

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; school counseling; and rehabilitation 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

- A. 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.
- B. 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.
- C. 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.
- D. The institution provides opportunities for graduate assistantships for program students that are commensurate with graduate assistantship opportunities in other clinical programs in the institution.
- E. The institution provides support for counselor education program faculty to participate in professional activities, scholarly activities, and service to the profession.
- F. 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.
- G. The institution provides technical support to all counselor education program faculty and students to ensure access to information systems for learning, teaching, and research.
- H. The institution provides information to students in the program about personal counseling services provided by professionals other than counselor education program faculty and students.
- I. 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

- J. 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.
- K. 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.
- L. 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.
- M. 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.
- N. 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.
- O. 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.
- P. Students in entry-level programs have an assigned advisor at all times during the program who helps them develop a planned program of study.
- Q. The academic unit makes continuous and systematic efforts to recruit, employ, and retain a diverse faculty to create and support an inclusive learning community.
- R. 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.

- S. 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.
- T. For any calendar year, the ratio of full-time equivalent (FTE) students to FTE faculty should not exceed 12:1.
- U. 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.
- V. Clerical assistance is available to support faculty/program activities and is commensurate with that provided for similar graduate programs.

FACULTY AND STAFF

- W. 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.
- X. 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.
- Y. 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.
- Z. 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 5: ENTRY-LEVEL SPECIALTY AREAS

H. REHABILITATION COUNSELING

Students who are preparing to specialize as rehabilitation counselors will demonstrate the knowledge, skills, and attitudes necessary to address varied issues within the rehabilitation counseling context. Rehabilitation counselors work collaboratively with individuals with disabilities, their support systems, and their environments to achieve their personal, social, psychological, and vocational goals. Counselor education programs with a specialty area in rehabilitation counseling must document where each of the lettered standards listed below is covered in the curriculum.

1. FOUNDATIONS

- a. history, legislation, systems, philosophy, and current trends of rehabilitation counseling
- b. theories, models, and interventions related to rehabilitation counseling
- c. principles and processes of vocational rehabilitation, career development, and job development and placement
- d. principles of independent living, self-determination, and informed choice
- e. principles of societal inclusion, participation, access, and universal design, with respect for individual differences
- f. classification, terminology, etiology, functional capacity, prognosis, and effects of disabilities
- g. methods of assessment for individuals with disabilities, including testing instruments, individual accommodations, environmental modification, and interpretation of results

2. CONTEXTUAL DIMENSIONS

- a. professional rehabilitation counseling scope of practice, roles, and settings
- b. medical and psychosocial aspects of disability, including attention to coexisting conditions
- c. individual response to disability, including the role of families, communities, and other social networks
- d. information about the existence, onset, degree, progression, and impact of an individual's disability, and an understanding of diagnostic systems including *the International Classification of Functioning, Disability and Health (ICF)*, *International Classification of Diseases (ICD)*, and *Diagnostic and Statistical Manual of Mental Disorders (DSM)*
- e. impact of psychosocial influences, cultural beliefs and values, diversity and social justice issues, poverty, and health disparities, with implications for employment and quality of life for individuals with disabilities

- f. impact of socioeconomic trends, public policies, stigma, access, and attitudinal barriers as they relate to disability
- g. awareness and understanding of the impact of crisis, trauma, and disaster on individuals with disabilities, as well as the disability-related implications for emergency management preparation
- h. impact of disability on human sexuality
- i. awareness of rehabilitation counseling specialty area services and practices, as well as specialized services for specific disability populations
- j. knowledge of organizational settings related to rehabilitation counseling services at the federal, tribal, state, and local levels
- k. education and employment trends, labor market information, and resources about careers and the world of work, as they apply to individuals with disabilities
- l. Social Security benefits, workers' compensation insurance, long-term disability insurance, veterans' benefits, and other benefit systems that are used by individuals with disabilities
- m. individual needs for assistive technology and rehabilitation services
- n. advocacy on behalf of individuals with disabilities and the profession as related to disability and disability legislation
- o. federal, tribal, state, and local legislation, regulations, and policies relevant to individuals with disabilities
- p. professional organizations, preparation standards, and credentials relevant to the practice of rehabilitation counseling
- q. legal and ethical aspects of rehabilitation counseling, including ethical decision-making models
- r. administration and management of rehabilitation counseling practice, including coordination of services, payment for services, and record keeping

