



**REICH COLLEGE OF EDUCATION**

**DEPARTMENT OF HUMAN DEVELOPMENT AND  
PSYCHOLOGICAL COUNSELING (HPC)**

**CLINICAL MENTAL HEALTH COUNSELING PROGRAM**

**STUDENT HANDBOOK**

**2017-2018**



**Clinical Mental Health Counseling Program**

Dear Students,

As the Director of the Clinical Mental Health Counseling Program (CMHC), let me extend a warm welcome to you on behalf of the faculty and staff of the Department of Human Development and Psychological Counseling (HPC), the Reich College of Education, and Appalachian State University!

During your time here in the CMHC program, you will learn more about who you are as a person and your ability to encourage and support others. As you work towards becoming a Professional Counselor in the clinical mental health setting, please take advantage of the many opportunities that are available to you, both on campus and off, that will help you develop your professional identity and competency as a counselor. We encourage you to become active in professional organizations such as the American Counseling Association and the North Carolina Counseling Association.

This handbook is meant to serve as your blueprint for the CMHC program and for HPC department policies. It will provide you with information about your program of study, advising, field placement procedures, and ways to be involved in the program and the field of counseling. Consult this manual and your advisor often to ensure smooth progression through the program. Also keep up to date with the program by:

- reviewing the CMHC Program website
- liking us on Facebook: <http://www.facebook.com/appstatecmhc>
- keeping up with email listserv messages (you will be automatically registered for this)

The CMHC Program at ASU is committed to excellence in counselor preparation. We welcome your feedback about your experience of the program. Good luck as you progress through this wonderful experience.

Sincerely,

Mark J. Schwarze, Ph.D., LPCS, NCC, LCAS, CCS  
Director of the Clinical Mental Health Counseling Program  
Addiction Certificate Coordinator  
Department of Human Development and Psychological Counseling

**Clinical Mental Health Counseling Program**  
**Department of Human Development and Psychological Counseling**  
**Appalachian State University**

**Mission Statement**

The mission of the RCOE/HPC Clinical Mental Health Counseling program is to develop a community of practice that will support graduate students enrolled in HPC courses to move from novice towards entry level mental health practitioners through the process of socially meaningful activities that develop the knowledge, skills, and attitudes necessary to become effective, ethical and competent counselors with diverse clients across the human spectrum.

**Accreditation**

The Clinical Mental Health Counseling program at Appalachian State University is accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP) under the 2009 standards (<http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>) The accreditation runs through October 31, 2022.

**Legal and Ethical Standards**

Students in the Clinical Mental Health Counseling Program are held to the same standards as members of the counseling professional for which they are preparing. In as such, students are expected to be familiar with and adhere to the legal and ethical codes set forth by the American Counseling Association and Licensure Boards. Please see these standards (as amended) at the organizational website:

<http://www.counseling.org/resources/aca-code-of-ethics.pdf>

**Organizational Structure and Physical Location**

The CMHC Program is located within the Department of Human Development and Psychological Counseling (<http://hpc.appstate.edu/>) The Department of Human Development and Psychological Counseling is a department within the College of Education (<http://rcoe.appstate.edu/>). The Dean of the College of Education is Dr. Melba Spooner. Dr. Lee Baruth is the Chair of the Department of Human Development and Psychological Counseling and the Program Director of the Clinical Mental Health Counseling Program (<http://cmhc.appstate.edu/>) is Dr. Mark Schwarze.

All programs that offer graduate degrees at ASU are coordinated by the School of Graduate Studies. The School of Graduate Studies sets university-wide policies and procedures (<http://www.graduate.appstate.edu/gradstudies/bulletin14/index.html>) for graduate programs. The School of Graduate Studies is located in 232 of the John E. Thomas Building.

**Clinical Mental Health Counseling Program Objectives**

The Clinical Mental Health Counseling Master of Arts Program at Appalachian State University is designed to meet the state of North Carolina Board of Licensed Professional Counselor and National Certified Counselor standards and to prepare counselors for a wide variety of human service agencies, including, mental health centers, social service agencies, educational institutions, private practice, government, business and industry. The Masters of Arts in Clinical Mental Health Counseling is a 60 hour program providing core CACREP curriculum and concentrations training in Clinical Mental Health Counseling, addictions counseling, expressive arts therapy, body-centered therapy or marriage and family counseling. The community of practice combines classroom instruction with structured practical experiences to prepare students as counselors. The program is designed to accommodate full and part time students with experience in human services, either as a paraprofessional or professional prior to entering the program. The faculty and students work together to create an inclusive environment that fosters personal and professional growth and development.

The program attempts to produce counselors who are leaders and advocates as they carry out their roles in counseling, consultation, and coordination. Students will demonstrate an understanding of appropriate

skills and attitudes involving:

1. The nature and needs of individuals at all developmental levels; normal and abnormal human behavior; personality theory within cultural contexts.
2. Societal changes and trends; human roles; societal subgroups, noting specific cultural, historical, political and sociological influences; social mores and interaction patterns; and differing life styles.
3. Historical and philosophic bases of helping processes; counseling theories and their applications; helper self-understanding and self development; the facilitation of the stages of change in clients; counseling theories and their application to clients across the lifespan.
4. Group development, dynamics, and counseling theories; group leadership styles; group counseling methods and skills; and other group approaches.
5. Career development theories; occupational and educational information sources and systems; career and leisure counseling, guidance, and education; lifestyle and career decision-making; and career development program planning, resources and evaluation.
6. Group and individual educational and psychometric theories and approaches to appraisal; data and information gathering methods; validity and reliability; psychometric statistics; factors influencing appraisals; and use of appraisal results in helping processes.
7. Types of research; basic statistics; research-report development; research implementation; program evaluation; needs assessment; and legal and ethical considerations.
8. Professional roles and functions; professional goals and objectives; professional organizations and associations; professional history, trends; ethical and legal standards; professional preparation standards; and professional credentialing.
9. The foundations of Clinical Mental Health Counseling including history, philosophy, trends, purpose and objectives, ethics, legal aspects, standards, and roles within agencies.
10. Specialized studies related to the roles of community counselors and the particular setting and client population with which students intend to work.

## Meet the Faculty

**Karen Caldwell, PhD** is a Professor in the Department of Human Development and Psychological Counseling at Appalachian State University, a licensed professional counselor in Virginia, and a licensed marriage and family therapist in North Carolina. She completed a PhD in Family and Child Development from Virginia Polytechnic Institute and State University, a M. Div. from Southeastern Baptist Theological Seminary, and a B. A. from Mars Hill College. Dr. Caldwell is an Approved AAMFT Supervisor.

**Dominique Hammonds, PhD** is an Assistant Professor in the Department of Human Development and Psychological Counseling at Appalachian State University in Boone, NC. She earned her Ph.D. in Counseling from The University of North Carolina at Charlotte and her Master's in Clinical Mental Health Counseling from The University of North Carolina at Greensboro. She is a Licensed Professional Counselor, Distance Certified Counselor, and National Certified Counselor. Dr. Hammonds' research interests include the use of technology in counseling and counselor education, clinical supervision, non-substance behavioral addictions, and program development. She lives in Gastonia, NC with her husband and son.

**Geri Miller, PhD** Diplomate in Counseling Psychology, American Board of Professional Psychology, is a Professor in the Department of Human Development and Psychological Counseling (Clinical Mental Health Counseling Track) at Appalachian State University in Boone, North Carolina. In North Carolina, Dr. Miller is a Licensed Psychologist, a Licensed Professional Counselor, a Licensed Clinical Addictions Specialist, and a Substance Abuse Professional Practice Board Certified Clinical Supervisor. She has also received a Certificate of Proficiency in the Treatment of Alcohol and other Psychoactive Substance Use Disorders from the American Psychological Association College of Professional Psychology. Dr. Miller has worked in the counseling profession since 1976 and in the addictions field since 1979. She is a volunteer with the American Red Cross Disaster Mental Health Services and works as a volunteer psychologist at the Watauga County Health Department. Dr. Miller has published and presented research on counseling. In 2003 she published a book with Wiley, *Incorporating Spirituality in Counseling and Psychotherapy*. In 2015 she published a fourth edition of her book on addiction counseling, *Learning the Language of Addiction Counseling*, with Wiley. In 2011, Wiley published her book, *Fundamentals of Crisis Counseling*, and in 2012 published her book, *Group Exercises for Addiction Counseling*. She is currently a member of the American Psychological Association's Psychology of Religion (Division 36) and Addictions (Division 50) and the American Counseling Association's divisions of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC) and the International Association of Addictions and Offender Counselors (IAAOC). She is on the North Carolina Substance Abuse Professional Practice Board and the North Carolina Counseling Association Board.

**Christina Rosen, EdD** is an Associate Professor in the Human Development and Psychological Counseling Department at Appalachian State University. Her 27 years of experience as a Professional Clinical Counselor Specializing in Addiction Counseling, includes 21 years as a Supervisor and 10 years as a Counselor Educator. Dr. Rosen's presentations and publications include supervision, ethics, dual diagnosis, relapse prevention, and chemical dependency. She has 17 publications, and over 50 professional and community presentations.

**Mark Schwarze, PhD** is an Assistant Professor in the Department of Human Development and Psychological Counseling and Director of the Clinical Mental Health Counseling program and Addiction Certificate Coordinator at Appalachian State University in Boone, NC. He has a Ph.D. in Counselor Education and Supervision from North Carolina State University and a Masters Degree in Service Agency Counseling from the University of North Carolina at Pembroke. He is a Licensed Professional Counselor Supervisor, Nationally Certified Counselor, Licensed Clinical Addiction Specialist, and Certified Clinical Supervisor. His research interests include mindfulness interventions in counseling, addictions therapy improvement, and counselor education program development.

**Melia Snyder, PhD** is an Assistant Professor in the Department of Human Development and Psychological Counseling's Clinical Mental Health Counseling program and the coordinator of the Expressive Arts Therapy Certificate at Appalachian State University in Boone, NC. She has a Ph.D. in Counseling from University of North Carolina at Charlotte and a Masters Degree in Clinical Mental Health Counseling from Appalachian State University where she also completed a Post Masters Graduate Certificate in Expressive Arts Therapy. She is a Licensed Professional Counselor and a Nationally Certified Counselor. Her research interests include salutogenesis, the promotion of health, through counseling and expressive arts; ecotherapy and wellbeing; and, developing multicultural and social justice attitudes through faculty-lead short term study abroad experiences. She is a poet, writer, and explorer of the land and rivers surrounding Boone, NC.

For the 2017-2018 academic year, the following roles are designated as such:

Program Director: Dr. Mark Schwarze

Clinical Field Experience Coordinator: Dr. Christina Rosen

Addiction Certificate Coordinator: Dr. Mark Schwarze

Expressive Arts Therapy Certificate Coordinator: Dr. Melia Snyder

Testing Coordinator: Dr. Dominique Hammonds

For scheduling, registration, and graduate assistantship questions, please see Ms. Margaret Hardin.

All our faculty function as Student Advisors and are accessible to you at regular intervals for advising and upon request. Please schedule appointments with your advisor during office hours.

## PROGRAM OF STUDY

### Clinical Mental Health Counseling Curriculum

Students majoring in the Clinical Mental Health Counseling curriculum leading to a Master of Arts degree will take the courses listed below. This program is designed to meet the need for advanced preparation of counselors and other helping professionals who work in a variety of human service agencies (including mental health centers, social service agencies, business and industry employee assistance programs, and others). In addition to the core curriculum, students can select, in cooperation with their advisor, from a variety of elective courses that will help their individual career objectives. Specialized concentrations are available as listed below including a general concentration for students who choose to design, along with their advisor, their own emphasis.

#### **Master of Arts in Clinical Mental Health Counseling**

**Hours:** 60 semester hours

<b>Required CACREP Core Courses</b>		
RES 5000	Research Methods	(3)
HPC 5110	Multicultural Counseling	(3)
HPC 5140	Psychological and Educational Testing	(3)
HPC 5210	Life and Career Planning	(3)
HPC 5220	Counseling Theory and Techniques	(3)
HPC 5225	Helping Relationships	(3)
HPC 5272	Individual and Family Development	(3)
HPC 5790	Group Methods and Processes	(3)
<b>Required CMHC Specialty Courses</b>		
HPC 5120	Introduction to Clinical Mental Health Counseling	(3)
HPC 5752	Legal and Ethical Issues in Clinical Mental Health Counseling*	(3)
HPC 6120	Developmental Assessment and Diagnosis in Clinical Mental Health Counseling*	(3)
<b>Required Clinical Field Placement</b>		
HPC 5900	Practicum in Counseling** (Prerequisites: HPC 5120, HPC 5220, HPC 5225, HPC 5752, HPC 5790 and approval of department chairperson; for clinical mental health counseling majors only)	(3)
HPC 6900	Internship in Clinical Mental Health Counseling** (Prerequisites: HPC 5120, HPC 5220, HPC 5225, HPC 5752, HPC 5790, HPC 5900, HPC 6120, and approval of department chairperson; for clinical mental health counseling majors only)	(6)

Subtotal Hours: 42

Concentration and/or Guided Elective Hours: 18

**Total Hours: 60**

\* Please note these courses have prerequisites. See below for courses with prerequisites.

## **CONCENTRATIONS**

Each student will select a concentration and complete the required internship (HPC 6900) designed to meet the objectives within each concentration. Additionally, students can apply for and complete separate requirements for a Graduate Certificate in Addictions Counseling or Expressive Arts Therapy.

### **Addictions Counseling Concentration (Code: 709B)**

- HPC 5560: The Addictive Process (3)
- HPC 5570: Counseling the Addicted Person (3)
- Choose one of the following courses
  - HPC 5274: Substance Abuse in Family Systems (3)
  - HPC 5710: Helping the Troubled Employee (3)
  - HPC 6570: The Appalachian Addictions Institute (3)
  - HPC 6770: Current Issues and Special Populations in Addictions Counseling (3)

### **Body Centered Therapy Concentration (Code: 709C)**

- HPC 5870: Creative Process, Movement and Therapy (3)
- HPC 6350: Body/Mind (3)
- HPC 6355: Mindfulness Based Counseling (3)

### **Expressive Arts Therapy Concentration (Code: 709E)**

- HPC 6360: Therapy and the Expressive Arts (3)
- HPC 6370: Intermodal Expressive Arts (3)
- HPC 6390: Current Issues in Expressive Arts Therapy (3)

### **Marriage and Family Counseling Concentration (Code: 709F)**

The Marriage and Family Counseling concentration is not designed to meet clinical membership requirements of the American Association for Marriage and Family Therapy (AAMFT) or licensure in North Carolina as a marriage and family therapist. The program designed to meet these requirements is described in the bulletin under Marriage and Family Therapy.

