

THE UNIVERSITY of TENNESSEE 
CHATTANOOGA



**Counseling Program
Supervisor Handbook**



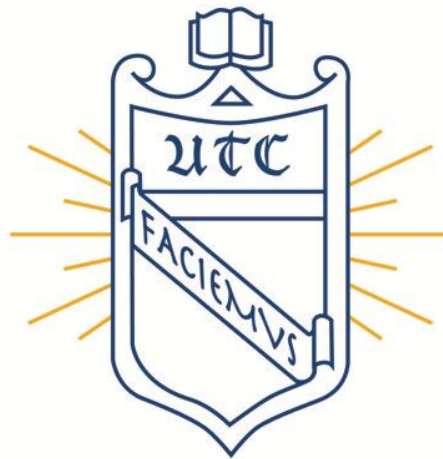
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University of Tennessee at Chattanooga



Counseling Program Supervisor Handbook

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UNIVERSITY OF TENNESSEE AT CHATTANOOGA
COUNSELOR EDUCATION PROGRAM

Introduction

The Clinical Mental Health Program at the University of Tennessee at Chattanooga provides this handbook to Site Supervisors of Practicum/Internship students in order to contribute to the successful clinical experience for both the supervisor and the student. The booklet contains guidelines and expectations that will help prepare those involved with Practicum/Internship for a positive clinical experience in accordance with Program, Practicum/Internship Site, and Student guidelines.

Introduction to the Counseling Program

The Master of Education in Counseling offers students two professional training options at the graduate level. Students may participate in either the Clinical Mental Health Program, which prepares counselors for work in human service agencies, or in the School Counseling Program, which prepares elementary and secondary school counselors. While there is an overlap in these programs, each is viewed as a distinctly different option. The primary purpose of the UTC counseling program is to provide quality training for individuals desiring to become human service agency or school counselors. This training includes classroom didactic and experiential activities, small group seminars, and supervised field experiences. These training components are designed to provide each student with a meaningful professional and personal growth opportunity.

Clinical Mental Health Counselor Program

The concentration in clinical mental health is primarily designed for those persons who are fulfilling the role of counselor in a community setting and who desire to gain a higher level of competence in the field of counseling. The 60 credit program is a basis for preparation toward the requirements for licensure as a Professional Counselor in the State of Tennessee.

School Counseling Program

The concentration in school counseling is designed to prepare beginning counselors to work within a school environment. Successful completion of the program results in a Master's degree in Professional School Counseling and fulfills the requirements to qualify for licensure as a school counselor.

Program Requirements

The students program of study is planned in consultation with the program faculty. All programs are competency based, and any course with a grade below B must be repeated. Additionally, students must pass the comprehensive examination prior to graduating from the program.

During their course of studies, all counseling students are reviewed continuously by program faculty for purposes other than academic. This review results in either one of three recommendations: continuation, continuation with conditions, or termination. Students are referred to the handbook for an explanation of professional fitness necessary for continuation in the program. All students are expected to abide by the American Counseling Association (ACA) and/or the American School Counselor Association (ASCA) Code of Ethics.

Mission Statement

The primary purpose of the UTC Counseling Program is to train knowledgeable, competent, skillful professional counselors to provide services in both human service agencies and educational settings. This program is based on a developmental process emphasizing skill development at early stages progressing to a strong theoretical base, an ethical and professional orientation, and multicultural sensitivity in order to work with a variety of individuals.

Objectives

The objectives listed below represent the major program objectives for all students in the counseling program. The more specific objectives related to each one of these provide the skeletal framework for the coursework offered to students and thus will be found in each course syllabi.

- a. To facilitate student(s) acquisition of skills such as testing, ethics, consulting, interviewing, and diagnosis and assessment.
- b. To facilitate student(s) acquisition of skills and abilities with research and evaluation tools relevant to the delivery of helping services in the school or community agency milieu.
- c. To provide student(s) with a thorough and comprehensive knowledge base in those areas of professional orientation and acquisition of counseling and helping skills in the areas of individual and group interventions.
- d. To provide student(s) with knowledge of the organization and administration of human service agencies or schools as well as clarity regarding the role of the professional counselor in each of these settings.
- e. To introduce student(s) to an understanding of the wide scope of diverse populations they may encounter in their work settings.
- f. To assure that the diversity of students recruited reflects the diversity of the university, community, and region served consisting of both urban and rural environments.

The Counseling Profession

The American Counseling Association (ACA) has defined professional counseling as "the application of mental health, psychological or human development principles, through cognitive, affective, behavioral, or systemic intervention strategies that address wellness, personal growth, or career development, as well as pathology" (ACA, 2005, p. 1). Counseling is a unique mental health profession with distinct differences from other mental health professions (e.g., psychology, social work, psychiatry, etc.). After completing a degree, counselors can apply for various certifications and licenses developed by both state and national organizations. Counselors are employed in a variety of settings which include hospitals, substance abuse treatment centers, schools, colleges, universities, rehabilitation facilities, community counseling agencies, court systems, and other settings in which mental health services are being provided. Counselors provide services based on wellness and personal growth as opposed to a "medical model." Counselors serve a variety of individuals including those who have developmental or situational concerns as well as individuals with emotional disorders.

Faculty Profiles

Dr. Kristi Gibbs

Kristi Gibbs is an Associate Professor in the Counseling Program and Director for the Counselor Education Academic Unit. Dr. Gibbs received her Ph.D. in Counselor Education with a minor in Play Therapy from the University of New Orleans (UNO) in 2004. She holds a Master of Science in Counseling and a Bachelor of Science in Psychology from University of Louisiana at Lafayette. Dr. Gibbs has been licensed as a Professional Counselor in both Louisiana and Tennessee and is registered as a Play Therapist - Supervisor. She is a member of the American Counseling Association, Tennessee Counseling Association, the Association for Counselor Education and Supervision, Southern Association for Counselor Education and Supervision, and International Association for Play Therapy. Dr. Gibbs is a past-President of the Tennessee Association of Counselor Education and Supervision, and current President of the Lookout Counseling Association.

Prior to coming to UTC, Dr. Gibbs worked as a counselor and clinical supervisor in a community agency in New Orleans where her practice consisted primarily of counseling children and clinical supervision. Dr. Gibbs has three years experience working in an inpatient psychiatric setting as an assessment counselor and worked two years in a residential substance abuse facility.

Dr. Gibbs' research interests include counseling children, preparing students to counsel children, play therapy, clinical supervision and legal/ethical issues in counseling. Her dissertation was entitled "Counselor Educators' Perceptions about the Process of Training Students to Counsel Children."

Contact: 423-425-4106, Kristi-Gibbs@utc.edu

Dr. Virginia Magnus

Virginia Magnus, Ph.D. is an Associate Professor in the Counseling Program and coordinator of the school counseling program. Dr. Magnus received her Ph.D. from the University of North Carolina at Charlotte in 2005. She holds a Master of Science in Counseling/School Counseling from Butler University, Indianapolis, Indiana and a Bachelor of Education from the University of Toledo, Toledo Ohio.

Dr. Magnus is a Licensed Professional Counselor (LPC), and a Certified Sports Counselor (CSC) in Texas. She is also a Consultant and School Specialist with the National Institute for Trauma & Loss in Children. Dr. Magnus is a member of the American Counseling Association, the Association for Counselor Education and Supervision, American School Counselor Association, the International Honor Society in Education, Kappa Delta Pi, International Association for Play Therapy, and the International Honor Society for Counseling, Chi Sigma Iota (CSI). She currently serves as the faculty advisor for Upsilon Theta Chi, UTC's chapter of CSI and is the Co-Chair of Youths, Families, and Couples Committee for the International Association of Addictions and Offender Counselors.

Prior to coming to UTC, Dr. Magnus was a school counselor working specifically with children with special needs, K-12 students, and students in alternative schools. Additionally, Dr. Magnus was the program counselor for adolescents in a residential substance abuse facility. She also worked with female offenders.

Dr. Magnus' research and professional interests include children and adolescents, grief and loss, alternative schools, school counseling, substance abuse, and female offenders.

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Dr. Elizabeth R. O'Brien

Elizabeth O'Brien is an Assistant Professor in the Counseling Program and coordinator of the clinical mental health program. Dr. O'Brien received her doctorate of philosophy in Education from the University of Central Florida in Orlando in 2007. She holds an Educational Specialist degree in Marriage and Family Counseling from the University of South Carolina and a Bachelor of Arts degree in Sociology from the University of South Carolina.

Prior to coming to UTC, Dr. O'Brien was a graduate assistant at UCF. In her various roles at that institution, she served as a crisis manager in the Counseling department's on-sight clinic, as a quality control manager in the University of Central Florida's Stronger Marriages/Stronger Families grant, and was later responsible for recruitment and orientation for incoming students of the Doctoral program. Elizabeth worked for two years at a county mental health agency as a school based counselor, and was placed to work on-sight with elementary, middle, high, and alternative school students in the West Columbia, South Carolina area.

Dr. O'Brien has presented extensively both nationally and internationally on the subjects of couples counseling, initiating partnerships between school counselors and mental health counselors, and integrating assessment into concurrent research collection in counselor education.

