

Southern Region: American Counseling Association (ACA) Governing Council Motions Member Feedback Questionnaire – Comments Section

General themes were extracted from the comments section using three different readers. Comments generally fell into two categories regarding the motions: in favor of and opposed to. Information was divided into these general categories, with a separate “Other” category for general observations. Given that response data indicated general favor of the motions, this information was presented first. Themes which generated the largest share of comments in each category (in favor of and in opposition of) are presented first. Key points are presented (summarized by the readers) and direct quotes are provided in support of themes, subthemes, and key points. An effort was made to ensure that key points were not repeated in direct quote examples.

Summary of Themes and Subthemes

- ACA Governing Council (CG) motions provide a solid foundation for standardized training for counselors. Subthemes included support for licensure, portability, and reimbursement (i.e., Medicare, Tricare, and other insurance panels) for the profession based on these motions.
- ACA Governing Council (CG) motions improve credibility for the profession. Subthemes included professional unification and strengthening of our professional identity.
- ACA Governing Council (CG) motions provide an improved quality of care standard for clients and the public.
- Respondents either supported the timeline/grandfathering provisions and felt they were fair, or were extremely opposed. The actual number of comments in opposition to grandfathering was less, but responses were more poignant.
- ACA Governing Council (CG) motions punish/restrict counselors. Subthemes included marginalization for counseling psychologists, reducing the level of diversity in the field, and leaving other qualified professionals behind.
- ACA Governing Council (CG) motions have, or have the potential to, put CACREP in a position of power. A subtheme was that accreditation is cost restrictive for many colleges/universities.
- Respondents expressed that CACREP/CORE should not be the only path to licensure; other options should be advocated for by ACA.
- Respondents expressed that there is a lack of empirical data to support CACREP.

General observations based on review of comments:

- There is a significant amount of misinformation and/or erroneous information among ACA/Branch members who responded regarding these motions, CACREP, licensure standards, and portability.
- There is great confusion among ACA/Branch members who responded regarding what these motions mean for counselors, the counseling profession, and the public.

- There is general confusion about CACREP merging with CORE. Many respondents wanted ACA to support, endorse, and advocate for CACREP but not CORE.
- There is a general request for more communication/transparency within ACA about what advocacy efforts are taking place, what ACA is doing to support its members (CACREP or non-CACREP), and more information about major changes within the profession that are coming before the Governing Council.
- ACA/Branch members want assistance from ACA in terms of helping university administration understand the importance of CACREP accreditation, helping rural universities achieve accreditation, and helping smaller/diverse schools achieve accreditation.

Common Themes In Support of the Governing Council Motions

1. Standardization of Training (subthemes: licensure, portability, reimbursement [Medicare, Tricare, and other insurance panels])

Key Points:

- All counselors will have the same training across profession.
- Improve training and provide adequate preparation for counselors.
- Clear line to licensure and portability with similar criteria across states lines.

Direct Quotes:

- To continue on as a profession we MUST have unified training standards and if we choose not to we are risking the future of our profession. It is reasons like this (not having unified standards, etc.) that is a big reason why psychologists are able to effectively lobby and discriminate against us.
- Standardization of training is critical for greater acceptance by insurance companies, to improve our chances of being approved as providers by Medicare and improve our overall acceptance in the behavioral health field. This will ultimately improve job opportunities and compensation.
- Standardization across ALL states makes social work a much stronger organization. Counseling programs vary from state to state and the professional name also may be different. Uniform programs would only make the profession stronger in years to come.
- We cannot continue to have differing educational and licensure standards from state to state and expect to be successful in getting Medicare recognition. This also prevents universities from offering "equivalent" degrees that are not subject to any independent review or oversight. These programs do not inform students of the hardships they may face if they graduate from non-accredited programs and then try to obtain licensure or move to different states or want to work with veterans.
- Standardization of the preparation for licensure as a counseling professional lends credibility to what candidates have achieved academically and their foundation to begin the path towards licensure.
- This is necessary to help the profession move forward with federal recognition, such as Medicare. As a VA counselor, meeting the TRICARE requirements is important, and they require a CACREP degree.