3. PRACTICE

- a. evaluation of feasibility for services and case management strategies that facilitate rehabilitation and independent living planning
- b. informal and formal assessment of the needs and adaptive, functional, and transferable skills of individuals with disabilities
- c. evaluation and application of assistive technology with an emphasis on individualized assessment and planning
- d. understanding and use of resources for research and evidence-based practices applicable

to rehabilitation counseling

- e. strategies to enhance coping and adjustment to disability
- f. techniques to promote self-advocacy skills of individuals with disabilities to maximize empowerment and decision-making throughout the rehabilitation process
- g. strategies to facilitate successful rehabilitation goals across the lifespan
- h. career development and employment models and strategies to facilitate recruitment, inclusion, and retention of individuals with disabilities in the work place
- i. strategies to analyze work activity and labor market data and trends, to facilitate the match between an individual with a disability and targeted jobs
- j. advocacy for the full integration and inclusion of individuals with disabilities, including strategies to reduce attitudinal and environmental barriers
- k. assisting individuals with disabilities to obtain knowledge of and access to community and technology services and resources
- l. consultation with medical/health professionals or interdisciplinary teams regarding the physical/mental/cognitive diagnoses, prognoses, interventions, or permanent functional limitations or restrictions of individuals with disabilities
- m. consultation and collaboration with employers regarding the legal rights and benefits of hiring individuals with disabilities, including accommodations, universal design, and workplace disability prevention

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

- a. scholarly examination of theories relevant to counseling
- b. integration of theories relevant to counseling
- c. conceptualization of clients from multiple theoretical perspectives
- d. evidence-based counseling practices
- e. methods for evaluating counseling effectiveness
- f. ethical and culturally relevant counseling in multiple settings

2. SUPERVISION

- a. purposes of clinical supervision
- b. theoretical frameworks and models of clinical supervision
- c. roles and relationships related to clinical supervision
- d. skills of clinical supervision
- e. opportunities for developing a personal style of clinical supervision
- f. assessment of supervisees' developmental level and other relevant characteristics
- g. modalities of clinical supervision and the use of technology
- h. administrative procedures and responsibilities related to clinical supervision
- i. evaluation, remediation, and gatekeeping in clinical supervision
- j. legal and ethical issues and responsibilities in clinical supervision
- k. culturally relevant strategies for conducting clinical supervision

3. TEACHING

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

- e. effective approaches for online instruction
 - f. screening, remediation, and gatekeeping functions relevant to teaching
 - g. assessment of learning
 - h. ethical and culturally relevant strategies used in counselor preparation
 - i. the role of mentoring in counselor education
4. RESEARCH AND SCHOLARSHIP
- a. research designs appropriate to quantitative and qualitative research questions
 - b. univariate and multivariate research designs and data analysis methods
 - c. qualitative designs and approaches to qualitative data analysis
 - d. emergent research practices and processes
 - e. models and methods of instrument design
 - f. models and methods of program evaluation
 - g. research questions appropriate for professional research and publication
 - h. professional writing for journal and newsletter publication
 - i. professional conference proposal preparation
 - j. design and evaluation of research proposals for a human subjects/institutional review board review
 - k. grant proposals and other sources of funding
 - l. ethical and culturally relevant strategies for conducting research
5. LEADERSHIP AND ADVOCACY
- a. theories and skills of leadership
 - b. leadership and leadership development in professional organizations
 - c. leadership in counselor education programs
 - d. knowledge of accreditation standards and processes
 - e. leadership, management, and administration in counseling organizations and other institutions
 - f. leadership roles and strategies for responding to crises and disasters
 - g. strategies of leadership in consultation
 - h. current topical and political issues in counseling and how those issues affect the daily work of counselors and the counseling profession

- i. role of counselors and counselor educators advocating on behalf of the profession and professional identity
- j. models and competencies for advocating for clients at the individual, system, and policy levels
- k. strategies of leadership in relation to current multicultural and social justice issues
- l. 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 (www.cacrep.org).
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. For use within the CACREP Standards, it is expected that, at a minimum, programs will provide documentation regarding memberships and active participation in the American Counseling Association (ACA) and its divisions and/or branches and other major counseling organizations such as the American School Counseling Association (ASCA), Chi Sigma Iota (CSI), the Commission on Rehabilitation Counselor Certification (CRCC), the National Board for Certified Counselors (NBCC) and the National Council on Rehabilitation Education (NCRE).
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.

REHABILITATION COUNSELING TERMS FOR THE CACREP 2016 GLOSSARY

The following terms will be displayed in a separate section of the CACREP 2016 Standards Glossary, rather than integrated into it, in order to minimize confusion where terms may have multiple meanings.