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Dr. Mike Hauser

Mike Hauser is a Lecturer in the Counseling Program. Dr. Hauser received his Ph.D. in Counselor Education from Old Dominion University (ODU) in Norfolk, VA in 2009. He holds a Master of Education in Counseling from the University of Tennessee at Chattanooga (UTC), a Master of Science in Strategic Intelligence (MSSI) from the National Defense Intelligence College (NDIC), a Master of Theology (MTh) from Covington Theological Seminary, and a Bachelor of Arts in General Studies from the University of Arizona. Dr. Hauser has been licensed as an Associate Professional Counselor in Georgia. He is a member of the American Counseling Association (ACA), National Board of Certified Counselors (NBCC), and the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC).

Dr. Hauser's research interests include disaster, trauma, and grief relief counseling, and therapeutic outcome efficacy. His dissertation was entitled "The Role of Optimism and Working Alliance and Its Utility in Predicting Therapeutic Outcomes in Counseling Relationships."

Contact: 423-425-5688, Michael-Hauser@utc.edu

Program Requirements

Practicum:

The Practicum is "a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. Practicum is completed prior to internship." (Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2001, p. 104).

There are distinctive differences between the Practicum and Internship experiences. The Practicum provides for the development of individual counseling and group work skills under close supervision. This experience is designed to orient the student to the roles and responsibilities of the professional counselor prior to entering the field fulltime.

Specifically, the program requires students to complete a supervised practicum experience that totals a minimum of 100 clock hours. The student's Practicum includes the following:

- A minimum of 40 hours of direct service with clients, in both individual and group work.
- A minimum of one hour per week of individual supervision on-site (using audiotape, videotape, or live supervision) over each academic term. The supervision session should be scheduled weekly and conducted during one session as opposed to several sessions during a week.
- An average of one and one-half hour per week of group supervision that is provided on a regular schedule over the course of the student's Practicum by a program faculty member or a supervisor under the supervision of a program faculty member.
- A minimum of one hour per week of individual supervision with the university supervisor (using audiotape or videotape). The individual supervision sessions are scheduled at the discretion of the instructor of the practicum course. These sessions can be scheduled in the day or night hours and will be negotiated at the beginning of the semester.
- Evaluation of the student's performance throughout the Practicum including a formal evaluation at the mid-point of the semester and after the student completes the Practicum to be completed by both Site and University Supervisors. Oral feedback should be given throughout the supervisee's field placement.

On average, eight (8) to ten (10) hours per week on-site gives the student the opportunity to understand the philosophy and administrative guidelines of the organization and to participate to a limited extent in the organization's day-to-day operation. Students will become familiar with the policies and procedures within the organization and define their role accordingly.

The program requires the counseling student to prepare for the practicum experience by completing the following core courses:

COUN 5610/5620	Seminar in Clinical Mental Health/Seminar in School Counseling
EPSY 5010	Methods of Educational Research
COUN 5020	Introduction to the Counseling Profession
COUN 5100	Ethics & Professional Issues in Counseling
COUN 5430	Theories of Human Development
COUN 5440	Theories & Techniques in Counseling
COUN 5450	Counseling Skills

Note: Students will not be allowed to collect hours toward Practicum/Internship prior to the start of the semester. Students must be receiving supervision by the University Supervisor in order to collect hours.

Students are required to complete the practicum for one (1) full semester. This will require the student to continue the practicum until the end of the academic semester.

Internship:

The Internship is "a distinctly defined, post practicum, supervised "capstone" clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills and integrates and authenticates professional knowledge and skills appropriate to the student's program and initial postgraduate professional placement." (CACREP, 2001, p. 105)

The Internship experience includes a minimum of 600 clock hours after the successful completion of a student's Practicum. The Internship provides an opportunity for the student to perform under supervision a variety of tasks and activities that a regularly employed staff member in the setting would be expected to perform. The student's Internship requires:

- A minimum of 240 direct service with clients
- A minimum of one hour per week of individual supervision on-site (using audiotape, videotape, or live supervision) over each academic term
- An average of one and one-half hour per week of group supervision that is provided on a regular schedule over the course of the student's Internship by a program faculty member or a supervisor under the supervision of a program faculty member
- The opportunity for a wide-variety of professional activities
- Evaluation of the student's performance throughout the Internship including a formal evaluation at the mid-point of the semester and after the student completes the Internship to be completed by both Site and University Supervisors

For the Internship portion of the clinical experience, the student will spend 20 to 40 hours per week, depending on the length of the experience, the organization and the start of the performance of responsibilities in the role of the professional counselor. This role will involve individual and group counseling responsibilities, as well as other duties such as case management, charting, etc. The on-site experience gives the student the opportunity to

understand the philosophy and administrative guidelines of the organization and to participate fully in the organization's day-to-day operation.

Practicum/Internship Site Guidelines

Supervisors at Practicum/Internship Sites must have a minimum of a master's degree in counseling or a related field and appropriate licensure and/or certification. A minimum of two years of pertinent professional experience and knowledge of program requirements and evaluation procedures is recommended.

The Practicum/Internship Supervisor agrees to provide clinical experiences for the Practicum/Internship student in accordance with the program guidelines that include:

- 40 client direct contact hours for Practicum and 240 client contact hours for Internship
- Clinical experiences with clients who represent ethnic and demographic diversity of the community
- Orientation of the University Supervisor and the Practicum/Internship student to the facilities, philosophies, and policies of the Site
- Site visits by University Supervisor

Included in the orientation should be the procedure for assigning clients to the student, procedures for taping clients for supervision purposes, emergency procedures of the Site, and any site-specific limits to confidentiality.

Further, the Site Supervisor attempts, within Site philosophy and administrative guidelines, to help the student meet program requirements, by providing adequate office space for the Practicum/Internship. Minimally, a private space will be provided for the student while he/she is seeing clients. The Site Supervisor will also:

- Assist the student with policies and procedures concerning the taping of clients for supervision purposes
- Assist in the evaluation of the student's clinical performance relative to the objectives of the experience
- Notify the University Supervisor of any problems that may influence the student's successful completion of the placement.

Practicum/Internship Student Guidelines

The student agrees to the following guidelines:

- Be aware of their responsibilities for Practicum/Internship participation, including learning the policies and procedures within the organization, site expectations, rules and other regulations
- Ask before acting
- Abide by the ethical standards developed by the American Counseling Association
- Obtain liability insurance
- Follow the administrative policies, standards, and practice of the Site
- Report to the Site on time and follow all established regulations during the regularly scheduled operating hours of the Site
- Conform to the standards and practices of the University while training at the Site
- Keep in confidence all medical and health information pertaining to clients

General Supervision Information

Supervision is defined as "a tutorial and mentoring form of instruction in which a supervisor monitors the student's activities in practicum and internship, and facilitates the associated learning and skill development experiences. The supervisor monitors and evaluates the clinical work of the student while monitoring the quality of services offered to clients" (CACREP, 2009, p. 105).

Supervisors play many different roles for students, which include functioning in education, counseling, and consultative roles (Bernard & Goodyear, 1998). To assist supervisors in fulfilling these various roles, there are certain personal as well as professional characteristics they should possess. These characteristics closely match the same qualities as a good teacher or a good counselor (Borders, 1994). First and foremost, the supervisor should respect their supervisee, which means having unconditional positive regard for their supervisee as a person and as a developing professional. Additionally, it is important for the supervisor to enjoy supervising and to remain committed to helping the supervisee grow and be actively involved. Because of the authority the supervisor has, it is imperative they understand their power and are comfortable with their evaluative functions. Finally, the supervisor should have a good sense of humor, which will assist in the working relationship between the mentor and the mentee.

Professionally, good supervisors should be knowledgeable, well trained, and competent in the field of counseling (Borders, 1994). This is important so they can properly train and evaluate their supervisee. In addition, these supervisors should remain active in educational activities, self-evaluation, and receiving feedback from their colleagues. With all these personal and professional skills, a good counselor can effectively lead and help develop their supervisee to a knowledgeable and competent counselor.

Professional Organizations

American Counseling Association (ACA)

The faculty in the Graduate Counseling Program believe that an essential component of professional development for counselors is membership and participation in national and state professional counseling associations. The primary professional association representing the counseling profession is the American Counseling Association (ACA). ACA is a non-profit professional and educational organization that is dedicated to the growth and enhancement of the counseling profession. Founded in 1952, ACA is the world's largest association exclusively representing professional counselors in various practice settings.

By providing leadership training, publications, continuing education opportunities, and advocacy services to nearly 55,000 members, ACA helps counseling professionals develop their skills and expand their knowledge base.

ACA has been instrumental in setting professional and ethical standards for the counseling profession. The association has made considerable strides in accreditation, licensure, and national certification. It also 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. To find out more information about ACA, visit the website at www.counseling.org.

American Association for Marriage and Family Therapy (AAMFT)

Founded in 1942, the American Association for Marriage and Family Therapy is the professional association for the field of marriage and family therapy. AAMFT represents the professional interests of more than 24,000 marriage and family therapists throughout the United States, Canada and abroad. For more information, visit the website at www.aamft.org.

American Mental Health Counselors Association (AMHCA)

Chartered in 1978, AMHCA represents mental health counselors, advocating for client-access to quality services within the health care industry. For more information, visit the website at www.amhca.org.