2. Improve Credibility (subthemes: professional unification and strengthening our professional identity)

Key Themes:

- Career stability
- Unification
- Accountability as a profession

Direct Quotes:

- For our profession to have credibility with all the constituencies with whom we work (other health professionals, clients, legislators, the general public and their voting perspective) we **MUST** be organized, exhibit high standards, and maintain credible integrity that demonstrate excellence as a commitment. We need a common denominator of benchmarks that establish credibility.
- I am concerned that groups that oppose this are diluting the integrity and credibility of the profession in order to gain financially (quick graduate education with shortcuts, inconsistent or self-determined standards)
- I believe that for our profession to have credibility with all the constituencies with whom we work (other health professionals, clients, legislators, the general public and their voting perspective) we **MUST** be organized, exhibit high standards, and maintain credible integrity that demonstrate excellence as a commitment.
- Other bodies have not been established and do not have the credibility CACREP does.
- I graduated from a non-CACREP institution for my master's degree. My experience in a doctoral CACREP accredited institution has demonstrated the difference between the two counselor preparation programs. A CACREP accredited institution provides greater depth to content and greater exploration regarding personal preferences and biases.
- It has been said that the social work profession lobbied for similar causes in the past and have enjoyed greater career security because of this. I am for unifying the counseling profession in this way.
- Provides greater uniformity and high standards for counseling programs so licensing boards can be sure that counselors have been adequately trained in preparation for independent practice.

3. Improved Quality of Care

Key Points:

- Foundational requirements improve quality of care to clients and the public.
- Concerns about other tracks, non-CACREP graduates, not demonstrating the skills necessary to work with clients.
- Less confusing to the public, strengthens professional recognition and identity.

Direct Quotes:

- Without the basic foundation of counseling expectations we cannot be expected to provide quality care to our clients /patients. By graduating from an accredited counselor education program, clients have a standardized platform to launch themselves into the counseling field to build upon the area of their individual interests in counseling.
- WE are dealing with people lives. Therefore, whatever it takes to make us better counselors, helpers, facilitators, etc. It should be done.

4. Timeline / Grandfathering (support)

Key Points:

- Grandfathering is a positive solution and reasonable.
- Need “wiggle room” for colleges/universities that do not meet the 2020 deadlines.
- Process confusion – ACA members need more information regarding what the grandfathering process ACA is advocating for will look like.

Direct Quotes:

- A counselor that isn't from a CACREP institution has PLENTY of time to be licensed with no repercussions. We MUST move forward. To stay where we are is detrimental to the future of our profession. I don't understand how this is even a debate.
- That is enough time for those in a program to make adjustments. Life is not always smooth. If one truly wishes to go into this field this give ample time to do so. In the end these individuals will be really grateful.
- The date needs to be further out than 2020 as the process can take time in institutions besides the CACREP period for accreditation.
- I agree with the principle but would suggest that 4 years is not enough time to allow some schools to gain their accreditation.
- This is a fair amount of time to 1) allow schools to gain CACREP accreditation, and 2) allow students who attended regionally accredited schools to become licensed.

Common Themes in Opposition of Governing Council Motions

1. Punish/Restrict Counselors (subthemes: marginalize counseling psychologists, reduce diversity, leave some professionals behind)

Key Points:

- These motions hurt professional identity and unification.
- Restricts/limits inclusion of effective educators outside of counselor education.
- Limits diversity (including counseling psychologists) within the profession.
- Punishes smaller/poorer/rural colleges and universities.
- Seems unfair and restrictive to school counselors.

Direct Quotes:

- There [are] a lot of people including myself that will be cast out without consideration of there background and education because they are not CACREP accredited.
- Those of us who began our education prior to this requirement are at a disadvantage.
- The requirements for CACREP approval can hinder smaller schools that may have counseling programs that are just as good or superior to CACREP schools.
- It sends the message that those that did not graduate from CACREP programs are subpar or somehow less qualified or trained than those that did. You will also restrict access to qualified counseling programs in rural areas where there are no CACREP approved programs, even though the programs content areas adhere to recognized standards.
- It can be argued that the public is better served when the rich contributions from psychology, psychiatry, couples and family therapy and other sub-disciplines are integrated into training by experts in these areas in faculty positions. For example, veterans are likely better served when their training includes that from experts (often

psychologists) who have been trained in the Veterans Administration. There is no credible basis for arguing for a CACREP-only licensure standard; rather, much harm to long-established training programs, practitioners, and most importantly, the public will result. This is an ethical problem that should be addressed by ethical counseling organizations at every level.

- It may cause those who did not graduate from a CACREP program to have difficulty finding a job later.
- Regrettably, when one looks deeply at this issue, this was a powerful play between counselor education (CACREP) and counseling psychology programs, with the intent to disenfranchise counseling psychology programs from the wider profession of counseling. Unknowing graduate students and professionals were caught in the middle of this academic turf battle. The real losers were the entire profession.
- Diminishes the supply of professional counselors available to a needy public. There are states with few or no CACREP schools, and those states will have few CACREP counselors for years to come.
- Even though this stance would make the state licensing board's job easier by requiring CACREP standards, the diversity of counseling programs is part of our strength as a profession, not a weakness.

