Clinical Mental Health Counseling PROGRAM HANDBOOK

JAMES MADISON UNIVERSITY August 2014
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1. Introduction

Welcome to the Clinical Mental Health Counseling Program at James Madison University! You are now a member of an active, vital learning community of dedicated students and faculty members who are committed to the profession of counseling. We are delighted to have you on board!

Use It!

The purpose of this handbook is to help you not just to survive graduate school, but also to *thrive* here. Read it carefully and refer to it regularly throughout your training. The handbook provides you with more than the practical information you need about programs, policies and procedures. It also offers helpful hints and suggestions on gaining the most from the opportunities you will have as a student in Clinical Mental Health Counseling. Take advantage of the handbook by using it faithfully – and give something back in return by letting us know how we can improve future editions. This electronic document is available at [http://psyc.jmu.edu/counseling/clinical/handbook.html](http://psyc.jmu.edu/counseling/clinical/handbook.html).

Overview

The JMU Counseling Programs, which include Clinical Mental Health Counseling (M.A., Ed.S.), School Counseling (M.Ed.), Counseling and Supervision (Ph.D.) and College Student Personnel Administration (M.Ed.), are part of the Department of Graduate Psychology at James Madison University. Our department is in the College of Health and Behavioral Studies (CHBS). We are also participants in The Graduate School (TGS). The Department of Graduate Psychology includes Psychological Sciences, School Psychology, Counseling Programs, the Combined/Integrated Doctoral Program, and the Doctoral Program in Assessment and Measurement. Although many faculty members in the department contribute in essential ways to counselor education, a core group of faculty is primarily associated with the Counseling Programs.

The Clinical Mental Health Counseling Program welcomes a diverse student population and encourages applicants of different ages, from different social, cultural, ethnic backgrounds, and with different physical abilities. The Clinical Mental Health Counseling Program provides the course work necessary for graduates to become licensed professional counselors in Virginia. This program replaces the Community Counseling Program. Our alumni work in a variety of settings, including clinical mental health centers, community agencies, psychiatric facilities, and private practice. The 60-credit-hour program offers a distinctive combination of experiential learning, didactic course work, and training activities. Students receive both the Master of Arts and the Educational Specialist degrees at graduation. Graduates are also eligible to become National Certified Counselors. The curriculum meets all the course work requirements for Licensed Professional Counselor regulations in the Commonwealth of Virginia.

Philosophy of Training

You are joining a wide range of students – from twenty-one-year-olds who have just completed their undergraduate education, to sixty-one-year-olds who are embarking on their second (or third!) careers. No matter what your background or circumstances, our philosophy of training remains based on five simple principles.

- **You learn by working with others.** Of course, you need to engage in the solitary work of reading, writing, reflecting and studying if you expect to be successful in this training program. But you also need to come together with others to engage in the collaborative work of observing, discussing,
practicing, giving feedback, challenging, and encouraging one another. As a graduate student, you are not an island unto yourself – you cannot do it all on your own. It’s not surprising then that the word college comes from the same Latin word as colleague – *collega*, which means “one chosen to work with another.” You need teachers, supervisors and fellow learners to inform, stimulate, inspire, motivate, prod and even provoke you to refine your thinking, develop your professional skills, and make discoveries about yourself and others.

Based on this principle, we faculty members have two daunting, but critical beginning tasks as counselor educators. First, we need to develop with you – as well as every other student – a working relationship that is based on honesty, understanding and acceptance. It’s essential that we get to know, trust and respect one another if we are going to work well together. Our second, but equally important, task each semester is to transform every class of individuals into a community of learners. Instead of competing with one another for individual achievements, members of a learning community make a commitment to share information and ideas, a pledge to tolerate – and even value – different points of view, and a pact to support one another in the formidable enterprise of developing the knowledge, attitudes and skills of an effective counselor. We invite you to join us in making this commitment, pledge and pact.

- **You learn by doing.** When you are learning, you are never passive. Instead, you are a dynamic participant in the learning endeavor. We will be constantly inviting you to do counseling work in this program. In virtually every class period, you will have some activity that requires you to practice the craft of counseling – the process of encountering others, observing, gathering information, conceptualizing, and taking action. You may participate in a structured exercise, respond to a video segment, act out a role-play, or engage in some group task that demonstrates a principle that you are studying. Therefore, we invite you to come to each class ready and willing to engage fully in this active, exciting process of experiential learning.

- **You learn throughout your life.** Truly successful counselors do not limit their professional development to the classroom or to their academic careers. As a counseling trainee, you need to recognize that you have two simple options – you either can continue to grow as a person and as a professional by challenging yourself, or you can stagnate. We want you to complete this program with the attitude that learning does not end with earning a diploma. Instead, we invite you to embrace the never-ending mission of pursuing life-long learning.

- **You learn by example.** Since example is such a powerful teaching tool, the heart of a counselor education program is not the curriculum, but its people. Actions do speak louder than words, so it is vital that we exemplify any values we profess to teach. We must make it a point to let you see our love for the subject, our enthusiasm for doing counseling, our curiosity about what makes people tick, and our sense of awe about the mysteries of the mind. Instead of merely spoon-feeding answers, we strive to demonstrate the knowledge, skills and attitudes of counselors.

Of course, you can also be a great example to others. You can demonstrate the essential counseling attitudes of genuineness, caring, and openness. You can show the skills that you are developing to promote the development of your clients. In class discussions, you can share your own discoveries and observations. Whatever the situation, you bring a wealth of experience to this training and we encourage you to be generous in sharing it.

- **When you learn, you change.** Learning is one of the most challenging, as well as most fulfilling, of life’s adventures. As you examine ideas that may threaten your preconceived notions, as you grope along through your periods of confusion, and as you read, reflect, synthesize, speculate and
brainstorm, you forge your personal and professional journey. Through this learning, you do more than acquire knowledge and develop skills – you transform yourself.

When you become a successful graduate of our training program, you will not be the same person to whom we had offered admission. You will be more seasoned, with a greater insight into, and a deeper appreciation for, the richness and complexity of life. You change – just as your clients change – and we are privileged to be a part of that change process.

**History**

The Guidance and Counseling Program began in 1970 when the Department of Special Education was formed here at what was then Madison College. Two years later, the program’s faculty members requested that Guidance and Counseling be shifted to the Department of Psychology. At this time, the program included such courses as Case Studies in Guidance and Dynamics of Mental Health.

In 1973, the program underwent a major transformation. First, Guidance was renamed Counselor Education. Second, many new courses were added to revamp the curriculum. The Counseling Program was moving in new directions by design. No longer focusing only on school guidance, it was moving toward “applying counselor skills in other human service fields such as industry, religion, community agencies, and the like.”

By the following year, Counselor Education declared five areas of concentration for students: school counseling or pupil personnel administration, college counseling, student personnel work in higher education, employment counseling, and psychological counseling in agencies or institutions. A second level beyond the Master’s was recommended for several of these options.

During the 1977-1978 academic year, the Counseling Programs became more delineated. Most of them were 36-credit-hour Master of Education programs, with some requiring an additional 30 hours for counseling licensure. The following year, Counselor Education further defined six areas of concentration, some involving two levels.

Coordinated by Dr. Carl Swanson, the Counseling Program made rapid strides toward more diversification, particularly in the direction of counseling in community agencies and private practice. Dr. Swanson was instrumental in lobbying the Virginia legislature to pass licensure for non-doctoral counselors.

During the mid-1980s, the Counseling Programs designed a program specifically for counselors in the elementary schools. Dr. Jack Presbury assumed coordination when Dr. Swanson gave up the role. Later, Dr. Helen Moore took on the coordinator’s responsibilities. Under Dr. Moore’s guidance, the Community Agency Program renewed its accreditation from CACREP. In the late 1980’s, the Counselor Education program began to emphasize the more clinically oriented skills of assessment and intervention. During this time, the Counseling Program continued to refine the tracks and areas of specialization.

Dr. Lennis Echterling became coordinator in 1994 and led the program through a successful CACREP re-accreditation process in Community Counseling and an initial accreditation in School Counseling in 1996. Continuing the momentum of gaining accreditation, in the spring of 2003, the Counseling Programs successfully completed the re-accreditation process and received full accreditation through the year 2011. In January 2009, Dr. A. Renee Staton, a Counseling faculty member since 1999, assumed the role of Program Director. She oversaw the implementation of significant changes in the
School Counseling Program. The curriculum was streamlined to enable students to complete the entire program in two calendar years. She also oversaw the most recent CACREP accreditation process, in which the Clinical Mental Health Counseling and School Counseling programs were reaccredited.

From January 2012 to August 2014, Dr. Echterling returned to serve as Director of Counseling Programs, which included Clinical Mental Health Counseling, School Counseling, the Ph.D. in Counseling and Supervision, and College Student Personnel Administration.

In August 2014, Debbie Sturm assumed the role of overall Director of Counseling Programs while continuing her duties as Coordinator of the Clinical Mental Health Counseling Program. Renee Staton and Michele Kielty are sharing the duties of Coordinator of the School Counseling Program. Lennis Echterling is continuing in the role of Coordinator of the Ph.D. in Counseling and Supervision Program. David Ford is joining the Counseling faculty as an Assistant Professor. Jack Presbury is retiring, but is continuing on in the role of part-time Adjunct Faculty.

Our program’s vitality is reflected in a small sampling of accomplishments and efforts during recent years. To promote the personal and professional development of counseling students, the faculty collaborated on a book, “Thriving! A Manual for Students in the Helping Professions.” The guidebook, which is now in its second edition, offers graduate students suggestions and strategies for enhancing academic skills, managing stress, making the most of training experiences, and launching their careers. Members of our faculty have continued to publish other books on such topics as community counseling, brief counseling, crisis intervention, social class, and the therapeutic relationship. They also frequently speak at professional conferences, present training workshops, write articles and book chapters, and consult with agencies, schools, and community organizations.

In 2001, JMU Counseling Programs played an important part in the response to the terrorism of 9/11. In the hours following the attacks, faculty members emailed information on dealing with terrorism to school counselors, professional counselors, and other practitioners in the region. They also posted the material on web pages linked to the Counseling Programs website. The next day, we organized "Making A Difference," a faculty-student volunteer group that collaborated with the American Red Cross to provide outreach services, community education materials, and consultation services promoting personal and community resilience.

As a follow-up response to the terrorism, Counseling Programs organized a successful 2002 Summer Institute in Counseling, a series of workshops for practitioners and graduate students, cosponsored by the Virginia Counselors Association. The theme of the institute was “Hope in Hard Times: Discovering Strengths, Envisioning Possibilities,” and included such workshops as “Play Therapy with Traumatized Children,” and “Spirituality and Coping with Grief.”

Each summer for the past 17 years, the Counseling Programs have presented the James Madison University Summer Institute in Counseling, a series of workshops for practitioners and graduate students, cosponsored by the Virginia Counselors Association. This is the longest running university-sponsored professional development program for counselors in the country. You can find information regarding the Summer Institute on our website.

Every two or three years, counseling faculty and students have published a comprehensive directory of the region’s mental health services. We compiled the information and distributed hundreds of copies of the most recent edition, a 94-page directory, to school counselors, community counselors, clinical social workers, psychologists, physicians, human service organizations, and other referral services in the local area. Our website has posted the directory so that anyone can download the
One sign of the JMU Counseling Programs’ distinction is that we have maintained continuous CACREP accreditation since March 1980. Only three institutions in the United States have a longer history of such accreditation. Our list of strengths include the program’s focus on interpersonal process, excellent results on the National Counselors Examination, tremendous involvement of students, impressive scholarly work of faculty, an outstanding handbook, the quality of the current students and alumni, an innovative comprehensive examination, and intensive training experiences.

In addition to our formal clinical services, faculty members and students have organized and offered outreach services to the children of local National Guard members who were activated for the war against Iraq and anti-terrorist activities in Afghanistan. Every month for over seven years, the children and families of mobilized troops gathered to share a potluck dinner, meet in a support group, and participate in expressive play activities that are facilitated by faculty members and students.

Following Hurricanes Katrina and Rita, Counseling faculty and students participated in several projects. One was “Assignment Backpack,” which involved the collection, assembly and distribution in Mississippi of backpacks filled with school supplies, personal health items, a book, and a toy or stuffed animal, to help displaced children continue to heal, learn, and play. In October, a team of two faculty members, along with volunteers, caravanned in vehicles to Mississippi. Covering over 2,800 miles in a week, they worked with survivors in Gulf areas affected by Hurricane Katrina, met with evacuees in Columbus, discussed disaster response issues with a member of the Governor's office in Jackson, and finished by participating in the Governor's Forum for Rebuilding in Biloxi. They distributed backpacks and other materials books, toys and computer equipment. They also provided disaster consultation, training, and intervention services to individuals, communities, agencies, schools, and faith-based organizations.

During the summers of 2006 and 2009, Counseling faculty members co-led “Girls on the Move: A Leadership Experience.” The purpose of the camp was to build self-esteem and competence through technology, fitness and friendship. Rising sixth grade girls, ages 10 and 11, from the Harrisonburg City Schools and Rockingham County participated. In 2009, Dr. Michele Kielty and Dr. Renee Staton were awarded the Mosier Fellowship to support their work with the Girls’ Leadership Experience Camp.

In response to the shootings at Virginia Tech University on April 16, 2007, JMU faculty members provided a variety of crisis intervention, consultation, and public education services. One example involved the development and dissemination of electronic brochures for parents, educators and concerned citizens, providing guidelines and suggestions for coping with this traumatic event. Counselors and other helping professionals distributed the material to countless parents, teachers and other concerned individuals. The Virginia Counselors Association and Virginia School Counselors Association emailed the material to their entire membership. Immediately after the February 12, 2008, shootings at Northern Illinois University, the university website posted material that JMU two counseling faculty members had developed as “After the NIU Shootings: What Families Can Do.” The Ohio Department of Mental Health and other institutions are also using these materials in its catastrophic and emergency planning.

In 2010, the Community Counseling Program was changed to the Clinical Mental Health Counseling Program. This change allows the JMU Counseling Programs to stay abreast with current trends while remaining consistent with CACREP standards and expectations for 60-unit counseling training programs.
During the past year, JMU Counseling Programs also have continued to provide extensive outreach services to the local region. Last year alone, our Clinical Mental Health Counseling, School Counseling, and Ph.D. in Counseling and Supervision interns provided over 11,100 hours of counseling services to community agencies, counseling centers, psychiatric facilities, and schools.

Counseling Programs hosted the highly successful 2013 Graduate Student Conference, sponsored by the Virginia Association for Counselor Education and Supervision (VACES), on February 8. Over 110 participants from the 14 counselor education programs throughout the Commonwealth of Virginia attended the event. The conference featured over 40 workshop sessions and 8 poster presentations. Significantly, 11 of the presenters were current JMU students. Thom Field, who is a JMU doctoral student and treasurer of VACES, coordinated the event with the great assistance of the JMU Alpha Sigma Chapter of Chi Sigma Iota, faculty advisor Debbie Strum, and many other JMU student volunteers.

Immediately following the shootings at Sandy Hook Elementary School, JMU Counseling faculty members consulted with the president of the Connecticut Association of School Psychologists. As a result, public education materials were electronically distributed to thousands of counselors, therapists, educators, and concerned citizens. The resilience-based documents encouraged recipients to use the information, which was not copyrighted, to create handouts, newsletters, and websites with their own logos and organization names.

JMU’s Alpha Sigma Chapter of Chi Sigma Iota was the 2012-2013 recipient of the Outstanding Chapter Individual Program Award. The prestigious honor recognized the exceptional achievement of our chapter in hosting the annual Out of the Darkness Campus Walk. Representatives of the JMU Alpha Sigma Chapter received the honor during the Awards Ceremony of the American Counseling Association Annual Convention. The walk, supported by the Central Valley Counselors Association and hosted by JMU Counseling Program’s Chi Sigma Iota, has raised funds for research and services sponsored by the American Foundation for Suicide Prevention. More importantly, the walk provided relatives and friends a meaningful opportunity to share their memories of loved ones lost to suicide, offer support to one another, educate the public regarding this important issue, and honor the resilience of the human spirit.

The JMU Counseling Programs have an outstanding faculty. Counseling faculty members have been the recipients of three national ACES awards, including Distinguished Professional Service in Counselor Education, Counseling Vision and Innovation, and Publications in Counselor Education and Supervision. Faculty members have received the Virginia’s Outstanding Faculty Award, Innovative Diversity Education Award Grant, Mosier Fellowship, College of Integrated Science and Technology Teaching Grant, Virginia Counselors Association Humanitarian and Caring Person Award, James Madison University Distinguished Teaching Award, James Madison University All Together One Award, College of Education and Psychology Award for Distinguished Teaching, Madison Scholar Award, College of Integrated Science and Technology Award for Distinguished Teaching, College of Integrated Science and Technology Award for Distinguished Service, College of Integrated Science and Technology Outstanding Senior Faculty Award, William Hall Faculty Award for Outstanding Service to Students, and other recognitions. In recognition of the many training innovations and service projects, the Southern Association for Counselor Education and Supervision honored the JMU Counseling Programs by selecting us as the Outstanding Counselor Education Masters-Level Program.

As you can see, we have a long and rich past, an active and vibrant present, and an exciting and promising future – with you on board!
2. Admissions Process

The Clinical Mental Health Counseling Program requires satisfactory GRE results, promising undergraduate course work and GPAs, extensive related experiences, a clear and well-written personal statement, strong letters of references, and successful interviews. A criminal history check is required of admitted students during the first fall semester. All candidates must go through the entire admissions procedure. Admission is selective and we admit only a limited number of students each year.

Applicants may apply online by going to the following website, where their information is securely stored and transmitted: [https://www.applyweb.com/apply/jmug/index.html](https://www.applyweb.com/apply/jmug/index.html). Applicants need to submit their materials by January 15 to ensure consideration.

The initial screening of the applications is based on the information that the applicants have submitted. This material includes: undergraduate course work and GPA, GRE scores, letters of reference, description of related experience, and a personal statement. During the first half of February, the Counseling faculty members assess the applications using the Counseling Applicant Screening Form (See Appendix G) and recommend which applicants should be invited for on-campus interviews.

In our invitation letter, we inform candidates of the challenging and personal nature of the interview experience. We remind them that it takes more than intelligence and academic skills to be a successful counselor. We also are looking for maturity, openness, flexibility, sensitivity, and a knack for empathically understanding others. We are expecting candidates to be eager to explore themselves, willing to deal with emotions, and open to hearing feedback. We alert the candidates that we will be asking them personal questions and inviting them to be active, involved, and contributing participants in the intensive process of encountering one another. Finally, we enclose a reading segment that describes a principle for thriving as a counseling student. We instruct candidates to read the material carefully because they will be asked to refer to it when they complete a writing sample during the interview.

We interview the top applicants sometime during the end of February or beginning of March. About 10 Clinical Mental Health Counseling applicants participate in either of two sessions, which usually take place on a Friday and the following Monday. The entire session takes about four hours because applicants are involved in a variety of activities:

- **Photograph, handout, and introduction.** When they arrive, interviewees are photographed and receive handouts providing information regarding their group assignment, locations of meetings, and schedule of events. At 9:00 a.m., the program director welcomes the interviewees and provides a brief orientation to the interview session. The photographs are available only to committee members to assist in identifying candidates at later meetings.

- **Small group discussion with graduate students.** The graduate students serve as resources to the applicants by answering their questions and providing information regarding the program, the university, and the community.

- **Faculty interview.** Pairs of faculty members interview small groups of about five applicants. The group interviews explore the applicants’ perceptions regarding their personal strengths, concerns, observations, and reactions. The process involves self-disclosing, listening, and giving personal feedback.

- **Faculty follow-up.** Applicants then meet with two additional faculty members. The purpose of this meeting is to assess the applicant’s reactions to the interview process, to answer any questions, and
to offer any necessary assistance.

- **Writing sample.** The applicants write a statement reflecting on what they have read, seen, experienced, shared, and learned during this interview.

- **Lunch.** The JMU chapter of Chi Sigma Iota provides a lunch for the applicants, current students, and faculty members.

- **Guided tour.** The program’s graduate assistant offers an optional guided tour of the facilities, including Johnston Hall, Miller Hall, and Carrier Library.

The Counseling Programs Committee review meeting takes place soon after the interviews. At this meeting, the committee assigns each applicant to either to a list of those recommended for acceptance, a wait list, or an automatic reject list. The decisions are based on the performance during the interviews and the information submitted by the applicant. By the end of the meeting, the committee has:

- developed a list of the candidates who have been recommended for acceptance, and
- ranked the names of those candidates who have been placed on the wait list.

Based on the current population of students and availability of resources, we adjust the number of applicants we accept each year. Currently, we plan to accept about seven new Clinical Mental Health Counseling students.

Once the committee has made its selection, we immediately launch a campaign of quickly, personally, and regularly contacting these top candidates. In telephone calls, email messages and letters, we provide applicants with information regarding financial assistance, graduate assistantships available across the campus, procedures for acquiring loans, part-time counseling-related jobs in the community, program announcements, and other updates.

We remove from the acceptance list any names of applicants who have notified us that they are not accepting our offer. As openings occur in the acceptance list, we contact applicants on the wait list according to rank order until the slots are filled.

By the middle of March or early April, The Graduate School sends a letter that provides an official notification to the applicants who are either placed on the wait list or whose applicants have been rejected. During this time, we continue to engage in follow-up recruitment of those applicants to whom we have offered admission. We continue to update them on program events, answer their questions, and discuss their options. To those applicants who accept our offer of admission, we provide detailed information in May regarding the process of course registration. We encourage new students to pre-register in order to obtain the classes they need.

An applicant may appeal an admission decision by submitting a written petition to the program director, who then refers the appeal to the Program Committee. In some cases, the committee may suggest remedial procedures to an applicant with the possibility of reapplication at a later date.

**Transfers**

Occasionally, students who have enrolled in one of our counseling programs decide that another track would be more appropriate. If you wish to transfer from one JMU counseling program to another, then you need to submit a written petition to the director presenting your request. You then will meet with a subcommittee made up of the director, a faculty member from your original program (usually
your advisor), and a faculty member representing the program you wish to enter. The subcommittee will bring a recommendation to the Counseling Programs Committee for approval. If your petition is approved, you will have to submit an application to the Graduate School.

Clinical Mental Health Counseling students may request the opportunity to take additional course work and internship experiences necessary to fulfill the requirements for Virginia licensure in school counseling. You would not receive degrees in both programs, but you could meet the coursework requirements for both licenses. Currently, as a Clinical Mental Health Counseling student, you need to take the following additional courses to meet all the requirements for the Virginia Board of Education regulations for school counselors:

- PSYC 640 School Counseling
- PSYC 790 Internship in School Counseling (two semesters)

If you are interested in this non-degree option, you will want to meet with the School Counseling Program coordinator to receive the most current information regarding the policies and procedures of the Virginia Board of Education. You should contact your faculty advisor early in your training so that you can add additional courses and training experiences. Please note that we can guarantee that you will meet JMU graduation and CACREP requirements if you follow one of our approved programs of study. However, we cannot guarantee that Virginia licensure and/or certification boards will accept nontraditional internships or course substitutions. Similarly, if you plan to practice in another state, you should investigate that state's licensure requirements early in your graduate training.

You can review the LPC licensure requirements available at the Virginia Board of Counseling website: [http://www.dhp.state.va.us/counseling/](http://www.dhp.state.va.us/counseling/). The Virginia Licensure Board periodically revises the regulations governing licensure as a professional counselor, so we recommend that you stay in contact with the Board throughout your training program. To assist you in the licensure process, we have developed detailed guidelines for you to follow, but the regulations and policies change regularly, so it is your responsibility to remain current regarding licensure requirements. The guidelines, which are being revised to reflect the most recent changes, are located on the Clinical Mental Health Counseling website at [http://psyc.jmu.edu/counseling/clinical/studentresources.html](http://psyc.jmu.edu/counseling/clinical/studentresources.html).
3. Mission Statement, Learning Outcomes, and Expectations for Students

Mission Statement

As members of the Clinical Mental Health Counseling Program of James Madison University, we have formed our own special community of faculty, staff, and students. We vary in abilities, age, class, gender, ethnicity, race, religion, sexual orientation, and place of birth, but we share a common vision of achieving a vitally important mission – transforming students into successful clinical mental health counselors.

Our clinical mental health counseling alumni are dedicated to providing competent, caring, and ethical services to diverse clients in public agencies, community programs, and private practices. Putting our principles into practice, we strive to create a caring community in which we can thrive personally and grow professionally. While many of our graduates work in rural communities in Virginia’s Shenandoah Valley or among the mountains of West Virginia, many more have moved on to serve in other communities throughout the mid-Atlantic region, and across the nation. We invite our students to embark on a life-long journey of exploring new possibilities, refining their skills, and staying fresh throughout their careers. We encourage them to support one another in the formidable task of facilitating the change process in individuals, couples, families, groups, and communities as licensed professional counselors. Finally, we challenge our graduates to advance the mental health counseling profession through service, research, innovation, advocacy, and training.

Learning Outcomes

The learning outcomes of the Clinical Mental Health Counseling Program include both common core standards and program-specific standards. Appendix A offers a matrix that shows the common core standards, the courses that focus on those standards, and the specific learning outcomes for each standard. In addition to the common core knowledge learning outcomes, as a student in the Clinical Mental Health Counseling Program, you are expected to demonstrate the program-specific knowledge learning outcomes that are specified in Appendix D. You will also demonstrate the skills and practices learning outcomes in Appendix F.

Expectations for Students

In order to achieve the learning outcomes described above, you need to maintain ongoing commitments to three essential domains – academic achievement, self-reflection and personal growth, and ethical and professional behavior. These commitments are not only necessary for your success as a student in this program, they are also vital for your success as a counselor.

• Academic achievement. The depth and breadth of the curriculum reflect the high expectations we have for academic achievement. Of course, we expect that you fulfill all course requirements, but we also encourage you to extend yourself, to challenge yourself by pursuing knowledge and skills beyond the minimal course requirements. In fact, we emphasize that a commitment to learning should continue long after you have earned your diploma. Life-long learning is essential for keeping abreast of new developments in the field and for refining your counseling skills.

• Self-reflection and personal growth. Throughout your career at JMU, from your admissions interview to the graduation ceremony, you will have countless opportunities for personal growth and greater self-awareness. It is up to you to take full advantage of these opportunities. For example, you will be receiving feedback from your instructors, supervisors, advisor, fellow students, and clients.
every instance, you have the chance to be open to their observations, reactions and suggestions. Just remind yourself that you are like a parachute – you work best when you’re open.

You will find that the most important discoveries you make here – the greatest learning experiences you have – take place when you are truly open to look at yourself. The many videos you will watch, the extensive feedback you will hear, and the countless occasions of introspection you will experience can help you tremendously in knowing your most important tool as a counselor – yourself.

- **Ethical and professional behavior.** Counseling is based on more than knowledge, skills and self-awareness. It is also based on values. These values include honesty and respect for the rights of others. In your courses, you will be expected to follow the JMU Honor System that dates back to the 1909-10 academic session. Students adopted the present Honor System in order to uphold individual and community integrity. You are expected to observe complete honesty in all academic matters and to report instances where another student has violated the Honor System. The JMU student handbook describes the honor system in detail. All incoming JMU students are required to complete an online Honor System Tutorial and test during their first semester. Whenever you are unsure about what conduct is authorized or unauthorized in a course, you are strongly urged to ask your instructor to clarify. The Honor Council office is located in Johnston Hall, its telephone number is 568-6383, and its website is located at http://www.jmu.edu/honor/.

You will also learn the ACA Code of Ethics (see Appendix R,) and will be expected to follow it in all situations. Violation of the JMU Honor System or the ACA Code of Ethics is grounds for failing a course and being expelled from the program.
4. Aid, Housing, Parking and Advising

Assistantships

At JMU, there are over two hundred assistantships that have been developed to meet the needs of academic departments and student services programs. Most assistantships award both a stipend and a tuition scholarship for 9 credit hours each fall and spring semester. Most of our students who have assistantships actually work for other programs and departments throughout the JMU campus. The Department of Graduate Psychology and Counseling has a limited number of graduate assistantships available to you.

Graduate assistants may work in an academic department or an administrative office. They may assist faculty members in preparing for classes, conducting some classes, and tutoring. Other duties may include: grading papers, conducting research and library work, maintaining the test library, and assisting program directors. Graduate assistants work 20 hours a week, usually carry a course load of nine credit hours of study, and must be enrolled in a degree program. You need to apply each year that you wish to have an assistantship.

There are a couple of ways that you may learn about available graduate assistantship positions throughout the university. The director of the Counseling Programs will alert you to any assistantships that he or she discovers. Some assistantships are also posted on the JobLink service, which is on JMU's website. You can review descriptions of assistantships, find information about the required qualifications, and submit an application.

The URL for the JobLink site is http://www.jmu.edu/humanresources/emp/joblink.shtml. At this page, you click on the login For Applicants. Then, click on "Graduate Assistant Positions." You can select the position that interests you, complete an application, and submit it. Assistantship programs will contact you directly if they decide to interview you. If you are selected for an assistantship, the hiring program draws up contract materials and forwards them to The Graduate School. After you sign the contract and complete the tax forms, return them immediately to the hiring program so information can be entered into the payroll system.

There are some steps you can take to improve your chances for an assistantship:

• Take care of the minimal criteria. For example, to be eligible for an assistantship, you must be accepted as a degree-seeking student in our program, so you've already fulfilled that criterion. You must have an official transcript showing that you have, or are completing, a baccalaureate degree from a regionally accredited institution. After receiving an assistantship, you must maintain at least a 3.0 graduate GPA in order to retain or reapply for the assistantship.

• Regularly check your email messages and search the JobLink website. The Counseling director will send graduate assistantship announcements on the email distribution list, so make sure that the program has your preferred address.

• Do not limit your search for assistantships to the department. It is true that most departments and colleges will give preference to their own graduate students. However, the vast majority of counseling students who are graduate assistants have positions outside the Department of Graduate Psychology.

• Highlight your computer, research, and people skills. These are the skills that are in
demand, especially for non-academic departments and administrative offices.

- **Remember that neatness and accuracy do count.** Yes, your elementary teachers were right, so be careful when preparing your application materials. People will assume that the care you show on these documents, which usually include a letter of application, a resume and three references, is an indication of the care you would take with job assignments.

- **Contact departments and programs directly about specific assistantships.** You may need to get out there and call around to a number of departments and programs because assistantships can come open quickly and unexpectedly.

- **Be persistent.** Faculty and staff members are busy people, so it is important for you to be persistent and not afraid to ask questions about positions.

