

# **Building a Virtual Residency: One Program's Journey**

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## **Abstract**

The majority of CACREP accredited online counselor education programs are limited residency distance learning programs. Including a residency experience in online programs can help foster community, increase student engagement, and teach important skills needed to be an effective counselor, including counseling and advocacy skills. In this article, the authors describe one program's approach to developing a two-day virtual residency program in combination with a concurrent course utilizing the Multicultural and Social Justice Counseling Competency framework. Roleplays, guest presenters, and counseling skills instruction and practice were utilized in the residency program. Student feedback, implications, limitations, and future directions are also discussed.

*Keywords:* Virtual Residency, Counselor Education, Multicultural Counseling

## **Building a Virtual Residency: One Program's Journey**

As online counselor education programs proliferate, more are engaging in virtual rather than in-person residencies. Such efforts require careful planning to ensure students receive comparable experiential training to on-ground residencies. We applied a Multicultural and Social Justice Counseling Competency framework ([MSJCC] Ratts et al., 2016) to develop a two-day virtual residency. The MSJCC praxis of attitudes and beliefs, knowledge, skills, and action informed the selection of guest lecturers, residency course work, student client actors, and counseling skills instruction. We provided students with experiential opportunities to include advocacy interventions embedded within a MSJCC (Ratts et al., 2016) framework.

## **Literature Review**

According to the most recent research on online counselor education programs, approximately 25% of counseling students are enrolled in what is considered online counselor education programs (Ruscitto et al, 2022; Snow & Coker, 2020). A recent check confirmed there are 62 universities and colleges with 113 graduate counselor education online programs accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP). An online counselor education program can be conceptualized as a limited residency distance learning program providing 50% or more of courses virtually. These programs are considered limited residency because they require on-campus participation (Snow et al., 2018). Using this definition, Snow et al. (2018) reported 90% of CACREP accredited

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counselor education online programs are considered limited residency distance learning programs. The other 10% of programs were 100% remote or required no participation in an on-campus residency.

We undertook a review of the literature on online counselor education programs (Chen et al., 2020; Frye, 2020; Ruscitto et al., 2022; Snow & Coker, 2020; Snow et al., 2018), coupled with the Association for Counselor Education and Supervision's (ACES) 2016 Teaching Initiative Taskforce Best Practices in Teaching in Counselor Education, which provides best practices for how to create a meaningful educational experience in online counselor education. Essentially, the ACES guidelines suggest that online education use a sound pedagogical approach, focused on andragogy, to build a collaborative and interactive learning environment in online education with an emphasis on the relationship. Other publications on this topic overwhelmingly support the idea of a supportive learning community. In Snow et al.'s (2018) investigation the top two best practices endorsed by online counselor educators were fostering student engagement and building community and facilitating dialogue. In Chen et al.'s (2020) reflections on online clinical skill training, the researchers emphasized "when facilitating online clinical training, instructors must understand the unique nature of counseling and be intentional about maintaining student relationships within the realm of technology" (Chen et al., 2020, p. 89).

Specifically, the focus on the residency portion of counselor education online programs is lacking in the research (Ruscitto et al., 2022). In Frye's (2020) investigation on student engagement and disengagement in a face-to-face residency, they reported students feeling the most engaged during academic lectures, followed by role plays. Students overall did not report feeling disengaged, but when they did, it was because of other students dominating the time or when they were engaging in nonacademic topics during the residency. Ruscitto et al. (2022) investigated the differences between online counselor education student's experiences with a face-to-face residency and virtual residency in a qualitative inquiry. The differences reported by the researchers were the emphasis on balance and self-care, faculty accessibility, social connections, and counselor identity and technology. Students who participated in both the face-to-face and remote residencies struggled with keeping boundaries clear around home-life and school-life while participating in the remote residency. The researchers also reported a difference in being able to connect with faculty before and after presentations, as well as building organic relationships with other peers due to the functionality of Zoom and being able to log off once the presentation or event ended. The researchers also reported that students felt more comfortable with the use of online counseling after their experiences in virtual residency and could benefit from more education in online counseling, ethics, and techniques.