- HPC 5270: Theories of Marriage and Family Therapy I (3)
- Choose two of the following courses
  - HPC 5271: Theories of Marriage and Family Therapy II (3)
  - HPC 5273: Mediation and Divorce Therapy (3)
  - HPC 5274: Substance Abuse in Family Systems (3)
  - HPC 5275: Systemic Family Therapy Institute (3)
  - HPC 6270: Marriage and Family Counseling: Clinical Issues (3)
  - HPC 6271: Theories of Marriage and Family Therapy III (3)
  - HPC 6710: Human Sexuality (3)
  - HPC 6730: Sexual Abuse Counseling (3)



### **Clinical Mental Health Counseling, General Concentration (709D):**

This is a specialized concentration that is available for students who choose to design, along with their graduate advisor, their own emphasis in clinical mental health counseling. An individualized emphasis may be designed around a student's specific interest.

- 9 s.h. of graduate electives (SEE ELECTIVES LIST BELOW\*)

### **LIST OF SUGGESTED ELECTIVES:**

The total number of elective hours depends on the selected concentration above. Students may take other graduate courses as electives (with the advice and the approval of the student's graduate advisor) provided that they have taken any necessary prerequisites for the course.

- DAN 5460: Somatics (3)
- HPC 5130: Women's Issues in Counseling (3)
- HPC 5680: Counseling the Aging (3)
- HPC 5850: Theory and Practice of Reality Therapy (3)
- HPC 5860: Dreamwork: Clinical Methods (3)
- HPC 5870: Creative Process, Movement and Therapy (3)
- HPC 6160: Gestalt Therapy (3)
- HPC 6340: Ecotherapy(3)
- HPC 6350: Body/Mind (3)
- HPC 6355: Mindfulness Based Counseling (3)
- HPC 6360: Therapy and the Expressive Arts (3)
- HPC 6365: Expressive Arts Summer Institute (3-9)
- HPC 6366: EXA Child/Adolescents (3-6)
- HPC 6370: Intermodal Expressive Arts (3)
- HPC 6380: Therapeutic Writing (3)
- HPC 6730: Sexual Abuse Counseling (3)
- MUS 5060: Bonny Method of GIM (3)
- PSY 5565: Adolescent Psychology (3)

### **PROGRAM OF STUDY**

It is the student's responsibility to develop a plan of study with her/his advisor before completing 30 semester hours of course work. Failure to complete a plan of study before 30 semester hours will result in the Graduate School placing a block on students' further ability to register for classes the following semester. In planning this plan, students should take the required courses (excluding Internship) prior to taking the comprehensive exam.

### **ADVISEMENT**

Students are assigned advisors during the admissions process. The advisor assignment is listed on the letter of acceptance to the program. Upon receiving their acceptance letters, new students should contact their advisors via email. Counseling students are required to meet with their advisors during their first semester of admission to the Counseling Programs to design program of study plans. It is the responsibility of each student to initiate scheduling of advising meetings initially and in subsequent semesters. During these meetings the advisor and the student will develop Programs of Study, discuss professional and academic development, and navigate program requirements.

## **GRADUATE CERTIFICATES**

The department offers two graduate certificate programs:

### **Addiction Counseling Certificate:**

The Addictions Counseling Certificate is a 12-hour program of study. Courses are offered during regular fall and spring semesters, as well as a summer institute. Students must take four of the following Addictions Counseling courses. Courses do not have to be taken in any specific order. Students within a Master's program may be able to complete the Certificate within the normal length of their program; however, there is no guarantee that they will be able to obtain all the classes required prior to their graduation date. It may be necessary for some students to complete their certificate after they have graduated.

Courses:

The following courses do not need to be taken in any specific order. Prerequisites for classes need to be waived by the administrator of the addictions concentration. Courses with the \*\*\*\* are mandatory. Students in the CMHC degree program must have a CCS or CSI as a supervisor for the internship course.

\*\*\*\*HPC 5560 The Addictive Process

\*\*\*\*HPC 5570 Counseling the Addicted Person

\*\*\*\*HPC 6570 Appalachian Addictions Institute (offered every summer session and can be taken twice for credit) [link](#)

HPC 5274 Substance Abuse in Family Systems

HPC 5710 Helping the Troubled Employee (offered on demand)

HPC 6770 Current Issues and Special Populations in Addictions Counseling (offered on demand)

### **Expressive Arts Therapy Certificate:**

Appalachian State University offers a Post Master's Graduate Certificate in Expressive Arts Therapy. Individuals who hold a master's degree in counseling or other mental health related area or a master's degree in an arts therapy field are eligible to apply. In addition, students pursuing a master's degree in the Human Development and Psychological Counseling Department or the Department of Social Work may pursue the Graduate Certificate in Expressive Arts Therapy in addition to and in conjunction with their master's degree. The Graduate Certificate In Expressive Arts Therapy requires 18 hours of coursework.

Required Courses for Expressive Arts Therapy Graduate Certificate (18 semester hours)

- HPC 6360: Therapy and the Expressive Arts (3)
- HPC 6370: Intermodal Expressive Arts Therapy (pre-requisite HPC 6360) (3)
- HPC 6390: Current Issues in Expressive Arts (pre-requisite HPC 6360) (3)
- 9 additional semester hours of course work selected with the advice and approval of the graduate advisor

Elective Courses in Expressive Arts Therapy

- DAN 5460: Somatics (3)
- HPC 5860: Dreamwork: Clinical Methods (3)

- HPC 5900: Practicum in Counseling (with a focus on expressive arts) (1-9)
- HPC 6160: Gestalt Therapy (3)
- HPC 6350: Body/Mind (3)
- HPC 6900: Internship (with a focus on expressive arts) (1-18)
- MUS 5060: Guided Imagery and Music, Level 1 (3)

Practicum and Internship Portfolio Option:

Students using the expressive arts in practicum or internship settings may also count 3 credit hours of Practicum or 3 credit hours of Internship towards the certificate so long as they complete the following expressive arts portfolio requirements in addition to the successful completion of practicum or internship requirements. The purpose of the portfolio is to provide documentation of student understanding and practice of expressive arts therapy and for the future possibility of becoming a Registered Expressive Arts Therapist through the *International Expressive Arts Therapy Association*.

## **POLICIES AND PROCEDURES**

Students are advised that changes to the Policies and Procedures outlined below may change during the course of students' program. Student will be notified of any changes through communication channels and access to the new Policies and Procedures will be provided.

Competencies, standards, expectations, and legal/ethical codes referred to throughout the CMHC handbook refer directly to competencies, standards, expectations, and legal/ethical codes outlined in the 2009 CACREP Standards (<http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>) and ACA Code of Ethics (<http://www.counseling.org/resources/aca-code-of-ethics.pdf>) as amended.

The ASU Graduate School Bulletin and "Selected Policies and Procedures" Handbook available in the HPC office provides information on liability insurance, academic appeals, retention policy, personal endorsement policy, admission policies, and placement services.

### **HPC Departmental Competencies & Expectations:**

- Gain the necessary knowledge, skills, and understandings as identified in program materials
- Know, understand, and apply all appropriate legal and ethical standards
- Develop facilitative and therapeutic interpersonal skills
- Develop the personal qualities necessary to integrate and apply acquired knowledge and skills
- Demonstrate positive professional behaviors as outlined in the Counselor Competencies Scale
- Demonstrate good judgment and appropriate emotional functioning prior to contact with clients in any practicum or internship.
- Program faculty reserve the right to remove any student from the program at any point in the program for failing to meet any of the above standards, competencies and/or expectations.
- *Note: Those students who are recovering from a personal addiction to alcohol or drugs are expected to have 12 months of continuous sobriety prior to registering for the Practicum in Counseling and 15 months of continuous sobriety prior to registering for the Internship.*

### **CMHC Academic Standards for Retention:**

The university, graduate school, and program/departmental faculty are committed to establishing a reflective environment that promotes counselor competence, strong professional ethics and values, personal integrity and a sense of responsibility towards meeting the needs of individuals and families from diverse populations.

- Maintain an overall GPA of 3.0 or higher;
- Earn no more than three final grades of C in the program of study (including repeated courses);
- Earn a Satisfactory in all applicable field courses (HPC 5900, HPC 6900);
- Complete all course prerequisites as outlined in the appropriate courses of study;
- Complete all program requirements with prerequisite subsequent courses/fieldwork/ graduation

Appalachian State University's Academic Integrity Code is designed to create an atmosphere of trust, respect, fairness, honesty, and responsibility. The Academic Integrity Code outlines "user-friendly" procedures and mechanisms for resolving alleged violations of academic integrity. The Academic Integrity Code is the result of cooperation among Appalachian's faculty, students, and administrators, and promotes a campus dialogue about academic integrity. All members of the Appalachian State University community are responsible for promoting an ethical learning environment.

#### **I. The Academic Integrity Code**

Students attending Appalachian State University agree to abide by the following Code:

- Students will not lie, cheat, or steal to gain academic advantage.
- Students will oppose every instance of academic dishonesty.

Students shall agree to abide by the Academic Integrity Code when submitting the admission application.

<http://academicintegrity.appstate.edu/>

- NOTE: Students are dismissed from the CMHC Program if they earn more than three final grades of a C, any final grade lower than a C, or if they earn an Unsatisfactory in a field course (HPC 5900, HPC 6900).
- Also, in order to graduate the program, students must pass the Counselor Preparation Comprehensive Exam (CPCE). See below for CPCE exam remediation policy implemented for students who fail to pass the exam.
- A grievance on the part of any student will be processed as described in the *Appalachian State University Graduate Bulletin: Graduate Student Appeals Processes*:

Students have the right to appeal any decision concerning course grades, termination from their graduate program or termination from their graduate assistantship. Appeals involving grades or other faculty-related issues are handled through the department and the dean of the academic college or school housing the department. There are detailed procedures and strict timelines for grade appeals. See "Grade Appeals" for more information.

Appeals involving termination from an assistantship or termination from a graduate program (e.g., denial of admission to candidacy, denial of a probationary term, etc.) are handled through the program and the Graduate School. The steps in this procedure are as follows.

- Appeal to the program through the Program Director and/or the Department Chair.
- If the situation cannot be resolved at the program level, appeal to the Graduate School by submitting documentation in writing to the Associate Dean for Graduate Studies. The program will also be given an opportunity to provide written documentation about the situation.
- Appeals denied by the Graduate School will automatically be sent to the Graduate Council's Appeals Committee for review. The Appeals Committee is an ad hoc subcommittee of the Graduate Council consisting of graduate faculty from three departments other than the student's home department; the Committee meets only on demand and does not usually meet with the student or the program. The Committee's decision is binding.
- Allegations of discrimination will be handled according to University discrimination policies administered by the Office of Equity, Diversity, and Compliance ([828-262-2144](tel:828-262-2144) or <http://edc.appstate.edu/contact> ).
- Allegations of sexual harassment will be handled according to University institutional policies on sexual harassment administered by the Office of Equity, Diversity, and Compliance ([828-262-2144](tel:828-262-2144) or <http://edc.appstate.edu/contact> ).

#### **CMHC Professional Behavior Standards for Retention:**

- Abide by all policies of the University, Graduate School, College of Education, HPC Department, and CMHC Program including following established policies and processes. Should any violation of these policies occur, students must notify the advisor and Program Director within 48 hours.
- Students currently enrolled in the Department of Human Development and Psychological Counseling are expected to maintain high standards of legal and ethical conduct both on campus and in the general community. If a student is charged with misdemeanor or felony conduct, the incident must

be reported to the CMHC Program Director within 24 hours of occurrence. If the student is participating in a field experience at the time of such incident, it is the responsibility of the student to refrain from participation in the field experience until the student receives clearance from the Program Director. Incidents must be officially reported using the Report of Legal Incident Form located in the appendix of the student handbook.

- Meet deadlines (provide documentation as requested; complete required in-class and out-of-class assignments as outlined in the courses; meet all programmatic deadlines for paperwork);
- Be prepared for and perform to standard in class/fieldwork courses (attend class/fieldwork; arrive to class/fieldwork on time and remain in class/fieldwork until the close of class or the field supervisor's day);
- Communicate respectfully and appropriately with faculty, staff, supervisors, field instruction personnel, fellow students and others; Demonstrate positive identification with the profession through behavior, communication, personal reflection, and self-correction that is positive and consistent with standards of behavior in the profession. Competencies, standards, expectations, and legal/ethical codes referred to throughout the CMHC handbook refer directly to competencies, standards, expectations, and legal/ethical codes outlined in the 2009 CACREP Standards (<http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>) and ACA Code of Ethics (<http://www.counseling.org/resources/aca-code-of-ethics.pdf>) as amended.
- Meet all the Professional Disposition Standards in the programmatic professional behavior reviews as assessed by a score of 3 or higher on each of the dispositions in the CCS-R evaluation tool. The Counseling Competencies Scale -Revised (CCS; University of Central Florida Counselor Education Faculty, 2015), is an instrument designed to assess trainee competencies as measured in their counseling skills, dispositions, and behaviors. A copy of the CCS-R is available at the end of this handbook.
- **NOTE: Students not meeting the professional disposition or behavior expectations as outlined in the CCS-R tool may be dismissed from the program.**

### **PROFESSIONAL BEHAVIOR PERFORMANCE REVIEW PROCESS**

The faculty will regularly monitor not only students' academic progress but also those observable behaviors that will affect their performance in the field. The purpose of this monitoring process is to ensure that the behavior of all graduates of the Appalachian State University Clinical Mental Health Counseling Program reflect these expected professional behavior standards and that students' professionalism and counseling competence meet the professional standards, as such the Appalachian State University Graduate School, RCOE, HPC, and CMHC require students to meet and maintain specific academic and behavioral standards (see above). Similarly, CACREP & ACA require student to meet specific professional and behavioral standards. Competencies, standards, expectations, and legal/ethical codes referred to throughout the CMHC handbook refer directly to competencies, standards, expectations, and legal/ethical codes outlined in the 2009 CACREP Standards (<http://www.cacrep.org/wp-content/uploads/2013/12/2009-Standards.pdf>) and ACA Code of Ethics (<http://www.counseling.org/resources/aca-code-of-ethics.pdf>) as amended. Please note: ACA ethics, when referring to "counselors," clearly states in the definition section that "counselors" include candidates or students of counselor education programs.

In addition to these standards, the CMHC program requires demonstration of positive professional behaviors throughout a student's time in the program. A formal program-wide performance review process happens at least three (3) times during the course of the student's program: a.) at the end of the first year (with advisor) or beginning of the second (prior to endorsement for registering for the Practicum course, b.) during the Practicum course (known as Candidacy, prior to endorsement for registering for Internship, and c.) during the Internship course (prior to licensure recommendation and graduation). These evaluations determine whether a student may enroll in a Field Placement course;

only those students demonstrating consistently professional and ethical behaviors will be permitted to enroll in Practicum and, later, Internship. They also may determine the ability of the student to progress or remain in the program. Other departmental faculty may provide information to program faculty regarding academic and behavioral performance.

Additionally, a course-specific professional performance standards review process is a part of every CMHC Specialty and core course in the program and impacts the student's grade in those courses. Reviews undertaken by program faculty during the program-wide CCS-R reviews take into consideration all CCS reviews in specialty and core courses completed to date. Program-wide CCS-R reviews may include but are not limited to, observed behaviors in other public and professional settings (ie, professional conferences, CMHC or HPC events, Chi Sigma Iota program meetings, summer institutes, postings on social media sites). Those students not meeting the academic or behavioral standards set forth by ASU, the Graduate School, RCOE, HPC, and/or CMHC, and/or not meeting the behavioral standards set forth by CACREP and ACA will be dismissed from the program. In some cases, the faculty may contract a remediation program for the student in hopes of continued admission or reinstatement.

