Diversity in Assessment

Counselors use with caution assessment techniques that were normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and place test results in proper perspective with other relevant factors. (See A.2.c., E.5.b.)

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

In reporting assessment results, counselors indicate reservations that exist regarding validity or reliability due to circumstances of the assessment or the inappropriateness of the norms for the person tested.

E.9.b. Research Instruments

Counselors exercise caution when interpreting the results of research instruments not having sufficient technical data to support respondent results. The specific purposes for the use of such instruments are stated explicitly to the examinee.

E.9.c. Assessment Services

Counselors who provide assessment scoring and interpretation services to support the assessment process confirm the validity of such interpretations. They accurately describe the purpose, norms, validity, reliability, and applications of the procedures and any special qualifications applicable to their use. The public offering of an automated test interpretations service is considered a professional-to-professional consultation. The formal responsibility of the consultant is to the consultee, but the ultimate and overriding responsibility is to the client. (See D.2.)

E.10. Assessment Security

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

E.11. Obsolete Assessments and Outdated Results

Counselors do not use data or results from assessments that are obsolete or outdated for the current purpose. 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 educational and psychological assessment techniques.

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

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

E.13.b. Consent for Evaluation

Individuals being evaluated are informed in writing that the relationship is for the purposes of an evaluation and is not counseling in nature, and entities or individuals who will receive the evaluation report are identified. Written consent to be evaluated is obtained from those being evaluated unless a court orders evaluations to be conducted without the written consent of individuals being evaluated. When children or vulnerable adults are being evaluated, informed written consent is obtained from a parent or guardian.

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate individuals for forensic purposes they currently counsel or individuals they have counseled in the past. Counselors do not accept as counseling clients individuals they are evaluating or individuals they have evaluated in the past for forensic purposes.

E.13.d. Avoid Potentially Harmful Relationships

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

Section F: Supervision, Training, and Teaching

Introduction

Counselors aspire to foster meaningful and respectful professional relationships and to maintain appropriate boundaries with supervisees and supervisees. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselors-in-training.

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 other counselors or counselors-in-training. Counseling supervisors monitor client welfare and supervisee clinical performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review case notes, samples of clinical work, or live observations. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that clients are aware of the qualifications of the supervisees who render services to the clients. (See A.2.b.)

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 used. (See A.2.b., B.1.d.)

F.2. Counselor Supervision Competence

F.2.a. Supervisor Preparation

Prior to offering clinical supervision services, counselors are trained in supervision methods and techniques. Counselors who offer clinical supervision services regularly pursue continuing education activities including both counseling and supervision topics and skills. (See C.2.a., C.2.f.)

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.3. Supervisory Relationships

F.3.a. Relationship Boundaries With Supervisees

Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Counseling supervisors avoid nonprofessional relationships with current supervisees. If supervisors must assume other professional roles (e.g., clinical and administrative supervisor, instructor) with supervisees, they work to minimize potential conflicts and explain to supervisees the expectations and responsibilities associated with each role. They do not engage in any form of nonprofessional interaction that may compromise the supervisory relationship.

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.3.c. Sexual Harassment

Counseling supervisors do not condone or subject supervisees to sexual harassment. (See C.6.a.)

F.3.d. Close Relatives and Friends

Counseling supervisors avoid accepting close relatives, romantic partners, or friends as supervisees.

F.3.e. Potentially Beneficial Relationships

Counseling supervisors are aware of the power differential in their relationships with supervisees. If they believe nonprofessional relationships with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counseling supervisors engage in open discussions with supervisees when they consider entering into relationships with them outside of their roles as clinical and/or administrative supervisors. Before engaging in nonprofessional relationships, supervisors discuss with supervisees and document the rationale for such interactions, potential benefits or drawbacks, and anticipated consequences for the supervisee. Supervisors clarify the specific nature and limitations of the additional role(s) they will have with the supervisee.

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 they are to adhere and the mechanisms for due process appeal of individual supervisory actions.

F.4.b. Emergencies and Absences

Supervisors establish and communicate to supervisees procedures for contacting them 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. Supervisors of postdegree counselors encourage these counselors to adhere to professional standards of practice. (See C.1.)