### **History of Residency in Current Program**

Like many distance education programs in counselor education (Ruscitto et al., 2022), when our program launched the online program in 2017 it was with two intensive short-term in-person residency requirements. These residency experiences were built into the program at two specific times and served multiple purposes (e.g., academic component, monitor professional dispositions and clinical skill development, and strengthen community to foster a sense of belonging). The first experience occurred during the students' first year in the program, and the second experience was scheduled for one year later. Both were prior to the students beginning their clinical training experiences. Each residency experience was one component of a larger seven-week course, with the in-person component occurring during one of the weeks. The first residency experience was infused in the Brief Counseling course, and the second was infused with the Grief Counseling course.

The first in-person residency experience was held in the summer of 2018, for students completing their first year in the program. The next year, the summer of 2019, two in-person residency experiences occurred, one again for the students completing their first year, and the second residency experience for the other students. Each in-person residency experience was three days in length. The first two days had presentations for students with material that aligned with their coursework, and other pertinent information, such as

mandatory state trainings (e.g., anti-bullying workshop, child abuse prevention workshop) and orientation for practicum and internship. The third day of the in-person residencies were experiential small-group work. In these small groups approximately 10 students were paired with an experiential group facilitator (e.g., core faculty, adjunct faculty). Students practiced skills during these small groups and processed the experiences with peers. Following the experiential day, all small group facilitators completed a disposition evaluation rubric for each student in their small group. Each facilitator had received specialized training in the disposition rubric from the residency director.

During the in-person residencies students were required to be present on campus and were provided accommodations in graduate student housing. Meals were provided for students, and social activities were built into the schedule to provide students the opportunity to build relationships with one another, as well as others involved in the program (e.g., core and adjunct faculty). The COVID-19 pandemic resulted in a shift of the in-person residency to an online model which was used for both 2020 and 2021. The basic structure remained the same (e.g., two days of didactic instruction, one day of experiential work). The shift to an online residency afforded the opportunity to bring in a wider range of speakers which helped increase the caliber of the educational experience for students. In addition, other concerns of the students with the in-person residency (i.e., cost involved with travel, experiences with accommodations, etc.) were resolved when the program committed to an online residency experience. Due to the lingering health safety concerns of the pandemic, the program continued with the online residency for the 2022 session, however modifications to the structure were made during this transition based on feedback from the two prior years. Specifically, the residency requirement was reduced to two days (one day of didactic presentations, one day of experiential). Throughout the iterations of the residency in our distance learning program, the purposes remained consistent: 1) to provide an academic experience, 2) to offer an opportunity for faculty members to monitor professional dispositions and clinical skills of students, and 3) to enhance a sense of community among those involved in the program. The following sections highlight the recommendations we have for implementing a virtual short-term intensive residency experience in an online counselor education program within a Multicultural Social Justice Counseling Competency ([MSJCC] Ratts et al., 2016) framework. The recommendations are a result of our experiences navigating an evolving program and considering stakeholder feedback.

### **MSJCC Framework**

We intentionally planned the residency to align with the Multicultural Social Justice Counseling Competency ([MSJCC] Ratts et al., 2016) tenets:

- Attitudes, beliefs, knowledge, skills and action
- Counseling and advocacy interventions
- Counseling relationship
- Client worldview
- Counselor self-awareness
- Marginalized and privileged counselor and client identities

We dispersed the tenets throughout the concurrent course integration and two-day residency event. Table 1 outlines the residency schedule with the corresponding aligned MSJCC (Ratts et al., 2016) tenets.

**Table 1***Residency Schedule*

<b>Day 1: Times</b>	<b>Title</b>	<b>MSJCC Alignment</b>
9:30-10:00 AM	Welcome	Attitudes and beliefs, Counselor self-awareness
10:00-11:00 AM	Building Resilience in LGBTGEQIAP+ Populations	Counseling and advocacy interventions, Marginalized counselor/client identities
11:15-11:15 AM	Break	-
11:15-12:15 PM	Broaching in Counseling	Counseling and advocacy interventions, Client worldview, Counseling relationship
Lunch Break	-	-
1:00-2:00 PM	Brief Counseling Interventions	Knowledge, skills, action, Counseling and advocacy interventions
2:00-2:15 PM	Break	-
2:15-4 PM	SFT Skills Training	Knowledge, skills, action, Counseling and advocacy interventions
<b>Day 2: Times</b>		
10:00-11:00 AM	Counseling Microskills	Counseling and advocacy interventions, Marginalized counselor/client identities
11:00-11:30	Impromptu Community Building	Counseling and advocacy interventions, Marginalized counselor/client identities
11:30-12:30 Lunch Break	-	-
12:30-4:00 PM	Counselor and Client Role Plays	Counseling interventions, Counseling relationship
4:15-4:30	Closing Session: Mindfulness Exercise	Counselor self-awareness

