New Course Request

Indiana University

South Bend Campus

Check Appropriate Boxes: Undergraduate credit [ ]
Graduate credit [X]
Professional credit [ ]

1. School/Division School of Education
2. Academic Subject Code EDUC
3. Course Number G514 (must be cleared with University Enrollment Services)
4. Instructor Jeremy Linton
5. Course Title Practicum in Alcohol and Drug Counseling
   Recommended Abbreviation (Optional)
   (Limited to 20 Characters including spaces)
6. First time this course is to be offered (Semester/Year): Spring 2007
7. Credit Hours: Fixed at 3 or Variable from n/a to
8. Is this course to be graded S-F (only)? Yes [X] No [ ]
9. Is variable title approval being requested? Yes [ ] No [X]
10. Course description (not to exceed 50 words) for Bulletin publication:
    This course is a field experience in an alcohol or drug counseling agency. The field experience involves direct supervision by faculty and approved clinical supervisors in the field.
    Prerequisites: G510, G511, G512, G513

11. Lecture Contact Hours: Fixed at 3 or Variable from n/a to
12. Non-Lecture Contact Hours: Fixed at 0 or Variable from n/a to
13. Estimated enrollment: 10 of which 100 percent are expected to be graduate students.
14. Frequency of scheduling: twice/year
15. Will this course be required for majors? No
16. Justification for new course: There is a lack of training in this subject area
17. Are the necessary reading materials currently available in the appropriate library? Yes
18. If this course overlaps with existing courses, please explain with which courses it overlaps and whether this overlap is necessary, desirable, or unimportant. No overlap exists
19. A copy of every new course proposal must be submitted to departments, schools, or divisions in which there may be overlap of the new course with existing courses or areas of strong concern, with instructions that they send comments directly to the originating Curriculum Committee. Please append a list of departments, schools, or divisions thus consulted.

Submitted by:

Date 1/20/06

Department Chairman/Division Director

Date

Dean of Graduate School (when required)

Approved by:

Date March 6, 2006

Dean

Date April 28, 2006

Chancellor/Vice-President

Date

University Enrollment Services

After School/Division approval, forward the last copy (without attachments) to University Enrollment Services for initial processing, and the remaining four copies and attachments to the Campus Chancellor or Vice-President.
G514: Practicum in Alcohol and Drug Counseling
Counseling and Human Services Program

We prepare teachers and professionals in related fields to be competent, ethical, and reflective practitioners who have the knowledge, skills, and dispositions to address the needs of diverse individuals and prepare them for the complexities of a rapidly changing world.

Instructor:
Phone:
Office:
Office Hours:
E-mail:
Course meeting schedule: One 3 hour meeting per week

Course Prerequisites:

1. G510: Theories of Alcohol and Drug Addiction,
2. G511: Screening and Assessment of Alcohol and Drug Problems,
3. G512: Counseling Approaches with Addictions,
4. and G513: Legal and Illegal Drugs of Abuse

COURSE DESCRIPTION

This course is a field experience in an alcohol or drug counseling agency. The field experience involves direct supervision by faculty and approved clinical supervisors in the field. Graded on a pass/fail basis.

COURSE OBJECTIVES

By the end of the course students will be able to:

1. Understand and demonstrate basic and advanced helping skills with clients at the field placement setting
2. Formulate plans for behavior change based on information collected through appraisal of recorded data and counseling sessions.

3. Implement behavior change plans as a collaborative counselor-client endeavor.

4. Evaluate effectiveness of intervention(s) provided.

5. Prepare and maintain records required by the agency where placed.

6. Learn to use individual and group supervision effectively.

7. Act in accordance with ethical standards in the field (American Counseling Association – see attached)

8. Understand issues of diversity and multiculturalism as they relate to drug and alcohol counseling and be able to apply those principles to clinical situations at a level consistent with current stage of professional development.

9. Critique professional scholarship in the field of alcohol and drug addiction

10. Demonstrate the ability to identify and utilize research-based counseling techniques with substance abuse issues

11. Demonstrate a willingness to consider other persons’ viewpoints and opinions concerning alcohol and drug addiction

12. Consider ways in which technology can be used to enhance teaching and learning as they relate to personal growth and professional effectiveness

13. Demonstrate the ability to work collaboratively with others and maintain a professional demeanor

14. Demonstrate experience and adequate performance in each of the 12 core functions of an addiction counselor. These are:
   a. Screening,
   b. Intake,
   c. Orientation,
   d. Assessment,
   e. Treatment planning,
   f. Counseling,
   g. Case management,
   h. Crisis intervention,
   i. Client education,
   j. Referral,
   k. Reports and record keeping, &
   l. Consultation

METHODS OF INSTRUCTION
In order to maximize your learning in the course and assist you in becoming a self-directed learner, several methods of instruction will be used. These include:

1. Experience in the counseling field
2. Brief Lectures
3. Student Presentations
4. Small Group Discussion
5. Self-reflection and evaluation

To receive the full benefit of the course, you should be prepared to take part in all of these activities.