There may be a few assistantships available in the summer, but they are typically grant funded. Most students who choose to take courses during the summer term apply for loans or obtain part-time jobs to fund their summer tuition. During their academic career at JMU, depending on their circumstances, students with assistantships may be able to take one underload semester, during which they take fewer than nine credit hours. If you anticipate needing to request an underload, please contact the Counseling Programs Director by the third week of the semester prior to your planning to take the underload. The Graduate School must approve these requests after the Director has approved them. If you have questions about policies and procedures about graduate assistantships, contact The Graduate School at 540-568-6131.

**Jonathan Davis Memorial Scholarship**

Funded by Martin and Jane Davis to honor the life of Jonathan Davis, this scholarship is given to support a student in the department who has a special interest in the prevention of suicide or posttraumatic stress. To qualify, you must:
- be a degree-seeking student in one of the graduate training programs in the Department of Graduate Psychology at James Madison University;
- be enrolled in courses during the academic year following the awarding of the scholarship;
- demonstrate a strong interest in suicide prevention through training, research or practice; and
- have a graduate G.P.A. of at least 3.5 and be making good progress in the training program.

The application process takes place every spring semester. To apply, submit a typed, double-spaced personal statement, between 3 to 5 pages, describing your past experiences, current interests, and future plans in training, research or practice of suicide prevention or posttraumatic stress. Submissions are addressed to the Head of the Department of Graduate Psychology.

**Centennial Scholars Program**

The Centennial Scholars Program offers support to under-represented Virginia students from lower socio-economic backgrounds. The program provides a financial aid package that can cover the billable costs of attending JMU. These funds can cover tuition, fees, and room and board for a maximum of two years for graduate students. For more information, you can go to the program's website at [http://www.jmu.edu/centscholars/index.html](http://www.jmu.edu/centscholars/index.html)

**Loans and Other Financial Aid**
The Financial Aid and Scholarships Office is a good resource for information about loans and other financial aid. A major source of financial assistance is the Federal Stafford Loan, both subsidized and unsubsidized. You begin the application process by completing a Free Application for Federal Student Aid (FAFSA). To save time, file electronically by completing and submitting your FAFSA online at [http://www.fafsa.ed.gov/](http://www.fafsa.ed.gov/).

There are other time-saving suggestions you can follow. First, before you begin to complete the online form, gather the documents you need, such as social security number, driver’s license, income tax return, bank statements, and investment records. When you complete the form, you should specify James Madison University as a recipient of the results (code: 003721). Once you have filed your FAFSA, the earliest you can expect to receive your financial aid notice from JMU is April. Next, print a hard copy of the FAFSA on the Web Worksheet. You then can write in your answers before transferring the information to the FAFSA on the Web. Third, speed up the process by using a PIN to sign your application electronically. If you have a valid e-mail address, you can apply for a PIN. It takes up to three days to obtain a PIN electronically instead of the ten days it could take a signature page to be processed through the mail. Fourth, check your eligibility for federal student aid. Read carefully the requirements and restrictions regarding assistance. For example, you need to be enrolled in at least 5 credits during each semester for which you are seeking loans. Finally, apply as early as possible. The priority deadline for financial aid is March 1 of each year.

After you have submitted your FAFSA electronically, the Department of Education will process your application and send you a Student Aid Report (SAR). JMU will also receive an electronic copy of your SAR. You should review this report, make any necessary corrections, and return it to the financial aid office as quickly as possible. The financial aid office staff reviews the SAR to determine your eligibility for aid and notifies you of its determination. Need is based on a hypothetical student budget, minus any family contribution, that the financial aid office calculates on a yearly basis. If you qualify, you then receive the loan application form. You should complete the application and return it immediately.

Once you receive an award notice, you will need to respond to it by accepting all or part of the aid offered and filling out any necessary forms as specified on your award notice. Once all of the required forms have been submitted, no further action is required unless your student status changes. If you have already set up your computing account, you can keep an eye on your financial aid account by signing into e-campus and clicking on Finances to see the status of your loans and account balance. If you are receiving a student loan in excess of your tuition expenses, you probably want to set up direct deposit for the university to automatically deposit your loan refund amount into your bank account. This is much quicker than waiting for the university to mail a check. This can be set up online through e-campus, or print and mail the form if you prefer.

If you are an incoming student or have taken a summer class at another school, you also can facilitate the process by arranging for your transcripts to be sent to the university’s financial aid office, rather than waiting for the office to request the records. You will help speed up the process if you meet the deadlines for each stage. One routine interruption of the procedure is the need to verify tax records. Some applicants are chosen at random for verification, and the financial aid office is then required to look at all their tax forms for the past year. If you are chosen for verification, simply provide the information requested. Typically, you are asked to present a signed tax form.

**Federal Work-Study**

You may not realize that Federal Work-Study (FWS) is available to not only qualified undergraduate students, but also those in graduate programs through the JMU Office of Financial Aid.
and Scholarships. In addition to establishing financial need through the Free Application for Federal Student Aid (FAFSA), you must be a degree-seeking graduate student enrolled on at least a half time basis who is maintaining good academic standing. Students usually work 10 hours per week while taking classes during the academic year, but can also work more hours in some positions in the summer. Students with graduate assistantships through the academic year may also qualify for summer employment. There are opportunities for FWS jobs here in the Department of Graduate Psychology and Counseling, across the campus, and in the community.

The selection of students for all FWS positions is a competitive process, so job placement is not guaranteed. You need to submit an application in the summer to be considered for a FWS position during the academic year. Students awarded FWS are eligible to apply for America Reads tutor positions and local community based positions with non-profit organizations. These positions are coordinated through the Community Service-Learning Office. For more information, go to: http://info.jmu.edu/csl/index.php. Visit the on-campus job announcements section at: https://joblink.jmu.edu/applicants/jsp/shared/frameset/Frameset.jsp?time=1287606022085. To view current student employment opportunities and application procedures, click on “Student Positions.” In addition to providing information on FWS jobs, this list gives you information about current Institutional Employment job vacancies.

For more information about loans or other financial assistance, please contact the Office of Financial Aid and Scholarships on the third floor in Warren Hall at 540-568-7820.

Housing

JMU does not have any on-campus housing available for graduate students. Information about non-JMU sponsored housing can be found through Off-Campus Life at 568-6071. The Center is located in Festival 1130, East Campus and its website is http://info.edu/ocl/. Its services include providing housing guides, roommate search, bus schedules, student directories, and class schedules. It offers information on every aspect of settling in the Harrisonburg area. Check with the Center if you have any housing concerns, such as lease difficulties, landlord conflicts, and parking and transportation problems. The local newspaper, “The Daily News Record,” as well as the campus newspaper, “The Breeze,” also have listings of rental properties in the area.

Depending on where you find housing, you may need to contact local electric, gas, phone, and cable companies to have utilities connected at your new residence. There are many people moving to Harrisonburg in August, so call the relevant utility companies early to obtain a prompt installation appointment.

Parking

If you plan to drive to campus, you need to obtain a parking permit. Take care when you park because JMU strictly enforces its parking regulations 24 hours a day and tickets are expensive. You can order a parking permit online through the parking services website at http://www.jmu.edu/parking/ or you can purchase it directly at the parking services office on the ground floor of the parking garage near the stadium. A parking permit for full-time students costs about $212 per school year. Unfortunately, having a parking permit does not guarantee you a place to park on campus. Some students call it a “hunting license.” So, be sure to give yourself plenty of time to find an appropriate place to park. At peak times, you may have to wait for a parking space or park at more distant lots. Look over the regulations and parking lots available to avoid receiving a ticket.
Keep in mind that you can make use of the Harrisonburg bus system for free with your JAC card, so check out the bus schedules and routes. Also, you may want to carpool with other students, ride a bike, or walk to campus.

**Advising**

You are assigned a faculty advisor who is familiar with your particular degree program. Our faculty members consider advising to be an important part of their role. They welcome the chance to be involved in planning your training experiences, course schedules and counseling careers. You are strongly encouraged to meet with your advisor regularly. At the very least, you need to contact your advisor at the beginning of your first semester to fill out a **Planned Graduate Course Sequence** (See [Appendix K](#)) to place in your file. Although you will be assigned one, you may also request a particular faculty member to be your advisor. At any time, you may also seek assistance from the Director of Counseling Programs or from another counseling committee member.

**Please note!** It is **your** responsibility to stay in contact with your faculty advisor.

**Peer Mentoring**

As you may suspect, starting graduate school is an exciting, but often stressful and challenging experience. Our current students can help new people make that transition by serving as peer mentors. Your peer mentor can be an important resource for answering your questions about the program, offering helpful information about resources at JMU, giving details about the Harrisonburg community, and providing support and encouragement.
5. Program Rituals

As members of this learning community, we have found that regularly coming together to participate in rites and rituals can enrich the training experience, strengthen our sense of community, offer affirmation of our growth, give voice to the fundamental values we share, and celebrate our accomplishments. Now that you are also a member, we invite you to participate in all these rituals throughout your training. We have developed rituals for five important milestones in your training. These milestones are: selection, orientation, comps, capstone experiences, and graduation.

Selection

In many counselor education programs, your only involvement in the selection process is when you apply. However, we believe that our current students play a valuable role in the selection of new ones. Like the ritual of marriage, finding the best match is the first and most important decision for both the counseling applicant and the counselor education program. To help both the candidate and the program make informed decisions, we have developed an admissions interview procedure that involves applicants, faculty members and current students in an intensive sample experience of the training program.

We invite you to participate in this process each year by volunteering to provide applicants with helpful information and support. You may remember with appreciation your own encounters with students while you were an applicant. Your contributions now can make a difference to future students at this critical point in their academic lives.

Orientation

A very helpful and practical resource is JMU’s Graduate Student Orientation website at http://www.jmu.edu/grad/orientation/. This site was designed by and for graduate students, so it has detailed information on how to register for classes, purchase textbooks, obtain your student ID, and acquire a parking pass. It also provides information about the JMU campus, the Harrisonburg community, and possible living arrangements.

New (and returning!) students also find that several additional JMU websites are particularly helpful:
To know when registration, course adjustment, and related deadlines are, please visit the Registrar’s Office at: http://www.jmu.edu/registrar/
To find information regarding the beginning and ending of each semester, semester breaks, and holidays, check the Academic Calendar at: http://www.jmu.edu/registrar/academiccalendars.shtml
To know what courses are offered each semester, which sections of courses are open, and to identify the instructor of a specific section, log in to ecampus at: https://ecampus.jmu.edu/psp/ecampus/SELFSENV/?cmd=login&languageCd=ENG&
If you have questions about a specific course, feel free to contact the instructor directly. You will find contact information for all instructors at: http://www.jmu.edu/directory/
To determine what textbooks you’ll need for a specific course, visit the JMU bookstore website at: http://www.jmu.edu/bookstore/ You’ll then need to enter the course and section numbers. If no text is listed, feel free to contact the course instructor directly.
Finally, The Graduate School is an important resource for you. The Graduate School staff will work closely with you in ensuring that your academic records are up to date, and have set very clear deadlines for tasks that you will need to complete, such as submitting your graduation application. You will receive periodic emails from the Counseling Programs Director throughout the year to remind you

of upcoming deadlines, but it is always your responsibility to make sure that forms are completed and submitted on time. Submitting forms late can cause unnecessary stress and, in some cases, cost you money! Please take time to visit the Graduate School website and note their due dates: http://www.jmu.edu/grad/current_students/.

We understand that new students often have access to an overwhelming amount of data through catalogs, handbooks, course schedules, websites, and faculty advisors. We also recognize that since embarking on any important journey is rarely a solitary, certain or easy venture, it requires much more than facts to gain one’s bearings. Such an endeavor requires a ritual that brings together everyone involved in the journey, that bears witness to the enormity of the undertaking, and that invites everyone’s commitment to helping one another along the way.

In addition to an orientation meeting and handbook, our orientation ritual includes a potluck picnic and a candle light ceremony at the beginning of the fall semester. The potluck arrangement underscores the fact that everyone contributes something unique and interesting to the mix that makes up our training program. Once the meal is over, we participate in a candle light ritual in which each of us shares what we can contribute to the community and what we hope to gain as members of this community.

Again, we invite you to participate in this ritual every year that you are a member of the program. Your involvement will enrich the ritual and, besides, you may be surprised how the contributions and hopes that you share will change from one year to the next.

Comprehensive Examination

Many counselor education programs rely only on a multiple-choice comprehensive examination to document that students have integrated essential knowledge of counseling theories, research and practice. However, in addition to taking a test, in our program you provide samples of your actual work for the comprehensive examination. These work samples include documentation of your practicum activities, a segment of a counseling recording, transcript, written analysis of the case, a proposal for your Ed.S. Research Project, and a completed Committee Approval Form.

You can find a detailed description of the comprehensive examination in another chapter of this handbook. We are presenting it now because the comprehensive examination also serves as an important rite of passage. It gives you a chance to demonstrate not only to us, but also to yourself, that you are ready to become a professional. You emerge from this process with a greater sense of personal and professional confidence.

Although you only need to pass the comprehensive examination once, we encourage you to do your part to make this a successful ritual for other students. You can make a difference by supporting students as they embark on this rite of passage, encouraging them as they confront their own doubts, and congratulating them on their successes.

Capstone Experiences

We believe that program rituals provide guidance and support as you progress on the journey of becoming a professional counselor. The capstone experience of internship marks your important transition from student to beginning professional. Because we value advocacy and professional involvement as training goals for our students, we also require you to conduct a presentation at the Spring Symposium. The symposium simulates a professional conference to give you an opportunity to practice an important dimension of your emerging professional role – that of expert.
Like the comprehensive examination, the symposium can stir up some anxiety beforehand, but you will later value these experiences as powerful opportunities to gain greater confidence in your potential to become a successful counselor.

We strongly encourage you to attend the Symposium every spring semester. You will not only benefit from the expertise that interns share, but also gain from observing how to offer an effective presentation. Remember – you will soon be at that speaker’s podium yourself!

**Graduation and Commencement**

The graduation and commencement exercise is a widespread and long-standing tradition, but because it often involves hundreds of participants, it can become impersonal and lose its power. Therefore, we have developed an additional ritual to express the collaborative and personal nature of our learning community. Immediately following the Department’s celebratory ceremony, we gather in a circle to repeat the candle ceremony that began our journey together. With relatives and friends forming an outer circle, each graduate then offers a brief, personal “commencement address,” sharing both memories of the past and dreams for the future. Finally, our ritual ends as we say good-bye to one another as students and professors, and greet one another as professional colleagues.

Again, while you only graduate once from the program, we invite you to participate in as many graduation rituals as you can. They are wonderful opportunities to celebrate the achievements of fellow students – and to offer you of glimpse of your own future.

Of course, we believe in change, but we also return again and again to the old, meaningful and powerful rituals because they offer us two fundamental gifts – roots and wings. Please join us and be a part of these rituals whenever you can!
6. Our Learning Community

It is important for you to know that the program has changed since you applied to it – you are now a member of it! The Counseling Programs constitute a vibrant, thriving, and diverse learning community that is constantly changing, growing and evolving as members like you contribute to its vitality. We invite you to join in and make it an even better program by the time you leave it.

The faculty, students, and staff in the Counseling Programs at James Madison University believe that cultural diversity enriches the learning community and is an essential component of meaningful and relevant educational experiences. Cultural diversity is an evolving concept that includes, but is not limited to, differences based on:

- Physical ability
- Age
- Class
- Gender
- Ethnicity
- Race
- Religion,
- Sexual orientation.

To maintain a learning community that supports and affirms cultural diversity, we invite you to join the faculty, staff, and other students to:

• Work to establish an environment of mutual respect, relying on an open exchange of ideas, perspectives, and worldviews. We invite you to engage with us in constructive dialogues regarding the program and curriculum.

• Participate in curricula that include contributions from diverse individuals and that acknowledge the unique characteristics and needs of culturally diverse populations. Faculty members evaluate their course texts and resources each semester to ensure materials adequately address diversity-related concerns.

• Ensure that the learning environment is free from harassment and discrimination, such as racism, sexism and homophobia. Your faculty advisor is prepared to work as an ally and advocate for you whenever necessary.

• Use appropriate support services to realize your potential. Support services at JMU include the Counseling Center, Center for Multicultural/International Student Services, Women’s Resource Center, Reading and Writing Labs, Disability Services, and Student Health Center.

• Help recruit and retain students, staff, and faculty who are members of underrepresented or marginalized groups. For example, we recruit candidates for faculty positions by advertising for those positions in the Journal of Blacks in Higher Education and sending recruitment letters to historically Black institutions in the Virginia, Maryland, Delaware, Washington D.C. area. We also work with the Department of Graduate Psychology and Counseling Diversity Committee to host the diversity reception each fall, with the intent of assisting minority students and faculty in finding mentors and making connections in the JMU and Harrisonburg community. With the assistance of the Director of the Center for Multicultural/International Student Services, we work to recruit more ethnically diverse students by providing information about the Counseling Programs to minority undergraduate students at JMU.
• Share our statement with prospective students in admissions and website materials as well as during screening days.

• Evaluate coursework and classroom activities in terms of the goals and ideals of the diversity policy.

• Encourage faculty, students, and staff to take part in the activities sponsored by the Department of Graduate Psychology and Counseling Diversity Committee and other relevant campus organizations.

• Include diversity-related competencies in your professional development.

• Consider how aspects of the diversity policy are incorporated in non-classroom activities, such as in assistantship, practicum, and internship experiences.

• As you participate in our ongoing program evaluation, make sure to include the diversity policy as a point of discussion.

Communication

If we are to continue thriving and changing, one of the things we need to do is communicate with one another. Of course, effective communication is important to any organization, but it is particularly essential to one that is dedicated to training counselors. Virtually every day, you will have opportunities to engage in all sorts of stimulating, intriguing, encouraging, interesting and challenging interactions with your teachers, supervisors and colleagues. In addition, we have developed a number of other ways for us to share information, ideas and feedback.

Empathic Times

Before the start of each fall, spring and summer semester, we publish the official newsletter of the JMU Counseling Programs – the Empathic Times. Its motto reflects its style: "We don't just report the news, we feel it."

The Empathic Times provides an overview of recent developments in the program and a preview of the important events that will be taking place in the upcoming semester. For example, a recent edition introduced you to new student members, updated you on recent weddings, and announced several program changes. It also offered information on important deadlines, meetings and conferences. We consider these facts to be so essential that we post The Empathic Times on our website and send you an individual copy at your email address.

When you receive The Empathic Times, take some time to jot down immediately the important dates and times in your calendar. Then keep the most recent edition handy in case you need to refer to it. It is a valuable tool to help you stay up to date and involved. And feel free to suggest items for the newsletter to the program director.

Email

Email is a great way for us to communicate quickly and easily with one another. To help us take full advantage of this technology, we develop a new email distribution list of all the members of the Counseling community each year. We can then immediately pass along information to you about employment possibilities, training events, conferences or other opportunities. We also use the list to
invite you to participate in activities, to remind you of upcoming deadlines, and to share good news. Since you receive a copy of the email distribution list, it's also easy for you to send a message to someone else – or everyone! – in the program.

Of course, email messages are useless if you don't check your account. If you want to keep in touch, then check and use your email regularly. If you have another email account that you regularly check, then give us that address and we will add it to our list.

Websites

As you may already know, since many of our students first meet us online, the Clinical Mental Health Counseling website address is http://psy.c.jmu.edu/counseling/clinical/index.html. It’s a good idea for you to bookmark the site because we frequently post special announcements and new pictures in our digital yearbook. The website features information about the people who are members of our learning community. In addition, the site includes application information, a program calendar, copies of recent editions of the Empathic Times, and information about important events, including the Counseling Summer Institute, the Virginia Counseling Graduate Student Conference, and the Symposium. Finally, our site provides links to the Counseling Center, Counseling and Psychological Services, state and national counseling organizations, and the Graduate School.

Bulletin Boards

In the halls of Johnston Hall and Miller Hall are several bulletin boards that we use to post hard copies of announcements, The Empathic Times, brochures, and other information. Check these boards regularly and use them to post information relevant to the program.

Pizza and Process Lunches

About once a month throughout the school year, we meet over lunch to share food, information, reflections, feedback and suggestions on our experiences working together. The lunches usually take place at 12:00 noon. In spite of the title of “Pizza and Process,” we sometimes bring some variety to the offerings by highlighting selections from Sbarro and Einstein’s Bagels. Each semester, the Empathic Times extends an invitation and provides the specific dates and locations. We provide the pizza (or subs, bagels and other goodies) – you provide the process!

Counseling Programs Committee Meetings

We meet from 10:00 a.m. to Noon in the Miller G-007 on the first and third Mondays of each month during the academic year. Student representatives attend all meetings except those involving comps evaluation and student progress review. We encourage you to consider volunteering to represent students at some of these meetings. It's a great way to see how the organization operates and to participate in the planning process.

Counseling Programs Committee Retreats

Each summer, we organize a daylong retreat to review the year, discuss possible revisions to our mission statement and other policies, and brainstorm possibilities. We invite you to join us for a potluck lunch and to meet with us during part of the day to offer your ideas and perspective to our discussions.
External Advisory Committee

The External Advisory Committee consists of counseling professionals, some of whom are graduates of the program, who are active in the field. This advisory group meets each year to study and make recommendations for strengthening the program. The group meets during the Department of Graduate Psychology and Counseling Symposium, which is held each April.

Formal Feedback Procedures

As part of our Comprehensive Assessment Plan, we have developed several formal procedures to receive your feedback and suggestions. First, in your courses, faculty members ask you to evaluate their teaching performance and the class activities. Second, when you apply for graduation, we ask you to complete an exit questionnaire assessing the entire training program. Finally, we contact you within three years after your graduation to request you complete our alumni survey. This feedback has helped us to improve courses, the curriculum, and our program as a whole. We encourage you to offer constructive feedback and practical suggestions when we request your assessment of your training experiences.

A Final Word About Communication...

As you've heard so many times, communication is a two-way street. Be ready to do your part to be an active listener and an open communicator in the program. Stay in touch! Keep us up to date on your current address and telephone number. Finally, let us know what's on your mind. Both you and the program will be the better for it.
7. Progress Reviews, Retention, and Awards

In addition to the rituals that mark important milestones in your training career, there are other ways to chart your progress and document your achievements. These include progress reviews, retention procedures, and awards recognizing the achievements of counseling students.

Progress Reviews and Retention

One of the CACREP accreditation standards is that the counseling faculty must review every semester the overall progress that each student is making. While such a procedure can be helpful, we believe that you should also be an active participant in this review. Therefore, we have designed this review to give you an opportunity to be a participant.

Near the end of the fall and spring semesters, you begin the review process by taking some time to think about all that you have discovered, learned, and experienced during the semester. You then evaluate your performance, write a brief narrative about your progress so far, and describe your plan for enhancing your strengths and addressing areas of challenge. Finally, submit your narrative by the deadline.

The Committee faculty members meet to review your progress, read your self-assessment, complete the Progress Review, and offer feedback and recommendations to you. After the review, you and your advisor each receive a copy of the completed form. Each first-year student is required to meet with his or her advisor to discuss the progress review during the fall and spring semesters. We also encourage all other students to meet with their advisors to discuss the results.

The goal of the progress review is to take a broader view by looking at how you have been doing in all your classes over the entire semester, instead of examining how well you have done on a particular task. We invite you to make this process more meaningful for yourself by actively participating in it. We recognize that the end of the semester is an especially busy one, but completing the form should only take you a few minutes and we guarantee you that it will be time well spent!

We expect you to do well in your training and to make satisfactory progress. In fact, the great majority of the Committee faculty’s written feedback and recommendations are positive comments regarding students’ achievements and strengths. However, if we identify any student who presents academic or personal difficulties, we summarize the concerns in writing and make specific recommendations. A copy of this document is placed in the student’s records. Students who are identified as presenting concerns are offered the following assistance:

- **Meeting with relevant program faculty members.** A faculty member who is aware of the situation, which in some cases may be the academic advisor, as well as the Program Director, meet with the student to discuss the concerns of the faculty, giving specific examples of the difficulties that have been observed. The faculty member then invites the student to collaborate in assessing the severity and nature of the problem, exploring strategies to resolve it, and developing a written agreement that specifies the steps for remediation. These steps may include taking a remedial course, repeating a course, entering counseling, or taking a leave of absence. A follow-up letter outlining the agreement will be sent to the student. A copy of this letter will be shared with relevant faculty members and kept in the student’s file. (This written document can be requested by the Appeals Committee if the student requests a due process hearing.) The faculty will then review student progress at the next review meeting. It is the student’s responsibility to keep the faculty informed of progress in remediation.
• **Meeting with a faculty team.** If the problem is a critical or continuing one, a team of faculty members may be appointed to meet with the student. The student should receive a letter detailing specific concerns. At this meeting, the relevant faculty member(s), the Program Director, and at least one other program faculty member will present specific information and concrete examples regarding their concerns, the steps needed for remediation, and the time frame allowed for resolving the problem. The team and the student then develop a written contract clearly stating the goals and the strategies for achieving these goals. The contract will be signed by everyone present, and a copy will be given to the student and filed in the student’s file. This contract could be requested by the Appeals Committee if the student requests a due process hearing.

• **Transition out of program.** If a student fails to make adequate progress in resolving problems that significantly impair potential for academic success or counseling effectiveness, then the committee considers a recommendation for withdrawal from the program. In these situations two options are given: the student could voluntarily withdraw or dismissal procedures could be specified in writing to the Department Head, Dean of the College, and Dean of the Graduate School. Regardless of the option chosen, a letter should be forwarded from the Program Director on behalf of the program faculty to the student, Department Head, and Deans specifying the outcome of the process. The advisor or faculty team may also recommend academic, vocational, and personal counseling. If the change of study is to another program in the department, Counseling faculty members assist the students in following the Graduate School protocol for changing their program of study. Student rights are respected and due process is followed in these difficult matters. If a student wishes to appeal a decision of the committee regarding retention in the program, then the student may submit a written petition to appeal.

The steps outlined above are a general overview of the Counseling Programs’ approach to helping ensure that students thrive and grow in our training program. The Department has developed a comprehensive description of the **Review of Student Progress, Retention, & Dismissal Procedures**, which is included in **Appendix O** of this Handbook.

**Counseling Programs Awards**

The Counseling Programs at JMU are privileged to be a thriving learning community made up of active, talented, and dedicated students. We all have made a commitment to offer ongoing feedback and support in promoting the professional and personal growth of every member. Each year, we recognize the extraordinary accomplishments that go far beyond the training requirements and class assignments. The purpose of these awards is to acknowledge the special contributions students have made to the profession, practice, and learning of counseling.

We invite you to be a part of this process by nominating your fellow students who have been outstanding in their efforts to serve the counseling profession, to promote counseling excellence, and to contribute to the vitality of our learning community. This is an opportunity for you to show your gratitude and appreciation to those who have made a major positive difference to others, both personally and professionally.

• **Carl Swanson Award for Service to the Counseling Profession.** The Carl Swanson Award is presented to the Counseling graduate student who has made significant contributions in service to the counseling profession. The service may involve contributions to the Counseling Programs, the university, or local schools and community agencies. The service may also involve participation in professional organizations, such as Chi Sigma Iota, Central Valley Counselors Association, Virginia Counseling Graduate Student Association, Virginia Counselors Association, and the American Counseling Association.
Carl was involved in historic developments that have affected the entire counseling field. Always a pioneer, in the 1970’s, Carl transformed James Madison University’s fledgling Guidance and Counseling Program into a comprehensive Counselor Education Program. Carl then successfully lobbied the Virginia legislature to pass the country’s first counselor licensing law and became one of the first Licensed Professional Counselors. In 1980, Carl guided the JMU program to become one of the first programs in the country to become CACREP-accredited. Throughout his career, Carl promoted the counseling profession as a leader, author, and counselor educator.

- **Helen Moore Award for the Pursuit of Counseling Excellence.** The Helen Moore Award is presented to the Counseling graduate student who has been exemplary in pursuing counseling excellence. The recipient has cultivated counseling skills through additional volunteer and professional experiences beyond the training program, has demonstrated a commitment to promoting counseling excellence in others, and has been an active participant in outside professional development experiences.

  Helen is affectionately known as the “Founding Mother” of the Counseling Programs at JMU. Throughout her professional career, Helen has served as a mentor, a model, and a catalyst for self-discovery, and a source of inspiration and joy to hundreds of counseling students and professional colleagues. She was a member of the counseling faculty and coordinated the program during the late 1980’s and early 1990’s. Helen is a master counselor in her own right – an exceptionally intuitive, warm, empathic, genuine, and passionate individual.

- **William Hall Award for Contributions to the Learning Community.** The William Hall Award is presented to the Counseling graduate student who has made outstanding contributions to the professional growth of other students through mentorship, has shared expertise through presentations at conferences, has promoted the values of learning and discovery, and has significantly advanced the study of counseling.

  Bill came to JMU as the Director of the Counseling Center in 1968. He subsequently served the university in many capacities, including Dean and Vice President. Throughout his career at JMU, Bill provided learning opportunities for all members of the academic community – students, faculty, staff, and administrators. Teaching and counseling have always been Bill’s true calling and he continues to display his creative interactive teaching methods as a Professor Emeritus.

**Qualifications**

1. In addition to meeting the criteria for one of the above awards, the recipient must be a degree-seeking student in the Counseling Programs at James Madison University.
2. The recipient must have a graduate G.P.A. of at least 3.5 and be making good progress in the Counseling Program.

**Procedure**

1. All Counseling graduate students, faculty members, and supervisors may nominate a recipient for each award.
2. The nomination should include the student’s name, the award for which the student is nominated, and a statement of less than 300 words describing the student’s qualifications for the award.
3. Nominations should be sent to the Director of Counseling before spring break.
4. The Counseling Programs faculty will select recipients from among those nominated.
5. The recipients will be notified of the decision by the end of March.
Department Graduate Student Awards

Each year, the Department of Graduate Psychology presents three awards to recognize the contributions of graduate students in the following areas:

- **Outstanding Service.** Presented to the student who has made significant contributions in service to the Department of Graduate Psychology and Counseling, university, community, and profession.

- **Outstanding Teaching.** Presented to the student whose teaching has been of outstanding merit.

- **Outstanding Research.** Presented to the student whose scholarly work has been exemplary.

Qualifications

1. The recipient must be a degree-seeking student in a graduate program in the Department of Graduate Psychology at James Madison University.
2. The recipient must have a graduate G.P.A. of at least 3.5 and be making good progress in the training program.