**Residency Description****Concurrent Course**

The virtual residency, a two-day event, took place during week five of a seven-week course titled Professional Practice of Counseling during all enrolled students' first year of the program. Students were all pre-clinical placement and had little skills training experience outside of the helping relationships course. For this reason, the course centered around Solution Focused Theory ([SFT] De Jong & Berg, 2013) and applicable clinical skills. Students learned the foundational elements of SFT and practiced skill building during optional live synchronous sessions in preparation for the SFT role play assignment.

**SFT role plays.** Students were paired with other residency students in different class sections to enact role-plays mimicking real life counseling practice. Throughout the course, students acted as both the counselor-in-training and client actor to record a final SFT skills role play during day two of the virtual residency. The students needed to demonstrate basic and advanced counseling skills and at least one SFT skills intervention. During weeks one through four students were required to complete the following assignments: 1) Email correspondence with their assigned “client” and 2) Obtain client informed consent. Please see Appendices A and B for the template email and consent form.

The assigned clients were instructed to enact a faculty-created client scenario applicable to both school and clinical mental health counselors as follows:

- Presenting problem: (Name) is a 17-year-old seeking treatment to deal with multiple stressors in their life. Having a history of anxiety and depression symptoms that were never successfully treated, they are aware of the indicators of stress and distress. Therefore, they sought counseling to help them deal with multiple transitions, including work/college after high school, caring for younger siblings, career decision-making, and managing family stress related to COVID-19.
- Symptoms: (Name) feels distracted and distractible, and unable to make decisions. They experience disrupted sleep and upset stomach (butterflies in their stomach). They report feeling alone yet withdrawing from school and friends.

We purposefully created a gender and other salient identity neutral case scenario to encourage students to portray the client in a manner congruent with their individual identities. The neutral case scenario also offered an opportunity for the student counselors-in-training to broach salient identities with their clients.

### **Residency Schedule**

Core faculty opened residency with a warm welcome to enrolled students. Each core faculty member shared their wellness and self-care strategies and encouraged counselor-in-training self-awareness about their own wellness. The residency coordinator provided an overview of the two-day residency schedule and encouraged students to attend to their own wellness during the designated breaks. During the residency final session on day two, a core faculty member led the students through a mindfulness activity to close out the residency experience.

### **Guest Presenters**

We used university grant funding to invite prominent counselor educator scholars to share information about counseling skills, advocacy, and marginalized counseling and client identities within practice. Conference style programs to include guest speaker bios with photos, presentation descriptions, along with the residency two-day schedule were distributed to enrolled students the week of the residency event. The programs also included the client role play case scenario.

On residency day one the first guest presenter identified as a member of the LGBTGEQIAP+ community, counselor educator, professional school counselor, and licensed professional counselor. In their session titled, *Building Resilience with LGBTGEQIAP+ Clients*, they actively engaged students to consider diverse client and student identities, challenges experienced by queer and trans people, and strategies to collaborate with parents and teachers of queer and trans people to advocate for affirming approaches and policy practices, and curricula that support the social, emotional, and educational development in and outside of the school system.

Next, two co-presenters, both identifying as Black cisgender women, counselor educators, and prominent scholars in both school and clinical mental health counseling presented. In their session, titled *Broaching in Counseling*, they described what the broaching intervention is (Day-Vines et al., 2021), how to enact broaching with clients and students, and identified barriers to broaching. The co-presenters shared example broaching role plays and offered strategies for counselors-in-training to begin broaching in counseling.

The final day one presenter was a core faculty member who specializes in brief counseling strategies as applied to addiction counseling. The presenter shared a pre-recorded video with a mock client demonstrating how to implement brief counseling in a 20-minute session in their presentation, *Brief Counseling Interventions*. Students were encouraged to ask questions throughout their presentation and consider how to incorporate strategies into their own clinical practice.