The faculty expect prospective counselors to be concerned about other people, to be stable and well adjusted (personally and professionally), to be effective in interpersonal relationships, to be self-aware and self-controlled, and to be able to receive, assimilate, and provide constructive feedback. Further, students are expected to behave generally in a manner that demonstrates fitness for a role in the counseling profession wherein leadership and advocacy are inherent expectations – as is counseling work with vulnerable populations. Finally, we expect students to be committed to continued personal growth and professional development and to demonstrate that commitment through self-reflection and responsiveness to supervision and advisement in all activities related to their degree program.

To assess these dispositions students will be evaluated according to the following Professional Dispositions as screened by the Counselor Competencies Scale- Revised (CCS-R) tool:

1. Professional Ethics
2. Professional Behavior
3. Knowledge and Adherence to Site/Course Policies
4. Emotional Stability and Self-Control
5. Record Keeping and Task Completion
6. Motivation to Learn and Grow / Initiative
7. Multicultural Competence
8. Openness to Feedback
9. Professional and Personal Boundaries
10. Flexibility and Adaptability
11. Congruence and Genuineness

Each standard is rated on a 1 ('harmful') to 5 ('exceeds expectations / demonstrates competencies') scale. Please note that only those students meeting the 'meets expectations / demonstrates competencies' standard (score of 4) are permitted to enroll in any Field Placement course. Students receiving a rating of 3 or below on any course-based CCS-R review of the Professional Dispositions will be considered deficient in professional behaviors performance and subject to the following procedure:

1. The student will be presented with a copy of the course-based or programmatic CCS-R evaluation review on which are listed the deficient rating(s), the respective professor's explanation for the ratings, and any remedial actions required by that faculty. The student and the program faculty will meet to discuss the professional performance concern(s) and to implement remedial actions. A copy of the completed CCS-R form will be given to the student and his/her advisor. This form will be signed by the student and CMHC-R faculty members as evidence that it was reviewed.

2. Faculty may conduct a Professional Performance Review at any time for any student who engages in illegal or unethical activities or for any student whose professional performance is deemed to present an immediate threat to the well-being of others. In such cases, the faculty may recommend either dismissal from the program or remedial action for the student. Remedial action may, among other things, include a required clinical assessment by a licensed counseling professional, and that the student follows all of the recommended treatment plan components prescribed by that professional.

Additionally, if a student receives more than one deficient course or programmatic CCS-R review during his/her Program of Study or otherwise fails to show progress in correcting deficiencies previously cited, the faculty may recommend either his/her dismissal from the program or further remedial action. If a singular deficit or violation is determined by the program faculty to be egregious, pervasive, or harmful to others, immediate dismissal from the program will result. In either event, the student will be required to meet with the faculty member(s) issuing the form(s) and the Program Director to discuss the professional performance concerns and the responsive actions to be taken. A copy of the completed CCS-R will be given to the student and his/her advisor, the form is to be signed by the student and the faculty members present as proof of attendance.

The faculty and Program Director will send via email or US Post a letter to a student informing the student of the termination, the reasons for dismissal, and the appeals process. The student must file an appeal with the Graduate School within 7 days. All faculty recommendations for termination from the Clinical Mental Health Counseling program will be forwarded to the Dean of Graduate Studies and may be appealed through this office (see policy as amended at <https://graduate.appstate.edu/2015-16-graduate-bulletin-course-catalog-academic-requirements-and-regulations/list-academic>)

3. Faculty understand that as students are learning how to be professionals in the counseling field, they confront systematic and interpersonal challenges which encourage experimentation and growth. This said, the American Counseling Association has charged counselor education faculty with the task of gatekeeping in order to protect current or future clients (students, minors and children, agencies, and site placement) from potential harm. For this reason, faculty reserve the right to terminate the program of any student at any point during the program of study -including the field placement portion of program (practicum and internship) -should faculty, site supervisors, colleagues, cohort mates or others observe the student demonstrating unprofessional, unethical, unlawful, or harmful behaviors.

### **CANDIDACY**

Admission to Candidacy is contingent upon recommendation of the program faculty after a formal professional performance review. If the candidate's advisor and other program faculty cannot recommend the student for Admission to Candidacy, the student may not register for further course work leading to a graduate degree. If the student is not permitted to continue, the advisor will inform the student in writing of the reasons for not recommending the student for candidacy. If the student is not recommended for Candidacy, the student will not normally be permitted to continue as a degree student. Admission to Candidacy does not guarantee the student the awarding of the masters degree, but demonstrates the student has, to this point, met all program and proficiency requirements to the satisfaction of her/his advisor and program faculty. Revocation of Candidacy is recommended by the advisor and/or program faculty in cases where a student's demonstration of professional, personal, and/or ethical development is not consistent with policies and procedure set forth by the American Counseling Association, the Clinical Mental Health Counseling program, and/or Appalachian State University. Should it be decided that a student's Admission to Candidacy be recommended for revocation, then the student will be informed in writing by her/his advisor and/or Program Director and shared with the Appalachian State University Graduate School. A student whose Admission to Candidacy is revoked will not be permitted to continue as a degree student.

### **PROFESSIONAL IDENTITY DEVELOPMENT**

Support and involvement in professional counseling associations is fundamental to a counselor's professional identity development and the continued advancement of the profession. Furthermore, research demonstrates that involvement in professional associations during students' graduate



counseling training results in a higher tendency for continued involvement after graduation as compared to students who were not members during their training. Therefore, as demonstration of your commitment to the counseling profession and your own development as a professional, you are asked to either (1) join the North Carolina Counseling Association (NCCA) or (2) join the American Counseling Association (ACA), or both!

First year students in the Clinical Mental Health Counseling program are required to submit a research poster proposal to the North Carolina Counseling Association annual conference as part of their course requirement in HPC 5120 *Introduction to Clinical Mental Health Counseling*. Equally, as part of the course requirement for HPC 5752 *Legal and Ethical Issues in Clinical Mental Health Counseling*, students are required to register for the North Carolina Counseling Association annual conference. Students are encouraged to present with program faculty at the conference.

### **CHI SIGMA IOTA CHAPTER: ALPHA SIGMA UPSILON**

Appalachian State's Clinical Mental Health Counseling Program maintains the Alpha Sigma Upsilon chapter of Chi Sigma Iota (CSI). CSI is an international honor society that values academic and professional excellence in counseling. CSI promotes a strong professional identity through members (professional counselors, counselor educators, and students) who contribute to the realization of a healthy society by fostering wellness and human dignity. CSI's mission is to promote scholarship, research, professionalism, leadership, advocacy, and excellence in counseling, and to recognize high attainment in the pursuit of academic and clinical excellence in the profession of counseling.

North Carolina Counseling Association - [www.nccounseling.org](http://www.nccounseling.org)

American Counseling Association - [www.counseling.org](http://www.counseling.org)

Council for Accreditation of Counseling and Related Educational Programs (CACREP) - [www.cacrep.org/](http://www.cacrep.org/)

Chi Sigma Iota - <http://www.csi-net.org/index.cfm>

### **PERSONAL COUNSELING**

If you feel you need personal counseling at any time, contact the ASU Counseling Center at 262-3180. The ASU Counseling Center provides free individual counseling to all currently enrolled students. The faculty members of the CMHC Program strongly recommend that all counseling trainees experience personal counseling with a licensed professional counselor early in their professional development and at any time they experience personal stressors or difficulties. Seeking personal counseling is a self-care strategy that all counselors should rely on when needed. Faculty members may also make recommendations that students seek counseling services to address personal issues that impact student professional development.

### **COMPREHENSIVE EXAMS**

#### **ASU Graduate School Comprehensive Examination Policy:**

Most master's and specialist programs require acceptable performance on a comprehensive examination. In some programs, the thesis defense constitutes the comprehensive examination. The product of learning is required for candidates seeking advanced licensure in teacher education programs and may either replace the comprehensive examination or be required in addition to the examination, depending upon the particular program. See below for the specific CMHC program comprehensive exam requirements. Several rules govern the timing and approval process for all comprehensive exams:

- \* Comprehensive examinations must be completed in the last 1/3 of the program.
- \* The report of successful comprehensive exam completion must be received by the Graduate Records staff in the Registrar's Office no later than the day

before final exams begin in the term of graduation.

**The Comprehensive Exam for the Clinical Mental Health Counseling program consists of:**

1. A passing score on the Counselor Preparation Comprehensive Exam (CPCE). The CPCE is a 136-item multiple-choice examination based on the eight CACREP-core content areas.
2. Students should take the CPCE after they have completed at least 6 out of 8 of the CACREP core areas, and /or presently enrolled in the remaining two.

Students must pass the CPCE in order to graduate. A passing score consists of achieving a correct response rate of 65% or a raw score of 85. Students have three opportunities to pass the exam. Should a student not pass the comprehensive exam on their first attempt the student will be notified by their Academic Advisor and/or departmental Testing Coordinator so that a preparation plan can be implemented in consultation with program faculty. Based on faculty consultation, a preparation plan can include any of the following:

1. Meeting with Testing Coordinator to develop a study plan
2. Audit specific course content
3. Any combination above.

Should the CPCE not be passed on the second attempt, the student will be notified by their academic advisor and a remediation plan will be implemented in consultation with program faculty. Based on faculty consultation, a remediation plan can include any of the following:

1. Repeat a course and/or courses.
2. Complete formal test preparation course
3. Audit specific course content
4. Complete research paper or study project in content areas
5. Any combination above.

After remediation, should a student still not successfully pass the comprehensive exam, the student will be notified by the departmental testing coordinator and/or academic advisor and a final remediation plan will be implemented in consultation with program faculty. Based on faculty consultation, a final remediation plan can include any of the following:

1. A comprehensive oral exam
2. A comprehensive program portfolio
3. Any combination above.

**Should a student not successfully pass the comprehensive oral, written, and/or program portfolio exam a program termination will be filed with the ASU Graduate School by CMHC program faculty.**

**ENDORSEMENT POLICY**

Departmental faculty will endorse students only for positions for which they have demonstrated the knowledge and skills needed to be successful in that position. Likewise, students will only be endorsed for professional credentials (licensure and/or certification) for areas in which they have been properly trained.

**BOUNDARIES OF COMPETENCE**

Once you begin coursework as a student in the Clinical Mental Health Counseling program you are

required to act according to the 2014 American Counseling Association Ethical Codes. Code C.2.a. titled “Boundaries of Competence” states:

“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.” (C.2.a, American Counseling Association, 2014, pg. 8).

As a counseling student this means that you may not:

1. provide counseling services, with the exception of practicum and internship, to any individual regardless of their relationship to you (friend, family member, acquaintance, etc). If you are currently licensed or certified to provide counseling or related services, please complete the *Disclosure of Related Practices* form.
2. offer clinical recommendations, diagnoses, or advice to individuals who are not your clients.
3. receive compensation for services that you are not licensed or certified to provide.
4. provide unsupervised practice in any form, unless you are licensed to do so.

Providing services that exceed your level of competence or scope of practice is a very serious matter, which could result in your removal from the program. All students are required to sign a Boundaries of Competence statement located in the Appendix of this handbook.

### **DISCLOSURE OF RELATED PRACTICES**

In North Carolina, the "practice of counseling" means holding oneself out to the public as a professional counselor offering counseling services that include, but are not limited to, the following:

- “a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.
- b. Appraisal Activities. – Administering and interpreting tests for assessment of personal characteristics.
- c. Consulting. – Interpreting scientific data and providing guidance and personnel services to individuals, groups, or organizations.
- d. Referral Activities. – Identifying problems requiring referral to other specialists.
- e. Research Activities. – Designing, conducting, and interpreting research with human subjects.

The "practice of counseling" does not include the facilitation of communication, understanding, reconciliation, and settlement of conflicts by mediators at community mediation centers.” (§ 90-330. NC General Statutes - Chapter 90 Article 24, found on the North Carolina Board for Licensed Professional Counseling Board, [www.ncblpc.org](http://www.ncblpc.org)).

It is unlawful for CMHC students prior to licensure in North Carolina as counselors to engage in the practice of counseling unless they fall within one or more of the following exemptions: (1) Licensed lawyers, doctors, school counselors, or other registered, certified or licensed by the State to practice any other occupation or profession while providing the services of his/her profession. (2) Any student intern or trainee in counseling pursuing a course of study in counseling in a regionally accredited institution of higher learning or training institution, if the intern or trainee is a designated "counselor intern" and the activities and services constitute a part of the supervised course of study. (3) Any person counseling within the scope of employment at a local community college, a public higher education institution or private higher education institution. (4) Any ordained minister or other member of the clergy while acting

in a ministerial capacity who does not charge a fee for the service. (5) Any nonresident temporarily employed in this State to render counseling services for not more than 30 days in a year, if the person holds a license or certificate required for counselors in another state. (6) Any person employed by State, federal, county, or municipal government while counseling within the scope of employment.” (§ 90-332.1. NC General Statutes - Chapter 90 Article 24, found on the North Carolina Board for Licensed Professional Counseling Board, [www.ncblpc.org](http://www.ncblpc.org)).

If you engage in any existing related practices, you must disclose them below. Such related practices include, for example, coaching, massage therapy, hakomi, healing touch therapy, somatic experiencing, and similar practices. Although it is ultimately your responsibility to ensure that you remain in compliance with North Carolina’s “practice of counseling” provisions, a CMHC faculty member will review your related practices with you to identify any potential legal or ethical issues. It is your ongoing responsibility to submit an updated form any time during your CMHC program enrollment if you engage in additional related practices. A Related Practices release will be required if you engage in a related practice. This can be found in the appendix of this handbook.

## Counselor Competencies Scale—Revised (CCS-R) ©

(Lambie, Mullen, Swank, & Blount, 2015)

The *Counselor Competencies Scale—Revised* (CCS-R) assesses counselors' and trainees' skills development and professional competencies. Additionally, the CCS-R provides counselors and trainees with direct feedback regarding their demonstrated ability to apply counseling skills and facilitate therapeutic conditions, and their counseling dispositions (dominant qualities) and behaviors, offering the counselors and trainees practical areas for improvement to support their development as effective and ethical professional counselors.

### Scales Evaluation Guidelines

- **Exceeds Expectations / Demonstrates Competencies (5)** = the counselor or trainee demonstrates **strong** (i.e., *exceeding* the expectations of a beginning professional counselor) knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Meets Expectations / Demonstrates Competencies (4)** = the counselor or trainee demonstrates **consistent** and **proficient** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s). A beginning professional counselor should be at the “Demonstrates Competencies” level at the conclusion of his or her practicum and/or internship.
- **Near Expectations / Developing towards Competencies (3)** = the counselor or trainee demonstrates **inconsistent** and **limited** knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Below Expectations / Insufficient / Unacceptable (2)** = the counselor or trainee demonstrates **limited** or **no evidence** of the knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).
- **Harmful (1)** = the counselor or trainee demonstrates harmful use of knowledge, skills, and dispositions in the specified counseling skill(s), ability to facilitate therapeutic conditions, and professional disposition(s) and behavior(s).