**COURSE REQUIREMENTS**

1) **220 Hours of Onsite Practicum Service:** During the semester you will provide 220 hours of onsite service at your practicum site. For every 10 hours of clinical service that you provide you must complete 1 hour of supervision with your field supervisor. Your **field supervisor must hold a CACDA II certification or some form of licensure in the state of Indiana.** Under very rare circumstances alternate arrangements may be made. However, in these instances you must contact the Indiana Counselors Association on Alcohol and Drug Abuse (ICAADA) (800 North Meridian St., Suite 507, Indianapolis, IN 46202; Phone (317) 923-8800). Written confirmation giving approval of your non-certified supervisor must be provided by ICAADA.

During your hours on-site you must provide evidence of performance in each of the 12 core functions of addictions counseling:

m. Screening,  
 n. Intake,  
o. Orientation,  
p. Assessment,  
q. Treatment planning,  
r. Counseling,  
s. Case management,  
t. Crisis intervention,  
u. Client education,  
v. Referral,  
w. Reports and record keeping, &  
x. Consultation

You will need to produce an artifact of each of these activities signed by your field supervisor. Hand in a copy to your university supervisor and retain a copy for your records.

2) **Agency Agreement:** This must be completed before you begin seeing clients at your practicum site. The agency agreement must be signed by your field supervisor, and university supervisor. Retain a copy for your records.
3) **Contract:** This must be completed before you begin seeing clients at your practicum site. The contract must be signed by your field supervisor, and university supervisor. Retain a copy for your records.

4) **Weekly Reports:** Each week you will create a report of your weekly activities. The reports are to be handed in at each group supervision meeting. This should be signed on a weekly basis by your field supervisor and your university supervisor. Retain a copy for your records. The format for these reports is attached.

5) **Practicum Counseling Log:** Each week you will keep a daily record of your activities at your practicum site. This should be signed on a weekly basis by your field supervisor and your university supervisor. You will hand this in at the end of the semester. Keep a copy for your records. The format for this log is attached.

6) **2 Formal Presentations of a Case:** You will engage in a formal case presentation of a client complete with specific questions for the group. Guidelines are included in this syllabus (Guidelines for Formal Case Presentations). When presenting the case you are to fill out the Case Presentation Information sheet attached to the end of this syllabus (the form should be typed) and provide copies to your supervisor and peers. Only client first names or pseudonyms should be used. Be sure to address issues of diversity in your presentation.

7) **1 Journal Club Presentation:** Each student will briefly present (10 minutes!) a peer reviewed journal article dealing with clinical practice in the alcohol and drug treatment field. The article, which should not be more that 2 years old, should be summarized, critiqued, and extended to clinical practice. You are to choose articles that are related to another student’s client(s).

8) **2 Written Journal Article Reviews:** In this assignment you will access the professional literature and locate two articles dealing with clinical practice. These articles should come from peer reviewed journals. You are to summarize and critique the article in a one page paper. The APA citation for the article should be included at the top of the page. Your summary should be brief and highlight the main points of the article. Your critique should include your personal and professional reactions to the article and a discussion of how you might use the information. The article should not be more that 2 years old. Bring copies for your supervisor and peers. A sample review is attached to this syllabus.

9) **Oncourse discussions:** During the semester we will use Oncourse to communicate during days when we do not meet for practicum class. Since Oncourse is password protected we can safely share information about clinical practice. Each week you are to post at least one “plea” for help, an observation, or some piece of helpful information. You are also to respond to your peers postings. Your supervisor will check Oncourse periodically during the week and respond accordingly. In order for this assignment to be effective, it would be helpful if you would check Oncourse on a daily basis. This assignment should be very beneficial in providing support to one another during the practicum experience. It will be especially helpful on weeks when class does not meet. Do not, however, use the Oncourse mail system to communicate with your supervisor—use regular email.
10) **Tape Reviews:** Ten hours minimum of reviewed sessions are required. This will be accomplished in individual and group supervision. **COME TO EACH INDIVIDUAL AND GROUP SUPERVISION SESSION WITH A TAPE TO REVIEW.** Have the tape cued to a part of the session where you would like feedback.

11) **Presentation of Learning:** Each student will do a verbal and written presentation at the end of the semester detailing their professional development during the semester. The paper should be 2-3 pages in length.

12) **Evaluations:** Students are required to evaluate their university supervisor, field supervisor, and field site.

13) **Midterm and Final Evaluations:** Your field supervisor will provide a midterm and final evaluation of your performance on a form provided by your university supervisor. It is your responsibility to make sure that this form is completed.

14) **Attendance:** Attendance is a requirement of the course. After two absences you may be at risk for a failing grade.

15) **Liability Insurance:** Each intern is expected to have professional liability coverage for their practicum. This can be purchased through the American Counseling Association and other professional organizations.