2. CACREP Power (subtheme: cost restrictive)

Key Points:

- CACREP will gain (or currently has) too much power.
- Many qualified programs cannot afford to apply for CACREP.

Direct Quotes:

- Though CACREP offers a good standard to aspire to, this motion is too heavy-handed and coercive.
- Many qualified programs cannot afford to apply for CACREP accreditation due to requirements such as hiring certain types of faculty, etc.
- This motion gives CACREP a tremendous amount of power as the 'only way' to licensure and could foster abuse of that power.
- We as members of ACA need to be clear how much power we want this organization to have, with regards to programmatic changes, etc.
- CACREP is just the organization that has risen to the top and been endorsed by ACA but it [CACREP] is just a business set on forcing its standards, and values eventually, on all counseling programs.
- CACREP has the ability to set the direction of the counseling field if they are the only ones determining the guidelines by which every program must adhere. That means one small governing body can make important decisions around controversial areas without input from the larger counseling community.
- CACREP seems more about money and control of the market through strategic choke points (CACREP schools, CACREP itself, tests from NBCC) than actual quality. The "unity" and "professional identity" arguments are only so much hot air - and unity is being fractured by the CACREP movement.

3. Should not be the only path to licensure

Key Points:

- Non-CACREP graduates should have another comparable path.
- Other accreditation options exist that have been ignored (e.g., CHEA, MPCAC, and/or regional accreditation).
- Exceptions need to be considered, CACREP should not be the only path.
- Concern about whether CACREP actually is the “gold standard”.

Direct Quotes:

- I fundamentally agree with standardization of training requirements, but do not support CACREP as the sole source for accreditation. I would support more diversity in this area of accreditation by endorsement of accrediting body that meets equivalency of standardization as approved by CHEA.
- There are many other qualified accrediting bodies, which are clinically equipped in religious circles that need to be reached out to by ACA.
- I agree we need a standard of training, PROVIDED there is a pathway to licensure for those who did not have access to CACREP or CORE
- I believe the CACREP standard makes sense, but licensees should be able to provide proof they have met that standard despite a lack of CACREP accreditation granted to the school. The process for accreditation can take so long that a counselor may have met that standard without the approval from CACREP.
- CACREP/CORE accreditation does not necessarily mean that the program was a good program. Also, there are programs that are equally if not better than CACREP/CORE programs that are not accredited through them that would keep people from being able to practice. It appears that this would also keep people who graduate from a program who has applied for CACREP/CORE accreditation but were not approved prior to their graduation from seeking individual practice as well.

4. Grandfathering / Timeline:

Key Points:

- Those currently licensed/graduated should not be penalized.
- Colleges / universities need more time.

Direct Quotes

- I believe the date needs to be further out than 2020 as the process can take time in institutions besides the CACREP period for accreditation
- There needs to be a grandfathered period for those of us that have graduated without CACREP. I served 26 Years in the Air Force. My goal is to be a mental health counselor and work with members suffering with PTSD and the families that are affected... I was incredibly discouraged as I was told the VA would not hire me even with a license due to the fact I was not from a CACREP school, even though I bring years of military experience, deployments and first hand knowledge of PTSD. That seems incredibly illogical to me. There should be a grace period where employers such as the VA recognize LMHC's that are not CACREP.
- If CACREP or similarly accredited programs become the standard, then liberal grandfathering should be allowed for those who graduated before 2020 and who are already practicing, because experience is far more important than education/training.

- There are students (like me) who are currently attending school part time. For those students who are not enrolled in an accredited program, it appears that the 2020 cutoff puts them at a disadvantage.

5. Lack of Empirical Data to Support CACREP

Key Point:

- Need empirical evidence on counseling outcomes and counselor competence.

Direct Quotes:

- There is no NO research out there to support that a CACREP program better prepares students than a non-CACREP program. As I go through the 2016 standards, I am appalled at how many crucial training elements are missing. There is nothing in the COR[E] related to working with adolescents. Really? There is nothing in the COR[E] related to working with couples? Really?
- There is little to no evidence that CACREP improves counseling skill[s] of graduates. To immediately be approved for independent practice based on this alone is professionally irresponsible. A CACREP graduate more qualified than an experienced therapist who did not attend those programs??? Problematic at best. 10 or more years of great research might be in order before that. We cannot even demonstrate that supervision improves skills. This motion is not ready for prime time.
- CACREP graduation has not been shown, except in the most flimsy of "studies", to be superior to non-CACREP.
- I have not seen empirical research that support the idea the CACREP programs produce counselor trainees that are better equipped to do good mental health counseling. Although I work in a CACREP program, to apply that standard as the standard may boarder on unethical.
- There is NO credible evidence that CACREP graduates are more successful with metal health clients on any dimension...Evidence-based practice IS standard of the industry, and policies should be grounded in evidence as well, not in politics.
- Accreditors other than CACREP may have even better (and more empirically-based) standards for accreditation of programs designed to educate counselors. Requiring those accreditors to affiliate with CACREP, when CACREP may have a vested interest in squashing competition, would be unfair.

