

Fall 2020 Table Talks Summary

The CACREP Board acknowledges the anxiety produced by the Covid-19 pandemic at its on-set and which still continues to this day; applauds the creativity and nimbleness of programs in responding to the crisis, while remaining in compliance with the standards; and recognizes that this is new territory for programs and for CACREP as it proceeds with caution and being mindful of long-term implications of any action. The Board also acknowledges the grief shared by students, educators, and the counseling community over the loss of the ability to engage in traditional, robust educational experiences we value, particularly with practicum and internship. As a profession, we must recognize the profound impact of the Covid-19 crisis on counselor preparation, and that students who graduate during this time (with program accommodations and adaptations) may need more time of induction into the profession and increased clinical supervision post-graduation.

During October and November 2020, the CACREP Board hosted five virtual Table Talk sessions which were collectively well attended. During these sessions, the Board addressed:

Announcements and updates:

1. *New site visit team members.* There is a high need for a larger pool of trained site team members. If interested in becoming a site team member, the first step is to complete the [Team Member Application](#) form and submit to Site Visit Coordinator [Bryant Harvin](#).
2. *Current site team member training for virtual site visits.* As a result of the pandemic, CACREP site visits temporarily are being conducted virtually. Current site team members must be trained prior to being assigned to a team. Once the [online training](#) is completed, you will be added to the eligible pool of virtual site visit team members.
3. *Hosting a Virtual Site Visit.* Programs preparing for a virtual site visit can find information in the [Supplement to Manual 4](#) for guidance.
4. *Accreditation Management System.* Continuing with the greening of our processes, CACREP in November 2020 began a year-long development phase of an electronic system for the submission and subsequent review of all accreditation reports.
5. *New Board Members.* Effective July 1, 2020 Dr. Margaret Glenn; Dr. Bitia Rivas, and Dr. Christopher Schmidt each began a five-year term as counselor educators on the Board.
6. *New Staff Members.* Bryant Harvin fills the newly created full-time position as Site Visit Coordinator; in redefined accreditation reviewer positions are Lisa Dunay (Accreditation Specialist) and Rhessa Riley (Accreditation Analyst).
7. *Electronic Payments.* CACREP has expanded ways to pay fees to include credit cards and ACH payments. For further information contact [Jenny Gunderman](#).
8. *Workshops.* All [workshops](#) are being delivered in the online format presently. For further information contact [Heidi Campbell](#).
9. *Accreditation Decision Announcements.* Effective as of the January 2021 CACREP Board meeting, all accreditation decisions including adverse decisions (even if under appeal) will be publicly posted. Programs are encouraged to always keep students apprised of their accreditation status so that students are not blind-sided.

Board Considerations:

1. *Strategic priorities.* In May 2019, the Board embarked on setting and defining its strategic priorities for the next five years. The focus of these priorities is: accreditation review and monitoring processes, accreditation decision options, and Board committee structure. As the priorities are developed and ready for implementation, they will be made public.
2. *Covid Impact Survey results.* In August 2020, the Board conducted a survey of accredited programs to gather data to guide future Board action and data-driven decision making. The Board can only act on

what it knows from programs and deduces that a non-response implies all is well. There was a total of 127 programs that responded. Results show:

- 66% of respondents reported challenges with multiple standards and policies,
- 34 % of respondents reported *no issues* with any standards,
- 75% of respondents changed program delivery method,
- More than half of these respondents reported an increased workload for faculty and staff,
- 20% faced challenges with Professional Practice standards,
- 33% had admissions impacted (¼ of which had increased admissions numbers), and
- Concerns about ratio-based standards for faculty, credits taught, and professional practice standards responses were inconsistent and inconclusive.

3. *Board Special Report.* Early in 2021 the Board will require every program to report on the status of the program with regard to compliance with every CACREP Standard and select Policies. This report will become part of the program's permanent record. Data from this report will also inform the Board if further action needs to be taken in support of programs.

Questions from Participants (stated verbatim from the Zoom chat feature):

CACREP Standards

Q: Our students participate in a group immersion process during which they practice group leadership skills in a supervised environment. Each group "session" is followed by a debriefing session led by the supervisor. Can the "sessions" that are co-led by students count toward that requirement for group leadership/co-leadership?

A: This approach as described seems to be more closely aligned with Standard 2.F.6.h, which specifies that students participate as group members in a small group activity, than with Standard 3.E., which specifies that students have experience leading groups during either practicum or internship. Programs should identify group leadership activities during practicum or internship that will allow students to build on their group membership experience and provide them with the necessary preparation and experience to effectively lead or co-lead groups post-degree.