Day two featured only one guest speaker, a prominent, internationally known retired counselor educator, who authored a countless number of peer-reviewed articles and commonly used counseling skills textbooks. In their presentation, *Microcounseling Skills*, the presenter walked students through their experiences in professional mental health counseling including their observations of the innovations in the field during the Civil Rights Movement. The guest presenter also shared their efforts to expand multicultural counseling while reckoning with their privileged identities as well as acknowledging the counseling profession's historical mistakes towards ensuring counseling practices benefited marginalized communities. Students had opportunities to engage in questions and dialogue with a legend in the counseling profession.

### ***Impromptu community building***

The final residency guest speaker ended earlier than anticipated. The residency coordinator took advantage of the additional time to hold a community forum where students could share their reactions and experiences to the virtual residency. In this forum, several students shared a positive experience of residency and many poignantly described how seeing cultural mirrors in the day one guest presenters affirmed their presence and sense of belonging in the program. Many students also expressed relief and affirmation to learn that even the last guest presenter, a very seasoned and well accomplished counselor educator, had moments of doubt in counseling skills and acknowledged sometimes making mistakes in counseling. Many students indicated a desire for faculty to facilitate more community forums like the impromptu moment to deepen peer relationships while normalizing the trials and tribulations of learning to be a counselor.

### ***Skills training***

On residency day one, students met with their respective instructors to participate in a SFT skills “boot camp” where they could practice various SFT skills such as scaling questions, the miracle question, and exceptions (DeJong & Berg, 2013). On residency day two students met with their assigned clients and recorded their SFT role play sessions. Students completed surveys to record their experiences immediately post SFT session. In week six they submitted the Role Play reflection where they identified two strengths and two areas of future growth. The students also submitted their recorded session video for instructor review.

## **Student Findings**

### **Role Play**

We received an exempt approval status from our Institutional Review Board to collect and analyze the student feedback from the virtual residency experience. Immediately after completing the Role Play assignment students were instructed to complete a brief survey to describe their role play experience. The first question instructed students to rate their feelings post role play session from a scale of 0 (lowest) to 10

(highest). A total of 82 students ( $n=82$ ) responded to the survey. The average response to the first question was 7.6, the lowest response selected was 4, and the highest response selected was a 10. Students were asked to share what went well in their role play session as well as describe areas for growth. Example responses of what went well include the following:

- *Before my session, my confidence level was about a 5. After the session, I feel I performed at a 7. There is certainly room for improvement, but I feel I did better than I expected.*
- *I feel like I was able to include the solution-focused techniques in a way that flowed nicely in order to reach the end of the session with more emphasis on finding solutions to the client's problems. I feel a sense of relief that it is over, but also a sense of accomplishment because I did better than I think I was going to!*
- *Overall, I GREATLY enjoyed the Solution Focused Therapy Role Play session. It was a great learning opportunity as a counselor in training and I think I got greater insight into my counseling style and using myself as an instrument of change.*

Example comments in response to clinical skill growth areas are as follows:

- *I really tried hard today to listen for understanding, and not to just listen to respond. There were times when I felt I both truly listened and then times where I found myself thinking about how I would respond to what my client was saying. This is something I still need to work on. I also just need to practice gaining confidence in my abilities- I know I am really good at just talking to people so I feel as though [I] need to just anchor in on that and continue to work on fine tuning my skills.*
- *I think one area of growth for me would be cutting back on the amount of questions I do ask. I know that this is a point of contention, so I'll need to be mindful of that as a growing counselor.*
- *I feel as though I could have done better with some basic skills such as summarizing and reflecting on the client's thoughts. I sometimes find it hard to do that well also staying on track with where I will go next.*

### **Overall Residency Experience**

Students were instructed to complete feedback surveys after each day of residency. Student responses were separated by clinical mental health or school counseling tracks. Students rated their overall residency experience from Great, Good, Fair, and Poor for both days. Ratings regarding the applicability of the experience to professional counseling practice were also collected. Please refer to Tables 2 and 3 for overall student findings.