**COURSE EVALUATION GRADING SCALE**

This course is graded on a pass/fail basis. To pass the course you must complete all assignments specified above.

**ATTENDANCE NOTE**

Attendance in this class will be crucial to your learning and final grade. If you do miss class, however, please do not ask me for notes, overheads, or to summarize what we did in class. You may consult your classmates on these issues. In some instances (e.g., family emergencies, severe illness) I will make arrangements to meet with you individually following an absence. Also, because this class will be work-group intensive, attending class will be crucial to completing all group work assignments. If you miss class you will make arrangements with the instructor to make up work through a negotiated assignment.

**CONFIDENTIALITY**

At times, either you or your classmates may feel that it is appropriate to share personal information relevant to course discussion. As helping professionals-in-development, you should feel comfortable in doing so. This will help you to make sense of the material and to learn about yourself. Therefore, all students in class should adhere to strict confidentiality standards. That is, whenever personal information is divulged in class, it is to stay in the class. At the same time, individual students are encouraged to use discretion when discussing personal information. Failure to abide by rules of confidentiality may result in removal from the class.
<table>
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<tr>
<th>SESSION</th>
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| 1       | Course and supervision expectations  
Summary of field placements  
Group Supervision              | Agency Agreement  
Contract                       |
| 2       | Agency Agreement and Contract due  
Group Supervision              | Proof of Liability Insurance |
| 3       | Open supervision                                                     |                              |
| 4       | Journal Club Presentations                                            |                              |
|         | Formal Case Presentations                                            |                              |
|         | Group Supervision                                                     |                              |
| 5       | Formal Case Presentations                                            | Written Journal Review #1    |
|         | Group Supervision                                                     |                              |
| 6       | Journal Club Presentations                                            |                              |
|         | Formal Case Presentations                                            |                              |
|         | Group Supervision                                                     |                              |
| 7       | Open supervision                                                     |                              |
| 8       | Journal Club Presentations                                            | Midterm Evaluation           |
|         | Formal Case Presentations                                            |                              |
|         | Group Supervision                                                     |                              |
| 9       | Journal Club Presentations                                            |                              |
|         | Formal Case Presentations                                            |                              |
|         | Group Supervision                                                     |                              |
| 10      | Formal Case Presentations                                            |                              |
|         | Group Supervision                                                     |                              |
| 11      | Journal Club Presentations                                            |                              |
|         | Formal Case Presentations                                            |                              |
|         | Group Supervision                                                     |                              |
| 12      | Open Supervision                                                      | Written Journal Review #2    |
| 13 | Journal Club Presentations  
Formal Case Presentations  
Group Supervision |
|----|--------------------------|
| 14 | Formal Case Presentations  
Group Supervision |
| 15 | Presentation of Learning paper due  
Formal Case Presentations  
Group Supervision |
| 16 | All paper work due to my office by specified time (TBA)  
|
Guidelines for Group Supervision

1. Always remember that feedback is intended to help the receiver improve his or her counseling skills.

2. Communicate respectfully.

3. Use "I" messages. (ex. I thought about how you might improve your presentation delivery when you...). Own your thoughts, beliefs, and ideas and remember that they might not be shared by others.

4. Respect individual differences in interpersonal and counseling style.

5. Be open and honest with feedback; we cannot learn from each other if we are not honest.

6. When providing feedback always do so in a thoughtful manner and use explicit examples to back up what you are saying.

7. Remember that each of us needs to hear about our strengths and areas for improvement.

8. 

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9. 

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Guidelines for Formal Case Presentations

Case presentations will be given in a structured format which is informed by the group supervision literature. See the following articles if interested.


We will use the following format:

1. Presenter gives background (or update if 2nd presentation) of the case. Include the following:
   a. Subjective Information – What is the client saying is the problem? What are your thoughts?
   b. Objective Information – any testing that has been done, any medications, any co-occurring disorders.
   c. Assessment – offer a tentative *DSM-IV-TR* diagnosis and give your reasoning and rationale.
   d. Plan – what have you been doing and what do you plan to do with this client? Specify your treatment plan.
   This should be typed using the attached template.

2. Presenter asks 2-4 specific questions of the group regarding the case. These will be written on the board.

3. The presenter plays a selected segment of a recent counseling session with the client being presented.

4. The group considers the questions and asks for further details from the presenter.

5. The group provides specific suggestions to the presenter using "I" messages. For example, a response may begin, "if this were my client I might try ____________________." The presenter is NOT allowed to respond to these suggestions.

6. The presenter comments on the information and suggestions received from the group and works with the group to revise the counseling plan. The presenter comments on what was helpful and what was not helpful.

7. (optional) The group discusses the process of going through the previous 5 steps in an effort to understand the group processes at work and to improve the quality of their work together.
G524/G550 Case Presentation Information

Date of presentation: ________________

Client first name or pseudonym: ________________________________

Has this case been discussed in supervision before? Yes No

Family Genogram:

Structured Presentation Format:

S: (include discussion of why you chose this case)

O: (relevant objective information)

A: (include provisional DSM-IV-TR diagnosis and rationale)

P: (What have you done? What are you planning? What theoretical orientation are you using?)