Procedure

1. All graduate students and all faculty members in the Department of Graduate Psychology may nominate one recipient for each award.
2. The nomination should include the student’s name, program, the award for which the student is nominated, and a brief, one-paragraph statement describing the student’s qualifications for the award.
3. Nominations should be sent to the Head of the Department of Graduate Psychology by semester break.
4. The directors of graduate programs in the Department of Graduate Psychology will select a recipient from among those nominated.
5. The recipient will be notified of the decision by the Head of the Department of Graduate Psychology.
8. Policies and Deadlines

Grades

The goal of the Counseling Programs is to produce successful professionals who are knowledgeable, competent, self-aware, and ethical. Course grades reflect your performance in classes that are designed to increase your knowledge, refine your counseling skills, enhance your self-awareness, and confirm your commitment to ethical behavior. Please refer to the Graduate Catalog for a description of the grading system.

You are placed on probation if you receive a “C” in two courses or if your GPA falls below 3.0. You are dropped from the program if you receive one “F” or three “C” course grades.

If you believe that a course grade is inaccurate, you first should discuss it with your instructor. If the issue is not resolved to your satisfaction, you may submit a written appeal. For detailed information, read the University appeal and review process that is outlined in the Graduate Catalog.

Course Load

If you are a full-time student, you can carry a minimum of 9 semester hours and a maximum of 12 semester hours during the regular semester. During the summer session, you can carry a maximum of 12 semester hours. The Dean of the Graduate School must approve overloads prior to registration.

Transfer Hours

Nine semester graduate hours with a “B” grade or better may be transferred into the program. However, courses may not be transferred for credit if they have been used for another degree. You can obtain the forms for transfer approval from the Graduate School. If you have taken courses at JMU as a nondegree-seeking student, you may transfer up to 6 hours of semester graduate hours into the program once you are admitted.

Professional Liability Insurance

You are required to purchase professional liability insurance for your practicum and internship experiences. Learn more about and apply for liability insurance on the American Counseling Association website.

Comprehensive Examination

All counseling programs require comprehensive examinations. You are expected to complete the comprehensive examination following practicum and before internship. The examination is conducted once each semester near the middle of the session. Please read the Empathic Times for the exact date each semester. Read the section in this handbook on the comprehensive examination for more detailed information regarding the procedure.

Deadlines

At the Beginning of Your Training
• **Planned Graduate Course Sequence.** You should complete a Planned Graduate Course Sequence (See Appendix I.) and have it approved by your advisor at the beginning of your first semester in the program. A copy of this form will be kept in your file and revised as necessary. The program makes every effort to offer classes in sequence. However, we are only able to offer a few classes every semester. (See the Counseling Course Offerings chart in the Appendix J.) As a result, you will have to plan your program of study carefully.

**Each Fall and Spring Semester**

• **Progress Review.** The Progress Review is described earlier in this chapter, but it is important to note again that the procedure gives you an opportunity to participate in this important process. We distribute the progress review information to you each November and April.

• **Course Checklist.** We have designed checklists (See Appendix J.) of the course requirements. We recommend that you update your checklist at the completion of each semester to chart your advancement through the program. By regularly revising this form, you will also have all the information you need to complete the Program of Study for your application for graduation.

**At the End of Your Training**

• **Application for Graduation.** You must file an Application for Graduation form in the beginning of your final semester. Complete this form online at the website of The Graduate School. Check the current graduate catalog for the exact due date.

  If you will meet degree requirements by taking an additional 3 credit hours during the summer, you may request to participate in the May commencement ceremony. In order for your name to be published in the May commencement program, you need to complete the Application for a Graduate Degree by the spring semester due date. Although you participate in the May ceremony, your degree will be awarded later and will reflect the date that you actually completed the degree requirements.

• **Exit Questionnaire.** When you apply for graduation, you complete an exit questionnaire concerning your experiences throughout the entire training program.

• **CACREP Certificate.** After graduation, you may wish to order a certificate that you have graduated from a CACREP accredited program. To order, you need to send:
  1. A check for $25.00 payable to CACREP;
  2. A copy of your final transcript verifying graduation; and
  3. A letter of endorsement from the program director.

  The address is: CACREP, 1001 North Fairfax St., Alexandria, VA 22314. If you have any questions about this offer, call the CACREP office at 703-535-5990 ext. 305.

• **Program completion.** You must complete the program within 6 years.

  Whenever you are in doubt regarding program requirements and deadlines, please read the graduate catalog, check The Graduate School website, talk to your advisor, or see the program director.
9. Practicum

A vital part of your training is the practicum experience. You take the practicum after successfully participating in the appropriate preparatory counseling courses and receiving the permission of the program director. Dr. Sturm is the contact person for inquiries regarding practicum for the Clinical Mental Health Counseling Program. Clinical Mental Health Counseling students complete their practicum experience at Counseling and Psychological Services (CAPS) or the JMU Counseling Center.

You are required to have liability insurance before beginning the practicum experience. We recommend that you join the American Counseling Association (ACA) at a student rate and then obtain liability insurance through the ACA at a reasonable cost. You must learn and follow the practicum site’s policies and procedures, as well as abide by the ACA Code of Ethics. Finally, it is essential that you recognize that the practicum is an intensive and demanding experience that must take priority. Since many of the required meetings and client appointments take place during the day and early evening hours, you may need to make major changes in your work schedule in order to complete this important training experience. Because your practicum instructor and the staff of your practicum site may need to contact you quickly, you should provide your contact information to them during the first week of the semester.

Practicum Application Process

The practicum application process begins early in order to ensure continuity of care at the sites. Clinical Mental Health counseling students attend Practicum Student Orientation during the spring semester of their first year. At that meeting Clinical Mental Health counseling students submit their first and second preferences for the semester and site of the practicum experience.

As you plan your course sequence, keep in mind that for several reasons we encourage you to complete practicum during the academic year rather than during the summer session. We have found that the client population at our Counseling and Psychological Services Clinic (CAPS) dwindles during the summer and students have, at times, struggled to meet the minimum requirements for obtaining sufficient client contact hours.

Please note! The practicum sites for Clinical Mental Health counselors do train counselors, but their primary mission is to provide important and vital counseling services to clients throughout the year. Therefore, only a portion of the second year students can take the practicum during any one of the three semesters. As a result, although we strive to be accommodating, you may not be able to do the practicum during the semester you prefer.

The Practicum Experience

You dedicate at least 10 to 15 hours a week to your practicum experience for a total of 150 to 200 hours over the semester. The activities include:

• Counseling services. The practicum is the first opportunity you have to work in direct services with actual clients. As a practicum student, you provide at least 40 hours of direct counseling services to individuals, groups, couples, or families. These services include assessment, counseling, emergency services, consultation and education programs, and health promotion activities.

You record the counseling services you provide at these sites. There are two major reasons for keeping recordings of your work. First, recording is necessary for getting the most out of your
supervision. Second, you need to submit a video or audio sample of your counseling work for the comprehensive examination. In fact, an excellent practicum assignment is to participate in an experience similar to the counseling comprehensive examination by selecting a recorded segment, writing an analysis of it, and engaging in an oral examination. (See the next chapter for detailed information about the comprehensive examination.)

• Supervision. You actively participate in weekly individual and group supervision. Your supervisor and training colleagues help you to look at your counseling work, not only through the recordings and feedback, but also through your own personal exploration and reflection. With your supervisor and fellow supervisees, you examine your use of counseling techniques, discuss ways of conceptualizing client dynamics, analyze the therapeutic relationship you establish with clients, and probe issues regarding your personal and professional development.

You also participate in group supervision concerning new and current cases. During these meetings, participants present new cases and discuss the progress of current ones. The group works together to decide the most effective assessment or intervention for each particular case.

• Class meetings. In class, you meet with other practicum students to focus on developing and refining your counseling knowledge and skills. Course registration is limited to three to five students in each section of PSYC 695 Practicum in Clinical Mental Health Counseling.

• Case conferences or team presentations. You participate in case conferences or team presentations. You are responsible for conducting a presentation that illustrates your conceptualization of a case, treatment goals, progress, and recommendations.

• Inservice meetings. The practicum site may offer opportunities for staff inservice training. We encourage you to take advantage of these opportunities whenever possible.

• Observation. You have plenty of opportunities to watch other counselors in action. These chances to observe help you to see other approaches and counseling styles. They are also occasions for you to practice offering feedback to others.

• Process group. One of the important values of an effective counseling professional is a commitment to personal growth and self-awareness. As an integral part of your practicum experience, you participate for one semester with other students in a weekly process group that meets for 1 1/2 hours. The group provides you with a forum for discussing personal, professional and ethical issues that arise during your practicum. The process group focuses on professional development and the personal concerns that arise in that context. As such, the group is designed to be nonevaluative and provide a safe environment to explore these issues in greater depth than possible in other training experiences.

Because the practicum involves counseling clients, it is often an intense experience. The process group is an opportunity for you to understand the influence of your own personal issues that emerge in relating to clients and colleagues – for example, countertransference with clients and effective collaboration with other professionals.

Keep in mind that the process group is not supervision, group therapy or case consultation. While this is not a therapy group, the process group leaders follow the same guidelines of confidentiality. Therefore, they do not share any information about you with faculty members. Of course, you are also expected to maintain confidentiality. We invite you to take full advantage of this opportunity by taking risks, participating fully in the experience of sharing and listening, and
contributing to the group.

- **Logs.** Once you begin your practicum, you keep a weekly log of your activities to document your experience. You need to report what you do, when you do it, for how long, and your observations and reactions. Your log should record all your practicum activities, including direct service, team meetings, staff meetings, process group sessions, video viewings and supplemental research. Your supervisor reviews and signs each practicum log. As part of documenting your practicum, students also complete the Clinical Mental Health Counseling Practicum and Internship Learning Outcome Activities (CMHC—PILOA) form to document experiences that fulfill their program-specific skills and practices learning outcomes. (See Appendix E.)

- **Performance assessment.** Your supervisor provides ongoing feedback, as well as mid-semester and final evaluations of your performance in the practicum experience. You also offer an evaluation of your own performance. Supervisors evaluate your performance and assess your skills and practices learning outcomes by completing the Clinical Mental Health Counseling Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA). (See Appendix F.)

    **Please note!** It is important that you be open to feedback and be willing to ask for assistance whenever you feel it is necessary. There are many opportunities for supervision and it is your responsibility to ensure that you are receiving adequate feedback regarding your performance. Such a strategy is your best insurance for a successful practicum experience.

**Practicum Sites**

Clinical Mental Health Counseling students complete their practicum at either the JMU Counseling and Psychological Services or the JMU Counseling Center.

**Counseling and Psychological Services (CAPS)**

CAPS offers services to children, adolescents and adults from the community whose concerns range from adjustment disorders to more serious psychopathology. The staff members of CAPS include faculty members and other practitioners who provide outpatient services. CAPS has regular meetings to assign new cases and discuss the progress of clients.

As a counseling practicum student, you will be involved in providing individual, group, couple, and family counseling services; outreach programs to clinical mental health agencies; and consultation and education services.

The CAPS supervisory staff includes faculty members and advanced graduate students. Supervisors have specialization in a variety of child and family disorders and treatment modalities.

**Counseling Center**

The Counseling Center also offers a practicum in counseling for second-year students. The Counseling Center provides preventive, developmental and therapeutic mental health services to the JMU student community. Through individual therapy, group counseling, crisis intervention, consultation, teaching, training, research and psycho-educational programming, the Counseling Center aids students in resolving personal conflicts, developing a healthy and satisfying lifestyle, and enhancing their educational development.
The Counseling Center staff is comprised of professional counselors and psychologists who are licensed or presently pursuing professional licensure in the Commonwealth of Virginia. Staff members are generalists, with specializations in academic skills development, substance abuse counseling, eating disorders and concerns of women, anxiety, depressive, and personality disorders.

Counseling Center Practicum students attend an orientation to the center the week before classes begin. Each week during the semester, practicum students see 4 to 5 individual clients, process observe a therapy group, participate in individual supervision, and maintain their client and process observation notes.

Office of Academic Advising and Career Development

While the CAPS and the Counseling Center are the two practicum sites for Clinical Mental Health Counseling, the Office of Academic Advising and Career Development at JMU may offer an opportunity for additional specialized practice experience in the area of career counseling. At the Office, professional career counselors are available to help undergraduate and graduate students to explore, define and reach their vocational objectives.

If this opportunity is available to you, you may choose to work under the supervision of a career counselor at this site as an independent studies course. There, you would be able to gain experiences working with both individuals and groups to develop career alternatives. Contact the Program Director for more information regarding this opportunity.

Extended Practicum Experience

Not everyone is able to successfully achieve a satisfactory level of counseling competencies by the end of a practicum experience. You will be receiving ongoing and extensive feedback from your supervisor regarding your performance. About halfway through the semester and near the end of the semester, you will participate in review sessions with your supervisor. If you have not demonstrated adequate progress in your counseling knowledge, attitude or skills, your supervisor will recommend that you receive an Incomplete grade in the practicum.

Your supervisor, instructor and the program director will then meet with you to develop a plan of action to deal with the deficits that have been identified during practicum. The plan of action is a written contract clearly stating the goals, the strategies for achieving these goals, the amount of time involved, and any other conditions necessary for fulfilling the practicum course requirements.

Even if your practicum work was satisfactory, you may elect to continue your experience by taking an additional 1 to 3 credit hours of practicum course work the following semester. If you wish to participate in an extended practicum, contact your current practicum instructor.
10. Research Opportunities

Why Research?

You may be wondering how research is relevant to becoming a competent counselor. You came here to help people, not to crunch numbers—right? Well, there are several important reasons for integrating research into your training experience. First and foremost, if you’re going to be a competent counselor, you have to develop good research skills. You must be able to collect relevant and comprehensive information in a systematic fashion in order to intervene effectively. Keep in mind that research is not limited to the laboratory. When you gather background information on a community, when you review recent studies on a particular issue, and when you read about a new theoretical perspective in counseling, you are doing important research. The knowledge you gain from these research activities is essential to being a capable counselor who stays current in the field.

Second, research experience also helps you to think critically and to develop a healthy skepticism regarding fads, misinformation, and biases in the field. You are entering a tough, challenging, and nebulous line of work. When you see the obvious pain of troubled clients, it may be tempting to latch onto highly touted but untested techniques. Research experience reminds us soft-hearted counselors to be hard-nosed about the evidence we need to validate counseling effectiveness.

Third, throughout your training, you will be learning to plan, design, implement, and evaluate programs that meet the counseling needs of communities and schools. Once again, you will need to rely on your research skills in order to assess needs accurately and to evaluate programs carefully.

Another reason for integrating research into counselor training is that research is one of the major ways that we can advance the profession of counseling. As professionals, we have an obligation to contribute to our growing knowledge base through scholarly activity.

Finally, an immediate and practical training benefit of research is that it provides excellent opportunities for you to collaborate with faculty members and other students on important and interesting projects in the counseling field.

Collaborating with Faculty

Faculty members are involved in a variety of scholarly projects related to counseling. There are also ongoing teams of faculty and students working together in particular areas. We encourage you to take advantage of these opportunities to participate in collaborative projects.

Using Computers

The computer is an important tool in the profession of counseling and computers skills are essential to the successful completion of training. Students use computers for word processing, managing and analyzing data, giving presentations, and obtaining valuable information from online sources. For example, the Journal of Technology in Counseling is a peer-reviewed, fully web-based journal that is subscription free. It provides the latest in teaching, research and practice of technology application to counseling. The home page for JTC is at http://jtc.ColumbusState.edu/, where you can gain access to both current and back issues of the journal.

To have access to these computer services, you need to have a student computer userID. You can obtain information about the computer services from the Help Desk. If you need any other help with
using the computer, you can call the Help Desk at 568-3555.

**Financial Assistance for Student Research**

The Counseling Programs have set aside some funds to support students who are engaging in research and professional development activities that involve travel. The Counseling director, in consultation with the Counseling Programs Committee, will select award winners based on the information presented in this application. Assistance is awarded on a first-come first-served basis, so we encourage you to apply as soon as you know you’ll need additional funds. If approved, you must work with our administrative assistants to submit state-required paperwork and meeting deadlines. The following criteria will be used in the decision making process:

- A student in good standing in the Counseling Programs.
- Significant participation in the professional development experience by, for example, presenting at a conference or assisting in a training workshop.
- Financial need and the necessity of incurring particular costs. You are encouraged to seek funding from other sources.

You can apply for up to $200 for a scholarly project, although many awards are for lesser amounts. See [Appendix N](#) for an application form.
11. Comprehensive Examination

Procedure

The semester after completing the practicum experience, you take the comprehensive examination. The purpose of this examination is to document that you have met the learning objectives of the program by demonstrating adequate skills, sufficient knowledge and appropriate professionalism in both the theory and practice of counseling. The examination is part of our Comprehensive Assessment Plan (CAP).

The comprehensive examination of the Clinical Mental Health Counseling Program includes important components that sample skills and practices. The components are:

- practicum documentation of activities fulfilling program-specific skills and practices learning outcomes;
- recorded tape segment of your counseling work;
- accompanying transcript and written analysis;
- proposal for Ed.S. Research Project and completed committee approval form;
- oral examination with two core Counseling faculty members; and
- follow-up session with one faculty examiner.

On the Thursday before the oral examination, you submit two copies of your comprehensive examination materials. The first item is a copy of the form documenting your practicum activities that fulfill the program-specific skills and practices learning outcomes. Second, you submit a video recording, 15 to 20 minutes in length, of a counseling session demonstrating effective counseling work with an actual client. The recording should display a level of counseling skills and practices that demonstrate a readiness to embark on an internship experience. Third, you also offer a complete transcript and a written analysis of the recorded work sample. The 12-page written analysis should demonstrate your ability to describe the dynamics of counseling in an organized, concise and clear manner. The analysis includes background information, intervention goals, interpersonal process, theoretical framework, exploration of alternative strategies, and discussion of ethical considerations. Finally, you submit a brief proposal for their Ed.S. Research Project. In 6-8 pages, you state the topic area, provide a concise overview of the literature you will review, and describe the general methodology of your proposed research project. The proposal should include a completed committee approval form naming the Ed.S. chair and committee members.

The oral portion of the comprehensive examination takes place the following week in order to allow the two examining faculty members adequate time to review the submitted materials. During the oral portion, the examiners discuss with you issues regarding program-specific knowledge learning outcomes, counseling session dynamics in the tape segment, and material presented in the written analysis.

Clinical Mental Health Counseling involves the challenge of putting knowledge into practice. We believe that the format of the comprehensive examination gives you a realistic opportunity to show these counseling competencies. Counseling professionals talk about, write about, study, and – most important – engage in effective and ethical counseling. Seeing, hearing, and reading your work enable the counseling faculty to judge your level of professional development. We also include a follow-up reflection session so that you have an opportunity to decompress from this intense process and to integrate the lessons that you learn from this experience.

The comprehensive examination takes place once each semester. You submit your recorded
segment, transcript, written analysis, portfolio, and research proposal on a Thursday. You then participate in an oral examination that is scheduled for some time early the following week. Check the Empathic Times, published before each semester, to learn when the comprehensive examination is scheduled for that upcoming semester. The typical dates that materials are due are:

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<thead>
<tr>
<th>Semester</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Fall</td>
<td>Early in November</td>
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<tr>
<td>Spring</td>
<td>Late February or early March</td>
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<td>Summer</td>
<td>June</td>
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**Recording**

The video should be an example of your effectiveness as a counselor. You may use individual, group, couple or family sessions. The client should be an actual client from a clinical or school setting. If you are unable to meet this condition, you must inform the director as soon as possible. You must then submit a proposal for an alternative arrangement to the Counseling Programs Committee during the first month of the semester you plan to take the comprehensive examination.

The video that you submit should be between 15 to 20 minutes in length. You can edit this using the Counseling Laboratory equipment. Keep the full-length recording for back–up, in case the faculty team should ask to see more. The segment that you submit should show a continuous excerpt of a single session rather than a montage of several sessions.

Your recording sample should display examples of counseling competencies beyond rapport building. For example, you may include advanced empathic understanding, responsible challenging, immediacy, relationship exploration, reframing, or goal setting. The recording itself must be of acceptable technical quality and must be audible. Otherwise, it will be returned.

**Transcript and Written Analysis**

Type the transcript of the counseling segment that you are submitting. Be certain that it offers a complete and accurate record of the verbal communication taking place in the recorded segment. It may be single or double-spaced. Identify and number each counselor and client statement. Here’s a brief example about halfway through a segment:

Counselor 15: How in the world did you get yourself to talk to me, a stranger, about all this?

Marcos 15: Mmmm....Well, I'm not really sure how I did that. I guess that I just decided that I'd better talk with somebody fast because I was starting to sink into this deep, dark pit that I couldn't see any way out of.

Counselor 16: So, as you felt yourself sinking into this pit, you decided that one way out of it might be to reach out to somebody else.

Marcos 16: Yeah. I figured that it was worth a shot. My baby Maria loved life and I know that she wouldn't want me to waste the rest of mine.

Organizing your transcript in this manner helps to present a clear and readable record of the counseling process. With each statement identified, you can then easily refer to them in your written analysis without having to quote the entire statement.
Type your written analysis. It should be double spaced and no longer than 12 pages. Your analysis should demonstrate your ability to put the dynamics of counseling into an organized, concise and comprehensive written format. Protect the confidentiality of your client by not providing any identifying information. In most cases, using the actual first name of the client is not a violation of confidentiality.

The written analysis should include the following:
• Brief background on the client, information on prior sessions and a summary of the outcome of those sessions;
• Intervention plan;
• Exploration of the session’s process and outcome; and
• Discussion of what you would do differently now in reviewing the recording.
• Your responses to the following questions regarding:
  • counseling in general - Based on your experience and what you have seen from your clients, generally speaking, what do you think brings people to counseling? How do you suppose people get stuck in maladaptive patterns, and how do they get unstuck or evolve out of these patterns?
  • change - How does change take place for clients? How is it that some people resist changing even though they know it is best?
  • intervention - How do you select a way of intervening with a client? How do you know when these interventions have been helpful?
  • termination - How do you know when it is time to end the counseling relationship? Who decides when it is time to stop?
• Discussion of what ethical considerations would be important with this client and what potential ethical concerns you might have with this case; and
• Summary of what you learned about this DVD through the site supervision.

Please note that this writing is to be in the form of a case presentation, including analysis and synthesis of the dynamics of the client, the counselor-client relationship, and your own reactions in the sessions. As in all such formal writing assignments, we also consider writing mechanics, including organization, clarity, spelling and grammar.

Ed.S. Research Project

Your comprehensive examination materials also include the following:
• Brief proposal for your Ed.S. Research Project. In 6-8 pages, you should describe the topic area, provide a concise overview of the literature you will review, and state the specific purpose of your proposed research project.
• Completed approval form naming your Ed.S. chair and committee members. The purpose of this portion of the comprehensive examination is to provide a landmark point for launching your research and to ensure adequate time for successfully completing the project.

Oral Examination

A team of two faculty members will schedule an hour with you to ask questions based on the video segment, written analysis, portfolio and project proposal. While the oral examination will focus on the work samples you have submitted, it will not be limited to them. Instead, the oral portion may address any area of the counseling profession—theory, practice and ethics. The oral examination is the faculty's opportunity to ascertain your self-awareness, knowledge of counseling, intervention skills, and readiness to complete the training program.
Follow-Up Session

The entire process of participating in the comprehensive examination involves a great deal of preparation and work. In particular, the oral examination is an intense experience in which you receive detailed feedback and are engaged in an in-depth exploration of your own dynamics that you bring to your counseling work. The purpose of the follow-up session is to give you the chance to decompress from this intense process and to integrate the lessons that you learn from the experience. The session involves meeting with one of the examining faculty after you have had some time to reflect on the process. This follow-up meeting is scheduled at the conclusion of the oral portion of the examination and takes place sometime the following week.

Evaluation Process

The examiners use the Clinical Mental Health Counseling—Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA) to evaluate the performance of students. (See Appendix F.) Through this comprehensive examination process, faculty members are able to examine the actual counseling work of the students in assessing their achievement of learning outcomes.

By using this comprehensive examination process, faculty members are able to examine the actual counseling work of the students in assessing their achievement of skills and practices learning outcomes. Students must receive at least an acceptable rating on every learning outcome in order to pass the comprehensive examination. Those who receive an unacceptable rating on any learning outcome will meet with faculty to develop a remediation plan. Remediation plans may include additional training experiences, such as retaking the practicum or another course, engaging in independent studies, or addressing issues that impair effectiveness of their counseling skills and practices. In situations in which students do not pass the comprehensive examination, they are expected to participate in a remediation plan before retaking the comprehensive examination.

Winning at Comps!

In talking to students who have successfully completed the comprehensive examination, we have learned a great deal. We not only heard some great ideas on how to succeed, we also realized that a successful comprehensive examination involves more than merely passing. Students told us that the experience helped them to pull together useful information and ideas from their earlier courses and counseling experiences. In meeting the challenge of the examination, they also discovered a great deal about themselves, both personally and professionally. Finally, they gained a greater sense of confidence in themselves as beginning counselors. Our goal in this section is to share some of their ideas and suggestions to help you win at comps.

Preparation

Students found a number of strategies to be helpful in preparing for the examination:

• **From the start, be actively involved in all facets of your training.** The best preparation for a successful comps is to be a successful trainee in the program. Therefore, make the most of all your learning experiences – introductory classes, skill development courses, practicum, and supervision.

• **Select a recording of effective counseling work.** Note that the key word here is “effective”–not “perfect.” Don’t become obsessed with a fruitless search for the perfect recording, because no such
recording exists for any of us. Select a segment that shows good work, one that you would like to analyze and discuss with the examiners. Just keep in mind the Committee is also interested in your judgment of what constitutes effective work as demonstrated in your selection of the particular video. You can show your counseling effectiveness in any session, so don’t be concerned if your segment is from the first session to termination.

• **Work long and hard.** There is no quick and dirty way to have a successful comps. It involves intense preparation, or as one student put it, “blood, sweat and tears.” It takes hours of work to select a recording, analyze it, integrate important ideas, consider relevant ethical questions, and examine your personal issues. Once you have done it, though, you’ll come into the oral well-prepared and confident.

• **Review the recording.** You will be watching the recorded session many times. As you review, consider what questions an examiner may ask you about the sample. What do you learn about yourself as you observe yourself at work?

• **Review the case.** Go over the background information, intervention plan, and progress notes until you have a real understanding of how your recorded segment fits into the broader picture of the entire counseling process.

• **Review previous course material.** You will find it helpful to look over all the information, concepts and issues that you have addressed in your earlier classes. Consider how this material, particularly theories and ethics, relates to your work on the recording.

• **Focus on yourself.** Use the examination preparation to reflect on your own theoretical perspectives, personal issues, competencies, and limitations as a beginning counselor. Take time to explore your own reactions during the counseling session.

• **Link with an informal support group.** It’s helpful to share concerns and ventilate emotions. It’s also reassuring to find out that you are not the only one to have doubts and worries about being successful at comps.

• **Take care of yourself** by taking time to relax and rest. Looking back on their preparation, most students wished that they had not worried so much about the examination.

**Transcript and Written Analysis**

Here are some suggestions as you turn to the transcript and written analysis portion of the exam:

• **Take time with your transcript.** The transcript is an important document and it is essential that it is accurate in every detail. Moreover, writing the transcript can also be helpful. It’s great preparation to put onto paper the counseling process you see unfolding in the recording. You may discover certain patterns and themes that you failed to notice by only viewing the recording.

• **Follow the guidelines** offered in your instructions. Students have found them helpful in organizing the material.

• **Carefully check your writing** for grammar, punctuation, and spelling errors. Such carelessness detracts from your message.

• **Make it readable.** Write in a clear and direct style. Use an outline to write your analysis in an
organized and coherent manner. Avoid using jargon and the passive voice.

• **Give it substance.** Use the written analysis as an opportunity to articulate your theoretical framework, to gain insight into your client, and to critique your work. Make the effort to clarify your vague notions, hunches, and reactions by putting them into words. Give your thoughts the time they deserve and need to take verbal form.

• **Give your analysis a good foundation in theory.** Your use of counseling theory must demonstrate that you have a clear understanding of the concepts and their implications for successful interventions.

• **Be succinct.** It is possible to answer the analysis questions in ten pages. You may use up to twelve pages, but you should be ruthless in editing out run-on sentences, redundancies, and verbiage.

  The examiners look for certain qualities in your analysis:

  • **Good writing.** The examiners evaluate your analysis on its clarity, organization, and coherence.

  • **Accuracy.** It is essential that your written analysis correspond to the process shown in the recording. A serious discrepancy between what you describe in the analysis and what is recorded is a red flag for examiners. Scrupulously avoid the temptation to describe what you wanted to happen as actually taking place.

  • **Understanding of theory.** To be successful in conceptualizing your case, you must have a clear mastery of the theoretical concepts that you are using to guide your work as a counselor.

  • **Insight and personal awareness.** The examiners want to see that you have an understanding of your client, the counseling process, and yourself.

**Ed.S. Research Project Proposal and Committee Approval Form**

Here are some suggestions as you turn to the Ed.S. Research Project proposal portion of the examination:

• **Make it meaningful.** You are committing yourself to a long and demanding project. Choose a topic that calls to you and will keep you energized over the long haul.

• **Make it doable.** While you want your project to be meaningful, you do not have to alter the universe or solve great existential dilemmas. Funnel your idea down from broad concepts to a specific program, intervention, manual, or other particular issue.

• **Make it readable.** As with your written analysis, you should write at least four or five drafts of your proposal. Carefully check your proposal for grammar, punctuation, and spelling errors. Write in a clear and direct style. Use an outline to write your proposal in an organized and coherent manner. Avoid using jargon and the passive voice.

• **Take care in organizing your committee.** As you know, the Counseling Programs faculty members are busy people with varied interests and specialty areas. Take time to discuss your research ideas with a possible chair and readers.

  The examiners look for evidence of the following in your proposal and approval form:
• **An original contribution to the counseling field.** Your proposal must show promise of making a positive addition to the counseling literature that is based on your own ideas and work. Your proposal must be more than a summary of the thoughts and efforts of others – it must have the distinction of presenting your individual notions and views.

• **Good writing.** As with your written analysis, the examiners evaluate your proposal on its clarity, organization, and coherence.

• **Correct application of APA style.** Certainly, the examiners want you to give this proposal your own voice, but you also need to demonstrate that you know and follow the guidelines of the *Publication Manual of the American Psychological Association (6th ed.)*.

• **A timeline for completing your project.** You should propose a clear timeline identifying your target dates for achieving the major tasks, such as literature review, data collection, first draft, final committee meeting, and submission of the finished report.

• **Your chair and committee members.** The completed approval form should identify your Ed.S. chair and committee members.