Adaptive, functional,
and transferable

skills

in general, a skill is an ability, competence, or capacity. Adaptive skills are practical, daily capacities to meet activities or daily living and instrumental activities of daily living. Functional skills are basic abilities to function physically, mentally, and cognitively in a variety of environments. Transferable skills are learned vocational and avocational competencies transferable to other vocational and avocational activities that contain the same or lesser degree of skill and use the same or similar systems, tools, or technologies.

Disability

according to the World Health Organization (2011, p. 4), “Disability is the umbrella term for impairments, activity limitations and participation restrictions, referring to the negative aspects of the interaction between an individual (with a health condition) and that individual’s contextual factors (environmental and personal factors).”
[http://www.who.int/disabilities/world_report/2011/report.pdf]

Employment models (applicable to disability) models to facilitate the career development and job placement of individuals with disabilities, including but not limited to supported employment, customized employment, train-then-place approach, demand-side approach, and person-centered placement.

Interdisciplinary
teams

Professionals from different disciplines working together to achieve rehabilitation goals. Team members could include medical and health care professionals, independent living specialists, rehabilitation engineers, vocational evaluators, etc.

Legal rights
(of individuals with
disabilities)

Accessibility and nondiscrimination rights guaranteed by federal, tribal, state, and local laws and regulations, including but not limited to laws (as amended) such as the Americans with Disabilities Act, Rehabilitation Act of 1973, Family Medical Leave Act, and Individuals with Disabilities Education Act.

Philosophy of
rehabilitation
counseling

Focused on disability rights and empowering individuals with disabilities to achieve their own chosen goals. Instead of relying on a diagnose-then-treat approach to just change the individual, rehabilitation counselors seek ways to improve the accessibility of environments in which individuals with disabilities live and work.

Professional
organizations,
preparation
standards, and
credentials relevant
to the practice of
rehabilitation
counseling

Professional organizations relevant to rehabilitation counseling include but are not limited to the American Rehabilitation Counseling Association (ARCA) division of the American Counseling Association, the International Association of Rehabilitation Professionals (IARP), the National Council on Rehabilitation Education (NCRE), and the National Rehabilitation Counseling Association (NRCA). The primary certification for rehabilitation counselors is the Certified Rehabilitation Counselor (CRC) credential, although a wide variety of additional specialty credentials are also available. This is not an exhaustive list; rehabilitation is an interdisciplinary field that includes disability-related disciplines that do not exclusively focus on counseling.

Rehabilitation

Counseling

Scope of Practice

Rehabilitation counseling is a systematic process that assists persons with physical, mental, developmental, cognitive, and emotional disabilities to achieve their personal, career, and independent living goals in the most integrated setting possible through the application of the counseling process. The counseling process involves communication, goal setting, and beneficial growth or change through self-advocacy, psychological, vocational, social, and behavioral interventions. The specific techniques and modalities utilized within this rehabilitation counseling process may include, but are not limited to the following: assessment and appraisal;

- diagnosis and treatment planning;
- career (vocational) counseling;
- individual and group counseling treatment interventions focused on facilitating adjustments to the medical and psychosocial impact of disability;
- case management, referral, and service coordination;
- program evaluation and research;
- interventions to remove environmental, employment, and attitudinal barriers;
- consultation services among multiple parties and regulatory systems;
- job analysis, job development, and placement services, including assistance with employment and job accommodations; and
- provision of consultation about and access to rehabilitation technology.
[<https://www.crc certification.com/scope-of-practice>]

Rehabilitation

counseling specialty

area services

Areas of specialized practice settings, including but not limited to psychiatric rehabilitation, forensic rehabilitation, criminal justice, rehabilitation case management, life care planning, substance abuse rehabilitation, veterans' rehabilitation and employment, American Indian Vocational Rehabilitation Services, and transition services for school-aged youth.

Rehabilitation process	A systematic process intended to facilitate person-centered decision-making, this process is utilized to select, plan, and achieve goals with individuals with disabilities related to personal, career, and independent living. The Rehabilitation process includes the tasks of assessment, developing a rehabilitation plan, implementation and service delivery, follow-up, and consultation.
Specialized services for specific disability populations	Specialized services and programs are designed based on the unique needs of specific populations (e.g., spinal cord injury, traumatic brain injury, sensory, intellectual, psychiatric and physical disabilities, corrections, and veterans).
Universal design	Design of buildings, products, and environments that makes them usable to the greatest extent possible by all people regardless of their level of ability or disability, without the need for specialized modifications.