



MARQUETTE
UNIVERSITY

DEPARTMENT OF COUNSELOR EDUCATION AND
COUNSELING PSYCHOLOGY

ONLINE MASTER OF SCIENCE
IN CLINICAL MENTAL HEALTH COUNSELING

PROGRAM HANDBOOK

2025-2026

TABLE OF CONTENTS

SECTION I: Master of Science in Clinical Mental Health Counseling	
Informed Consent Requirement	3
Guiding Principles & Philosophy	4
Program Learning Outcomes	6
CACREP (2009) Common Core Curricular Areas	9
Assessment of Dispositions	13
Program Requirements	14
Student Evaluation	24
Academic and Professional Performance Review Policy	27
CECP Procedures for Violation of Academic and Professional Performance	29
Department Faculty	33
Facilities, Services, and Support	35
Admission Requirements	43
SECTION II: Master of Science in Clinical Mental Health Counseling	
Clinical Mental Health Counseling Program	44
Required Courses	45
CACREP (2016) CMHC Learning Outcomes	46
Child/Adolescent Counseling Specialization	47
APPENDICES	
Appendix A. Petition for Course Waiver or Substitution	49
Appendix B. Program Planning Forms-CMHC	50
Appendix C. Counseling Student Self-Evaluation Form	52
Appendix D. Student Probationary Plan	57
Appendix E. Professional Disposition Assessment	59
Appendix H. Departmental HIPAA Compliance Policy	62

MARQUETTE UNIVERSITY

ONLINE MASTER OF SCIENCE IN CLINICAL MENTAL HEALTH COUNSELING

SECTION I

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

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

INFORMED CONSENT REQUIREMENT

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

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

GUIDING PRINCIPLES & PHILOSOPHY

The faculty of the Online Master of Science in Clinical Mental Health Counseling Program endorse

the following definition of counseling:

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

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

Cura Personalis

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

Social Justice

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

Commitment to Diversity and Human Dignity

Marquette University Statement on Human Dignity and Diversity

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

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

Departmental Statement, Policies, and Commitment to Diversity

The Program faculty, staff, and students are expected to respectfully recognize differences in an atmosphere of community, trust, and cooperation. To further our commitment to diversity, guide our teaching, and strengthen the program outcomes, the Program faculty has endorsed the *Multicultural and Social Justice Counseling Competencies* of the Association for the Multicultural Counseling and Development (a division of the American Counseling Association). The [*Multicultural Counseling Competencies*](#) are available on the ACA website.

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

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

Biopsychosocial Model

The Programs employ a biopsychosocial model to understand human development, processes of change, and mechanisms of change. We believe that sensitivity to biological, psychological, social,

cultural and developmental influences on behavior increases students' effectiveness as counselors as well as the additional roles in which they are likely to engage (e.g., instructor, supervisor, consultant). This approach also helps students develop an appreciation for the importance of prevention with regard to behavioral and emotional issues as well as medical and social problems. Indeed, we view competence in working with all of these factors as necessary for the successful practice of counseling.

Strength-Based

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

PROGRAM LEARNING OUTCOMES

The Programs' objectives are based upon the Programs' mission, our guiding principles and philosophy stated above, and based upon the common core areas defined within the Council for Accreditation of Counseling and Related Educational Programs (CACREP) Standards (2016) and the Wisconsin Department of Safety and Professional Services (DSPS, 2018). The online Master's in Clinical Mental Health Counseling is based on CACREP (2016) standards, and is accredited by CACREP through 2031.

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

1. Apply knowledge of bio-psycho-social-cultural foundations of behavior and evidence-based counseling approaches to diverse individuals and groups.

Evidence of Knowledge:

- Knowledge (and skills) of the competencies of multicultural counseling practice.
- Knowledge of empirically validated counseling assessments, counseling relationships, and counseling processes, interventions and evaluations. (Helping relationships, group work, career development, research and program evaluations)
- Knowledge of the nature and needs of persons at all developmental levels and multicultural contexts.

Evidence of Counseling Applications

- Counsel proficiently with a variety of clients of different ages, genders, developmental levels, racial/ethnic backgrounds, sexual orientations, religions and socio-economic status.
- Conduct cultural and population appropriate counseling assessments.
- Create a culturally appropriate treatment plan based on assessment
- Establish and maintain a counseling relationship with a variety of clients.
- Implement appropriate counseling interventions for a variety of clients.
- Evaluates own counseling behaviors and client outcomes.

2. Apply professional, ethical, and legal standards in their counseling practices.

Evidence of Knowledge:

- Knowledge of current social, legal, and economic trends affecting the counseling profession
- Knowledge of ethical standards of ACA and of other relevant professional groups.
- Knowledge of federal, state and local legal rules and regulations pertinent to counseling.

Evidence of Counseling Applications

- Behaves in accordance with professional ethical standards
- Operates from a consistent ethical decision making model to solve ethical dilemmas
- Maintains own mental and physical health
- Makes appropriate client referrals on the basis of an awareness of the specialties, skills, and services of other helping professionals.
- Operates with personal and professional integrity (Refrains from misleading or deceptive statements, follows up on commitments)
- Implements appropriate informed consent procedures.

3. Assume advocacy roles for the mental health care of underserved individuals and groups in urban settings.

Evidence of Knowledge

- Knowledge of the various forms of advocacy (e.g., Toporek, Lewis & Crethar, 2009)
- Knowledge of sociopolitical context within which clients live, as well as the barriers presented by this context which impeded access, equity and success for clients.
- Knowledge of traditional and common systemic barriers in an urban environment that impact client's mental health (issues of gender identity, race, ethnicity, sexual orientation, age, religious affiliation, physical & mental ability, social class, language or other characteristics.)
- Knowledge of community resources and services that support and advocate for client mental health issues.

Evidence of Counseling Applications

- Develop an advocacy plan based on the particular needs, context, and barriers being encountered by clients
- Navigates the dual roles of advocate and counselor within ethical and legal standards.
- Participates in school or community advocacy event (e.g., hearing, school board meeting, town hall meeting)

4. Integrate self-awareness, counseling roles and reflective practices into a professional counseling identity.

Evidence of Knowledge

- Knowledge of counseling professional roles and functions: direct counseling services, mental health team member, consultant, advocate, supervisor, collaborator, coordinator and developing cultural self-awareness.
- Knowledge of professional organizations, certification and licensure.
- Knowledge of self-care strategies appropriate to the counselor role.
- Self-knowledge; understands personal and professional strengths and limitations.

Evidence of Counseling Applications

- Effectively manage personal assets in the professional environment, such as knowledge, skills, energy, health, and time.
- Describes own identity development as a counselor
- Introduces self as counselor and can explain professional counseling to others.
- Uses reflective practices before and after counseling interactions.
- Membership in professional organizations
- Seeks appropriate state and/or national credentialing.

5. Provide clinical mental health counseling prevention and treatment services for diverse individuals and groups in community settings.

Knowledge Evidence

- Knowledge of counseling processes and theories used in clinical mental health settings: brief, intermediate and long-term intervention strategies, strategies for promoting holistic wellness, models of addiction, crisis and disaster intervention, assessment and diagnostic strategies, risk appraisal, consultation and clinical supervision.
- Knowledge of prevention principles and theories applicable to the clinical mental health counseling setting.
- Knowledge of principles of psychopharmacology relevant to counseling and coordination of care with other health care providers.
- Knowledge of mental health care delivery systems and the role of the counselor in community-based treatment approaches: needs assessment strategies, measuring counseling treatment outcomes, multidisciplinary treatment teams and community resources.
- Knowledge of administrative/business aspects of mental health agencies.

Evidence of Counseling Applications

- Develops and implements counseling treatment and prevention programs based on professional literature for client's presenting concern(s), counseling assessment and/or diagnosis, and level of risk.
- Reassesses client needs and modifies treatment plan as client needs change over time.

CACREP (2016) COMMON CORE CURRICULAR AREAS

The Online Master's in Clinical Mental Health Counseling is CACREP accredited until 2031 and curricular areas are based on CACREP (2016) standards:

1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

- a. history and philosophy of the counseling profession and its specialty areas
- b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
- c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- d. the role and process of the professional counselor advocating on behalf of the profession
- e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients
- f. professional counseling organizations, including membership benefits, activities, services to members, and current issues
- g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
- h. current labor market information relevant to opportunities for practice within the counseling profession
- i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
- j. technology's impact on the counseling profession
- k. strategies for personal and professional self-evaluation and implications for practice
- l. self-care strategies appropriate to the counselor role
- m. the role of counseling supervision in the profession

2. SOCIAL AND CULTURAL DIVERSITY

- a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally

- b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
- c. multicultural counseling competencies
- d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
- e. the effects of power and privilege for counselors and clients
- f. help-seeking behaviors of diverse clients
- g. the impact of spiritual beliefs on clients' and counselors' worldviews
- h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination

3. HUMAN GROWTH AND DEVELOPMENT

- a. theories of individual and family development across the lifespan
- b. theories of learning
- c. theories of normal and abnormal personality development
- d. theories and etiology of addictions and addictive behaviors
- e. biological, neurological, and physiological factors that affect human development, functioning, and behavior
- f. systemic and environmental factors that affect human development, functioning, and behavior
- g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- h. a general framework for understanding differing abilities and strategies for differentiated interventions
- i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

4. CAREER DEVELOPMENT

- a. theories and models of career development, counseling, and decision making
- b. approaches for conceptualizing the interrelationships among and between work, mental well-being, relationships, and other life roles and factors
- c. processes for identifying and using career, avocational, educational, occupational and labor market information resources, technology, and information systems
- d. approaches for assessing the conditions of the work environment on clients' life experiences
- e. strategies for assessing abilities, interests, values, personality and other factors that contribute to career development
- f. strategies for career development program planning, organization, implementation, administration, and evaluation
- g. strategies for advocating for diverse clients' career and educational development and employment opportunities in a global economy

- h. strategies for facilitating client skill development for career, educational, and lifework planning and management
- i. methods of identifying and using assessment tools and techniques relevant to career planning and decision making
- j. ethical and culturally relevant strategies for addressing career development

5. COUNSELING AND HELPING RELATIONSHIPS

- a. theories and models of counseling
- b. a systems approach to conceptualizing clients
- c. theories, models, and strategies for understanding and practicing consultation
- d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- e. the impact of technology on the counseling process
- f. counselor characteristics and behaviors that influence the counseling process
- g. essential interviewing, counseling, and case conceptualization skills
- h. developmentally relevant counseling treatment or intervention plans
- i. development of measurable outcomes for clients
- j. evidence-based counseling strategies and techniques for prevention and intervention
- k. strategies to promote client understanding of and access to a variety of community-based resources
- l. suicide prevention models and strategies
- m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
- n. processes for aiding students in developing a personal model of counseling

6. GROUP COUNSELING AND GROUP WORK

- a. theoretical foundations of group counseling and group work
- b. dynamics associated with group process and development
- c. therapeutic factors and how they contribute to group effectiveness
- d. characteristics and functions of effective group leaders
- e. approaches to group formation, including recruiting, screening, and selecting members
- f. types of groups and other considerations that affect conducting groups in varied settings
- g. ethical and culturally relevant strategies for designing and facilitating groups
- h. direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term

7. ASSESSMENT AND TESTING

- a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
- b. methods of effectively preparing for and conducting initial assessment meetings
- c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
- d. procedures for identifying trauma and abuse and for reporting abuse
- e. use of assessments for diagnostic and intervention planning purposes
- f. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
- g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
- h. reliability and validity in the use of assessments
- i. use of assessments relevant to academic/educational, career, personal, and social development
- j. use of environmental assessments and systematic behavioral observations
- k. use of symptom checklists, and personality and psychological testing
- l. use of assessment results to diagnose developmental, behavioral, and mental disorders
- m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results

8. RESEARCH AND PROGRAM EVALUATION

- a. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
- b. identification of evidence-based counseling practices
- c. needs assessments
- d. development of outcome measures for counseling programs
- e. evaluation of counseling interventions and programs
- f. qualitative, quantitative, and mixed research methods
- g. designs used in research and program evaluation
- h. statistical methods used in conducting research and program evaluation
- i. analysis and use of data in counseling
- j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

ASSESSMENT OF DISPOSITIONS

CECP has identified 8 professional dispositions that reflect the values and goals of our department and program training model. The dispositions identified are attitudes, characteristics, or behaviors that we believe are necessary to be an effective counselor. These dispositions will be assessed at several time points during students' program (e.g., beginning of

first semester in program, before practicum, at completion of practicum, at completion of first semester of internship) so as to assure progress is being made and to provide students with sufficient feedback and support in their development (see Appendix J). Both students and instructors will complete disposition assessments, and ratings will be tracked throughout the program and reviewed with advisors (see Self-Evaluation Form, Appendix E). This data will also be used for decision-making regarding student readiness for practicum, internship, and graduation, as well as program evaluation.