**Oral Examination**

Virtually all the students worried that the examiners would grill them unmercifully in the oral examination. Fortunately, the reality was far from the torturous experience they envisioned. Most students readily acknowledged that the examination was challenging, but they also described their examiners as respectful, helpful with their feedback, confrontive in a caring manner, supportive, and fair.

The students found several helpful ways to handle the oral examination itself:

• **Take time to think.** Pause to organize an answer before immediately responding to a question.

• **Use relaxation techniques.** Take long, slow, deep breaths. Use the tension to energize yourself and allow the excess tension to drain away.

• **Keep a sense of perspective.** One student said, “I told myself that if this doesn’t work out, it’s not the end of the world.”

• **Be confident.** Now you have the opportunity to demonstrate what you have learned from your hard work and long preparation. Come into the oral exam looking forward to the chance to engage in a stimulating discussion of your work.

The examiners want students to demonstrate several important qualities in the oral examination:

• **Understanding the process and dynamics of counseling.** You need to show that you have a working knowledge of how counseling works.

• **Being open to feedback.** To grow professionally, you have to take a nondefensive attitude about your work. The examiners want you to be open to constructive criticism and to use the oral examination as an opportunity for more learning.
• **Showing self-awareness.** Our entire training program is based on the belief that we cannot be effective counselors without a deep sense of self-awareness. The examiners expect you to appreciate not only how your personal issues can interfere in the counseling process, but also how you can use your own feelings and reactions therapeutically.

• **Handling challenging questions.** Counselors need to think on their feet. The examiners want to see you in action as you face and consider complex issues.

• **Critiquing the recorded segment.** Are you able to stand back, observe, and discuss your own work?

We hope that you find these ideas helpful. Please talk to any of the counseling faculty if you have any questions. We wish you well in making your comprehensive examination a successful part of your training.

**If You Do Not Pass Comps**

Not everyone is successful in passing the comprehensive examination the first time. After reviewing your comps materials and performance, the committee may decide that you have not demonstrated the necessary knowledge, attitudes and skills that we expect at this level of your training.

We realize that such a decision is painful for you to hear and difficult for you to accept at first. We want you to know that we do not reach this decision without careful consideration and extensive discussion. As counselor educators, we do not take lightly our responsibility to evaluate your readiness to enter the profession. On the other hand, we are also dedicated to providing you with all the training possible to help you meet those high standards. Therefore, the committee develops a plan of action to deal with the deficits we have identified. The committee also forms a faculty team to meet with you to work on this detailed remediation plan.

If you do fail the examination, the team meets with you to offer specific information and concrete examples regarding our concerns. The team also describes the steps needed for remediation and specifies the time frame allowed to address these deficits. Together, both you and the team then develop a written contract clearly stating the goals of your action plan and the strategies for achieving these goals. Once you have successfully completed the plan, you are eligible to take the comprehensive examination for the second time.

If you do not carry out the action plan or fail to pass the comprehensive examination on your second attempt, then you will be dismissed from the program. Your advisor or faculty team will work with you on helping you to explore alternatives to participation in the JMU Counseling Programs.

Your rights are respected and due process is followed in these difficult matters. If you wish to appeal a decision of the committee, you may submit a written petition to the program director, who then refers the appeal to the committee. Read the JMU Graduate Catalog for additional information.
12. Ed.S. Research Project

“Writing is not what the writer does after the thinking is done; writing is thinking.”
-D. Murray

Purpose

The purpose of the Educational Specialist Research Project is to provide you with an opportunity to undertake an intensive, in-depth work of scholarship in the field of counseling. The final product is an original contribution to the counseling profession.

The Graduate School formally recognizes the Educational Specialist Research Project in the same manner as it does theses and dissertations. The title of your Ed.S. Research Project will appear on your transcript. Electronic copies of your final report will be included in the JMU Carrier Library permanent collection.

Preparing for Your Project

We have developed a brief, five-week course to help you get started on a successful Ed.S. Project. The one-credit-hour PSYC 800 course provides you with practical information, such as developing your ideas, writing a proposal, selecting a committee, using APA Style, charting a timeline for completing your report, and following the TGS format guidelines.

We encourage you to take this course during your second year so that you have plenty of time to plan and carry out your project. By spending time thinking about what they’re truly interested in researching and developing an intentional plan for writing, our students have completed some wonderful Ed.S. Projects. The class is one way to make sure that your project will be a successful one, too – and with significantly less anguish and frustration!

Types of Research Projects

We allow flexibility in the format of the final report. In addition to the traditional format, you may also present a case study, technical report, protocol for an intervention, training manual, needs assessment, resource directory, program description, or article manuscript. In other words, you don't have to follow a thesis format of having chapters that include an introduction, extensive literature review, analysis, and conclusions. Instead, the form of your project can vary according to what product you develop.

For example, if you design a protocol for a particular kind of psychoeducational group, you can write instructions and guidelines that provide the practical, hands-on information that someone would need to implement the group. It would not be necessary to provide a detailed and comprehensive review of the literature on psychoeducational groups.

With this greater flexibility, we are encouraging you to create a project that would do more than simply fulfill a degree requirement and sit on a library shelf. We invite you to consider developing a product that would contribute a useful tool, intriguing concept, promising program, or helpful information to the counseling profession. You can then share this product with other counselors by giving a presentation at a conference or writing an article for publication.

Proposal
As part of your comprehensive examination, which you typically take the semester after you have completed your practicum, you submit a proposal for your Ed.S. Research Project. In the previous chapter, we offered some suggestions for writing a successful proposal. We expect that you provide an organized, clear and well-written description of what you plan to accomplish. Your proposal must show promise of making a positive and original addition to the counseling literature that is based on your own ideas and work.

You can examine our guidelines in greater detail in the previous chapter, but the essential principles you should follow are: to propose a meaningful and doable project. Take care in crafting a readable document that follows APA style. You should propose a clear timeline identifying your target dates for achieving the major tasks, such as literature review, data collection, first draft, final committee meeting, and submission of the finished report.

Chair

You may choose any member of the Counseling faculty to be the chair of your Ed.S. Research Project committee. The chair will help you organize your work and will lead you through the process of planning how to present your finished project. Look over the faculty members’ areas of interest that are listed in Chapter 16 and pick someone who has expertise on your topic. Some faculty members have organized interest groups that are working on ongoing projects. You may want to join the group and eventually take on a specific undertaking that can become your Ed.S. Project.

Meetings

You should meet regularly with your committee chair to discuss the progress you are making on your project. It is your responsibility to keep your committee chair informed of the scope, plan and progress of your project.

Journal

It is a good idea to keep a journal of your intellectual journey in your research. The journal is a place where you can make your thinking visible and where you can work out connections in your own words. It may serve as a reservoir of ideas, the place where you face and answer your own questions. The journal is an ongoing written conversation with yourself. You can use your journal to react to, reflect on, and tie together all your learning experiences: the readings you encounter, the information you collect, and the observations you make.

You can get much more out of keeping a journal if you do more than merely summarize your experience. For example, consider what is particularly interesting, meaningful, unusual, or even puzzling about the research you are doing. Date your entries and write regularly, at least two or three times a week.

Use your journal to explore your thoughts, sort through your feelings, recollect memories, and develop ideas. You can use a variety of strategies--questioning, synthesizing, speculating, and brainstorming.

Committee

You need to select a faculty committee for your Educational Specialist Research Project. The committee consists of one chair and two readers. As mentioned earlier, you may choose any Counseling
Programs faculty member to be your committee chair. Usually, the two readers are also Counseling faculty or adjunct faculty members, but one may be in another program in the Department of Graduate Psychology and Counseling. You may elect to have an additional reader if this person has expertise relevant to your research project. This third reader is not required to be on the graduate faculty. Typically, you will have two meetings with the entire committee – one when you begin the project semester and another when you complete it.

The purpose of the first meeting is to consider your research proposal for approval. The purpose of the second meeting is to consider your final report for approval. When planning your Ed.S. Project timeline, it’s helpful to “think backward” from the date the project is due. You will want to have your final meeting with your committee at least one week prior to the Graduate School’s deadline for submission of Ed.S. Research Projects. This week should allow you sufficient time to make changes to your project that your committee recommends at that final meeting. You should plan to have your finished draft to your committee at least one week prior to the final meeting, so that all committee members have enough time to read and comment on your work. Therefore, you should have your draft to your committee chair at least one week prior to the date you plan to submit your draft to your committee members. This will allow your committee chair enough time to read the draft and suggest revisions before your committee members see it. A sample timeline could look like this:

March 19: Complete draft to committee chair for final review prior to submitting to committee members
March 31: Draft to all committee members, either via email attachment or by delivering hard copy directly to faculty
April 7: Ed.S. Committee Meeting
April 17: Project due to The Graduate School

If you follow this timeline, you would be advised to begin your project during the previous fall semester; organizing your paper, gathering information, writing the literature review and then synthesizing findings can take several months.

Perhaps the best advice we can provide is for you to avoid the need to organize your work in such detail by planning now to begin and complete the project well before the Graduate School’s deadlines!

**Final Report**


Please note that deadlines are set by The Graduate School, and we do not have the power to change them. You should include three original approval pages with original signatures, signed in black ink, of the chair, committee members, and department head. You should also provide a copy of your final report to the chair and each member of your committee.

**Oral Presentation**

In addition to discussing your final report at a meeting with your committee, you are expected to present your results with colleagues. You may want to speak on this topic at the Spring Symposium, which takes place in April, and perhaps at a professional conference, such as one of the VCA or ACA
annual meetings.

**Deadlines**

As part of your comprehensive examination, you must submit a completed Approval of a Thesis or Dissertation Committee form. The completed form, along with all the necessary signatures, must be submitted to The Graduate School before the deadline. The Graduate School website and The Empathic Times publishes the deadlines for each semester, but it is generally during the second week of classes.

We strongly recommend that you complete your final report prior to your final semester. You must have committee approval of your final report at least one week before the report is due to The Graduate School. The deadline for submitting the final electronic draft of your report to The Graduate School is usually near the last week of classes. You can check the most recent copy of The Empathic Times or The Graduate School website for the exact date.

If you do not complete the directed research project in time, you must register for PSYC 799 Directed Research Continuance. Keep in mind that continuance hours do not count towards graduation requirements.

**Evaluation Criteria**

The chair and readers of your PSYC 800 Educational Specialist Research Project will be basing the evaluation of your performance on several criteria:

- **Comprehensiveness.** The report must be a thorough consideration of the topic that you have selected. For example, your review of the literature must be complete. No matter what type of directed research you perform, you must present a comprehensive examination of the pertinent professional publications.

- **Relevance.** You must relate the project to the profession in significant ways. For example, you may discuss the implications of your results for the research, training or practice of counseling.

- **Originality.** You must offer a contribution to the counseling literature that is based on your own ideas and work. Your report must be more than a summary of the thoughts and efforts of others – it must have the distinction of presenting your individual notions and views.

- **Quality of writing.** Your report must be grammatically correct, clear, and well-written.

- **Organization.** The presentation of your report must be well-organized and coherent.

- **Achievement of goals.** The most fundamental criterion is the extent to which you are successful in accomplishing what you set out to do in your proposal. Whether it was to perform an empirical study, to develop an innovative program, or to write a critical review, your final report will be assessed in terms of your attainment of that goal.

**Other Projects**

It is a good strategy to read some of the previous directed research projects. There are plenty in the Carrier Library that you can read. Not only will you find it helpful to see examples of completed projects, but also you will gain a greater appreciation of the talents and diverse interests of our students.
Another good idea is to connect with other students who also are working on their projects. You can brainstorm ideas together, discuss issues related to your projects, exchange advice, and offer one another support.

**Thesis**

You may want to consider the option of completing a thesis rather than an Ed.S. Research Project. A thesis involves registering for at least 6 credit hours over two semesters, selecting a thesis committee and chair, and participating in a formal defense of the thesis. Read the graduate thesis guideline publication for more details.

**Equivalent Research Project**

Please note that if you have completed a similar research requirement at James Madison University or another university, you may present this research for consideration as meeting the Ed.S. research requirement. For example, students completing the M.A. thesis in the General Psychology Program at James Madison University or students who have completed a thesis at another university may request this option.

To be accepted as equivalent, the project must be one of the types of directed research described above. Research projects that do not have clear implications for, or are clearly not related to, the area of counseling, will not be accepted. You may request this option by petitioning the Counseling Programs Committee in writing. In your petition, you should describe the research requirements that you have met already and include one copy of the research project. The Committee can accept the research as equivalent, request reanalysis of data or expansion of the research, or reject the petition.
13. Internship

Prerequisites

Prior to enrolling in the internship course and before applying to internship sites, you need to contact the internship instructor to discuss the following course prerequisites:

• **Courses.** You need to successfully complete PSYC 695 Practicum in Counseling and be approved by the internship instructor.

• **Comprehensive examination.** You should successfully pass the comprehensive examination before you begin the internship. However, you may request, by written petition, for an exception to this requirement. In the petition, you must justify the exception and present a plan for completing the comprehensive examination during the internship. You need to submit this petition to the faculty internship instructor for approval before you can be placed at an internship site. If the internship instructor does not approve the petition, you may appeal to the counseling program committee.

• **Orientation meeting.** During the spring semester before you enroll in internship, you should attend the pre-internship orientation. At this meeting, the internship director provides an overview of the internship experience. Dr. Sturm welcomes inquiries regarding internship experiences for the Clinical Mental Health Counseling Program.

• **Sites.** Select and rank two or three sites from those recommended by the internship instructor. You may consider other internship sites, but contact the internship instructor first.

• **Liability insurance.** You should have professional liability insurance already from your practicum, but if you have let it lapse, then be sure to secure it again. ACA student rates are quite reasonable, and this is a great time to renew your membership to relevant professional organizations such as ACA.

• **Ethics.** Review the ACA ethical standards for counselors. You will have covered this information in previous courses and in your practicum, but take the time to reconsider the ethical principles. See your advisor or any other Counseling faculty member if you have lingering questions about ethical standards and decision-making models.

• **Ed.S. Research Project.** Clinical Mental Health Counseling students will complete the project before or during the internship.

Application Materials

The internship application process varies from site to site, but all require written materials and an interview. Typically, the application materials include the following:

• **Cover Letter.** Address a cover letter to the contact person at the site. In the letter, you can request an interview for an internship placement, briefly describe your interests and professional goals, and summarize your qualifications. The letter should be clear and concise, no longer than three or four paragraphs on one page.

• **Resumé.** Your resumé should be no longer than one or two pages. It should briefly describe identifying information, objective, and your relevant educational, vocational and volunteer experiences. (See Appendix M for a sample resumé.)
• **References.** Generally, you will be asked to provide references who can comment on your skills. The site contact person may require only a list (See the Appendix N for a sample list of references) or letters from your references.

**Application Interview**

In addition to reviewing these materials, the staff at an internship site will want to interview you. The interview is a critical step in the application process. It is an opportunity for both you and the site staff to determine if there is a good match with what the site needs and what you bring to the internship. Here are some guidelines and tips for successful interviewing:

• **Know yourself.** Your preparation for the interview should begin with knowing yourself. At this critical point in your professional development, you will want to take time to reflect on your interests, experiences, knowledge, skills, personal qualities, and goals. A conscientious, honest and thorough self-assessment will help you to make the most of your interview for two important reasons. First, you will be coming to it with greater self-awareness. Second, you will be approaching this situation with the right attitudes of openness and honesty. Trying to create a false impression, instead of being yourself, will quickly sabotage an interview.

• **Know the site.** The second step in preparing for an interview is to learn about the internship site. Read all the available literature on the site’s mission, history, organization, services, and clients. If possible, talk to others who are interns or staff members at this site. The more information you have beforehand, the better able you will be to ask meaningful questions and to make the most of your interview.

• **Take care of the details.** Check the time and location of the interview. Arrive early and be prepared to stay late. Bring along copies of your application materials, a pen and notepad.

• **Communicate your professionalism.** Be sure to dress, talk and act as the professional that you are becoming. Take advantage of all your skills in communicating, both verbally and nonverbally, your qualifications for this internship experience. Use your posture, eye contact, voice tone, gestures, and facial expressions to convey your interest, confidence and enthusiasm.

The deadlines for applying to internship sites vary tremendously. For example, if you wish to apply to the Counseling Center, you typically must submit an application before March 1. The Counseling Center staff members usually interview applicants during the two weeks after spring break and reach a decision by April 1. Other internship sites may be able to accept you with only a few weeks notice. Whatever the deadline, your goal is to arrange an internship site that is best for you, so don’t procrastinate and miss out on opportunities.

**Recent Clinical Mental Health Counseling Internship Sites**

Center for Marriage and Family Counseling  
96 Campbell Street  
Harrisonburg, VA 22801  
540-433-1546

Commonwealth Center for Children and Adolescents  
PO Box 400  
Staunton, VA 24401
540-332-2127

Counseling and Psychological Services
James Madison University
Harrisonburg, VA 22807
540-568-2622

Counseling Center
James Madison University
Harrisonburg, VA 22807
540-568-6552

Crossroads Counseling Center
250 East Elizabeth Street
Harrisonburg, VA 22802
540-801-0885

McNulty Center, Harrisonburg/Rockingham CSB
463 East Washington Street
Harrisonburg, VA 22802
540-433-3100

Harrisonburg/Rockingham CSB
1241 N. Main Street
Harrisonburg, VA 22802
540-432-6985

LIFE Recovery Program
RMH Center for Behavioral Health
235 Campbell Street
Harrisonburg, VA
540-564-5629

Northwestern Community Services - Luray
23 W. Main St.
Luray, VA 22835
540-743-4548

Northwestern Community Services - Woodstock
441 North Main Street, PO Box 203
Woodstock, VA 22664
540-459-5180

Region Ten CSB
800 Preston Ave.
Charlottesville, VA 22903
434-972-1800

Rockbridge Community Services Board
315 Myers Street
In addition to performing your duties at your internship site, you will be meeting regularly with other interns. The intern group provides opportunities to share your internship experiences, to look at your counseling work, to learn from one another, to clarify your professional goals, and to help one another to achieve those goals.

**Logs.** Once you begin your internship, you will keep a weekly log of your activities to document your experience. You will need to report what you do, when you do it, for how long, and your observations
and reactions. Your supervisor will review and sign each weekly log. You will also document your experience by completing the Clinical Mental Health Counseling Practicum and Internship Learning Outcome Activities (CMHC—PILOA) form to document experiences that fulfill the program-specific skills and practices learning outcomes. (See Appendix E.)

• **Performance assessment.** Your supervisor provides ongoing feedback, as well as evaluations of your performance near the end of each semester of your internship. Supervisors evaluate your performance and assess your skills and practices learning outcomes by completing the Clinical Mental Health Counseling Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA). (See Appendix F.)

• **Presentation.** Each spring semester, the Department Symposium is held. As an intern, you will be one of the symposium presenters. For your presentation topic, you may choose to describe an innovative counseling program, offer a detailed case study, or summarize an action-research project. The people who will be invited to attend the symposium presentations include all counseling interns, their supervisors, all faculty members, and other graduate and undergraduate students.
14. Organizations

We encourage you to join and actively participate in student and professional organizations. These groups offer you tremendous opportunities for greater involvement in the profession and practice of counseling. On our website at http://psyc.jmu.edu/counseling/clinical/index.html, we have links to all these organizations.

American Counseling Association (ACA)

The national professional organization with which our programs affiliate is the American Counseling Association. In over sixty years of advocacy for the counseling profession, ACA has grown to nearly 50,000 members. The association’s excellent website offers extensive information, materials and services. Apply online at http://www.counseling.org/ or call 800-347-6647, ext. 222.

The divisions of ACA include a wide range of professional interests:

- Association for Assessment in Counseling and Education (AACE)
- Association for Adult Development and Aging (AADA)
- Association for Creativity in Counseling (ACC)
- American College Counseling Association (ACCA)
- Association for Counselors and Educators in Government (ACEG)
- Association for Counselor Education and Supervision (ACES)
- Association for Humanistic Counseling (AHC)
- Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC)
- Association for Multicultural Counseling and Development (AMCD)
- American Mental Health Counselors Association (AMHCA)
- American Rehabilitation Counseling Association (ARCA)
- American School Counselor Association (ASCA)
- Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC)
- Association for Specialists in Group Work (ASGW)
- Counselors for Social Justice (CSJ)
- International Association of Addiction and Offender Counselors (IAAOC)
- International Association of Marriage and Family Counselors (IAMFC)
- National Career Development Association (NCDA)
- National Employment Counseling Association (NECA)

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

The Council for the Accreditation of Counseling and Related Educational Programs (CACREP) is an independent agency of the American Counseling Association and is recognized by the Council for Higher Education Accreditation to accredit master’s degree programs in counseling and doctoral programs in counselor education and supervision. CACREP’s website, located at http://www.cacrep.org/template/index.cfm, provides a list of all CACREP programs, information regarding the advantages of an accredited program, and resources for programs.

State and Local Associations

Our state associations are the Virginia Counselors Association (VCA) and its relevant divisions, including the Virginia School Counselors Association (VSCA). The local chapter of VCA is the Central Valley Counselors Association (CVCA). Student membership fees are set at a reduced rate. You can
apply to all three of these organizations online by going to [http://www.vcacounselors.org/](http://www.vcacounselors.org/).

**Chi Sigma Iota (CSI)**

Chi Sigma Iota is the international honor society for counseling students, professional counselors, and counselor educators. Since Chi Sigma Iota’s inception in 1985, its mission is to promote scholarship, research, professionalism, leadership, and excellence in counseling, and to recognize high attainment in the pursuit of academic and clinical excellence in the field of counseling. Activities in the past have included philanthropic projects, invited speakers, social activities, and participation in orientation meetings for new students. New students are invited to join Chi Sigma Iota in their second semester. Membership renewal must be completed online each year. The membership application form is on the Chi Sigma Iota website at [http://www.csi-net.org/](http://www.csi-net.org/). For more information, please speak to one of the CSI officers. You can find a list of current officers at the following website: [http://psyc.jmu.edu/counseling/clinical/clubs.html](http://psyc.jmu.edu/counseling/clinical/clubs.html).

**JMU Psychology Graduate Student Association**

The JMU Psychology Graduate Student Association (PGSA) is an organization for all psychology and counseling graduate students at JMU. Anyone may join at any time. The organization provides an excellent opportunity to become better acquainted with other graduate students and serves as a support system. Another purpose of the organization is to serve as a liaison between faculty and graduate students. The organization keeps faculty informed about student concerns and students informed of departmental activities.

**Counseling Student Listserv**

The Ohio State University and ACA have formed a listserv to meet the needs of graduate students in counselor education. COUNSGRADS has been developed to help graduate students from across the country to communicate with one another. You can talk about classes, internships, papers, and ideas about the profession. Darcy Haag Granello, a counselor educator at The Ohio State University, is the list owner. This is a very active listserv with up to 50-75 posts per day. Questions regarding the listserv can be sent to her at granello.1@osu.edu.

To sign up, go to: [http://go.osu.edu/COUNSGRADS](http://go.osu.edu/COUNSGRADS).

**Diversegrad-L**

Diversegrad-L is an internet mailing list providing a forum to discuss multicultural, cross-cultural, and diversity issues in the counseling profession and society at large. It offers subscribers throughout the United States and Canada the opportunity to interact with students, counselors, counselor educators, and psychologists, etc. about diverse concerns. To subscribe to this listserv, send an e-mail to Listserv@listserv.AMERICAN.EDU with the message: SUBSCRIBE DIVERSEGRAD-L (full name)
15. References and Job Search

Our graduates have an impressive record of obtaining counseling positions. In our most recent survey of alumni, we found that nearly all Clinical Mental Health counseling respondents (95%) were working as counselors. All the Clinical Mental Health counseling graduates also reported that their current occupation was moderately to highly related to their training.

In spite of the success of our alumni, the job search process can be a demanding and stressful one, especially in difficult economic times. To help you with this process, you can contact the Office of Career and Academic Planning. It has excellent resources to help you develop an effective resumé, design successful job search strategies, write persuasive job search correspondence, and develop a satisfying career networking program. Career and Academic Planning is located on campus in Wilson 301. The telephone number is 540-568-6555.

The Counseling Programs faculty members keep current on the job market, announce and post employment opportunities, and write recommendation letters for students. You are responsible for preparing a resumé, requesting references from faculty members, and carrying out an active job search.

If you haven’t done so already, you should begin developing your resumé. Your resumé is your advertisement for yourself. An effective resumé does not automatically land you a job, but it can help you obtain an interview. Although we provide a sample in Appendix M, keep in mind that there is no one correct way to do a resumé. You may decide to use a chronological format, a functional format, or some combination of both.

We also provide a sample reference sheet in the Appendix N. In most cases, a faculty member is happy to serve as a reference for you. However, if for any reason a faculty member cannot give you a positive endorsement, he or she reserves the right to deny your request for a reference. In such cases, the faculty member will discuss the refusal with you. Please keep in mind that a faculty member can offer an endorsement only for positions for which your program has prepared you to assume. Again, the faculty member will discuss this matter with you.

Finally, we believe that your professional identity as a counselor begins when you enter our training program. Your professional behavior is critically important in establishing your reputation and helping to secure meaningful internship and ultimately professional work experiences. We therefore recommend that if you use social media, such as Facebook, you do so thoughtfully, keeping in mind that potential employers, clients, and references may have access to what you, and your friends, post and share. Blogs and other forms of public discourse can reveal more than you intend and can enhance or diminish your professional reputation, so please be aware of the limitations and capabilities of these forms of communication.
16. Counseling Programs Committee and Faculty

Programs Committee

The Counseling Programs Committee addresses the academic, professional and administrative concerns of the program. It meets on the first and third Mondays of each month from 10:00 a.m. to 12:00 Noon. This committee is made up of those who teach the counseling courses, other members of the department, practicum representatives, and student representatives. A student representative also participates in the meetings of the Counseling Programs Committee.

Faculty

The Department of Graduate Psychology is composed of 29 full-time faculty members and over 25 adjunct and part-time faculty members. The Counseling Programs core and associate faculty members have a wide variety of interests and areas of expertise, but all share an intense dedication to training successful counselors. They include winners of national awards, leaders in counseling professional organizations, and recipients of teaching honors.

Leadership Roles

Dr. Debbie Sturm is the Counseling Programs Director and coordinates the Clinical Mental Health Counseling Program. Dr. Lennis Echterling coordinates the Ph.D. in Counseling and Supervision Program. Dr. Michele Kielty and Dr. Renee Staton coordinate the School Counseling Program.

Core Faculty

The Counseling Programs have outstanding core and associate faculty members. They have been the recipients of three national ACES awards, including Distinguished Professional Service, Counseling Vision and Innovation, and Publications in Counselor Education and Supervision. Faculty members have also received the regional SACES award for Distinguished Teaching, State Council for Higher Education in Virginia Outstanding Faculty Award, Virginia Counselors Association Humanitarian and Caring Person Award, Virginia School Counselors Association Counselor Educator of the Year Award, JMU Distinguished Teaching Award, JMU All Together One Award, College of Education and Psychology Award for Distinguished Teaching, Madison Scholar Award, CISAT Award for Distinguished Teaching, CISAT Outstanding Junior Faculty Award, William Hall Faculty Award for Outstanding Service to Students, and many other recognitions.

Eric W. Cowan (California School of Professional Psychology) Self psychology, psychotherapy process, eating disorders.

Lennis G. Echterling (Purdue University) Disasters and emergencies, crisis intervention, resilience, brief counseling, thriving.

David J. Ford (Old Dominion University) African-American male college students, diversity, multiculturalism, addictions, group counseling, LGBTQQIA populations, and persons affected by HIV/AIDS.

Michele Kielty (University of North Carolina at Greensboro) School counseling, mindfulness, spirituality and counseling.
A. Renee Staton (University of Virginia) Multicultural aspects of counseling, women’s issues, counselor supervision, mindfulness.

Debbie Sturm (University of North Carolina, Charlotte) Trauma, community violence, social class, mindfulness practices in counseling

Associate Faculty

William O. Hall (University of Kentucky) Group counseling, counseling theories.

Sandy Hite (James Madison University) School counseling, advocacy, professional leadership.

J. Edson McKee (Indiana University) Counseling techniques, group dynamics, creativity and learning styles.

Jack H. Presbury (University of Pittsburgh) Creativity, artificial intelligence, brief counseling, cognitive psychology, history and systems.

Anne Stewart (University of Virginia) Child trauma, family therapy, parent-professional relationships, play therapy.

Adjunct faculty in cooperating university programs, schools, clinical mental health agencies, and private practices also offer training and supervision.

Director

The duties of the Director of Counseling Programs include the following:

Leading faculty, staff and students
  Offer direction and support to program participants in informal discussions
  Assess program needs
  Envision possibilities and articulate goals
  Monitor progress towards achievement
  Evaluate program performance

Administering program
  Schedule courses each semester
  Coordinate faculty assignments
  Collaborate in implementing annual Summer Institute in Counseling
  Work with School Counseling and Clinical Mental Health Counseling Coordinators
  Cultivate a culture of personal growth and professional vitality

Participating in regular meetings
  Counseling Programs Committee (2 hours, every two weeks)
  Graduate Coordinating Council (2 hours, every two weeks)
  College Graduate Council (1 1/2 hours, once a month)
  CAPS Training Committee (1 hour, every two weeks)
  Graduate Council (1 1/2 hours, once a month)
  Health and Human Services Program Heads (once a month)
  Pizza and Process meetings with students (once a month)
Program rituals, such as opening ceremony, honors, and graduation (several a year)
Search committees for program faculty (as needed)
Other meetings with secretary, faculty, other directors (1 hour, weekly)

**Communicating**
- Respond to several hundred inquiries regarding program each year
- Write memos, announcements and letters to program participants
- Communicate with Graduate School, CAPS, Counseling Center, and other JMU resources
- Maintain ongoing relationship with school and agency counseling services in the region
- Maintain ongoing relationship with CACREP, the ACA credentialing program
- Write the Counseling Programs newsletter
- Edit and update program listing in the JMU graduate catalog
- Revise Handbook for Counseling and distribute to all new students
- Revise program brochure

**Advocating**
- Advocating for resources to help in achieving the program’s mission and goals
- Promoting the interests of students, faculty and staff of the Counseling Programs

**Advising**
- Offer academic advising to students to supplement program faculty advising

**Supervising**
- Supervise program Graduate Assistant
- Offer support and assistance to Counseling Programs faculty and staff

**Developing organizational tools**
- Develop agendas for program committee meetings
- Design forms, policies and procedures to increase efficiency and effectiveness

**Trouble shooting**
- Address issues that are problematic

The Director of the Counseling Programs serves a term of four years, usually beginning at the start of the academic year. Near the end of each spring semester, all Counseling students, staff, faculty members, and other program directors have an opportunity to complete a narrative evaluation regarding the performance of the Director. They may offer their feedback to the Director in an email message, or if they prefer, they can present their comments directly to the Head of the Department of Graduate Psychology and Counseling. During the annual performance review of the Director, the Head of the Department of Graduate Psychology and the members of PAC consider this feedback, along with other evidence regarding the Director’s teaching, service and scholarship.