Questions:

1.

2.

3.
CLASS SESSION FORMAT

During class meetings we will follow the format below. This will keep us on task and allow us to maximize our time together.

1. Questions, comments, concerns

2. Formal Case Presentation (45 minutes to 1hr)

3. Journal Club Presentation (if applicable)

4. Prioritize remainder of group meeting – each group member briefly states what they would like help with. The group prioritizes the list based on need.

5. Student Requests for Help (Limited to 20 minutes or less. Have a specific question and cue tape to place where feedback is needed). We will process as many clinical issues as time allows. A group member will be appointed time keeper to keep these discussions on track.

• We may deviate from this structure as needed. This will be determined by the presenting intern, group members and the supervisor.

Summary

Stewart reports that little information exists in the literature relative to counselors' judgments of clients based on the client's birth order in their family of origin. Research suggests, however, that counselors often make judgments about clients based on their previous experiences with similar presenting problems. For example, a counselor may assume that a client is experiencing several other symptoms of depression based on the client's report of one symptom. This phenomenon is called a representativeness heuristic. Stewart states that counselors may also be biased by anchoring effects. This happens when counselors' clinical judgments are influenced by their early contacts with clients. Stewart contends that both representativeness heuristics and anchoring effects may be influenced by knowledge of a client's birth order. That is, knowing the client's birth order in the family may influence and potential bias the counselor's clinical impressions. This article set out to address this hypothesis.

To investigate this research question Stewart surveyed 295 masters and doctoral level clinicians. Each participant read a counseling vignette depicting a clinical problem. The vignettes that participants received were exactly the same except for the stated birth order of the client. Participants were told that the client was either the first, middle, youngest, or only child. Participants then completed the White-Campbell Psychological Birth Order Inventory, an instrument that that assesses how a client matches up to prototypical types of people with different family birth orders. Results indicate that the participants' assessment of the client depicted in the vignette was influenced by the client's stated birth order. That is, participants' assessment of the client in the study was biased by a counselor representativeness heuristic of what types of characteristics are present in persons from different family birth orders.

Reaction

Overall I found this article to be very interesting and helpful. I was surprised to learn that counselors may unknowingly make assumptions about clients based on their early interactions with the client and previous experiences with other clients. Because counselors are trained to treat each client differently I was surprised by this finding.

I was impressed by the research design of this study. However, one area that the study may be limited in pertains to the use of a single client vignette. I do not believe that counselors make assessments about clients based on a single, very brief written description of the client. Although impressions are probably formed early, they must be influenced by later experiences with the client and modified accordingly. Because participants only received a brief description of the client, and did not get to interact with the client over a period of time, the results of the study may not be generalizable to actual counseling situations. Also, participants in the study had only a small amount of information on which to base their clinical impression. In the real world, counselors have much more information on which to base impressions.
# Practicum Log

**Name:**

**Week:**

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<tr>
<th>Date</th>
<th>Individual session</th>
<th>Group Session</th>
<th>Meetings (specify topic)</th>
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**Field Supervisor Signature:**

**University Supervisor Signature:**
Weekly Report of Practicum Activities

Student Name: ___________________________  Date: ________________

Total Weekly Hours:

1. Briefly describe and document Internship activities engaged in during the week. (Report estimated amount of time engaged in each activity.)
   a. Preparation:
   b. Counseling:
   c. Group Work:
   d. Supervision:
   e. Readings:
   f. Professional Development: (Workshops, Seminars, etc.)
   g. Self-Care Activities

2. Evaluate your experiences as described 1 above. Include significant learnings that you have acquired.

3. Give a brief outline of your objectives for the coming week.

4. Journal (Thoughts and Feelings)

Field Supervisor Signature: ___________________________

University Supervisor Signature: ___________________________
Bibliography


ACA Code of Ethics (attached or at www.counseling.org)


the Treatment of Substance Use Disorders. Rockville, MD: SAMHSA.


ACA Code of Ethics Preamble

The American Counseling Association is an educational, scientific, and professional organization whose members are dedicated to the enhancement of human development throughout the life-span. Association members recognize diversity in our society and embrace a cross-cultural approach in support of the worth, dignity, potential, and uniqueness of each individual.

The specification of a code of ethics enables the association to clarify to current and future members, and to those served by members, the nature of the ethical responsibilities held in common by its members. As the code of ethics of the association, this document establishes principles that define the ethical behavior of association members. All members of the American Counseling Association are required to adhere to the Code of Ethics and the Standards of Practice. The Code of Ethics will serve as the basis for processing ethical complaints initiated against members of the association.