American School Counselor Association (ASCA)

The American School Counselor Association is the national organization representing the school counseling profession. ASCA focuses on providing professional development, enhancing school counseling programs and researching effective school counseling practices. With ONE VISION ONE VOICE, ASCA emphasizes its commitment to all school counselors and all students. For more information, visit the website at www.schoolcounselor.org.

Association for Counselor Education and Supervision (ACES)

The Association for Counselor Education and Supervision (ACES) is a division of the American Counseling Association (ACA) representing counselor educators and supervisors. Originally the National Association of Guidance and Counselor Trainers, ACES was a founding association of ACA in 1952.

ACES is one of seventeen (17) divisions of the ACA. ACA, the umbrella organization, is a scientific, educational organization serving members and the public by fostering the advancement of counseling and human development in all settings. This is accomplished through the promotion of sound professional practice and high standards of professional conduct in addition to the sponsoring of educational meetings, conferences and workshops. Such endeavors educate the profession and the public about the human development profession.

ACES emphasizes the need for quality education and supervision of counselors in all work settings. Through the accreditation process and professional development activities, ACES strives to continue to improve the education, credentialing and supervision of counselors. Publications on current and relevant research, practices, ethical standards and related problems are available to members. Persons who are engaged in the professional preparation of counselors will find leadership through ACES. The purpose of the Association, in accordance with the purpose of ACA, is to advance counselor education and supervision in order to improve guidance, counseling and student development services in all settings of society. For more information, visit the website at www.acesonline.org

Chi Sigma Iota (CSI)

Chi Sigma Iota (CSI) is the international honor society for counselors-in-training, counselor educators, and professional counselors. Its mission is to promote scholarship, research, professionalism, leadership, and excellence in counseling, and to recognize high attainment in the pursuit of academic and clinical excellence in the field of counseling. The Society was established in 1985 through the efforts of leaders in the counseling profession whose desire was to provide recognition for outstanding achievement as well as outstanding service within the counseling profession.

The UTC chapter of CSI is Upsilon Theta Chi. If you would like more information, contact Dr. Virginia Magnus, faculty advisor or visit the website at www.csi-net.org

Council for Accreditation of Counseling & Related Educational Programs (CACREP)

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) was formed in 1981. Often, as with CACREP, the specialized accrediting bodies have been organized by professional associations. The history of commitment to accreditation has been long and substantive by the American Counseling Association (ACA) and its respective divisions. Accreditation is viewed as a means of proactively strengthening our profession. Formed as a corporate affiliate of ACA, CACREP's mission coincides with that of ACA -- to promote the advancement of quality educational program offerings.

National Board for Certified Counselors (NBCC)

The National Board for Certified Counselors, Inc. (NBCC), an independent not-for-profit credentialing body, was incorporated in 1982 to establish and monitor a national certification system, to identify for professionals and the public those counselors who have voluntarily sought and obtained certification, and to maintain a register of those counselors.

This process recognizes counselors who have met predetermined NBCC standards in their training, experience, and performance on the National Counselor Examination for Licensure and Certification (NCE), the most portable credentialing examination in counseling. NBCC certifies more than 31,000 counselors to date, and more than 40 states and the District of Columbia have adopted the NBCC examinations as part of their statutory credentialing processes. For more information about NBCC, visit the website at www.nbcc.org.

Southern Association for Counselor Education and Supervision (SACES)

The Southern Association for Counselor Education and Supervision (SACES) is the regional organization of ACES, representing counselor educators and supervisors in the south. States represented include Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Texas, Virginia, and West Virginia. For more information, visit the website at www.saces.org.

Tennessee Counseling Association (TCA)

The Tennessee Counseling Association (TCA) is a branch of the American Counseling Association. TCA is an organization of professionals who practice in a variety of work settings (e.g., public and private schools, community colleges, vocational technical centers, mental health facilities, private practice, etc.). All persons engaged or interested in any phase of counseling and human development are eligible for membership. TCA brings together individuals from education, industry, business, mental health and government, marriage and family counselors and those engaged in research, measurement and evaluation in the field of counseling. The vision of TCA is to maintain, support and advocate for the counseling profession. To find out more information about TCA, visit the website at www.tncounselors.org.

American Counseling Association (ACA) Code of Ethics

(Approved 2005)

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 of 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 Interpretation
- 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 and 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.6g., 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. 12g.*)

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.13.1., E.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., F10., 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.

A6. Roles and Relationships at Individual, Group, Institutional, and Societal Levels

A6.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 dear 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 pretermination counseling and recommend other service providers when necessary.

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

A. 12. 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/ buffering 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, students, 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 G.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, students, 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 *AGA 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 E.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 G.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, students, 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 scientific foundation. Counselors who do not must define the techniques/ procedures as "unproven" or "developing" 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 or practices.

D.2. Consultation

D2.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 re-suits 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 relationships and to maintain appropriate boundaries with supervisees and students. Counselors have theoretical and pedagogical foundations for their work and aim to be fair, accurate, and honest in their assessments of counselor-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 students and supervisees 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 students and supervisees aware of the ethical responsibilities and standards of the profession and the ethical responsibilities of students to the profession. Counselor educators infuse ethical considerations throughout the curriculum. (*See C.1.*)

F.6.e. Peer Relationships Counselor educators make every effort to ensure that the rights of peers are not compromised when students or supervisees lead counseling groups or provide clinical supervision. Counselor educators take steps to ensure that students and supervisees 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 students 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 student 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 students 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 students and supervisees rendering those services. Students and supervisees obtain client permission before they use any information concerning the counseling relationship in the training process. (*See A.2.b.*)

F.7. Student Welfare

F.7.a. Orientation Counselor educators recognize that orientation is a developmental process that continues throughout the educational and clinical training of students. Counseling faculty provide prospective students 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. student 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 student and supervisee self-growth or self-disclosure. Students 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 student'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. Student Responsibilities

F.8.a. Standards for Students 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. Students 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 Students

F.9.a. Evaluation Counselors clearly state to students, prior to and throughout the training program, the levels of competency expected, appraisal methods, and timing of evaluations for both didactic and clinical competencies. Counselor educators provide students with ongoing 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 students to achieve counseling competencies that might impede performance. Counselor educators

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

F.9.c. Counseling for Students If students 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 Students

F.10.a. Sexual or Romantic Relationships Sexual or romantic interactions or relationships with current students are prohibited.

F.10.b. Sexual Harassment Counselor educators do not condone or subject students to sexual harassment. (*See C.6 a.*)

F.10.c. Relationships With Former Students Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty members foster open discussions with former students when considering engaging in a social, sexual, or other intimate relationship. Faculty members discuss with the former student how their former relationship may affect the change in relationship.

F.10.d. Nonprofessional Relationships Counselor educators avoid nonprofessional or ongoing professional relationships with students in which there is a risk of potential harm to the student 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 student or supervisee placement.

F.10.e. Counseling Services Counselor educators do not serve as counselors to current students 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 students. If they believe a nonprofessional relationship with a student may be potentially beneficial to the student, they take precautions similar to those taken by counselors when working with clients. Examples of potentially beneficial interactions or relationships include, but are not limited to, attending a formal ceremony; 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 students when they consider entering into relationships with students outside of their roles as teachers and supervisors. They discuss with students the rationale for such interactions, the potential benefits and drawbacks, and the anticipated consequences for the student. Educators clarify the specific nature and limitations of the additional role (s) they will have with the student prior to engaging in a nonprofessional relationship. Nonprofessional relationships with students should be time-limited and initiated with student consent.

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

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

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

F.11.c. Multicultural/Diversity Competence Counselor educators actively infuse multicultural/diversity competency in their training and supervision practices. They actively train students to gain awareness, knowledge, and skills in the competencies of multicultural practice. 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. Student/Supervisee Participation Researchers who involve students 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. Students 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 non-professional 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 students/ supervisees establish agreements in advance regarding allocation of tasks, publication credit, and types of acknowledgment that will be received.

G.5.f. Student Research For articles that are substantially based on students' course papers, projects, dissertations or theses, and on which students 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 in substantial 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*.

ASCA Ethical Standards for School Counselors

Downloaded from www.schoolcounselor.org/content.asp?contentid=173, 27 March, 2010

ASCA's Ethical Standards for School Counselors were adopted by the ASCA Delegate Assembly, March 19, 1984, revised March 27, 1992, June 25, 1998 and June 26, 2004.

Preamble

The American School Counselor Association (ASCA) is a professional organization whose members are certified/licensed in school counseling with unique qualifications and skills to address the academic, personal/social and career development needs of all students. Professional school counselors are advocates, leaders, collaborators and consultants who create opportunities for equity in access and success in educational opportunities by connecting their programs to the mission of schools and subscribing to the following tenets of professional responsibility:

- Each person has the right to be respected, be treated with dignity and have access to a comprehensive school counseling program that advocates for and affirms all students from diverse populations regardless of ethnic/racial status, age, economic status, special needs, English as a second language or other language group, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance.
- Each person has the right to receive the information and support needed to move toward self-direction and self-development and affirmation within one's group identities, with special care being given to students who have historically not received adequate educational services: students of color, low socio-economic students, students with disabilities and students with nondominant language backgrounds.
- Each person has the right to understand the full magnitude and meaning of his/her educational choices and how those choices will affect future opportunities.
- Each person has the right to privacy and thereby the right to expect the counselor-student relationship to comply with all laws, policies and ethical standards pertaining to confidentiality in the school setting.