**Directions: Evaluate the counselor's or trainee's counseling skills, ability to facilitate therapeutic professional dispositions & behaviors per rubric evaluation descriptions and record rating in the “score” left**

## CACREP (2016) Standards relating to the *Counselor Competencies Scale—Revised (CCS-R)*

### CACREP (2016) Common Core Standards:

- Strategies for personal and professional self-evaluation and implications for practice (Section II, *Standard 1.k.*).
- Self-care strategies appropriate to the counselor role (Section II, *Standard 1.l.*).
- Multicultural counseling competencies (Section II, *Standard 2.c.*)
- A general framework for understanding differing abilities and strategies for differentiated interventions (CACREP, 2016, Section II, *Standard 3.h.*).
- Ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships (Section II, *Standard 5.d.*).
- Counselor characteristics and behaviors that influence the counseling processes (Section II, *Standard 5.f.*).
- Essential interviewing, counseling, and case conceptualization skills (Section II, *Standard 5.g.*).
- Developmentally relevant counseling treatment or intervention plans (Section II, *Standard 5.h.*).
- Processes for aiding students in developing a personal model of counseling (Section II, *Standard 5.n.*).
- The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal. (Section 4, *Standard H.*).
- Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community (Section III, *Professional Practice*).
- Entry-Level Professional Practice and Practicum (Section III, *Professional Practice*, p. 13).
  - A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
  - B. Supervision of practicum students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
  - C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum.
    - A. Students must complete supervised counseling practicum experiences that total a **minimum of 100 clock hours** over a full academic term that is a minimum of 10 weeks.
    - B. Practicum students must **complete at least 40 clock hours of direct service** with actual clients that contributes to the development of counseling skills.
    - C. Practicum students have weekly interaction with supervisors that averages **one hour per week of individual and/or triadic supervision** throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement
    - D. Practicum students participate in an average of **1½ hours per week of group supervision** on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

### CACREP (2016) Specialty Standards:

- f. Clinical Mental Health Counseling
  - ï Techniques and interventions for prevention and treatment of a broad range of mental health issues (3. Practice, *Standard b.*).
- g. Marriage, Couple, and Family Counseling
  - ï Techniques and interventions of marriage, couple, and family counseling (3. Practice, *Standard c.*).
- h. School Counseling
  - ï Techniques of personal/social counseling in school settings (3. Practice, *Standard f.*).

## Part I: Counseling Skills & Therapeutic Conditions

#	Score	Primary Counseling Skill(s)	Specific Counseling Skills and Therapeutic Conditions Descriptors	Exceeds Expectations / Demonstrates Competencies	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies	Below Expectations / Unacceptable (2)	Harmful (1)
1. A		<b>Nonverbal Skills</b>	<b>Includes Body Position, Eye Contact, Posture, Distance from Client, Voice Tone, Rate of Speech, Use of silence, etc.</b> ( <i>attuned to the emotional state and cultural norms of the clients</i> )	Demonstrates effective nonverbal communication skills, conveying connectedness & empathy (85%).	Demonstrates effective nonverbal communication skills for the majority of counseling sessions (70%)	Demonstrates inconsistency in his or her nonverbal communication skills.	Demonstrates limited nonverbal communication skills.	Demonstrates poor nonverbal communication skills, such as ignores client &/or gives judgmental looks.
1. B		<b>Encouragers</b>	<b>Includes Minimal Encouragers &amp; Door Openers such as "Tell me more about..." , "Hmm"</b>	Demonstrates appropriate use of encouragers, which supports development of a therapeutic relationship (85%).	Demonstrates appropriate use of encouragers for the majority of counseling sessions, which supports development of a therapeutic relationship	Demonstrates inconsistency in his or her use of appropriate encouragers.	Demonstrates limited ability to use appropriate encouragers.	Demonstrates poor ability to use appropriate encouragers, such as using skills in a judgmental
1. C		<b>Questions</b>	<b>Use of Appropriate Open &amp; Closed Questioning</b> ( <i>e.g., avoidance of double questions</i> )	Demonstrates appropriate use of open & close-ended questions, with an emphasis on open-ended question (85%).	Demonstrates appropriate use of open & close-ended questions for the majority of counseling sessions (70%).	Demonstrates inconsistency in using open-ended questions & may use closed questions for prolonged periods.	Demonstrates limited ability to use open-ended questions with restricted effectiveness.	Demonstrates poor ability to use open-ended questions, such as questions tend to confuse clients or restrict the counseling process.
1. D		<b>Reflecting<sup>a</sup> Paraphrasing</b>	<b>Basic Reflection of Content - Paraphrasing</b> ( <i>With couples and families, paraphrasing the different clients' multiple perspectives</i> )	Demonstrates appropriate use of paraphrasing as a primary therapeutic approach (85%).	Demonstrates appropriate use of paraphrasing (majority of counseling sessions; 70%).	Demonstrates paraphrasing inconsistently & inaccurately or mechanical or parroted responses.	Demonstrates limited proficiency in paraphrasing or is often inaccurate.	Demonstrates poor ability to paraphrase, such as being judgmental &/or dismissive.
1. E		<b>Reflecting<sup>b</sup> Reflection of Feelings</b>	<b>Reflection of Feelings</b> ( <i>With couples and families, reflection of each clients' feelings</i> )	Demonstrates appropriate use of reflection of feelings as a primary approach (85%).	Demonstrates appropriate use of reflection of feelings (majority of counseling sessions; 70%).	Demonstrates reflection of feelings inconsistently & is not matching the client.	Demonstrates limited proficiency in reflecting feelings &/or is often inaccurate.	Demonstrates poor ability to reflective feelings, such as being judgmental &/or dismissive.
1. F		<b>Reflecting<sup>c</sup> Summarizing</b>	<b>Summarizing content, feelings, behaviors, &amp; future plans</b> ( <i>With couples and families, summarizing relational patterns of interaction</i> )	Demonstrates consistent ability to use summarization to include content, feelings, behaviors, and future plans (85%).	Demonstrates ability to appropriately use summarization to include content, feelings, behaviors, and future plans (majority of counseling sessions; 70%).	Demonstrates inconsistent & inaccurate ability to use summarization.	Demonstrates limited ability to use summarization (e.g., summary suggests counselor did <i>not</i> understand clients or is overly focused on content rather than process).	Demonstrates poor ability to summarize, such as being judgmental &/or dismissive.
#	Score	Primary Counseling Skill(s)	Specific Counseling Skills and	Exceeds Expectations /	Meets Expectations / Demonstrates	Near Expectations / Developing	Below Expectations / Unacceptable	Harmful (1)

		Skill(s)	Conditions Descriptors	Competencies (5)	Competencies (4)	Competencies (3)	(2)	
1.	G	<b>Advanced Reflection</b> <i>(Meaningful)</i>	<b>Advanced Reflection of Meaning, including Values and Core Beliefs</b> <i>(taking counseling to a deeper level)</i>	Demonstrates consistent use of advanced reflection & promotes discussions of greater depth during counseling sessions (85%).	Demonstrates ability to appropriately use advanced reflection, supporting increased exploration in session (majority of counseling sessions).	Demonstrates inconsistent & inaccurate ability to use advanced reflection. Counseling sessions appear superficial.	Demonstrates limited ability to use advanced reflection &/or switches topics in counseling often.	Demonstrates poor ability to use advanced reflection, such as being judgmental &/or dismissive.
1.	H	<b>Confrontation</b>	<b>Counselor challenges clients to recognize &amp; evaluate inconsistencies.</b>	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion. Balance of challenge & support (85%).	Demonstrates the ability to challenge clients through verbalizing inconsistencies & discrepancies in the clients' words &/or actions in a supportive fashion (can confront, but hesitant) or was <i>not</i> needed; therefore, appropriately <i>not</i> used (majority of counseling sessions: 70%).	Demonstrates inconsistent ability to challenge clients through verbalizing inconsistencies & discrepancies in clients' words &/or actions in a supportive fashion. Used minimally/missed opportunity.	Demonstrates limited ability to challenge clients through verbalizing inconsistencies in the client's words &/or actions in a supportive & caring fashion, &/or skill is lacking.	Demonstrates poor ability to use confrontation, such as degrading client, harsh, judgmental, &/or aggressive.
1.	I	<b>Goal Setting</b>	<b>Counselor collaborates with clients to establish realistic, appropriate, &amp; attainable therapeutic goals</b> <i>(With couples and families, goal setting supports clients in establishing common goals)</i>	Demonstrates consistent ability to establish collaborative & appropriate therapeutic goals with clients (85%).	Demonstrates ability to establish collaborative & appropriate therapeutic goals with client (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to establish collaborative & appropriate therapeutic goals with clients.	Demonstrates limited ability to establish collaborative, appropriate therapeutic goals with clients.	Demonstrates poor ability to develop collaborative therapeutic goals, such as identifying unattainable goals, and agreeing with goals that may be harmful to the clients.
1.	J	<b>Focus of Counseling</b>	<b>Counselor focuses (or refocuses) clients on their therapeutic goals</b> <i>(i.e., purposeful counseling)</i>	Demonstrates consistent ability to focus &/or refocus counseling on clients' goal attainment (85%).	Demonstrates ability to focus &/or refocus counseling on clients' goal attainment (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates limited ability to focus &/or refocus counseling on clients' therapeutic goal attainment.	Demonstrates poor ability to maintain focus in counseling, such as counseling moves focus away from clients' goals
1.	K	<b>Facilitate Therapeutic Environment<sub>a</sub></b> <i>Empathy &amp; Caring</i>	<b>Expresses accurate empathy &amp; care. Counselor is and open to clients.</b> <i>(includes immediacy and concreteness)</i>	Demonstrates consistent ability to be empathic & uses appropriate responses (85%).	Demonstrates ability to be empathic & uses appropriate responses (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be empathic &/or use appropriate responses.	Demonstrates limited ability to be empathic &/or uses appropriate responses.	Demonstrates poor ability to be empathic & caring, such as creating an space for clients.
1.	L	<b>Facilitate Therapeutic Environment<sub>b</sub></b> <i>: Respect &amp; Compassion</i>	<b>Counselor expresses appropriate respect &amp; compassion for clients</b>	Demonstrates consistent ability to be respectful, accepting, & compassionate with clients (85%).	Demonstrates ability to be respectful, accepting, & compassionate with clients (majority of counseling sessions; 70%).	Demonstrates inconsistent ability to be respectful, accepting, & compassionate with clients.	Demonstrates limited ability to be respectful, accepting, &/or compassionate with clients.	Demonstrates poor ability to be respectful & compassionate with clients, such as having conditional

: Total Score (out of a possible 60 points)

## Part 2: Counseling Dispositions & Behaviors



#	Score	Primary Counseling Dispositions & Behaviors	Specific Counseling Disposition & Behavior Descriptors	Exceeds Expectations / Demonstrates Competencies	Meets Expectations / Demonstrates Competencies (4)	Near Expectations / Developing towards Competencies	Below Expectations / Unacceptable (2)	Harmful (1)
2. A		<b>Professional Ethics</b>	<b>Adheres to the ethical guidelines of the ACA, ASCA, IAMFC, APA, &amp; NBCC; including practices within competencies.</b>	Demonstrates consistent & advanced ( <i>i.e., exploration &amp; deliberation</i> ) ethical behavior & judgments.	Demonstrates consistent ethical behavior & judgments.	Demonstrates ethical behavior & judgments, but on a concrete level with a basic ethical decision-making process.	Demonstrates limited ethical behavior & judgment, and a limited ethical decision-making process.	Demonstrates poor ethical behavior & judgment, such as violating the ethical codes &/or makes poor decisions
2. B		<b>Professional Behavior</b>	<b>Behaves in a professional manner towards supervisors, peers, &amp; clients (e.g., emotional regulation). Is respectful and appreciative to the culture of colleagues and is able to effectively collaborate</b>	Demonstrates consistent & advanced respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates consistent respectfulness and thoughtfulness, & appropriate within <i>all</i> professional interactions.	Demonstrates inconsistent respectfulness and thoughtfulness, & appropriate within professional interactions.	Demonstrates limited respectfulness and thoughtfulness & acts inappropriate within some professional interactions.	Demonstrates poor professional behavior, such as repeatedly being disrespectful of others &/or impedes the professional atmosphere of the counseling setting / course.
2. C		<b>Professional &amp; Personal Boundaries</b>	<b>Maintains appropriate boundaries with supervisors, peers, clients.</b>	Demonstrates consistent & strong appropriate boundaries with supervisors, peers, & clients.	Demonstrates consistent appropriate boundaries with supervisors, peers, & clients.	Demonstrates appropriate boundaries inconsistently with supervisors, peers, & clients.	Demonstrates inappropriate boundaries with supervisors, peers, & clients.	Demonstrates poor boundaries with supervisors, peers, & clients: such as engaging in dual relationships.
2. D		<b>Knowledge &amp; Adherence to Site and Course Policies</b>	<b>Demonstrates an understanding &amp; appreciation for all counseling site and course policies &amp; procedures.</b>	Demonstrates consistent adherence to <i>all</i> counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates adherence to most counseling site and course policies & procedures, including strong attendance and engagement.	Demonstrates inconsistent adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates limited adherence to counseling site and course policies & procedures, including attendance and engagement.	Demonstrates poor adherence to counseling site and course policies, such as failing to adhere to policies after discussing with supervisor / instructor.
2. E		<b>Record Keeping &amp; Task Completion</b>	<b>Completes all weekly record keeping &amp; tasks correctly &amp; promptly (e.g., case notes, psychosocial reports, treatment plans, supervisory report).</b>	Completes <i>all</i> required record keeping, documentation, and assigned tasks in a through, timely, & comprehensive fashion.	Completes <i>all</i> required record keeping, documentation, and tasks in a competent & timely fashion.	Completes <i>all</i> required record keeping, documentation, and tasks, but in an inconsistent & questionable fashion.	Completes required record keeping, documentation, and tasks inconsistently & in a poor fashion.	Failure to complete paperwork &/or tasks by specified deadline.
#	Score	Primary Counseling Dispositions	Specific Counseling Disposition & Behavior Descriptors	Exceeds Expectations / Demonstrates	Meets Expectations / Demonstrates Competencies	Near Expectations / Developing towards	Below Expectations / Insufficient /	Harmful (1)