Marquette University's Masters Program Professional Dispositions:

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

8. **Positive Engagement in Program:** Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership.

PROGRAM REQUIREMENTS

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

Academic Advising

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

Program Orientation Meeting

All incoming students are required to complete a 0-credit, online program orientation meeting prior to the start of fall semester classes. This course includes information about, but not limited to, program guidelines and course sequences, expectations, and resources such as advising and the Graduate Student Organization (GSO).

All Program students must meet with their advisors to develop and submit their degree plan (program planning form) within the first semester. Students must meet with their advisor at least twice each academic year, typically once during the Fall and once during the Spring. Advising meeting format will be determined by the advisor. Students are required to attend the virtual group advising meetings which are facilitated by the Director of Counselor Education. The group advising meetings are typically held once in each semester (Fall, Spring, Summer).

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

Official Department Communication

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

Program Credits & Schedule

The CACREP accredited Online Master of Science in Clinical Mental Health Counseling Program requires 60 credit hours for completion. Following a full-time schedule, the Program can be completed in three calendar years. Students occasionally complete the Program on a part-time basis and if they choose to do so, they need to work closely with their academic advisor to develop the appropriate degree plan and ensure they do not exceed Marquette University's time-to-degree limits. All students must complete the online Master of Science in Clinical Mental Health Counseling within six years. Students who are unable to complete their degree within the six-year limit may petition the Graduate School for an extension. Continuous enrollment is also required of all students (i.e., full-time and part-time students) in the degree program, even during semesters when they are not taking courses. Students are not required to continuously enroll during the summer, however. More information regarding continuous enrollment and continuation courses can be found on the Marquette University Graduate School website.

Transfer of Course Credits

Students who completed graduate courses at other institutions or other Marquette University departments which are equivalent to courses required in our Program may petition to transfer in up to 12 credits of coursework. A Petition for Course Transfer (<https://www.marquette.edu/grad/forms.php>) must be completed for each course to be considered for transfer. Only courses that earned a grade of "B" (3.0) or better may be transferred. Credits will not be transferred until the student has successfully completed six or more credits as a degree status student in the Program. Students will need to submit the course syllabi from the original course taken to their advisors. Copies of course syllabi for our department which can be used for comparison purposes are available from a department assistant. The course content will be carefully reviewed to ensure it meets department and CACREP standards and the department

needs to verify the grade through the official transcript. The advisor and department chair both need to sign the form indicating their approval in order for the Petition for Course Transfer to be forwarded to the Graduate School for approval. In cases of disagreement between the advisor and chair, the petition will go to the full department faculty for a vote. Courses taken longer than 6 years previously normally will not be approved for transfer of credits because the material that was covered is likely no longer current. The procedure does not need to be followed for courses which a new student previously completed within the department within the previous 6 years.

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

Master of Science in Clinical Mental Health Counseling Required Common Core Courses

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

COUN 6000	Introduction to Counseling
COUN 6020	Life-Span Human Development
COUN 6030	Theories of Counseling
COUN 6070	Assessment in Counseling
COUN 6010	Professional Ethics and Legal Issues
COUN 6050	Research Methods in Counseling
COUN 6040	Multicultural Counseling
COUN 6060	Psychopathology and Diagnosis
COUN 6080	Career Development and Counseling
COUN 6120	Group Counseling

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

The Online Master of Science in Clinical Mental Health Counseling Program contains one optional specialization: (1) Child and Adolescent Counseling, Students admitted to the CMHC program can either elect this specialization or elect a general CMHC track.

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

COUN 6003	Foundations of Clinical Mental Health Counseling
COUN 6965	Counseling Practicum (3 credits)
COUN 6986	Internship in Counseling (6 credits)

COUN 6150	Addictions Counseling
COUN 6130	Family Counseling
COUN 6170	Trauma Counseling
COUN 6180	Advanced Diagnosis and Treatment in Counseling
ELECTIVES	(2 Elective courses-6 credits)

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

COUN 6160	Counseling with Children and Adolescents
ELECTIVES	(1 Elective course-3 credits)

Practicum

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

Internship

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

Students normally begin their internship in the third year after they have completed the prerequisite coursework and one semester of COUN 6965 Counseling Practicum plus any additional courses indicated on the Program Planning Form for each of the specializations. The counseling internship requirements are detailed in the *Master's Practicum and Internship Handbook*. COUN 6986 Counseling Internship (600 hour minimum; 6 credits total).

Instructional Learning Methods The Online Clinical Mental Health Counseling program includes 20 courses delivered on-line. Fifteen of these courses are delivered in a completely asynchronous format (via Microsoft Teams, using D2L as the learning platform), while five of the courses (Introduction to Counseling, Group Counseling ,Multicultural Counseling, Counseling Practicum and Internship in Counseling) are virtual with both synchronous and asynchronous formats. Courses with required synchronous components generally meet in the evenings, at a time established by the course instructor. **These meetings are mandatory for all students enrolled in these courses.**

Individual Professional Counseling Liability Insurance

The department requires master's students (at their expense) to obtain professional counseling liability insurance within the first semester of the program. Students can apply for Professional Liability Insurance through professional organizations (for example, as listed on the ACA website at www.counseling.org). Fees for professional liability insurance obtained through professional organizations are in addition to the organization's membership fees. Students must provide a copy of their insurance certificate to Coreen Bukowski (coreen.bukowski@marquette.edu) by the semester before they begin Practicum.

Comprehensive Examination

Master's Clinical Mental Health Counseling online students are required to pass a Comprehensive Examination as part of their degree requirements. The exam is taken at the end of students' programs after all or nearly all of their coursework has been completed.

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

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

CPCE Format

The CPCE consists of 160 items with 20 items per common core areas. Scores for each section and a total score will be reported to the CECP Department for each student. The CCE will provide

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

Any special needs which require alternative testing procedures (e.g., any deviations from the administration procedures described above) must be reported to the Department Chair at least one month in advance of the administration of the exam.

Students are required to complete the Comprehensive Examination **no later than** 3 months prior to their graduation month. Please note that we advise students to complete this exam at an in-person location to minimize complications.

Passing Score on CPCE

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

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

1. Retake the CPCE examination the next time it is offered. Please know that choosing this option may result in a delay in graduation.
 - A student who scores lower than one standard deviation below the national mean will have failed the examination.
 - Unless an oral examination is requested following the directives in #2 below, the student will have failed the Comprehensive Examination twice and is dismissed from the Program.

2. Oral Examination.

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

Continuous enrollment

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

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

Time Limitations to Complete the Program

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

Graduation

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

Professional Counselor Licensure

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

Keep in mind that licensure requirements change over the years in most states, and CECF graduates are eligible for licensure based on the requirements at the time they completed their

programs. *It is a student's responsibility to stay informed about state licensure requirements and any changes that take place after they have graduated.* Students can reach out to the Director of Counselor Education for more information.

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

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

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

National Certified Counselor (NCC) Certification

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

Endorsement for Licensure

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

STUDENT EVALUATION

Students receive comprehensive and regular feedback regarding their progress toward the training goals and objectives of our Online Master's in Clinical Mental Health Counseling Program. The Program relies on several levels of evaluation to provide this feedback. These occur at the end of each semester, mid-way through the program (i.e., the annual evaluation), and near the end of one's program (i.e., the comprehensive examination).

Minimum grades

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

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

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

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

Student Evaluation

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

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

Minimal levels of acceptable achievement on evaluations. Students are expected to achieve ratings of at least a 2 (i.e., a focus for growth) on every item of Supervisor Evaluation forms.

When a student's performance falls below this minimally accepted threshold, the department adheres to the following policy:

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

Program Evaluation of Students' Progress

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

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

Students are to submit their self-evaluation and a current copy of their vita to their advisor by the date specified, and before starting Practicum, and during the Spring of the last year in the program.

The annual review also includes evaluation of students' readiness to begin their practicum and internship in the following semester. Students and advisors are to then meet and discuss each student's progress before Practicum begins. Students and advisors are to sign each annual self-evaluation form to indicate that they have reviewed and discussed the information. Advisors will keep all of the evaluation materials for the full faculty review. The annual evaluation materials are returned to the students after the faculty review is completed.

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

Grade appeals

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

Other appeals

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

ACADEMIC AND PROFESSIONAL PERFORMANCE REVIEW POLICY

CECP and Marquette University are committed to fostering personal and professional excellence in graduates, developing leaders who are ethical and informed, and forming graduates who are committed to the service of others. These goals are particularly salient to CECP students who will provide counseling and mental health care to clients, students, and families that are often

vulnerable and in need of assistance. To accomplish these goals, students must feel safe, sustained, engaged, challenged, and appreciated. Forming such an academic and professional culture is the responsibility of and requires the contributions of every member of the department. To this end, all members must act with integrity and compassion; take responsibility when confronting difficult situations and solving these difficulties; and behave in ways that reflect respect, honesty, and care for others. Finally, all members of the department (e.g., students, faculty, staff) have a responsibility to promote a culture that values learning and understanding and the development of a professional identity.

Although all members of CECP share responsibility for nurturing a positive and professional departmental environment, it is important that students understand the nature of this responsibility and the range of behaviors and beliefs encompassed by these responsibilities. Students are responsible for becoming familiar with the *Student Conduct Code* developed by the Office of Student Development for university students (i.e., <http://www.marquette.edu/osd/policies/>) and the *Academic Regulations* of the Graduate School (i.e., <http://bulletin.marquette.edu/grad/>). In addition to these University and Graduate School policies, students should familiarize themselves with appropriate *Ethical and Professional Code of Conduct*, *Social Media Policy*, and the *CECP Procedures for Violations of Academic and Professional Performance*, below. These policies and procedures address a range of academic and professional behavior, including student conduct in clinical settings.