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

- Serve as a guide for the ethical practices of all professional school counselors regardless of level, area, population served or membership in this professional association;
- Provide self-appraisal and peer evaluations regarding counselor responsibilities to students, parents/guardians, colleagues and professional associates, schools, communities and the counseling profession; and
- Inform those served by the school counselor of acceptable counselor practices and expected professional behavior.

A.1. Responsibilities to Students

The professional school counselor:

- a. Has a primary obligation to the student, who is to be treated with respect as a unique individual.
- b. Is concerned with the educational, academic, career, personal and social needs and encourages the maximum development of every student.
- c. Respects the student's values and beliefs and does not impose the counselor's personal values.

Revised: 01 September, 2011

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

A.2. Confidentiality

The professional school counselor:

a. Informs students of the purposes, goals, techniques and rules of procedure under which they may receive counseling at or before the time when the counseling relationship is entered.

Disclosure notice includes the limits of confidentiality such as the possible necessity for consulting with other professionals, privileged communication, and legal or authoritative restraints. The meaning and limits of confidentiality are defined in developmentally appropriate terms to students.

b. Keeps information confidential unless disclosure is required to prevent clear and imminent danger to the student or others or when legal requirements demand that confidential information be revealed. Counselors will consult with appropriate professionals when in doubt as to the validity of an exception.

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

- Student identifies partner or the partner is highly identifiable
- Counselor recommends the student notify partner and refrain from further high-risk behavior
- Student refuses
- Counselor informs the student of the intent to notify the partner
- Counselor seeks legal consultation as to the legalities of informing the partner

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

e. Protects the confidentiality of students' records and releases personal data in accordance with prescribed laws and school policies. Student information stored and transmitted electronically is treated with the same care as traditional student records.

f. Protects the confidentiality of information received in the counseling relationship as specified by federal and state laws, written policies and applicable ethical standards. Such information is only to be revealed to others with the informed consent of the student, consistent with the counselor's ethical obligation.

g. Recognizes his/her primary obligation for confidentiality is to the student but balances that obligation with an understanding of the legal and inherent rights of parents/guardians to be the guiding voice in their children's lives.

A.3. Counseling Plans

The professional school counselor:

a. Provides students with a comprehensive school counseling program that includes a strong emphasis on working jointly with all students to develop academic and career goals.

b. Advocates for counseling plans supporting students' right to choose from the wide array of options when they leave secondary education. Such plans will be regularly reviewed to update students regarding critical information they need to make informed decisions.

A.4. Dual Relationships

The professional school counselor:

a. Avoids dual relationships that might impair his/her objectivity and increase the risk of harm to the student (e.g., counseling one's family members, close friends or associates). If a dual relationship is unavoidable, the counselor is responsible for taking action to eliminate or reduce

the potential for harm. Such safeguards might include informed consent, consultation, supervision and documentation.

b. Avoids dual relationships with school personnel that might infringe on the integrity of the counselor/student relationship

A.5. Appropriate Referrals

The professional school counselor:

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

A.6. Group Work

The professional school counselor:

a. Screens prospective group members and maintains an awareness of participants' needs and goals in relation to the goals of the group. The counselor takes reasonable precautions to protect members from physical and psychological harm resulting from interaction within the group.

b. Notifies parents/guardians and staff of group participation if the counselor deems it appropriate and if consistent with school board policy or practice.

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

d. Follows up with group members and documents proceedings as appropriate.

A.7. Danger to Self or Others

The professional school counselor:

a. Informs parents/guardians or appropriate authorities when the student's condition indicates a clear and imminent danger to the student or others. This is to be done after careful deliberation and, where possible, after consultation with other counseling professionals.

b. Will attempt to minimize threat to a student and may choose to 1) inform the student of actions to be taken, 2) involve the student in a three-way communication with parents/guardians when breaching confidentiality or 3) allow the student to have input as to how and to whom the breach will be made.

A.8. Student Records

The professional school counselor:

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

b. Keeps sole-possession records separate from students' educational records in keeping with state laws.

c. Recognizes the limits of sole-possession records and understands these records are a memory aid for the creator and in absence of privilege communication may be subpoenaed and may become educational records when they 1) are shared with others in verbal or written form, 2) include information other than professional opinion or personal observations and/or 3) are made accessible to others.

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

A.9. Evaluation, Assessment and Interpretation

Revised: 01 September, 2011

The professional school counselor:

- a. Adheres to all professional standards regarding selecting, administering and interpreting assessment measures and only utilizes assessment measures that are within the scope of practice for school counselors.
- b. Seeks specialized training regarding the use of electronically based testing programs in administering, scoring and interpreting that may differ from that required in more traditional assessments.
- c. Considers confidentiality issues when utilizing evaluative or assessment instruments and electronically based programs.
- d. Provides interpretation of the nature, purposes, results and potential impact of assessment/evaluation measures in language the student(s) can understand.
- e. Monitors the use of assessment results and interpretations, and takes reasonable steps to prevent others from misusing the information.
- f. Uses caution when utilizing assessment techniques, making evaluations and interpreting the performance of populations not represented in the norm group on which an instrument is standardized.
- g. Assesses the effectiveness of his/her program in having an impact on students' academic, career and personal/social development through accountability measures especially examining efforts to close achievement, opportunity and attainment gaps.

A.10. Technology

The professional school counselor:

- a. Promotes the benefits of and clarifies the limitations of various appropriate technological applications. The counselor promotes technological applications (1) that are appropriate for the student's individual needs, (2) that the student understands how to use and (3) for which follow-up counseling assistance is provided.
- b. Advocates for equal access to technology for all students, especially those historically underserved.
- c. Takes appropriate and reasonable measures for maintaining confidentiality of student information and educational records stored or transmitted over electronic media including although not limited to fax, electronic mail and instant messaging.
- d. While working with students on a computer or similar technology, takes reasonable and appropriate measures to protect students from objectionable and/or harmful online material.
- e. Who is engaged in the delivery of services involving technologies such as the telephone, videoconferencing and the Internet takes responsible steps to protect students and others from harm.

A.11. Student Peer Support Program

The professional school counselor:

Has unique responsibilities when working with student-assistance programs. The school counselor is responsible for the welfare of students participating in peer-to-peer programs under his/her direction.

B. Responsibilities to Parents/Guardians

B.1. Parent Rights and Responsibilities

The professional school counselor:

- a. Respects the rights and responsibilities of parents/guardians for their children and endeavors to establish, as appropriate, a collaborative relationship with parents/guardians to facilitate the student's maximum development.

- b. Adheres to laws, local guidelines and ethical standards of practice when assisting parents/guardians experiencing family difficulties that interfere with the student's effectiveness and welfare.
- c. Respects the confidentiality of parents/guardians.
- d. Is sensitive to diversity among families and recognizes that all parents/guardians, custodial and noncustodial, are vested with certain rights and responsibilities for the welfare of their children by virtue of their role and according to law.

B.2. Parents/Guardians and Confidentiality

The professional school counselor:

- a. Informs parents/guardians of the counselor's role with emphasis on the confidential nature of the counseling relationship between the counselor and student.
- b. Recognizes that working with minors in a school setting may require counselors to collaborate with students' parents/guardians.
- c. Provides parents/guardians with accurate, comprehensive and relevant information in an objective and caring manner, as is appropriate and consistent with ethical responsibilities to the student.
- d. Makes reasonable efforts to honor the wishes of parents/guardians concerning information regarding the student, and in cases of divorce or separation exercises a good-faith effort to keep both parents informed with regard to critical information with the exception of a court order.

C. Responsibilities to Colleagues and Professional Associates

C.1. Professional Relationships

The professional school counselor:

- a. Establishes and maintains professional relationships with faculty, staff and administration to facilitate an optimum counseling program.
- b. Treats colleagues with professional respect, courtesy and fairness. The qualifications, views and findings of colleagues are represented to accurately reflect the image of competent professionals.
- c. Is aware of and utilizes related professionals, organizations and other resources to whom the student may be referred.

C.2. Sharing Information with Other Professionals

The professional school counselor:

- a. Promotes awareness and adherence to appropriate guidelines regarding confidentiality, the distinction between public and private information and staff consultation.
- b. Provides professional personnel with accurate, objective, concise and meaningful data necessary to adequately evaluate, counsel and assist the student.
- c. If a student is receiving services from another counselor or other mental health professional, the counselor, with student and/or parent/guardian consent, will inform the other professional and develop clear agreements to avoid confusion and conflict for the student.
- d. Is knowledgeable about release of information and parental rights in sharing information.