In the spring semester of the fourth year, all Counseling students, staff and faculty members are informed that the Director’s term is nearing its conclusion and are invited to nominate a candidate for the next term. The nomination could be the current Director or another faculty member of the Counseling Programs Committee.

At the completion of the fourth year, the annual evaluation form of the Director includes an opportunity to endorse the current Director or another candidate for the following term of office. The Head of the Department of Graduate Psychology and Counseling reviews the results and works with the
Program Committee to ensure a successful transition of office.
17. Clinical Mental Health Counseling Curriculum

The Clinical Mental Health Counseling Program is accredited by the Council for the Accreditation of Counseling and Related Educational Programs (CACREP), an affiliate of the American Counseling Association. The 60-credit-hour program includes the courses required for accreditation, Virginia licensure, and an elective to address your individual interests.

Areas of Study

Chapter 3 provides detailed information regarding the specific learning outcomes of the Clinical Mental Health Counseling Program. CACREP requires of the JMU Clinical Mental Health Counseling Program curricular experiences, demonstrated knowledge, and skill competence in the following areas of study, as outlined in the 2009 Accreditation Procedures Manual:

• PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE—studies that provide an understanding of aspects of professional functioning;

• SOCIAL AND CULTURAL DIVERSITY—studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural society;

• HUMAN GROWTH AND DEVELOPMENT—studies that provide an understanding of the nature and needs of persons at all developmental levels and in multicultural context;

• CAREER DEVELOPMENT—studies that provide an understanding of career development and related life factors;

• HELPING RELATIONSHIPS—studies that provide an understanding of the counseling process in a multicultural society;

• GROUP WORK—studies that provide both theoretical and experiential understandings of group purpose, development, dynamics, theories, methods, skills, and other group approaches in a multicultural society;

• ASSESSMENT—studies that provide an understanding of individual and group approaches to assessment and evaluation in a multicultural society; and

• RESEARCH AND PROGRAM EVALUATION—studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation.

Clinical Instruction

• Practicum. The practicum provides for the development of individual counseling and group work skills under supervision. Students complete a minimum of 100 hours of supervised practicum experiences. The practicum includes:

1. a minimum of 40 hours of direct service in individual and group interactions (At least one-fourth of these hours should be in group work.);

2. a minimum of one hour per week of individual supervision by a program faculty supervisor or a supervisor under faculty supervision;
3. a minimum of one and one-half hours per week of group supervision with other students in similar practica or internships by a program faculty supervisor or a supervisor under faculty supervision;

4. evaluation of the student’s performance throughout the practicum including a formal evaluation at the completion of the practicum.

• Internship. The program provides a supervised internship of 900 hours minimum to be begun after completion of Practicum. Students perform all activities of a regularly employed staff member in the setting. The student’s internship includes:

1. at least 240 hours of direct service work with appropriate clients;

2. a minimum of one hour per week of individual supervision throughout the internship;

3. at least one and one-half hours per week of group supervision throughout the internship;

4. the opportunity to become familiar with a variety of professional activities other than direct service;

5. the opportunity to develop audiotapes or videos, for use in supervision, of the student's interactions with clients appropriate to the program area;

6. the opportunity for the student to gain supervised experience in the use of professional resources such as appraisal instruments, computers, print and non-print media, professional literature, research, and referral information to appropriate providers; and

7. formal evaluation of your performance during the internship by a program faculty supervisor in consultation with the site supervisor.

Degrees and Credentials

When you complete the program requirements, you will receive both the Master of Arts and Educational Specialist degrees at graduation. The Ed.S. degree reflects the successful completion of the program accredited as entry level to the counseling profession. Due to CACREP policy, the M.A. degree is not awarded prior to full completion of the Ed.S. degree.

The JMU transcript endorses students as having been graduated from an accredited program and as being eligible to take the National Board for Certified Counselors (NBCC) examination leading to recognition as a National Certified Counselor (NCC). Students also have the required courses for licensure as professional counselors in the Commonwealth of Virginia. For detailed information about licensure, please visit the Commonwealth of Virginia Board of Counseling website, available at: http://www.dhp.state.va.us/counseling/

Program of Study

Your program of study for Clinical Mental Health Counseling includes the following courses:

Required Courses:
PSYC 600. Measurement and Statistics
PSYC 607. Assessment Procedures in Counseling
PSYC 614. Advanced Developmental Psychology
PSYC 630. Clinical Mental Health Counseling
PSYC 660. Counseling Theories
PSYC 661. Counseling Techniques
PSYC 663. Substance Abuse Counseling
PSYC 664. Counseling Process
PSYC 665. Group Counseling
PSYC 668. Couple and Family Systems
PSYC 669. Career Development
PSYC 685. Psychopathology: Diagnosis and Intervention Planning
PSYC 695. Practicum in Clinical Mental Health Counseling
PSYC 710. Counseling Strategies: Brief Counseling and Crisis Intervention
PSYC 749. Multicultural Perspectives of Intervention
PSYC 760. Supervision and Consultation for Counselors
PSYC 790. Internship in Clinical Mental Health Counseling (two semesters)

**Research Project/Thesis:**
PSYC 800. Educational Specialist Research Project (3 hours) **OR** PSYC 700. Thesis (6 hours)

Only three credit hours of PSYC 800 may be used to satisfy program requirements for the educational specialist degree. If the research project is not completed after three credit hours and by the Graduate School’s deadline, then you must continuously enroll (each semester including summer) in PSYC 799 until the project is completed.

**Possible Elective Courses:**
PSYC 752. Theory and Practice of Play Therapy
PSYC 768. Couple and Family Counseling

You choose at least 3 credit hours of elective course work to meet your particular interests and needs, but your selection requires the approval of your advisor.

**Suggested Sequence for Full-Time Students**

**First Year**

**Fall semester**
- PSYC 614. Advanced Developmental Psychology
- PSYC 630. Clinical Mental Health Counseling
- PSYC 660. Counseling Theories
- PSYC 661. Counseling Techniques

**Spring semester**
- PSYC 664. Counseling Process
- PSYC 685. Psychopathology: Diagnosis and Intervention Planning
- PSYC 710. Counseling Strategies: Brief Counseling and Crisis Intervention
- PSYC 749. Multicultural Perspectives of Intervention

**Summer semester**
- Elective Course **OR** PSYC 695. Practicum

**Second Year**

**Fall semester**
PSYC 600. Measurement and Statistics
PSYC 663. Substance Abuse OR PSYC 695. Practicum
PSYC 668. Couple and Family Systems
PSYC 665. Group Counseling

Spring semester
PSYC 607. Assessment in Counseling
PSYC 695. Practicum OR PSYC 663. Substance Abuse OR PSYC 669 Career Development
PSYC 760. Supervision & Consultation for Counselors

Summer semester
PSYC 669. Career Development OR Elective Course

Third Year
Fall semester
PSYC 790. Internship (1st 3 hours)
PSYC 800. Ed.S. Research Project OR PSYC 700. Thesis (1st 3 hours)

Spring semester
PSYC 790. Internship (2nd 3 hours)
PSYC 700. Thesis (If you have selected the Thesis option, then this is the 2nd 3 hours)

Sample Sequence for Half-Time Students

First Year
Fall semester
PSYC 661. Counseling Techniques
PSYC 660. Counseling Theories

Spring semester
PSYC 749. Multicultural Perspectives of Intervention
PSYC 663. Substance Abuse Counseling

Summer semester
PSYC 669. Career Development

Second Year
Fall semester
PSYC 630. Clinical Mental Health Counseling
PSYC 665. Group Counseling

Spring semester
PSYC 664. Counseling Process
PSYC 685. Psychopathology: Diagnosis and Intervention Planning

Summer semester
PSYC 668. Couple and Family Systems

Third Year
Fall semester
PSYC 600. Measurement and Statistics
PSYC 614. Advanced Developmental Psychology

Spring semester
PSYC 607. Assessment in Counseling
PSYC 710. Counseling Strategies: Brief Counseling and Crisis Intervention

Summer semester
Elective Course

Fourth Year
Fall semester
   PSYC 695. Practicum in Counseling
   PSYC 800. Ed.S. Research Project OR PSYC 700. Thesis (1st 3 hours)

Spring semester
   PSYC 760. Supervision & Consultation for Counselors
   PSYC 700. Thesis (If you have selected the Thesis option, then this is the 2nd 3 hours)

Fifth Year
Fall semester
   PSYC 663. Substance Abuse
   PSYC 790. Internship (1st 3 hours)

Spring semester
   PSYC 790. Internship (2nd 3 hours)

Override Requirement for Certain Courses

Please note:  You must request an override for all classes at the 800 level and above by emailing the course instructor. Your email should include your name, the course information (including the semester, catalog number and section, and class number), and your student ID number. If your request is approved, the instructor then contacts the administrative assistant with this information. Once your override is processed, you may register for the course.
17. Comprehensive Assessment Plan

The JMU Counseling Programs faculty members have developed a Comprehensive Assessment Plan (CAP) that is continuous and systematic. CAP assesses the Counseling Programs’ achievement of its mission, goals and objectives, including the CACREP common core standards learning outcomes and the CACREP program-specific standards learning outcomes. This assessment of student learning outcomes involves following uniform procedures, digitizing information to create aggregate data, and systematically using data for program modification. In this plan, we provide detailed information and supporting documentation regarding our assessment of student learning outcomes in the areas of professional identity, professional practice, and program area standards.

The foundational component of the CAP is an assessment database. At our Counseling Programs meetings, we regularly review our data management format and procedures; update our assessment database; and monitor our assessment process over time.

All assessment data are entered into the database, which is stored on the university’s secure network. These data provide for a formative as well as summative assessment process that is used to:
- document student mastery of specific learning outcomes;
- allow faculty members to compare scores for specific courses over time;
- provide continuous feedback regarding the efficacy of our pedagogy and course-related experiences;
- suggest areas in which a student may need additional assistance and training; and
- identify potential areas for program modification, such as course sequencing, course content, and instructional delivery.

The multi-pronged CAP is a continuous process in which assessment data are collected at the following points throughout and following training:
- Common core and program-specific courses
- Fall and spring semesters
- Practicum
- Comprehensive examination
- Internship
- Graduation
- Follow-Up

The following assessment instruments have been developed for the Clinical Mental Health Counseling Program:
- Common Core—Key Assignment-Based Assessment of Learning Outcomes (CC—KABALO)
- Progress Review (PR)
- Clinical Mental Health Counseling—Key Assignment-Based Assessment of Knowledge Learning Outcomes (CMHC—KABAKLO)
- Clinical Mental Health Counseling Practicum and Internship Learning Outcome Activities (CMHC—PILOA)
- Clinical Mental Health Counseling—Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA)

Each of these assessment instruments is described in detail in the following sections. The CAP provides formative as well as summative data, uses consistent instruments that assess the curriculum as
well as individual student performance, and documents the degree to which our program meets our established goals and objectives.

1. Common Core—Key Assignment-Based Assessment of Learning Outcomes (CC—KABALO)

Appendix A provides a matrix of the CACREP common core standards, the primary courses that cover these standards, and the 56 learning outcomes associated with these standards. The common core standards apply to both master’s-level CACREP-accredited programs here at James Madison University—Clinical Mental Health Counseling and School Counseling. The eight common core standards are: professional orientation and ethical practice, social and cultural diversity, human growth and development, career development, helping relationships, group work, assessment, and research and program evaluation. Each standard has five to ten specific learning outcomes associated with it.

In response to feedback from last year’s Assessment Progress Template Report and based on recommendations from the Council on Accreditation of Counseling and Related Educational Programs (CACREP) regarding assessment of learning objectives, the Counseling faculty members, under the leadership of Debbie Sturm, have developed a new assessment strategy in its comprehensive assessment plan—the Key Assignment-Based Assessment of Learning Outcomes (KABALO).

Last spring, Debbie Sturm was selected as an Assessment Fellow to participate in an intensive summer program to work collaboratively with the Center for Assessment and Research Studies (CARS) to design a project that would improve the assessment of student learning objectives. The Counseling Programs Committee immediately recognized the value of the proposed project and began work to implement it. Her proposed project would involve revising every syllabus in all three Counseling Programs to include key assignments that assess specific learning objectives. Beginning with the common core standards, the faculty members would design key assignments that would assess student achievement of those specific outcomes aligned to particular courses.

The project has been a labor intensive one throughout this past year. It has involved lengthy discussions at every biweekly meeting of the Counseling Programs Committee. In addition, between meetings, the Counseling faculty members were responsible for designing key assignments that linked to those learning objectives covered in their courses. They also developed rubrics for assessing student achievement of the learning outcomes. Frequently, several faculty members formed ad hoc committees to collaborate in creating key assignments and rubrics. Debbie Sturm, who coordinated this massive assessment project, also organized student assistants to compile the revised syllabi, create complex matrices of assignments and rubrics, and develop a database for digitizing all assessment information. No student was involved in entering the actual assessment data.

Before the past academic year, the previous instruments for assessing the common core learning objectives were eight online tests of 20 multiple-choice questions each. However, in reviewing the assessment procedures and results, the Counseling faculty discovered a number of significant deficits with this procedure. First, although the assessment test results provided general data regarding each of the eight common core standards, the data did not offer specific information regarding the achievement of each of the 56 learning objectives. Second, the procedure of requiring eight tests in addition to those mandated in the course syllabi was becoming onerous for both the students and faculty members. Third, the issue of student motivation was problematic because students were aware that performance on the program assessment tests did not impact their grades. Although students were cooperative in participating in the assessment procedures, faculty members were uncertain that the tests accurately reflected the students’ knowledge on these learning objectives.
The Common Core—Key Assignment-Based Assessment of Learning Outcomes (CC—KABALO) addresses all of these problems. First, data are now being collected on every common core learning objective. Second, the assignments are clearly identified in all syllabi as tasks to be performed in order to satisfactorily complete these courses. And third, because there are clear consequences on the grades that students receive for completing these assignments, the student motivation has been high.

At the conclusion of each semester, faculty members use the Key Assignment Alignment Grid to rate the performance of students on all learning outcomes that were demonstrated in the courses they taught. An example of the grid for PSYC 600, which was offered in the 2013 fall semester, is included below. Faculty members then turn in the completed forms to Debbie Sturm, who is coordinating the data entry into the aggregate assessment database.

<table>
<thead>
<tr>
<th>PSYC 600</th>
<th>SPSS Take 1</th>
<th>SPSS Take 2</th>
<th>Article Critique and Alternative Research Proposal</th>
<th>Measurement Article Critique</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Exceeds Expectations</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>2 Meets Expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 Does Not Meet Expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**RESEARCH AND PROGRAM EVALUATION:** studies that provide an understanding of research methods, statistical analysis, needs assessment, and program evaluation, including all of the following:

- II.G.8.a. the importance of research in advancing the counseling profession;
- II.G.8.b. research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;
- II.G.8.c. statistical methods used in conducting research and program evaluation;
- II.G.8.d. principles, models, and applications of needs assessment, program evaluation, and the use of findings to effect program modifications;
- II.G.8.e. the use of research to inform evidence-based practice; and
- II.G.8.f. ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies.
Faculty members then review the aggregate data during the final Counseling Programs Committee meeting of each semester and discuss the implications of the results for program modifications and enhancements.

2. Clinical Mental Health Counseling—Key Assignment-Based Assessment of Knowledge Learning Outcomes (CMHC—KABAKLO)

The previous section described the assessment of the common core learning outcomes that apply to both master’s level counselor education programs at James Madison University. This section focuses on the knowledge learning outcomes that specifically apply to the Clinical Mental Health Counseling Program. Appendix B summarizes the CACREP program-specific standards for the Clinical Mental Health Counseling Program, the primary courses that cover these standards, and the learning outcomes associated with these standards. Clinical Mental Health Counseling students must demonstrate their knowledge of the following program-specific areas: foundations of clinical mental health counseling; counseling, prevention and interventions; diversity and advocacy; assessment; research and evaluation; and diagnosis. In each of the six areas, from three to ten specific learning outcomes are identified, for a total of 37 knowledge learning objectives.

As described in detail in the previous section, the Counseling faculty members, with Debbie Sturm’s guidance, have dedicated this year to developing a new assessment strategy—the Key Assignment-Based Assessment of Learning Outcomes. Previously, the knowledge learning outcomes that apply only to the Clinical Mental Health Counseling Program were assessed in the comprehensive examination. In addition to submitting materials reflecting their skills, students took a 50-item multiple-choice instrument and were required to achieve a score of 80% to pass this portion of the comprehensive examination. However, this procedure did not offer specific information regarding the achievement of each of the knowledge learning objectives.

The revision of the procedures for assessing the program-specific knowledge learning outcomes paralleled those for the assessment of the common core learning outcomes. Counseling faculty members designed key assignments that would assess student achievement of those program-specific learning outcomes aligned to particular Clinical Mental Health Counseling courses.

Using the new Clinical Mental Health Counseling—Key Assignment-Based Assessment of Knowledge Learning Outcomes (CMHC—KABAKLO) offers two significant improvements. First, data are now being collected on every program-specific learning objective. Second, the assignments are clearly identified in all syllabi as tasks to be performed in order to satisfactorily complete these courses. Therefore, the data points are spread throughout the curriculum of the Clinical Mental Health Counseling Program, instead of being concentrated in the comprehensive examination.

Following the same procedure as that for assessing common core learning outcomes, Counseling faculty members use the Key Assignment Alignment Grid to rate the performance of students on all School Counseling knowledge learning outcomes that were demonstrated in the courses they taught. Below is an example of key assignments taken from the revised syllabus for PSYC 630 Clinical Mental Health Counseling, an introductory course that was offered in the Fall 2013 Semester. Again, faculty members then turn in the completed forms to Debbie Sturm, who is coordinating the data entry process.

<table>
<thead>
<tr>
<th>PSYC 630</th>
<th>COUNSELING REFLECTION PAPER</th>
<th>PROFESSIONAL ISSUES AND ADVOCACY</th>
<th>RESEARCH PAPER</th>
<th>MIDTERM EXAM</th>
<th>PORTFOLIO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Mental Health Counseling</td>
<td>3 2 1</td>
<td>3 2 1</td>
<td>3 2 1</td>
<td>3 2 1</td>
<td>3 2 1</td>
</tr>
</tbody>
</table>

3 Exceeds Expectations
As with the common core assessment data, faculty members then review the aggregate data for the Clinical Mental Health Counseling knowledge learning outcomes during the final Counseling Programs Committee meeting of each semester and discuss the implications of the results for program modifications and enhancements.

3. Progress Review (PR)

At the end of each semester, the Progress Review (PR) evaluates student performance according to professional and ethical behavior and academic behavior. (See Appendix D.) These additional data
provide specific feedback to students and, when needed, initiate any remediation processes. The information also provides aggregate data to assess the program’s relative effectiveness each semester.

The PR procedure includes the student as an active participant in the process. Students begin by reflecting on their own academic performance, professional behavior and personal development during the semester. They then complete the Self Ratings portion of the PR, offer their comments, and develop their plans for making continued progress. Finally, they return the completed form to the Director of Counseling Programs by the stated deadline.

During the following week, the core Counseling faculty members meet to review student progress, complete the Committee Rating portion of the form, and offer feedback and recommendations to students. After the review, students and their advisors each receive a copy of the completed form. Each first-year student is required to meet with his or her advisor to discuss the PR during the fall and spring semesters. We also encourage all other students to meet with their advisors to discuss the reviews.

The goal of the PR is to take a broad view of student development by assessing student performance in all areas throughout the entire semester, instead of focusing on student performance in a specific course.

4. Practicum Assessment

The program-specific learning objectives for the Clinical Mental Health Counseling Program are divided into two major groups. The first group includes knowledge learning objectives, which are addressed using the Clinical Mental Health Counseling—Key Assignment-Based Assessment of Knowledge Learning Outcomes (CMHC—KABAKLO), which was described in detail in Section 2 above. The second major group of program-specific learning objectives includes skills and practices, most of which are assessed during the Clinical Mental Health Counseling practicum and internship experiences.

The primary purpose of the Clinical Mental Health Counseling practicum is to develop the program-specific skills and practices learning outcomes, as listed in the matrix presented in the Appendix C. Clinical Mental Health Counseling students complete their practicum experience at either the Counseling and Psychological Services (CAPS) or Counseling Center. As part of their practicum log, students, with the guidance of their supervisor, complete the Clinical Mental Health Counseling Practicum and Internship Learning Outcome Activities (CMHC—PILOA) form to document experiences that fulfill their program-specific skills and practices learning outcomes. (See Appendix E.) At the conclusion of practicum, the supervisor reviews the performance of the student and assesses the skills and practices learning outcomes by completing the Clinical Mental Health Counseling Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA). (See Appendix F.) These two assessment procedures provide data regarding the both the experiences and skill levels of practicum students.

5. Comprehensive Examination

The comprehensive examination of the Clinical Mental Health Counseling students includes the following components that sample skills and practices:

- practicum documentation of activities fulfilling program-specific skills and practices learning outcomes;
- recorded segment of the student’s counseling work;
- accompanying transcript and written analysis;
- proposal for Ed.S. Research Project and completed committee approval form
- oral examination with two core Counseling faculty members; and
- follow-up session with one faculty examiner.
On the Thursday before the oral examination, students submit two copies of their comprehensive examination materials. The first item is a copy of the form documenting their practicum activities that fulfill the program-specific Clinical Mental Health Counseling skills and practices learning outcomes. Second, each student submits a recording, 15 to 20 minutes in length, of a portion of a counseling session demonstrating effective counseling work with an actual client. The recording should display a level of counseling skills and practices that demonstrate a readiness to embark on an internship experience. Third, students also offer a complete transcript and a written analysis of the recorded work sample. The 12-page written analysis should demonstrate the student’s ability to describe the dynamics of counseling in an organized, concise and clear manner. The analysis includes background information, intervention goals, interpersonal process, theoretical framework, exploration of alternative strategies, and discussion of ethical considerations. Finally, the students submit a brief proposal for their Ed.S. Research Project. In 6-8 pages, students state the topic area, provide a concise overview of the literature they will review, and describe the general methodology of their proposed research project. The proposal should include a completed committee approval form naming the Ed.S. chair and committee members. The oral portion of the comprehensive examination takes place the following week in order to allow the two examining faculty members adequate time to review the submitted materials. During the oral portion, the examiners discuss with the student issues regarding program-specific knowledge learning outcomes, counseling session dynamics in the tape segment, and material presented in the written analysis. The examiners use the Clinical Mental Health Counseling—Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA) to evaluate the performance of students.

By using this comprehensive examination process, faculty members are able to examine the actual counseling work of the students in assessing their achievement of skills and practices learning outcomes. Students must receive at least an acceptable rating on every learning outcome in order to pass the comprehensive examination. Those who receive an unacceptable rating on any learning outcome will meet with faculty to develop a remediation plan. Remediation plans may include additional training experiences, such as retaking the practicum or another course, engaging in independent studies, or addressing issues that impair effectiveness of their counseling skills and practices. In situations in which students do not pass the comprehensive examination, they are expected to participate in a remediation plan before retaking the comprehensive examination.

6. Internship Assessment

The internship is the capstone of the training curriculum for Clinical Mental Health Counseling students. As the final piece that links all previous courses, the internship is the culminating experience. The internship builds on the program-specific skills and practices that were assessed during the practicum and on the comprehensive examination.

The purpose of the Clinical Mental Health Counseling internship is to develop the program-specific skills and practices learning outcomes, as listed in the matrix presented in Appendix C, to the point that they are ready to embark on their professional careers. The internship for Clinical Mental Health Counseling students covers two semesters involving a total of at least 900 clock hours. As they had done for their practicum, interns keep a detailed log that includes the completion of the Clinical Mental Health Counseling Practicum and Internship Learning Outcome Activities (CMHC—PILOA) form. In collaboration with their supervisor, students use the form to document internship experiences that fulfill their program-specific skills and practices learning outcomes. (See Appendix E.) At the conclusion of each semester of the internship, the supervisor reviews the performance of the intern and assesses the skills and practices learning outcomes by completing the Clinical Mental Health Counseling Skills and Practices Learning Outcomes Assessment (CMHC—SPLOA). (See Appendix F.)
Consequently, by the final semester of their training, all CMHC students are assessed on program-specific skills and practices learning outcomes at four different points: practicum, comprehensive examination, first semester of internship, and second semester of internship.

6. Exit Survey

Before graduation, the Clinical Mental Health Counseling students complete an exit survey to assess their overall experience with the curriculum, including the teaching, advising and supervision that they had received during their training. The brief online survey invites the graduating student to describe their impressions of the strengths of the program, offer suggestions for improvements, give feedback on the advising that they had received, and provide any final reflections and observations. The Counseling Programs faculty members use this information to evaluate and modify the overall curriculum, training procedures, and learning objectives.

7. Alumni and Employer Follow-Up Surveys

Every three years, the Counseling Programs faculty members survey recent alumni regarding their training experiences. These surveys ask respondents to evaluate aspects of their experiences that are linked directly to our mission and objectives as well as CACREP standards. The data from these surveys are maintained in our Assessment Database to allow for comparison over time.

In order to assess the perceptions and evaluations of the major aspects of the Counseling Programs, every three years the Counseling faculty survey employers and other helping professionals working in Central Shenandoah Valley schools, community service agencies, and private practice. Many of those surveyed are regular site supervisors of our interns and employers of our alumni.

Use of Assessment Data For Program Modifications

The assessment plan described above provides comprehensive information about professional identity, professional practice, and program area standards in a consistent format that allows us to examine aggregate as well as disaggregate data over time. Our database system allows data to be entered with uniformity, ensures that our system is secure, and has programmatic integrity.

Program assessment is a regular item on the agenda at our biweekly meeting of the Counseling Programs throughout the academic year. We also discuss other assessment data, such as Progress Reviews, Comprehensive Examinations, and Practicum Performance Assessments, each fall and spring semester. At our annual summer retreat, we evaluate data from the various instruments stored on our Assessment Database; assess the effectiveness of our assessment procedures and data management system, and modify our programs as warranted. Finally, we document the entire assessment process in the Counseling Programs Annual Report each summer.
## Appendix A  
### COMMON CORE STANDARDS KNOWLEDGE LEARNING OUTCOMES MATRIX

<table>
<thead>
<tr>
<th>Common Core Standards</th>
<th>Courses</th>
<th>Learning Outcomes</th>
</tr>
</thead>
</table>
| **Standard 1: Professional Orientation and Ethical Practice** | PSYC 630 Clinical Mental Health Counseling OR PSYC 640 School Counseling | 1. ASSESSMENT OF KNOWLEDGE IN PROFESSIONAL ORIENTATION AND ETHICAL PRACTICE  
G. 1. a. Identify the history, philosophical assumptions, and foundations of the counseling profession.  
G. 1. b. Describe the professional roles, functions, and collaborative relationships with other human service providers.  
G. 1. c. Articulate the counselors’ roles and responsibilities in an emergency response team.  
G. 1. d. Recognize the fundamental strategies to maintain counseling effectiveness and personal well-being.  
G. 1. e. Describe counseling supervision models, practices, and processes;  
G. 1. f. Identify professional counseling organizations, including membership benefits, activities, services to members, and current issues;  
G. 1. g. Exhibit awareness of certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues;  
G. 1. h. Describe the role and process of the professional counselor advocating on behalf of the profession;  
G. 1. i. Articulate the advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients; and  
G. 1. j. Recognize the ethical standards of professional organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling. |
| **Standard 2: Social and Cultural Diversity** | PSYC 749 Multicultural Perspectives of Intervention | 2. ASSESSMENT OF KNOWLEDGE IN SOCIAL AND CULTURAL DIVERSITY  
G. 2. a. Articulate multicultural and pluralistic trends, including characteristics and concerns within and among diverse groups nationally and internationally;  
G. 2. b. Recognize attitudes, beliefs, understandings, and acculturative experiences, including specific experiential learning activities designed to foster students’ understanding of self and culturally diverse clients;  
G. 2. c. Articulate theories of multicultural counseling, identity development, and social justice;  
G. 2. d. Recognize individual, couple, family, group, and community strategies for working with and advocating for diverse populations, including multicultural competencies;  
G. 2. e. Describe the counselors’ roles in developing cultural self-awareness, promoting cultural social justice, advocacy and conflict resolution, and other culturally supported behaviors that promote optimal wellness and growth of the human spirit, mind, or body; and  
G. 2. f. Articulate counselors’ roles in eliminating biases, prejudices, and processes of intentional and unintentional oppression and discrimination. |
| **Standard 3: Human Growth and Development** | PSYC 614 Advanced Developmental Psychology | 3. ASSESSMENT OF KNOWLEDGE IN HUMAN GROWTH AND DEVELOPMENT  
G. 3. a. Describe theories of individual and family development and transitions across the life span;  
G. 3. b. Articulate theories of learning and personality development, including current understandings about neurobiological behavior;  
G. 3. c. Identify the effects of crises, disasters, and other trauma-causing events on persons of all ages;  
G. 3. d. Describe the theories and models of individual, cultural, couple, family, and community resilience;  
G. 3. e. Summarize a general framework for understanding exceptional abilities and strategies for differentiated interventions;  
G. 3. f. Describe human behavior, including an understanding of developmental crises, disability, psychopathology, and situational and |
| Standard 4: Career Development | PSYC 669 Career Development | 4. ASSESSMENT OF KNOWLEDGE IN CAREER DEVELOPMENT  
G. 4. a. Describe career development theories and decision-making models;  
G. 4. b. Recognize career, avocational, educational, occupational and labor market information resources, and career information systems;  
G. 4. c. Describe career development program planning, organization, implementation, administration, and evaluation;  
G. 4. d. Articulate interrelationships among and between work, family, and other life roles and factors, including the role of multicultural issues in career development;  
G. 4. e. Identify career and educational planning, placement, follow-up, and evaluation;  
G. 4. f. Describe assessment instruments and techniques relevant to career planning and decision making; and  
G. 4. g. Articulate career counseling processes, techniques, and resources, including those applicable to specific populations in a global economy. |
| Standard 5: Helping Relationships | PSYC 660 Counseling Theories AND PSYC 661 Counseling Techniques | 5. ASSESSMENT OF KNOWLEDGE IN HELPING RELATIONSHIPS  
G. 5. a. Identify wellness and prevention as desired counseling goals;  
G. 5. b. Articulate the counselor characteristics and behaviors that influence helping processes;  
G. 5. c. Describe the essential interviewing and counseling skills;  
G. 5. d. Articulate counseling theories that provide the student with models to conceptualize client presentation and that help the student select appropriate counseling interventions. Students will be exposed to models of counseling that are consistent with current professional research and practice in the field so they begin to develop a personal model of counseling;  
G. 5. e. Explain a systems perspective that provides an understanding of family and other systems theories and major models of family and related interventions;  
G. 5. f. Describe a general framework for understanding and practicing consultation; and  
G. 5. g. Describe crisis intervention and suicide prevention models, including the use of psychological first aid strategies. |
| Standard 6: Group Work | PSYC 665 Group Counseling | 6. ASSESSMENT OF KNOWLEDGE IN GROUP WORK  
G. 6. a. Discuss the principles of group dynamics, including group process components, developmental stage theories, group members’ roles and behaviors, and therapeutic factors of group work;  
G. 6. b. Describe group leadership or facilitation styles and approaches, including characteristics of various types of group leaders and leadership styles;  
G. 6. c. Articulate theories of group counseling, including commonalities, distinguishing characteristics, and pertinent research and literature;  
G. 6. d. Name group counseling methods, including group counselor orientations and behaviors, appropriate selection criteria and methods, and methods of evaluation of effectiveness; and  
G. 6. e. Articulate the 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. |
| Standard 7: Assessment | PSYC 607 Assessment Procedures in Counseling | 7. ASSESSMENT OF KNOWLEDGE IN ASSESSMENT  
G. 7. a. Describe the historical perspectives concerning the nature and meaning of assessment;  
G. 7. b. Discuss standardized and nonstandardized testing and other assessment techniques, including norm-referenced and criterion-referenced |
| Standard 8: Research and Program Evaluation | PSYC 600 Introduction to Measurement and Statistics | 8. ASSESSMENT OF KNOWLEDGE IN RESEARCH AND PROGRAM EVALUATION  
G. 8. a. List reasons for the importance of research in advancing the counseling profession;  
G. 8. b. Explain various research methods such as qualitative, quantitative, single-case designs, action research, and outcome-based research;  
G. 8. c. Demonstrate the ability to use statistical methods used in conducting research and program evaluation;  
G. 8. d. Identify the principles, models, and applications of needs assessment, program evaluation, and the use of findings to effect program modifications;  
G. 8. e. Demonstrate the ability to use of research to inform evidence-based practice; and  
G. 8. f. Describe ethical and culturally relevant strategies for interpreting and reporting the results of research and/or program evaluation studies. |
Appendix B
CLINICAL MENTAL HEALTH COUNSELING KNOWLEDGE LEARNING OUTCOMES

