



PERSONAL COUNSELING FORM Purpose and Procedures

Policy Statement

All students admitted to the counseling program in the Department of Counseling are required to participate in a minimum of three (3) individual counseling sessions. This requirement must be fulfilled prior to completion of COUN 707, 708, or 704 for master's students or COUN 989 – Advanced Seminar in Theories, Group, and Career Counseling for doctoral students. Students who do not complete the Personal Counseling Requirement will not be able to enroll subsequent courses.

Rationale

We can learn about the role of the counselor and the counseling process in many ways. Some of these ways are through reading, lectures by professors, listening to audiotapes, viewing videotapes, studying descriptions provided by clients and ex-clients, role-playing, viewing live counseling sessions and by being a counselor and a client.

In addition to the variety of classroom and clinical learning experiences provided in the program, you are expected to experience being a client in a counseling relationship with a licensed professional counselor. This experience can be one of the highlights of your counselor education program if you take seriously the inherent potential in the experience and commit yourself to the process.

Counselors accept that all individuals experience both the challenge of the problems they cannot resolve alone and the challenge of opportunities they cannot fully fathom. It is normal and natural for people to experience difficulties in dealing with others as well as in dealing with themselves. Issues may include developing and reaching special goals, educational choice, career choice, and personal and social matters. Often issues arise from relating to others (interpersonal) and relating to oneself (intrapersonal).

Ultimately, our personal and professional development is defined by the way we handle these concerns; some of us with some of these matters and some people with all of them. It is a rare person who is calm and assured in knowing within him or herself that they are experiencing the richest and fullest life of which they are capable. The counseling requirement is intended to assist students in the exploration of themselves and enhancing personal choices and relationships.

The Counseling Process

As counseling professionals, we understand that the content of the counseling sessions must be held in strict confidence between the student and the counselor. Consequently, there will be no sharing of information between the counselor and the program unless the counselor deems exceptions to confidentiality.

Students may work with any counselor of their choice in the counseling experience. This includes private practice, agency, and University counselors. The counselor must be a licensed professional counselor. Students are required to complete a minimum of three (3) individual counseling sessions with the counselor.

Each student is responsible for submitting the *Completion of Personal Counseling Requirement Form* to the Department office indicating that the three (3) session requirement has been met.



COMPLETION OF PERSONAL COUNSELING REQUIREMENT

Please check only **one** Program

PROGRAM

- Mental Health Counseling - Clinical
- Mental Health Counseling - Rehabilitation
- School Counseling
- PhD RCRCE

This is to verify that I am a licensed professional counselor and that _____ has completed a minimum of three (3) individual counseling sessions with me. I understand that the personal counseling is a fulfillment of the requirement of the Department of Counseling and is intended to give students an opportunity to learn more about the counseling process and enhance personal and professional growth. I also understand that there will be no further communication between myself and the Department unless I so choose, as stipulated by the Standards of Ethical Practice of the American Counseling Association and the Commission on Rehabilitation Counselor Certification Code of Ethics.

Signature of Counselor _____ Date _____

Credentials of Counselor _____

Name of Agency/Institution _____

Address _____

Name of Student (please print) _____

Signature of Student _____ Date _____

Name of Program _____