Ethical and Professional Code of Conduct

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

In order to familiarize students with ethical and legal issues in professional counseling, ethical and legal issues are addressed early in, and throughout, the curriculum. The ACA Code of Ethics (2014) is introduced to master's students in the first year with particular attention given in COUN 6000, Introduction to Counseling and COUN 6010, Professional Ethics and Legal Issues. Students are required to review the CECP Master's Student Handbook and the Marquette Student Handbook upon entering the program, and students must sign a program form indicating that they have read and understood all aspects of the handbook. As such, students are encouraged to ask about any aspects of the ethics code that are unclear. The group supervision meetings

attended by master's students completing their Practicum COUN 6965 and Internship COUN 6986 also address professional and ethical issues involved in the delivery of counseling services.

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

Social Media

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

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

CECP PROCEDURES FOR VIOLATIONS OF ACADEMIC AND PROFESSIONAL PERFORMANCE

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

Academic and professional performance concerns regarding student conduct may be identified in a variety of ways. For instance, a formal evaluation of each student's progress takes place annually as described above, and concerns may be identified at that time. Problems may also be identified at any point in a student's academic career by a faculty member, supervisor, or fellow student. The

following sections describe the procedures used for the formal identification of performance concerns; and the review, remediation, or dismissal procedures once a concern is identified.

Methods for Identification of Academic and Professional Performance Concerns

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

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

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

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

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

Possible outcomes of this initial exploration include the following:

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

Reports by Site Supervisors. In our Master's in Clinical Mental Health Counseling Program, practicum and internship site supervisors concerned about the performance of a supervisee should initially discuss their concerns with the student. If the problems are not satisfactorily resolved in this manner, supervisors must then inform the Marquette course instructor who has that student in her or his practicum or internship course. If satisfactory resolution of the concerns is not

achieved at that point, the Director of the Counselor Education Program **must** be informed, and the Director will gather additional information and raise the issue with the faculty if warranted.

Warning Letter. Certain student concerns may warrant a “warning letter” that can be initiated by the Director, a course instructor or advisor. These notes are intended to remind students about performance expectations regarding class attendance, submission of assignments, professionalism, etc. The Director of the program is typically copied on advising note emails that are sent out by the student’s advisor.

Review Procedures for Academic and Professional Performance Concerns

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

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

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

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

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

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

CECP Appeal Conditions and Procedures

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

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

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

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

1. Identify the basis for the appeal. This statement should identify the specific condition(s), of the three noted above, that provides the basis for the appeal.

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

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

Department Faculty

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

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

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

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

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

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

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

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

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

Alexandria Hepburn, M.A. (Adler University)

Clinical Assistant Professor; Licensed Professional Clinical Counselor-OH, Nationally Certified Counselor, Research Interests: Culturally responsive counseling, multicultural counseling, childhood trauma

M. Nancy Hollis, Ph.D. (The Chicago School)*

Clinical Assistant Professor; Licensed Clinical Professional Counselor-IL, Nationally Certified Counselor; Research interests: Trauma, intergenerational relationships, technology assisted training

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

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

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

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

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

Professor; Licensed Psychologist; Research Interests: therapy relationship, therapy process, supervision and training, qualitative research

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

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

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

Assistant Professor and Director of Counselor Education; Licensed Professional Counselor-WI, Nationally Certified Rehabilitation Counselor Research Interests: sexual health education and individuals with disabilities, disability impact on sexuality

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

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

Leigh van den Kieboom, Ph.D. (Marquette University)

Professor and Interim Chair; Research Interests: Education, Math and Science education

The Counselor Education and Counseling Psychology Administrative Team

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

FACILITIES, SERVICES, AND SUPPORT

Departmental Facilities & Services

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

Financial Support

Students in the Program are eligible to apply for several scholarships offered through Marquette University or our Department. The Patricia Janz Scholarship and the GSO Minority Student Scholarship are awarded annually, and information about applying is sent to students via email. Each year the Department typically offers 2-4 tuition scholarships (1-3 credits) to students in the Program. Typically teaching and research assistantships are offered to doctoral students in the department, however occasionally assistantships have been offered to master's students. Over the last several years, several students have been funded through the Behavior Clinic and grant-funded projects. Information regarding scholarships (e.g., NBCC awards) and employment are sent to students via email. Students are encouraged to ask their advisors, faculty, and administrators about opportunities for scholarships or employment. For more information about scholarships and awards through the Graduate School, please go to the link for Financial Aid and Support at the Graduate School website (<http://www.grad.mu.edu/financialaid/index.html>).

Graduate Student Organization

The Graduate Student Organization (GSO) in the Department of Counselor Education and Counseling Psychology is a very active organization which serves a number of very useful functions. In addition to offering various social activities for its members, it provides important opportunities

for advancing the professional development of students including the mentoring of new students, organizing and advertising professional development information and activities, providing systematic student feedback to the faculty regarding the training programs, and student representation at departmental faculty meetings. Several of the key positions are the student-faculty representative who is the primary liaison to the faculty and attends portions of the faculty meetings, the Representative to the Wisconsin Counseling Association.

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

Diversity Gala

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

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

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

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

The American Counseling Association (ACA)

All counseling students in our program are expected to become student members of the American Counseling Association (ACA) and other organizations pertinent to their educational and career goals. The ACA and its divisions and branches offer many opportunities for development as a

Professional Counselor. Student membership is relatively inexpensive and many valuable resources are available to student members of ACA; see www.counseling.org

The Wisconsin Counseling Association (WCA)

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

Association for Child and Adolescent Counseling

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

Library Resources

The John P. Raynor, S.J., Library opened August 4, 2003. It offers state-of-the-art facilities, research librarians and services in the Information Commons, a mix of seating choices, all current journals, Special Collections, and access to the collections housed in Memorial Library.

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

The Law Library (1103 W. Wisconsin Ave., Sensenbrenner Hall) is administered by the Law School. Marquette faculty and students are encouraged to contact the Library directly with questions. All Law holdings are included in the online catalog, MARQCAT.

Library Resources for Counseling Students

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

Research Resources

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

in the Federal Depository program, acquiring a wide variety of state and federal documents which assist research.

Library Special Services

Norman H. Ott Memorial Writing Center. The writing center offers one-to-one tutoring to all Marquette students, staff, and faculty on all kinds of writing projects, from first year English papers to graduate theses, from history papers to personal statements for law school.

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

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

Free interlibrary borrowing of books and articles via libraries' InterLibrary Loan Service.

Private study carrels for graduate students by application. Contact the Raynor Library Circulation Desk (288-7555) for more information.

Group study rooms in Raynor Library (some equipped with overhead projectors and screens.) Available on a first-come, first serve basis, however, some can be reserved ahead of time. For availability contact the Raynor Library Circulation Desk (288-7555).

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

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

Laptops available to be checked-out for in-library use.

RefWorks, Web-based personal bibliography software.

Accommodations for Students with Special Needs

Marquette University and the Raynor Memorial Libraries offer assistance to accommodate library usage for those with special needs. The University's Office of Student Educational Services in the Alumni Memorial Union (Room 317, phone 288-1645 Voice/TDD) should be the first contact point for anyone requiring additional assistance. Staff in that office will direct users to the appropriate

librarians for specific library services. Those librarians will establish an approach that will enable special users to utilize the resources of the libraries throughout their stay at Marquette.

Library Services

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

Online Catalog Access

Information on the holdings of the Marquette Libraries is available via the online catalog, MARQCAT, which can be accessed from PCs located throughout the libraries. Most of the PCs are low HEIGHT accessible.

Book Retrieval

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

Reference Assistance and Interlibrary Loans

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

Adaptive Technology

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

Photocopying Service

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

University Student Services

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

Housing

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

Counseling Center

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

Please note that the counseling center services are available for residents of Wisconsin. Students outside of Wisconsin can contact the counseling center to obtain some contact information of other providers or online services that can likely be available.

There are community-based counseling services available for those students who seek counseling services, but have concerns about receiving services at the university Counseling Center. The

Milwaukee First Call for Help – dial 211, is a fast and anonymous way to locate services. Students may contact the Counseling Center for referral information and are also free to talk with the faculty about referral information.

Student Health Services

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

Student Injury & Sickness Insurance Plan

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

Diversity Resources

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

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

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

Campus Ministry

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

Office of Disability Services

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

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

1. Provide appropriate documentation to the ODS Coordinator,
2. Meet with the coordinator each semester **PRIOR** to the need for requested accommodations,
3. Identify in that meeting the courses for which accommodations are requested,
4. Deliver accommodations letters provided by the Coordinator to each instructor, and
5. Discuss classroom needs with the instructor.

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

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

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

This is the official policy document that defines this process.

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

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

Information Technology Services

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

The CheckMarq Student System allows students to review course listings, register for classes, and download various computer resources.

<https://checkmarq.mu.edu/psp/sa9prod/?cmd=login&languageCd=ENG>

Marquette University Police Department

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

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

A branch of the MU Police Department, Student Safety Programs provides walking escorts and mobile transports to Marquette students, faculty, staff and guests to insure their safe travel throughout the campus area. More information is available at: <http://www.marquette.edu/dps/ssp/index.shtml>

Career Services Center

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

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

Recreational Sports

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

ADMISSION REQUIREMENTS

All applications to the Online Master of Science in Clinical Mental Health Counseling must originate with the Graduate School. New students enter the program three times each year (Fall, Spring, Summer), and the application deadline for the Online Master of Science in Clinical Mental Health Counseling programs is rolling. Students with a variety of backgrounds are admitted to the program. Some enter with a bachelor's degree, others have completed some graduate courses,

and a few others even have a master's degree in another field but wish to retrain as professional counselors. All applicants must have at least attained a baccalaureate degree from an accredited college or university, however.

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

Materials to be submitted for Application

All of the following materials must be submitted to the Graduate School:

1. **Graduate School Application Form** and application **fee**.
http://www.marquette.edu/grad/future_apply.shtml
2. **Official transcripts** from all undergraduate and graduate institutions attended except for Marquette University.
3. **Test scores** for the Graduate Record Examination (**GRE**) General Test
The GRE subject test -Psychology is **not** required. Applicants need to be aware of the time it takes ETS to report GRE scores to Marquette University. Applicants need to allow adequate time between taking of the GRE and the reporting of the scores to Marquette University. Please see www.gre.org for score reporting schedules.
4. **Two (2) letters of recommendation** and the accompanying **recommendation forms** from individuals who can address one's academic and professional potential. (forms are located at: http://www.marquette.edu/grad/forms_index.shtml)
5. A current **resume or vita**.
6. **A statement of purpose**. Your statement of purpose reflects the clarity and commitment of your vision in pursuing a Master of Science in Clinical Mental Health Counseling. It is a way to show the Admissions Committee that you have the motivation to succeed. You show that you have investigated the program, found that it fits your interests and aptitudes, and planned how you will succeed in it.

A statement of purpose usually begins by indicating your reasons for undertaking graduate study at Marquette University, the Department of Counselor Education and Counseling Psychology, and the Clinical Mental Health Counseling Program. As a part of

your statement of purpose, also describe your academic objectives, counseling interests, research interests, and your career plans. Include your related qualifications and experiences, including collegial, professional, and community activities, and any other substantial accomplishments not already mentioned on the application form. Finally, include information about how your goals fit with those of our department with respect to social justice, diversity, equity and inclusion.