Q: Related to the cover accommodations, is there a 10-week minimum for accruing Practicum hours?

A: YES. Standard 3.F states "*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.*" This standard [remains in effect](#) during the pandemic. The 10-week duration of practicum provides for student acquisition and consistent demonstration of appropriate clinical skills and professional performance over a sustained period.

Q: FTE ratios are critical for ensuring quality clinical coursework. However, insisting that non-clinical courses maintain that same ratio requirement misses an opportunity for departments to improve their financial performance without compromising their clinical standards.

A: The ratio requirements are varied for a program as a whole and for supervision in clinical courses. Standard 1T states "... *FTE students to FTE faculty should not exceed 12:1*". Included in this calculation are part-time and full-time students, and adjunct and full-time faculty in the program without distinction of clinical or non-clinical courses. This is not a course enrollment ratio, but an overall program ratio. Standard 3T states "*When individual/triadic supervision is provided ... practicum and internship courses should not exceed a 1:6 faculty:student ratio ...*" Standard 3U states "*Group supervision of practicum and internship students should not exceed a 1:12 faculty:student ratio*".

Q: So just to be clear, Adjunct faculty do not count in the 1:12 FTE ratio?

A: That is incorrect. Adjunct and affiliate faculty may be included in the computation of FTE faculty, based on their percentage of full-time teaching load contribution during a given term.

Q: How are adjunct faculty counted in regards to the 1:12 faculty to student ratio? Do they count based on the number of classes they teach (e.g., half time, full time, etc.)?

A: Every institution defines the teaching load of a full-time faculty member (FTE). That is the definition that a program should use in determining FTE teaching load inclusive of adjunct and full-time faculty. Citing the institution's definition of FTE is the evidence for supporting the calculation of FTE faculty by the program.

Q: If an institution has two programs and one is CACREP accredited and the other is not, we only count the students enrolled in the CACREP program for the 1:12 faculty to student ratio correct?

A: [Policy 1.d](#) prohibits offering parallel programs. If a program has multiple specialty areas with some that are CACREP-accredited and some not, programs are expected to report on students and faculty in all programs offered whether they are accredited or not. This data provides information about resources available to the CACREP-accredited program.

Q: How are faculty who teach in CACREP-accredited and non-accredited programs counted in the 1:12 ratio? Especially if they teach classes that are required for both students in the CACREP program and students in the non CACREP program?

A: The FTE ratio is an overall resource indicator for the program. While different institutions may use different calculations for arriving at this ratio, the overall computation should be a good faith representation of actual demands on program resources. In the example provided, it appears that the faculty maintain development, administration, and implementation responsibilities for all of the counseling program options. As such, all program faculty involved may be included in the calculation. If some of the non-core designated faculty maintain responsibilities outside of the counseling program, then they would be factored into the equation based off their percentage of a full-time teaching load for faculty in the counseling program. An additional consideration for the program, however, is the ratio of credit hours delivered in the accredited counseling specialty area(s) by core and non-core faculty in any given calendar year.

Q: The limitations imposed on programs by requiring a majority of CORE faculty members to be graduates of CACREP-accredited doctoral programs.

A: This statement about limitations is incorrect.

Standard 1.R states the number of faculty that must meet the criteria for core faculty, “... *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 ...*”.

Standard 1.W identifies the criteria for core faculty. The standard states “... *earned doctoral degrees in counselor education, preferably from a CACREP-accredited program, or have related doctoral degrees ...*”

Q: Will doctorates in rehabilitation counseling be included in the definition of core faculty?

A: The definition of core faculty in Standard 1.W provides for the inclusion of doctorates in rehabilitation counseling.

Q: Do you allow a non-working retiree to supervise practicum?

A: Supervisor qualifications are identified in Standards 3.N and 3.P. It is the programs' responsibility to determine if supervisors they use meet these requirements, including for non-working retirees.

- Q.** Some universities because of their location (rural areas) could have very particular and specific issues regarding clinical experience (Practicum and Internship). Who could we contact to provide us more direct guidance to address some of these issues.
- A.** Every accredited program has a designated CACREP staff member who is your best resource. If you do not know who your designated staff member is, please call the CACREP office (703-535-5990) to find out.