ACA Code of Ethics (eff. 1995)

Section A: The Counseling Relationship

A.1. Client Welfare

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

b. Positive Growth and Development. Counselors encourage client growth and development in ways that foster the clients’ interest and welfare; counselors avoid fostering dependent counseling relationships.

c. Counseling Plans. Counselors and their clients work jointly in devising integrated, individual counseling plans that offer reasonable promise of success and are consistent with abilities and circumstances of clients. Counselors and clients regularly review counseling plans to ensure their continued viability and effectiveness, respecting clients’ freedom of choice. (See A.3.b.)

d. Family Involvement. Counselors recognize that families are usually important in clients’ lives and strive to enlist family understanding and involvement as a positive resource, when appropriate.

e. Career and Employment Needs. Counselors work with their clients in considering employment in jobs and circumstances that are consistent with the clients’ overall abilities, vocational limitations, physical restrictions, general temperament, interest and aptitude patterns, social skills, education, general qualifications, and other relevant characteristics and needs. Counselors neither place nor participate in placing clients in positions that will result in damaging the interest and the welfare of clients, employers, or the public.

A.2. Respecting Diversity

a. Nondiscrimination. Counselors do not condone or engage in discrimination based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, marital status, or socioeconomic status. (See C.5.a., C.5.b., and D.1.i.)

b. Respecting Differences. Counselors will actively attempt to understand the diverse cultural backgrounds of the clients with whom they work. This includes, but is not limited to, learning how the counselor’s own cultural/ethnic/racial identity impacts her or his values and beliefs about the counseling process. (See E.8. and F.2.i.)

A.3. Client Rights
a. Disclosure to Clients. When counseling is initiated, and throughout the counseling process as necessary, counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks, and benefits of services to be performed, and other pertinent information. Counselors take steps to ensure that clients understand the implications of diagnosis, the intended use of tests and reports, fees, and billing arrangements. Clients have the right to expect confidentiality and to be provided with an explanation of its limitations, including supervision and/or treatment team professional(s); to obtain clear information about their case records; to participate in the ongoing counseling plans; and to refuse any recommended services and be advised of the consequences of such refusal. (See E.5.a. and G.2.)

b. Freedom of Choice. Counselors offer clients the freedom to choose whether to enter into a counseling relationship and to determine which professional(s) will provide counseling. Restrictions that limit choices of clients are fully explained. (See A.1.c.)

c. Inability to Give Consent. When counseling minors or persons unable to give voluntary informed consent, counselors act in these clients' best interests. (See B.3.)

A.4. Clients Served by Others

If a client is receiving services from another mental health professional, counselors, with client consent, inform the professional persons already involved and develop clear agreements to avoid confusion and conflict for the client. (See C.6.c.)

A.5. Personal Needs and Values

a. Personal Needs. In the counseling relationship, counselors are aware of the intimacy and responsibilities inherent in the counseling relationship, maintain respect for clients, and avoid actions that seek to meet their personal needs at the expense of clients.

b. Personal Values. Counselors are aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients. (See C.5.a.)

A.6. Dual Relationships

a. Avoid When Possible. Counselors are aware of their influential positions with respect to clients, and they avoid exploiting the trust and dependency of clients. Counselors make every effort to avoid dual relationships with clients that could impair professional judgment or increase the risk of harm to clients. (Examples of such relationships include, but are not limited to, familial, social, financial, business, or close personal relationships with clients.) When a dual relationship cannot be avoided, counselors take appropriate professional precautions such as informed consent, consultation, supervision, and documentation to ensure that judgment is not impaired and no exploitation occurs. (See F.1.b.)

b. Superior/Subordinate Relationships. Counselors do not accept as clients superiors or subordinates with whom they have administrative, supervisory, or evaluative relationships.

A.7. Sexual Intimacies With Clients

a. Current Clients. Counselors do not have any type of sexual intimacies with clients and do not counsel persons with whom they have had a sexual relationship.

b. Former Clients. Counselors do not engage in sexual intimacies with former clients within a minimum of 2 years after terminating the counseling relationship. Counselors who engage in such relationship after 2 years following termination have the responsibility to examine and document thoroughly that such relations did not have an exploitative nature, based on factors such as duration of counseling, amount of time since counseling, termination circumstances, client's personal history and mental status, adverse impact on the client, and actions by the counselor suggesting a plan to initiate a sexual relationship with the client after termination.
A.8. Multiple Clients

When counselors agree to provide counseling services to two or more persons who have a relationship (such as husband and wife, or parents and children), counselors clarify at the outset which person or persons are clients and the nature of the relationships they will have with each involved person. If it becomes apparent that counselors may be called upon to perform potentially conflicting roles, they clarify, adjust, or withdraw from roles appropriately. (See B.2. and B.4.d.)

A.9. Group Work

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.