D. Responsibilities to the School and Community

D.1. Responsibilities to the School

The professional school counselor:

- a. Supports and protects the educational program against any infringement not in students' best interest.
- b. Informs appropriate officials in accordance with school policy of conditions that may be potentially disruptive or damaging to the school's mission, personnel and property while honoring the confidentiality between the student and counselor.
- c. Is knowledgeable and supportive of the school's mission and connects his/her program to the school's mission.
- d. Delineates and promotes the counselor's role and function in meeting the needs of those served. Counselors will notify appropriate officials of conditions that may limit or curtail their effectiveness in providing programs and services.
- e. Accepts employment only for positions for which he/she is qualified by education, training, supervised experience, state and national professional credentials and appropriate professional experience.
- f. Advocates that administrators hire only qualified and competent individuals for professional counseling positions.
- g. Assists in developing: (1) curricular and environmental conditions appropriate for the school and community, (2) educational procedures and programs to meet students' developmental needs and (3) a systematic evaluation process for comprehensive, developmental, standards-based school counseling programs, services and personnel. The counselor is guided by the findings of the evaluation data in planning programs and services.

D.2. Responsibility to the Community

The professional school counselor:

- a. Collaborates with agencies, organizations and individuals in the community in the best interest of students and without regard to personal reward or remuneration.
- b. Extends his/her influence and opportunity to deliver a comprehensive school counseling program to all students by collaborating with community resources for student success.

E. Responsibilities to Self

E.1. Professional Competence

The professional school counselor:

- a. Functions within the boundaries of individual professional competence and accepts responsibility for the consequences of his/her actions.
- b. Monitors personal well-being and effectiveness and does not participate in any activity that may lead to inadequate professional services or harm to a student.
- c. Strives through personal initiative to maintain professional competence including technological literacy and to keep abreast of professional information. Professional and personal growth are ongoing throughout the counselor's career.

E.2. Diversity

The professional school counselor:

- a. Affirms the diversity of students, staff and families.
- b. Expands and develops awareness of his/her own attitudes and beliefs affecting cultural values and biases and strives to attain cultural competence.

- c. Possesses knowledge and understanding about how oppression, racism, discrimination and stereotyping affects her/him personally and professionally.
- d. Acquires educational, consultation and training experiences to improve awareness, knowledge, skills and effectiveness in working with diverse populations: ethnic/racial status, age, economic status, special needs, ESL or ELL, immigration status, sexual orientation, gender, gender identity/expression, family type, religious/spiritual identity and appearance.

F. Responsibilities to the Profession

F.1. Professionalism

The professional school counselor:

- a. Accepts the policies and procedures for handling ethical violations as a result of maintaining membership in the American School Counselor Association.
- b. Conducts herself/himself in such a manner as to advance individual ethical practice and the profession.
- c. Conducts appropriate research and report findings in a manner consistent with acceptable educational and psychological research practices. The counselor advocates for the protection of the individual student's identity when using data for research or program planning.
- d. Adheres to ethical standards of the profession, other official policy statements, such as ASCA's position statements, role statement and the ASCA National Model, and relevant statutes established by federal, state and local governments, and when these are in conflict works responsibly for change.
- e. Clearly distinguishes between statements and actions made as a private individual and those made as a representative of the school counseling profession.
- f. Does not use his/her professional position to recruit or gain clients, consultees for his/her private practice or to seek and receive unjustified personal gains, unfair advantage, inappropriate relationships or unearned goods or services.

F.2. Contribution to the Profession

The professional school counselor:

- a. Actively participates in local, state and national associations fostering the development and improvement of school counseling.
- b. Contributes to the development of the profession through the sharing of skills, ideas and expertise with colleagues.
- c. Provides support and mentoring to novice professionals.

G. Maintenance of Standards

Ethical behavior among professional school counselors, association members and nonmembers, is expected at all times. When there exists serious doubt as to the ethical behavior of colleagues or if counselors are forced to work in situations or abide by policies that do not reflect the standards as outlined in these Ethical Standards for School Counselors, the counselor is obligated to take appropriate action to rectify the condition. The following procedure may serve as a guide:

1. The counselor should consult confidentially with a professional colleague to discuss the nature of a complaint to see if the professional colleague views the situation as an ethical violation.
2. When feasible, the counselor should directly approach the colleague whose behavior is in question to discuss the complaint and seek resolution.

3. If resolution is not forthcoming at the personal level, the counselor shall utilize the channels established within the school, school district, the state school counseling association and ASCA's Ethics Committee.
4. If the matter still remains unresolved, referral for review and appropriate action should be made to the Ethics Committees in the following sequence:
 - state school counselor association
 - American School Counselor Association
5. The ASCA Ethics Committee is responsible for:
 - educating and consulting with the membership regarding ethical standards
 - periodically reviewing and recommending changes in code
 - receiving and processing questions to clarify the application of such standards; Questions must be submitted in writing to the ASCA Ethics chair.
 - handling complaints of alleged violations of the ethical standards. At the national level,

Complaints should be submitted in writing to the ASCA Ethics Committee, c/o the Executive Director, American School Counselor Association, 1101 King St., Suite 625, Alexandria, VA 22314.

Appendices

Practicum/Internship Contract

University of Tennessee at Chattanooga College of Health, Education & Professional Studies

This contract serves as an agreement between the Counseling Program at the University of Tennessee at Chattanooga and;

(Agency/Organization)

This agreement between the University of Tennessee at Chattanooga and;

(Agency/Organization)

will be effective for the period of one semester beginning _____
(Date)

This agreement indicates that both parties are willing to meet the responsibilities for (check appropriate boxes) Practicum (100 hours) and/or Internship (600 hours) as set forth by the Counseling Program at The University of Tennessee at Chattanooga.

Site Responsibilities:

1. Provide the student with appropriate workspace and office supplies.
2. Provide opportunities for the student to engage in a variety of counseling activities under the supervision of a trained counselor. These activities may include but are not limited to: individual counseling, career counseling, co-counseling, group counseling, marriage and family counseling, intake interviews, record keeping, consultation and referrals.
3. Provide the student with _____ clinical hours with a minimum of _____ direct service with clients as defined by face-to-face contact with clients in a therapeutic capacity.
4. Please initial in the box beside the type of activities that this student will receive at this site.

Direct Service Activity (Practicum 40 hrs./Internship 240 hrs.) Initials	Indirect Service Activity (Practicum 60 hrs./Internship 360 hrs.) Initials
_____ Individual Counseling { Mandatory _____ Group Counseling _____ Intake Interview _____ Couple Counseling _____ Family Counseling _____ Intervention _____ Career Counseling _____ Conjoint Counseling _____ Crisis Intervention _____ Class Room Guidance/ Psychoeducational Teaching _____ Other Clinical Work	_____ Individual Supervision (On-site) { Mandatory _____ Case Consultation _____ Group Supervision _____ Staff Meetings _____ Report Writing _____ Case Notes _____ Professional Meeting _____ Educational Session _____ Other Indirect Activity

Site Supervisor(s) Responsibilities:

1. Provide the student with a minimum of one hour per week of individual supervision, which involves either audiotape, videotape, or live supervision. This supervision should be on-going and face-to-face contact.
2. Be available to the student for regular consultation.
3. Review and sign the student's logs of activities completed at the site.
4. Ensure that the student is informed and follows site policies for working with minors and for handling cases.
5. Provide an orientation for the student that includes policies for record keeping, introducing student to relevant staff, and informing the student of the policies and procedures of the site.
6. Provide both written and oral feedback to the student on a regular basis regarding development of counseling skills.
7. Provide written evaluations at the mid-point and end of the semester. This evaluation should include oral feedback regarding level of professionalism and competence in counseling skills. Student should sign the evaluation.
8. Assist the student in obtaining sufficient and appropriate client load.
9. Inform the university supervisor of any problems that the student is experiencing with an appropriate amount of time for remediation.

Student's Roles and Responsibilities:

1. Be aware of their responsibilities for Practicum/Internship participation, including learning the policies and procedures within the organization, site expectations, rules and other regulations
2. Ask before acting
3. Abide by the ethical standards developed by the American Counseling Association
4. Obtain liability insurance
5. Follow the administrative policies, standards, and practice of the Site
6. Report to the Site on time and follow all established regulations during the regularly scheduled operating hours of the Site
7. Conform to the standards and practices of the University while training at the Site
8. Keep in confidence all medical and health information pertaining to clients

The Counseling Program at the University of Tennessee at Chattanooga responsibilities:

1. Provide supervision for the student from a designated university supervisor, who will be responsible for the assignment of a grade in the course.
2. Ensure to the greatest extent possible that the student is personally and professionally suitable to work with clients.
3. Provide an opportunity for the student to conduct and participate in case presentations.
4. Provide group supervision experiences in which the student will provide feedback to peers and receive feedback from peers.
5. Be available to site supervisor for consultation regarding placement and competence of student. Inform student of the responsibilities to follow policies, rules, and procedures of site.

6. Be available to the student for additional clinical supervision should the site supervisor deem it necessary.
7. Remove student from the placements should the site supervisor deem that the student is jeopardizing the welfare of clients or is interpersonally unfit as a counselor-in-training.

_____ Agency/Organization representative	_____ Date
_____ University supervisor	_____ Date
_____ Counseling Student	_____ Date

Goals for Supervision

 Practicum Internship

Student: _____ Date: _____

Each student enters a practicum or internship with various skill levels and needs for development. These goals are designed to give you direction to your development as a professional counselor. In the space given, please address each area of development based on your needs. Then, rank each goal as to priority during supervision (1= high priority; 4 = lower priority).