F.4.d. Termination of the Supervisory Relationship

Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for withdrawal are provided to the other party. When cultural, clinical, or professional issues are crucial to the viability of the supervisory relationship, both parties make efforts to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

F.5. Counseling Supervision Evaluation, Remediation, and Endorsement

F.5.a. Evaluation

Supervisors document and provide supervisees with ongoing performance appraisal and evaluation feedback and schedule periodic formal evaluative sessions throughout the supervisory relationship.

F.5.b. Limitations

Through ongoing evaluation and appraisal, supervisors are aware of the limitations of supervisees that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, or state or voluntary professional credentialing processes when those supervisees are unable to provide competent professional services. 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. (See C.2.g.)

F.5.c. Counseling for Supervisees

If supervisees request counseling, supervisors provide them with acceptable referrals. Counselors 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. (See F.3.a.)

F.5.d. Endorsement

Supervisors endorse supervisees for certification, licensure, employment, or completion of an academic or training program only when they believe 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.6. Responsibilities of Counselor Educators

F.6.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 supervisees and supervisors aware of their responsibilities. Counselor educators conduct counselor education and training programs in an ethical manner and serve as role models for professional behavior. (See C.1., C.2.a., C.2.c.)

F.6.b. Infusing Multicultural Issues/Diversity

Counselor educators infuse material related to multiculturalism/diversity into all courses and workshops for the development of professional counselors.

F.6.c. Integration of Study and Practice

Counselor educators establish education and training programs that integrate academic study and supervised practice.

F.6.d. Teaching Ethics

Counselor educators make supervisees and supervisors aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of supervisees to the profession. Counselor educators infuse ethical considerations throughout the curriculum. (See C.1.)

F.6.e. Peer Relationships

Counselor educators make every effort to ensure that the rights of peers are not compromised when supervisees or supervisors lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that supervisees and supervisors understand they have the same ethical obligations as counselor educators, trainers, and supervisors.

F.6.f. Innovative Theories and Techniques

When counselor educators teach counseling techniques/procedures that are innovative, without an empirical foundation, or without a well-grounded theoretical foundation, they define the counseling techniques/procedures as “unproven” or “developing” and explain to supervisees the potential risks and ethical considerations of using such techniques/procedures.

F.6.g. Field Placements

Counselor educators develop clear policies within their training programs regarding field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the supervisee or supervisee, the site supervisor, and the program supervisor. They confirm that site supervisors are qualified to provide supervision and inform site supervisors of their professional and ethical responsibilities in this role.

F.6.h. Professional Disclosure

Before initiating counseling services, counselors-in-training disclose their status as supervisees and explain how this status affects the limits of confidentiality. Counselor educators ensure that the clients at field placements are aware of the services rendered and the qualifications of the supervisees and supervisees rendering those services. Supervisees and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (See A.2.b.)

F.7. Supervisee Welfare

F.7.a. Orientation

Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of supervisees. Counseling faculty provide prospective supervisees with information about the counselor education program’s expectations:

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

F.7.b. Self-Growth Experiences

Counselor education programs delineate requirements for self-disclosure or self-growth experiences in their admission and program materials. Counselor educators use professional judgment when designing training experiences they conduct that require supervisee and supervisee self-growth or self-disclosure. Supervisees and supervisees are made aware of the ramifications their self-disclosure may have when counselors whose primary role as teacher, trainer, or supervisor requires acting on ethical obligations to the profession. Evaluative components of experiential training experiences explicitly delineate predetermined academic standards that are separate and do not depend on the supervisee’s level of self-disclosure. Counselor educators may require trainees to seek professional help to address any personal concerns that may be affecting their competency.

F.8. Supervisee Responsibilities

F.8.a. Standards for Supervisees

Counselors-in-training have a responsibility to understand and follow the ACA Code of Ethics and adhere to applicable laws, regulatory policies, and rules and policies governing professional staff behavior at the agency or placement setting. Supervisees have the same obligation to clients as those required of professional counselors. (See C.1., H.1.)

F.8.b. Impairment

Counselors-in-training refrain from offering or providing counseling services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and notify their program supervisors when they are aware that they are unable to effectively provide services. In addition, they seek appropriate professional services for themselves to remediate the problems that are interfering with their ability to provide services to others. (See A.1., C.2.d., C.2.g.)

F.9. Evaluation and Remediation of Supervisees

F.9.a. Evaluation

Counselors clearly state to supervisees, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide supervisees with ongoing performance appraisal and evaluation feedback throughout the training program.