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

7. **Specialization Ranking Form.** Prospective Masters in Clinical Mental Health Counseling students need to indicate if they would like to choose a specialization in Child and Adolescent Counseling.
8. After applications are reviewed, prospective students are invited to conduct an online interview with a faculty member. The interview and subsequent decision about admission are completed within two weeks.

Marquette University's Admissions Process for Applicants with a Disability

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

Applicant Evaluation by the Departmental Faculty

The department faculty reviews applicant files comprehensively, emphasizing all aspects of applicants' backgrounds, but focusing on the applicant's: career goals, aptitude for graduate study, potential success in forming counseling relationships, and respect for cultural differences. Academic transcripts, test scores, letters of recommendation, statements of purpose, and professional backgrounds receive special attention in the first phase of the application process. Those applicants who are judged to show good potential for graduate study in our department are then invited for an interview with the department faculty. Potential for graduate study and the fit between the applicant and the Program are the focus of these interviews.

Section II

MASTER OF SCIENCE CLINICAL MENTAL HEALTH COUNSELING

Students in the Online Clinical Mental Health Counseling (CMHC) Program develop a focused area of counseling practice which is built upon the foundation of the general practice of professional counseling. The Master's in Clinical Mental Health Counseling program is CACREP-accredited and based on CACREP (2016) standards. The CMHC program is also a Department of Safety and Professional Services (DSPS) approved program that prepares students for licensure as professional counselors in the state of Wisconsin. Outcomes of the over-arching Masters programs is described in Section I of this handbook. All students in the CMHC program must assume full responsibility for knowledge of the rules and regulations and the special requirements of the Online Master of Science in Counseling Program.

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

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

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

The Clinical Mental Health Counseling program is dedicated to educating counselors in evidence-based practices and emerging-best practices in a variety of clinical mental health settings geared for clients across the lifespan. These settings include community mental health centers, inpatient and residential programs, hospitals, Department of Corrections, universities and colleges, and businesses. Students receive specialized training and gain supervised clinical experiences working directly with adults and/or children and adolescents. Counseling services include the application of principles of counseling and psychotherapy, human development, multicultural counseling competencies, learning theory, group dynamics, and the etiology of mental illness and dysfunctional behavior, for the purposes of promoting optimal mental health, dealing with normal

problems of living, and treating psychopathology. The program includes, but is not limited to, diagnosis and treatment of mental disorders, psychoeducation designed to prevent emotional problems, consultation, and research into more effective psychotherapeutic treatment modalities. The program employs a biopsychosocial perspective which emphasizes growth and development, improving individuals' quality of life, and focusing on strengths and resources in addition to psychological deficits and problems.

Students are prepared to meet licensing requirements across the US states. By completing the CMHC master's program, students will be eligible for the Licensed Professional Counselor-Initial Training (LPC-IT) license from the Wisconsin Department of Safety and Professional Services. For more information please see: <https://dsps.wi.gov/Pages/Professions/LPC/Default.aspx>. Students are also eligible for licensure in most other states, and this will have been discussed with each applicant during admissions. Students may also be eligible to pursue a Substance Abuse Counselor-In Training (SAC-IT) certification in Wisconsin upon graduation. Students interested in this option should talk with the Director of Counselor Education to obtain more information on possible pathways towards certification. For more information about the SAC-IT, please see: <https://dsps.wi.gov/Pages/Professions/SubstanceAbuseCounselorInTraining/Default.aspx>

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

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

COUN 6003	Foundations of Clinical Mental Health Counseling
COUN 6965	Counseling Practicum (3 credits)
COUN 6986	Internship in Counseling (6 credits)
COUN 6150	Addictions Counseling
COUN 6130	Family Counseling
COUN 6170	Trauma Counseling
COUN 6180	Advanced Diagnosis and Treatment in Counseling
ELECTIVES	(2 Elective courses-6 credits)

Clinical Mental Health Counseling CACREP (2016) Learning Outcomes:

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

1. FOUNDATIONS

1. history and development of clinical mental health counseling

2. theories and models related to clinical mental health counseling
3. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
4. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
5. psychological tests and assessments specific to clinical mental health counseling

2. CONTEXTUAL DIMENSIONS

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

PRACTICE

- a. intake interview, mental status evaluation, biopsychosocial history, mental health history, and psychological assessment for treatment planning and caseload management
- b. techniques and interventions for prevention and treatment of a broad range of mental health issues
- c. strategies for interfacing with the legal system regarding court-referred clients
- d. strategies for interfacing with integrated behavioral health care professionals
- e. strategies to advocate for persons with mental health issues

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

Clinical Mental Health Counseling: Child and Adolescent Counseling Specialization

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

Practicum and internship placements are available in various sites within the community for those who live in the Milwaukee area. A main training site is the Behavior Clinic. The Behavior Clinic was founded in 2003 by Marquette University's College of Education in partnership with Penfield Children's Center, a large, community-based agency serving inner-city families with young children who have developmental disabilities. The Behavior Clinic offers free mental health services for children who are experiencing significant behavior and emotional problems. Graduate students receive specialized training and gain supervised clinical experiences working directly with the children and their families. The clinic also has an ongoing applied research program that regularly contributes new findings to the relatively new field of pediatric mental health.

http://www.marquette.edu/education/centers_clinics/behavior_clinic.shtml.

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

COUN 6160	Counseling with Children and Adolescents
ELECTIVES	(1 Elective course-3 credits)

Appendix A
MARQUETTE UNIVERSITY
DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY

PETITION FOR COURSE WAIVER OR TRANSFER

Student's Name _____ Date _____

MU Course Requested to be substituted _____

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

Institution Where Taken _____

Date Taken _____ Number of Credits Earned _____ Grade Obtained _____

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

Transfer of credits recommended: Yes _____ No _____

Reasoning: _____

Advisor's Signature _____ Date _____

Transfer of credits recommended: Yes _____ No _____

Reasoning: _____

Chair's Signature _____ Date _____

Department recommends transfer of credits: Yes _____ No _____

Appendix B
Master of Science in Clinical Mental Health Counseling-Online
General Recommended Course Sequence

Semester 1	Semester 2	Semester 3
COUN 6000* Introduction to Counseling #COUN 6971 Counseling Skills Lab 1	COUN 6060* Psychopathology and Diagnosis	COUN 6003* Foundations of Clinical Mental Health Counseling
COUN 6020* Life-Span Human Development	COUN 6030* Theories of Counseling	COUN 6080 Career Development and Counseling
Semester 4	Semester 5	Semester 6
COUN 6012* Professional Ethics and Legal Issues in CMHC	COUN 6150 Addictions Counseling	COUN 6130 Family Counseling
COUN 6040* Multicultural Counseling #COUN 6969 Multicultural Skills Lab	COUN 6120* Group Counseling	COUN 6965* Counseling Practicum #COUN 6972 Counseling Skills Lab 2
Semester 7	Semester 8	Semester 9
COUN 6170 Trauma Counseling	COUN 6070* Assessment in Counseling	Select Two Electives: • COUN 6160, Counseling with Children & Adolescents • COUN 6090 Medical and Psychosocial Aspects of Disabilities • COUN 6986 Internship in Counseling (may be required for certain sites)
COUN 6050 Research Methods in Counseling	COUN 6180 Advanced Diagnosis and Treatment in Counseling	
COUN 6986 Internship in Counseling	COUN 6986 Internship in Counseling	

Master of Science in Clinical Mental Health Counseling-Online
Child & Adolescent Recommended Course Sequence

Semester 1	Semester 2	Semester 3
COUN 6000* Introduction to Counseling #COUN 6971 Counseling Skills Lab 1	COUN 6060* Psychopathology and Diagnosis	COUN 6003* Foundations of Clinical Mental Health Counseling
COUN 6020* Life-Span Human Development	COUN 6030* Theories of Counseling	COUN 6080 Career Development and Counseling
Semester 4	Semester 5	Semester 6
COUN 6012* Professional Ethics and Legal Issues in CMHC	COUN 6150 Addictions Counseling	COUN 6160 Counseling with Children & Adolescents
COUN 6040* Multicultural Counseling #COUN 6969 Multicultural Skills Lab	COUN 6120* Group Counseling	COUN 6965* Counseling Practicum #COUN 6972 Counseling Skills Lab 2
Semester 7	Semester 8	Semester 9
COUN 6170 Trauma Counseling	COUN 6070* Assessment in Counseling	Select Two Electives: • COUN 6090 Medical and Psychosocial Aspects of Disabilities • COUN 6986 Internship in Counseling (may be required for certain sites) • COUN 6130 Family Counseling
COUN 6050 Research Methods in Counseling	COUN 6180 Advanced Diagnosis and Treatment in Counseling	
COUN 6986 Internship in Counseling	COUN 6986 Internship in Counseling	

Appendix C
Counseling Student Self-Evaluation Form

Student's Name _____ Date _____

This form is to be completed and submitted, along with appropriate documentation, to students' advisors by the beginning of the semester during which they will be reviewed.

This self-evaluation covers the previous 30 credits.

Month & year when entered program: _____

Student's intended career goal: _____

1. Courses taken and grades received:

<u>Semester</u>	<u>Course number</u>	<u>Grade</u>
<i>(e.g., Fall, 19)</i>	<i>COUN 6000</i>	<i>AB</i>

2. Reflect on the grades and feedback received from your professors this past year:
3. Discuss your progress toward developing multicultural counseling and advocacy competencies.
4. Reflect on your development of professional dispositions:
5. Reflect on your level of self-care over the past year:
6. Level of participation in the CECF Graduate Student Organization this past year:
7. List all current professional memberships (including local, state, and national):
8. List other professional development activities (e.g., professional organization involvement, conferences and workshops, etc. attended this past year):

9. Note your plan for taking the master's comprehensive exam:
10. Comment on your annual self-evaluation from last year and last year's faculty annual evaluation (skip if this is your first year in the department).
11. If you are working on developing competencies in any specialized area (e.g., child/adolescent counseling), discuss your plan for developing those competencies.
12. Assess both your strengths as well as areas where change, growth, or improvement is desired or needed with respect to your educational and career goals.
13. Identify your educational and professional goals for the coming year.
14. What are your plans for obtaining licensure?
15. Include a copy of your current vita
16. After the student and advisor discuss the above information, the advisor may want to offer additional comments below. Both should then sign as indicated below.