<table>
<thead>
<tr>
<th>Clinical Mental Health Counseling Program Area Standard</th>
<th>Courses</th>
<th>Demonstrated Clinical Mental Health Counseling Knowledge Learning Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PSYC 610 Counseling Strategies: Brief Counseling and Crisis Intervention</td>
<td>A. 2. Identify the ethical and legal considerations specifically related to the practice of clinical mental health counseling.</td>
</tr>
<tr>
<td></td>
<td>PSYC 663 Substance Abuse Counseling</td>
<td>A. 3. Describe the roles and functions of clinical mental health counselors in various practice settings and the importance of relationships between counselors and other professionals, including interdisciplinary treatment teams.</td>
</tr>
<tr>
<td></td>
<td>PSYC 630 Clinical Mental Health Counseling</td>
<td>A. 4. List the professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling.</td>
</tr>
<tr>
<td></td>
<td>PSYC 664 Process of Counseling</td>
<td>A. 5. Describe a variety of models and theories related to clinical mental health counseling, including the methods, models, and principles of clinical supervision.</td>
</tr>
<tr>
<td></td>
<td>PSYC 685 Psychopathology: Diagnosis and Intervention Planning</td>
<td>A. 6. Recognize the potential for substance use disorders to mimic and coexist with a variety of medical and psychological disorders.</td>
</tr>
<tr>
<td></td>
<td>PSYC 668 Couple and Family Systems</td>
<td>A. 7. Identify professional issues that affect clinical mental health counselors (e.g., core provider status, expert witness status, access to and practice privileges within managed care systems).</td>
</tr>
<tr>
<td></td>
<td>PSYC 710 Counseling Strategies: Brief Counseling and Crisis Intervention</td>
<td>A. 8. Define the management of mental health services and programs, including areas such as administration, finance, and accountability.</td>
</tr>
<tr>
<td></td>
<td>PSYC 630 Clinical Mental Health Counseling</td>
<td>A. 9. Explain the impact of crises, disasters, and other trauma-causing events on people.</td>
</tr>
<tr>
<td></td>
<td>PSYC 664 Process of Counseling</td>
<td>A. 10. Describe the operation of an emergency management system within clinical mental health agencies and in the community.</td>
</tr>
<tr>
<td>2. Counseling, Prevention, and Intervention</td>
<td>PSYC 630 Clinical Mental Health Counseling</td>
<td>C. 1. Describe the principles of mental health, including prevention, intervention, consultation, education, and advocacy, as well as the operation of programs and networks that promote mental health in a multicultural society.</td>
</tr>
<tr>
<td></td>
<td>PSYC 664 Process of Counseling</td>
<td>C. 2. Demonstrate knowledge of the etiology, the diagnostic process and nomenclature, treatment, referral, and prevention of mental and emotional disorders.</td>
</tr>
<tr>
<td></td>
<td>PSYC 685 Psychopathology: Diagnosis and Intervention Planning</td>
<td>C. 3. Discuss the models, methods, and principles of program development and service delivery (e.g., support groups, peer facilitation training, parent education, self-help).</td>
</tr>
<tr>
<td></td>
<td>PSYC 668 Couple and Family Systems</td>
<td>C. 4. Recognize the disease concept and etiology of addiction and co-occurring disorders.</td>
</tr>
<tr>
<td></td>
<td>PSYC 710 Counseling Strategies: Brief Counseling and Crisis Intervention</td>
<td>C. 5. Summarize the range of mental health service delivery—such as inpatient, outpatient, partial treatment and aftercare—and the clinical mental health counseling services network.</td>
</tr>
<tr>
<td></td>
<td>PSYC 630 Clinical Mental Health Counseling</td>
<td>C. 6. Identify the principles of crisis intervention for people during crises, disasters, and other trauma-causing events.</td>
</tr>
<tr>
<td></td>
<td>PSYC 664 Process of Counseling</td>
<td>C. 7. Identify the principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning.</td>
</tr>
</tbody>
</table>
|                                                       | PSYC 685 Psychopathology: Diagnosis and Intervention Planning | C. 8. Recognize the importance of family, social networks,
and community systems in the treatment of mental and emotional disorders.

C. 9. List professional issues relevant to the practice of clinical mental health counseling.

### 3. Diversity and Advocacy

**PSYC 749 Multicultural Issues in Counseling**

**E. 1.** Describe how living in a multicultural society affects clients who are seeking clinical mental health counseling services.
**E. 2.** Identify the effects of racism, discrimination, sexism, power, privilege, and oppression on one’s own life and career and those of the client.
**E. 3.** Explain current literature that outlines theories, approaches, strategies, and techniques shown to be effective when working with specific populations of clients with mental and emotional disorders.
**E. 4.** List effective strategies to support client advocacy and influence public policy and government relations on local, state, and national levels to enhance equity, increase funding, and promote programs that affect the practice of clinical mental health counseling.
**E. 5.** Describe the implications of concepts such as internalized oppression and institutional racism, as well as the historical and current political climate regarding immigration, poverty, and welfare.
**E. 6.** Identify public policies on the local, state, and national levels that affect the quality and accessibility of mental health services.

### 4. Assessment

**PSYC 607 Assessment Procedures in Counseling**

**G. 1.** Describe the principles and models of assessment, case conceptualization, theories of human development, and concepts of normalcy and psychopathology leading to diagnoses and appropriate counseling treatment plans.
**G. 2.** Define various models and approaches to clinical evaluation and their appropriate uses, including diagnostic interviews, mental status examinations, symptom inventories, and psychoeducational and personality assessments.
**G. 3.** Summarize basic classifications, indications, and contraindications of commonly prescribed psychopharmacological medications so that appropriate referrals can be made for medication evaluations and so that the side effects of such medications can be identified.
**G. 4.** Identify standard screening and assessment instruments for substance use disorders and process addictions.

**PSYC 663 Substance Abuse Counseling**

**PSYC 685 Psychopathology: Diagnosis and Intervention Planning**

### 5. Research and Evaluation

**PSYC 600 Measurement and Statistics**

**I. 1.** Critically evaluate research relevant to the practice of clinical mental health counseling.
**I. 2.** Identify models of program evaluation for clinical mental health programs.
**I. 3.** Describe evidence-based treatments and basic strategies for evaluating counseling outcomes in clinical mental health counseling.

### 6. Diagnosis

**PSYC 685 Psychopathology: Diagnosis and Intervention Planning**

**K. 1.** Discuss the principles of the diagnostic process, including differential diagnosis, and the use of current diagnostic tools, such as the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM).
**K. 2.** Explain the established diagnostic criteria for mental and emotional disorders, and describes treatment modalities and placement criteria within the continuum of care.
**K. 3.** Describe the impact of co-occurring substance use
| disorders on medical and psychological disorders.  
**K. 4.** Explain the relevance and potential biases of commonly used diagnostic tools with multicultural populations.  
**K. 5.** Describe appropriate use of diagnosis during a crisis, disaster, or other trauma-causing event. |
### Appendix C

**CLINICAL MENTAL HEALTH COUNSELING SKILLS AND PRACTICES LEARNING OUTCOMES**

|--------------------------------------------------------|---------|----------------------------------------------------------------------------------------|
| **Foundations of Clinical Mental Health Counseling**   | PSYC 664 Process of Counseling  
PSYC 695 Practicum in Clinical Mental Health Counseling  
PSYC 790 Internship in Clinical Mental Health Counseling | B. 1. Apply and adhere to ethical and legal standards in clinical mental health counseling.  
B. 2. Apply knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling. |
| **Counseling, Prevention, and Intervention**           | PSYC 664 Process of Counseling  
PSYC 695 Practicum in Clinical Mental Health Counseling  
PSYC 790 Internship in Clinical Mental Health Counseling | D. 1. Use the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling.  
D. 2. Apply multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders.  
D. 3. Promote optimal human development, wellness, and mental health through prevention, education, and advocacy activities.  
D. 4. Apply effective strategies to promote client understanding of and access to a variety of community resources.  
D. 5. Demonstrate appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling.  
D. 6. Demonstrate the ability to use procedures for assessing and managing suicide risk.  
D. 7. Apply current record-keeping standards related to clinical mental health counseling.  
D. 8. Provide appropriate counseling strategies when working with clients with addiction and co-occurring disorders.  
D. 9. Demonstrate the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate. |
| **Diversity and Advocacy**                             | PSYC 695 Practicum in Clinical Mental Health Counseling  
PSYC 790 Internship in Clinical Mental Health Counseling | F. 1. Maintain information regarding community resources to make appropriate referrals.  
F. 2. Advocate for policies, programs, and services that are equitable and responsive to the unique needs of clients.  
F. 3. Demonstrate the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. |
| **Assessment**                                         | PSYC 695 Practicum in Clinical Mental Health Counseling | H. 1. Select appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols.  
H. 2. Demonstrate skill in conducting an intake interview, a... |
| Internship in Clinical Mental Health Counseling | mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management.  

**H. 3.** Screen for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders.  

**H. 4.** Apply the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. |
| Research and Evaluation | PSYC 695 Practicum in Clinical Mental Health Counseling  

PSYC 790 Internship in Clinical Mental Health Counseling  

PSYC 800 Ed.S. Research Project | J. 1. Apply relevant research findings to inform the practice of clinical mental health counseling.  

**J. 2.** Develop measurable outcomes for clinical mental health counseling programs, interventions, and treatments.  

**J. 3.** Analyze and use data to increase the effectiveness of clinical mental health counseling interventions and programs. |
| Diagnosis | PSYC 695 Practicum in Clinical Mental Health Counseling  

PSYC 790 Internship in Clinical Mental Health Counseling | L. 1. Demonstrate appropriate use of diagnostic tools, including the current edition of the *DSM*, to describe the symptoms and clinical presentation of clients with mental and emotional impairments.  

**L. 2.** Produce an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals.  

**L. 3.** Differentiate between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. |
Please take a few minutes to reflect on the progress you are making in this program, complete the Self Ratings below, offer any comments, describe how you have carried out the plan and recommendations from last semester, and write your plan for continued progress. Thank you!

### PROFESSIONAL AND ETHICAL BEHAVIOR
(Adapted from a document created by Southwest Texas State University Counseling Program.)

<table>
<thead>
<tr>
<th></th>
<th>Self Rating</th>
<th>Committee Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical Behavior—Behaves in accordance with the 2005 Code of Ethics of the American Counseling Association.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Professional Behavior—Relates to peers, faculty, staff, clients, and others in an appropriate professional manner.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Integrity—Does not exploit or mislead other people during or after professional relationships.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Awareness of Limitations—Demonstrates awareness of personal and professional limitations as these relate to service provision.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Self-Awareness—Explores and addresses any personal issues that may impair counseling performance.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Self-Control— Appropriately controls anger and other impulses in relationships with peers, faculty, staff, clients, and others.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Avoidance of Imposing Values—Takes appropriate precautions to avoid imposing one’s personal beliefs and values on others.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Use of Feedback—Invites, receives, integrates and uses feedback from peers, faculty, and supervisors.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Honoring Rights—Honors the rights of others to privacy, confidentiality, and choices regarding self-determination.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Respect for Diversity—Demonstrates respect for cultural and individual differences in professional interactions.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
</tbody>
</table>

### ACADEMIC BEHAVIOR

<table>
<thead>
<tr>
<th></th>
<th>Self Rating</th>
<th>Committee Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Attendance—Displays dedication by attending all classes unless prohibited by illness and other extenuating circumstances.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Punctuality—Demonstrates responsibility by arriving on time and prepared for class, appointments, sessions and other meetings.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Active Participation—Actively engages in all aspects of learning experiences, including class discussions, experiential learning exercises, practice sessions, and collaborative groups.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Promptness—Completes and submits all class assignments by the due date.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td>Commitment to Learning—Displays curiosity and passion for gaining knowledge.</td>
<td>★ Progressing Well ★ Needs Attention</td>
<td>★ Progressing Well ★ Needs Attention</td>
</tr>
<tr>
<td><strong>Collaboration</strong> — Demonstrates a helpful attitude towards peers by supporting their learning and academic growth.</td>
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<td>🟧 Needs Attention</td>
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<tr>
<th><strong>Honor</strong> — Shows compliance with the JMU Honor Code through a commitment to honesty, integrity and fairness.</th>
<th>🟧 Progressing Well</th>
<th>🟧 Progressing Well</th>
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<td>🟧 Needs Attention</td>
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<tr>
<th><strong>Diligence</strong> — Works hard by giving one’s best effort to gain knowledge and enhance skills.</th>
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<th>🟧 Progressing Well</th>
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<tr>
<th><strong>Contributions to the Learning Environment</strong> — Contributes to others’ sense of personal safety and security by promoting the classroom as a safe haven.</th>
<th>🟧 Progressing Well</th>
<th>🟧 Progressing Well</th>
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<td>🟧 Needs Attention</td>
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<tr>
<th><strong>Openness to Suggestions and New Ideas</strong> — Displays openness to recommendations for enhancing academic performance and intellectual curiosity.</th>
<th>🟧 Progressing Well</th>
<th>🟧 Progressing Well</th>
</tr>
</thead>
<tbody>
<tr>
<td>🟧 Needs Attention</td>
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</tbody>
</table>

My Reflections on the Progress I Have Made This Semester

My Plan for Continued Progress

Committee’s Recommendations for Continued Progress
## Appendix E

**CLINICAL MENTAL HEALTH COUNSELING**
**PRACTICUM AND INTERNSHIP LEARNING OUTCOMES ACTIVITIES (CMHC—PILOA)**

<table>
<thead>
<tr>
<th>Student</th>
<th>Faculty/Supervisor</th>
</tr>
</thead>
</table>

### FOUNDATIONS OF CLINICAL MENTAL HEALTH COUNSELING

<table>
<thead>
<tr>
<th>ACTIVITIES FULFILLING STANDARD</th>
<th>DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates the ability to apply and adhere to ethical and legal standards in clinical mental health counseling. (B.1.)</td>
<td></td>
</tr>
<tr>
<td>Applies knowledge of public mental health policy, financing, and regulatory processes to improve service delivery opportunities in clinical mental health counseling. (B.2.)</td>
<td></td>
</tr>
</tbody>
</table>

### COUNSELING, PREVENTION AND INTERVENTION

<table>
<thead>
<tr>
<th>ACTIVITIES FULFILLING STANDARD</th>
<th>DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. (D.1.)</td>
<td></td>
</tr>
<tr>
<td>Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders. (D.2.)</td>
<td></td>
</tr>
<tr>
<td>Promotes optimal human development, wellness, and mental health through prevention, education, and advocacy activities. (D.3.)</td>
<td></td>
</tr>
<tr>
<td>Applies effective strategies to promote client understanding of and access to a variety of community resources. (D.4.)</td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling. (D.5.)</td>
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</tr>
<tr>
<td>Demonstrates the ability to use procedures for assessing and managing suicide risk. (D.6.)</td>
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</tr>
<tr>
<td>Applies current record-keeping standards related to clinical mental health counseling. (D.7.)</td>
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</tr>
<tr>
<td>Provides appropriate counseling strategies when working with clients with addiction and co-occurring disorders. (D.8.)</td>
<td></td>
</tr>
</tbody>
</table>
Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate. (D.9.)

### DIVERSITY AND ADVOCACY

<table>
<thead>
<tr>
<th>ACTIVITIES FULFILLING STANDARD</th>
<th>DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintains information regarding community resources to make appropriate referrals. (F.1.)</td>
<td></td>
</tr>
<tr>
<td>Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. (F.2.)</td>
<td></td>
</tr>
<tr>
<td>Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. (F.3.)</td>
<td></td>
</tr>
</tbody>
</table>

### ASSESSMENT

<table>
<thead>
<tr>
<th>ACTIVITIES FULFILLING STANDARD</th>
<th>DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selects appropriate comprehensive assessment interventions to assist in diagnosis and treatment planning, with an awareness of cultural bias in the implementation and interpretation of assessment protocols. (H.1.)</td>
<td></td>
</tr>
<tr>
<td>Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. (H.2.)</td>
<td></td>
</tr>
<tr>
<td>Screens for addiction, aggression, and danger to self and/or others, as well as co-occurring mental disorders. (H.3.)</td>
<td></td>
</tr>
<tr>
<td>Applies the assessment of a client’s stage of dependence, change, or recovery to determine the appropriate treatment modality and placement criteria within the continuum of care. (H.4.)</td>
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</tr>
</tbody>
</table>

### RESEARCH AND EVALUATION

<table>
<thead>
<tr>
<th>ACTIVITIES FULFILLING STANDARD</th>
<th>DATE(S)</th>
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<tbody>
<tr>
<td>Applies relevant research findings to inform the practice of clinical mental health counseling. (J.1.)</td>
<td></td>
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</table>
Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments. *(J.2.)*

Analyzes and uses data to increase the effectiveness of clinical mental health counseling interventions and programs. *(J.3.)*

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>ACTIVITIES FULFILLING STANDARD</th>
<th>DATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates appropriate use of diagnostic tools, including the current edition of the <em>DSM</em>, to describe the symptoms and clinical presentation of clients with mental and emotional impairments. <em>(L.1.)</em></td>
<td></td>
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</tr>
<tr>
<td>Is able to conceptualize an accurate multi-axial diagnosis of disorders presented by a client and discuss the differential diagnosis with collaborating professionals. <em>(L.2.)</em></td>
<td></td>
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<tr>
<td>Differentiates between diagnosis and developmentally appropriate reactions during crises, disasters, and other trauma-causing events. <em>(L.3.)</em></td>
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Additional Comments:

Instructor/Supervisor Signature

88
### Rubric

<table>
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<tr>
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<tbody>
<tr>
<td>Demonstrates an exceptionally high degree of skills and practices on this particular learning outcome. The performance level of clinical mental health counseling is comparable to that of successful interns. The competencies are exemplary and reflect an outstanding potential for continued professional development and success as a resident in counseling.</td>
<td>Demonstrates an adequate level of skills and practices on this particular learning outcome. The performance level in clinical mental health counseling is comparable to that of other successful practicum students. The competencies are present to a satisfactory degree and reflect promise for continued professional development and success as an intern.</td>
<td>Does not demonstrate the essential skills and practices on this particular learning outcome. The performance level in clinical mental health counseling is unsatisfactory for a practicum-level student. The fundamental and essential competencies for these counseling skills and practices are absent and require remediation.</td>
</tr>
</tbody>
</table>

### FOUNDATIONS OF CLINICAL MENTAL HEALTH COUNSELING

| Professional Ethics and Legal Standards—Applying and adhering to ethical and legal standards in clinical mental health counseling with clients, colleagues, the public, and instructors/supervisors. (B.1.) | 1 | 2 | 3 |
| Policy, Finances and Regulations—Improving service delivery opportunities in clinical mental health counseling. (B.2.) | 1 | 2 | 3 |

### Observations, Comments and Suggestions Regarding Foundations:

### COUNSELING, PREVENTION AND INTERVENTION

| Uses the principles and practices of diagnosis, treatment, referral, and prevention of mental and emotional disorders to initiate, maintain, and terminate counseling. (D.1.) | 1 | 2 | 3 |
| Applies multicultural competencies to clinical mental health counseling involving case conceptualization, diagnosis, treatment, referral, and prevention of mental and emotional disorders. (D.2.) | 1 | 2 | 3 |
| Promoting Wellness and Optimal Human Development—The counselor can facilitate personal growth and positive mental health through prevention, education and advocacy. (D.3.) | 1 | 2 | 3 |
| Applies effective strategies to promote client understanding of and access to a variety of community resources. (D.4.) | 1 | 2 | 3 |
| Demonstrates appropriate use of culturally responsive individual, couple, family, group, and systems modalities for initiating, maintaining, and terminating counseling. (D.5.) | 1 | 2 | 3 |
| Suicide Prevention—Effective use of crisis intervention techniques to assess and reduce risk of suicide. (D.6.) | 1 | 2 | 3 |
| Applies current record-keeping standards related to clinical mental health counseling. (D.7.) | 1 | 2 | 3 |
Effective Substance Abuse Counseling — The counselor is able to offer appropriate counseling strategies with clients who are dealing with substance abuse and addictions. (D.8.)

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Demonstrates the ability to recognize his or her own limitations as a clinical mental health counselor and to seek supervision or refer clients when appropriate. (D.9.)

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Observations, Comments and Suggestions Regarding Counseling, Prevention and intervention:

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**DIVERSITY AND ADVOCACY**

Maintains information regarding community resources to make appropriate referrals. (F.1.)

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Advocates for policies, programs, and services that are equitable and responsive to the unique needs of clients. (F.2.)

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Demonstrates the ability to modify counseling systems, theories, techniques, and interventions to make them culturally appropriate for diverse populations. (F.3.)

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Observations, Comments and Suggestions Regarding Diversity and Advocacy:

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**ASSESSMENT**

Using Appropriate Assessment Tools — Using culturally appropriate methods in diagnosis and treatment planning. (H.1.)

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Demonstrates skill in conducting an intake interview, a mental status evaluation, a biopsychosocial history, a mental health history, and a psychological assessment for treatment planning and caseload management. (H.2.)

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Screening for Addiction and Dangerousness — Assessing for co-occurring disorders and risk. (H.3.)

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Assessing Stage of Change — Determining appropriate treatment modality. (H.4.)

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Observations, Comments and Suggestions Regarding Assessment:

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**RESEARCH AND EVALUATION**

Informed Practice — Displaying knowledge of current and relevant research in the clinical mental health counseling field. (J.1.)

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Develops measurable outcomes for clinical mental health counseling programs, interventions, and treatments. (J.2.)

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</table>

Uses Data to Improve Effectiveness — Collecting and analyzing data evaluating the effectiveness of interventions. (J.3.)

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Observations, Comments and Suggestions Regarding Research and Evaluation:

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</table>
## DIAGNOSIS

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Skills</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using the Current DSM Appropriately—Skillfully gathering diagnostic information to reach a reliable and valid diagnosis. (L.1.)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Discussing Differential Diagnoses with Colleagues—Developing multi-axial diagnoses for case conceptualization. (L.2.)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Identifying Developmentally Appropriate Reactions to Crisis—Avoiding the inclination to pathologize normal reactions to abnormal events. (L.3.)</td>
<td></td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Observations, Comments and Suggestions Regarding Diagnosis:

## FOR USE IN COMPREHENSIVE EXAMINATION

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Fail</th>
<th>Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>Based on recording of work sample, transcript, written analysis, proposal, and oral examination</td>
<td></td>
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</tbody>
</table>

Summative Feedback:
Appendix G  
COUNSELING APPLICANT SCREENING FORM

Applicant_________________________________________               Date  _____/_____/_____

Directions: After reviewing the application materials (completed application form, transcripts, GRE’s, references, and personal statement), rate the applicant’s qualifications on each dimension below. Compare the applicant’s qualifications to those of our current students in the JMU Counseling Programs. Please feel free to add notes to clarify your ratings.

<table>
<thead>
<tr>
<th></th>
<th>Rating</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Academic aptitude</td>
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<tr>
<td></td>
<td>Poor</td>
<td>Below Average</td>
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<td>2. Work and life experience</td>
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<td>2</td>
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<td></td>
<td>Poor</td>
<td>Below Average</td>
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<tr>
<td>3. Interpersonal skills</td>
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<tr>
<td></td>
<td>Poor</td>
<td>Below Average</td>
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<tr>
<td>4. Knowledge of counseling</td>
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<tr>
<td></td>
<td>Poor</td>
<td>Below Average</td>
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<tr>
<td>5. Openness</td>
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<td>Poor</td>
<td>Below Average</td>
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<tr>
<td>6. Quality of writing</td>
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<tr>
<td></td>
<td>Poor</td>
<td>Below Average</td>
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<tr>
<td>7. Readiness for JMU counselor training</td>
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<tr>
<td></td>
<td>Poor</td>
<td>Below Average</td>
</tr>
</tbody>
</table>

8. Recommendation

- Definitely accept for interview _____
- Possibly accept for interview _____
- Reject for interview _____

Comments:

Evaluator’s Signature_________________________________________
### Appendix H

#### Counseling Programs Course Offerings

The purpose of this chart is to help you plan the sequence of your courses. “X” indicates the semester that the course usually is offered. Programs requiring a course are listed in parentheses. “CMHC” refers to Clinical Mental Health Counseling and “SC” to School Counseling.

<table>
<thead>
<tr>
<th>Course Title</th>
<th>Fall</th>
<th>Spring</th>
<th>Summer</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSYC 600. Measurement &amp; Statistics (CMHC, SC)</td>
<td>X</td>
<td>X</td>
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<tr>
<td>PSYC 607. Assessment Procedures in Counseling (CMHC, SC)</td>
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<td>X</td>
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<tr>
<td>PSYC 614. Advanced Developmental Psychology (CMHC, SC)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>PSYC 630. Clinical Mental Health Counseling (CMHC)</td>
<td>X</td>
<td>X*</td>
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<tr>
<td>PSYC 640. School Counseling (SC)</td>
<td>X</td>
<td>X*</td>
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<tr>
<td>PSYC 641. Prevention and Intervention in Schools (SC)</td>
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<td>X</td>
</tr>
<tr>
<td>PSYC 642. Issues and Trends in K-12 Education (SC)</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PSYC 660. Counseling Theories (CMHC, SC)</td>
<td>X</td>
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<td></td>
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<tr>
<td>PSYC 661. Counseling Techniques (CMHC, SC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>PSYC 663. Substance Abuse Counseling (CMHC, SC)</td>
<td>X</td>
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<tr>
<td>PSYC 664. Counseling Process (CMHC, SC)</td>
<td>X</td>
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<tr>
<td>PSYC 665. Group Counseling (CMHC, SC)</td>
<td>X</td>
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<tr>
<td>PSYC 668. Couple &amp; Family Systems (CMHC)</td>
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<td>X**</td>
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<tr>
<td>PSYC 669. Career Development (CMHC, SC)</td>
<td>X</td>
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<td>PSYC 680. Independent Study (CMHC, SC)</td>
<td>X</td>
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<tr>
<td>PSYC 685. Psychopathology (CMHC, SC)</td>
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</tr>
<tr>
<td>PSYC 695. Practicum, Clinical Mental Health Counseling (CMHC)</td>
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<td>PSYC 695. Practicum, School Counseling (SC)</td>
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<td>X</td>
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<tr>
<td>PSYC 700. Thesis (or 800 for CMHC)</td>
<td>X</td>
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<tr>
<td>PSYC 710. Counseling Strategies: Brief and Crisis (CMHC, SC)</td>
<td></td>
<td></td>
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<tr>
<td>PSYC 710. Counseling Strategies (Hypnosis, etc.)</td>
<td>X</td>
<td>X***</td>
<td></td>
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<tr>
<td>PSYC 749 Multicultural Perspectives (CMHC, SC)</td>
<td>X</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>PSYC 751 Psychotherapy with Children &amp; Adolescents****</td>
<td></td>
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<td>X</td>
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<tr>
<td>PSYC 752 Play Therapy</td>
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<tr>
<td>PSYC 760 Supervision &amp; Consultation (CMHC)</td>
<td></td>
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<td>X</td>
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<tr>
<td>PSYC 768 Couple &amp; Family Counseling (CMHC)</td>
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<td>X</td>
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<tr>
<td>PSYC 790 Internship, Clinical Mental Health Counseling (CMHC)</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td>PSYC 790 Internship, School Counseling (SC)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>PSYC 800 Ed.S. Research Project (or 700 for CMHC)</td>
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<td>X</td>
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</table>

Please note that the following sequence is required in the order specified below:

- PSYC 661 must be taken prior to PSYC 664
- PSYC 664 must be taken prior to PSYC 695
- PSYC 695 must be taken prior to PSYC 790

Students must also successfully complete Comprehensive Examinations prior to enrolling in PSYC 790

*PSYC 630 and PSYC 640, when offered during the summer term, are intended for students who are not matriculated into the Clinical Mental Health Counseling Program or School Counseling Program, respectively.

**PSYC 668 may not be offered every summer. If you hope to take this course in the summer, let the Program Director know as soon as possible.

***PSYC 710 courses offered during summer term include courses such as Hypnotic Technique and Creativity in Counseling. They usually do not include the Brief and Crisis course.

