

## **Position Statement on Accreditation and Differences, Fairness, and Access**

The Council for Accreditation of Counseling and Related Educational Programs (CACREP) is committed to working collaboratively with institutions to ensure that the principles of differences, fairness, and access for all students, foundational to the Counseling profession, remain integral to graduate counseling and mental health education. CACREP is dedicated to supporting programs as they prepare competent Professional Counselors and is committed to protecting the public.

The CACREP Standards, consistent with CACREP's mission, core values, and beliefs, are written by expert stakeholders in the Counseling profession, including practitioners, employers and industry representatives, educators, professional associations, and other communities of interest, and are the minimum preparation requirements to ensure ethical and professional competence to enter the Counseling profession and to subsequently safeguard and protect the public.

Professional and cultural competence, key foundations of Professional Counseling, encompass the ability of an individual to understand and respect values, attitudes, beliefs, and mores that differ across all groups and populations. Professional Counselors provide services to individuals from varied cultures, intersectional identities, perspectives, and human experiences (ACA, 2014; Toporek & Daniels, 2018). The CACREP Standards reflect curricula that support students learning about the different characteristics of all individuals in order to make accurate diagnoses and implement effective treatments for individuals across the developmental spectrum, and for couples and families throughout the family life-cycle. The constructs of diversity (differences), equity (fairness and access), and inclusion (belonging) in the CACREP Standards are designed to ensure professional clinical competence, increase access to counselor education and preparation, build capacity of Professional Counselors to meet the needs of all individuals in the U.S., and to meet workforce demand and expansion.

### **Purpose and Function of Accreditation**

Higher education partners with accreditors to ensure quality education and to foster a culture of continuous improvement. Accreditation is a mark of distinction for institutions and educational programs in demonstrating high-quality education and a commitment to excellence. The demonstration of quality is driven by an institution's mission and sustained by its goals, outcome assessments, and accountability.

Accreditation protects the public interest by focusing on educational standards that seek to ensure graduates of a program are safe and competent practitioners when entering a given profession (CHEA, 2025; ASPA, 2025). Consumers/Clients can be confident that they are receiving standards of care or services anywhere in the U.S. that have been established by national experts in the field.

### **Accreditation in Professional Counselor Education**

CACREP, established in 1981 and independently incorporated, is the national accrediting entity solely in the Counseling profession recognized by the Council on Higher Education Accreditation (CHEA). The mission of CACREP is to promote the professional competence of Counseling and related practitioners through:

- the development of preparation standards,
- the encouragement of excellence in program development, and
- the accreditation of professional preparation programs.

Furthermore, CACREP believes in advancing the Counseling profession through quality and excellence in counselor education; ensuring a fair, consistent, and ethical decision-making process; serving as a responsible leader in protecting the public; promoting practices that reflect openness to growth, change, and collaboration; and creating and strengthening standards that reflect the needs of society, respecting the diversity of instructional approaches and strategies, and encouraging program improvement and best practices.

### **Responding to American Society**

The demographic landscape of the U.S. is continuously evolving, reflecting the dynamic nature of human society. According to the 2020 census, the U.S. population concentration consists of 80% in urban communities while the remaining 20% in rural communities (Census Bureau, 2022; Morales et al., 2020). More than 65 million Americans (20% of the population) live in rural communities where there are significantly fewer healthcare resources and providers (Mental Health America, n.d.; Morales et al., 2020). There are roughly 1.5 fewer Professional Counselors per 100,000 population in rural areas versus those in urban areas (Rural Health Information Hub, n.d.). In fact, one third of Americans live in areas known as Mental Health Professional Shortage Areas (Mental Health HPSA; Bureau of Health Workforce, 2024; NBCC, 2024). The 2023 National Survey on Drug Use and Health conducted by the Substance Abuse and Mental Health Services Administration revealed that 6.2 million Americans who reported living with a mental illness over the past year did not receive treatment (SAMHSA, 2024). Additionally, both client and counselor may face barriers to developing a counseling relationship. For clients, cost of services, accessibility to services, and stigma and perceived discrimination surrounding mental health care can prevent an individual from seeking professional treatment (Bureau of Health Workforce, 2024; Mongelli et al., 2020; NBCC, 2024). For Professional Counselors, issues with insurance reimbursement, compassion fatigue/burnout, and limiting scope of practice can all make it harder to provide services to individuals (Bureau of Health Workforce, 2024).