Student's signature _____ Date _____

Advisor's signature _____ Date _____

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

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

KEY:

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

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

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

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

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

	Beginning of Program	Before Practicum	Before Internship	End of Internship
<u>Counseling Orientation:</u> Student demonstrates beliefs and values reflective of the counseling field, including the importance of strengths-based counseling and wellness, and prevention, the capacity for people to grow and change, and demonstration of empathy, compassion and respect. Other: _____				
<u>Social Justice Orientation:</u> Student demonstrates a desire to advocate with and for those who experience a lack of access, equity, participation, and rights in our society. Other: _____				

<u>Understanding of Cultural and Social Influences:</u> Student demonstrates a holistic understanding of their own cultural and social identities, positionality, power, oppression and privilege, the role of individuals and communities within systems, cultural humility, intersectionality, and identity. Other: _____				
<u>Openness to Feedback:</u> Student demonstrates a willingness and openness to receive and integrate feedback from others, as well as the ability to give constructive feedback to others. Other: _____				
<u>Self-Awareness:</u> Student demonstrates the ability to assess personal strengths and areas of development, including the need for boundaries, the ability to implement self-care, an understanding of how others perceive the student's behaviors, and the need to seek supervision or other professional assistance. Other: _____				
<u>Integrity:</u> Student demonstrates values and behaviors that align with the ACA Code of Ethics and promote client well-being, including: honesty, trustworthiness, accountability, and ethical decision-making. Other: _____				
<u>Professionalism:</u> Student demonstrates behaviors reflective of counseling professionals, including: timeliness, attendance, and punctuality, conflict resolution, problem-solving, and taking personal responsibility. Other: _____				

<u>Positive Engagement in Program</u> : Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership. Other: _____				
---	--	--	--	--

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

Student's signature _____ Date _____

Advisor's signature _____ Date _____

Appendix D
Student Probationary Plan

Student: _____

Faculty: _____

Date: _____

(check one) ☒ Initial Plan Review ☐ Follow-up ☐ Final Review

a.

Identified Areas of Concern:

A.

B.

C.

Probationary Plan and Schedule:

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

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

Progress Since Last Review (if applicable): ☐ Sufficient ☐ Insufficient

Comments and Recommendations:

Date of Next Review (if applicable): _____

Student Reactions:

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Program Director Signature: _____ Date: _____

Appendix E

Professional Disposition Assessment

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

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

Assessment Time Point:

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

Directions:

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

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

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

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

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

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

	0-Not Met	1-Developing	2-Meets Expectations	3-Exceeds Expectations	Unable to Assess
<u>Counseling Orientation:</u> Student demonstrates beliefs and values reflective of the counseling field, including the importance of strengths-based counseling and wellness, and prevention, the capacity for people to grow and change, and demonstration of empathy, compassion and respect. Other:					
<u>Social Justice Orientation:</u> Student demonstrates a desire to advocate with and for those who experience a lack of access, equity, participation, and rights in our society. Other:					
<u>Understanding of Cultural and Social Influences:</u> Student demonstrates a holistic understanding of their own cultural and social identities, positionality, power, oppression and privilege, the role of individuals and communities within systems, cultural humility, intersectionality, and identity. Other:					
<u>Openness to Feedback:</u> Student demonstrates a willingness and openness to receive and integrate feedback from others, as well as the ability to give constructive feedback to others. Other:					
<u>Self-Awareness:</u> Student demonstrates the ability to assess personal strengths and areas of development, including the need for boundaries, the ability to implement self-care, an understanding of how others perceive the student's behaviors, and the need to seek					

supervision or other professional assistance. Other:					
<u>Integrity</u> : Student demonstrates values and behaviors that align with the ACA Code of Ethics and promote client well-being, including: honesty, trustworthiness, accountability, and ethical decision-making. Other:					
<u>Professionalism</u> : Student demonstrates behaviors reflective of counseling professionals, including: timeliness, attendance, and punctuality, conflict resolution, problem-solving, and taking personal responsibility. Other:					
<u>Positive Engagement in Program</u> : Student contributes to the program in a positive manner, demonstrating collaboration and helpful behavior, making positive contributions, and leadership. Other:					

Appendix F

MARQUETTE UNIVERSITY DEPARTMENT OF COUNSELOR EDUCATION AND COUNSELING PSYCHOLOGY

HIPAA Compliance Policy

Adopted April 14, 2003

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

Departmental HIPAA requirements

1. Complying with agency policies for ensuring HIPAA compliance. The CECP Department does not offer health care services directly to the public because we do not maintain an in-house counseling clinic. Instead, we rely on departments and agencies in other units of the University or off campus for all of our field experiences and practicum training. When offering services to clients in these other departments and agencies, all faculty and students are required to familiarize themselves with and observe the requirements of those agencies with regard to HIPAA compliance.
2. Student work samples submitted for evaluation. We normally ask students who complete practicum and field experiences outside of the department to submit samples of their written clinical work to the faculty for evaluation and grading. All of these materials must be completely de-identified to protect the anonymity of the clients.

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

1. Names;
 2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly available data from the Bureau of the Census:
 - a. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and
 - b. The initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
 3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
 4. Telephone numbers;
 5. Fax numbers;
 6. Electronic mail addresses;
 7. Social security numbers;
 8. Medical record numbers;
 9. Health plan beneficiary numbers;
 10. Account numbers;
 11. Certificate/license numbers;
 12. Vehicle identifiers and serial numbers, including license plate numbers;
 13. Device identifiers and serial numbers;
 14. Web Universal Resource Locators (URLs);
 15. Internet Protocol address numbers;
 16. Biometric identifiers, including finger and voice prints;
 17. Full face photographic images and any comparable images; and
 18. Any other unique identifying number, characteristic, or code.
3. Video or audio recordings of students' clinical work. Students in human service fields commonly record samples of their clinical work to submit for faculty evaluation. We are not aware of any statute or case law governing the recordings of counseling sessions made for student performance evaluation purposes. Nonetheless, these recordings could be considered to be medical records, and consequently the department currently treats them as medical records. As a result, we require that students protect recordings of their clinical work in the same way that they would protect other health information.

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

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

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

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

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

Mission

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

© 2014 by the American Counseling Association.

All rights reserved. *Note:* This document may be reproduced in its entirety without permission for non-commercial purposes only.

ACA Code of Ethics Preamble

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

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

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

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

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

ACA Code of Ethics Purpose

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

1. The *Code* sets forth the ethical obligations of ACA members and provides guidance intended to inform the ethical practice of professional counselors.
2. The *Code* identifies ethical considerations relevant to professional counselors and counselors-in-training.
3. The *Code* enables the association to clarify for current and prospective members, and for those served by members, the nature of the ethical responsibilities held in common by its members.
4. The *Code* serves as an ethical guide designed to assist members in constructing a course of action that best serves those utilizing counseling services and establishes expectations of conduct with a primary emphasis on the role of the professional counselor.
5. The *Code* helps to support the mission of ACA.
6. The standards contained in this *Code* serve as the basis for processing inquiries and ethics complaints concerning ACA members.

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

standards outline professional responsibilities and provide direction for fulfilling those ethical responsibilities.

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

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

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

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

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

Section A

The Counseling Relationship

Introduction

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

A.1. Client Welfare

A.1.a. Primary Responsibility

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

A.1.b. Records and Documentation

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

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

A.1.d. Support Network Involvement

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

A.2. Informed Consent in the Counseling Relationship

A.2.a. Informed Consent

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

A.2.b. Types of Information Needed

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

A.2.c. Developmental and Cultural Sensitivity

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

A.2.d. Inability to Give Consent

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

A.2.e. Mandated Clients

Counselors discuss the required limitations to confidentiality when working with clients who have been mandated for counseling services. Counselors also explain what type of information and with whom that information is shared prior to the beginning of counseling. The client may choose to refuse services. In this case, counselors will, to the best of their ability, discuss with the client the potential consequences of refusing counseling services.

A.3. Clients Served by Others When counselors learn that their clients are in a professional relationship with other mental health professionals, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships.

A.4. Avoiding Harm and Imposing Values

A.4.a. Avoiding Harm

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

A.4.b. Personal Values

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

A.5. Prohibited Noncounseling Roles and Relationships

A.5.a. Sexual and/or Romantic Relationships Prohibited

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

A.5.b. Previous Sexual and/or Romantic Relationships

Counselors are prohibited from engaging in counseling relationships with persons with whom they have had a previous sexual and/or romantic relationship.

A.5.c. Sexual and/or Romantic Relationships With Former Clients

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

A.5.d. Friends or Family Members

Counselors are prohibited from engaging in counseling relationships with friends or family members with whom they have an inability to remain objective.

A.5.e. Personal Virtual Relationships With Current Clients

Counselors are prohibited from engaging in a personal virtual relationship with individuals with whom they have a current counseling relationship (e.g., through social and other media).

A.6. Managing and Maintaining Boundaries and Professional Relationships

A.6.a. Previous Relationships

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

A.6.b. Extending Counseling Boundaries

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

A.6.c. Documenting Boundary Extensions

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

significantly involved with the client or former client, the counselor must show evidence of an attempt to remedy such harm.

A.6.d. Role Changes in the Professional Relationship

When counselors change a role from the original or most recent contracted relationship, they obtain informed consent from the client and explain the client's right to refuse services related to the change. Examples of role changes include, but are not limited to

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

Clients must be fully informed of any anticipated consequences (e.g., financial, legal, personal, therapeutic) of counselor role changes.

A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)

Counselors avoid entering into non-professional relationships with former clients, their romantic partners, or their family members when the interaction is potentially harmful to the client. This applies to both in-person and electronic interactions or relationships.

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

A.7.a. Advocacy

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

A.7.b. Confidentiality and Advocacy

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

A.8. Multiple Clients

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

A.9. Group Work

A.9.a. Screening

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

A.9.b. Protecting Clients

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

A.10. Fees and Business Practices

A.10.a. Self-Referral

Counselors working in an organization (e.g., school, agency, institution) that provides counseling services do not refer clients to their private practice unless the policies of a particular organization make explicit provisions for self-referrals. In such instances, the clients must be informed of other options open to them should they seek private counseling services.

A.10.b. Unacceptable Business Practices

Counselors do not participate in fee splitting, nor do they give or receive commissions, rebates, or any other form of remuneration when referring clients for professional services.

A.10.c. Establishing Fees

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

A.10.d. Nonpayment of Fees

If counselors intend to use collection agencies or take legal measures to col-

lect fees from clients who do not pay for services as agreed upon, they include such information in their informed consent documents and also inform clients in a timely fashion of intended actions and offer clients the opportunity to make payment.

A.10.e. Bartering

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

A.10.f. Receiving Gifts

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

A.11. Termination and Referral

A.11.a. Competence Within Termination and Referral

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

A.11.b. Values Within Termination and Referral

Counselors refrain from referring prospective and current clients based solely on the counselor's personally held values, attitudes, beliefs, and behaviors. Counselors respect the diversity of clients and seek training in areas in which they are at risk of imposing their values onto clients, especially when the counselor's values are inconsistent with the client's goals or are discriminatory in nature.

A.11.c. Appropriate Termination

Counselors terminate a counseling relationship when it becomes reasonably apparent that the client no longer needs assistance, is not likely to benefit, or is

being harmed by continued counseling. Counselors may terminate counseling when in jeopardy of harm by the client or by another person with whom the client has a relationship, or when clients do not pay fees as agreed upon. Counselors provide pretermination counseling and recommend other service providers when necessary.

A.11.d. Appropriate Transfer of Services

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

A.12. Abandonment and Client Neglect

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

Section B

Confidentiality and Privacy

Introduction

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

B.1. Respecting Client Rights

B.1.a. Multicultural/Diversity Considerations

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

B.1.b. Respect for Privacy

Counselors respect the privacy of prospective and current clients. Counselors request private information from clients only when it is beneficial to the

counseling process.

B.1.c. Respect for Confidentiality

Counselors protect the confidential information of prospective and current clients. Counselors disclose information only with appropriate consent or with sound legal or ethical justification.