F.9.b. Limitations

Counselor educators, throughout ongoing evaluation and appraisal, are aware of and address the inability of some supervisees to achieve counseling competencies that might impede performance. Counselor educators

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

F.9.c. Counseling for Supervisees

If supervisees request counseling or if counseling services are required as part of a remediation process, counselor educators provide acceptable referrals.

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

F.10.a. Sexual or Romantic Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited.

F.10.b. Sexual Harassment

Counselor educators do not condone or subject supervisees to sexual harassment. (See C.6.a.)

F.10.c. Relationships With Former Supervisees

Counselor educators are aware of the power differential in the relationship between faculty and supervisees. Faculty members foster open discussions with former supervisees when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former supervisee how their former relationship may affect the change in relationship.

F.10.d. Nonprofessional Relationships

Counselor educators avoid nonprofessional or ongoing professional relationships with supervisees in which there is a risk of potential harm to the supervisee or that 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 supervisee or supervisee placement.

F.10.e. Counseling Services

Counselor educators do not serve as counselors to current supervisees unless this is a brief role associated with a training experience.

F.10.f. Potentially Beneficial Relationships

Counselor educators are aware of the power differential in the relationship between faculty and supervisees. If they believe a nonprofessional relationship with a supervisee may be potentially beneficial to the supervisee, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; hospital visits; providing support during a stressful event; or mutual membership in a professional association, organization, or community. Counselor educators engage in open discussions with supervisees when they consider entering into relationships with supervisees outside of their roles as teachers and supervisors. They discuss with supervisees the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the supervisee. Educators clarify the specific nature and limitations of the additional role(s) they will have with the supervisee prior to engaging in a nonprofessional relationship. Nonprofessional relationships with supervisees should be time-limited and initiated with supervisee 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. Supervisee Diversity

Counselor educators actively attempt to recruit and retain a diverse supervisee body. Counselor educators demonstrate commitment to multicultural/diversity competence by recognizing and valuing diverse cultures and types of abilities supervisees bring to the training experience. Counselor educators provide appropriate accommodations that enhance and support diverse supervisee 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 supervisees to gain awareness, knowledge, and skills in the competencies of multicultural practice. Counselor educators include case examples, role-plays, discussion questions, and other classroom activities that promote and represent various cultural perspectives.

Section G: Research and Publication

Introduction

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

G.1. Research Responsibilities

G.1.a. Use of Human Research Participants

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

G.1.b. Deviation From Standard Practice

Counselors seek consultation and observe stringent safeguards to protect the rights of research participants when a research problem suggests a deviation from standard or acceptable practices.

G.1.c. Independent Researchers

When independent researchers do not have access to an Institutional Review Board (IRB), they should consult with researchers who are familiar with IRB procedures to provide appropriate safeguards.

G.1.d. Precautions to Avoid Injury

Counselors who conduct research with human participants are responsible for the welfare of participants throughout the research process and should take reasonable precautions to avoid causing injurious psychological, emotional, physical, or social effects to participants.

G.1.e. Principal Researcher Responsibility

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

G.1.f. Minimal Interference

Counselors take reasonable precautions to avoid causing disruptions in the lives of research participants that could be caused by their involvement in research.

G.1.g. Multicultural/Diversity

Considerations in Research When appropriate to research goals, counselors are sensitive to incorporating research procedures that take into account cultural considerations. They seek consultation when appropriate.

G.2. Rights of Research Participants (See A.2, A.7.)

G.2.a. Informed Consent in Research

Individuals have the right to consent to become research participants. In seeking consent, counselors use language that

1. accurately explains the purpose and procedures to be followed,
2. identifies any procedures that are experimental or relatively untried,
3. describes any attendant discomforts and risks,
4. describes any benefits or changes in individuals or organizations that might be reasonably expected,
5. discloses appropriate alternative procedures that would be advantageous for participants,
6. offers to answer any inquiries concerning the procedures,
7. describes any limitations on confidentiality,
8. describes the format and potential target audiences for the dissemination of research findings, and
9. instructs participants that they are free to withdraw their consent and to discontinue participation in the project at any time without penalty.