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

A.10. Fees and Bartering (See D.3.a. and D.3.b.)

a. Advance Understanding. Counselors clearly explain to clients, prior to entering the counseling relationship, all financial arrangements related to professional services including the use of collection agencies or legal measures for nonpayment. (A.11.c.)

b. Establishing Fees. In establishing fees for professional counseling services, counselors consider the financial status of clients and locality. In the event that the established fee structure is inappropriate for a client, assistance is provided in attempting to find comparable services of acceptable cost. (See A.10.d., D.3.a., and D.3.b.)

c. Bartering Discouraged. Counselors ordinarily refrain from accepting goods or services from clients in return for counseling services because such arrangements create inherent potential for conflicts, exploitation, and distortion of the professional relationship. Counselors may participate in bartering only if the relationship is not exploitative, if the client requests it, if a clear written contract is established, and if such arrangements are an accepted practice among professionals in the community. (See A.6.a.)

d. Pro Bono Service. Counselors contribute to society by devoting a portion of their professional activity to services for which there is little or no financial return (pro bono).

A.11. Termination and Referral

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

b. Inability to Assist Clients. If counselors determine an inability to be of professional assistance to clients, they avoid entering or immediately terminate a counseling relationship. Counselors are knowledgeable about referral resources and suggest appropriate alternatives. If clients decline the suggested referral, counselors should discontinue the relationship.

c. Appropriate Termination. Counselors terminate a counseling relationship, securing client agreement when possible, when it is reasonably clear that the client is no longer benefiting, when services are no longer required, when counseling no longer serves the client's needs or interests, when clients do not pay fees charged, or when agency or institution limits do not allow provision of further counseling services. (See A.10.b. and C.2.g.)

A.12. Computer Technology
a. Use of Computers. When computer applications are used in counseling services, counselors ensure that (1) the client is intellectually, emotionally, and physically capable of using the computer application; (2) the computer application is appropriate for the needs of the client; (3) the client understands the purpose and operation of the computer applications; and (4) a follow-up of client use of a computer application is provided to correct possible misconceptions, discover inappropriate use, and assess subsequent needs.

b. Explanation of Limitations. Counselors ensure that clients are provided information as a part of the counseling relationship that adequately explains the limitations of computer technology.

c. Access to Computer Applications. Counselors provide for equal access to computer applications in counseling services. (See A.2.a.)

Section B: Confidentiality

B.1. Right to Privacy

a. Respect for Privacy. Counselors respect their clients right to privacy and avoid illegal and unwarranted disclosures of confidential information. (See A.3.a. and B.6.a.)

b. Client Waiver. The right to privacy may be waived by the client or his or her legally recognized representative.

c. Exceptions. The general requirement that counselors keep information confidential does not apply when disclosure is required to prevent clear and imminent danger to the client or others or when legal requirements demand that confidential information be revealed. Counselors consult with other professionals when in doubt as to the validity of an exception.

d. Contagious, Fatal Diseases. A counselor who receives information confirming that a client has a disease commonly known to be both communicable and fatal is justified in disclosing information to an identifiable third party, who by his or her relationship with the client is at a high risk of contracting the disease. Prior to making a disclosure the counselor should ascertain that the client has not already informed the third party about his or her disease and that the client is not intending to inform the third party in the immediate future. (See B.1.c and B.1.f.)

e. Court-Ordered Disclosure. When court ordered to release confidential information without a client’s permission, counselors request to the court that the disclosure not be required due to potential harm to the client or counseling relationship. (See B.1.c.)

f. Minimal Disclosure. When circumstances require the disclosure of confidential information, only essential information is revealed. To the extent possible, clients are informed before confidential information is disclosed.

(g. Explanation of Limitations. When counseling is initiated and throughout the counseling process as necessary, counselors inform clients of the limitations of confidentiality and identify foreseeable situations in which confidentiality must be breached. (See G.2.a.)

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

i. Treatment Teams. If client treatment will involve a continued review by a treatment team, the client will be informed of the team’s existence and composition.

B.2. Groups and Families

a. Group Work. In group work, counselors clearly define confidentiality and the parameters for the specific group being entered, explain its importance, and discuss the difficulties related to confidentiality involved in group work. The fact that confidentiality cannot be guaranteed is clearly communicated to group members.

b. Family Counselling. In family counseling, information about one family member cannot be disclosed to another member without permission. Counselors protect the privacy rights of each family member. (See A.8., B.3., and B.4.d.)

B.3. Minor or Incompetent Clients
When counseling clients who are minors or individuals who are unable to give voluntary, informed consent, parents or guardians may be included in the counseling process as appropriate. Counselors act in the best interests of clients and take measures to safeguard confidentiality. (See A.3.c.)

B.4. Records

a. Requirement of Records. Counselors maintain records necessary for rendering professional services to their clients and as required by laws, regulations, or agency or institution procedures.
b. Confidentiality of Records. Counselors are responsible for securing the safety and confidentiality of any counseling records they create, maintain, transfer, or destroy whether the records are written, taped, computerized, or stored in any other medium. (See B.1.a.)
c. Permission to Record or Observe. Counselors obtain permission from clients prior to electronically recording or observing sessions. (See A.3.a.)
d. Client Access. Counselors recognize that counseling records are kept for the benefit of clients, and therefore provide access to records and copies of records when requested by competent clients, unless the records contain information that may be misleading and detrimental to the client. In situations involving multiple clients, access to records is limited to those parts of records that do not include confidential information related to another client. (See A.8., B.1.a., and B.2.b.)
e. Disclosure or Transfer. Counselors obtain written permission from clients to disclose or transfer records to legitimate third parties unless exceptions to confidentiality exist as listed in Section B.1. Steps are taken to ensure that receivers of counseling records are sensitive to their confidential nature.