**Table 2***Clinical Mental Health Counseling Student Feedback*

<b>Survey Question</b>	<b>Residency Day 1, n=54</b>	<b>Residency Day 2, n=51</b>
Please rate your day (one or two) residency experience	Great, <i>n</i> = 27 Good, <i>n</i> = 22 Fair, <i>n</i> = 5 Poor, <i>n</i> = 0	Great, <i>n</i> = 35 Good, <i>n</i> = 13 Fair, <i>n</i> = 2 Poor, <i>n</i> = 1
The residency presentations provided valuable information and insights towards my field of study	Strongly agree, <i>n</i> = 34 Agree, <i>n</i> = 18 Neutral, <i>n</i> = 2 Disagree, <i>n</i> = 0	Strongly agree, <i>n</i> = 35 Agree, <i>n</i> = 15 Neutral, <i>n</i> = 1 Disagree, <i>n</i> = 0
The day one residency presentations help me feel prepared for my clinical training experiences.	Strongly agree, <i>n</i> = 22 Agree, <i>n</i> = 26 Neutral, <i>n</i> = 6 Disagree, <i>n</i> = 0	Strongly agree, <i>n</i> = 33 Agree, <i>n</i> = 13 Neutral, <i>n</i> = 5 Disagree, <i>n</i> = 0

**Table 3***School Counseling Student Feedback*

<b>Survey Question</b>	<b>Residency Day 1, n=33</b>	<b>Residency Day 2, n=30</b>
Please rate your day (one or two) residency experience	Great, <i>n</i> = 19 Good, <i>n</i> = 9 Fair, <i>n</i> = 5 Poor, <i>n</i> = 0	Great, <i>n</i> = 19 Good, <i>n</i> = 9 Fair, <i>n</i> = 2 Poor, <i>n</i> = 0
The residency presentations provided valuable information and insights towards my field of study	Strongly agree, <i>n</i> = 23 Agree, <i>n</i> = 7 Neutral, <i>n</i> = 3 Disagree, <i>n</i> = 0	Strongly agree, <i>n</i> = 19 Agree, <i>n</i> = 10 Neutral, <i>n</i> = 1



The day one residency presentations help me feel prepared for my clinical training experiences.	Strongly agree, $n = 12$  Agree, $n = 13$  Neutral, $n = 8$  Disagree, $n = 0$	-  -  -
I was able to apply what I learned from the residency presentation to the experiential portion of residency.		Strongly agree, $n = 17$  Agree, $n = 7$  Neutral, $n = 5$  Disagree, $n = 1$

### Implications

There are several significant implications that our virtual residency has on the future of online counselor education programs. Our virtual residency facilitated both a sense of community despite the limitations of online learning and provided a platform for meaningful student engagement with content that could not always be covered in Spring or Fall courses, supporting previous findings by Chen et al. (2020) and Snow and Coker (2020). Most student responders agreed or strongly agreed that the residency presentations provided valuable information that bolstered their preparation for real clinical scenarios. The student evaluations suggest that students overall felt relatively engaged by the material presented, given their qualitative feedback surrounding role plays, the usefulness of skills practice, and commentary about their overall experiences at the end of residency. Counselor education programs, whether hybrid or fully virtual, would do well to consider the level of engagement that students feel in residencies, with special attention given to both the quality and quantity of time spent practicing clinical theories and/or skills through experiential activities. Our program's comprehensive feedback solicited from students allows any further residencies, or similar programming, to be tailored to students' specific professional needs, who often report wanting more time to engage with skill-practice in a mostly asynchronous program.

Another significant finding is the opportunity for students to hear about the 'gray areas' of clinical practice, both through hearing presenters normalizing their own mistakes as a counselor and when finding their style of counseling by way of experiential learning. The "gray area" finding also specifically underscores the Association for Counselor Education and Supervision guidelines on the importance of relationship-building, which can be precarious and easily ruptured in impersonal, online environments. When reporting findings for CACREP accreditation and internal programmatic evaluation, faculty members might want to consider what ways that ACES Teaching Initiative Taskforce (2016) guidelines are specifically followed throughout their residency program. Interestingly, our program outcomes provided a different perspective from Frye's (2020) findings that students prefer lectures followed by experiential role plays. While we did not specifically ask which was preferred, students appeared highly engaged in and gave concrete appreciation and takeaways learned from role play activities to the same or a greater degree than content-based lectures.