G.2.b. Deception

Counselors do not conduct research involving deception unless alternative procedures are not feasible and the prospective value of the research justifies the deception. If such deception has the potential to cause physical or emotional harm to research participants, the research is not conducted, regardless of prospective value. When the methodological requirements of a study necessitate concealment or deception, the investigator explains the reasons for this action as soon as possible during the debriefing.

G.2.c. Supervisee/Supervisee Participation

Researchers who involve supervisees or supervisees in research make clear to them that the decision regarding whether or not to participate in research activities does not affect one's academic standing or supervisory relationship. Supervisees or supervisees who choose not to participate in educational research are provided with an appropriate alternative to fulfill their academic or clinical requirements.

G.2.d. Client Participation

Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether or not to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.e. Confidentiality of Information

Information obtained about research participants during the course of an investigation is confidential. When the possibility exists that others may obtain access to such information, ethical research practice requires that the possibility, together with the plans for protecting confidentiality, be explained to participants as a part of the procedure for obtaining informed consent.

G.2.f. Persons Not Capable of Giving Informed Consent

When a person is not capable of giving informed consent, counselors provide an appropriate explanation to, obtain agreement for participation from, and obtain the appropriate consent of a legally authorized person.

G.2.g. Commitments to Participants

Counselors take reasonable measures to honor all commitments to research participants. (See A.2.c.)

G.2.h. Explanations After Data Collection

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

G.2.i. Informing Sponsors

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

G.2.j. Disposal of Research Documents and Records

Within a reasonable period of time following the completion of a research project or study, counselors take steps to destroy records or documents (audio, video, digital, and written) containing confidential data or information that identifies research participants. When records are of an artistic nature, researchers obtain participant consent with regard to handling of such records or documents. (See B.4.a, B.4.g.)

G.3. Relationships With Research Participants (When Research Involves Intensive or Extended Interactions)

G.3.a. Nonprofessional Relationships

Nonprofessional relationships with research participants should be avoided.

G.3.b. Relationships With Research Participants

Sexual or romantic counselor–research participant interactions or relationships with current research participants are prohibited.

G.3.c. Sexual Harassment and Research Participants

Researchers do not condone or subject research participants to sexual harassment.

G.3.d. Potentially Beneficial Interactions

When a nonprofessional interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant due to the nonprofessional interaction, the researcher must show evidence of an attempt to remedy such harm.

G.4. Reporting Results

G.4.a. Accurate Results

Counselors plan, conduct, and report research accurately. They provide thorough discussions of the limitations of their data and alternative hypotheses. Counselors do not engage in misleading or fraudulent research, distort data, misrepresent data, or deliberately bias their results. They explicitly mention all variables and conditions known to the investigator that may have affected the outcome of a study or the interpretation of data. They describe the extent to which results are applicable for diverse populations.

G.4.b. Obligation to Report Unfavorable Results

Counselors report the results of any research of professional value. Results that reflect unfavorably on institutions, programs, services, prevailing opinions, or vested interests are not withheld.

G.4.c. Reporting Errors

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

G.4.d. Identity of Participants

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

G.4.e. Replication Studies

Counselors are obligated to make available sufficient original research data to qualified professionals who may wish to replicate the study.

G.5. Publication

G.5.a. Recognizing Contributions

When conducting and reporting research, counselors are familiar with and give recognition to previous work on the topic, observe copyright laws, and give full credit to those to whom credit is due.

G.5.b. Plagiarism

Counselors do not plagiarize; that is, they do not present another person's work as their own work.

G.5.c. Review/Republication of Data or Ideas

Counselors fully acknowledge and make editorial reviewers aware of prior publication of ideas or data where such ideas or data are submitted for review or publication.

G.5.d. Contributors

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

G.5.e. Agreement of Contributors

Counselors who conduct joint research with colleagues or supervisees/supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Supervisee Research

For articles that are substantially based on supervisees' course papers, projects, dissertations or theses, and on which supervisees have been the primary contributors, they are listed as principal authors.

G.5.g. Duplicate Submission

Counselors submit manuscripts for consideration to only one journal at a time. Manuscripts that are published in whole or insubstantial part in another journal or published work are not submitted for publication without acknowledgment and permission from the previous publication.

G.5.h. Professional Review

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

Section H: Resolving Ethical Issues

Introduction

Counselors behave in a legal, ethical, and moral manner in the conduct of their professional work. They are aware that client protection 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 these 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. They engage in ongoing professional development regarding current topics in ethical and legal issues in counseling.