CACREP Policy

- Q.** What is the current status regarding school counseling programs move to 60 credits?
- A:** The policy regarding the move to 60 credits is [still in place](#). Policy 2H: *Meeting New Standards*. Programs that are currently accredited under the 2001, 2009, or 2016 Standards must comply with 2016 Standard 1.J by July 1, 2023. The move to 60 credit hours applies to students entering programs after July 1, 2023.
- Q:** What is the status of the request for CACREP to reconsider its policy requiring students to complete two separate internships for students who graduate from a program that addresses two different specialty areas?
- A:** Policy 5c, approved in January 2014, opened the option for students to complete and graduate with two CACREP specialty areas simultaneously. The policy is unchanged. Students must complete all curricular requirements for **each** specialty and a minimum of a 600 clock hour internship for **each** specialty. Prior to this, students completing multiple specialty areas simultaneously had to choose one specialty area as the identified CACREP-accredited specialty from which they will graduate.
- Q:** What is the status of the request for CACREP to reconsider its policy requiring students to complete two separate internships if those students' programs are dually accredited (such as in Mental Health Counseling and in Rehab)?
- A:** If a Rehabilitation Counseling student is completing multiple specialty areas simultaneously then Policy 5c applies. The policy is unchanged.
If the student is in a program that was accredited under the dual title (as per the CACREP-CORE Affiliation Agreement) and the accreditation cycle has not expired, then Policy 5c does not apply and the student may complete one internship. Through the conversion policy, this option was afforded only to rehabilitation counseling programs and not afforded to any of CACREP's other specialty areas. The joint [CACREP/CORE Policy Statement on Dual Accreditation](#) clearly defines the process and expectations in implementing the conversion policy. This same document also outlines the application and review process for dually accredited programs with an October 31, 2023 accreditation expiration date. This was a contractual arrangement as part of the CACREP-CORE Affiliation Agreement.
- Q:** Can you direct us to where there is evidence supporting CACREP's current policy requiring two internships, if a program can satisfy both sets of the accreditation standards and internship requirements for their students with one comprehensive internship that addresses both specialty areas?
- A:** Policy 5c requires students to complete all curricular requirements for each specialty and a minimum of a 600 clock hour internship for each specialty. For ethical practice and public protection, anyone who claims expertise in a specialty area must be well-prepared. Students who choose to complete multiple specialty areas must be similarly prepared with the same level of focused supervised practice prior to graduation as those students who choose a single specialty area. One internship for multiple specialty areas has diminishing returns on students' preparedness to ethically and competently provide services in any one of the specialty areas respectively.

Q: If a student was placed in a dual diagnosis program for mental illness and substance abuse, would that be a clinical mental health counseling placement or an addictions placement for the purpose of doing two internships in different specializations?

A: The standards do not set parameters for a clinical placement site nor restrict a site from providing clinical experiences in multiple specialty areas. Policy 5c requires students to complete all curricular requirements for each specialty and a minimum of a 600 clock hour internship for each specialty. The program will have to determine what supervised experiences (direct and indirect) at the site will count towards each specialty respectively, to meet the combined 1200 clock hour internship for two CACREP-accredited specialty areas.

Q: Do we need to go back to school then if we are MRCs and wanting to get our AMCHC?

A: If individuals already hold a degree and want to add on another specialty area, they have to follow the requirements of the institution they plan to attend. If individuals are seeking a specialty area credential, then they must follow the requirements of the credentialing entity. CACREP does not have input into or make the determinations about academic institutions' or credentialing entities' requirements.

Accreditation Review Process

Q: If you are writing a self-study in the Spring, how do you describe your program? How it was pre-COVID or how it was the previous year (2020) w/COVID?

A: A self-study is a process of self-examination and analysis of an existing program and the self-study report is a documentation of how the program demonstrates compliance with the CACREP Standards. If the self-study process begins in Spring 2021 then the self-study report must reflect the status of the program at the time of the self-examination and writing of the self-study report. It would be appropriate to indicate in the self-study what instances are temporary and the timeline for resumption to normal practice or circumstance.

Q: How to look like a traditional program during accreditation process when all data and evidence will be online?

A: CACREP requires the submission of a self-study report in electronic form through a portal and data and evidences used as supporting documents are similarly provided in an electronic form. This requirement is the same regardless of the type or delivery method of a program.

Q: Will the new accreditation management system (AMS) be used with new/applicant program accreditations as well as existing ones?

A: Yes, the AMS will be used for all programs, initial- or re-accreditation, in the accreditation review process.

Q: Will the accreditation management system (AMS) link with other programs like Tevera?

A: No. CACREP has no current plans to integrate with any program management products.

Q: What are the turnaround times looking like for initial accreditation self-study review?