B.5. Research and Training

a. Data Disguise Required. Use of data derived from counseling relationships for purposes of training, research, or publication is confined to content that is disguised to ensure the anonymity of the individuals involved. (See B.1.g. and G.3.d.)
b. Agreement for Identification. Identification of a client in a presentation or publication is permissible only when the client has reviewed the material and has agreed to its presentation or publication. (See G.3.d.)

B.6. Consultation

a. Respect for Privacy. Information obtained in a consulting relationship is discussed for professional purposes only with persons clearly concerned with the case. Written and oral reports present data germane to the purposes of the consultation, and every effort is made to protect client identity and avoid undue invasion of privacy.
b. Cooperating Agencies. Before sharing information, counselors make efforts to ensure that there are defined policies in other agencies serving the counselor's clients that effectively protect the confidentiality of information.

Section C: Professional Responsibility

C.1. Standards Knowledge

Counselors have a responsibility to read, understand, and follow the Code of Ethics and the Standards of Practice.

C.2. Professional Competence

a. Boundaries of Competence. Counselors practice only within the boundaries of their competence, based on their education, training, supervised experience, state and national professional credentials, and appropriate
professional experience. Counselors will demonstrate a commitment to gain knowledge, personal awareness, sensitivity, and skills pertinent to working with a diverse client population.

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

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

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

e. Ethical Issues Consultation. Counselors take reasonable steps to consult with other counselors or related professionals when they have questions regarding their ethical obligations or professional practice. (See H.1.)

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

g. Impairment. Counselors refrain from offering or accepting professional services when their physical, mental, or emotional problems are likely to harm a client or others. They are alert to the signs of impairment, seek assistance for problems, and, if necessary, limit, suspend, or terminate their professional responsibilities. (See A.11.c.)

C.3. Advertising and Soliciting Clients

a. Accurate Advertising. There are no restrictions on advertising by counselors except those that can be specifically justified to protect the public from deceptive practices. Counselors advertise or represent their services to the public by identifying their credentials in an accurate manner that is not false, misleading, deceptive, or fraudulent. Counselors may only advertise the highest degree earned which is in counseling or a closely related field from a college or university that was accredited when the degree was awarded by one of the regional accrediting bodies recognized by the Council on Postsecondary Accreditation.

b. Testimonials. Counselors who use testimonials do not solicit them from clients or other persons who, because of their particular circumstances, may be vulnerable to undue influence.

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

d. Recruiting Through Employment. Counselors do not use their places of employment or institutional affiliation to recruit or gain clients, supervisees, or consultees for their private practices. (See C.5.e.)

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.

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. Counselors may adopt textbooks they have authored for instruction purposes.

g. Professional Association Involvement. Counselors actively participate in local, state, and national associations that foster the development and improvement of counseling.

C.4. Credentials
a. Credentials Claimed. Counselors claim or imply only professional credentials possessed and are responsible for correcting any known misrepresentations of their credentials by others. Professional credentials include graduate degrees in counseling or closely related mental health fields, accreditation of graduate programs, national voluntary certifications, government-issued certifications or licenses, ACA professional membership, or any other credential that might indicate to the public specialized knowledge or expertise in counseling.

b. ACA Professional Membership. ACA professional members may announce to the public their membership status. Regular members may not announce their ACA membership in a manner that might imply they are credentialed counselors.

c. Credential Guidelines. Counselors follow the guidelines for use of credentials that have been established by the entities that issue the credentials.

d. Misrepresentation of Credentials. Counselors do not attribute more to their credentials than the credentials represent, and do not imply that other counselors are not qualified because they do not possess certain credentials.

e. Doctoral Degrees From Other Fields. Counselors who hold a master's degree in counseling or a closely related mental health field, but hold a doctoral degree from other than counseling or a closely related field, do not use the title "Dr." in their practices and do not announce to the public in relation to their practice or status as a counselor that they hold a doctorate.