B.1.d. Explanation of Limitations

At initiation and throughout the counseling process, counselors inform clients of the limitations of confidentiality and seek to identify situations in which confidentiality must be breached.

B.2. Exceptions

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

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

B.2.b. Confidentiality Regarding End-of-Life Decisions

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

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

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

B.2.d. Court-Ordered Disclosure

When ordered by a court to release confidential or privileged information

without a client's permission, counselors seek to obtain written, informed consent from the client or take steps to prohibit the disclosure or have it limited as narrowly as possible because of potential harm to the client or counseling relationship.

B.2.e. Minimal Disclosure

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

B.3. Information Shared With Others

B.3.a. Subordinates

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

B.3.b. Interdisciplinary Teams When services provided to the client involve participation by an interdisciplinary or treatment team, the client will be informed of the team's existence and composition, information being shared, and the purposes of sharing such information.

B.3.c. Confidential Settings

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

B.3.d. Third-Party Payers

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

B.3.e. Transmitting Confidential Information

Counselors take precautions to ensure the confidentiality of all information transmitted through the use of any medium.

B.3.f. Deceased Clients

Counselors protect the confidentiality of deceased clients, consistent with legal requirements and the documented preferences of the client.

B.4. Groups and Families

B.4.a. Group Work

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

B.4.b. Couples and Family Counseling

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

B.5. Clients Lacking Capacity to Give Informed Consent

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

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

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

B.5.c. Release of Confidential Information

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

B.6. Records and Documentation

B.6.a. Creating and Maintaining Records and Documentation

Counselors create and maintain records and documentation necessary for rendering professional services.

B.6.b. Confidentiality of Records and Documentation

Counselors ensure that records and documentation kept in any medium are secure and that only authorized persons have access to them.

B.6.c. Permission to Record

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

B.6.d. Permission to Observe

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

B.6.e. Client Access

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

B.6.f. Assistance With Records

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

B.6.g. Disclosure or Transfer

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

B.6.h. Storage and Disposal After Termination

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

B.6.i. Reasonable Precautions

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

B.7. Case Consultation

B.7.a. Respect for Privacy

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

B.7.b. Disclosure of Confidential Information

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

Section C

Professional Responsibility

Introduction

Counselors aspire to open, honest, and accurate communication in dealing with the public and other professionals. Counselors facilitate access to counseling services, and they practice in a nondiscriminatory manner within the boundaries of professional and personal competence; they also have a responsibility to abide by the *ACA Code of Ethics*. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling. Counselors are expected to advocate to promote changes at the individual, group, institutional, and societal levels that improve the quality of life for individuals and groups and remove potential barriers to the provision or access of appropriate services being offered. Counselors have a responsibility to the public to engage in counseling practices that are based on rigorous re-

search methodologies. Counselors are encouraged to contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (*pro bono publico*). In addition, counselors engage in self-care activities to maintain and promote their own emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities.

C.1. Knowledge of and Compliance With Standards

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

C.2. Professional Competence

C.2.a. Boundaries of Competence

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

C.2.b. New Specialty Areas of Practice

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

C.2.c. Qualified for Employment

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

C.2.d. Monitor Effectiveness

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

C.2.e. Consultations on Ethical Obligations

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

C.2.f. Continuing Education

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

C.2.g. Impairment

Counselors monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when impaired. They seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work. Counselors assist colleagues or supervisors in recognizing their own professional impairment and provide consultation and assistance when warranted with colleagues or supervisors showing signs of impairment and intervene as appropriate to prevent imminent harm to clients.

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

Counselors prepare a plan for the transfer of clients and the dissemination of records to an identified colleague or records custodian in the case of the counselor's incapacitation, death, retirement, or termination of practice.

C.3. Advertising and Soliciting Clients

C.3.a. Accurate Advertising

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

C.3.b. Testimonials

Counselors who use testimonials do not solicit them from current clients, former clients, or any other persons who

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

C.3.c. Statements by Others

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

C.3.d. Recruiting Through Employment

Counselors do not use their places of employment or institutional affiliation to recruit clients, supervisors, or consultees for their private practices.

C.3.e. Products and Training Advertisements

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

C.3.f. Promoting to Those Served

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

C.4. Professional Qualifications

C.4.a. Accurate Representation

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

C.4.b. Credentials

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

C.4.c. Educational Degrees

Counselors clearly differentiate between earned and honorary degrees.

C.4.d. Implying Doctoral-Level Competence

Counselors clearly state their highest earned degree in counseling or a closely related field. Counselors do not imply doctoral-level competence when possessing a master's degree in counseling or a related field by referring to them-

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

C.4.e. Accreditation Status

Counselors accurately represent the accreditation status of their degree program and college/university.

C.4.f. Professional Membership

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

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

C.6. Public Responsibility

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

C.6.b. Reports to Third Parties

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

C.6.c. Media Presentations

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

1. the statements are based on appropriate professional counseling literature and practice,
2. the statements are otherwise consistent with the *ACA Code of Ethics*, and

3. the recipients of the information are not encouraged to infer that a professional counseling relationship has been established.

C.6.d. Exploitation of Others

Counselors do not exploit others in their professional relationships.

C.6.e. Contributing to the Public Good (Pro Bono Publico)

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

C.7. Treatment Modalities

C.7.a. Scientific Basis for Treatment

When providing services, counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.

C.7.b. Development and Innovation

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

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

C.8. Responsibility to Other Professionals

C.8.a. Personal Public Statements

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

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

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

D.1.a. Different Approaches

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

D.1.b. Forming Relationships

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

D.1.c. Interdisciplinary Teamwork

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

D.1.d. Establishing Professional and Ethical Obligations

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

D.1.e. Confidentiality

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

D.1.f. Personnel Selection and Assignment

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

D.1.g. Employer Policies

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

D.1.h. Negative Conditions

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

D.1.i. Protection From Punitive Action

Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services

D.2.a. Consultant Competency

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

D.2.b. Informed Consent in Formal Consultation

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

Section D

Relationships With Other Professionals

Introduction

Professional counselors recognize that the quality of their interactions

Section E

Evaluation, Assessment, and Interpretation

Introduction

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

E.1. General

E.1.a. Assessment

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

E.1.b. Client Welfare

Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client's right to know the results, the interpretations made, and the bases for counselors' conclusions and recommendations.

E.2. Competence to Use and Interpret Assessment Instruments

E.2.a. Limits of Competence

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

E.2.b. Appropriate Use

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

E.2.c. Decisions Based on Results

Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of psychometrics.

E.3. Informed Consent in Assessment

E.3.a. Explanation to Clients

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

E.3.b. Recipients of Results

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

E.4. Release of Data to Qualified Personnel

Counselors release assessment data in which the client is identified only with the consent of the client or the client's legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

E.5. Diagnosis of Mental Disorders

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

E.5.b. Cultural Sensitivity

Counselors recognize that culture affects the manner in which clients' problems are defined and experienced. Clients' socioeconomic and cultural experiences are considered when diagnosing mental disorders.

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

Counselors recognize historical and social prejudices in the misdiagnosis and

pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

E.5.d. Refraining From Diagnosis

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

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments

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

E.6.b. Referral Information

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

E.7. Conditions of Assessment Administration

E.7.a. Administration Conditions

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

E.7.b. Provision of Favorable Conditions

Counselors provide an appropriate environment for the administration of assessments (e.g., privacy, comfort, freedom from distraction).

E.7.c. Technological Administration

Counselors ensure that technologically administered assessments function properly and provide clients with accurate results.

E.7.d. Unsupervised Assessments

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

E.8. Multicultural Issues/ Diversity in Assessment

Counselors select and use with caution assessment techniques normed on populations other than that of the client. Counselors recognize the effects of age, color, culture, disability, ethnic group, gender, race, language preference, religion, spirituality, sexual orientation, and socioeconomic status on test administration and interpretation, and they place test results in proper perspective with other relevant factors.

E.9. Scoring and Interpretation of Assessments

E.9.a. Reporting

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

E.9.b. Instruments With Insufficient Empirical Data

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

E.9.c. Assessment Services

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

E.10. Assessment Security

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

E.11. Obsolete Assessment and Outdated Results

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

E.12. Assessment Construction

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

E.13. Forensic Evaluation: Evaluation for Legal Proceedings

E.13.a. Primary Obligations

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

E.13.b. Consent for Evaluation

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

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

E.13.c. Client Evaluation Prohibited

Counselors do not evaluate current or former clients, clients' romantic partners, or clients' family members for forensic purposes. Counselors do not counsel individuals they are evaluating.

E.13.d. Avoid Potentially Harmful Relationships

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

Section F

Supervision, Training, and Teaching

Introduction

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

F.1. Counselor Supervision and Client Welfare

F.1.a. Client Welfare

A primary obligation of counseling supervisors is to monitor the services provided by supervisees. Counseling supervisors monitor client welfare and supervisee performance and professional development. To fulfill these obligations, supervisors meet regularly with supervisees to review the supervisees' work and help them become prepared to serve a range of diverse clients. Supervisees have a responsibility to understand and follow the *ACA Code of Ethics*.

F.1.b. Counselor Credentials

Counseling supervisors work to ensure that supervisees communicate their

qualifications to render services to their clients.

F.1.c. Informed Consent and Client Rights

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

F.2. Counselor Supervision Competence

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

F.2.b. Multicultural Issues/ Diversity in Supervision

Counseling supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship.

F.2.c. Online Supervision

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

F.3. Supervisory Relationship

F.3.a. Extending Conventional Supervisory Relationships

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

F.3.b. Sexual Relationships

Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to

both in-person and electronic interactions or relationships.

F.3.c. Sexual Harassment Counseling supervisors do not con- done or subject supervisees to sexual harassment.

F.3.d. Friends or Family Members

Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

F.4. Supervisor Responsibilities

F.4.a. Informed Consent for Supervision

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

F.4.b. Emergencies and Absences

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

F.4.c. Standards for Supervisees

Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

F.4.d. Termination of the Supervisory Relationship

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

F.5. Student and Supervisee Responsibilities

F.5.a. Ethical Responsibilities

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

F.5.b. Impairment

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

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

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

F.6.a. Evaluation

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

F.6.b. Gatekeeping and Remediation

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

F.6.c. Counseling for Supervisees

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

F.6.d. Endorsements

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

F.7. Responsibilities of Counselor Educators

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

F.7.b. Counselor Educator Competence

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

F.7.c. Infusing Multicultural Issues/Diversity

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

F.7.d. Integration of Study and Practice

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

F.7.e. Teaching Ethics

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

F.7.f. Use of Case Examples

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

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

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

F.7.h. Innovative Theories and Techniques

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

F.7.i. Field Placements

Counselor educators develop clear policies and provide direct assistance within their training programs regarding appropriate field placement and other clinical experiences. Counselor educators provide clearly stated roles and responsibilities for the student or supervisee, the site supervisor, and the program supervisor. They confirm that

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

F.8. Student Welfare

F.8.a. Program Information and Orientation

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

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

F.8.b. Student Career Advising

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

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

F.8.d. Addressing Personal Concerns

Counselor educators may require students to address any personal concerns that have the potential to affect professional competency.