A: Currently accreditation review from receipt of Self-Study report to accreditation decision is approximately 18-24 months.

Q: How long will virtual site visits last?

A: The duration of a virtual site visit is the same as an in-person site visit. Detailed information about a virtual site visit can be found in the [Supplement to Manual 4](#).

Q: For those programs that have been approved for a site visit and the scheduling of it delayed due to the backlog of spring 2020 site visits, is there any consideration for extending the 18-month grandparenting period of program graduates who can be included as a CACREP graduate?

A: At its January 2021, the CACREP Board approved up to a 12-month extension to the retroactive period, as defined in Policy 5A, for new applicant programs whose accreditation decisions were delayed due to COVID-19.

Q: Virtual Site visit (through what month/year); when will it go back to onsite?

A: There is no definitive plan at present. Conducting in-person visits will be dependent on CDC travel advisory, an institution's ability and willingness to host an in-person site visit, and the availability and willingness of team members to travel. Safety will be the highest priority is making the decision to return to in-person site visits.

Q: Programs that are scheduled for CACREP reaffirmation for next year. Will this be done in person or virtually? If virtually are there any specific guidelines?

A: All site visits will occur virtually until it is safe to conduct in-person site visits. Detailed information about a virtual site visit can be found in the [Supplement to Manual 4](#).

Q: Filled out vital statistics survey today and had problems knowing how to answer the number of applicants to program.

A: For any question related to vital statistics, please call the CACREP office (703-535-5990) and speak with either Heidi Campbell or Jenny Gunderman.

Q: Is there any discussion around allowing a one year extension for Rehabilitation and Mental Health Dually accredited programs so that they can go up under the 2023 standards rather than the 2016 standards. As it stands, all dually accredited programs under the conversion opportunity are up for renewal in 2023 and therefore will not be able to go up under the standards that are currently being developed.

A: There is no discussion about granting a one year extension to dually titled Clinical Rehabilitation and Clinical Mental Health Counseling programs. There is a committee currently engaged in the standards revision process and due to the pandemic have been approved to [extend their timeline](#). The current accreditation review from receipt of Self-Study report to accreditation decision is approximately 18 months.

Q: 48 credit rehab counseling programs are sunseting with the CACREP 2023?

A: CACREP Policy 2H: *Meeting New Standards*. Programs that are currently accredited under the 2001, 2009, or 2016 Standards must comply with 2016 Standard 1.J by July 1, 2023. The move to 60 credit hours applies to students entering programs after July 1, 2023.

Effective as of the date of the CACREP-CORE merger on July 1, 2017:

- CORE-accredited Rehabilitation Counseling programs (at 48 credits) were adopted as CACREP-accredited programs. All CACREP accredited programs must [adhere](#) to this policy.
- CORE Standards as adopted by the CORE Board at its May 25-27, 2017 meeting were approved for inclusion as the 8th entry-level specialty area in Section 5 of the 2016 CACREP Standards and to be titled Rehabilitation Counseling.
- Rehabilitation Counseling programs were granted a period of 5 years to meet the new 60 hour degree requirement as recommended by CORE. This means any student entering a CACREP-accredited Rehabilitation Counseling program after July 2022 must be required to complete 60 semester hours degree program.

All actions by the CACREP Board relative to the merger were communicated by CORE in July 2017 in an email to the liaisons of Rehabilitation Counseling programs.

- Q:** Is the Board/SRC considering allowing 48 credit rehabilitation counseling programs to convert to 60 credits with specializations in areas such as transition services, veterans issues, TBI, SUD, Autism?
- A:** CACREP accredits Master's programs only in the following counseling specialty areas: Addiction; Career; Clinical Mental Health; Clinical Rehabilitation; College Counseling and Student Affairs; Marriage, Couple, and Family; Rehabilitation; and School Counseling.
A Rehabilitation Counseling program may choose specific areas of focus within the specialty area.

Standards Revision

- Q:** For 2023 SRC what would be areas that are expected to be addressed for revision? Also, is the definition of "core faculty" on the table for discussion for the 2023 Standards Revision.
- A:** The Standards revision process is conducted autonomously by a committee elected by the CACREP Board and are given a charge by the Board. The Standards Revision Committee provides regular updates of the work on their [webpage](#) and will release multiple drafts of the revised Standards for public comment.
- Q:** Areas to be addressed for revisions on the 2023 Standards revision?
- A:** The charge given by the CACREP Board to the standards revision committee is on their [webpage](#).
- Q:** What is the context of the SRC process? Retain 2 different accreditations related to Rehab Counseling (the Clinical Rehab Counseling & the Rehab Counseling specialty with empirically-supported standards developed by CORE?) If the 2 will remain, what is the rationale for that? If only 1 will prevail, what is the process that will be used to make that determination?
- A:** This a question for the SRC. In October and November 2020, the SRC hosted open forums for conversation and plan to host similar sessions during the three-year process. The SRC will also release draft Standards for public comment multiple times during this process.