		<b>Behaviors</b>		<b>(5)</b>	<b>(4)</b>	<b>(3)</b>	<b>(2)</b>	
2. F		<b>Multicultural Competence in Counseling Relationship</b>	<b>Demonstrates respect for culture (e.g., race, ethnicity, gender, spirituality, religion, sexual orientation, disability, social class, etc.) and awareness of and responsiveness to ways in which culture interacts with the counseling</b>	Demonstrates consistent & advanced multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates inconsistent multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates limited multicultural competencies (knowledge, self-awareness, appreciation, & skills) in interactions with clients.	Demonstrates poor multicultural competencies, such as being disrespectful, dismissive, and defensive regarding the significance of culture in the counseling relationship.
2. G		<b>Emotional Stability &amp; Self-control</b>	<b>Demonstrates self-awareness and emotional stability (i.e., congruence between mood &amp; affect) &amp; self-control (i.e.,</b>	Demonstrates consistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates inconsistent emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates limited emotional stability & appropriateness in interpersonal interactions with clients.	Demonstrates poor emotional stability & appropriateness in interpersonal interactions with client, such as having high levels of emotional reactants with clients.
2. H		<b>Motivated to Learn &amp; Grow / Initiative</b>	<b>Demonstrates engagement in learning &amp; development of his or her counseling competencies.</b>	Demonstrates consistent and strong engagement in promoting his or her professional and personal growth & development.	Demonstrates consistent engagement in promoting his or her professional and personal growth & development.	Demonstrates inconsistent engagement in promoting his or her professional and personal growth & development.	Demonstrates limited engagement in promoting his or her professional and personal growth & development.	Demonstrates poor engagement in promoting his or her professional and personal growth & development, such as expressing lack of appreciation for profession & /or
2. I		<b>Openness to Feedback</b>	<b>Responds non-defensively &amp; alters behavior in accordance with supervisory &amp; /or instructor</b>	Demonstrates consistent and strong openness to supervisory & /or instructor feedback & implements suggested changes.	Demonstrates consistent openness to supervisory & /or instructor feedback & implements suggested changes.	Demonstrates openness to supervisory & /or instructor feedback; however, does <i>not</i> implement suggested changes.	Demonstrates a lack of openness to supervisory & /or instructor feedback & does <i>not</i> implement suggested changes.	Demonstrates <i>no</i> openness to supervisory & /or instructor feedback & is defensive & /or dismissive when given feedback.
2. J		<b>Flexibility &amp; Adaptability</b>	<b>Demonstrates ability to adapt to changing circumstance, unexpected events, &amp; new situations.</b>	Demonstrates consistent and strong ability to adapt & “reads- & flexes” appropriately.	Demonstrates consistent ability to adapt & “reads- & flexes” appropriately.	Demonstrated an inconsistent ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a limited ability to adapt & flex to his or her clients’ diverse changing needs.	Demonstrates a poor ability to adapt to his or her clients’ diverse changing needs, such as being rigid in work with
2. K		<b>Congruence &amp; Genuineness</b>	<b>Demonstrates ability to be present and “be true to oneself”</b>	Demonstrates consistent and strong ability to be genuine & accepting of self & others.	Demonstrates consistent ability to be genuine & accepting of self & others.	Demonstrates inconsistent ability to be genuine & accepting of self & others.	Demonstrates a limited ability to be genuine & accepting of self & others (incongruent).	Demonstrates a poor ability to be genuine & accepting of self & others, such as

\_\_\_\_\_ : Total Score (out of a possible 55 points)

**Narrative Feedback from Supervising Instructor / Clinical Supervisor**

---

**Please note the counselor's or trainee's areas of strength, which you have observed:**

---

**Please note the counselor's or trainee's areas that warrant improvement, which you have observed:**

---

**Please comment on the counselor's or trainee's general performance during his or her clinical experience to this point:**

---

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*Counselor's or Trainee's Name (print)*

---

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*Date*

---

---

*Supervisor's Name (print)*

---

---

*Date*

---

**Date CCS-R was reviewed with Counselor or Trainee – \_\_\_\_\_**

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*Counselor's or Trainee's Signature*

---

---

*Date*

---

---

*Supervisor's Signature*

---

---

*Date*

**\* *Note.* If the supervising instructor / clinical supervisor is concerned about the counselor's or trainee's progress in demonstrating the appropriate counseling competencies, he or she should have another appropriately trained supervisor observe the counselor's or trainee's work with clients to provide additional feedback to the counselor or trainee.**

**Appendix B – Report of Criminal Incident**

**Report of Legal Incident Form**

Student Name:	Banner ID:
Student Track:	Name of Program Advisor:
Date of Legal Incident:	Date of Report:
Summary of Incident:	
Student Signature:	Program Director Signature:

**Appendix C – Related Practices Release**

APPALACHIAN STATE UNIVERSITY  
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING  
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

**Release and Indemnification Regarding Related Practices**

As a student enrolled in Appalachian State University’s Clinical Mental Health Counseling (CMHC) program, I understand that it is my responsibility to comply with all legal and ethical requirements of the counseling profession. These include, but are not limited to, restrictions on engagement in the “practice of counseling” as defined in North Carolina General Statutes Chapter 90, Article 24, Section 90-330(a)(3), as it may be amended from time to time.

I further understand that I may engage in certain related practices that could potentially be confused with the practice of counseling. Such related practices include, for example, coaching, massage therapy, healing touch therapy, and similar practices. I understand that it is my responsibility to clearly indicate the scope and limits of my activities to any clients I serve in such related practices.

**Release and Indemnification (Hold Harmless):** I hereby agree to release and indemnify (hold harmless) the State of North Carolina; the University of North Carolina (UNC); the UNC Board of Governors; Appalachian State University (Appalachian); the Appalachian Board of Trustees; all current and former members, officers, agents, and employees of the above-named entities (in both their official and individual capacities); and all successors of the above-named entities of and from any and all claims and liabilities brought in any forum and of any kind or nature whatsoever which any client of mine in a related practice ever had, now has, or may ever have.

---

Student Printed Name

---

Student Signature

---

Date

Version 5/10/2016

**Appendix D- Disclosure of Related Practices Form**

APPALACHIAN STATE UNIVERSITY  
DEPARTMENT OF HUMAN DEVELOPMENT AND PSYCHOLOGICAL COUNSELING  
CLINICAL MENTAL HEALTH COUNSELING PROGRAM

**Disclosure of Related Practices**

In North Carolina, the "practice of counseling" means holding oneself out to the public as a professional counselor offering counseling services that include, but are not limited to, the following:

- “a. Counseling. – Assisting individuals, groups, and families through the counseling relationship by evaluating and treating mental disorders and other conditions through the use of a combination of clinical mental health and human development principles, methods, diagnostic procedures, treatment plans, and other psychotherapeutic techniques, to develop an understanding of personal problems, to define goals, and to plan action reflecting the client's interests, abilities, aptitudes, and mental health needs as these are related to personal-social-emotional concerns, educational progress, and occupations and careers.
- b. Appraisal Activities. – Administering and interpreting tests for assessment of personal characteristics.
- c. Consulting. – Interpreting scientific data and providing guidance and personnel services to individuals, groups, or organizations.
- d. Referral Activities. – Identifying problems requiring referral to other specialists.
- e. Research Activities. – Designing, conducting, and interpreting research with human subjects.

The "practice of counseling" does not include the facilitation of communication, understanding, reconciliation, and settlement of conflicts by mediators at community mediation centers.” (§ 90-330. NC General Statutes - Chapter 90 Article 24, found on the North Carolina Board for Licensed Professional Counseling Board, [www.ncblpc.org](http://www.ncblpc.org)).

It is unlawful for CMHC students prior to licensure in North Carolina as counselors to engage in the practice of counseling unless they fall within one or more of the following exemptions: (1) Licensed lawyers, doctors, school counselors, or other registered, certified or licensed by the State to practice any other occupation or profession while providing the services of his/her profession. (2) Any student intern or trainee in counseling pursuing a course of study in counseling in a regionally accredited institution of higher learning or training institution, if the intern or trainee is a designated "counselor intern" and the activities and services constitute a part of the supervised course of study. (3) Any person counseling within the scope of employment at a local community college, a public higher education institution or private higher education institution. (4) Any ordained minister or other member of the clergy while acting in a ministerial capacity who does not charge a fee for the service. (5) Any nonresident temporarily employed in this State to render counseling services for not more than 30 days in a year, if the person holds a license or certificate required for counselors in another state. (6) Any person employed by State, federal, county, or municipal government while counseling within the scope of employment.” (§ 90-332.1. NC General Statutes - Chapter 90 Article 24, found on the North Carolina Board for Licensed Professional Counseling Board, [www.ncblpc.org](http://www.ncblpc.org)).

If you engage in any existing related practices, you must disclose them below. Although it is ultimately your responsibility to ensure that you remain in compliance with North Carolina’s “practice of counseling” provisions, a CMHC faculty member will review your related practices with you to identify any potential legal or ethical issues. It is your ongoing responsibility to submit an updated form any time during your CMHC program enrollment if you engage in additional related practices.

Description of related practice (if none, indicate “not applicable”):

---



---



---

Printed Name

Signature

Date

---

Faculty advisor

Signature

Date

Version 5-10-2016



## Appendix E – 2016 CACREP Standards

### 2016 CACREP Standards



This document includes the final version of the 2016 CACREP Standards that were adopted by the CACREP Board. CACREP is providing this document so that counseling program faculty, administrators, and other agency personnel can plan for their future implementation on July 1, 2016.

Please note that programs planning to seek CACREP accreditation under the 2016 Standards should not consider this a stand-alone document. Over the next several months, CACREP will release additional documents that include updated policies, application procedures, and a description of review processes. It is anticipated that these additional documents will be posted by mid-July 2015. All applications submitted under the 2016 Standards will be held to the forthcoming policies, procedures, and review processes.

While counseling programs will be allowed to apply using the 2016 Standards once all documents are posted, any application for accreditation postmarked after June 30, 2016, MUST address the 2016 Standards.

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## INTRODUCTION TO THE 2016 CACREP STANDARDS

CACREP accreditation is both a process and a status. Institutional application for CACREP accreditation denotes a commitment to program excellence. The accreditation process incorporates programs' self-assessment along with external review to determine if and how program standards are being met. Accredited status indicates to the public at large that a program is fulfilling its commitment to educational quality.

The 2016 CACREP Standards were written with the intention to simplify and clarify the accreditation requirements. An intentional effort was made to avoid redundancy and confusing language. The lack of multiple references to any particular content area was not meant to discount the importance of any of those content areas. At minimum, programs must address all required content, but they may choose the level of emphasis placed on each content area.

The 2016 CACREP Standards were also written with the intent to promote a unified counseling profession. Requirements are meant to ensure that students graduate with a strong professional counselor identity and with opportunities for specialization in one or more areas. The Standards require that graduates demonstrate both knowledge and skill across the curriculum as well as professional dispositions.

Although the 2016 CACREP Standards delineate accreditation requirements, they do not dictate the manner in which programs may choose to meet standards. Program innovation is encouraged in meeting both the intent and spirit of the 2016 CACREP Standards. Program faculty and reviewers should understand that counselor education programs can meet the accreditation requirements in a variety of ways. Providing evidence of meeting or exceeding the standards is the responsibility of the program.

Graduates of CACREP-accredited programs are prepared for careers in mental health, human services, education, private practice, government, military, business, and industry. Entry-level program graduates are prepared as counseling practitioners, and for respective credentials (e.g., licensure, certification) in their specialty area. Doctoral-level graduates are prepared for counselor education, supervision, and practice.

The 2016 CACREP Standards are organized into six sections. Section 1, The Learning Environment, includes standards pertaining to the institution, the academic unit, and program faculty and staff. Section 2, Professional Counseling Identity, includes foundational standards and the counseling curriculum, comprising the eight required core content areas. Section 3, Professional Practice, refers to standards required for entry-level practice, practicum, internship, supervisor qualifications, and practicum and internship course loads. Section 4, Evaluation in the Program, provides standards relevant to evaluation of the program, assessment of students, and evaluation of faculty and site supervisors. Section 5, Entry-Level Specialty Areas, provides standards relevant to specialty areas offered by the program. These include addictions; career; clinical mental health; clinical rehabilitation; college counseling and student affairs; marriage,

couple, and family; and school counseling. For each specialty area, standards pertaining to foundations, contextual dimensions and practice are provided. Section 6 contains the Doctoral Standards for Counselor Education and Supervision, including learning environment, professional identity, and doctoral-level practicum and internship requirements. In addition to the 2016 Standards, a Glossary, defining key terms within the 2016 CACREP Standards document is available.

## SECTION 1: THE LEARNING ENVIRONMENT

*The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.*

### THE INSTITUTION

- i. The academic unit is clearly identified as part of the institution's graduate degree offerings and has primary responsibility for the preparation of students in the program. If more than one academic unit has responsibility for the preparation of students in the program, the respective areas of responsibility and the relationships among and between them must be clearly documented.
- j. The institutional media accurately describe the academic unit, the core counselor education program faculty, and each program and specialty area offered, including admissions criteria, accreditation status, methods of instruction, minimum degree requirements, matriculation requirements, and financial aid information.
- k. The institution is committed to providing the program with sufficient financial support to ensure continuity, quality, and effectiveness in all of the program's learning environments.
- l. The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical programs in the institution.
- m. The institution provides support for counselor education program faculty to participate in professional activities, scholarly activities, and service to the profession.
- n. The institution provides learning resources appropriate for scholarly inquiry, study, and research relevant to counseling and accessible by all counselor education program faculty and students.
- o. The institution provides technical support to all counselor education program faculty and students to ensure access to information systems for learning, teaching, and research.
- p. The institution provides information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students.
- q. The institution provides adequate and appropriate access to counseling instruction environments (on or off campus) that are conducive to training and supervision of individual and group counseling. The counseling instruction environments include technologies and other observational capabilities as well as procedures for maintaining privacy and confidentiality.

## THE ACADEMIC UNIT

- r. Entry-level degree specialty areas in Addiction Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; and Marriage, Couple, and Family Counseling consist of approved, graduate-level study with a minimum of 60 semester credit hours or 90 quarter credit hours required of all students. Until June 30, 2020, Career Counseling, College Counseling and Student Affairs, and School Counseling specialty areas require a minimum of 48 semester hours or 72 quarter hours. Beginning July 1, 2020, all entry-level degree programs require a minimum of 60 semester credit hours or 90 quarter credit hours for all students.
- s. The academic unit makes continuous and systematic efforts to attract, enroll, and retain a diverse group of students and to create and support an inclusive learning community.
- t. Entry-level admission decision recommendations are made by the academic unit's selection committee and include consideration of each applicant's (1) relevance of career goals, (2) aptitude for graduate-level study, (3) potential success in forming effective counseling relationships, and (4) respect for cultural differences.
- u. Before or at the beginning of the first term of enrollment in the academic unit, the program provides a new student orientation during which a student handbook is disseminated and discussed, students' ethical and professional obligations and personal growth expectations as counselors-in-training are explained, and eligibility for licensure/certification is reviewed.
- v. The student handbook includes (1) the mission statement of the academic unit and program objectives, (2) information about professional counseling organizations, opportunities for professional involvement, and activities appropriate for students, (3) matriculation requirements, (4) expectations of students, (5) academic appeal policy, (6) written endorsement policy explaining the procedures for recommending students for credentialing and employment, and (7) policy for student retention, remediation, and dismissal from the program.
- w. Counselor education programs have and follow a policy for student retention, remediation, and dismissal from the program consistent with institutional due process policies and with the counseling profession's ethical codes and standards of practice.
- x. Students in entry-level programs have an assigned advisor at all times during the program who helps them develop a planned program of study.
- y. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.
- z. The academic unit has faculty resources of appropriate quality and sufficiency to meet the demands of the program. For entry-level programs, the academic unit must employ a minimum of three full-time core counselor education program faculty members who

teach in the entry-level program. Core counselor education program faculty may only be designated as core faculty at one institution.