F.9. Evaluation and Remediation

F.9.a. Evaluation of Students

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

F.9.b. Limitations

Counselor educators, through ongoing evaluation, are aware of and address the inability of some students to achieve counseling competencies. Counselor educators do the following:

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

F.9.c. Counseling for Students

If students request counseling, or if counseling services are suggested as part of a remediation process, counselor educators assist students in identifying appropriate services.

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

F.10.a. Sexual or Romantic Relationships

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

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

F.10.c. Relationships With Former Students

Counselor educators are aware of the power differential in the relationship between faculty and students. Faculty

members discuss with former students potential risks when they consider engaging in social, sexual, or other intimate relationships.

F.10.d. Nonacademic Relationships

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

F.10.e. Counseling Services

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

F.10.f. Extending Educator–Student Boundaries

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

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

F.11.a. Faculty Diversity

Counselor educators are committed to recruiting and retaining a diverse faculty.

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

F.11.c. Multicultural/Diversity Competence

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

Section G

Research and Publication

Introduction

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

G.1. Research Responsibilities

G.1.a. Conducting Research

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

G.1.b. Confidentiality in Research

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

G.1.c. Independent Researchers

When counselors conduct independent research and do not have access to an institutional review board, they are bound to the same ethical principles and

federal and state laws pertaining to the review of their plan, design, conduct, and reporting of research.

G.1.d. Deviation From Standard Practice

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

G.1.e. Precautions to Avoid Injury

Counselors who conduct research are responsible for their participants' welfare throughout the research process and should take reasonable precautions to avoid causing emotional, physical, or social harm to participants.

G.1.f. Principal Researcher Responsibility

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

G.2. Rights of Research Participants

G.2.a. Informed Consent in Research

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

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

G.2.b. Student/Supervisee Participation

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

G.2.c. Client Participation Counselors conducting research involving clients make clear in the informed consent process that clients are free to choose whether to participate in research activities. Counselors take necessary precautions to protect clients from adverse consequences of declining or withdrawing from participation.

G.2.d. Confidentiality of Information

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

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

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

G.2.f. Commitments to Participants

Counselors take reasonable measures to honor all commitments to research participants.

G.2.g. Explanations After Data Collection

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

G.2.h. Informing Sponsors

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

G.2.i. Research Records Custodian

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

G.3. Managing and Maintaining Boundaries

G.3.a. Extending Researcher-Participant Boundaries

Researchers consider the risks and benefits of extending current research relationships beyond conventional parameters. When a nonresearch interaction between the researcher and the research participant may be potentially beneficial, the researcher must document, prior to the interaction (when feasible), the rationale for such an interaction, the potential benefit, and anticipated consequences for the research participant. Such interactions should be initiated with appropriate consent of the research participant. Where unintentional harm occurs to the research participant, the researcher must show evidence of an attempt to remedy such harm.

G.3.b. Relationships With Research Participants

Sexual or romantic counselor-research participant interactions or relationships with current research participants are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

G.3.c. Sexual Harassment and Research Participants

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

G.4. Reporting Results

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

G.4.b. Obligation to Report Unfavorable Results

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

G.4.c. Reporting Errors

If counselors discover significant errors in their published research, they take

reasonable steps to correct such errors in a correction erratum or through other appropriate publication means.

G.4.d. Identity of Participants

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

G.4.e. Replication Studies

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

G.5. Publications and Presentations

G.5.a. Use of Case Examples

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

G.5.b. Plagiarism

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

G.5.c. Acknowledging Previous Work

In publications and presentations, counselors acknowledge and give recognition to previous work on the topic by others or self.

G.5.d. Contributors

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

G.5.e. Agreement of Contributors

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

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

G.5.g. Duplicate Submissions

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

G.5.h. Professional Review

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

additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency

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

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

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure

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

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

Section H

Distance Counseling, Technology, and Social Media

Introduction

Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the

- possible denial of insurance benefits; and
- social media policy.

H.2.b. Confidentiality Maintained by the Counselor

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

H.2.c. Acknowledgment of Limitations

Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security

Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

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

H.4. Distance Counseling Relationship

H.4.a. Benefits and Limitations

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

H.4.b. Professional Boundaries in Distance Counseling

Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss

and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

H.4.c. Technology-Assisted Services

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

H.4.d. Effectiveness of Services

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

H.4.e. Access

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

H.4.f. Communication Differences in Electronic Media

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

H.5. Records and Web Maintenance

H.5.a. Records

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

H.5.b. Client Rights

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

H.5.c. Electronic Links

Counselors regularly ensure that electronic links are working and are professionally appropriate.

H.5.d. Multicultural and Disability Considerations

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

H.6. Social Media

H.6.a. Virtual Professional Presence

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

H.6.b. Social Media as Part of Informed Consent

Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

H.6.c. Client Virtual Presence

Counselors respect the privacy of their clients' presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media

Counselors take precautions to avoid disclosing confidential information through public social media.

Section I

Resolving Ethical Issues

Introduction

Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in

the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA Policy and Procedures for Processing Complaints of Ethical Violations¹ and use it as a reference for assisting in the enforcement of the *ACA Code of Ethics*.

I.1. Standards and the Law

I.1.a. Knowledge

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

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

I.1.c. Conflicts Between Ethics and Laws

If ethical responsibilities conflict with the law, regulations, and/or other 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 using this approach, counselors, acting in the best interest of the client, may adhere to the requirements of the law, regulations, and/or other governing legal authority.

I.2. Suspected Violations

I.2.a. Informal Resolution

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

I.2.b. Reporting Ethical Violations

If an apparent violation has substantially harmed or is likely to substantially harm a person or organization and is not appropriate for informal resolution or is not resolved properly, counselors take further action depending on the situation. Such action may include referral to state or national committees on professional ethics, voluntary national certification bodies, state licensing boards, or appropriate institutional authorities. The confidentiality rights of clients should be considered in all actions. This standard does not apply when counselors have been retained to review the work of another counselor whose professional conduct is in question (e.g., consultation, expert testimony).

I.2.c. Consultation

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

of *Ethics*, with colleagues, or with appropriate authorities, such as the ACA Ethics and Professional Standards Department.

I.2.d. Organizational Conflicts

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

I.2.e. Unwarranted Complaints

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

I.2.f. Unfair Discrimination Against Complainants and Respondents

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

I.3. Cooperation With Ethics Committees

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

See the American Counseling Association web site at <http://www.counseling.org/knowledge-center/ethics>

Glossary of Terms

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Forensic Evaluation – the process of forming professional opinions for court or other legal proceedings, based on professional

Gatekeeping– the initial and ongoing academic, skill, and dispositional assessment of students’ competency for professional practice, including remediation and termination as appropriate.

Impairment– a significantly diminished capacity to perform professional functions.

Incapacitation – an inability to perform professional functions.

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

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

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

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

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

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

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

Privacy – the right of an individual to keep oneself and one’s personal information free from unauthorized disclosure.

Privilege – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).

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

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

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

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

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

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

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

Sexual Harassment – sexual solicitation, physical advances, or verbal/nonverbal conduct that is sexual in nature; occurs in connection with professional activities or roles; is unwelcome, offensive, or creates a hostile workplace or learning environment; and/or is sufficiently severe or intense to be perceived as harassment by a reasonable person.

Social Justice – the promotion of equity for all people and groups for the purpose of ending oppression and injustice affecting clients, students, counselors, families, communities, schools, workplaces, governments, and other social and institutional systems.

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

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

Supervisee – a professional counselor or counselor-in-training whose counseling work or clinical skill development

is being overseen in a formal supervisory relationship by a qualified trained professional.

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

Supervisor – counselors who are trained to oversee the professional clinical work of counselors and counselors-in-training. **Teaching** – all activities engaged in as part of a formal educational program that is designed to lead to a graduate degree in counseling.

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

Virtual Relationship – a non-face-to-face relationship (e.g., through social media).

Index

ACA Code of Ethics Preamble.....	3
ACA Code of Ethics Purpose.....	3
Section A: The Counseling Relationship.....	4
Section A: Introduction	4
A.1. Client Welfare	4
A.1.a. Primary Responsibility	4
A.1.b. Records and Documentation	4
A.1.c. Counseling Plans	4
A.1.d. Support Network Involvement	4
A.2. Informed Consent in the Counseling Relationship	4
A.2.a. Informed Consent	4
A.2.b. Types of Information Needed	4
A.2.c. Developmental and Cultural Sensitivity	4
A.2.d. Inability to Give Consent	4
A.2.e. Mandated Clients	4
A.3. Clients Served by Others	4
A.4. Avoiding Harm and Imposing Values	4
A.4.a. Avoiding Harm	4
A.4.b. Personal Values	5
A.5. Prohibited Noncounseling Roles and Relationships	5
A.5.a. Sexual and/or Romantic Relationships Prohibited	5
A.5.b. Previous Sexual and/or Romantic Relationships	5
A.5.c. Sexual and/or Romantic Relationships With Former Clients	5
A.5.d. Friends or Family Members	5
A.5.e. Personal Virtual Relationships With Current Clients	5
A.6. Managing and Maintaining Boundaries and Professional Relationships.....	5

A.6.a. Previous Relationships	5
A.6.b. Extending Counseling Boundaries	5
A.6.c. Documenting Boundary Extensions	5
A.6.d. Role Changes in the Professional Relationship	5
A.6.e. Nonprofessional Interactions or Relationships (Other Than Sexual or Romantic Interactions or Relationships)	5
A.7. Roles and Relationships at Individual, Group, Institutional, and Societal Levels.....	5
A.7.a. Advocacy	5
A.7.b. Confidentiality and Advocacy	5
A.8. Multiple Clients	6
A.9. Group Work	6
A.9.a. Screening	6
A.9.b. Protecting Clients	6
A.10. Fees and Business Practices.....	6
A.10.a. Self-Referral	6
A.10.b. Unacceptable Business Practices	6
A.10.c. Establishing Fees	6
A.10.d. Nonpayment of Fees	6
A.10.e. Bartering	6
A.10.f. Receiving Gifts	6
A.11. Termination and Referral	6
A.11.a. Competence Within Termination and Referral	6
A.11.b. Values Within Termination and Referral	6
A.11.c. Appropriate Termination	6
A.11.d. Appropriate Transfer of Services	6
A.12. Abandonment and Client Neglect	6

Section B: Confidentiality and Privacy	6
Section B: Introduction	6
B.1. Respecting Client Rights.....	6
B.1.a. Multicultural/Diversity Considerations	6
B.1.b. Respect for Privacy	6
B.1.c. Respect for Confidentiality	7
B.1.d. Explanation of Limitations	7
B.2. Exceptions.....	7
B.2.a. Serious and Foreseeable Harm and Legal Requirements	7
B.2.b. Confidentiality Regarding End-of-Life Decisions	7
B.2.c. Contagious, Life-Threatening Diseases	7
B.2.d. Court-Ordered Disclosure	7
B.2.e. Minimal Disclosure	7
B.3. Information Shared With Others.....	7
B.3.a. Subordinates	7
B.3.b. Interdisciplinary Teams	7
B.3.c. Confidential Settings	7
B.3.d. Third-Party Payers	7
B.3.e. Transmitting Confidential Information	7
B.3.f. Deceased Clients	7
B.4. Groups and Families	7
B.4.a. Group Work	7
B.4.b. Couples and Family Counseling	7
B.5. Clients Lacking Capacity to Give Informed Consent	7
B.5.a. Responsibility to Clients	7
B.5.b. Responsibility to Parents and Legal Guardians	7
B.5.c. Release of Confidential Information	7
B.6. Records and Documentation.....	7
B.6.a. Creating and Maintaining Records and Documentation	7