1. Skill Oriented Goals

Rank: _____

What kinds of skills, techniques, or strategies do you want to develop during your placement?

2. Case Conceptualization Goals

Rank: _____

What kinds of case conceptualization skills would like to acquire during your placement?

3. Professional Behavior Goals

Rank: _____

What kinds of professional behaviors would you like to acquire during your placement?

4. Personal Oriented Goals

Rank: _____

What kinds of personal goals/self-awareness do you wish to develop during your placement?

Hours Log - Monthly

 Practicum Internship

 Community School

Student: _____

Month: _____ Year: _____ Semester: _____

Total Direct Service Activities: _____ Total Indirect Service Activities: _____

Direct Service Activities	Week: ____	Week: ____	Week: ____	Week: ____	Week: ____	Monthly Totals
	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	
Intake Interview						
Individual Counseling						
Group Counseling						
Couple Counseling						
Family Counseling						
Intervention						
Career Counseling						
Conjoint Counseling						
Crisis Intervention						
Class Room Guidance						
Other Clinical Work						
Total Direct Hours						

Indirect Service Activities	Week: ____	Week: ____	Week: ____	Week: ____	Week: ____	Monthly Totals
	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	From: _____ To: _____	
Case Consultation						
Individual Supervision (On-Site)						
Individual Supervision (University)						
Group Supervision						
Staff Meetings						
Report Writing						
Case Notes						
Professional Meetings						
Educational Sessions						
Other Indirect Activities						
Total Indirect Hours						

On-Site Supervisor

University Supervisor

Student

Supervision Summary Log

 Community School

Student: _____

This form is a running total of the hours which will document the completion of the 700-hour field experience. You will need to complete the appropriate information, and collect appropriate signatures each semester you participate in either Practicum or Internship. After completing all of the required hours you need to collect the signature of the Program Director. Please ensure that the final form has original signatures, no copies will be accepted. You may want to create more than one master form with original signatures for your records.

 PRACTICUM HOURS

 On-Site Supervisor Signature

 Date

 University Supervisor Signature

 Date

 Total Indirect Hrs (60 Req): Total Direct Hrs (40 Req): Total Contact Hrs (100 Req):
 INTERNSHIP I HOURS (300/2 Semesters)

 On-Site Supervisor Signature

 Date

 University Supervisor Signature

 Date

 Total Indirect Hrs (180 Req): Total Direct Hrs (120 Req): Total Contact Hrs (300 Req):
 INTERNSHIP II HOURS (300/2 Semesters)

 On-Site Supervisor Signature

 Date

 University Supervisor Signature

 Date

 Total Indirect Hrs (180 Req): Total Direct Hrs (120 Req): Total Contact Hrs (300 Req):
 INTERNSHIP HOURS (600/1 Semester)

 On-Site Supervisor Signature

 Date

 University Supervisor Signature

 Date

 Total Indirect Hrs (360 Req): Total Direct Hrs (240 Req): Total Contact Hrs (600 Req):
TOTAL PROGRAM HOURS

 Total Indirect Contact Hrs: Total Direct Contact Hrs: Total Contact Hrs:

 Student's Signature

 Date

 Counseling Program Director

 Date

Site Supervisor Evaluation of Student

<input type="checkbox"/> Midterm Eval	<input type="checkbox"/> Final Eval	<input type="checkbox"/> Practicum	<input type="checkbox"/> Internship
---------------------------------------	-------------------------------------	------------------------------------	-------------------------------------

Student: _____ Semester: _____ Year: _____

Site Supervisor: _____ Evaluation Date: _____

Days worked per week: _____ Total Hours Completed: _____

Please rate the student according to the following scale, being as fair and objective as possible. This evaluation is meant to be shown to the student and used for their skill development. Thank you for your cooperation.

1 = Poor 2 = Weak 3 = Average 4 = Strong 5 = Excellent

Ability to take initiative and perform independently	①	②	③	④	⑤	N/A
Promptness and dependability	①	②	③	④	⑤	N/A
The capacity to accept and profit from corrective feedback	①	②	③	④	⑤	N/A
Actively seeks supervision when necessary	①	②	③	④	⑤	N/A
Ability to grasp and successfully adapt to new situations	①	②	③	④	⑤	N/A
Ability to establish and maintain rapport	①	②	③	④	⑤	N/A
Ability to successfully relate to diverse types of clients.	①	②	③	④	⑤	N/A
Ability to match individual needs to appropriate individual and/or group settings and services.	①	②	③	④	⑤	N/A
Ability to function as a team member	①	②	③	④	⑤	N/A
An overall understanding of the organization and functions of the school or agency	①	②	③	④	⑤	N/A
Potential for overall success as a future counselor in a setting similar to the site	①	②	③	④	⑤	N/A

Please respond to the following:

Identify areas that may be considered strengths for this student: _____

Identify areas that may be considered weaknesses for this student: _____

I certify that I have completed this evaluation and discussed it with the student.	
_____	_____
Site Supervisor's Signature	Date
I certify that I have reviewed this evaluation with my site supervisor.	
_____	_____
Student's Signature	Date

Recording Review Form

Recording No. _____

Student: _____ Supervisor: _____

Date of Session: _____ Time in Session: _____ Session No. with Client: _____

Brief client background information (demographics, presenting concern/issues):

Brief summary of the session (theoretical approach, techniques used):

Describe the focus/goals of the session:

Issues to be discussed in supervision (please complete thoughtfully):

Personal views on performance as counselor:

Release Form - Adult**University of Tennessee at Chattanooga****School of Education**

The School of Education at the University of Tennessee at Chattanooga requires all students to participate in a field placement. As part of this placement, students are required to record and submit audio/video recordings of their counseling sessions. All audio/video recordings will be kept confidential. However, these audio/video recordings will be reviewed by the student's supervisors to evaluate their progress. In addition, the recordings may occasionally be used to demonstrate progress and provide feedback from peers. After the student has completed their placement, all recordings will be destroyed.

We appreciate your willingness to participate in this aspect of your counselor's development. We feel that it will benefit everyone concerned.

I agree to allow _____ (Counselor's Name) to record and submit audio video (please check one) recordings as part of the requirements for Practicum/ Internship in the Graduate Counseling Program at University of Tennessee at Chattanooga. I understand that the audio/video recordings will be reviewed by program supervisors only and will be destroyed by the counselor upon completion of their field placement.

Client's Signature

Date

Counselor's Signature

Date

Supervisor's Signature

Date

Release Form - Minor**University of Tennessee at Chattanooga****School of Education**

The School of Education at the University of Tennessee at Chattanooga requires all students to participate in a field placement. As part of this placement, students are required to record and submit audio/video recordings of their counseling sessions. All audio/video recordings will be kept confidential. However, these audio/video recordings will be reviewed by the student's supervisors to evaluate their progress. In addition, the recordings may occasionally be used to demonstrate progress and provide feedback from peers. After the student has completed their placement, all recordings will be destroyed.

We appreciate your willingness to participate in this aspect of your counselor's development. We feel that it will benefit everyone concerned.

I agree to allow _____ (Counselor's Name) to record and submit audio video (please check one) recordings as part of the requirements for Practicum/ Internship in the Graduate Counseling Program at University of Tennessee at Chattanooga. I understand that the audio/video recordings will be reviewed by program supervisors only and will be destroyed by the counselor upon completion of their field placement.

Client's Signature

Date

Parent's/Guardian's Signature

Date

Counselor's Signature

Date

Supervisor's Signature

Date

As counselors we know that a strong working relationship is necessary to foster the sort of environment that produces the most efficacious therapeutic outcomes. Likewise, a good working relationship fosters the best supervisory relationship for the student. Therefore, the Supervisory Working Inventory Alliance (SWAI) has been offered as means of checking the status and development of the supervisory environment and relationship. You may use this instrument at your discretion.

The students and the supervisors could complete the survey at approximately the same time, and comparisons and discussions could be held during supervision meetings to discuss any differences or areas of concern. The instrument can also be used at the beginning and end of the practicum or internship to measure growth over time. Additionally, the survey can be used at the end of the internship or practicum in preparation for the student's final evaluation.