- aa. To ensure that students are taught primarily by core counselor education program faculty, for any calendar year, the combined number of course credit hours taught by non-core faculty must not exceed the number of credit hours taught by core faculty.
- bb. For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1.
- cc. The teaching and advising loads, scholarship, and service expectations of counselor education program faculty members are consistent with the institutional mission and the recognition that counselor preparation programs require extensive clinical instruction.
- dd. Clerical assistance is available to support faculty/program activities and is commensurate with that provided for similar graduate programs.

#### **FACULTY AND STAFF**

- ee. Core counselor education program faculty have earned doctoral degrees in counselor education, preferably from a CACREP-accredited program, or have related doctoral degrees and have been employed as full-time faculty members in a counselor education program for a minimum of one full academic year before July 1, 2013.
  - ff. Core counselor education program faculty identify with the counseling profession (1) through sustained memberships in professional counseling organizations, (2) through the maintenance of certifications and/or licenses related to their counseling specialty area(s), and (3) by showing evidence of sustained (a) professional development and renewal activities related to counseling, (b) professional service and advocacy in counseling, and  
(c) research and scholarly activity in counseling commensurate with their faculty role.
  - gg. Within the structure of the institution's policies, the core counselor education program faculty have the authority to determine program curricula and to establish operational policies and procedures for the program.
  - hh. Non-core faculty may be employed who support the mission, goals, and curriculum of the counselor education program. They must have graduate or professional degrees in a field that supports the mission of the program.
- AA. The core counselor education program faculty orient non-core faculty to program and accreditation requirements relevant to the courses they teach.
  - BB. All core and non-core counselor education program faculty have relevant preparation and experience in relation to the courses they teach.
  - CC. A core counselor education program faculty member is clearly designated as the academic unit leader for counselor education; this individual must have a written job description that includes (1) having responsibility for the coordination of the counseling

program(s), (2) responding to inquiries regarding the overall academic unit, (3) providing input and making recommendations regarding the development of and expenditures from the budget, (4) providing or delegating year-round leadership to the operation of the program(s), and (5) receiving release time from faculty member responsibilities to administer the academic unit.

DD. A program faculty member or administrator is identified as the practicum and internship coordinator for the academic unit and/or program; this individual must have a written job description that includes (1) having responsibility for the coordination of practicum and internship experiences in designated counselor education program(s), and (2) responding to inquiries regarding practicum and internship.



## SECTION 2: PROFESSIONAL COUNSELING IDENTITY

*The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.*

### FOUNDATION

- A. The counselor education program has a publicly available mission statement and program objectives.
- B. The program objectives (1) reflect current knowledge and projected needs concerning counseling practice in a multicultural and pluralistic society; (2) reflect input from all persons involved in the conduct of the program, including counselor education program faculty, current and former students, and personnel in cooperating agencies; (3) address student learning; and (4) are written so they can be evaluated.
- C. Students actively identify with the counseling profession by participating in professional counseling organizations and by participating in seminars, workshops, or other activities that contribute to personal and professional growth.

### COUNSELING CURRICULUM

- D. Syllabi are available for review by all enrolled or prospective students, are distributed at the beginning of each curricular experience, and include (1) content areas, (2) knowledge and skill outcomes, (3) methods of instruction, (4) required text(s) and/or reading(s), (5) student performance evaluation criteria and procedures, and (6) a disability accommodation policy and procedure statement.
- E. Current counseling-related research is infused in the curriculum.
- F. The eight common core areas represent the foundational knowledge required of *all* entry-level counselor education graduates. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. PROFESSIONAL COUNSELING ORIENTATION AND ETHICAL PRACTICE

- a. history and philosophy of the counseling profession and its specialty areas
- b. the multiple professional roles and functions of counselors across specialty areas, and their relationships with human service and integrated behavioral health care systems, including interagency and interorganizational collaboration and consultation
- c. counselors' roles and responsibilities as members of interdisciplinary community outreach and emergency management response teams
- d. the role and process of the professional counselor advocating on behalf of the profession
- e. advocacy processes needed to address institutional and social barriers that impede access, equity, and success for clients

- f. professional counseling organizations, including membership benefits, activities, services to members, and current issues
  - g. professional counseling credentialing, including certification, licensure, and accreditation practices and standards, and the effects of public policy on these issues
  - h. current labor market information relevant to opportunities for practice within the counseling profession
  - i. ethical standards of professional counseling organizations and credentialing bodies, and applications of ethical and legal considerations in professional counseling
  - j. technology's impact on the counseling profession
  - k. strategies for personal and professional self-evaluation and implications for practice
  - l. self-care strategies appropriate to the counselor role
  - m. the role of counseling supervision in the profession
2. SOCIAL AND CULTURAL DIVERSITY
- a. multicultural and pluralistic characteristics within and among diverse groups nationally and internationally
  - b. theories and models of multicultural counseling, cultural identity development, and social justice and advocacy
  - c. multicultural counseling competencies
  - d. the impact of heritage, attitudes, beliefs, understandings, and acculturative experiences on an individual's views of others
  - e. the effects of power and privilege for counselors and clients
  - f. help-seeking behaviors of diverse clients
  - g. the impact of spiritual beliefs on clients' and counselors' worldviews
  - h. strategies for identifying and eliminating barriers, prejudices, and processes of intentional and unintentional oppression and discrimination
3. HUMAN GROWTH AND DEVELOPMENT
- a. theories of individual and family development across the lifespan
  - b. theories of learning
  - c. theories of normal and abnormal personality development
  - d. theories and etiology of addictions and addictive behaviors
  - e. biological, neurological, and physiological factors that affect human development, functioning, and behavior

- f. systemic and environmental factors that affect human development, functioning, and behavior
- g. effects of crisis, disasters, and trauma on diverse individuals across the lifespan
- h. a general framework for understanding differing abilities and strategies for differentiated interventions
- i. ethical and culturally relevant strategies for promoting resilience and optimum development and wellness across the lifespan

#### 4. CAREER DEVELOPMENT

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

#### 5. COUNSELING AND HELPING RELATIONSHIPS

- a. theories and models of counseling
- b. a systems approach to conceptualizing clients
- c. theories, models, and strategies for understanding and practicing consultation
- d. ethical and culturally relevant strategies for establishing and maintaining in-person and technology-assisted relationships
- e. the impact of technology on the counseling process

- f. counselor characteristics and behaviors that influence the counseling process
  - g. essential interviewing, counseling, and case conceptualization skills
  - h. developmentally relevant counseling treatment or intervention plans
  - i. development of measurable outcomes for clients
  - j. evidence-based counseling strategies and techniques for prevention and intervention
  - k. strategies to promote client understanding of and access to a variety of community- based resources
  - l. suicide prevention models and strategies
  - m. crisis intervention, trauma-informed, and community-based strategies, such as Psychological First Aid
  - n. processes for aiding students in developing a personal model of counseling
6. GROUP COUNSELING AND GROUP WORK
- a. theoretical foundations of group counseling and group work
  - b. dynamics associated with group process and development
  - c. therapeutic factors and how they contribute to group effectiveness
  - d. characteristics and functions of effective group leaders
  - e. approaches to group formation, including recruiting, screening, and selecting members
  - f. types of groups and other considerations that affect conducting groups in varied settings
  - g. ethical and culturally relevant strategies for designing and facilitating groups
  - h. direct experiences in which students participate as group members in a small group activity, approved by the program, for a minimum of 10 clock hours over the course of one academic term
7. ASSESSMENT AND TESTING
- a. historical perspectives concerning the nature and meaning of assessment and testing in counseling
  - b. methods of effectively preparing for and conducting initial assessment meetings
  - c. procedures for assessing risk of aggression or danger to others, self-inflicted harm, or suicide
  - d. procedures for identifying trauma and abuse and for reporting abuse
  - e. use of assessments for diagnostic and intervention planning purposes

- f. basic concepts of standardized and non-standardized testing, norm-referenced and criterion-referenced assessments, and group and individual assessments
  - g. statistical concepts, including scales of measurement, measures of central tendency, indices of variability, shapes and types of distributions, and correlations
  - h. reliability and validity in the use of assessments
  - i. use of assessments relevant to academic/educational, career, personal, and social development
  - j. use of environmental assessments and systematic behavioral observations
  - k. use of symptom checklists, and personality and psychological testing
  - l. use of assessment results to diagnose developmental, behavioral, and mental disorders
  - m. ethical and culturally relevant strategies for selecting, administering, and interpreting assessment and test results
8. RESEARCH AND PROGRAM EVALUATION
- a. the importance of research in advancing the counseling profession, including how to critique research to inform counseling practice
  - b. identification of evidence-based counseling practices
  - c. needs assessments
  - d. development of outcome measures for counseling programs
  - e. evaluation of counseling interventions and programs
  - f. qualitative, quantitative, and mixed research methods
  - g. designs used in research and program evaluation
  - h. statistical methods used in conducting research and program evaluation
  - i. analysis and use of data in counseling
  - j. ethical and culturally relevant strategies for conducting, interpreting, and reporting the results of research and/or program evaluation

## SECTION 3: PROFESSIONAL PRACTICE

Professional practice, which includes practicum and internship, provides for the application of theory and the development of counseling skills under supervision. These experiences will provide opportunities for students to counsel clients who represent the ethnic and demographic diversity of their community.

The following Standards apply to entry-level programs for which accreditation is being sought.

### ENTRY-LEVEL PROFESSIONAL PRACTICE

- A. Students are covered by individual professional counseling liability insurance policies while enrolled in practicum and internship.
- B. Supervision of practicum and internship students includes program-appropriate audio/video recordings and/or live supervision of students' interactions with clients.
- C. Formative and summative evaluations of the student's counseling performance and ability to integrate and apply knowledge are conducted as part of the student's practicum and internship.
- D. Students have the opportunity to become familiar with a variety of professional activities and resources, including technological resources, during their practicum and internship.
- E. In addition to the development of individual counseling skills, during *either* the practicum or internship, students must lead or co-lead a counseling or psychoeducational group.

### PRACTICUM

- F. Students complete supervised counseling practicum experiences that total a minimum of 100 clock hours over a full academic term that is a minimum of 10 weeks.
- G. Practicum students complete at least 40 clock hours of direct service with actual clients that contributes to the development of counseling skills.
- H. Practicum students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the practicum by (1) a counselor education program faculty member, (2) a student supervisor who is under the supervision of a counselor education program faculty member, or (3) a site supervisor who is working in consultation on a regular schedule with a counselor education program faculty member in accordance with the supervision agreement.
- I. Practicum students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the practicum. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

## INTERNSHIP

- J. After successful completion of the practicum, students complete 600 clock hours of supervised counseling internship in roles and settings with clients relevant to their specialty area.
- K. Internship students complete at least 240 clock hours of direct service.
- L. Internship students have weekly interaction with supervisors that averages one hour per week of individual and/or triadic supervision throughout the internship, provided by (1) the site supervisor, (2) counselor education program faculty, or (3) a student supervisor who is under the supervision of a counselor education program faculty member.
- M. Internship students participate in an average of 1½ hours per week of group supervision on a regular schedule throughout the internship. Group supervision must be provided by a counselor education program faculty member or a student supervisor who is under the supervision of a counselor education program faculty member.

## SUPERVISOR QUALIFICATIONS

- N. Counselor education program faculty members serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs have (1) relevant experience, (2) professional credentials, and (3) counseling supervision training and experience.
- O. Students serving as individual/triadic or group practicum/internship supervisors for students in entry-level programs must (1) have completed CACREP entry-level counseling degree requirements, (2) have completed or are receiving preparation in counseling supervision, and (3) be under supervision from counselor education program faculty.
- P. Site supervisors have (1) a minimum of a master's degree, preferably in counseling, or a related profession; (2) relevant certifications and/or licenses; (3) a minimum of two years of pertinent professional experience in the specialty area in which the student is enrolled; (4) knowledge of the program's expectations, requirements, and evaluation procedures for students; and (5) relevant training in counseling supervision.
- Q. Orientation, consultation, and professional development opportunities are provided by counselor education program faculty to site supervisors.
- R. Written supervision agreements define the roles and responsibilities of the faculty supervisor, site supervisor, and student during practicum and internship. When individual/triadic practicum supervision is conducted by a site supervisor in consultation with counselor education program faculty, the supervision agreement must detail the format and frequency of consultation to monitor student learning.

## **PRACTICUM AND INTERNSHIP COURSE LOADS**

- S. When individual/triadic supervision is provided by the counselor education program faculty or a student under supervision, practicum and internship courses should not exceed a 1:6 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- T. When individual/triadic supervision is provided solely by a site supervisor, and the counselor education program faculty or student under supervision only provides group supervision, practicum and internship courses should not exceed a 1:12 faculty:student ratio. This is equivalent to the teaching of one 3-semester credit hour or equivalent quarter credit hour course of a faculty member's teaching load assignment.
- U. Group supervision of practicum and internship students should not exceed a 1:12 faculty:student ratio.
- V. When counselor education program faculty provide supervision of students providing supervision, a 1:6 faculty:student ratio should not be exceeded. This is equivalent to the teaching of one 3-semester or equivalent quarter credit hours of a faculty member's teaching load assignment.



## SECTION 4: EVALUATION IN THE PROGRAM

Evaluation in the program includes opportunities for counselor education program faculty to comprehensively evaluate overall program effectiveness. Assessment of students' knowledge, skills, and professional dispositions is integral. Evaluation data will help program faculty reflect on aspects of the program that work well and those that need improvement and will inform programmatic and curricular decisions.

The following Standards apply to all entry-level and doctoral-level programs for which accreditation is being sought unless otherwise specified.

### EVALUATION OF THE PROGRAM

- A. Counselor education programs have a documented, empirically based plan for systematically evaluating the program objectives, including student learning. For each of the types of data listed in 4.B, the plan outlines (1) the data that will be collected, (2) a procedure for how and when data will be collected, (3) a method for how data will be reviewed or analyzed, and (4) an explanation for how data will be used for curriculum and program improvement.
- B. The counselor education program faculty demonstrate the use of the following to evaluate the program objectives: (1) aggregate student assessment data that address student knowledge, skills, and professional dispositions; (2) demographic and other characteristics of applicants, students, and graduates; and (3) data from systematic follow-up studies of graduates, site supervisors, and employers of program graduates.
- C. Counselor education program faculty provide evidence of the use of program evaluation data to inform program modifications.
- D. Counselor education program faculty disseminate an annual report that includes, by program level, (1) a summary of the program evaluation results, (2) subsequent program modifications, and (3) any other substantial program changes. The report is published on the program website in an easily accessible location, and students currently in the program, program faculty, institutional administrators, and personnel in cooperating agencies (e.g., employers, site supervisors) are notified that the report is available.
- E. Counselor education program faculty must annually post on the program's website in an easily accessible location the following specific information for each entry-level specialty area and doctoral program: (1) the number of graduates for the past academic year, (2) pass rates on credentialing examinations, (3) completion rates, and (4) job placement rates.