A few limitations exist when considering the data presented on our virtual residency experience. Additional questions might be warranted on feedback surveys to determine what degree our residency complied with the ACES Teaching Initiative Taskforce (2016) recommendations for best teaching practices in counselor education. Specific questions on engagement, with other peers, guest presenters, and faculty members, are also warranted to better understand the ways that our program can cultivate meaningful student engagement in a virtual platform. Additionally, further time might be given to faculty members, presenters, or attendees to discuss strategies for self-care, maintaining wellness, and creating boundaries between their work and personal lives in an often emotionally demanding profession. The topics covered in greater depth would provide a crucial opportunity to add to the milieu of student engagement with, and subsequently, student needs from residency experiences in counselor education (e.g., Ruscitto et al., 2022). Potential questions might also include how connected students from marginalized backgrounds feel to the material presented, the presenters' lived identities, and their experiences practicing counseling skills (ACES Teaching Initiative Taskforce, 2016).

### Conclusion

The authors described one program's approach to developing a virtual residency program. Virtual residencies can benefit counseling students in many ways, including facilitating student engagement (Frye, 2020), improving counseling skills, building community, and affirming diverse students' identities in the counseling profession; however, there can also be potential challenges to virtual residencies, including students struggling to maintain boundaries between home and school when participating in an online residency program (Ruscitto et al., 2022). Additionally, students monopolizing time and engaging in unrelated topics contribute to student disengagement (Frye, 2020).

When developing a virtual residency, the potential benefits and challenges should be carefully evaluated. Additionally, it is important to develop a virtual residency with a framework in mind; our program utilized the Multicultural and Social Justice Counseling Competency framework (Ratts et al., 2016). Operating from this framework provided cohesion and structure for choosing guest presenters, topics addressed, and role play instructions and interventions. Guest presenters addressed topics such as resilience with LGBTGEQIAP+ clients, broaching in counseling, brief counseling interventions for addiction, and microcounseling skills. The residency included mindfulness activities, a community forum, skills training sessions, and role plays, which provided students with valuable experiential learning opportunities. Upon collecting and analyzing student feedback on residency, preliminary findings suggest a virtual residency has the potential to improve students' confidence in their ability to use Solution Focused Theory skills in counseling sessions, help students recognize their clinical skill growth areas, and increase their feelings of preparedness for their clinical training experiences.

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## Appendix A

### Client Correspondence Template

Hello (name of assigned student client),

I am (name of counselor-in-training), a clinical mental health/school counseling student in the counseling program at name of university counseling program. We are scheduled to meet on Friday, June 17, at 1 PM EST. We will meet for our session in the name of university issued Zoom room: Zoom link address.

Below is the meeting identification and password.

ID: \_\_\_\_\_

Password: \_\_\_\_\_

Please find attached the *Consent to Participate in a Role Play Counseling Skills Session as an Actor Client*. Please review, sign, date, and return to me at this email address as soon as you can and no later than Friday, June 10<sup>th</sup>, 2022. Thank you!

Sincerely,

Name of student

Appendix B

**Consent to Participate in a Role Play Counseling Skills Session as an Actor Client**

**By returning this signed and dated form to the SBU school or clinical mental health counseling student via email, you are providing consent to serve as an Actor Client for students during the virtual 2022 CE 662 Residency 1 course.**

I, \_\_\_\_\_, voluntarily consent to participate as an actor client to help school and clinical mental health counseling students enrolled in the CE 662 Residency 1 course within the Counselor Education program at St. Bonaventure University (SBU) practice basic and advanced counseling skills. My participation is voluntary, and I acknowledge I have been provided information and training for the role. I understand I will be “acting” in the role of a client with specific characteristics for the role play counseling skills session to take place on Friday, June 17, 2022. I also agree to complete the actor client feedback form upon completion of each role play session of which I am a participant.

I also understand that I may be asked personal questions in the role of the client and that the questions are not related to my own non acting real life. I understand that in the role of the actor client I will choose what information to share as I act as the client. I understand this experience does not require client consents or information used in actual counseling practice as this is a voluntary role acting role. Further if the experience of serving as an actor client in real life feels overwhelming, burdensome, or overall elicits extreme discomfort, I may end the experience at any time and without explanation. I may reach out to the Residency Coordinator and Residency I course lead, name, to seek additional resources for support.

I understand that the role-play will be recorded via the SBU issued Zoom technology which is not HIPAA compliant so privacy cannot be guaranteed. The role play practice session will be reviewed by the student, course instructor, and may be used for counseling skills identification research purposes. The Zoom

recording will be deleted after the session has been evaluated by the instructor or after research purposes are completed.

Volunteer Actor or Student Client Signature	Date
Student Signature	Date