H.1. Standards and the Law (See F.9.a.)

H.1.a. Knowledge

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

H.1.b. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with law, regulations, 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 resolved by such means, counselors may adhere to the requirements of law, regulations, or other governing legal authority.

H.2. Suspected Violations

H.2.a. Ethical Behavior Expected

Counselors expect colleagues to adhere to the ACA Code of Ethics. When counselors possess knowledge that raises doubts as to whether another counselor is acting in an ethical manner, they take appropriate action. (See H.2.b., H.2.c.)

H.2.b. Informal Resolution

When counselors have reason to believe that another counselor is violating or has violated an ethical standard, they attempt first to resolve the issue informally with the other counselor if feasible, provided such action does not violate confidentiality rights that may be involved.

H.2.c. Reporting Ethical Violations

If an apparent violation has substantially harmed, or is likely to substantially harm, a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action appropriate to the situation. Such action might include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or to the appropriate institutional authorities. This standard does not apply when an intervention would violate confidentiality rights or when counselors have been retained to review the work of another counselor whose professional conduct is in question.

H.2.d. Consultation

When uncertain as to whether a particular situation or course of action may be in violation of the ACA Code of Ethics, counselors consult with other counselors who are knowledgeable about ethics and the ACA Code of Ethics, with colleagues, or with appropriate authorities.

H.2.e. 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. When possible, counselors work toward change within the organization to allow full adherence to the ACA Code of Ethics. In doing so, they address any confidentiality issues.

H.2.f. Unwarranted Complaints

Counselors do not initiate, participate in, or encourage the filing of ethics complaints that are made with reckless disregard or willful ignorance of facts that would disprove the allegation.

H.2.g. Unfair Discrimination Against Complainants and Respondents

Counselors do not deny persons employment, advancement, admission to academic or other programs, tenure, or promotion based solely upon their having made or their being the subject of an ethics complaint. This does not preclude taking action based upon the outcome of such proceedings or considering other appropriate information.

H.3. Cooperation With Ethics Committees

Counselors assist in the process of enforcing the ACA Code of Ethics. Counselors cooperate with investigations, proceedings, and requirements of the ACA Ethics Committee or ethics committees of other duly constituted associations or boards having jurisdiction over those charged with a violation. Counselors are familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations and use it as a reference for assisting in the enforcement of the ACA Code of Ethics.

Glossary of Terms

Advocacy – promotion of the well-being of individuals and groups and of 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.

Client – an individual seeking or referred to the professional services of a counselor for help with problem resolution or decision making.

Counselor – a professional (or a supervisee who is a counselor-in-training) engaged in a counseling practice or other counseling-related services. Counselors fulfill many with roles and responsibilities such as counselor educators, researchers, supervisors, practitioners, and consultants.

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

Counselor Supervisor – a professional counselor who engages in a formal relationship with a practicing counselor or counselor-in-training for the purpose of over-seeing 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.

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.

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

Forensic Evaluation – any formal assessment conducted for court or other legal proceedings.

Multicultural/Diversity Competence – a capacity whereby counselors possess cultural and diversity awareness and knowledge about self and others, and how this awareness and knowledge is 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.

Supervisee – an individual engaged in formal educational preparation as a counselor-in-training.

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.