Professional Counselors must be prepared for and responsive to the mental health needs of a dynamic U.S. population and society that is constantly evolving and changing over time and space. Professional Counselors must be well-trained to meet the documented mental health needs of the U.S. population and the dire shortage of mental health service providers in all the spaces and circumstances of the U.S. population.

### **Ethical and Legal Obligations**

The American Counseling Association's Code of Ethics (ACA, 2014) reflects the core professional values of the Counseling profession, is the Code under which future Professional Counselors are prepared, and the Code by which all licensed Professional Counselors must abide in their professional practice.

All CACREP-accredited programs prepare future Professional Counselors to be ethical practitioners who abide by the ACA Code of Ethics and practice within the laws of the states in which they are credentialed or have the privilege to practice. Professional Counselors focus on the client and their presenting needs and strive to maintain a therapeutic environment that respects and supports every client's unique and complex self-definition of personhood.

### **CACREP Policy**

When ethical preparation of Professional Counselors, as defined in the accreditation standards, conflicts with state laws, CACREP Policy A.2.i affords programs the opportunity to demonstrate alternate ways in which to meet the intent of the Standards and Policies in question to ensure preparation of a competent professional and to protect the public.

## References

- American Counseling Association (ACA). (2014). *2014 ACA Code of Ethics*.  
<https://www.counseling.org/docs/default-source/default-document-library/ethics/2014-aca-code-of-ethics.pdf>
- Association of Specialized and Professional Accreditors. (ASPA). (2025). *ASPA's role and function*.  
<https://aspa-usa.org/about/>
- Bureau of Health Workforce. (2024, November). *State of the behavioral health workforce, 2024*. U.S. Department of Health and Human Services, Health Resources and Services Administration.  
<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/state-of-the-behavioral-health-workforce-report-2024.pdf>
- Council for Higher Education Accreditation (CHEA). (2025). *About accreditation*.  
<https://www.chea.org/about-accreditation>
- Mental Health America. (n.d.). *Rural mental health*. <https://mhanational.org/rural/>
- Mongelli, F.; Georgakopoulos, P.; & Pato, M. T. (2020). Challenges and Opportunities to Meet the Mental Health Needs of Underserved and Disenfranchised Populations in the United States. *Focus (American Psychiatric Publishing)*, 18(1), 16–24.  
<https://doi.org/10.1176/appi.focus.20190028>
- Morales, D. A.; Barksdale, C. L.; & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. *Journal of Clinical and Translational Science*, 4(5), 463–467.  
<https://doi.org/10.1017/cts.2020.42>
- National Board of Certified Counselors. (2024, March 20). How NBCC addresses workforce shortages.  
<https://www.nbcc.org/govtaffairs/newsroom/nbcc-addresses-mental-health-workforce-shortages>
- Rural Health Information Hub. (n.d.) *Rural mental health*. U.S. Department of Health and Human Services, Health Resources and Services Administration.  
<https://www.ruralhealthinfo.org/topics/mental-health>
- Substance Abuse and Mental Health Services Administration. (2024). *Key substance use and mental health indicators in the United States: Results from the 2023 National Survey on Drug Use and Health*. U.S. Department of Health and Human Services.  
<https://www.samhsa.gov/data/report/2023-nsduh-annual-national-report>
- Toporek, R. L. & Daniels, J. (2018). *American Counseling Association Advocacy Competencies*.  
[https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-may-2020.pdf?sfvrsn=b001425c\\_4](https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-may-2020.pdf?sfvrsn=b001425c_4)  
[https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-may-2020.pdf?sfvrsn=b001425c\\_4](https://www.counseling.org/docs/default-source/competencies/aca-advocacy-competencies-may-2020.pdf?sfvrsn=b001425c_4)
- U.S. Census Bureau. (2022). *Nation's Urban and Rural Populations Shift Following 2020 Census* [December 29 Press Release]. <https://www.census.gov/newsroom/press-releases/2022/urban-rural-populations.html>