B.6.b. Confidentiality of Records and Documentation	8
B.6.c. Permission to Record	8
B.6.d. Permission to Observe	8
B.6.e. Client Access	8
B.6.f. Assistance With Records	8
B.6.g. Disclosure or Transfer	8
B.6.h. Storage and Disposal After Termination	8
B.6.i. Reasonable Precautions	8
B.7. Case Consultation.....	8
B.7.a. Respect for Privacy	8
B.7.b. Disclosure of Confidential Information	8
Section C: Professional Responsibility.....	8
Section C: Introduction.....	8
C.1. Knowledge of and Compliance With Standards	8
C.2. Professional Competence	8
C.2.a. Boundaries of Competence	8
C.2.b. New Specialty Areas of Practice	8
C.2.c. Qualified for Employment	8
C.2.d. Monitor Effectiveness	8
C.2.e. Consultations on Ethical Obligations.....	9
C.2.f. Continuing Education	9
C.2.g. Impairment	9
C.2.h. Counselor Incapacitation, Death, Retirement, or Termination of Practice	9
C.3. Advertising and Soliciting Clients.....	9
C.3.a. Accurate Advertising	9
C.3.b. Testimonials	9
C.3.c. Statements by Others	9
C.3.d. Recruiting Through Employment	9
C.3.e. Products and Training Advertisements	9
C.3.f. Promoting to Those Served	9
C.4. Professional Qualifications	9
C.4.a. Accurate Representation	9
C.4.b. Credentials	9
C.4.c. Educational Degrees	9
C.4.d. Implying Doctoral-Level Competence	9
C.4.e. Accreditation Status	9
C.4.f. Professional Membership	9
C.5. Nondiscrimination	9
C.6. Public Responsibility	9
C.6.a. Sexual Harassment	9
C.6.b. Reports to Third Parties	9
C.6.c. Media Presentations	9
C.6.d. Exploitation of Others	10
C.6.e. Contributing to the Public Good (<i>Pro Bono Publico</i>)	10
C.7. Treatment Modalities.....	10
C.7.a. Scientific Basis for Treatment	10
C.7.b. Development and Innovation	10
C.7.c. Harmful Practices	10
C.8. Responsibility to Other Professionals	10
C.8.a. Personal Public Statements	10
Section D: Relationships With Other Professionals	10
Section D: Introduction	10
D.1. Relationships With Colleagues, Employers, and Employees	10
D.1.a. Different Approaches	10
D.1.b. Forming Relationships	10
D.1.c. Interdisciplinary Teamwork	10
D.1.d. Establishing Professional and Ethical Obligations	10

D.1.e. Confidentiality	10
------------------------------	----

D.1.f. Personnel Selection and Assignment	10
D.1.g. Employer Policies	10
D.1.h. Negative Conditions	10
D.1.i. Protection From Punitive Action	10
D.2. Provision of Consultation Services...	10
D.2.a. Consultant Competency	10
D.2.b. Informed Consent in Formal Consultation	10
Section E: Evaluation, Assessment, and Interpretation	11
Section E: Introduction	11
E.1. General	11
E.1.a. Assessment	11
E.1.b. Client Welfare	11
E.2. Competence to Use and Interpret Assessment Instruments.....	11
E.2.a. Limits of Competence	11
E.2.b. Appropriate Use	11
E.2.c. Decisions Based on Results	11
E.3. Informed Consent in Assessment	11
E.3.a. Explanation to Clients	11
E.3.b. Recipients of Results	11
E.4. Release of Data to Qualified Personnel	11
E.5. Diagnosis of Mental Disorders	11
E.5.a. Proper Diagnosis	11
E.5.b. Cultural Sensitivity	11
E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology	11
E.5.d. Refraining From Diagnosis	11
E.6. Instrument Selection.....	11
E.6.a. Appropriateness of Instruments	11
E.6.b. Referral Information	11
E.7. Conditions of Assessment Administration	11
E.7.a. Administration Conditions	11
E.7.b. Provision of Favorable Conditions	11
E.7.c. Technological Administration	11
E.7.d. Unsupervised Assessments	12
E.8. Multicultural Issues/Diversity in Assessment	12
E.9. Scoring and Interpretation of Assessments	12
E.9.a. Reporting	12
E.9.b. Instruments With Insufficient Empirical Data.....	12
E.9.c. Assessment Services	12
E.10. Assessment Security.....	12
E.11. Obsolete Assessment and Outdated Results.....	12
E.12. Assessment Construction	12
E.13. Forensic Evaluation: Evaluation for Legal Proceedings	12
E.13.a. Primary Obligations	12
E.13.b. Consent for Evaluation	12
E.13.c. Client Evaluation Prohibited	12
E.13.d. Avoid Potentially Harmful Relationships	12
Section F: Supervision, Training, and Teaching	12
Section F: Introduction	12
F.1. Counselor Supervision and Client Welfare	12
F.1.a. Client Welfare	12
F.1.b. Counselor Credentials	12
F.1.c. Informed Consent and Client Rights	13
F.2. Counselor Supervision Competence	13

F.2.a. Supervisor Preparation	13
-------------------------------------	----

F.2.b. Multicultural Issues/Diversity in Supervision	13
F.2.c. Online Supervision.....	13
F.3. Supervisory Relationship.....	13
F.3.a. Extending Conventional Supervisory Relationships.....	13
F.3.b. Sexual Relationships	13
F.3.c. Sexual Harassment	13
F.3.d. Friends or Family Members	13
F.4. Supervisor Responsibilities.....	13
F.4.a. Informed Consent for Supervision	13
F.4.b. Emergencies and Absences	13
F.4.c. Standards for Supervisees	13
F.4.d. Termination of the Supervisory Relationship	13
F.5. Student and Supervisee Responsibilities.....	13
F.5.a. Ethical Responsibilities	13
F.5.b. Impairment	13
F.5.c. Professional Disclosure	13
F.6. Counseling Supervision Evaluation, Remediation, and Endorsement	13
F.6.a. Evaluation	13
F.6.b. Gatekeeping and Remediation	13
F.6.c. Counseling for Supervisees	14
F.6.d. Endorsements	14
F.7. Responsibilities of Counselor Educators.....	14
F.7.a. Counselor Educators	14
F.7.b. Counselor Educator Competence ..	14
F.7.c. Infusing Multicultural Issues/Diversity	14
F.7.d. Integration of Study and Practice	14
F.7.e. Teaching Ethics	14
F.7.f. Use of Case Examples	14
F.7.g. Student-to-Student Supervision and Instruction	14
F.7.h. Innovative Theories and Techniques	14
F.7.i. Field Placements	14
F.8. Student Welfare	14
F.8.a. Program Information and Orientation	14
F.8.b. Student Career Advising	14
F.8.c. Self-Growth Experiences	14
F.8.d. Addressing Personal Concerns	14
F.9. Evaluation and Remediation.....	15
F.9.a. Evaluation of Students	15
F.9.b. Limitations	15
F.9.c. Counseling for Students	15
F.10. Roles and Relationships Between Counselor Educators and Students	15
F.10.a. Sexual or Romantic Relationships	15
F.10.b. Sexual Harassment	15
F.10.c. Relationships With Former Students	15
F.10.d. Nonacademic Relationships	15
F.10.e. Counseling Services	15
F.10.f. Extending Educator–Student Boundaries	15
F.11. Multicultural/Diversity Competence in Counselor Education and Training Programs.....	15
F.11.a. Faculty Diversity	15
F.11.b. Student Diversity	15

F.11.c. Multicultural/Diversity Competence	15
Section G: Research and Publication	15
Section G: Introduction	15
G.1. Research Responsibilities	15

G.1.a. Conducting Research	15	G.4.d. Identity of Participants	17	H.4.e. Access	18
G.1.b. Confidentiality in Research	15	G.4.e. Replication Studies	17	H.4.f. Communication Differences in Electronic Media.....	18
G.1.c. Independent Researchers	15	G.5. Publications and Presentations	17	H.5. Records and Web Maintenance.....	18
G.1.d. Deviation From Standard Practice	16	G.5.a. Use of Case Examples	17	H.5.a. Records	18
G.1.e. Precautions to Avoid Injury	16	G.5.b. Plagiarism	17	H.5.b. Client Rights.....	18
G.1.f. Principal Researcher Responsibility	16	G.5.c. Acknowledging Previous Work	17	H.5.c. Electronic Links	18
G.2. Rights of Research Participants.....	16	G.5.d. Contributors	17	H.5.d. Multicultural and Disability Considerations	18
G.2.a. Informed Consent in Research	16	G.5.e. Agreement of Contributors	17	H.6. Social Media.....	18
G.2.b. Student/Supervisee Participation	16	G.5.f. Student Research	17	H.6.a. Virtual Professional Presence	18
G.2.c. Client Participation	16	G.5.g. Duplicate Submissions	17	H.6.b. Social Media as Part of Informed Consent	18
G.2.d. Confidentiality of Information	16	G.5.h. Professional Review	17	H.6.c. Client Virtual Presence	18
G.2.e. Persons Not Capable of Giving Informed Consent	16	Section H: Distance Counseling, Technology, and Social Media.....	17	H.6.d. Use of Public Social Media	18
G.2.f. Commitments to Participants	16	Section H: Introduction	17	Section I: Resolving Ethical Issues.....	18
G.2.g. Explanations After Data Collection	16	H.1. Knowledge and Legal Considerations	17	Section I: Introduction	18
G.2.h. Informing Sponsors	16	H.1.a. Knowledge and Competency	17	I.1. Standards and the Law	19
G.2.i. Research Records Custodian	16	H.1.b. Laws and Statutes	17	I.1.a. Knowledge	19
G.3. Managing and Maintaining Boundaries	16	H.2. Informed Consent and Security.....	17	I.1.b. Ethical Decision Making	19
G.3.a. Extending Researcher– Participant Boundaries	16	H.2.a. Informed Consent and Disclosure....	17	I.1.c. Conflicts Between Ethics and Laws	19
G.3.b. Relationships With Research Participants	16	H.2.b. Confidentiality Maintained by the Counselor	18	I.2. Suspected Violations	19
G.3.c. Sexual Harassment and Research Participants	16	H.2.c. Acknowledgment of Limitations	18	I.2.a. Informal Resolution	19
G.4. Reporting Results.....	16	H.2.d. Security	18	I.2.b. Reporting Ethical Violations	19
G.4.a. Accurate Results	16	H.3. Client Verification	18	I.2.c. Consultation	19
G.4.b. Obligation to Report Unfavorable Results	16	H.4. Distance Counseling Relationship	18	I.2.d. Organizational Conflicts	19
G.4.c. Reporting Errors	16	H.4.a. Benefits and Limitations	18	I.2.e. Unwarranted Complaints	19
		H.4.b. Professional Boundaries in Distance Counseling	18	I.2.f. Unfair Discrimination Against Complainants and Respondents	19
		H.4.c. Technology-Assisted Services	18	I.3. Cooperation With Ethics Committees	19
		H.4.d. Effectiveness of Services.....	18	Glossary of Terms	