****Students need to be enrolled in practicum or internship when taking PSYC 751
Appendix I

PLANNED GRADUATE COURSE SEQUENCE

<table>
<thead>
<tr>
<th>Student ___________________________</th>
<th>Catalog Year ________</th>
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<tbody>
<tr>
<td>Year __________</td>
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<tr>
<td>Fall Semester</td>
<td>Spring Semester</td>
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<td>Year __________</td>
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<td>Fall Semester</td>
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</tbody>
</table>

Planned Comprehensive Examination Date _________ Planned Graduation Date ___________

Special Conditions (i.e., course substitutions or waivers, transfer credit):

Student Signature __________________________________________
Appendix J
COURSE CHECKLIST –
Clinical Mental Health Counseling

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
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<tbody>
<tr>
<td>PSYC 600</td>
<td>Introduction to Measurement and Statistics</td>
</tr>
<tr>
<td>PSYC 607</td>
<td>Assessment Procedures in Counseling</td>
</tr>
<tr>
<td>PSYC 614</td>
<td>Advanced Developmental Psychology</td>
</tr>
<tr>
<td>PSYC 685</td>
<td>Psychopathology: Diagnosis and Intervention Planning</td>
</tr>
<tr>
<td>PSYC 630</td>
<td>Clinical Mental Health Counseling</td>
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<tr>
<td>PSYC 660</td>
<td>Counseling Theories</td>
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<tr>
<td>PSYC 661</td>
<td>Counseling Techniques</td>
</tr>
<tr>
<td>PSYC 663</td>
<td>Substance Abuse Counseling</td>
</tr>
<tr>
<td>PSYC 664</td>
<td>Counseling Process</td>
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<tr>
<td>PSYC 665</td>
<td>Group Counseling</td>
</tr>
<tr>
<td>PSYC 668</td>
<td>Couple and Family Systems</td>
</tr>
<tr>
<td>PSYC 669</td>
<td>Career Development</td>
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<tr>
<td>PSYC 695</td>
<td>Practicum in Counseling</td>
</tr>
<tr>
<td>PSYC 710</td>
<td>Counseling Strategies: Brief Counseling and Crisis Intervention</td>
</tr>
<tr>
<td>PSYC 749</td>
<td>Multicultural Perspectives of Intervention</td>
</tr>
<tr>
<td>PSYC 760</td>
<td>Supervision and Consultation for Counselors</td>
</tr>
<tr>
<td>PSYC 790</td>
<td>Internship in Clinical Mental Health Counseling (first semester)</td>
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<td>PSYC 790</td>
<td>Internship in Clinical Mental Health Counseling (second semester)</td>
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<tr>
<td>PSYC 800</td>
<td>Educational Specialist Research Project (3 hours), OR</td>
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<td>PSYC 700</td>
<td>Thesis (first semester – 3 hours)</td>
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<tr>
<td>PSYC 700</td>
<td>Thesis (second semester – 3 hours)</td>
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**Elective course (3 hours):**

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<th>Course Code</th>
<th>Course Name</th>
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<tbody>
<tr>
<td>PSYC 752</td>
<td>Play Therapy</td>
</tr>
<tr>
<td>PSYC 768</td>
<td>Couple and Family Counseling</td>
</tr>
<tr>
<td>Other</td>
<td>Other</td>
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</table>

**Other:**

<table>
<thead>
<tr>
<th>Course Code</th>
<th>Course Name</th>
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<tbody>
<tr>
<td></td>
<td>Comprehensive Examination</td>
</tr>
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</table>
Appendix K
Counseling Programs
Professional Development Travel Award Application

A limited amount of funding is available to help defray the costs Counseling students incur to engage in professional development activities that involve travel. The Counseling Programs director, in consultation with the Counseling Programs Committee, will select award winners based on the information presented in this application. The following criteria will be used in the decision making process:

• A student in good standing in the Counseling Programs.

• Significant participation in the professional development experience by, for example, presenting at a conference or assisting in a training workshop.

• Financial need and the necessity of incurring particular costs. You are encouraged to seek funding from other sources. Please include with your application a list of all other organizations from which you have sought financial assistance.

The Counseling Programs will use the values specified by the Commonwealth of Virginia for approved travel expenses. As the approved values vary depending upon your destination, you must check with an administrative assistant in the Department of Graduate Psychology to obtain the specific values for the following items:

• Hotel rates per night—differ by destination and your level of participation in the destination event

• Meal costs (per diem)—differ by destination and is lower for days on which travel takes place

• Personal vehicle miles (rate depends on roundtrip distance)

The cost of supporting each application will be considered in the context of all applications that are submitted. Awards will not exceed $200, and many are for lesser amounts. Students may apply for more than one award/grant per year, but priority may be given to students who have not yet received funding.

Award winners will need to follow current JMU accounting procedures to receive this funding. Please discuss your expenses with the Counseling Programs director before spending any personal funds. Typically, we cannot simply reimburse you. Further, travel authorizations do not necessarily guarantee funding. If budgetary situations change, the offer of funds may be withdrawn. If your plans change and funding is not needed, you must notify the director immediately so that funding can be made available to other applicants.

Remove this page and append any supporting documentation, such as an abstract, on pages inserted after the Travel Authorization.

ELECTRONICALLY SUBMIT the completed application and any required attachments to the Counseling Programs director.
INSTRUCTIONS: In addition to the information requested below, you must include a completed JMU Travel Authorization. Information necessary to complete the Travel Authorization, such as state approved reimbursement rates for mileage, hotels and meals, are available from an administrative assistant in the Department of Graduate Psychology.

Name

Title, location and dates of event:

E-mail: Phone:

Describe your participation in this event.

If you are requesting funds beyond those covered on the Travel Authorization, list the amount of your request and the purpose.

Describe any other funding you are receiving for this work, including other JMU funding.

Provide any other relevant information.
Travel Process Instructions

Travel Authorization (TA) - Before Travel
1. Please be aware of the travel procedures for your program, as they vary. Some require prior approval of Program Directors and others do not. Also, each program varies in the amount of funds provided and I will work with the Program Directors and you on this.
2. Fill out a Travel Worksheet form and return it to Andee (henriqas@jmu.edu). Students, please list which program you are from. As soon as you anticipate a trip, you may fill out a form, up to a year in advance. A TA is flexible and items on it may change. This just gives you permission to travel and needs to be done before a trip, so please plan ahead. 2-3 weeks is a good suggested minimum for getting one signed. If you change your mind and don’t travel, there is no harm done.
3. A Travel Authorization (TA) will be completed. You will review the TA and approve it with your signature.
4. The TA will then be processed (signed by Dept. Head and Dean).
** For international travel, the University President’s signature must also be obtained. A letter of justification must be attached as well. Please allow at least 4-6 weeks for this process.

Travel Expense Reimbursement Voucher- After Travel
1. Turn in all original receipts, boarding passes, etc. to prove travel proceeded according to the Travel Authorization (TA) to Andee. This should occur within 30 days of travel. A copy of each form turned in will be made for the file.
2. A Travel Reimbursement Voucher (TRV) will be completed and you will be notified when it is ready to be reviewed and signed for approval. You will be asked to fill in a current address (that must match what is in My Madison) and your social security number.
3. After you sign, it will be processed (signed by Dept. Head and Dean) and sent on to accounts payable. If all goes smoothly, you should have your money in 4-6 weeks.

Things to Remember when Traveling

- Try to carpool when possible. Accounts payable does not like to pay mileage to everybody going. Please indicate to me who did drive or who you rode with.
- Share rooms when possible. If you do share a room, each person must pay for part of the room each night. Hotels will do this, but you must ask. I will need to know who you shared a room with. This can change from your TA, but I need to know the final roommate set up. Also, the per diem is per room, not per person when sharing a room.
- When you get your bill for the hotel, it must be in your name and show a $0 balance. You need to check out to get this. The receipt they put under the door will not show this.
- JMU provides daily meal per diems so you do not need to save receipts for food.
- We have 30 days after you travel to process the paperwork. This does not mean I need your paperwork 30 days after you get back, but that it has to be at accounts payable 30 days after you travel. I like to have 2 weeks to get this done, so please try to turn things in soon after you return. If we miss the 30 day deadline, I will need a letter stating why things are late in order to get you your money (I can help you with this since there are valid reasons, like people live out of town and we mail things, holiday breaks, etc...)
- **The budget year ends in June.** This means if you plan on attending a conference in late May, you must get me all receipts as soon as you get back or it will not hit this year and you may not get your money.

- **We want you to get your money!** This sounds like a lot, but we are here to help and if you have any questions or forget something, just email or call and we will figure it out the best we can. 😊

**REIMBURSEMENT MAY BE DENIED FOR RESERVATIONS MADE BEFORE A TRAVEL AUTHORIZATION IS COMPLETELY APPROVED OR FOR RESERVATIONS MADE EARLIER THAN 90 DAYS PRIOR TO TRAVEL!**

Please complete the following questions to begin your travel authorization request and return to Andee it to (henriqas@jmu.edu)

<table>
<thead>
<tr>
<th>YOUR NAME:</th>
<th></th>
</tr>
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<tbody>
<tr>
<td>NAME OF CONFERENCE:</td>
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<tr>
<td>DEPARTURE DATE:</td>
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<td>RETURN DATE:</td>
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<td>PROGRAM:</td>
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<tr>
<td>EMPLOYEE/STUDENT ID:</td>
<td></td>
</tr>
<tr>
<td>HOME ADDRESS:</td>
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</tbody>
</table>

Will you be presenting at this conference? If no, reason for attending.

At what hotel will you be staying?

Will you be sharing a room? If so, names of those sharing:

Are you driving, flying or using rail or bus

- Departure location (air/rail station)
- Arrival location (air/rail station)

If driving, are you driving your own vehicle?

- Approximate mileage

Total cost of your conference registration fees:

Will you be renting a car?

Will you be using a shuttle or taxi service?

Will you be using long term parking or taking any toll roads?

Is this international travel? If yes, a letter of justification is needed.

Please note any other items that might impact your trip expense (such as staying or traveling with friends, etc...):

Please note: We will need all boarding passes (air, rail, or bus) and appropriate original receipts (showing payment completed) in order to reimburse these expenses.
Appendix L
JAMES MADISON UNIVERSITY
DEPARTMENT OF GRADUATE PSYCHOLOGY
APPLICATION FOR POSTER PRINTING

The Department of Graduate Psychology is pleased to pay for poster printing for students in our graduate programs who will be presenting their research at professional conferences. Because funds are limited, (a) the applicant listed below MUST be the first author, (b) no student can receive more than one poster per academic year, and (c) the poster can be no bigger than 3’ x 4’. Students who submit more than one poster or poster larger than 3’ x 4’ will be charged for these costs. Additionally, this service will last only as long as funds remain available.

Important points:

• Do not have your poster printed elsewhere; the Department of Graduate Psychology will not be able to reimburse you.

• You must submit this form along with your poster to your Advisor (if your Advisor is not available, you may submit to your Program Director). Your Advisor must approve the form and poster AT LEAST ONE WEEK BEFORE YOU NEED THE POSTER. DO not wait until the last minute; be sure to give your advisor enough time. Your Advisor must email you that your poster and form have been approved to be printed.

• Once approved by your Advisor, you must submit your poster, this form, and the approval of your advisor (email approval is fine) to Laurie Brinkley (brinkllr@jmu.edu) to be printed at the CHBS Copy Center and copy either Rosa turnerm@jmu.edu or Andee henriqas@jmu.edu.

• Your poster will be delivered to the Department of Graduate Psychology office, Johnston Hall, Room 101, and you are responsible for picking up the finished poster there.

• If you receive Departmental funds to print your poster, you are expected to attend and present your poster at the professional conference specified below.

• Instructions regarding how to create a conference poster using PowerPoint are available at http://creative.cisat.jmu.edu/faqs/buildaposterfrd.html.

Name: Email: @jmu.edu
Title of Poster:

Event where poster will be presented (do not abbreviate):

Location and date of conference:

Name of faculty supervisor(s) for this work:

8/2012
Objective

To obtain a position where I can use, and continue to enhance, my clinical counseling skills with children, adolescents and families.

Education

**James Madison University, Harrisonburg, Virginia**
Master of Arts and Educational Specialist Degree, May, 2012
Clinical Mental Health Counseling

**Rockhurst University, Kansas City, Missouri**
Bachelor of Arts, Cum Laude, May, 2006
Psychology Major, Sociology Minor

Counseling Experience

**Mental Health Clinician**  
August, 2011 - May, 2012  
Internship in Clinical Mental Health  
Harrisonburg/Rockingham Services Board  
Harrisonburg, Virginia

Performed a variety of out-patient counseling services as part of a 900-hour internship experience. Provided individual, group and family counseling to children, adolescents, and adults. Conducted workshops on family communication and problem-solving. Participated in an outreach crisis intervention program for victims of sexual assault.

**Counseling Clinician**  
January, 2010 - May, 2011  
Practicum in Counseling  
James Madison University Counseling and Psychological Services  
Harrisonburg, Virginia

Provided counseling services to children, adolescents, adults, couples, and families. Assessed client needs, developed intervention plans, and maintained progress notes in client files. Co-facilitated a parent group in a 12-week structured program for families at risk for child abuse.
Related Experience

**Graduate Assistant**  
August, 2009 - May, 2010  
James Madison University Department of Graduate Psychology  
Harrisonburg, Virginia  

Led discussion sessions, provided individual tutoring, graded writing assignments, and lectured on selected topics in Abnormal Psychology and Child Psychology.

**Graduate Assistant**  
August, 2008 - May, 2009  
James Madison University Educational Media Labs  
Harrisonburg, Virginia  

Assisted faculty, staff and students of the College of Integrated Science and Technology in the microcomputer, media production, audiotaping and videotaping laboratories.

**Caseworker**  
Big Brothers and Big Sisters  
Lafayette, Indiana  

Screened volunteers and children for program, supervised cases, and developed an ongoing training program for new volunteers.

**Paper Presented**  
*When your ego ain’t your amigo: Counseling people with poor self-concepts.* Virginia Counselors Association, Richmond, November 14-18, 2011.

**Community Activity**  
Volunteer telephone helper at Don’t Call Us – We’ll Call You Hotline, November, 2009, to July, 2011.

**Professional Affiliations**  
American Counseling Association (2009-present)  
Virginia Counselors Association (2009-present)  
Central Valley Counselors Association (2009-present)  
Chi Sigma Iota, James Madison Chapter (Treasurer, 2011-present)

References Available Upon Request
Appendix N

EMMA PATHIC  
(A Sample Reference Sheet)  
437 East Genuine Street  
Harrisonburg, Virginia 22801  
(540) 555-8593 (Home)  
(540) 555-6522 (Office)

References

Jen U. Wine, Ph.D.  
Program Director  
Counseling Programs  
MSC 7401  
James Madison University  
Harrisonburg, Virginia 22807  
540-555-1234

Karen Person, Ed.S.  
Director of Outpatient Mental Health Services  
Harrisonburg/Rockingham County Community Services Board  
1241 North Main Street  
Harrisonburg, Virginia 22801  
540-555-5678

Ray Flection, Ed.D.  
Licensed Professional Counselor  
Don’t Call Us – We’ll Call You Hotline  
222 East Ohio Street  
Indianapolis, Indiana 46204  
317-555-5555

Connie Frontation, Ed.S.  
Executive Director  
Rootie Toot Toot Institute  
2468 Whodoweappreciate Lane  
Harrisonburg, Virginia 22801  
540-555-5555
Appendix O

Department of Graduate Psychology
James Madison University
Graduate Program Handbook Addendum

GCC Approved 10/3/13

Faculty-to-Faculty Conferencing

The Department of Graduate Psychology is committed to the success of the students in each of its programs. Because of this commitment, faculty members within the Department frequently discuss students’ academic progress and professional development. As appropriate, the Academic Unit Head and other members of the JMU community (e.g. those that teach students in courses and practica, internship, assistantship, and research supervisors) maybe included in such conversations.

GCC Approved 2/4/10

Review of Student Progress, Retention, & Dismissal

Review of Student Progress

The Department of Graduate Psychology and Counseling at James Madison University strives to create a climate of mutual respect where students, faculty, staff, and practicum/internship site personnel interact in a professional manner. Accordingly, all programs mentor and support students in their personal and professional development by reviewing student progress and providing feedback at least every Fall and Spring semester. In addition, there are many informal opportunities to recognize student achievement and to identify and give feedback to students experiencing difficulties. In all cases, faculty consider both academic performance as well as personal and professional conduct, but the formats of both the review and feedback vary by program.

The purpose of this document is to describe the general policies and procedures established for (a) the identification of students who fail to make satisfactory progress toward the degree or who engage in problematic behavior, (b) the retention of these students, and (c) making decisions regarding the dismissal of these students from the program. The department considers not only academic abilities, skills, and performance, but also personal conduct such as appropriate levels of maturity, judgment, competence, sensitivity to and respect for others, openness, and self-awareness. Faculty will exercise professional judgment and insure confidentiality to the extent ethically possible. Students must realize that there are limits to confidentiality (e.g., potential harm to self or others) that faculty must take into consideration.

Each program has developed specific guidelines that are in concordance with its accreditation body and/or other relevant professional organizations (e.g., APA, CACREP, NASP) and each program handbook describes the review and feedback procedures as well as any rubrics that faculty will use as part of the process. In the event that a problem requiring faculty intervention is identified as a result of the standard semester review process the following steps will be followed. These steps also will be followed in situations that suggest immediate intervention is necessary (i.e., that cannot wait until the next standard review).

Step 1. Informal Resolution and Consultation
In most cases, the best way to address a problem with a student is for faculty to meet directly with the student and discuss any issues or concerns. Because this step is so often necessary, if not sufficient, for problem resolution, there should be very compelling reasons for its nonoccurrence. Problems or conflicts appear to have the best chance of successful resolution when the parties involved 1) exercise ethical sensitivity, maturity, good judgment, discretion, and care, 2) remain open to feedback and dialogue, 3) take responsibility for personal and professional growth and development, 4) attempt to discern whether problems should be attributed to situational or dispositional factors, and 5) recognize that graduate-level training can be difficult and stressful at times. There may be circumstances that suggest a direct meeting is not a good first step, or that consultation with appropriate individuals should precede or accompany such a meeting. In such cases, a faculty member who is concerned about a student is advised to consult directly with the student’s advisor and/or the Program Director, and/or the Department Head, in an attempt to determine what course of action seems best. The convening faculty member is responsible for providing written documentation of this meeting to the Program.

Step 2. Feedback and Problem Identification Meeting (Remediation Plan)
If Step 1 does not resolve the problem situation, or if an urgent or critical problem arises for which informal consultation and resolution is deemed by the faculty to be inadequate, a faculty member should discuss the situation with program and/or other relevant faculty (as appropriate) to determine the best course of action. Following such consultation, the faculty member and Program Director (and any other relevant faculty) should meet with the student and give specific examples of difficulties that have been identified, and the reasons for continuing concern. Presuming that the faculty member(s) and Program Director determine that the difficulties might be resolvable, a specific course of action and a time frame for resolution will be recommended. The Program Director or one of the faculty present at the meeting follow this meeting by writing a letter to the student outlining the agreements reached during the meeting. The letter is reviewed by the student for accuracy, and then signed and returned to the Program Director. A copy of the signed letter is sent to the student, and shared with relevant faculty; the original is placed in the student's file. In the event that the student and faculty cannot come to an agreement or the student fails to sign and return the letter, faculty will proceed to Step 4.

Step 3. Recurring or Critical Problems (Probation Plan)
If the student continues to have difficulties and/or the situation is not sufficiently resolved as a result of Step 2, the student will receive a letter detailing:

a) specific continuing concerns in conduct or performance,

b) notification of a meeting between the student and the relevant faculty members, plus the Program Director, and at least one other program faculty member, to address the concerns, and hear a response from the student. The Program Director will notify the Department Head as to the nature of the student’s difficulties, and may request that other relevant individuals attend the meeting with the student (e.g., the student’s adviser, other faculty members, and the Program Director). In some cases, faculty may consult with the University Behavioral Assessment Team or other appropriate individuals.

c) possible outcomes of the meeting, which may include:

i. Dismissal from the program and termination of any GA position; faculty will proceed to Step 4

ii. Probationary continuation in the program and termination of any GA position.
iii. Probationary continuation in the program and probationary continuation in any GA position.

iv. Continuation in the program and probationary continuation in the GA position.

v. Unconditional continuation in the program and in any GA position.

Options ii - iv will involve the development of a new plan and timeline for resolution of the problem(s). A written contract will be developed by committee mentioned above with specific procedures and timeline(s). This agreement is signed by all and a copy is given to the student. The original is placed in the student's file. In the event that the student and faculty cannot come to an agreement or the student fails to sign and return the agreement, faculty will proceed to Step 4.

d) Information about how the student could appeal the decision of the committee in the event of options i - iv. This information is available in the Due Process and Appeals Procedure below.

If the student does not make progress toward resolution of the identified difficulties within the timeline established in options ii – iv in Step 3c above, and if the program faculty agree that such is the case, faculty will proceed to Step 4.

**Step 4. Insufficient Resolution and Dismissal from the Program**

The Program Director may either a) begin procedures to dismiss the student from the program (by specifying in writing to the Department Head, the Dean of the College, and the Dean of the Graduate School why the student is being dismissed), or b) permit the student to withdraw from the program. In either case, a letter is forwarded from the Program Director on behalf of the program faculty to a) the student and b) the Department Head and Deans specifying the outcome of this process.

When a student is dismissed or withdraws from a program, the student's assistantship and tuition funding will cease. The student will not be permitted to enroll in any classes for which credit(s) will be applied to the student's program.

**Situations Exempt from the Procedures Described in this Document**

As noted in the JMU Graduate Catalog, a student will be dismissed from the degree program if the student receives an "F" or "U" in any graduate course or a total of three "C" grades in his or her graduate program. Also, violations of the JMU Honor Code (e.g., plagiarism, cheating) will be handled by the procedures outlined in the Code.

**Due Process and Appeals Procedure**

Unless the student's difficulties necessitate involvement of the JMU Behavioral Assessment Team and/or Office of Judicial Affairs, all of the preceding steps are handled within the Department of Graduate Psychology and Counseling, as detailed above. The University, the department and the program assure each student that his or her rights are respected and that due process is followed, in accordance with the guidelines in the JMU Student Handbook, the Graduate Catalog, and Department of Graduate Psychology and Counseling, and University policies. If a student wishes to challenge a decision by the program, the student has the right to appeal. The appeals procedure must be described in the letter described in Step 3 above, and is detailed below.
1. The Department of Graduate Psychology and Counseling Appeals Committee is made up of all program directors with the exception of any who have been involved in the process to this point (e.g. the student's program director) and any who may be involved at a later stage (e.g., a Program Director who also serves as University Ombudsman). The Department Head appoints one of the committee members as chair. The Department Head may meet with the student to act as a guide to the process and procedures. The head also ensures that due process is followed, and that the process is fair.

2. If a student decides to appeal a decision taken by faculty in the steps above, he or she must notify the chair of the Department Appeals Committee of his or her intention to appeal within two days of receiving notification of the decision. The time and date of this deadline and the name of the appeals committee chair will be included in the letter.

3. After notifying the chair of the Appeals Committee of his or her intent to appeal, the student then has up to one week to write a letter explaining the grounds of the appeal. The date that this letter is due and the name of the Appeals Committee chair will be specified in the letter from the faculty given to the student.

4. The Appeals Committee may consider the fairness of the decision, possible flaws in the process, and/or additional evidence. The committee may request a copy of the letter presented to the student and documents such as semester performance evaluations. The committee may also choose to meet with the student. The committee's decision will be given to the student in writing as soon as possible, but in all cases within one week of the receipt of the appeal letter or meeting with the student, whichever is later.

5. In the event that a student concern emerges for which the procedures described here are inadequate or otherwise unsuited, perhaps because the concern is unusual or unique, the Graduate Coordinating Council of the Department will be convened by the Department Head and an appropriate procedure will be developed.

6. Students are advised that the Office of the University Ombudsman is committed to providing students with impartial, independent and confidential support regarding university policies, procedures and regulations. See http://www.jmu.edu/stulife.

The faculty of the Department of Graduate Psychology and Counseling believe that these procedures are in accord with accepted practices and the ethical standards of our accrediting bodies and professional associations (e.g., the APA Ethical Principles of Psychologists and Code of Conduct and the ACA Ethical Codes.)

**Students Experiencing Financial, Health, or Emotional Difficulties**

Situations involving students who are experiencing unusual financial, or physical/mental health crises, but who are in good standing in the program otherwise, are processed in as confidential a manner as possible. Supportive consultation is offered, and it may be necessary for the student to leave the program on a temporary basis. Students in such situations are strongly encouraged to seek counseling services. Students are advised that JMU’s Office of Disability Services (ODS) is available as a resource to consider a range of accommodations for a wide range of conditions. No accommodations can be made
by faculty without an approved plan from ODS. (See http://www.jmu.edu/ods/)

**Student Rights and Program Grievance Procedures**

In addition to other relevant information provided in the individual program handbooks, information regarding student rights appears in the University Student Handbook and the Graduate Catalog. As indicated in steps above, students are encouraged to present any concerns directly to their Program Director and/or their advisor. If the concern cannot be resolved at the Program Director or advisor level, the Program Director or advisor may bring the complaint to the Program Committee for discussion and decision. Following this discussion, the Program Director will provide a written response to the student no later than two weeks after discussion of the grievance by the Program Committee.

If the student is unsatisfied with this response, he or she may 1) request further review of the grievance by the Department Head, and/or 2) pursue a formal hearing on the grievance via the policies and procedures described in the Graduate Catalog and Student Handbook of James Madison University. In either case, the student is advised to consult University Policy, the JMU Graduate Catalog and Student Handbook to determine which course of action is most appropriate for the respective grievance; the Graduate Catalog and Student Handbook are distributed to students upon admission to James Madison University. The Grade Review procedure is described in the online Graduate Catalog (2009) here http://www.jmu.edu/gradcatalog/09/geninfo/regulations.html#GradeRP.

The Graduate Catalog and Student Handbook also provide contact information for various University offices and personnel who may provide additional assistance and/or information to students regarding due process and grievance procedures.
Appendix P
Managerial Calendar 2014 - 2015

August
Send announcements to new students
Record & file names of graduates
Draft schedule of committee meetings
19 The Graduate School Orientation for new graduate students
23 Opening Faculty Meeting
24 PSGA Picnic and Department of Graduate Psychology and Counseling Orientation
25 Counseling Programs Committee meeting, 10-12
25 Clinical Mental Health Counseling Programs New Student Orientation, 1-3
25 First day of classes
25 Counseling potluck dinner and opening ritual, 6-9

September
8 Counseling Programs Committee meeting, 10-12
8 Department of Graduate Psychology meeting, 1:00-2:15
9 Ed.S./Thesis/Dissertation Committee Approval Form due to TGS
22 Counseling Programs Committee meeting, 10-12
26 Last day to submit an application for a Master’s, Ed.S. or Doctoral Degree if graduation requirements are to be met in December 2013

October
6 Pizza & Process Lunch, 12 - 1
6 Counseling Programs Committee meeting, 10-12
9 - 12 SACES, Birmingham
13 Department of Graduate Psychology meeting, 1:00-2:15
20 Counseling Programs Committee meeting, 10-12
27 Registration begins for 2014 spring semester.

November
3 Counseling Programs Committee meeting, 10-12
4 Pizza & Process Lunch, 12 - 1
6 Comps Materials due in Carl Guerin’s Office by 4:30 p.m.
10 - 13 Comps oral examinations
10 Department of Graduate Psychology meeting, 1:00-2:15
17 Counseling Programs Committee meeting, 10-12
20 - 22 VCA Convention, Williamsburg
21 Comprehensive exam results & Ed.S./Thesis/Dissertation due to TGS
24 - 28 Thanksgiving Holiday

December
1 Counseling Programs Committee meeting, 10-12
4 Pizza & Process Lunch, 12 - 1
8 Department of Graduate Psychology meeting, 1:00-2:15
8 - 12 Final examinations
13 Commencement. Record & file names of graduates.
January
12 First day of classes
12 Counseling Programs Committee meeting, 10-12
15 Applications to Counseling Programs due to The Graduate School online
16 Last day to submit an application for a Master’s, Ed.S. or Doctoral Degree if graduation requirements are to be met in May 2015
19 Martin Luther King, Jr. Day
26 Counseling Programs Committee Meeting, 10-12
30 Ed.S./Thesis/Dissertation Committee Approval Form due to TGS

February
2 Counseling Programs Committee meeting, 10-12
2 Pizza & Process Lunch, 12 - 1
5 Internship planning meeting
9 Department of Graduate Psychology meeting, 1:00-2:15
9 Comps preparation meeting
10 Assessment Day: Only classes beginning 4 p.m. or later meet
16 Ph.D. Admissions Interviews, 9:00—1:00
20 & 23 Master’s Admissions Interviews (tentative)

March
2 Counseling Programs Committee meeting, 10-12
3 Pizza & Process Lunch, 12 - 1
9 - 13 Spring Break
12 - 14 ACA Convention, Orlando
16 Counseling Programs Committee meeting, 10-12
23 Summer Course Registration Begins
20 Comps materials due in Carl Guerin’s office by 4:30 p.m.
24-26 Comps oral examinations

April
6 Counseling Programs Committee meeting, 10-12
8 Fall Course Registration Begins
9 Pizza & Process Lunch, 12 - 1
13 Department of Graduate Psychology meeting, 1:00-2:15
17 Graduate Psychology Symposium
17 External Advisory Committee meeting
20 Counseling Programs Committee meeting, 10-12
22 Comprehensive exam results & Ed.S./Thesis/Dissertation due to TGS

May
Letters to peer mentors/mentees
Counseling Programs Committee summer retreat
Counseling Annual Report
1 - 7 Final examinations
8 Commencement
18 First day of classes for 12-week and 1st block summer classes
30 Ed.S./Thesis/Dissertation Committee Approval Form due to TGS
29 Application for Graduate Degree Form due to TGS
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tr>
<td>June</td>
<td>Comps materials due in Carl Guerin’s office by 4:30 p.m. (tentative)</td>
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<tr>
<td>14</td>
<td>Comps oral examinations (tentative)</td>
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<tr>
<td>16-30</td>
<td>Counseling Summer Institute</td>
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<tr>
<td>July</td>
<td>Faculty Annual Review</td>
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<td></td>
<td>CACREP Annual Fee</td>
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<td>10</td>
<td>Comprehensive exam results &amp; Ed.S./Thesis/Dissertation due to TGS</td>
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Appendix Q
GOLDEN OLDIES

Several years ago, we decided to compile a list of a few of our favorite books to recommend to our students. We avoided textbooks and recent literature, focusing instead on classic books that influenced our own professional development by changing our thinking, provoking us, or touching us in some way. Each member submitted titles and brief descriptions. One committee member expressed his selection process so aptly that we have repeated it here.