**C.5. Public Responsibility**

a. Nondiscrimination. Counselors do not discriminate against clients, students, or supervisees in a manner that has a negative impact based on their age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status, or for any other reason. (See A.2.a.)

b. Sexual Harassment. Counselors do not engage in sexual harassment. Sexual harassment is defined as sexual solicitation, physical advances, or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with professional activities or roles, and that either (1) is unwelcome, is offensive, or creates a hostile workplace environment, and counselors know or are told this; or (2) is sufficiently severe or intense to be perceived as harassment to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or multiple persistent or pervasive acts.

c. Reports to Third Parties. Counselors are accurate, honest, and unbiased in reporting their professional activities and judgments to appropriate third parties including courts, health insurance companies, those who are the recipients of evaluation reports, and others. (See B.1.g.)

d. Media Presentations. When counselors provide advice or comment by means of public lectures, demonstrations, radio or television programs, prerecorded tapes, 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 Code of Ethics and the Standards of Practice; and (3) the recipients of the information are not encouraged to infer that a professional counseling relationship has been established. (See C.6.b.)

e. Unjustified Gains. Counselors do not use their professional positions to seek or receive unjustified personal gains, sexual favors, unfair advantage, or unearned goods or services. (See C.3.d.)

**C.6. Responsibility to Other Professionals**

a. Different Approaches. Counselors are respectful of approaches to professional counseling that differ from their own. Counselors know and take into account the traditions and practices of other professional groups with which they work.

b. 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. (See C.5.d.)
c. **Clients Served by Others.** When counselors learn that their clients are in a professional relationship with another mental health professional, they request release from clients to inform the other professionals and strive to establish positive and collaborative professional relationships. (See A.4.)

**Section D: Relationships With Other Professionals**

**D.1. Relationships With Employers and Employees**

a. **Role Definition.** Counselors define and describe for their employers and employees the parameters and levels of their professional roles.

b. **Agreements.** Counselors establish working agreements with supervisors, colleagues, and subordinates regarding counseling or clinical relationships, confidentiality, adherence to professional standards, distinction between public and private material, maintenance and dissemination of recorded information, work load, and accountability. Working agreements in each instance are specified and made known to those concerned.

c. **Negative Conditions.** Counselors alert their employers to conditions that may be potentially disruptive or damaging to the counselor’s professional responsibilities or that may limit their effectiveness.

d. **Evaluation.** Counselors submit regularly to professional review and evaluation by their supervisor or the appropriate representative of the employer.

e. **In-Service.** Counselors are responsible for in-service development of self and staff.

f. **Goals.** Counselors inform their staff of goals and programs.

g. **Practices.** Counselors provide personnel and agency practices that respect and enhance the rights and welfare of each employee and recipient of agency services. Counselors strive to maintain the highest levels of professional services.

h. **Personnel Selection and Assignment.** Counselors select competent staff and assign responsibilities compatible with their skills and experiences.

i. **Discrimination.** Counselors, as either employers or employees, do not engage in or condone practices that are inhumane, illegal, or unjustifiable (such as considerations based on age, color, culture, disability, ethnic group, gender, race, religion, sexual orientation, or socioeconomic status) in hiring, promotion, or training. (See A.2.a. and C.5.b.)

j. **Professional Conduct.** Counselors have a responsibility both to clients and to the agency or institution within which services are performed to maintain high standards of professional conduct.

k. **Exploitative Relationships.** Counselors do not engage in exploitative relationships with individuals over whom they have supervisory, evaluative, or instructional control or authority. I. Employer Policies. The acceptance of employment in an agency or institution implies that counselors are in agreement with its general policies and principles. Counselors strive to reach agreement with employers as to acceptable standards of conduct that allow for changes in institutional policy conducive to the growth and development of clients.

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

**D.2. Consultation (See B.8.)**

a. **Consultation as an Option.** Counselors may choose to consult with any other professionally competent persons about their clients. In choosing consultants, counselors avoid placing the consultant in a conflict of interest situation that would preclude the consultant being a proper party to the counselor’s efforts to help the client. Should counselors be engaged in a work setting that compromises this consultation standard, they consult with other professionals whenever possible to consider justifiable alternatives.
b. Consultant Competency. Counselors are reasonably certain that they have or the organization represented has the necessary competencies and resources for giving the kind of consulting services needed and that appropriate referral resources are available.

c. Understanding With Clients. When providing consultation, counselors attempt to develop with their clients a clear understanding of problem definition, goals for change, and predicted consequences of interventions selected. d. Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b)

d. Consultant Goals. The consulting relationship is one in which client adaptability and growth toward self-direction are consistently encouraged and cultivated. (See A.1.b)

D.3. Fees for Referral

a. Accepting Fees From Agency Clients. Counselors refuse a private fee or other remuneration for rendering services to persons who are entitled to such services through the counselor's employing agency or institution. The policies of a particular agency may make explicit provisions for agency clients to receive counseling services from members of its staff in private practice. In such instances, the clients must be informed of other options open to them should they seek private counseling services. (See A.10.a., A.11.b., and C.3.d.)

b. Referral Fees. Counselors do not accept a referral fee from other professionals.

D.4. Subcontractor Arrangements

When counselors work as subcontractors for counseling services for a third party, they have a duty to inform clients of the limitations of confidentiality that the organization may place on counselors in providing counseling services to clients. The limits of such confidentiality ordinarily are discussed as part of the intake session. (See B.1.e. and B.1.f.)