### ASSESSMENT OF STUDENTS

- F. The counselor education program faculty systematically assesses each student's progress throughout the program by examining student learning in relation to a combination of knowledge and skills. The assessment process includes the following: (1) identification of

key performance indicators of student learning in each of the eight core areas and in each student's respective specialty area(s) (for doctoral programs, each of the five doctoral core areas), (2) measurement of student learning conducted via multiple measures and over multiple points in time, and (3) review or analysis of data.

G. The counselor education program faculty systematically assesses each student's professional dispositions throughout the program. The assessment process includes the following: (1) identification of key professional dispositions, (2) measurement of student professional dispositions over multiple points in time, and (3) review or analysis of data.

H. The counselor education program faculty has a systematic process in place for the use of individual student assessment data in relation to retention, remediation, and dismissal.

#### **EVALUATION OF FACULTY AND SUPERVISORS**

I. Written procedures for administering the process for student evaluations of faculty are available to the counselor education program faculty.

J. Students have regular, systematic opportunities to formally evaluate counselor education program faculty.

K. Students have regular, systematic opportunities to formally evaluate practicum and internship supervisors.

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### A. ADDICTION COUNSELING

Students who are preparing to specialize as addiction counselors are expected to possess the knowledge and skills necessary to address a wide range of issues in the context of addiction counseling, treatment, and prevention programs, as well as in a more broad mental health counseling context. Counselor education programs with a specialty area in addiction counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of addiction counseling
- b. theories and models of addiction related to substance use as well as behavioral and process addictions
- c. principles and philosophies of addiction-related self-help
- d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- e. neurological, behavioral, psychological, physical, and social effects of psychoactive substances and addictive disorders on the user and significant others
- f. psychological tests and assessments specific to addiction counseling

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of addiction counselors
- b. potential for addictive and substance use disorders to mimic and/or co-occur with a variety of medical and psychological disorders
- c. factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders
- d. regulatory processes and substance abuse policy relative to service delivery opportunities in addiction counseling
- e. importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process
- f. role of wellness and spirituality in the addiction recovery process
- g. culturally and developmentally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation

- i. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
- j. cultural factors relevant to addiction and addictive behavior
- k. professional organizations, preparation standards, and credentials relevant to the practice of addiction counseling
- l. legal and ethical considerations specific to addiction counseling
- m. record keeping, third party reimbursement, and other practice and management considerations in addiction counseling

### 3. PRACTICE

- a. screening, assessment, and testing for addiction, including diagnostic interviews, mental status examination, symptom inventories, and psychoeducational and personality assessments
- b. assessment of biopsychosocial and spiritual history relevant to addiction
- c. assessment for symptoms of psychoactive substance toxicity, intoxication, and withdrawal
- d. techniques and interventions related to substance abuse and other addictions
- e. strategies for reducing the persisting negative effects of substance use, abuse, dependence, and addictive disorders
- f. strategies for helping clients identify the effects of addiction on life problems and the effects of continued harmful use or abuse, and the benefits of a life without addiction
- g. evaluating and identifying individualized strategies and treatment modalities relative to clients' stage of dependence, change, or recovery
- h. strategies for interfacing with the legal system and working with court referred clients

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### B. CAREER COUNSELING

Students who are preparing to specialize as career counselors will demonstrate the professional knowledge and skills necessary to help people develop life-career plans, with a focus on the interaction of work and other life roles. Counselor education programs with a specialty area in career counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of career counseling
- b. emergent theories of career development and counseling
- c. principles of career development and decision making over the lifespan
- d. formal and informal career- and work-related tests and assessments

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of career counselors in private and public sector agencies and institutions
- b. role of career counselors in advocating for the importance of career counseling, career development, life-work planning, and workforce planning to policymakers and the general public
- c. the unique needs and characteristics of multicultural and diverse populations with regard to career exploration, employment expectations, and socioeconomic issues
- d. factors that affect clients' attitudes toward work and their career decision-making processes,
- e. impact of globalization on careers and the workplace
- f. implications of gender roles and responsibilities for employment, education, family, and leisure
- g. education, training, employment trends, and labor market information and resources that provide information about job tasks, functions, salaries, requirements, and future outlooks related to broad occupational fields and individual occupations
- h. resources available to assist clients in career planning, job search, and job creation
- i. professional organizations, preparation standards, and credentials relevant to the practice of career counseling
- j. legal and ethical considerations specific to career counseling

### 3. PRACTICE

- a. intake interview and comprehensive career assessment
- b. strategies to help clients develop skills needed to make life-work role transitions
- c. approaches to help clients acquire a set of employability, job search, and job creation skills
- d. strategies to assist clients in the appropriate use of technology for career information and planning
- e. approaches to market and promote career counseling activities and services
- f. identification, acquisition, and evaluation of career information resources relevant for diverse populations
- g. planning, implementing, and administering career counseling programs and services

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### C. CLINICAL MENTAL HEALTH COUNSELING

Students who are preparing to specialize as clinical mental health counselors will demonstrate the knowledge and skills necessary to address a wide variety of circumstances within the context of clinical mental health counseling. Counselor education programs with a specialty area in clinical mental health counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of clinical mental health counseling
- b. theories and models related to clinical mental health counseling
- c. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- d. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- e. psychological tests and assessments specific to clinical mental health counseling

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of clinical mental health counselors
- b. etiology, nomenclature, treatment, referral, and prevention of mental and emotional disorders
- c. mental health service delivery modalities within the continuum of care, such as inpatient, outpatient, partial treatment and aftercare, and the mental health counseling services networks
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
- e. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
- f. impact of crisis and trauma on individuals with mental health diagnoses
- g. impact of biological and neurological mechanisms on mental health
- h. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- i. legislation and government policy relevant to clinical mental health counseling
- j. cultural factors relevant to clinical mental health counseling

- k. professional organizations, preparation standards, and credentials relevant to the practice of clinical mental health counseling
- l. legal and ethical considerations specific to clinical mental health counseling
- m. record keeping, third party reimbursement, and other practice and management issues in clinical mental health counseling

### 3. PRACTICE

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



## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### D. CLINICAL REHABILITATION COUNSELING

Students who are preparing to specialize as clinical rehabilitation counselors will demonstrate the professional knowledge and skills necessary to address a wide variety of circumstances within the clinical rehabilitation counseling context. Counselor education programs with a specialty area in clinical rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of rehabilitation counseling
- b. theories and models related to rehabilitation counseling
- c. social science theory that addresses psychosocial aspects of disability
- d. principles, models, and documentation formats of biopsychosocial case conceptualization and treatment planning
- e. neurobiological and medical foundation and etiology of addiction and co-occurring disorders
- f. etiology and effects of disabilities and terminology relevant to clinical rehabilitation counseling
- g. screening and assessment instruments that are reliable and valid for individuals with disabilities

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of rehabilitation counselors
- b. relationships between clinical rehabilitation counselors and medical and allied health professionals, including interdisciplinary treatment teams
- c. rehabilitation service delivery systems, including housing, independent living, case management, public benefits programs, educational programs, and public/proprietary vocational rehabilitation programs
- d. rehabilitation counseling services within the continuum of care, such as inpatient, outpatient, partial hospitalization and aftercare, and the rehabilitation counseling services networks
- e. operation of an emergency management system within rehabilitation agencies and in the community in relation to accommodating individuals with disabilities
- f. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)

- g. potential for substance use disorders to mimic and/or co-occur with a variety of neurological, medical, and psychological disorders
- h. impact of crisis and trauma on individuals with disabilities
- i. impact of biological and neurological mechanisms on disability
- j. effects of co-occurring disabilities on the client and family
- k. effects of discrimination, such as handicapism, ableism, and power, privilege, and oppression on clients' life and career development
- l. classifications, indications, and contraindications of commonly prescribed psychopharmacological medications for appropriate medical referral and consultation
- m. effects of the onset, progression, and expected duration of disability on clients' holistic functioning (i.e., physical, spiritual, sexual, vocational, social, relational, and recreational)
- n. transferable skills, functional assessments, and work-related supports for achieving and maintaining meaningful employment for people with disabilities
- o. role of family, social networks, and community in the provision of services for and treatment of people with disabilities
- p. environmental, attitudinal, and individual barriers for people with disabilities
- q. assistive technology to reduce or eliminate barriers and functional limitations
- r. legislation and government policy relevant to rehabilitation counseling
- s. cultural factors relevant to rehabilitation counseling
- t. professional issues that affect rehabilitation counselors, including independent provider status, expert witness status, forensic rehabilitation, and access to and practice privileges within managed care systems
- u. record keeping, third party reimbursement, and other practice and management issues in rehabilitation counseling
- v. professional organizations, preparation standards, and credentials relevant to the practice of clinical rehabilitation counseling
- w. legal and ethical considerations specific to clinical rehabilitation counseling

### 3. PRACTICE

- a. diagnostic interviews, mental status examinations, symptom inventories, psychoeducational and personality assessments, biopsychosocial histories, assessments for treatment planning, and assessments for assistive technology needs

- b. career- and work-related assessments, including job analysis, work site modification, transferrable skills analysis, job readiness, and work hardening
- c. strategies to advocate for persons with disabilities
- d. strategies for interfacing with medical and allied health professionals, including interdisciplinary treatment teams
- e. strategies to consult with and educate employers, educators, and families regarding accessibility, Americans with Disabilities Act compliance, and accommodations

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### E. COLLEGE COUNSELING AND STUDENT AFFAIRS

Students who are preparing to specialize as college counselors and student affairs professionals will demonstrate the knowledge and skills necessary to promote the academic, career, personal, and social development of individuals in higher education settings. Counselor education programs with a specialty area in college counseling and student affairs must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of college counseling and student affairs
- b. student development theories relevant to student learning and personal, career, and identity development
- c. organizational, management, and leadership theories relevant in higher education settings
- d. principles of student development and the effect on life, education, and career choices
- e. assessments specific to higher education settings

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of college counselors and student affairs professionals
- b. roles of college counselors and student affairs professionals in relation to the operation of the institution's emergency management plan, and crises, disasters, and trauma
- c. roles of college counselors and student affairs professionals in collaborating with personnel from other educational settings to facilitate college and postsecondary transitions
- d. characteristics, risk factors, and warning signs of individuals at risk for mental health and behavioral disorders
- e. models of violence prevention in higher education settings
- f. signs and symptoms of substance abuse in individuals in higher education settings
- g. current trends in higher education and the diversity of higher education environments
- h. organizational culture, budgeting and finance, and personnel practices in higher education
- i. environmental, political, and cultural factors that affect the practice of counseling in higher education settings

- j. the influence of institutional, systemic, interpersonal, and intrapersonal barriers on learning and career opportunities in higher education
  - k. influence of learning styles and other personal characteristics on learning
  - l. policies, programs, and services that are equitable and responsive to the unique needs of individuals in higher education settings
  - m. unique needs of diverse individuals in higher education settings, including residents, commuters, distance learners, individuals with disabilities, adult learners, and student athletes, as well as nontraditional, international, transfer, and first-generation students
  - n. higher education resources to improve student learning, personal growth, professional identity development, and mental health
  - o. professional organizations, preparation standards, and credentials relevant to the practice of counseling in higher education settings
  - p. legal and ethical considerations specific to higher education environments
3. PRACTICE
- a. collaboration within the higher education community to develop programs and interventions to promote the academic, social, and career success of individuals in higher education settings
  - b. strategies to assist individuals in higher education settings with personal/social development
  - c. interventions related to a broad range of mental health issues for individuals in higher education settings
  - d. strategies for addiction prevention and intervention for individuals in higher education settings
  - e. use of multiple data sources to inform programs and services in higher education settings

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### F. MARRIAGE, COUPLE, AND FAMILY COUNSELING

Students who are preparing to specialize as marriage, couple, and family counselors are expected to possess the knowledge and skills necessary to address a wide variety of issues in the context of relationships and families. Counselor education programs with a specialty area in marriage, couple, and family counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of marriage, couple, and family counseling
- b. theories and models of family systems and dynamics
- c. theories and models of marriage, couple, and family counseling
- d. sociology of the family, family phenomenology, and family of origin theories
- e. principles and models of assessment and case conceptualization from a systems perspective
- f. assessments relevant to marriage, couple, and family counseling

#### 2. CONTEXTUAL DIMENSIONS

- a. roles and settings of marriage, couple, and family counselors
- b. structures of marriages, couples, and families
- c. family assessments, including diagnostic interviews, genograms, family mapping, mental diagnostic status examinations, symptom inventories, and psychoeducational and personality assessments
- d. diagnostic process, including differential diagnosis and the use of current diagnostic classification systems, including the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* and the International Classification of Diseases (ICD)
- e. human sexuality and its effect on couple and family functioning
- f. aging and intergenerational influences and related family concerns
- g. impact of crisis and trauma on marriages, couples, and families
- h. impact of addiction on marriages, couples, and families
- i. impact of interpersonal violence on marriages, couples, and families
- j. impact of unemployment, under-employment, and changes in socioeconomic standing on marriages, couples, and families
- k. interactions of career, life, and gender roles on marriages, couples, and families

- l. physical, mental health, and psychopharmacological factors affecting marriages, couples, and families
  - m. cultural factors relevant to marriage, couple, and family functioning, including the impact of immigration
  - n. professional organizations, preparation standards, and credentials relevant to the practice of marriage, couple, and family counseling
  - o. ethical and legal considerations and family law issues unique to the practice of marriage, couple, and family counseling
  - p. record keeping, third party reimbursement, and other practice and management considerations in marriage, couple, and family counseling
3. PRACTICE
- a. assessment, evaluation, and case management for working with individuals, couples, and families from a systems perspective
  - b. fostering family wellness
  - c. techniques and interventions of marriage, couple, and family counseling
  - d. conceptualizing and implementing treatment, planning, and intervention strategies in marriage, couple, and family counseling
  - e. strategies for interfacing with the legal system relevant to marriage, couple, and family counseling

## SECTION 5: ENTRY-LEVEL SPECIALTY AREAS

### G. SCHOOL COUNSELING

Students who are preparing to specialize as school counselors will demonstrate the professional knowledge and skills necessary to promote the academic, career, and personal/social development of all P–12 students through data-informed school counseling programs. Counselor education programs with a specialty area in school counseling must document where each of the lettered standards listed below is covered in the curriculum.