For me a really great book is one I do not understand on first reading and must return to again and again. There have, of course, been many books I did not understand and was able to dismiss them as irrelevant to my life. So a great book must also compel me in some ineffable way. It must convince me of its truth while revealing its message only bit by bit. It is a frustrating, but challenging pursuit. Books whose message is in the first chapter – and the rest of the book is simply reiterations of the same thesis – bore me. Likewise, “how to do it books” are hopelessly inane in my eyes: “Be a counselor in ten easy lessons in your spare time at home.”

As you look through the list, we invite you to select titles that intrigue you. You can easily see how our recommendations reflect the diversity of our own interests and perspectives:

This is a study of five women engaged in the shaping of their lives. Dr. Bateson uses comparative biography to inquire into the creative potential of complex lives where energies are continually refocused and redefined rather than narrowly focused. Each of the women studied has faced discontinuity and divided energy and has been rich in professional achievement and personal relationships. The conclusion affirms that discontinuity and conflicted priorities are part of our lives and should be seen as a source of wisdom.

The author discusses the differences in the way women and men acquire knowledge. Belenky et. al. developed a five–stage model of intellectual growth and development of women that parallels Perry's model of intellectual development. They believed that Perry's model , with its emphasis on the objective, analytical model of thinking, was more reflective of the male experience. Their model focuses on the role of intuition, empathy and connectedness with others as the ways of knowing what is favored by women.

This wonderful book was written by an historian. He traces the history of human thought from its beginnings in an enchanted world of participating consciousness through the dawn of scientific consciousness. His general thesis is that we threw out the baby with the bath when we denied the value of participating consciousness. His ideas appear to be vindicated by Constructivism, which seems to be emerging in all the sciences at once.

An excellent background for beginning students as this book was one of the first attempts to translate counseling theory into workable methodology including the notion of stages and phases in the counseling process. The book served as a harbinger for Egan’s *The Skilled Helper* and other works on
training counselors.


Victor Frankl, a survivor of Nazi concentration camps, describes his harrowing experiences and “the sacrifices, the crucifixion and the deaths of the great army of unknown and unrecorded victims.” In this painfully honest and unsentimental account, Frankl (who had intended to write it anonymously, using only his prison camp number) explores the psychology of suffering and our struggle to find meaning in our suffering. His approach to therapy, which is an outgrowth of his concentration camp experiences, leads us to confront the essence of our existence and challenges us to create a meaningful life through faith and love.


Frankl elaborates on his special brand of existentialism–logotherapy–and discusses paradoxical intention at length using helpful examples and explanations. Other topics, such as meaning, values and self–actualization are also explored and contrasted with other theories.


The goal in *What children can tell us* is to help adults understand children as they seek information from and about them. Within this text, the faculty of the Erickson Institute seek to confront three important questions in understanding adult–child communication. What can child development theories and research tell us about the process of adult–child communication? How far can we go in specifying concrete procedures for eliciting information from children? To what extent does knowledge about adult–child communication generalize across settings (for example, child care, formal evaluative testing, medical treatment, education, protective services, custody disputes)? The book is based on an extensive review of research and theory regarding development and adult–child communication and is enhanced by the years of experience of the Institute faculty in working with children and their families. The information offered in the book is a must for any counselor who works with children.


In this book, Gilligan documented her research on the moral development of women. Based on interviews of women from diverse samples, Gilligan discovered that the stages in Kohlberg's theory of moral development described the development of white, educated, middle–class males. She found that women place much more emphasis on contractual arrangements and moral principles in making their moral decisions. She developed a three–stage model to describe the moral development of women.

Helms, J. E. (1992). *A race is a nice thing to have: A guide to being a white person or understanding the white persons in your life*. Content Communications: Topeka, KS.

This book is essentially a primer for understanding racial identity. Written with Whites in mind, but certainly helpful for others as well, the book contains activities and descriptions that are intended to help you understand the role that race plays in all of our lives. Many Whites don't consider themselves as having a racial identity, so this book, although brief and very "user-friendly," actually has the potential to offer profound insights. In addition, Helms avoids guilt and shame by affirming the possibility of a positive White racial identity. This is a quick but powerful read.


Long before the recent interest in integrating spirituality and psychology, William James took on this challenging task. His insights are still as fresh and vivid as ever. The book is full of wonderful
quotes, such as James' charming example of the impossibility of a psychological science capturing the unique and ineffable experience of an individual's spirituality. “Probably a crab would be filled with a sense of personal outrage if it could hear us class it without ado or apology as a crustacean, and thus dispose of it. ‘I am no such thing,’ it would say; ‘I am MYSELF, MYSELF alone’” (p. 17).


As the title suggests, Jung's autobiography is unique because, instead of describing the external events and circumstances of his life, he explores his rich inner world. As the 83-year-old Jung says in his prologue, "My life is a story of the self-realization of the unconscious." Our most original theorist describes his intellectual struggles, personal epiphanies, and even a dramatic near-death experience with power and clarity. Near the end of this wise book, Jung concludes that "the sole purpose of human existence is to kindle a light in the darkness of mere being."


This is a wonderful resource for understanding early attachment problems and the subsequent difficulties we all have in adult relationships. No one gets out of his or her family completely intact! We all have some residual unmet needs and defensive strategies that get in our way. We all experience shame, self-consciousness, and occasional difficulties in relationships. This is not to say that we have problems that would approach a diagnosis of personality disorder, but everyone has stylistic quirks that can probably be traced to early attachment failures. This book is written from an Object Relations and Self Psychology standpoint, and it contains interesting bios on such famous people as John Bowlby, Mary Ainsworth, and Harry Harlow. Besides being a good primer on the post–Freudian approach to understanding personality, it will also cause you to reflect on your own experiences in your family of origin.


As you embark on your career, you'll likely find that your attitudes and beliefs about yourself and others are frequently challenged. This book, which contains exercises that can help you explore your views of yourself and others as racial beings, may be especially helpful for you. In particular, Katz encourages us to take responsibility for change--personally and socially--and expect to make a difference in how we relate to one another. Many of the exercises can be designed to capture our beliefs about issues, such as classism and sexism, which influence and complicate our attempts to be multiculturally competent counselors.


After about four years working as a counselor I read this book and it had a tremendous impact on me. It helped me understand what I was doing as a counselor and it kept me going when I became discouraged. Kopp is an existential therapist who relates stories about his clients and about his reactions to working with them. His self-disclosures and his vulnerability were a comfort to me as I struggled with my own issues about being a counselor.


If you're considering work in public schools, then we encourage you to read Kozol's view of the reality of public schools for many children across the country. The disparities that Kozol describes as existing between the "haves" and the "have nots" -- schools in suburban or wealthy areas vs. schools in Latino, African American, and less wealthy communities -- are shocking and at times hard to read. This book serves as a clear call to action for justice and equality.

Lerner offers a Bowenian approach to understanding the dynamics of intimate relations. Intimate relations among family, friends and lovers. She conceptualizes strategies which are employed by individuals in relationships and discusses the results of these strategies. Special emphasis is placed upon noting the patterns of previous generations as they are expressed in contemporary relationships.


A pioneer in many ways, Maslow studied self-actualizing people instead of the psychologically disordered, used qualitative research methods before that term came into vogue, and served as a major catalyst in "The Third Force" of the profession. His book is still fascinating to read.


This is an exposition of the human condition and a consideration of Daseinanalysis—an Existentialist version of psychoanalysis. The first 90 pages are by Rollo May and are a good, and readable, introduction to existentialism. A reading of this should convince you of how superficial most other counseling theories are.


This book is an excellent introduction to family therapy. Napier describes "the intense experience of family therapy" as the co-therapist of Whitaker, a pioneer in the field. The book, which reads like a novel, explores the nuances and dynamics of working with a troubled family. It skillfully interweaves dramatic scenes of one family's therapy with discussions of systems and family dynamics—the "family dance." Napier also shares his own struggles, doubts, discoveries, and joys during the family therapy process.


This is one of the books that made the most sense to me in the early stages of my career as a counselor. Although that was almost twenty years ago, the lessons I learned from Perls through this book still stay with me. Regardless of your theoretical orientation, the vivid image of therapeutic change that this book provides can teach you a lot about the counseling process.


What I like best about this book is the title and the notion of approaching clients as a novelist might—seeing their lives as full of drama and helping them appreciate and confirm the wonder of their existence. Polster is a noted Gestalt therapist who has much to contribute to other theoretical orientations.


In this wonderfully insightful book, Rogers reflects on therapy, personal growth, and creativity. You come away from this book knowing both the man and his ideas—with an appreciation for his intellectual journey and dedication to his clients. At one point, Rogers challenges us with the assertion that the good life is not one "for the faint-hearted....It involves the courage to be. It means launching oneself fully into the stream of life" (p. 196).


A classic and original study. This book is an old favorite of mine and contributed to my interest in the development of personality and the disorders of personality. Dr. Shapiro examines the ways of thinking and perceiving, forms of emotional experience and the behavioral manifestations that characterize the obsessive–compulsive, paranoid, histrionic and impulsive personality styles. While the
book and its terminology are dated in these days of the DSM–IV, I continue to find it helpful in clinical work.

This is a book of ancient Eastern wisdom that is the second most translated book in the world. It has been and continues to be a source of inspiration and guidance for my work as a counselor. It emphasizes a gentle method of working with and relating to others and the importance of understanding the paradox of the human condition. If I am stuck with a client, I often turn to this book for a clue. There are many translations, each of them different and most of them difficult to comprehend because of its non–linear nature. Once of the most accessible of the translations is by Mitchell. I recommend spending some time with this book. There is a wealth of knowledge for counselors.

This is a highly readable and memorable introduction to phenomenology. Written by a skilled and very experienced therapist, this book will shake the reader's illusion that they understand common experience. Van Dusen also provides an insightful and deeply respectful passport to foreign and at times frightening, places inhabited by his clients. The reader will be changed after reading this book; it will both deepen and broaden understanding and appreciation of the human psyche. It will also expand one's respect and regard for the consciousness of the self and that of others.

The seminal work of communications theory. Virtually no family therapy book written is without the influence of some of the ideas in this book. It must be read sparingly. Great exposition of paradox!

A cogent follow–up to some of the ideas in *Pragmatics*... (above). You might like it better because it has “how to do it” stuff.

Similar to Yalom’s book, *Love’s Executioner*, Weinberg is a therapist who details case histories with an emphasis on his personal experience in the therapeutic process. A great “read.”

This beautiful children's book presents a magnificent conversation about the nature of God, with different creatures picturing God in their own images. Whether or not you consider yourself a "religious" person, the essence of the story is intriguing in its simple message regarding acceptance and awareness of community and global responsibility. The illustrations are also lovely and may be just what you need when you're feeling bogged down by textbooks and theory.

Irving Yalom writes of his personal experiences working with clients in individual therapy. A fascinating inside account of this well known existential therapist's work.
Appendix R
ACA Code of Ethics
2014

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.

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 eight main sections that address the following areas:

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

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

When counselors are faced with ethical dilemmas that are difficult to resolve, they are expected to engage in a 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 to promote the welfare of clients.

A.1.b. Records and Documentation
Counselors create, safeguard, and maintain documentation necessary for rendering professional services. Regardless of the medium, counselors include sufficient and timely documentation to facilitate the delivery and continuity of services. Counselors take reasonable steps to ensure that documentation accurately reflects client progress and services provided. If amendments are made to records and documentation, counselors take steps to properly note the amendments according to agency or institutional policies.

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

A.1.d. Support Network Involvement
Counselors recognize that support networks hold various meanings in the lives of clients and consider enlisting the support, understanding, and involvement of others (e.g., religious/spiritual/community leaders, family members, friends) as positive resources, when appropriate, with client consent.

A.2. Informed Consent in the Counseling Relationship
A.2.a. Informed Consent
Clients have the freedom to choose whether to enter into or remain in a counseling relationship and need adequate information about the counseling process and the counselor. Counselors have an obligation to review in writing and verbally with clients the rights and responsibilities of both counselors and clients. Informed consent is an ongoing part of the counseling process, and counselors appropriately document discussions of informed consent throughout the counseling relationship.

A.2.b. Types of Information Needed
Counselors explicitly explain to clients the nature of all services provided. They inform clients about issues such as, but not limited to, the following: the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services; the counselor’s qualifications, credentials, and relevant experience; continuation of services upon the incapacitation or death of a counselor; the role of technology; and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, 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 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 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 Relationship 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
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 clients, their romantic partners, or client 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 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 an inability to remain objective.
Counselor–client nonprofessional relationships with clients, former clients, their romantic partners, or their family members should be avoided, except when the interaction is potentially beneficial to the client. (See A.5.d.)

A.5.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 (excluding 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 nonprofessional 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 goals of the group, who will not impede the group process, and whose well-being will not be jeopardized by the group experience.

**A.8.b. Protecting Clients**

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

**A.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 collect 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. Contagious, Life-Threatening Diseases**
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 research 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 themselves 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.

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

D.1. Relationships With Colleagues, Employers, and Employees
D.1.a. Different Approaches
Counselors are respectful of approaches that are grounded in theory and/or have an empirical or scientific foundation but may differ from their own. Counselors acknowledge the expertise of other professional groups and are respectful of their practices.

D.1.b. Forming Relationships
Counselors work to develop and strengthen relationships with colleagues from other disciplines to best serve clients.

D.1.c. Interdisciplinary Teamwork
Counselors who are members of interdisciplinary teams delivering multifaceted services to clients remain focused on how to best serve clients. They participate in and contribute to decisions that affect the well-being of clients by drawing on the perspectives, values, and experiences of the counseling profession and those of colleagues from other disciplines.

D.1.d. Establishing Professional and
Ethical Obligations
Counselors who are members of interdisciplinary teams work together with team members to clarify professional and ethical obligations of the team as a whole and of its individual members. When a team decision raises ethical concerns, counselors first attempt to resolve the concern within the team. If they cannot reach resolution among team members, counselors pursue other avenues to address their concerns consistent with client well-being.

D.1.e. Confidentiality
When counselors are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, they clarify role expectations and the parameters of confidentiality with their colleagues.

D.1.f. Personnel Selection and Assignment
When counselors are in a position requiring personnel selection and/or assigning of responsibilities to others, they select competent staff and assign responsibilities compatible with their skills and experiences.

D.1.g. Employer Policies
The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers regarding acceptable standards of client care and professional conduct that allow for changes in institutional policy conducive to the growth and development of clients.

D.1.h. Negative Conditions
Counselors alert their employers of inappropriate policies and practices. They attempt to effect changes in such policies or procedures through constructive action within the organization. When such policies are potentially disruptive or damaging to clients or may limit the effectiveness of services provided and change cannot be affected, counselors take appropriate further action. Such action may include referral to appropriate certification, accreditation, or state licensure organizations, or voluntary termination of employment.

D.1.i. Protection From Punitive Action
Counselors do not harass a colleague or employee or dismiss an employee who has acted in a responsible and ethical manner to expose inappropriate employer policies or practices.

D.2. Provision of Consultation Services
D.2.a. Consultant Competency
Counselors take reasonable steps to ensure that they have the appropriate resources and competencies when providing consultation services. Counselors provide appropriate referral resources when requested or needed.

D.2.b. Informed Consent in Formal Consultation
When providing formal consultation services, counselors have an obligation to review, in writing and verbally, the rights and responsibilities of both counselors and consultees. Counselors use clear and understandable language to inform all parties involved about the purpose of the services to be provided, relevant costs, potential risks and benefits, and the limits of confidentiality.

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

E.1. General
E.1.a. Assessment
The primary purpose of educational, mental health, psychological, and career assessment is to gather information regarding the client for a variety of purposes, including, but not limited to, client decision making, treatment planning, and forensic proceedings. Assessment may include both qualitative and quantitative methodologies.

**E.1.b. Client Welfare**
Counselors do not misuse assessment results and interpretations, and they take reasonable steps to prevent others from misusing the information provided. They respect the client’s right to know the results, the interpretations made, and the bases for counselors’ conclusions and recommendations.

**E.2. Competence to Use and Interpret Assessment Instruments**

**E.2.a. Limits of Competence**
Counselors use only those testing and assessment services for which they have been trained and are competent. Counselors using technology-assisted test interpretations are trained in the construct being measured and the specific instrument being used prior to using its technology-based application. Counselors take reasonable measures to ensure the proper use of assessment techniques by persons under their supervision.

**E.2.b. Appropriate Use**
Counselors are responsible for the appropriate application, scoring, interpretation, and use of assessment instruments relevant to the needs of the client, whether they score and interpret such assessments themselves or use technology or other services.

**E.2.c. Decisions Based on Results**
Counselors responsible for decisions involving individuals or policies that are based on assessment results have a thorough understanding of psychometrics.

**E.3. Informed Consent in Assessment**

**E.3.a. Explanation to Clients**
Prior to assessment, counselors explain the nature and purposes of assessment and the specific use of results by potential recipients. The explanation will be given in terms and language that the client (or other legally authorized person on behalf of the client) can understand.

**E.3.b. Recipients of Results**
Counselors consider the client’s and/or examinee’s welfare, explicit understandings, and prior agreements in determining who receives the assessment results. Counselors include accurate and appropriate interpretations with any release of individual or group assessment results.

**E.4. Release of Data to Qualified Personnel**
Counselors release assessment data in which the client is identified only with the consent of the client or the client’s legal representative. Such data are released only to persons recognized by counselors as qualified to interpret the data.

**E.5. Diagnosis of Mental Disorders**

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

**E.5.b. Cultural Sensitivity**
Counselors recognize that culture affects the manner in which clients’ problems are defined and experienced. Clients’ socioeconomic and cultural experiences are considered when diagnosing mental disorders.

**E.5.c. Historical and Social Prejudices in the Diagnosis of Pathology**
Counselors recognize historical and social prejudices in the misdiagnosis and pathologizing of certain individuals and groups and strive to become aware of and address such biases in themselves or others.

**E.5.d. Refraining From Diagnosis**
Counselors may refrain from making and/or reporting a diagnosis if they believe that it would cause harm to the client or others. Counselors carefully consider both the positive and negative implications of a diagnosis.

E.6. Instrument Selection

E.6.a. Appropriateness of Instruments
Counselors carefully consider the validity, reliability, psychometric limitations, and appropriateness of instruments when selecting assessments and, when possible, use multiple forms of assessment, data, and/or instruments in forming conclusions, diagnoses, or recommendations.

E.6.b. Referral Information
If a client is referred to a third party for assessment, the counselor provides specific referral questions and sufficient objective data about the client to ensure that appropriate assessment instruments are utilized.

E.7. Conditions of Assessment

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.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
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.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 qualifications to render services to their clients.

**F.1.c. Informed Consent and Client Rights**
Supervisors make supervisees aware of client rights, including the protection of client privacy and confidentiality in the counseling relationship. Supervisees provide clients with professional disclosure information and inform them of how the supervision process influences the limits of confidentiality. Supervisees make clients aware of who will have access to records of the counseling relationship and how these records will be stored, transmitted, or otherwise reviewed.

**F.2. Counselor Supervision Competence**

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

**F.2.b. Multicultural Issues/ Diversity in Supervision**
Counseling supervisors are aware of and address the role of multiculturalism/ diversity in the supervisory relationship.

**F.2.c. Online Supervision**
When using technology in supervision, counselor supervisors are competent in the use of those technologies. Supervisors take the necessary precautions to protect the confidentiality of all information transmitted through any electronic means.

**F.3. Supervisory Relationship**

**F.3.a. Extending Conventional Supervisory Relationships** Counseling supervisors clearly define and maintain ethical professional, personal, and social relationships with their supervisees. Supervisors consider the risks and benefits of extending current supervisory relationships in any form beyond conventional parameters. In extending these boundaries, supervisors take appropriate professional precautions to ensure that judgment is not impaired and that no harm occurs.

**F.3.b. Sexual Relationships**
Sexual or romantic interactions or relationships with current supervisees are prohibited. This prohibition applies to both in-person and electronic interactions or relationships.

**F.3.c. Sexual Harassment**
Counseling supervisors do not condone or subject supervisees to sexual harassment.

**F.3.d. Friends or Family Members**
Supervisors are prohibited from engaging in supervisory relationships with individuals with whom they have an inability to remain objective.

**F.4. Supervisor Responsibilities**

**F.4.a. Informed Consent for Supervision**
Supervisors are responsible for incorporating into their supervision the principles of informed consent and participation. Supervisors inform supervisees of the policies and procedures to which supervisors are to adhere and the mechanisms for due process appeal of individual supervisor actions. The issues unique to the use of distance supervision are to be included in the documentation as necessary.

**F.4.b. Emergencies and Absences**
Supervisors establish and communicate to supervisees procedures for contacting supervisors or, in their absence, alternative on-call supervisors to assist in handling crises.

**F.4.c. Standards for Supervisees**
Supervisors make their supervisees aware of professional and ethical standards and legal responsibilities.

**F.4.d. Termination of the Supervisory Relationship**
Supervisors or supervisees have the right to terminate the supervisory relationship with adequate notice. Reasons for considering termination are discussed, and both parties work to resolve differences. When termination is warranted, supervisors make appropriate referrals to possible alternative supervisors.

**F.5. Student and Supervisee Responsibilities**

**F.5.a. Ethical Responsibilities**
Students and supervisees have a responsibility to understand and follow the *ACA Code of Ethics*. Students and supervisees have the same obligation to clients as those required of professional counselors.

**F.5.b. Impairment**
Students and supervisees monitor themselves for signs of impairment from their own physical, mental, or emotional problems and refrain from offering or providing professional services when such impairment is likely to harm a client or others. They notify their faculty and/or supervisors and seek assistance for problems that reach the level of professional impairment, and, if necessary, they limit, suspend, or terminate their professional responsibilities until it is determined that they may safely resume their work.

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

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

**F.6.a. Evaluation**
Supervisors document and provide supervisees with ongoing feedback regarding their performance and schedule periodic formal evaluative sessions throughout the supervisory relationship.

**F.6.b. Gatekeeping and Remediation**
Through initial and ongoing evaluation, supervisors are aware of supervisee limitations that might impede performance. Supervisors assist supervisees in securing remedial assistance when needed. They recommend dismissal from training programs, applied counseling settings, and state or voluntary professional credentialing processes when those supervisees are unable to demonstrate that they can provide competent professional services to a range of diverse clients. Supervisors seek consultation and document their decisions to dismiss or refer supervisees for assistance. They ensure that supervisees are aware of options available to them to address such decisions.
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.

**Section H**
**Distance Counseling, Technology, and Social Media**
Introduction
Counselors understand that the profession of counseling may no longer be limited to in-person, face-to-face interactions. Counselors actively attempt to understand the evolving nature of the profession with regard to distance counseling, technology, and social media and how such resources may be used to better serve their clients. Counselors strive to become knowledgeable about these resources. Counselors understand the additional concerns related to the use of distance counseling, technology, and social media and make every attempt to protect confidentiality and meet any legal and ethical requirements for the use of such resources.

H.1. Knowledge and Legal Considerations

H.1.a. Knowledge and Competency
Counselors who engage in the use of distance counseling, technology, and/or social media develop knowledge and skills regarding related technical, ethical, and legal considerations (e.g., special certifications, additional course work).

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

H.2. Informed Consent and Security

H.2.a. Informed Consent and Disclosure
Clients have the freedom to choose whether to use distance counseling, social media, and/or technology within the counseling process. In addition to the usual and customary protocol of informed consent between counselor and client for face-to-face counseling, the following issues, unique to the use of distance counseling, technology, and/or social media, are addressed in the informed consent process:
• distance counseling credentials, physical location of practice, and contact information;
• risks and benefits of engaging in the use of distance counseling, technology, and/or social media;
• possibility of technology failure and alternate methods of service delivery;
• anticipated response time;
• emergency procedures to follow when the counselor is not available;
• time zone differences;
• cultural and/or language differences that may affect delivery of services;
• possible denial of insurance benefits; and
• social media policy.

H.2.b. Confidentiality Maintained by the Counselor
Counselors acknowledge the limitations of maintaining the confidentiality of electronic records and transmissions. They inform clients that individuals might have authorized or unauthorized access to such records or transmissions (e.g., colleagues, supervisors, employees, information technologists).

H.2.c. Acknowledgment of Limitations
Counselors inform clients about the inherent limits of confidentiality when using technology. Counselors urge clients to be aware of authorized and/or unauthorized access to information disclosed using this medium in the counseling process.

H.2.d. Security
Counselors use current encryption standards within their websites and/or technology-based communications that meet applicable legal requirements. Counselors take reasonable precautions to ensure the confidentiality of information transmitted through any electronic means.

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

**H.4. Distance Counseling Relationship**

**H.4.a. Benefits and Limitations**
Counselors inform clients of the benefits and limitations of using technology applications in the provision of counseling services. Such technologies include, but are not limited to, computer hardware and/or software, telephones and applications, social media and Internet-based applications and other audio and/or video communication, or data storage devices or media.

**H.4.b. Professional Boundaries in Distance Counseling**
Counselors understand the necessity of maintaining a professional relationship with their clients. Counselors discuss and establish professional boundaries with clients regarding the appropriate use and/or application of technology and the limitations of its use within the counseling relationship (e.g., lack of confidentiality, times when not appropriate to use).

**H.4.c. Technology-Assisted Services**
When providing technology-assisted services, counselors make reasonable efforts to determine that clients are intellectually, emotionally, physically, linguistically, and functionally capable of using the application and that the application is appropriate for the needs of the client. Counselors verify that clients understand the purpose and operation of technology applications and follow up with clients to correct possible misconceptions, discover appropriate use, and assess subsequent steps.

**H.4.d. Effectiveness of Services**
When distance counseling services are deemed ineffective by the counselor or client, counselors consider delivering services face-to-face. If the counselor is not able to provide face-to-face services (e.g., lives in another state), the counselor assists the client in identifying appropriate services.

**H.4.e. Access**
Counselors provide information to clients regarding reasonable access to pertinent applications when providing technology-assisted services.

**H.4.f. Communication Differences in Electronic Media**
Counselors consider the differences between face-to-face and electronic communication (nonverbal and verbal cues) and how these may affect the counseling process. Counselors educate clients on how to prevent and address potential misunderstandings arising from the lack of visual cues and voice intonations when communicating electronically.

**H.5. Records and Web Maintenance**

**H.5.a. Records**
Counselors maintain electronic records in accordance with relevant laws and statutes. Counselors inform clients on how records are maintained electronically. This includes, but is not limited to, the type of encryption and security assigned to the records, and if/for how long archival storage of transaction records is maintained.

**H.5.b. Client Rights**
Counselors who offer distance counseling services and/or maintain a professional website provide electronic links to relevant licensure and professional certification boards to protect consumer and client rights and address ethical concerns.

**H.5.c. Electronic Links**
Counselors regularly ensure that electronic links are working and are professionally appropriate.

**H.5.d. Multicultural and Disability Considerations**
Counselors who maintain websites provide accessibility to persons with disabilities. They provide translation capabilities for clients who have a different primary language, when feasible. Counselors acknowledge the imperfect nature of such translations and accessibilities.
H.6. Social Media
H.6.a. Virtual Professional Presence
In cases where counselors wish to maintain a professional and personal presence for social media use, separate professional and personal web pages and profiles are created to clearly distinguish between the two kinds of virtual presence.

H.6.b. Social Media as Part of Informed Consent
Counselors clearly explain to their clients, as part of the informed consent procedure, the benefits, limitations, and boundaries of the use of social media.

H.6.c. Client Virtual Presence
Counselors respect the privacy of their clients’ presence on social media unless given consent to view such information.

H.6.d. Use of Public Social Media
Counselors take precautions to avoid disclosing confidential information through public social media.

Section I
Resolving Ethical Issues
Introduction
Professional counselors behave in an ethical and legal manner. They are aware that client welfare and trust in the profession depend on a high level of professional conduct. They hold other counselors to the same standards and are willing to take appropriate action to ensure that standards are upheld. Counselors strive to resolve ethical dilemmas with direct and open communication among all parties involved and seek consultation with colleagues and supervisors when necessary. Counselors incorporate ethical practice into their daily professional work and engage in ongoing professional development regarding current topics in ethical and legal issues in counseling. Counselors become familiar with the ACA 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.

Glossary of Terms
Abandonment – the inappropriate ending or arbitrary termination of a counseling relationship that puts the client at risk.
 Advocacy – promotion of the well-being of individuals, groups, and the counseling profession within systems and organizations. Advocacy seeks to remove barriers and obstacles that inhibit access, growth, and development.
 Assent – to demonstrate agreement when a person is otherwise not capable or competent to give formal consent (e.g., informed consent) to a counseling service or plan.
 Assessment – the process of collecting in-depth information about a person in order to develop a comprehensive plan that will guide the collaborative counseling and service provision process.
 Bartering – accepting goods or services from clients in exchange for counseling services.
 Client – an individual seeking or referred to the professional services of a counselor.
 Confidentiality – the ethical duty of counselors to protect a client’s identity, identifying characteristics, and private communications.
 Consultation – a professional relationship that may include, but is not limited to, seeking advice, information, and/or testimony.
**Counseling** – a professional relationship that empowers diverse individuals, families, and groups to accomplish mental health, wellness, education, and career goals.

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

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

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

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

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

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

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

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

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

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

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

**Forensic Evaluation** – the process of forming professional opinions for court or other legal proceedings, based on professional knowledge and expertise, and supported by appropriate data.

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

**Impairment** – a significantly diminished capacity to perform professional functions.

**Incapacitation** – an inability to perform professional functions.

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

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

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

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

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

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

**Personal Virtual Relationship** – engaging in a relationship via technology and/or social media that blurs the professional boundary (e.g., friending on social networking sites); using personal accounts as the connection point for the virtual relationship.
Privacy – the right of an individual to keep oneself and one’s personal information free from unauthorized disclosure. Privilege – a legal term denoting the protection of confidential information in a legal proceeding (e.g., subpoena, deposition, testimony).

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

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

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

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

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

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

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

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

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

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

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

Supervisee – a professional counselor or counselor-in-training whose counseling work or clinical skill development is being overseen in a formal supervisory relationship by a qualified trained professional.

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

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

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

Virtual Relationship – a non–face-to-face relationship (e.g., through social media).
Appendix S
Counseling Programs Exit Survey

Please describe the major strengths of the program.

What suggestions do you have for improving the program?

What other reflections, observations or comments would you like to share?