Supervisory Working Alliance Inventory (SWAI)

Supervisor form instructions: Indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, check the space over the number corresponding to the appropriate point on the following 7 point scale: –

①	②	③	④	⑤	⑥	⑦
Almost Never						Almost Always
1. I help my trainee work within a specific treatment plan with his/her client.	①	②	③	④	⑤	⑥ ⑦
2. I help my trainee stay on track during our meetings.	①	②	③	④	⑤	⑥ ⑦
3. My style is to carefully and systematically consider the material that my trainee brings to supervision.	①	②	③	④	⑤	⑥ ⑦
4. My trainee works with me on specific goals in the supervisory session.	①	②	③	④	⑤	⑥ ⑦
5. In supervision, I expect my trainee to think about or reflect on my comments to him or her.	①	②	③	④	⑤	⑥ ⑦
6. I teach my trainee through direct suggestion.	①	②	③	④	⑤	⑥ ⑦
7. In supervision, I place a high priority on our understanding the client's perspective.	①	②	③	④	⑤	⑥ ⑦
8. I encourage my trainee to take time to understand what the client is saying and doing.	①	②	③	④	⑤	⑥ ⑦
9. When correcting my trainee's errors with a client, I offer alternative ways of intervening.	①	②	③	④	⑤	⑥ ⑦
10. I encourage my trainee to talk about the work in ways that are comfortable for him/her.	①	②	③	④	⑤	⑥ ⑦
11. I encourage my trainee to talk about the work in ways that are comfortable for him/her.	①	②	③	④	⑤	⑥ ⑦
12. I welcome my trainee's explanations about his/her client's behavior.	①	②	③	④	⑤	⑥ ⑦
13. During supervision, my trainee talks more than I do.	①	②	③	④	⑤	⑥ ⑦
14. I make an effort to understand my trainee.	①	②	③	④	⑤	⑥ ⑦
15. I am tactful when commenting about my trainee's performance.	①	②	③	④	⑤	⑥ ⑦
16. I facilitate my trainee's talking in our sessions.	①	②	③	④	⑤	⑥ ⑦
17. In supervision, my trainee is more curious than anxious when discussing his/her difficulties with me.	①	②	③	④	⑤	⑥ ⑦
18. My trainee appears to be comfortable working with me.	①	②	③	④	⑤	⑥ ⑦
19. My trainee understands client behavior and treatment techniques similar to the way I do.	①	②	③	④	⑤	⑥ ⑦

-
20. During supervision, my trainee seems able to stand back and reflect on what I am saying to him/her. ① ② ③ ④ ⑤ ⑥ ⑦
-
21. I stay in tune with my trainee during supervision. ① ② ③ ④ ⑤ ⑥ ⑦
-
22. My trainee identifies with me in the way he/she thinks and talks about his/her clients. ① ② ③ ④ ⑤ ⑥ ⑦
-
23. My trainee consistently implements suggestions made in supervision. ① ② ③ ④ ⑤ ⑥ ⑦
-

The Supervisor Form of the SWA has three scales, scored as follows:

Rapport: Sum items 10 through 16, then divide by 7

Client Focus: Sum items 1 through 9, then divide by 9

Identification: Sum items 17 through 23, then divide by 7

Efstation, Patton, and Kardash (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37, 322-329.

Supervisory Working Alliance Inventory (SWAI)

Trainee Form Instructions: Indicate the frequency with which the behavior described in each of the following items seems characteristic of your work with your supervisee. After each item, check the space over the number corresponding to the appropriate point on the following 7 point scale: ...

	①	②	③	④	⑤	⑥	⑦
	Almost Never						Almost Always
1. I feel comfortable working with my supervisor.	①	②	③	④	⑤	⑥	⑦
2. My supervisor welcomes my explanations about the client's behavior.	①	②	③	④	⑤	⑥	⑦
3. My supervisor makes the effort to understand me.	①	②	③	④	⑤	⑥	⑦
4. My supervisor encourages me to talk about my work with clients in ways that are comfortable for me.	①	②	③	④	⑤	⑥	⑦
5. My supervisor is tactful when commenting about my performance.	①	②	③	④	⑤	⑥	⑦
6. My supervisor encourages me to formulate my own interventions with the client.	①	②	③	④	⑤	⑥	⑦
7. My supervisor helps me talk freely in our sessions.	①	②	③	④	⑤	⑥	⑦
8. My supervisor stays in tune with me during supervision.	①	②	③	④	⑤	⑥	⑦
9. I understand client behavior and treatment techniques similar to the way my supervisor does.	①	②	③	④	⑤	⑥	⑦
10. I feel free to mention to my supervisor any troublesome feelings I might have about him/her.	①	②	③	④	⑤	⑥	⑦
11. My supervisor treats me like a colleague in our supervisory sessions.	①	②	③	④	⑤	⑥	⑦
12. In supervision, I am more curious than anxious when discussing my difficulties with clients.	①	②	③	④	⑤	⑥	⑦
13. In supervision, my supervisor places a high priority on our understanding the client's perspective.	①	②	③	④	⑤	⑥	⑦
14. My supervisor encourages me to take time to understand what the client is saying and doing.	①	②	③	④	⑤	⑥	⑦
15. My supervisor's style is to carefully and systematically consider the material I bring to supervision.	①	②	③	④	⑤	⑥	⑦
16. When correcting my errors with a client, my supervisor offers alternative ways of intervening with that client.	①	②	③	④	⑤	⑥	⑦
17. My supervisor helps me work within a specific treatment plan with my clients.	①	②	③	④	⑤	⑥	⑦
18. My supervisor helps me stay on track during our meetings.	①	②	③	④	⑤	⑥	⑦
19. I work with my supervisor on specific goals in the supervisory session.	①	②	③	④	⑤	⑥	⑦

The Trainee Form of the SWAI has two scales, scored as follows:

Rapport: Sum items 1 through 12, then divide by 12

Client Focus: Sum items 13 through 19, then divide by 6

Efstation, Patton, and Kardash (1990). Measuring the working alliance in counselor supervision. *Journal of Counseling Psychology*, 37, 322-329.

Ethical Dilemmas

Ethical Dilemma # 1

Directions: In your small groups, please read the ethical dilemma and, as a group, answer the questions presented below. Where appropriate, please refer to the ACES Ethics codes to support your answers for each of the questions.

When we reconvene, please be prepared to read your scenario to the group, along with the questions and how your group arrived at an answer to these questions.

A 16-year old girl who came to counseling for help with recurrent depression is exhibiting increasingly severe episodes of self-mutilation. The supervisee is very worried and afraid to tell his supervisor about the extent of her self-injury for fear that it will result in a poor evaluation. Eight sessions of counseling have been completed. The client has made vague references to childhood sexual abuse, but to date nothing specific has been addressed in therapy. The supervisee is reluctant to discuss the matter with his client because he is afraid she will become suicidal. The supervisee has not told his supervisor the self-mutilation has worsened.

1. Should the supervisee keep this information from his supervisor?
2. Is this client at risk for suicide?
3. Is this case beyond the expertise of the supervisee?
4. What might be causing the supervisee's lack of disclosure?
5. How can the supervisor monitor the client's welfare?

Ethical Dilemma # 2

Directions: In your small groups, please read the ethical dilemma and, as a group, answer the questions presented below. Where appropriate, please refer to the ACES Ethics codes to support your answers for each of the questions.

When we reconvene, please be prepared to read your scenario to the group, along with the questions and how your group arrived at an answer to these questions.

A 42-year-old male client is seeking counseling for help with his struggling marriage. He has had repeated affairs but states his interest in wanting to cease his infidelity and recommit to his marriage. He is very nervous about the privacy of his disclosures but is reassured by the supervisee that all of his disclosures are confidential and will not be released to anyone without his written consent. A few weeks into therapy the client becomes very angry after the supervisee tells him he has been talking with his supervisor, Dr. Ellen Smith, about the case and has a good idea how to help him. Unknown to the supervisee, Dr. Ellen Smith is a good friend of the client's wife. The client, now realizing that his counselor's supervisor was Dr. Ellen Smith, becomes very angry and afraid that all he has disclosed will find its way back to his wife. He wants to immediately end therapy with the supervisee.

1. Did the supervisee sufficiently disclose the limits of confidentiality?
2. Does the client have a right to be angry with the counselor?
3. Is there risk that this counselor could be sued and/or a complaint brought against the counselor, supervisor, and agency?
4. How can the counselor and supervisor handle this situation? What supervisee and supervisor actions could have prevented this problem?

Ethical Dilemma # 3

Directions: In your small groups, please read the ethical dilemma and, as a group, answer the questions presented below. Where appropriate, please refer to the ACES Ethics codes to support your answers for each of the questions.

When we reconvene, please be prepared to read your scenario to the group, along with the questions and how your group arrived at an answer to these questions.

A new practicum student received his placement site notice. He was very excited about the prospect of working at one of the leading private practices in town. His initial interview went very well, and the staff at the private practice offered him the position. The first day on the job, he had four clients to see. He dove right in, did his case notes, and submitted the payment for the sessions to the appropriate office staff. Then his troubles began. He was told he didn't have the clients fill out the correct forms. He didn't properly schedule the next appointments. He failed to collect the right co-pays and deductibles. And worst of all, he didn't inform his clients he was a practicum student and didn't have them sign the appropriate release forms so that a senior staff therapist could supervise his work with them. His first day on the job was a disaster.

1. Who is responsible for these problems, the supervisee or supervisor?
2. What kind of consequence should the supervisee receive?
3. How can the problem be remedied?
4. What if a client now objects to seeing a practicum student?
5. What else does the supervisee need to know?

Ethical Dilemma # 4

Directions: In your small groups, please read the ethical dilemma and, as a group, answer the questions presented below. Where appropriate, please refer to the ACES Ethics codes to support your answers for each of the questions.

When we reconvene, please be prepared to read your scenario to the group, along with the questions and how your group arrived at an answer to these questions.