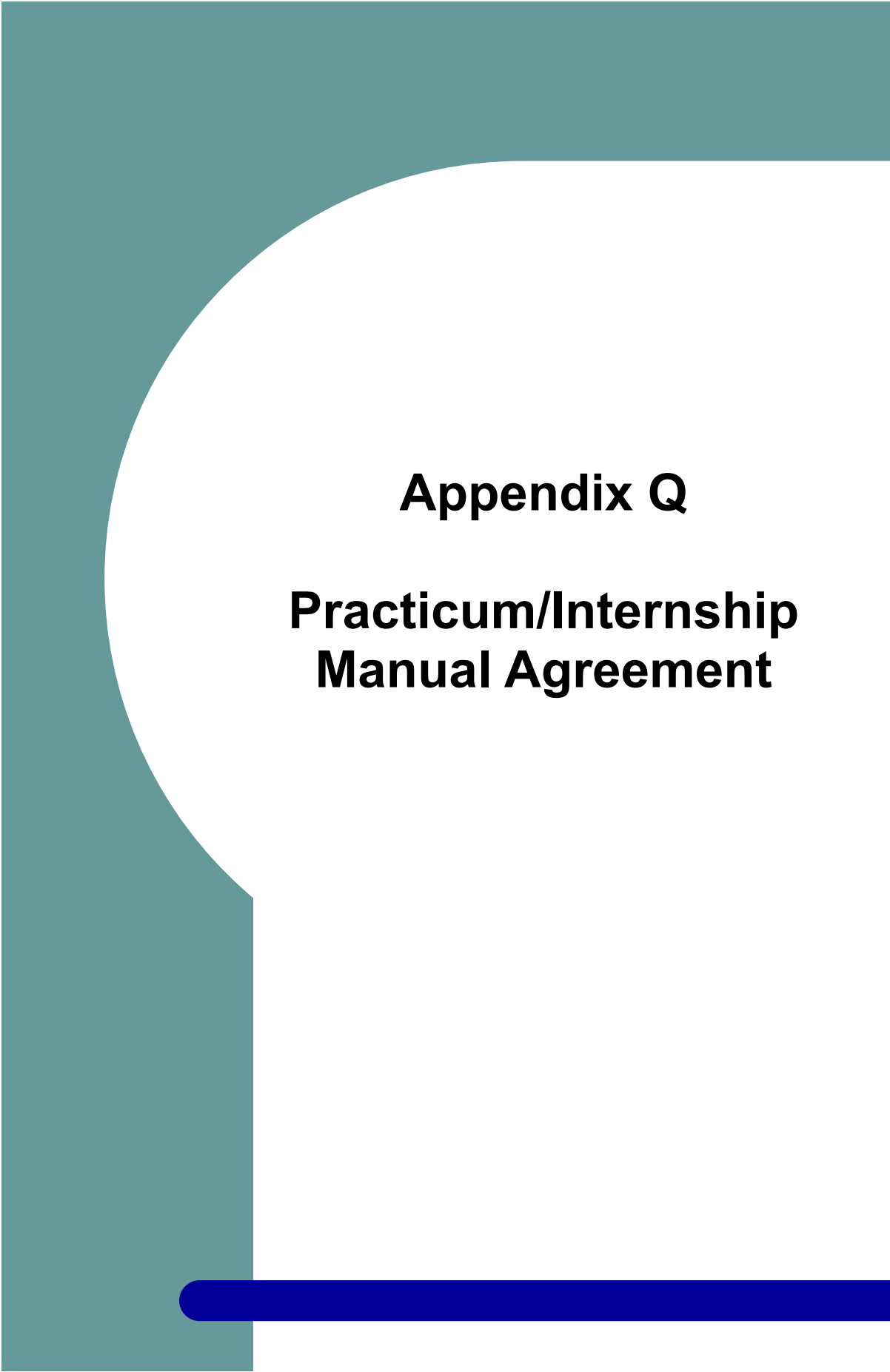
Supervisor – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training.

Teaching – all activities engaged in as part of a formal educational program 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 supervisees and professional counselors.

AMERICAN COUNSELING ASSOCIATION
5999 Stevenson Avenue
Alexandria, VA 22304
www.counseling.org • 800-422-2648 x222

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Appendix Q

**Practicum/Internship
Manual Agreement**



Practicum/Internship Manual Agreement

**Department of Counseling and Student Development
Eastern Illinois University**

To insure that all supervisees and site supervisors are familiar with the Practicum (CSD 5630) and/or Internship (CSD 6900) requirements and procedures, you are required to fill out and sign the following form to be placed in the Department of Counseling and Student Development's file. Please return to Debbie Gerdes, Department of Counseling and Student Development, Eastern Illinois University, 600 Lincoln Avenue, Charleston, IL 61920.

I, _____ (print name) hereby indicate that I have read, understand and am in agreement with the requirements and procedures outlined in the Practicum/ Internship Manual for the Department of Counseling and Student Development.

Supervisee: Please check one:

- I am a supervisee in CSD 5630 (Practicum)
- I am a supervisee in CSD 6900 (Internship)

Site Supervisor: Please check one:

- I am a site supervisor for the following supervisee(s) in CSD 5630:

- I am a site supervisor for the following supervisee(s) in CSD 6900:

Signature

Date