#### 1. FOUNDATIONS

- a. history and development of school counseling
- b. models of school counseling programs
- c. models of P-12 comprehensive career development
- d. models of school-based collaboration and consultation
- e. assessments specific to P-12 education

#### 2. CONTEXTUAL DIMENSIONS

- a. school counselor roles as leaders, advocates, and systems change agents in P-12 schools
- b. school counselor roles in consultation with families, P-12 and postsecondary school personnel, and community agencies
- c. school counselor roles in relation to college and career readiness
- d. school counselor roles in school leadership and multidisciplinary teams
- e. school counselor roles and responsibilities in relation to the school emergency management plans, and crises, disasters, and trauma
- f. competencies to advocate for school counseling roles
- g. characteristics, risk factors, and warning signs of students at risk for mental health and behavioral disorders
- h. common medications that affect learning, behavior, and mood in children and adolescents
- i. signs and symptoms of substance abuse in children and adolescents as well as the signs and symptoms of living in a home where substance use occurs
- j. qualities and styles of effective leadership in schools
- k. community resources and referral sources



- l. professional organizations, preparation standards, and credentials relevant to the practice of school counseling
  - m. legislation and government policy relevant to school counseling
  - n. legal and ethical considerations specific to school counseling
3. PRACTICE
- a. development of school counseling program mission statements and objectives
  - b. design and evaluation of school counseling programs
  - c. core curriculum design, lesson plan development, classroom management strategies, and differentiated instructional strategies
  - d. interventions to promote academic development
  - e. use of developmentally appropriate career counseling interventions and assessments
  - f. techniques of personal/social counseling in school settings
  - g. strategies to facilitate school and postsecondary transitions
  - h. skills to critically examine the connections between social, familial, emotional, and behavior problems and academic achievement
  - i. approaches to increase promotion and graduation rates
  - j. interventions to promote college and career readiness
  - k. strategies to promote equity in student achievement and college access
  - l. techniques to foster collaboration and teamwork within schools
  - m. strategies for implementing and coordinating peer intervention programs
  - n. use of accountability data to inform decision making
  - o. use of data to advocate for programs and students

## **SECTION 6: DOCTORAL STANDARDS COUNSELOR EDUCATION AND SUPERVISION**

### **A. THE DOCTORAL LEARNING ENVIRONMENT**

Doctoral degree programs in Counselor Education and Supervision are intended to prepare graduates to work as counselor educators, supervisors, researchers, and practitioners in academic and clinical settings. The doctoral program standards are intended to accommodate the unique strengths of different programs.

#### **THE PROGRAM**

1. The doctoral program consists of a minimum of 48 semester hours or 72 quarter hours of doctoral-level credits beyond the entry-level degree.
2. Doctoral programs (a) extend the knowledge base of the counseling profession in a climate of scholarly inquiry, (b) prepare students to inform professional practice by generating new knowledge for the profession, (c) support faculty and students in publishing and/or presenting the results of scholarly inquiry, and (d) equip students to assume positions of leadership in the profession and/or their area(s) of specialization.
3. Doctoral program admission criteria include (a) academic aptitude for doctoral-level study; (b) previous professional experience; (c) fitness for the profession, including self-awareness and emotional stability; (d) oral and written communication skills; (e) cultural sensitivity and awareness; and (f) potential for scholarship, professional leadership, and advocacy.
4. During the doctoral program admissions process, students' curricular experiences are evaluated to verify completion of coursework including (a) CACREP entry-level core curricular standards, (b) CACREP entry-level professional practice standards, and (c) CACREP entry-level curricular requirements of a specialty area (e.g., addiction counseling, school counseling) so that any missing content can be completed before or concurrently with initial doctoral-level counselor education coursework.
5. Doctoral students must complete dissertation research focusing on areas relevant to counseling practice, counselor education, and/or supervision.
6. Doctoral programs require two core counselor education program faculty in addition to the minimum three core counselor education program faculty members required for entry-level programs.
7. Students in doctoral-level programs establish an approved doctoral committee and work with the committee to develop and complete a program of study.

## **B. DOCTORAL PROFESSIONAL IDENTITY**

Doctoral programs in counselor education address professional roles in five doctoral core areas: counseling, supervision, teaching, research and scholarship, and leadership and advocacy. These five doctoral core areas represent the foundational knowledge required of doctoral graduates in counselor education. Therefore, counselor education programs must document where each of the lettered standards listed below is covered in the curriculum.

### **1. COUNSELING**

- ï scholarly examination of theories relevant to counseling
- ï integration of theories relevant to counseling
- ï conceptualization of clients from multiple theoretical perspectives
- ï evidence-based counseling practices
- ï methods for evaluating counseling effectiveness
- ï ethical and culturally relevant counseling in multiple settings

### **2. SUPERVISION**

- ï purposes of clinical supervision
- ï theoretical frameworks and models of clinical supervision
- ï roles and relationships related to clinical supervision
- ï skills of clinical supervision
- ï opportunities for developing a personal style of clinical supervision
- ï assessment of supervisees' developmental level and other relevant characteristics
- ï modalities of clinical supervision and the use of technology
- ï administrative procedures and responsibilities related to clinical supervision
- ï evaluation, remediation, and gatekeeping in clinical supervision
- ï legal and ethical issues and responsibilities in clinical supervision
- ï culturally relevant strategies for conducting clinical supervision

### **3. TEACHING**

- ï roles and responsibilities related to educating counselors
- ï pedagogy and teaching methods relevant to counselor education
- ï models of adult development and learning
- ï instructional and curriculum design, delivery, and evaluation methods relevant to counselor education

- ï effective approaches for online instruction
- ï screening, remediation, and gatekeeping functions relevant to teaching
- ï assessment of learning
- ï ethical and culturally relevant strategies used in counselor preparation
- ï the role of mentoring in counselor education

#### 4. RESEARCH AND SCHOLARSHIP

- ï research designs appropriate to quantitative and qualitative research questions
- ï univariate and multivariate research designs and data analysis methods
- ï qualitative designs and approaches to qualitative data analysis
- ï emergent research practices and processes
- ï models and methods of instrument design
- ï models and methods of program evaluation
- ï research questions appropriate for professional research and publication
- ï professional writing for journal and newsletter publication
- ï professional conference proposal preparation
- ï design and evaluation of research proposals for a human subjects/institutional review board review
- ï grant proposals and other sources of funding
- ï ethical and culturally relevant strategies for conducting research

#### 5. LEADERSHIP AND ADVOCACY

- ï theories and skills of leadership
- ï leadership and leadership development in professional organizations
- ï leadership in counselor education programs
- ï knowledge of accreditation standards and processes
- ï leadership, management, and administration in counseling organizations and other institutions
- ï leadership roles and strategies for responding to crises and disasters
- ï strategies of leadership in consultation
- ï current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession

- ï role of counselors and counselor educators advocating on behalf of the profession and professional identity
- ï models and competencies for advocating for clients at the individual, system, and policy levels
- ï strategies of leadership in relation to current multicultural and social justice issues
- ï ethical and culturally relevant leadership and advocacy practices

## C. PRACTICUM AND INTERNSHIP

### PRACTICUM

1. Doctoral students participate in a supervised doctoral-level counseling practicum of a minimum of 100 hours, of which 40 hours must be providing direct counseling services. The nature of doctoral-level practicum experience is to be determined in consultation with counselor education program faculty and/or a doctoral committee.
2. During the doctoral student's practicum, supervision is provided by a counselor education program faculty member or an individual with a graduate degree (preferably doctoral) in counseling or a related mental health profession with specialized expertise to advance the student's knowledge and skills.
3. Individuals serving as practicum supervisors have (1) relevant certifications and/or licenses, (2) knowledge of the program's expectations, requirements, and evaluation procedures for students, and (3) relevant training in counseling supervision.
4. Doctoral students participate in an average of one hour per week of individual and/or triadic supervision throughout the practicum. When individual/triadic supervision is provided by the counselor education program faculty, practicum courses should not exceed a 1:6 faculty:student ratio.
5. Group supervision is provided on a regular schedule with other students throughout the practicum and must be performed by a counselor education program faculty member. Group supervision of practicum students should not exceed a 1:12 faculty:student ratio.
6. Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in practicum.

### INTERNSHIP

7. Doctoral students are required to complete internships that total a minimum of 600 clock hours. The 600 hours must include supervised experiences in at least three of the five doctoral core areas (counseling, teaching, supervision, research and scholarship, leadership and advocacy). Doctoral students are covered by individual professional counseling liability insurance policies while enrolled in a counseling or supervision internship.
8. During internships, the student receives an average of one hour per week of individual and/or triadic supervision, performed by a supervisor with a doctorate in counselor education or an individual with a graduate degree and specialized expertise to advance the student's knowledge and skills.
9. Group supervision is provided on a regular schedule with other students throughout the internship and must be performed by a counselor education program faculty member.

# GLOSSARY TO ACCOMPANY THE 2016 CACREP STANDARDS

Academic term	an institutionally defined unit of course delivery (e.g., quarter, semester).
Academic unit	the academic department or specifically defined subsection of a department identified and defined in a college or university that has responsibility for curricular and clinical experiences for which accreditation is sought. An academic unit includes allocated faculty and physical facilities.
Accreditation	a system for recognizing educational institutions and professional programs affiliated with those institutions for a level of performance and integrity based on review against a specific set of published criteria or standards. The process includes (1) the submission of a self-study document that demonstrates how standards are being met, (2) an onsite review by a selected group of peers, and (3) a decision by an independent board or commission that either grants or denies accredited status on the basis of how well the standards are met.
Assessment	the systematic gathering of information for decision making about individuals, groups, programs, or processes. Assessment, as used in Section 4 of the 2016 CACREP Standards, is the measurement of an individual student's level of attainment of knowledge, skills, and dispositions. Assessment also includes aggregating the individual student data into the overall student assessment data used in the process of program evaluation.
CACREP Liaison	a single individual who is identified as the main contact for information and correspondence from the CACREP office. A full description of responsibilities of the CACREP Program Liaison can be found on the CACREP website ( <a href="http://www.cacrep.org">www.cacrep.org</a> ).
Certification	the process by which an agency or association grants recognition to a person who has met predetermined qualifications specified by that agency or association.
Common core areas	eight areas of curricular experience required by CACREP to prepare all counselors: (1) professional counseling orientation and ethical practice, (2) social and cultural diversity, (3) human growth and development, (4)

career development, (5) counseling and helping relationships, (6) group counseling and group work, (7) assessment and testing, and (8) research and program evaluation. The common core areas represent knowledge areas that are fundamental to the counseling profession.

Continuous and systematic

in a regular, ongoing, and planned method.

Core counselor education faculty

one who is employed by the institution and holds a full-time academic appointment in the counselor education program for at least the current academic year. Faculty members may be designated as core faculty in only one institution regardless of the number of institutions in which they teach classes.

Counselor education

a distinct academic discipline that has its roots in educational and vocational guidance and counseling, human development, supervision, and clinical practice. The primary focus of counselor education programs is the training and preparation of professional counselors who are competent to practice, abide by the ethics of the counseling profession, and hold strong counseling identities. At the doctoral level, counselor education programs may focus on the preparation and training of future academic professionals who will teach the curriculum of counseling theory and practice and include specialized practice areas such as Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling.

Course credit hours

the number of credit hours of the course, *not* the number of credit hours generated by the course.

Direct service

supervised use of counseling, consultation, or related professional skills with actual clients (can be individuals, couples, families, or groups) for the purpose of fostering social, cognitive, behavioral, and/or affective change. These activities must involve interaction with others and may include: (1) assessment, (2) counseling, (3) psycho-educational activities, and (4) consultation. The following would not be considered



direct service: (1) observing others providing counseling or related services, (2) record keeping, (3) administrative duties, (4) clinical and/or administrative supervision.

Empirically-based  
plan

systematic approach to program evaluation based on a regular review of measurable outcomes and goals.

Entry-level

in the context of these standards, entry-level refers to a minimum of a master's degree program.

Evaluation

the review and interpretation of information that has been gathered from and about individuals, programs, or processes that leads to decisions and future actions. Evaluation, as used in Section 4 of the 2016 CACREP Standards, refers to the method and process of determining and judging overall program effectiveness using the assessment and other data that has been gathered to review the program and implement improvements based on the results.

Formative and summative  
evaluations

formative evaluation examines the development of professional competencies with a focus on identifying strengths and deficiencies and corresponding learning interventions. Summative evaluation focuses on outcomes and is used to assess whether desired learning goals are achieved consistent with a professional standard.

Full time  
equivalent (FTE)

when calculating FTE ratios, programs use their institution's definition of full-time student loads and faculty teaching loads, including part-time students and faculty at their percentage of full-time.

Gatekeeping

the ethical responsibility of counselor educators and supervisors to monitor and evaluate an individual's knowledge, skills, and professional dispositions required by competent professional counselors and to remediate or prevent those that are lacking in professional competence from becoming counselors.

Group supervision

a tutorial and mentoring relationship between a member of the counseling professional and more than two counseling students.

Individual supervision	a tutorial and mentoring relationship between a member of the counseling professional and one counseling student.
Internship	a distinctly defined, post-practicum, supervised clinical experience in which the student refines and enhances basic counseling or student development knowledge and skills, and integrates and authenticates professional knowledge and skills related to program objectives.
Key performance Indicators (KPIs)	Student learning outcomes that are connected to the required curriculum and that program faculty have chosen to represent student knowledge and skills related to program objectives.
Licensure	the process by which a state agency or government grants permission to a person to engage in a given profession and to use the designated title of that profession after the applicant has attained the minimal degree of competency necessary to ensure that public health, safety, and welfare are reasonably well protected.
Live supervision	a combination of direct observation of the counseling session with some method that enables the supervisor to communicate with and thereby influence the work of the supervisee during the session (from Bernard & Goodyear).
Multicultural	term denoting the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation; and religious and spiritual beliefs, as well as physical, emotional, and mental abilities.
Multiple measures	the use of two or more different types of measures per assessment area.
Multiple points	collected at two or more points in time throughout students' program of study.
Non-core faculty	to include any faculty teaching in the counselor education program (e.g., adjunct, part-time, or visiting faculty as well as affiliate faculty from other departments) who do not meet criteria for Core Counselor Education Faculty outlined in standards I.W-X.

Pluralistic	a condition of society in which numerous distinct ethnic, racial, religious, and social groups coexist and cooperatively work toward the interdependence needed for the enhancement of each group. This condition is based on the belief that all members of society benefit when diverse groups participate fully in the dominant society, yet maintain their differences.
Practicum	a distinctly defined, supervised clinical experience in which the student develops basic counseling skills and integrates professional knowledge. The practicum is completed prior to internship.
Professional counseling organizations	organizations whose primary mission is to advocate for and to provide development, support, and/or recognition for professional counselors across the counselor education specialties.
Professional dispositions	the commitments, characteristics, values, beliefs, interpersonal functioning, and behaviors that influence the counselor's professional growth and interactions with clients and colleagues.
Program	the degree level for which accreditation is sought (e.g., master's program in Counselor Education with a specialty area in Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; School Counseling; or doctoral program in Counselor Education and Supervision).
Regular schedule	specified timeframe and frequency to be determined by the program; must be educationally sound and justifiable.
Relevant training in counseling supervision	training in counseling supervision to be determined by the program (e.g., workshop offered by the institution, graduate supervision course, possession of supervisory credential, etc.).

Specialty areas/ Specialization	a structured sequence of curricular and clinical experiences for which accreditation is sought. In the context of these standards, specialty areas are housed within a master's degree program. Master's degree programs may offer specializations in Addiction Counseling; Career Counseling; Clinical Mental Health Counseling; Clinical Rehabilitation Counseling; College Counseling and Student Affairs; Marriage, Couple, and Family Counseling; and School Counseling.
Student learning	measurable acquisition of knowledge or skills.
Sustained	maintained or occurring consistently over a period of time beyond the year prior to when accreditation is being sought.
Systematic	in a regular, planned, and comprehensive manner.
Triadic supervision	a tutorial and mentoring relationship between a member of the counseling profession and two counseling students.