An independent practicing master's level therapist decided she could benefit from ongoing clinical supervision. She developed a list of area practitioners who she felt she could work well with and began the process of interviewing each of them. She hoped to find a highly experienced female clinician with Jungian training. However, after speaking with several prospective supervisors, she couldn't find exactly what she wanted. After some reflection, she decided to contract with a male supervisor who had a psychodynamic orientation. He said he was familiar with Jungian principles and more importantly had provided clinical supervision for over 10 years. Their first supervision session was scheduled for 2 weeks later. The supervisee arrived on time but had to wait 20 minutes before her supervisor finished his last client. The session opened with the supervisor talking about himself, his experience, and his last counseling session. By the time he finished, the house was over and the supervisee was not able to share anything about her needs and expectations, now was she able to present a case for feedback. The counselor left the first session worried she had made a mistake in selecting this supervisor but decided to give him another try. As with the previous session, the supervisor was again late. This time he did ask her whether she had a case to present, and she offered a concise client history, diagnostic impression, and question for supervision. The supervisor listened attentively and then offered his analysis from a psychodynamic, object-relations perspective. The supervisee responded with a puzzled look on her face. She asked, "What symbolism do you think might be represented in the client's dream about an old, gray-haired woman?" The supervisor shrugged his shoulders and asked the supervisee questions about the client's attachment to his mother. The supervisee said nothing. The supervisor then began to postulate about the possible implications of the client's early attachment on his current problems with anxiety. The supervisee respectfully listened but thought, "I've made a terrible mistake in choosing this supervisor. Now what do I do?" Out of courtesy and maybe avoidance, she agreed to schedule another supervision session but didn't show up. Instead, she wrote the supervisor a letter stating her decision to discontinue their supervision. She explained she really preferred a female supervisor and thanked him for his time.

1. How specific should a supervisee be in the selection of a supervisor?
2. What is the supervisor's responsibility in ensuring a good supervisee-supervisor match?
3. If problems occur, how should they be addressed?
4. Did the supervisor have a fair opportunity to adjust his approach?
5. Should the supervisee have terminated supervision in the manner she did?

Supervision Workshop PowerPoint Slides

Slide 1

Fundamentals of Counseling Supervision

Kristi Gibbs, Ph.D., LPC, RPT-S
 Mike Hauser, Ph.D.
 Virginia Magnus, Ph.D., LPC
 Elizabeth O'Brien, Ph.D.

Slide 2

Clinical Supervision

An interactive and evaluative process, which extends over time, in which someone with more proficiency oversees the work of someone with less knowledge and skill in order to enhance the professional functioning of the junior member and to serve as gatekeeper to those entering the profession (Bernard & Goodyear, 2009).

Slide 3

Goals of Supervision

- ◆ Teaching
University Supervisor
- ◆ Client-Monitoring
On-site Supervisor

Slide 4

On-Site Supervision Goals

- ◆ Enhancing Professional Functioning
- ◆ Monitoring Client Care
 - Ensure quality of care for the client
 - Ensure professional development of the supervisee
- ◆ Supervisor liability
Make sure your intern adheres to written policies regarding taping!

Slide 5

Models of Supervision

Slide 6

Integrated Developmental Model (IDM)
 (Stoltenberg, McNeill & Delworth 1998, as cited in Bernard & Goodyear, 2009)

- ◆ Four stages through which trainees progress
 - Level 1: Dependent on supervisor
 - Level 2: Dependency-autonomy conflict
 - Level 3: Conditional dependency
 - Level 4: Master counselor

Slide 7

Discrimination Model
 (Bernard, 1979, as cited in Bernard & Goodyear, 2009)

- ◆ Foci
 - Intervention skills: What the trainee is doing in sessions
 - Conceptualization skills: How the trainee understands what is occurring in the session
 - Personalization skills: How the trainee manages the balance between personal style and countertransference

Slide 8

Discrimination Model
 (Bernard & Goodyear, 2009)

- ◆ Roles
 - Teacher: Evaluation, gate keeping
 - Counselor: Examining aspects of behavior, thoughts, feelings stimulated when working with clients
 - Consultant: Helping generate alternative means of working with clients

Slide 9

Choosing Interventions
 (Bernard & Goodyear, 2009)

- ◆ Assessing learning needs of supervisee
- ◆ Changing, shaping, or supporting the supervisee's behavior
- ◆ Evaluating the performance of the supervisee

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Types of Interventions

- Self-reports
- Audio and videotapes
- Modeling approaches
- Role playing
- Live observation
- Live supervision

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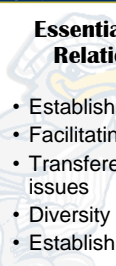


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Expectations of Supervision

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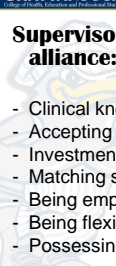
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Essential Elements of Supervisory Relationship *(Borders, & Brown, 2005)*

- Establishing trust
- Facilitating self-disclosure
- Transference/countertransference issues
- Diversity issues
- Establishing appropriate boundaries

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Slide
13



Counselor Education Program

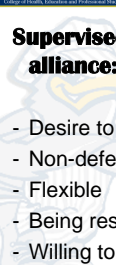
Supervisor elements that impact the alliance:

Positive

- Clinical knowledge/skills
- Accepting climate
- Investment in supervision
- Matching supervisee developmental level
- Being empathic
- Being flexible
- Possessing good relationship skills

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Supervisee elements that impact the alliance:

Positive

- Desire to learn
- Non-defensive
- Flexible
- Being responsible
- Willing to take risks

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Our Expectations

- Must hold a master's degree in counseling or a related field and have worked in the field at least 2 years post-master's
- Provide one-hour of supervision each week
- Be available should any situation arise in which the intern needs to seek guidance
- Willingness to mentor

What questions do you have about supervising interns?

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Ethical & Legal Issues in Supervision

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A Definition of Ethics

- "Ethical codes are conceptually broad in nature, few in number, and open to interpretation by the practitioner (in most cases). They are devised for a loftier purpose, as a call to ethical excellence. Ethical standards are a statement from the profession to the general public regarding what they stand for."
 - Bernard & Goodyear, 2004 pg. 49

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Ethical Issues in Supervision

- **Due Process**
- **Informed Consent**
- **Dual Relationships**
- **Competence**
- **Confidentiality**

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- **Due Process:** A legal term for a procedure that ensures that notice and hearing must be given before an important right can be removed.
- **Substantive Due Process:**
 - Procedures that govern a training program must be applied consistently and fairly.
- **Procedural Due Process:**
 - The rights of the individual to be notified. Students must receive regular evaluations, notice of deficiencies, and be heard if these deficiencies lead to a change in status (such as dismissal).

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Informed Consent

- Informed Consent with Clients
 - Clients must agree to the procedures of counseling.
- Informed Consent Regarding Supervision
 - Clients must be aware of supervision procedures.
- Informed Consent with Trainees
 - Supervisees must be informed of the conditions that dictate their success and advancement.

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Dual Relationships

- “Ethical standards of all mental health disciplines strongly advise that dual relationships, or engaging in relationships in addition to the professional relationship, between therapist and clients be avoided. Dual relationships between supervisors and supervisees have proved to be a much more difficult issue to resolve.”

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Types of Dual Relationships

- Sexual
 - Sexual Attraction
 - Sexual Harassment
 - Consensual (but hidden) Sexual Relationships
 - Intimate Romantic Relationships

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Types of Dual Relationships

- Therapeutic
 - Inappropriate to do therapy with one's supervisee.
- Social
 - Mentorship
 - Dual relationships exist on a behavioral continuum.

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Competence

- Monitoring Supervisee Competence.
 - Attending to the best interests of both client and supervisee is difficult.
- Competence in the Practice of Supervision.
 - Training & Consultation
- Remaining Competent.
 - Staying abreast of changes in the field

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Confidentiality

- Supervision allows for third-party discussion of therapy situations, and trainees must be reminded that this type of discourse cannot be repeated elsewhere.

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Confidentiality

- Supervisees should be made aware that information that they share that is troubling to the supervisor may be passed along to faculty, and therefore the supervisee can make an informed decision about sharing deeply personal information in supervision.

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**Legal Issues in Supervision:
Malpractice**

- An ethical violation becomes a legal issue when the aggrieved party makes such a claim to civil court.
- A legal complaint is restricted by tort law; therefore the defendant must be able to prove that the negligence claimed resulted in harm. Many complaints cannot meet such a level of proof.

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**Legal Issues in Supervision:
Vicarious Liability**

- Legal Term: Respondeat Superior
 - Supervisors can be held liable only for the negligent behavior by the supervisees that occurs during the course of the supervisory relationship.

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Ethical Decision Making

- **Autonomy**
 - Being responsible for one's own behavior and having freedom of choice.
- **Beneficence**
 - Contributing to the well-being of others.
- **Nonmaleficence**
 - First, do no harm
- **Justice**
 - Fairness in dealing with all people.
- **Fidelity**
 - Promoting honesty and fulfilling commitments and contracts.

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Final Thoughts Regarding Ethics

- “As gatekeepers of the profession, clinical supervisors will continue to be heavily involved with ethical standards for practice. The most instrumental approach to this responsibility is to be well informed and personally and professionally sanguine.”
– Bernard & Goodyear, 2004

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Resources

American Counseling Association
www.counseling.org

American Association for Counselor Education and Supervision
www.acesonline.net

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