General

- Q:** What are some strategies/Policies the board is considering for accredited programs that are faced with student-faculty ratio issues due to increased enrollment? In particular, for programs housed in state universities where funding has been significantly cut and prevent the program(s) from hiring core faculty.
- A:** The role of the CACREP Board is to uphold quality assurance through review of programs' compliance with the Standards during the accreditation review process and monitoring process during the accreditation cycle. While the CACREP Standards have not changed, the Board has provided [temporary reprieve](#) for maintaining accreditation. The Board has mandated every accredited program to submit a Special Report on the current status of the program which will become part of the program's permanent record. Data from this report will also allow the Board to determine how best to further guide and support programs.
- Q:** The reality is higher education may be impacted by Covid in the area of enrollments. How is CACREP viewing long-term sustainability in the strategic planning efforts?
- A:** CACREP is monitoring the response of higher education to the challenges it is facing as a result of the pandemic. Institutions and programs are engaged in planning for their respective sustainability as it is their prerogative. CACREP's current strategic priorities are focused on accreditation processes and governance.
- Q:** This is in regard to one of the other questions. If you took the classes necessary in your VR i.e. Assessments/DSM5 and other classes necessary for mental health is that okay to go forward in getting an NCE or MCH MCACH

A: Eligibility for sitting for an exam or applying for a specific credential needs to be addressed with the examining or credentialing agency. CACREP does not make these determinations.

Q: In rehabilitation counseling, students who graduated from a CORE accredited program, prior to the merger of CORE into CACREP do not have a CACREP accredited degree, which has ramifications on licensure for them. Is there any path for these students to take some additional graduate work to meet state specific licensure CACREP standards, short of taking on another complete master's degree in a CACREP accredited program?

A: Questions about licensure requirements need to be directed to the respective state licensing board as they are the only ones who can provide guidance on how best to meet the academic requirements and the available pathways for licensure.

Q: If a student is in school counseling program and want to be an LPCC would they need to be in a separate mental health counseling practicum and internship site.

A: Questions about licensure need to be directed to the respective state licensing board as they are the only ones who can provide guidance on practicum and internship requirements for licensure.

Q: What would be the best way for us to give you feedback or suggestions? What platform do you prefer?

A: You can communicate with CACREP by speaking directly with your designated staff person or by calling the office at 703-535-5990 or sending us an email at cacrep@cacrep.org.

Feedback from Participants:

- Sites are closing doors to “outsiders” schools and agencies.
- the barrier being school districts restricting direct hours for interns due to virtual school settings. We really need some support and ideas on helping them during this time.
- We are finding that students are more likely to be short of hours than over, with only one instance of a student that had extra hours from practicum to that they could carry into internship. The option to reimagine 'direct hours' is helpful.
- Could you address the concerns with district restrictions for school counselors?
- Difficulty hiring faculty in light of university financial constraints.
- Grandfathering provision [for CORE faculty] does not take care of the problem of finding the most qualified faculty members (with necessary specialty expertise) into the future. Many of the most respected textbooks authors in our field would not satisfy this educational requirement or core faculty. People are retiring and there aren't enough graduates to replace them.
- Hiring faculty in light of university financial constraints
- It's been nice to use the standards to leverage with institutions when the uniqueness and higher faculty load of clinical programs are questions. If the pandemic continues it would be nice to have continued support with the additional workload of faculty during this time.
- COVID- students getting enough contact hours and internship taking longer
- The CACREP ratio standards have also helped programs to ensure their university administrations understand how important it is to have sufficient amount of full-time faculty. This is an issue many programs are still in a battle. Many programs are understaffed and overworked.
- For example, Michigan only requires 30 hours to be licensed as a school counselor. As a CACREP program, we require many more hours to meet CACREP requirements. But other allied fields require a lot less. There is no need to respond just an FYI.
- One particular challenge is related to school counselor practicum/internships, the barrier being school districts restricting direct hours for interns due to virtual school settings. We really need some support and ideas on helping them during this time.

- Resource page including input from NCRE
- Biopsychosocial model in the CACREP standards
- Resources from the National Clearinghouse on Rehabilitation Training Materials