General Observations

Aside from the general themes represented above, the following are general observations were made based on reading all comments from respondents. Direct quotes are provided to help better understand these observations. Only observations which were consistently identified through responded comments are reported.

1. There is a significant amount of misinformation/erroneous information among ACA/Branch members who responded regarding these motions, CACREP, licensure standards, and portability among respondents.

Direct Quotes:

- I prefer the APA model where accreditation of clinical programs by the association (APA) is not directly linked to licensure.
- It is highly unusual to have an accreditation body tied to state licensing laws.
 - a. Clarification Needed: The American Psychological Association (APA) accredits programs; psychologists do not have a separate accreditation entity aside from APA. State licensing boards typically require a minimum of a doctoral degree in psychology from a regionally accredited or government-chartered institution. *Some* states require a doctoral degree in psychology from an APA-accredited program. Other fields operate in a similar fashion.
- CACREP is rather insular in its limitations on education, such as program accreditation relying so strongly on limiting the faculty hired to CES grads! Undue burden on programs with stellar experts. For example, in my MA program, [name removed] taught the testing and measures course. He would not fit in to the necessary faculty ratios in today's CACREP models. He was the prof who walked us through the court's involvement in mental health practice, so who would be better to teach that course than someone who is an expert evaluator involved in cases of national prominence? CACREP basically endeavors to limit our educators to those in the higher ed profession, rather than the expert practitioners.
 - a. Clarification: CACREP requires *core* faculty. Once this is met professionals from other disciplines can teach in the program.

2. There is great confusion among ACA/Branch members who responded regarding what these motions mean for counselors, the counseling profession, and the public.

Direct Quotes:

- I do not understand what the implication of "counselor education" program title / label. Who would that exclude, is that partial to those in guidance counseling or other education programs. Not sure what i am agreeing to.
- My program was under review by CACREP and I graduated after accreditation. I am still unsure about being grandfathered in.
- I graduated in Summer 2015 and now have to work extremely hard to ensure that I am licensed by 2020 to avoid any repercussions. I'm still educating myself on how this works and am not clear of what all of this means.

3. There is general confusion about CACREP merging with CORE. Many respondents wanted ACA to support, endorse, and advocate for CACREP but not CORE.

Direct Quotes:

- Currently a CORE accreditation is not comparable to CACREP. Grandfathering CORE in is a big mistake.
 - I would agree however I think they need to specify another affiliate other than CORE- I don't think we should deny access to licensure for Masters in Counseling Psychology students who completed an accredited program.
4. There is a general request for more communication/transparency within ACA about what advocacy efforts are taking place, what ACA is doing to support its members (CACREP or non-CACREP), and more information about major changes within the professional that are coming before the Governing Council.

Direct Quotes:

- I just wish this decision had been more transparent. It seemed to come out of nowhere.
 - Membership organizations like ACA must represent the interests of its members not move to disenfranchise huge swaths of them. At the very least, ACA members should be polled to find out whether they want to separate from the traditions in which so many have been trained.
 - ACA could be much more transparent in their efforts. I will wait to see how sincere they are in continuing to support ALL licensed mental health counselors.
 - Given the importance of these motions and discussions being discussed, draft minutes of meetings should be available to ACA Membership in the time between meetings...Otherwise, information about motions only trickles down by word of mouth and by 'who you know'...I only happened to see this survey in some very fine print in a state counseling association newsletter, but it should have been disseminated far and wide to all of the ACA membership in [state]. ACA can contact all of their members in [state], and not just those who are members of [state branch]. Again, it reeks of concealment and secrecy, and not of any meaningful solicitation of member concerns on such a critical professional issue.
5. ACA/Branch members want assistance from ACA in terms of helping university administration understand the important of CACREP accreditation, helping rural universities achieve accreditation, and helping smaller/diverse schools achieve accreditation.

Direct Quotes:

- I think these motions are extremely important for unifying our profession. My only concern is a question- how is CACREP/CORE assisting those in rural communities with seeking CACREP/CORE programs that may be a lengthy distance AND are CACREP/CORE helping programs (financially) with seeking accreditation that are not able to afford the cost initially. These would be helpful to know, however I do still see the importance of this movement.
- This motion [motion 2] makes an assumption that university administration will agree with CACREP Standards. I would prefer to see what collaborative actions CACREP/CORE will have with university administration first. An agreement of collaboration from the top-down makes more sense to me than bottom-up.